Surviving a CMS EHR Audit

Gerald E Meltzer, MD MSHA
ASOA 2017
Dr. Meltzer is a consultant for Meltzer and Associates and iMedicware. He has no financial interest in the subject matter being presented.
February 25, 2013

Dr. John Smith
MD, FAAFP
123 East Blvd
Dallas, Texas 75206

RE: HITECH EHR Meaningful Use
Audit Engagement Letter & Information Request

Dear Dr. Smith,

The Centers for Medicare and Medicaid Services (CMS) has contracted with Figliozzi & Company, CPAs P.C.¹ to conduct meaningful use audits of certified Electronic Health Record (EHR) technology as required in Section 13411 of the Health Information Technology for Economic and Clinical Health Act (HITECH Act), as included in Title XIII, Division A, Health Information Technology and in Title IV of Division B, Medicare and Medicaid Health Information Technology of the American Recovery and Reinvestment Act of 2009. The HITECH Act provides the Secretary, or any person or organization designated by the Secretary, the right to audit and inspect any books and records of any person or organization receiving an incentive payment.

This letter is to inform you that you have been selected by CMS for an audit of your meaningful use of certified EHR technology for the attestation period. Attached to this letter is an information request list. Be aware that this list may not be all-inclusive and that we may request additional information necessary to complete the audit.
Please supply all requested items by March 11, 2013, by utilizing one of the following methods:

1. Electronically uploading the information to our secure web portal (see step by step instructions attached)

2. Mailing the information to:

   Figliozzi & Company, CPAs P.C.
   585 Stewart Avenue
   Suite 416
   Garden City, NY 11530

The contracts between CMS and its contractors contain a confidentiality of information clause that state propriety information or data submitted by or pertaining to an organization cannot be released without the prior written consent of the organization. Additionally, the contractors are required to obtain written permission from CMS’s contract officer whenever the contractor is uncertain on the proper handling of material under the contract. Further, if any information contained within the records your organization submits to CMS’s contractors constitutes confidential information, as such terms are interpreted under the Freedom of Information Act (FOIA) (5 U.S.C. § 552) and applicable case law, CMS will protect such information from release when requested under FOIA in accordance with the Department of Health and Human Services regulations (45 C.F.R. § 5.65 (c)).

If you have any questions, please contact me by email at pfigliozzi@figliozzi.com or by telephone at (516) 745-6400 extension 302.

Sincerely,

Peter Figliozzi CPA, CFF, FCPA
Why Me?

- Providers who attest for meaningful use whether or not they will be receiving an EHR incentive payment potentially may be subject to an audit.

- Eligible professionals should retain ALL relevant supporting documentation (in either electronic or paper format) used in the completion of the Attestation Module responses.

- Documentation to support attestation data for meaningful use objectives and clinical quality measures should be retained for six years post-attestation.
Who Audits

- CMS – prepayment audits
- Figliozzi – prepayment and post payment audits
- OIG
Audit Request

- Prepayment AND Post Payment
- Limited Audit
  - Proof of Ownership
- Full Audit
  - Proof of Ownership
  - Review of Core Items
- Initial Review at Figliozzi and Sons
The Auditors

- Tough Job
- Generally Responsive
- Will explain what they need
- Willing to review all documentation
Figliozzi and Company is the designated contractor performing audits on behalf of the Centers for Medicare & Medicaid Services (CMS), and will perform audits on Medicare EP’s.

If you are selected for an audit you will receive a letter from Figliozzi and Company with the CMS and EHR Incentive Program logos on the letterhead.

The audit notification letter will be sent by EMAIL to the EMAIL address provided at registration.
EHR Incentive Audits

- Post payment audits began in July 2012 and WILL take place during the entire course of the EHR Incentive Program
- CMS is also now doing prepayment audits
- 5-10% of providers will be subject to pre/post payment audits
- Any provider exhibiting anomalous data subject to successive audits
- If provider in a group fails an audit – the rest of the group may be subject to audit.
CMS and Incentive Audits 2016

- CMS will not
  - Make risk profile public
  - Discuss issues related to specific audits
  - Provide information regarding protocols used
  - Resolve issues related to any audit
    - You MUST file an appeal
    - In other words if you fail an audit don’t try to talk to the auditor
BE PREPARED

- Read meaningful use audit FAQs
- Designated Responsible Person
- Be ready to respond to an audit immediately
- Retain all supporting documentation
- Prepare to share screen shots or accommodate a visit
- Work with your vendor
**Medicare Electronic Health Record (EHR) Incentive Program**

Please provide all of the documents requested below by the due date.

**Please separate your submissions and label them by the item numbers listed below**

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Requested Documents</th>
</tr>
</thead>
</table>

**PART I - GENERAL INFORMATION**

1. As proof of use of a Certified Electronic Health Record Technology system, provide a copy of your licensing agreement with the vendor or invoices. Please ensure that the licensing agreements or invoices identify the **vendor, product name, and product version number** of the Certified Electronic Health Record Technology system utilized during your attestation period. If the version number is not present on the invoice/contract, please supply a letter from your vendor attesting to the version number used during your attestation period.
PROOF OF CEHRT

- Provide proof of use of a CEHRT
  - Licensing Agreement
  - Invoices
  - Contract
  - Letter from Vendor
  - MUST INCLUDE
    - Name of Vendor
    - Product Name
    - Version number
Please provide a response to the following questions:

a. Please indicate the total number of locations where you saw patients in an ambulatory setting during your attestation period.

b. Please list each location where you saw patients in an ambulatory setting during your attestation period and indicate whether or not you utilized Certified Electronic Health Record Technology (CEHRT) in each location.

<table>
<thead>
<tr>
<th>Practice or Location</th>
<th>Utilize CEHRT?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

1.  
2.  
3.  

c. If you saw patients in more than one location during your attestation period, and a CEHRT system was not utilized at all locations, please supply documentation which proves that 50% or more of your patient encounters during the attestation period were seen in an ambulatory setting where you utilized a CEHRT system. An example of sufficient documentation would be a list of patient encounters from each location during the attestation period.

**If all locations utilized a CEHRT system, this question is not applicable.

d. At the locations which utilized a CEHRT system, did you maintain any patient medical records outside of your CEHRT system during the attestation period? Please answer Yes or No.

e. If yes, please supply documentation which proves that more than 80% of the medical records of unique patients seen during the attestation period were maintained in a CEHRT system at each location where a CEHRT system was being used.
MORE THAN ONE OFFICE?

- Number of offices
- Was CEHRT Used in each office?
- How many UNIQUE patients seen in each location?

Documentation
- Schedule
- Number of patients seen in each location
<table>
<thead>
<tr>
<th>PART II - OBJECTIVES</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
</tr>
<tr>
<td>Measure</td>
</tr>
<tr>
<td>------------------------------</td>
</tr>
<tr>
<td>EPOM 01 Protect Patient</td>
</tr>
</tbody>
</table>
Security Risk Analysis

- Proof that a security risk analysis of the certified EHR technology was performed prior to the attestation submission
- Submit Dated Document
- Must reported deficiencies found with planned remediation as necessary
Guide to Privacy and Security of Health Information

Version 1.2.060112

The information contained in this guide is not intended to serve as legal advice nor should it substitute for legal counsel. The guide is not exhaustive, and readers are encouraged to seek additional detailed technical guidance to supplement the information contained herein.
As with any new program or regulation, there may be misinformation making the rounds. The following table distinguishes fact from fiction.

<table>
<thead>
<tr>
<th>Myth</th>
<th>Fact</th>
</tr>
</thead>
<tbody>
<tr>
<td>The security risk analysis is optional for small providers.</td>
<td>False. All providers who are “covered entities” under HIPAA are required to perform a risk analysis. In addition, all providers who want to receive EHR incentive payments must conduct a risk analysis.</td>
</tr>
<tr>
<td>Simply installing a certified EHR fulfills the security risk analysis MU requirement.</td>
<td>False. Even with a certified EHR, you must perform a full security risk analysis. Security requirements address all electronic protected health information you maintain, not just what is in your EHR.</td>
</tr>
<tr>
<td>My EHR vendor took care of everything I need to do about privacy and security.</td>
<td>False. Your EHR vendor may be able to provide information, assistance, and training on the privacy and security aspects of the EHR product. However, EHR vendors are not responsible for making their products compliant with HIPAA Privacy and Security Rules. It is solely your responsibility to have a complete risk analysis conducted.</td>
</tr>
<tr>
<td>I have to outsource the security risk analysis.</td>
<td>False. It is possible for small practices to do risk analysis themselves using self-help tools. However, doing a thorough and professional risk analysis that will stand up to a compliance review will require expert knowledge that could be obtained through services of an experienced outside professional.</td>
</tr>
<tr>
<td>A checklist will suffice for the risk analysis requirement.</td>
<td>False. Checklists can be useful tools, especially when starting a risk analysis, but they fall short of performing a systematic security risk analysis or documenting that one has been performed.</td>
</tr>
<tr>
<td>There is a specific risk analysis method that I must follow.</td>
<td>False. A risk analysis can be performed in countless ways. OCR has issued Guidance on Risk Analysis Requirements of the Security Rule. This guidance assists organizations in identifying and implementing the most effective and appropriate safeguards to secure e- PHI.</td>
</tr>
<tr>
<td>My security risk analysis only needs to look at my EHR.</td>
<td>False. Review all electronic devices that store, capture, or modify electronic protected health information. Include your EHR hardware and software and devices that can access your EHR data (e.g., your tablet computer, your practice manager’s mobile phone). Remember that copiers also store data. Please see U.S. Department of Health and Human Services (HHS) guidance on remote use.</td>
</tr>
<tr>
<td>I only need to do a risk analysis once.</td>
<td>False. To comply with HIPAA, you must continue to review, correct or modify, and update security protections. For more on reassessing your security practices, please see the Reassessing Your Security Practice in a Health IT Environment.</td>
</tr>
<tr>
<td>Before I attest for an EHR incentive program, I must fully mitigate all risks.</td>
<td>False. The EHR incentive program requires correcting any deficiencies (identified during the risk analysis) during the reporting period, as part of its risk management process.</td>
</tr>
<tr>
<td>Each year, I’ll have to completely redo my security risk analysis.</td>
<td>False. Perform the full security risk analysis as you adopt an EHR. Each year or when changes to your practice or electronic systems occur, review and update the prior analysis for changes in risks. Under the Meaningful Use Programs, reviews are required for each EHR reporting period. For EPs, the EHR reporting period will be 90 days or a full calendar year, depending on the EP’s year of participation in the program.</td>
</tr>
</tbody>
</table>

To learn more, visit the Privacy and Security Resources page for more information.
§164.308(a)(1)(i) - Standard

Does your practice develop, document, and implement policies and procedures for assessing and managing risk to its ePHI?

- Yes  
- No  
- Flag

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### Current Activities

| Eye Care Professionals has developed, documented and provided to all of its employees a risk assessment policy that addresses its purpose, scope, roles, responsibilities, management commitment, the expected coordination among organizational entities, and compliance requirements. The policy should also outline procedures to facilitate its implementation and associated risk assessment controls. |

### Notes

With respect to a threat/vulnerability affecting your ePHI:

<table>
<thead>
<tr>
<th>Likelihood:</th>
<th>Low</th>
<th>Medium</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impact:</td>
<td>Low</td>
<td>Medium</td>
<td>High</td>
</tr>
</tbody>
</table>

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An information system is an interconnected set of information resources under the same direct management control that shares common functionality. A system normally includes hardware, software, information, data, applications, communications, and users.

A portable electronic device is any electronic apparatus with singular or multiple capabilities of recording, storing, and/or transmitting data, voice, video, or photo images. This includes but is not limited to laptops, personal digital assistants, pocket personal computers, palmtops, MP3 players, cellular telephones, thumb drives, video cameras, and pagers.

Electronic storage media includes...
SECURITY RISK ASSESSMENT REPORT
| 4  | For Measures #3, 4, 5, 6, 7, 8, and 9, provide the supporting documentation (in either paper or electronic format) used in the completion of the Attestation Module responses (i.e. a report from your EHR system that ties to your attestation). This documentation should include the numerator and denominator for each measure as well as a date range and the EP's name or NPI.  

If you are providing a summary report from your EHR system as support for your numerators/denominators, please ensure that we can identify that the report has actually been generated by your EHR (i.e. your EHR logo is displayed on the report, or step by step screenshots which demonstrate how the report is generated by your EHR are provided.) |
# Core Measure Documentation

<table>
<thead>
<tr>
<th>MEASURE</th>
<th>Actual/(Required)</th>
<th>Actual/(Required)</th>
<th>Actual/(Required)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Computerized Provider Order Entry (CPOE)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medication</td>
<td>100% (30%)</td>
<td>100% (60%)</td>
<td>73</td>
</tr>
<tr>
<td>Imaging</td>
<td>Optional</td>
<td>100% (30%)</td>
<td>16</td>
</tr>
<tr>
<td>Laboratory</td>
<td>Optional</td>
<td>100% (30%)</td>
<td>12</td>
</tr>
<tr>
<td>e-Prescribing (eRx)</td>
<td>NA</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Clinical Decision Support</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Decision Support</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug Drug and Drug Allergy Interactions</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Patient Electronic Access</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide Patient Access to PHI</td>
<td>83% (50%)</td>
<td>36</td>
<td>30</td>
</tr>
<tr>
<td>Patients View Their PHI</td>
<td>PASS</td>
<td>36</td>
<td>8</td>
</tr>
<tr>
<td>Patients use of secure electronic messaging</td>
<td>PASS</td>
<td>36</td>
<td>5</td>
</tr>
<tr>
<td>Use certified EHR technology to identify patient-specific education resources and provide to patient, if appropriate</td>
<td>69% (10%)</td>
<td>36</td>
<td>25</td>
</tr>
<tr>
<td>Medication reconciliation</td>
<td>83% (50%)</td>
<td>23</td>
<td>19</td>
</tr>
<tr>
<td><strong>Summary of Care</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide Summary of Care Record to referring physician</td>
<td>93% (50%)</td>
<td>14</td>
<td>13</td>
</tr>
<tr>
<td>Provide Summary of Care Record Electronically to referring physician</td>
<td>86% (10%)</td>
<td>14</td>
<td>12</td>
</tr>
<tr>
<td><strong>Public Health Measures</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Capability to submit electronic data to immunization registries or systems</td>
<td>Exempt</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Capability to submit syndromic surveillance data to public health registries</td>
<td>Exempt</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participate in AAP registry</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Protect electronic health information</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
A summary report, preferably generated by the EP's Certified Electronic Health Record Technology (CEHRT) system. This report should include the following:

- Numerators and denominators for all three CPOEs
- Time period which it covers (must cover the attestation period)
- Name of the EP

If possible, evidence demonstrating that this report was generated by the CEHRT system (i.e., a screenshot of the report before it has been printed from the system).
Drug Interaction Checks

- Drug Drug/Drug Allergy Interaction Checks
  - Documentation from vendor or 3rd party intermediary attesting that the functionality was enabled during the entire reporting period
  - Screen shots dated during the attestation period.
A summary report, preferably generated by the EP's Certified Electronic Health Record Technology (CEHRT) system. This report should include the following:

- Numerator and denominator for this measure
- Time period which it covers (must cover the attestation period)
- Name of the EP

If possible, evidence demonstrating that this report was generated by the CEHRT system (i.e. a screenshot of the report before it has been printed from the system).
<table>
<thead>
<tr>
<th>Measure</th>
<th>Suggested Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPOM 08</td>
<td>A summary report, preferably generated by the EP's Certified Electronic Health Record Technology (CEHRT) system. This report should include the following:</td>
</tr>
<tr>
<td>Patient</td>
<td>- Numerator and denominator for this measure (for both measure #1 &amp; 2)</td>
</tr>
<tr>
<td>Electronic</td>
<td>- Time period which it covers (must cover the attestation period)</td>
</tr>
<tr>
<td>Access</td>
<td>- Name of the EP</td>
</tr>
<tr>
<td></td>
<td>If possible, evidence demonstrating that this report was generated by the CEHRT system (i.e. a screenshot of the report before it has been printed from the system).</td>
</tr>
</tbody>
</table>
Meaningful Use Issues

- If using 3rd party patient portal must be able to document how patient activity is tracked
- Be prepared to show how you have gotten your patients to access their information
Meaningful Use Issues
Patient Portal

- Accessibility
  - 50%

- View Download and Transmit
  - 1 or more

- Secure Messaging
  - 1 or more
Meaningful Use 2 Issues
Transitions of Care

- **Definition**
- **Summary of Care Record**
  - 50% of which
- **Transmitted Electronically 10%**
  - Direct
    - Technical standard
    - Exchange PHI
    - Trusted Network
    - Secure
- What if?
A summary report, preferably generated by the EP's Certified Electronic Health Record Technology (CEHRT) system. This report should include the following:

- Numerator and denominator for this measure
- Time period which it covers (must cover the attestation period)
- Name of the EP

If possible, evidence demonstrating that this report was generated by the CEHRT system (i.e., a screenshot of the report before it has been printed from the system).
<table>
<thead>
<tr>
<th>5</th>
<th>For Y/N Measure #10 - Public Health Reporting, please supply supporting documentation:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>EPs scheduled to be in Stage 1 or Stage 2: Must attest to at least 2 measures from the Public Health Reporting Objective Measures 1-3.</td>
</tr>
</tbody>
</table>

**Please Note:** While there are exclusions provided for Measure #10 - Public Health Reporting:

An exclusion for a measure does not count toward the total of two measures. If an EP excludes from a measure, they must meet or exclude from the remaining measures in order to meet the objective.

Additionally, documentation must be supplied to support any exclusions claimed.
PUBLIC HEALTH EXCEPTIONS

One of the following exclusions must be documented:

**Exclusion #1**
- Measure #1 - A statement from the EP detailing what types of immunizations, if any, they administered during the reporting period. If the EP administers immunizations that are not being collected by the registry, obtain confirmation from the registry.
- Measure #2 - A statement from the EP indicating why they are not in a category of providers that collects ambulatory syndromic surveillance information.
- Measure #3 - A statement from the EP explaining why they do not diagnose or directly treat any disease associated with a specialized registry or the public health agencies in their jurisdiction.

**Exclusion #2**
- Measure #1 - Documentation from the EP’s immunization registry or immunization information system (letter, e-mail, website screenshot, etc.) stating that they were not capable of accepting the specific standards required to meet the CEHRT definition at the start of the EHR reporting period.
- Measure #2 - Documentation from the EP’s public health agency (letter, e-mail, website screenshot, etc.) stating that they were not capable of receiving electronic syndromic surveillance data from EPs in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period.
- Measure #3 - Documentation from the EP’s specialized registry (letter, e-mail, website screenshot, etc.) stating that they were not capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period.

**Exclusion #3**
- Measure #1 - Documentation from the EP’s immunization registry or immunization information system (letter, e-mail, website screenshot, etc.) which demonstrates that EP operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data from the EP at the start of the EHR reporting period.
- Measure #2 - Documentation from the EP’s public health agency (letter, e-mail, website screenshot, etc.) which demonstrates that EP operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from EPs at the start of the EHR reporting period.
- Measure #3 - Documentation from the EP’s specialized registry (letter, e-mail, website screenshot, etc.) which demonstrates that EP operates in a jurisdiction where no specialized registry for which the EP is eligible has declared readiness to receive electronic registry transactions at the beginning of the EHR reporting period.

**Alternate Exclusion** - EP’s scheduled to be in Stage 1 or Stage 2 in 2016: Must attest to at least 2 measures from the Public Health Reporting Objective Measures 1-3.
- May claim an Alternate Exclusion for Measure 2 and Measure 3 (Syndromic Surveillance Measure and Specialized Registry Reporting Measure).
- An Alternate Exclusion may only be claimed for up to two measures, then the provider must either attest to or meet the exclusion requirements for the remaining measure described in 495.22 (e)(10)(6)(C).
Ms. Lori Errico  
Figliozzi and Company  
585 Stewart Ave  
Garden City, NY 11530

RE: HITECH EHR MEANINGFUL USE POST PAYMENT AUDIT PROGRAM YEAR 2012

NPI Number 1417909771

Dear Ms. Errico:

Per your audit request, I am enclosing the following documents:

1. Post-Pay Audit Engagement Letter and Information Request signed by Mr. Figliozzi
2. Copy of email from Timothy Logan with instructions
3. Document Request List - Eligible Professionals
4. Summary Letter that specifically supplies items requested in your post pay audit engagement letter and information request signed by Dr. [Redacted]
5. Letter from Mr. Kapur, CEO of iMedicWare attesting that Dr. [Redacted] was using iMedicWare, iDOC, version 4.15 during the reporting period from 1 January 2012 to 31 December 2012.
6. Original licensing agreement together with initial check dated 4/1/2011
7. Invoices from iMedicWare to Dr. [Redacted] for 2012.
8. Quickbooks Entries showing payment of invoices for 2012
9. Meaningful Use Measure Analyze Report generated from iMedicWare containing the iMedicWare and iDOC logo and the Drummond Certification Number unique to iMedicWare iDOC v4.15 for the reporting period and referenced in document 4 above.
10. Security Risk Analysis
11. 2012 CMS Printout Attestation Summary for Dr. [Redacted]
12. Audit Extension from Lori Errico
PART II CORE SET OBJECTIVES/MEASURES

As supporting documentation for Core Measures #1,3,4,5,6,7,8,9,12 and 13, I am enclosing a summary report from my EHR System for the reporting period in question. The name of the company is in the upper left hand corner, the product name iDoc is in the upper right hand corner together with the certification number issued by Drummond Group. “This Complete EHR is 2011/2012 compliant and has been certified by Drummond Group, an ONC-ATCB approved to certify any complete or modular EHR both ambulatory and inpatient, in accordance with the applicable certification criteria adopted by the Secretary of Health and Human Services. This certification does not represent an endorsement by the U.S. Department of Health and Human Services or guarantee the receipt of incentive payments.” iMedicWare, 11/17/2010, iDoc 4.1.5, 11172010-1106-1, Clinical Quality Measures Certified, any additional software relied upon to certify, where applicable the certification criteria to which each EHR modules has been tested and certified.” (see document 9)

Question 3 Core Items

1. Core Item 1 - CPOE - Numerator 171, Denominator 229. 41%
2. Core Item 3 - Problem list - Numerator 2318, Denominator 2326 99%
3. Core Item 4 - eRX - Numerator 745, Denominator 820 90%
4. Core Item 5 - Active Medication List - Numerator 2273, Denominator 2326 97%
5. Core Item 6 - Active Medication Allergy List - Numerator 2196, Denominator 2326 94%
6. Core Item 7 - Record Demographics - Numerator 2175, Denominator 2326 93%
7. Core Item 8 - Record Vital Signs - I believe that all 3 vital signs of height, weight and blood pressure have no relevance to my scope of practice as an ophthalmologist and therefore I was exempt from this requirement
8. Core Item 9 - Record Smoking Status - Numerator 2193, Denominator 2262. Percentage 96%
9. Core Item 12 - Electronic Copy of Health Information - No patient requested an electronic copy of their health information during the reporting period.
10. Core Item 13 - Clinical Summaries - Numerator 1165, Denominator 2318 50.25%

Question 4 Protect Electronic Health Information

1. Core Item 15 - Protection of Electronic Health Information. The Eye Center conducted a security risk analysis per 45 CFR 164.308 (a)(1) and implemented security updates as necessary as part of our risk management process during the reporting period from 1 January 2012 to 31 December 2012. There were no security deficiencies noted during that time period. Attached, for verification, is a completed copy of a security checklist, our sanction policy and our audit log for 2012 signed by Lisa Richards, the practice administrator. (see document 10)
Explain Exclusions

- Must supply documentation as to why exclusion was claimed

- Examples
  - Immunization
  - Vital Signs (sent AAO letter)
  - eRX/CPOE
  - Lab Tests
  - Transitions of care
Initial Review

- Will be done at contractors office using the information supplied
- Additional information may be requested
- In some cases, demonstration of EHR system might be requested onsite
If fail audit

- Will receive letter requesting repayment ONLY
- No explanations as to what was deficient
- Can appeal decision
ELIGIBLE PROFESSIONAL (EP) APPEAL FILING REQUEST

BASIC REQUEST INFORMATION

- This request must be fully completed for any Eligible Professional (EP) to formally file an appeal with the Medicare Electronic Health Record (EHR) Incentive Program.
- Please note that if you filed and were denied a Hardship Exception for Calendar Year 2015, these determinations are final and cannot be appealed.
- This request must be submitted electronically by Midnight EST by the appropriate deadline:
  - Failed Audit Meaningful Use – 30 days from the date of the adverse audit determination letter
  - Failed Reporting Meaningful Use – March 31\textsuperscript{st}
  - Eligibility – March 31\textsuperscript{st}
- The date this request and supporting documentation are received will be the submission date.
- Note: When submitting a Failed Audit Meaningful Use appeal, providers may choose to delay repayment of the Medicare EHR Incentive Payment as described in correspondence received from the EHR HITECH Incentive Payment Center. However, if the appeal is denied, failing to return the incentive payment as instructed may result in additional interest payments owed.

INSTRUCTIONS FOR COMPLETING AND SUBMITTING THIS REQUEST

- This request will be reviewed when the completed form is received along with all required supporting documentation. CMS will only accept documentation submitted in Portable Document Format (.pdf), Microsoft Word Document (.doc), Microsoft Word Open XML Document (.docx), Microsoft Excel (.xls) or Microsoft Excel Open XML spreadsheet (.xlsx) formats. These documents must be directly accessible through the email attachment. Compressed files will only be reviewed if they are in a WinZip format.
- All documentation is required at the time of submission and additional documentation will not be accepted. Missing documentation or submissions in formats other than those listed above could result in a determination delay or in denial of the appeal.
- Electronic submission of this request is strongly recommended. This completed request and all supporting documentation must be attached to an email and sent to ehrappeals@provider-resources.com.
- If email submission is impossible, the completed request and all supporting documentation must be sent in a single package via fax to 814-464-0147.
- Retain a copy of your completed appeal filing request for your records.

This form is dynamic and some functions may not work with all computers. Click here for an alternate version.
<table>
<thead>
<tr>
<th>Measure Name</th>
<th>Measure Name</th>
<th>Performance</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Performance</th>
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<tbody>
<tr>
<td>Security Risk Analysis</td>
<td>1.0: Security Risk Analysis</td>
<td>Yes</td>
<td></td>
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<tr>
<td>ePrescribing</td>
<td>4.0: ePrescribing</td>
<td>Yes</td>
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<tr>
<td>Immunization Registry Reporting</td>
<td>Immunization Registry Reporting</td>
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<td></td>
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<tr>
<td>Health Information Exchange</td>
<td>5.0: Care Summary Exchange <strong>(Weighted 2x)</strong></td>
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<tr>
<td>Patient Specific Education</td>
<td>6.0: Patient Specific Education</td>
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<td>1488</td>
<td>41.4%</td>
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<tr>
<td>Medication Reconciliation</td>
<td>7.0: Medication Reconciliation*</td>
<td></td>
<td>1430</td>
<td>1482</td>
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<tr>
<td>Provide Patient Access</td>
<td>8.1: Portal Access <strong>(Weighted 2x)</strong></td>
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<tr>
<td>Patient Electronic Access</td>
<td>8.2: View, Download, Transmit</td>
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<td>1488</td>
<td>1.5%</td>
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<tr>
<td>Secure Messaging</td>
<td>9.0: Secure Electronic Messaging</td>
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<td>0.1%</td>
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Resources

- Meaningful Use Audit FAQs can be found at: https://questions.cms.gov/faq.php?isDept=0&search=7711&searchType=faqId&submitSearch=1&id=5005
Contact Information

- Dr. Meltzer can be contacted at
- Email: gmeltzer@yahoo.com
- Phone: 303-921-8880