HealthCare Trends
Meaningful Use: Is Your Organization Prepared for an Audit?

By Marc Grossman and Jenna Barsky

Meaningful Use (MU) participation is at an all-time high, leading to an inevitable surge in audits. Preparing for a potential audit is crucial in this all or nothing program, where documentation shortfalls can lead to big losses. With millions of dollars at stake, the time to secure past and future incentive payments is now.

CMS Meaningful Use Audits
While 2012 was a fairly quiet year for audits, 2013 saw a significant increase in the number performed, causing health care providers to question the certainty of their incentive payments.

CMS payouts rose dramatically from just $5 billion in June 2012 to $24 billion as of May 2014. This increase in CMS payouts has led to a heightened focus on MU audits, elevating the importance of provider MU documentation. In fact, MU audits have become both more numerous and more stringent as a result of political pressure to make every MU dollar count. The last Government Accountability Office (GAO) review of the MU audit strategy resulted in pre-payment audits, effectively doubling the number of audits performed. The next review could tighten the purse strings even more by strengthening audit tactics.

CMS has designated Figliozzi and Company to perform audits on at least 20% of MU attestations (10% Pre-Payment Audits; 10% Post-Payment Audits). Medicaid Providers could also face an additional audit performed by their state’s Medicaid program.

Are you prepared for an audit?
- Did you know 1 in 5 providers will have their meaningful use attestation audited?
- Do you know the factors that can raise a red flag and trigger an audit?
- Are you prepared for a potential audit up to 6 years following attestation?
- Do you have screenshots documenting compliance throughout your reporting period?
- How confident are you in your documentation? Your entire incentive can be lost due to a minor error.
While there is not a published list of audited providers, word is spreading quickly through the healthcare community of Eligible Hospitals and Professionals, who have received the dreaded audit notifications. Progressively more providers are appealing negative audit outcomes, while some have voluntarily returned incentive payments in order to avoid claims of fraud. Two of these providers are Health Management Associates, which is in the process of repaying $31M, and Habersham Medical, which must repay $1.5M in incentive payments.

Although CMS’ audit selection method is undefined, providers should be careful to avoid attestation red flags and documentation pitfalls that could trigger an audit. The potential for an audit can last up to 6 years following each MU attestation, increasing the need to maintain the appropriate documentation.

The most common types of MU documentation are:
- Proof of complete ONC Certification
- Core and Menu Measure reports
- Clinical Quality Measure reports
- Screenshots as evidence of compliance throughout reporting period
- Evidence of compliance for Yes/No objectives
- Policies or procedures

Key lessons learned thus far:
- Have a designated MU Coordinator
- Attestation and payment are not final
- Prepare for an audit prior to attesting
- Document and save everything
- Create an electronic “Audit Folder”
- Print reports on day of attestation
- Do not rely heavily on software vendors for proof of compliance
- Pay attention to details
- Only provide requested documentation
- Ask questions

For more information contact:
Marc Grossman
Principal,
Health Care Group
212.375.6526
Marc.Grossman@WeiserMazars.com

Jenna Barisky
Senior Consultant,
Health Care Group
646.225.5989
Jenna.Barisky@WeiserMazars.com

Visit us on www.weisermazars.com

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- Development of necessary reports
- Modification of workflows as necessary
- Establishing appropriate organizational structure for monitoring continued compliance
- Development of reports/dashboard for monitoring compliance

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