



EHR Incentive Programs Audits Overview

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Overview

An eligible professional (EP), eligible hospital, or critical access hospital (CAH) attesting to receive an incentive payment for either the Medicare or Medicaid Electronic Health Record (EHR) Incentive Program may be subject to an audit.

The Centers for Medicare & Medicaid Services (CMS), and its contractor, Figliozi and Company, will perform audits on Medicare and dually-eligible (Medicare and Medicaid) providers who are participating in the EHR Incentive Programs. States, and their contractor, will perform audits on Medicaid providers participating in the Medicaid EHR Incentive Program.

Pre- and Post-Payment Audits

In addition to the pre-payment edit checks that have been built into the EHR Incentive Programs' systems to detect inaccuracies in eligibility, reporting, and payment, CMS will begin pre-payment audits in 2013, starting with attestations submitted during and after January 2013. These pre-payment audits will be random and may target suspicious or anomalous data. Providers selected for pre-payment audits will have to present supporting documentation to validate submitted attestation data before CMS will release payment.

CMS through its contractor will also conduct post-payment audits during the course of the EHR Incentive Programs. Providers selected for post-payment audits will also be required to submit supporting documentation to validate their submitted attestation data.

Audit Process

EPs, eligible hospitals, and CAHs should retain all relevant supporting documentation—in either paper or electronic format—used to complete the Attestation Module as follows:

- Documentation to support attestation data for meaningful use objectives and clinical quality measures should be retained for six years post-attestation
- Documentation to support payment calculations (such as cost report data) should follow the current documentation retention processes

Medicaid providers can [contact their State Medicaid Agency](#) for more information about audits for Medicaid EHR Incentive Program payments.

Below is an overview of the audit process:

- Initial request letters will be sent to providers selected for an audit

- The request letter will be sent electronically by Figliozi and Company from a CMS email address to the email address provided during registration for the EHR Incentive Program
- The letter will include contact information for Figliozi and Company
- The initial review process will be conducted using information provided in response to the request letter
 - Additional information may be needed during or after the initial review process
- In some cases an on-site review at the provider's location may follow
 - A demonstration of the EHR system may be required during the on-site review
- Figliozi and Company will use a secure communication process to assist the provider in sending sensitive information
- Any questions pertaining to the information request should be directed to Figliozi and Company.
- If the provider is found to be ineligible for an EHR incentive payment, the payment will be recouped.

Appeals

CMS has an appeals process for EPs, eligible hospitals, and CAHs that participate in the Medicare EHR Incentive Program. Providers may contact the EHR Information Center through a toll free number, 888-734-6433, between 9 a.m. and 5 p.m. EST, Monday through Friday, for general questions on how to file appeals and the status of any pending appeals. States will implement appeals processes for the Medicaid EHR Incentive Program. Medicaid program participants should contact their State Medicaid Agency for more information about these appeals.