

PROGRAM UPDATE



December 17, 2018

There is Still Time for Your Security Risk Analysis

Participants in the Medicaid EHR Incentive Program must conduct or review a security risk analysis for each reporting period according to the standards outlined for Objective 1. In doing so, this will ensure the privacy and security of patients' electronic protected health information (ePHI), thus meeting the objective requirements.

If you have not started your Security Risk Analysis (SRA) yet, there is still time. The Centers for Medicare and Medicaid Services (CMS) has published [Frequently Asked Questions](#) to assist participants in completing this requirement. Although the analysis will need to be conducted by analyzing not only the Certified Electronic Health Record Technology used during the reporting period, it must also cover the entire 90-day reporting period.

Many participants are under the impression that an outside party must be hired to conduct or review their SRA. Although you can do this, many participants find it restrictive. Keep in mind there are plenty of free online resources to help you meet the Objective 1 requirement, they simply require time and preparation to complete. Below are some of the resources we recommend.

- [Security Risk Analysis Tip Sheet](#) from CMS
- [Guidance on Risk Analysis Requirements](#) from the Office of Civil Rights
- [Guide to Privacy and Security of Health Information](#) from the Office of the National Coordinator (ONC)
- [Health IT Security Risk Analysis Tool](#) from ONC and HHS Office for Civil Rights
- [Health IT website](#) for general guidance on how to protect patient health information

How to Prepare for an Audit Before Attesting to Program Year 2018

In the Medicaid EHR Incentive Program, pre- and post-payment audits are standard practice and being prepared will help tremendously to get you through this process. Now is a good time to start gathering information for your audit binder before Program Year (PY) 2018 opens.

The suggestions below will help Eligible Professionals gather the proper information, all in one place, for future reference in the event of a pre- or post-payment audit.

Some items to retain in your binder that may be requested by the auditors could include, but are not limited to:

- Detailed paper or electronic patient lists that support eligibility (include both the Medicaid encounter volume and total encounter volume for the 90-day eligibility period selected).

Congratulations to all the many participants who successfully attested to Program Year 2017!

Over \$6,000,000 in incentive payments have been awarded.

PROGRAM UPDATE



- For PY 2018 and going forward, the Department of Health Care Policy and Financing (the Department) has determined that the Eligibility Workbook and Group Eligibility Workbook will be required for upload into the MAPIR System during attestation. These workbooks will be posted on the CORHIO website (www.corhio.org) once they are available.
- The Medicaid Eligibility Verification De-Identified List will be required for either Eligible Professionals (EPs) or groups. These materials can be accessed on the [CORHIO](http://www.corhio.org) website in the next few months.
- EHR-generated Meaningful Use (MU) reports to validate attestation data (numerators, denominators, yes/no measures) for all objectives and CQMs for MU Attestations.
- Additional documentation (such as a screenshot) to support the functionalities for any measures which require a “Yes” attestation or exclusion (examples: clinical decision support and Drug/Drug-Drug/allergy).
- Documentation supporting the completion or yearly review of the Security Risk Analysis.

To prepare, participants are encouraged to gather the above information in a binder/notebook for easy access in the event of an audit. Please note these suggestions will not prevent an audit nor will it cover all information needed for pre- and post-payment audits.

It is best practice to expect an audit. Eligible Professionals, Eligible Hospitals and Critical Access Hospitals are responsible for maintaining all documents. Not securing the proper documentation could result in a recoupment of your incentive payment.

Workbooks will be required for upload to the MAPIR system during attestation. If you do not comply, it will be requested by the auditors, Myers and Stauffer LC. These auditors are contracted to assist the Department by performing pre-payment and post-payment reviews. Please make sure to check for email correspondence from the Department or Myers and Stauffer until payment has been received.

All participants are subject to audit up to six years post-payment for each program year a payment is received. Please refer to the [CMS](http://www.cms.gov) website for more information on audits.

New Program Resources Available Soon

With Program Year 2018 approaching, the Department is hard at work with preparations to make attesting as smooth as possible for participants. Workbooks and overview sheets for PY 2018 will be released soon. Check your email for an announcement when they're available on the CORHIO website.



COLORADO MEDICAID EHR INCENTIVE PROGRAM

PROGRAM UPDATE



For questions regarding program requirements, eligibility and Meaningful Use, contact:

Medicaid EHR Incentive Program Coordinator
Kelly Hernandez
(720) 285-3232
MedicaidEHR@corhio.org

Medicaid Program Point of Contact and Partnerships

The Department of Health Care Policy and Financing has partnered with CORHIO to provide program coordination and assist with provider communications and outreach regarding the Medicaid EHR Incentive Program. The Medicaid EHR Incentive Program Coordinator is the central point of contact for EPs, EOs, partners and other interested parties regarding requirements and processes. Inquiries concerning the Medicaid EHR Incentive Program can be sent to MedicaidEHR@corhio.org or by calling (720) 285-3232.