March 11, 2019

New Information on Remittance Advice
The Department of Health Care Policy and Financing (the Department) has changed the requirement for the Remittance Advice (RA) to recommended instead of required. The Remittance Advice displays important information that is useful in verifying Medicaid encounter volume. Although the RA is not a requirement, it is recommended to help create a smooth approval process for Medicaid EHR Incentive Program attestations.

The Medicaid Claim data inside the RA will allow the Department to quickly verify Medicaid encounter volume listed in the de-identified list. Not only will the Department benefit from participants uploading the RA, participants can see faster approvals of their attestations.

With the requirement for Remittance Advice changed, the checklists have been reposted to reflect the update. Remember to start preparing now for Program Year 2018 attestations and view all the resources available on the CORHIO website. To find updated Eligible Professional (EP) and Eligible Hospital (EH) checklists please select links provided below.

EP Checklist
EH Checklist

2017 Payments Completed
All Program Year (PY) 2017 Medicaid EHR Incentive Payments have been completed. With over $10,000,000.00 in incentive payments paid for PY 2017, it is time to start preparing to attest to PY 2018. Please start the attestation process by following the EP Attestation Schedule document.

How to Access Past Attestations
Accessing past attestation information can be tricky if you are not the original user who submitted the attestation. The MAPIR system will only allow access to historical data by the original user. If you are a new administrator or delegate and need access to past attestation data, please contact the Medicaid EHR Incentive Program Coordinator at medicaidEHR@corhio.org.

Post Attestation and Incentive Payment Audits
Post attestation and incentive payment audits are underway for Program Year 2016 and will soon begin for Program Year 2017. Please look for communications from the Department’s auditors, Myers and Stauffer LC (MSLC). These communication emails may get lost in spam, junk or clutter folders and participants should be vigilant in checking for them. Please review the Post Payment Audit Tip Sheet published on the CORHIO website on what to expect if selected for a post-payment audit. It is important to respond to MSLC’s communications to avoid a possible incentive payment recoupment. If participants have received a communication email and have any auditing questions, please contact MSLC at coloradoehr@mslc.com.
instead of the Medicaid EHR Incentive Program Coordinator.

In the Medicaid EHR Incentive Program, post-payment audits are a required and normal practice and being prepared will help tremendously in getting through the audit process.

The suggestions below will help EPs gather the proper information, all in one place, for future reference in the event of an 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 time period selected)
- For PY 2018 Group Eligibility Workbook will be required for upload into the MAPIR system during attestation. The EP workbook is posted on the CORHIO website.
- The Medicaid Eligibility Verification De-Identified List/workbook will be required for EPs and groups
- EHR-generated MU reports to validate attestation data (numerators, denominators, yes/no measures) for all Meaningful Use 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 Assessment

While only a sample of participants will be audited, it is still best practice to expect an audit. EPs, EHs and CAHs are responsible for maintaining all documents and not having the proper documentation could result in a recoupment of payment. It is strongly recommended to know what measures and exclusions were included in the attestations for each program year.

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. All participating EPs, EHs and CAHs are subject to audit up to six years post-payment for each program year a payment is received. Please refer to the Centers for Medicare and Medicaid Services (CMS) website for more information on audits.

**New Recorded Webinars Now Available**

To help participants attest to PY 2018, CORHIO and the Department have provided new, on-demand webinars available for participants on the CORHIO website. The webinars include information on navigating interchange, Meaningful Use for PY 2018 and 2019, navigating MAPIR, updating CMS registration and information on eligibility and reporting. Make sure to watch these short, informative webinars to prepare for your PY 2018 attestation!
For questions regarding program requirements, eligibility and Meaningful Use, contact:

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

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http://www2.corhio.org/emailPreference/e/5402/307

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, EHs, 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.