Promoting Interoperability Incentive Program
Post-Payment Audit – Q & A

Accountability is an important element of any publicly funded program. The post-payment audit function has been established to help ensure that HCA provides incentive payments only to those eligible providers (EP) and hospitals (EH) that comply with the program requirements. Those requirements are intended to evidence that electronic health record systems are being used in meaningful ways, therefore helping achieve the program goal of promoting interoperability and improved health outcomes.

Q1. How are providers and hospitals selected for audit?
- A combination of risk-based and random sampling is used to select providers for audit.

Q2. How will I know if I am selected for audit?
- You will be notified by letter and email using the addresses provided to CMS at registration. It's not only your responsibility, but also a good idea, to update this information whenever there are changes.

Q3. How far back can my records be audited?
- Records can be audited for up to 6-years after receiving an incentive payment. Although the incentive program ends in 2021, post-payment audits will continue through 2023.

Q4. What Program Years are currently being audited?
- We are currently completing EP audits for Program Years 2015 – 2016 and beginning audits for 2017 – 2018. No new EP audits are planned for 2015 – 2016.
- We are beginning EH audits for Program Years 2015 – 2016.

Q5. If selected for audit, how long do I have to submit the requested documentation?
- We ask for a response within 30-days of receiving the notification. If you need additional time, please contact us so we can work with you.

Q6. Wasn't my documentation reviewed and approved before I received a payment?
- Yes, however, the pre-payment review is limited and relies on your attestation. The post-payment audit reviews documentation that supports the accuracy and completeness of what was attested to.

Q7. Is there specific documentation I need to keep in case of an audit?
- You should keep all documentation used to support your attestation. There is no list of required documentation due to process and functionality differences between EHR systems; however, you can review a list of suggested documentation in the audit section of our website at https://www.hca.wa.gov/about-hca/health-information-technology/electronic-health-records.

- Also keep in mind that all documentation should be:
  - For the appropriate time period
  - Legible
  - Identifiable (What it is, where it came from, what objective/measure is relates to, etc.)

Q8. What if I don't agree with the audit results?
- We will work with you to identify and obtain documentation to support your attestations before issuing an adverse audit result. If ultimately, we determine the documentation is not sufficient to support your attestation, you will have dispute and appeal rights. A dispute allows you to provide further explanations, clarifications, and/or a telephone conference to discuss the audit results before a final audit report is issued. If the adverse audit is unable to be resolved through the dispute process, you will have opportunity to appeal the result after the final report is issued. An appeal allows you an independent hearing with an Administrative Law Judge, through the Office of Administrative Hearings (OAH).

Q9. Do you have any suggestions for preparing for a potential or actual audit?
- We have performed many audits to date, and the vast majority have had no major issues, so…don't panic if you are selected! The audit staff will work with you throughout the process.
- Let the auditor know upfront if there are any special circumstances related to the attestation or audit, whatever they may be.
- If you know your system vendor had an issue that could negatively impact your ability to provide evidence to support your attestations, save any related documentation (emails, publication, etc.) and send it in with the documentation you do have.
- An audit questionnaire is sent with every audit request. Explain as much as possible for each question and reference supporting documentation, if possible. We use the questionnaire responses along with the supporting documentation throughout the audit.

Resources for more information:

CMS Promoting Interoperability Programs	https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentiveProgram
CMS Frequently Asked Questions	https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/FAQ
Requirements for Program Years Prior to 2018	https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/RequirementsforPreviousYears

WA State Medicaid EHR Website	https://www.hca.wa.gov/about-hca/health-information-technology/electronic-health-records
General Program Questions	healthit@hca.wa.gov, or call 1-855-682-0800 to generate a help ticket