

PROGRAM UPDATE



August 15, 2016

The Colorado Registration and Attestation (CO R&A) website is closed for Program Year 2015 attestations for eligible professionals (EPs). We expect the CO R&A site to open for EPs in the spring of 2017 for Program Year 2016 attestations.

Program Year 2016 is the final year to begin participation in the Medicaid EHR Incentive Program and payments will continue through program year 2021.

IMPORTANT UPDATE FOR EHs AND CAHs: The [CO Registration and Attestation](#) site is expected to open August 24, 2016 (pending final site testing) for eligible hospitals (EHs) and critical access hospitals (CAHs) to submit 2015 attestations. Please be aware the site will be open for **14 calendar days** for EHs and CAHs to attest. Additionally, the 2015 program year eligibility workbooks for EHs are currently being updated. The new workbooks will be published on the [CORHIO website](#) as soon as they are available.

Audit Reminders From Myers and Stauffer

Due to questions and confusion related to pre- and post-payment audits, the following information was provided by Myers and Stauffer LC, who are contracted to assist the Colorado Department of Health Care Policy and Financing by performing pre-payment and post-payment reviews.

The requirements of the Medicaid EHR Incentive Program can be difficult to maneuver, especially when faced with an audit. Though it is not possible to avoid an audit, consider the following recommendations for a successful pre-payment and post-payment review.

Program Year 2015 Attestation Information

- **Expect to be audited.** In order to comply with the federal requirements for Medicaid EHR Incentive Programs, every EP or EH that attests for the Colorado Medicaid EHR Incentive Program will be subject to review before payment is made (this is the pre-payment attestation review) and a random selection of EPs and EHs will be subject to an extended review after payment is received (this is the post-payment review).
- **Understand the difference in the reviews.** The type and volume of documentation necessary for pre-payment attestation review is different than that required for post-payment review. Post-payment review evaluates documentation submitted with the attestation as well as additional detailed documentation requested as part of the post-payment review.

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- **Be familiar with the timing of the reviews.** Pre-payment attestation review will happen after an attestation is submitted to the State Level Registry. Post-payment review will happen after all payments are made to all providers for a given Program Year; sometimes this can occur several years after an attestation is submitted.
- **Retain your documentation.** All documentation used during the attestation process should be retained for a minimum of 6 years from the date of attestation in preparation for post-payment review. It is much easier to generate encounter listings and screenshots at the time of attestation than years later. Providers should retain the following documentation and any additional documentation used during the attestation process:
 - Detailed patient listings to support eligibility (includes both the Medicaid encounter volume and total encounter volume)
 - Access to all paper and electronic patient records in the event a system update or change occurs
 - Summaries if paper records are utilized to calculate patient volume
 - System generated summaries for all Meaningful Use objectives and CQMs
 - Additional documentation to support the functionalities for any Meaningful Use measures which require a “Yes” attestation or exclusion
 - Security Risk Analysis
- **Know what documentation should be submitted.** All documentation submitted should be for the appropriate time period. The documentation submitted should be legible and complete.
- **Ensure you are HIPAA compliant.** There are several methods to securely transmit Protected Health Information (PHI) to Myers and Stauffer for review. Some of these methods include: establishing a secure file transfer protocol account, utilizing a secure email server or encrypting and password protecting electronic files on a storage device. Please contact CORHIO if you have questions for Myers and Stauffer LC regarding the appropriate transmission of PHI.



COLORADO MEDICAID EHR INCENTIVE PROGRAM

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

Medicaid EHR Incentive Program Coordinator

Kelly Hernandez

(720) 285-3232

MedicaidEHR@corhio.org

For system/technical questions and support contact:

ACS Help Desk

Phone: (866) 879-0109

SLRHelpdesk@acs-inc.com

Medicaid Program Point of Contact and Partnerships

The Department of Healthcare Policy and Finance (the Department) 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 will be the central point of contact for Eligible Professionals, Eligible Hospitals, partners and other interested parties on requirements and processes. Inquiries regarding the Medicaid EHR Incentive Program can be sent to MedicaidEHR@corhio.org or 720.285.3232.

Xerox has been contracted by the Department to manage the Provider Outreach Page and to provide the Colorado R&A System, including the web portal through which eligible providers and eligible hospitals can register and attest to receive the EHR incentive payments.