

**UNIVERSITY OF CALIFORNIA, SAN FRANCISCO
AUDIT SERVICES**

**EHR – Meaningful Use Incentive Program
Project #13-020**

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**EHR – Meaningful Use Incentive Program
Project #13-020**

MANAGEMENT SUMMARY

As a planned audit for fiscal year 2012-2013, Audit Services conducted a limited scope review of the Meaningful Use (MU) program. The objectives of this review were to:

- Assess the effectiveness of governance and oversight of the MU incentive program to ensure that MU criteria are met and incentive payments are maximized;
- Determine whether effective procedures and controls are in place for the complete and accurate identification of eligible providers; and,
- Evaluate the internal controls in place that provide reasonable assurance on the accuracy of the attestation for Meaningful Use.

The scope of this review was Eligible Professionals (EPs) attestation for Stage 1 of the Medicare and Medicaid Incentive Programs.

In completing this review, Audit Services interviewed MU Project Team management, staff, and others involved in the MU program; reviewed relevant requirements as published by CMS or State of California Medi-Cal Program; examined records; evaluated existing controls, procedures, and practices; and tested the accuracy of reports used to assess and monitor compliance with MU core and menu objectives.

The Medical Center has developed a governance framework, processes and organizational structure to manage and receive payments from the MU Incentive Programs. Considerable effort has been devoted to registering professionals, and developing and testing various core and menu objective reports. The MU Project Team has successfully registered 95% of the total eligible professionals. Although the participation rate is high, there have been significant challenges in achieving the compliance rate for all the required MU objectives. The Medical Center and School of Medicine management are working to increase compliance and meet the target goal for incentive payments.

EP identification process are in place; however, minor enhancements are needed to ensure that all criteria and requirements are met even for part-time and contractor providers and Medi-Cal specific requirements. Also, procedures should be developed and implemented that clearly define the scope and methodology followed in validating reports used to attest to MU objectives and retention of validation results.

In addition to issues which were already identified by the MU Project Team, several issues related to data inaccuracies were noted through our sample testing. These were

reported to the MU Project Team during the course of the review and actions to remediate them have been taken and/or work is in process.

Detailed information on the observations and management corrective actions can be found in the body of the report.

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I. BACKGROUND

As a planned audit for fiscal year 2012-2013, Audit Services completed a limited scope review of the Electronic Health Record (EHR) Meaningful Use (MU) Incentive Programs for eligible professionals.

The American Recovery and Reinvestment Act of 2009 established incentive payments to eligible professionals (EPs), eligible hospitals (EHs), and critical access hospitals (CAHs) and Medicare Advantage Organizations to promote the adoption and meaningful use of interoperable health information technology and qualified electronic health records. The incentive payments are part of the broader effort under the Health Information Technology for Economic and Clinical Health Act (HITECH Act) to accelerate the adoption of health information technology by clinical professionals and hospitals.

In July 2010 the Center for Medicare and Medicaid Services (CMS) released the final rule for Stage 1 Meaningful Use criteria that EPs, EHs and CAHs must meet to qualify for payments under the Medicare and Medicaid EHR Incentive Programs. To be considered as an “eligible professional”, providers must be non-hospital-based¹, credentialed², and achieve a certain level of patient volume or allowable billable charges.³ CMS has established 15 mandatory core objectives, 10 menu objectives (for which each provider is required to select 5 for attestation), and 44 clinical quality measures which includes 3 core, 3 Alternate Core and 38 additional CQM (for which provider is required to select 3 from core or alternative core measures and 3 from additional measures) that each EP must meet to receive incentive payments.⁴

The Medicare and Medicaid EHR Incentive Programs are staged in three steps with increasing requirements for participation over a span of 5 years. All providers begin participating by meeting Stage 1 requirements for a 90-day period in their first year of meaningful use and a full year in their second year of meaningful use. After meeting Stage 1 requirements, providers will then have to meet Stage 2 requirements for two full years. EPs participate in the program based on the calendar years, while eligible hospitals and CAHs participate according to the federal fiscal year.⁵

¹ Professional is considered as ‘hospital-based’ if 90% or more of his or her services are performed in a hospital inpatient (Place of Service code 21) or emergency room (Place of Service code 23) setting.

² Eligible professional for Medicare includes Doctor of medicine or osteopathy, doctor of dental surgery or dental medicine, doctor of podiatry, doctor of optometry, and chiropractor. For Medicaid eligible professionals includes physicians (primarily doctors of medicine and doctors of osteopathy), nurse practitioner, certified nurse-midwife, dentist and physician assistant who furnishes services in a Federally Qualified Health Center of Rural Health Clinic.

³ Medi-Cal requires that professionals must have a minimum 30% Medicaid patient volume (20% for pediatricians) in the prior year.

⁴ Clinical quality measures include 3 required core measures (or 3 alternate core measures) and 3 additional measures (selected from a set of 38 clinical quality measures).

⁵ Meaningful Use (http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Meaningful_Use.html)

EPs can receive up to a maximum of \$44,000 over 5 years through the Medicare EHR Incentive Program and up to \$63,750 through the Medicaid (Medi-Cal Program in California) EHR Incentive Program as they adopt, implement, upgrade, or demonstrate meaningful use of certified EHR technology.

At UCSF a dedicated MU Project Team has been formed comprising of a program manager, project manager and 5 analysts. The team is responsible for accurately identifying EPs and appropriately completing registration and attestation on behalf of EPs. As of November 2012, the MU Project Team identified 537 providers who qualify under the Medicare Incentive Program and 144 providers who qualify under the Medi-Cal Program.

Incentive payments received to date from Medi-Cal for EHR Adoption, Implementation and Upgrading (AIU) is approximately \$5.5 million comprising of \$2.9 million for EPs and \$2.6 million for Hospital. Estimated incentive payment for EPs from Medicare and Medi-Cal over 5 years (2013-2017) is expected to be approximately \$21.8 million.⁶ UCSF has to complete attestation for Stage1 90-day period by February 28, 2013.

II. PURPOSE AND SCOPE

The purpose of the review is to assess the controls and processes for the Medicare and Medi-Cal EHR MU Incentive Programs to determine whether there is effective:

- Governance and oversight of the UCSF MU incentive program to ensure that MU criteria are met and incentive payments are maximized;
- Procedures and controls in place for identification of EPs; and,
- Internal controls in place that provides reasonable assurance on the accuracy of the attestation for MU.

The scope for this review was limited to EPs that meet the MU Stage 1 requirements.

In conducting the review, the following procedures were performed:

- Interviewed and/or contacted relevant management and staff personnel within the MU Program Team, Medical Center Information Technology Security Team (MCITS), and Health Information Management Services (HIMS) to obtain an understanding of existing practices and processes for MU governance, EP identification, and EP registration and attestation;
- Reviewed relevant regulations and researched CMS websites to gain an understanding on criteria determining eligibility of professionals and MU objectives and measures;

⁶ Expected payments for EPs are \$5.1M and \$16.7M for Medi-Cal and Medicare payments respectively. Source: Meaningful Use Update presented at the APEX Executive Leadership” on 11/05/2012.

- Reviewed process for identifying EPs and assessed if criteria defined by Medicare, Medicaid, and Medi-Cal were adequately included in the process;
- Reviewed reports for a sample of EPs and encounters to assess accuracy of the data for measuring compliance with MU core and menu objectives; and,
- Reviewed action plans to address security deficiencies identified through the IT security risk assessment and evaluated whether the action plans were reasonable such that they prioritized actions and included actions to be taken, responsible personnel, and implementation dates.

Work performed was limited to the specific activities and procedures described above. As actual attestation of Stage 1 Meaningful Use has not occurred, the scope of our work did not include validation of the accuracy of the attestation data submissions to CMS. As such, this report is not intended to, nor can it be relied upon to provide an assessment of compliance beyond those areas specifically reviewed. Fieldwork was completed in November 2012.

III. CONCLUSION

The Medical Center has developed a governance framework, processes and organizational structure to manage and receive payments from the MU Incentive Programs. Considerable effort has been devoted to registering professionals, and developing and testing various core and menu objective reports. The MU Project Team has successfully registered 95% of the total EPs. Although the participation rate is high, there have been significant challenges in achieving the compliance rate for all the required MU measures. Consequently, there is a risk that UCSF will not meet its target goal for incentive payments for Stage 1. Senior Leadership in the Medical Center and School of Medicine are aware that the MU compliance rates are not being met. The MU Project Team and the Chief Medical Information Officer worked with the Clinical Department Chairs and their department staff to increase the compliance rate prior to the December 31, 2012, deadline for meeting the MU requirements for attestation.

Additionally, the MU Project Team experienced challenges with the accuracy of the MU reporting which delayed the start of the attestation process originally scheduled for early November 2012. Audit Services was informed that recent APeX updates resulted in reports not accurately capturing the correct encounters data. Also the reports for the Clinical Quality Measures (CQM) had not been fully tested and thus, were not available for Audit Services to test and validate during the audit. However, Audit Services was advised by the MU Program Team that testing of CQM reports was completed recently and attestation was initiated effective December 6, 2012.

Due to the fluidity of the MU program being in its early stage with processes still being developed, the audit was part of a collaborative effort with the MU Project Team. Many issues identified during the audit were communicated to and addressed by the MU Project Team during the course of the review. The following issues have been addressed or work is in progress:

1. Procedures were developed for: identifying EP eligibility; updating the EP list; registering and attesting to meaningful use; ensuring the accuracy of the attestation data entry; and providing patients with copies of medical information in an electronic format.
2. Reports were modified to accurately capture data for the following core objectives:
 - e-Prescribing (P105-Core Objective #4)
 - Record demographic (P108-Core Objective #7)
3. Removal of a provider that had been incorrectly registered when the provider did not meet the Medi-Cal eligibility criteria.
4. Risks were rated for identified security vulnerabilities and timelines were developed for taking corrective actions to address these vulnerabilities.

We found that a reporting process was in place to update management on the progress of identifying and registering EPs and meaningful use compliance. However, there are additional areas noted during the review that require enhancements to processes and controls including: ensuring criteria and requirements for eligible providers are met even for smaller populations (e.g. part-time/contractor providers) or for Medi-Cal specific requirements; and developing and implementing procedures for testing the accuracy of attestation reports.

IV. **OBSERVATIONS AND MANAGEMENT CORRECTIVE ACTIONS**

A. Eligible Professionals (EP) Identification

1. **Procedures have not been established to determine if part-time and contract professionals have met eligibility requirements to be classified as a meaningful EHR user.**

To be a meaningful EHR user, an EP must have 50 percent or more of his or her outpatient encounters during the EHR reporting period at one practice/location or through a combination of practices/locations equipped with Certified Electronic Health Record Technology (CEHRT). No

restrictions are placed on employment type (e.g. contractual, permanent or temporary) in order to be an eligible professional.⁷

While the MU Project Team has developed procedures for identifying eligible full-time employed providers, no procedures have been developed for the initial and ongoing process to identify and validate eligibility of part-time/contract providers for MU. The initial report of professionals included part-time/contract professionals without validating that the professionals had met the 50% outpatient encounters qualifying criteria to be considered as eligible. There are 115 part-time/contract providers that have been identified and currently, the MU Project Team is determining and validating whether the providers meet the established volume of encounters.

As UCSF hires and contracts with part-time providers, the Medical Center needs to have documented procedures to ensure MU eligibility is determined and accurately reported.

Management Corrective Action

- a) By February 28, 2013, the MU Project Manager will have completed its validation of encounters related to part-time/contract providers to determine the number that would be eligible for UCSF to attest for Stage 1.
- b) By March 31, 2013, the MU Program Manager will modify existing EP eligibility procedures to include process for initial and ongoing identification of part-time/contract EPs.

2. The APeX system and existing operations do not capture specific eligibility information to confirm compliance with certain Medi-Cal requirements involving encounters associated with a special population of patients.

Audit Services was informed that the Medical Center was not collecting specific information for identifying a special population of Medi-Cal patients such as:

- Trafficking and Crime Victims Assistance Program
- Katrina Evacuees, and
- Medi-Cal Only Dialysis Program

Medi-Cal requires excluding encounters and services to these Medi-Cal patients for determining eligibility of professionals.

⁷ CFR Vol 77 - 171, "EPs Practicing in Multiple Practices/Locations"

According to the MU Program Manager and the Medical Center's Reimbursement and Hospital Billing Managers, the patient registration systems (both APeX and the legacy IDX system) do not capture information to identify services to these Medi-Cal patients. The impact of not capturing this information on the EP eligibility is unknown as there is no means of determining the volume of patients under these categories; however, MU Program Manager expects the volume of services to be low as Medi-Cal certifies the eligibility of EPs prior to release of incentive payments.

Incorrect inclusion or exclusion of encounters may lead to inaccurate reporting of EP eligibility and potential impact on incentive payments.

Management Corrective Action

By March 31, 2013, MU Program Manager will seek an opinion from Campus Legal Affairs on any adverse implication for the University from not being able to identify and meet the Medi-Cal requirement to exclude certain encounters.

B. Eligible Professionals (EP) Registration and Attestation

1. Written procedures need to be developed for testing and validating the accuracy of MU Reports.

The MU Project Team has been testing and validating the accuracy of reports that are used as a basis for the MU attestation for core and menu objectives. Changes and updates to the APeX application or other relevant systems (e.g. Clarity, ETL) can potentially impact the accuracy of reported data and thus the need for verifying the accuracy of report information. For example, the MU Program Manager communicated that the installation of a Special Update in September 2012 caused significant inaccuracies in the accounting of encounters.

During the review, we did note that while test scripts were used to validate report information, there were no clearly defined and documented procedures for performing such work in test and production environments. In addition, records were not consistently created and retained to support the comprehensive testing of changes and updates to APeX or other relevant systems and to confirm the accuracy of MU reports generated subsequent to the system changes.

Recognized best practice for project and change management requires that written procedures exist for testing to ensure consistent application of validation steps. These procedures typically cover test validation

methodology, extent of testing to be performed, method for validating test results, and retention of documentation to support testing.

Management Corrective Action

By June 30, 2013, MU Program Manager will develop, document and implement test procedures that will include the following:

- Documentation of basic test information (tester's name, date, Epic version, environment, etc.)
- Issue tracking mechanism and record for issues and resolutions;
- Criteria to determine scope/depth/method/environment (TEST, SUP, PRD) of testing when there are any changes, update, and upgrade in Epic or other relevant systems (e.g. Clarity, ETL) that may impact MU reporting data;
- Retention requirements for documents evidencing completion of testing and validation results.

2. The Medical Center has not clearly defined and documented the minimum requirements for achieving the objective involving patient education.

One menu objective (i.e. #6) requires that EPs use certified EHR technology to provide more than 10% of patients receiving outpatient care with patient-specific education resources. The CMS regulations define education resources as: "Resources identified through logic built into EHR which evaluates information about the patient and suggests education resources that would be of value to the patient."

UCSF in consultation with EPIC and other EHR users has used the notation in the patient instructions together with the printing of the after visit summary (AVS) as one of the indicators to measure achievement of this objective. However, Audit Services did not find that the Medical Center had defined the type and level of education resources that needed to be provided and documented in the EHR. In discussions with MU Program Manager and Chief Medical Information Officer, it was acknowledged that there has been no clear guidelines from CMS on the criteria to be applied and how this objective was to be achieved.

Recognizing that in Stage 2 of the MU attestation this requirement is moving from a menu to a core objective, it is critical that the Medical Center define the expected level of education resources to be provided to patients in order to meet this objective.

Management Corrective Action

Effective December 2012, MU Project Team has revised the report configuration options for capturing the provision of educational resources to meet the menu measure through:

- Enabling “content linking” in MyChart. “Content linking” will allow patients with an active MyChart account to access links to specific patient educational materials; and
- Patient education materials printed by providers using the “Resources” functionality in APeX.

Audit Services will validate the corrective actions by January 31, 2013.

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