

# ELECTRONIC HEALTH RECORD SERVICES

experience **guidance** // The Centers for Medicare & Medicaid Services (CMS) has significantly increased activity related to audits of Medicare and dually eligible health care providers participating in electronic health record (EHR) programs. **BKD National Health Care Group can help you keep your EHR incentive payments and identify additional reimbursement opportunities.** Experience how our range of EHR services can help steer you in the right direction.



BKD's EHR team has developed some proprietary techniques to help hospitals identify additional reimbursement opportunities that might otherwise have been missed. We also have been successful at helping health care providers facing the various audits described below keep their EHR incentive payments. BKD has assisted approximately 250 hospitals nationwide secure roughly \$145 million in additional reimbursement. Here's how we can help.

## MEDICARE & MEDICAID EHR SETTLEMENT REVIEW & DAY ANALYSIS

Through a single report, BKD assesses both the Medicare and Medicaid payments your facility has received. This allows our team to evaluate whether you have received the appropriate EHR incentive payments and offers a deeper analysis of the factors and time frames being used in the EHR calculations.

BKD evaluates the EHR calculations at a level outside the normal scope of the cost report, looking in detail at each variable used in the EHR calculation for both the Medicare and Medicaid EHR incentive payment programs. Many facilities are unaware of the different factors that can affect the EHR calculations. BKD assists facilities in adjusting cost reports and EHR filings to gain additional EHR reimbursement when appropriate.

## MEDICARE & MEDICAID EHR ATTESTATION ASSISTANCE

BKD can guide facilities that have not yet attested to the Medicare or Medicaid EHR incentive programs through the entire process with step-by-step instructions. Our team also can assist with a facility's subsequent year attestations throughout both EHR program processes. That way, the facility knows exactly what stage of Meaningful Use it should be attesting to, when it can attest, what important dates are approaching or what penalties may await.

## EHR MEANINGFUL USE AUDIT ASSISTANCE

Figliozi & Company has contracted with CMS to conduct Meaningful Use audits on a minimum of 5 percent of the nation's Meaningful Users each program year. This audit is not about the facility's EHR system capabilities at the current time—it is about the supporting documentation reflecting what was attested to during the reporting period. BKD has worked with the Figliozi auditors throughout this process, assisting facilities in the beginning stages of Meaningful Use audits as well as those that have already submitted documentation or received notification of failure and need assistance with the appeal process. Facilities receiving negative determinations owe CMS the entire EHR incentive payment for Medicare—and possibly Medicaid—for the program year under audit.

1000 CLIENTS 

Experience a clear point of view with a firm that works with approximately 1,000 hospitals and health care systems and has professionals trained in the industry.

## EHR MEANINGFUL USE DOCUMENTATION ANALYSIS

As mentioned above, facilities that fail Meaningful Use audits owe the entire EHR incentive payment for Medicare for the program year under audit and potentially the Medicaid payment as well. Failing this type of audit due to lack of documentation is avoidable, which is why BKD provides a service that simulates the Figliozi audit process. This allows facilities not currently under audit to gain the peace of mind their documentation has been analyzed by a like-minded CPA. One of the main reasons facilities fail a Meaningful Use audit is the difference in thought processes between the information technologist gathering the data and auditors requesting and reviewing the data. This service helps uncover potential issues that can be corrected before they lead to recoupments.

## MEDICARE & MEDICAID EHR HITECH PAYMENT AUDITS

BKD also can assist facilities undergoing EHR incentive settlement audits. Medicare HITECH payment audits are conducted by the facility's Medicare Administrative Contractor, and every facility will have their EHR settlement audited or—at the very least—a desk review. Medicaid HITECH payment audits are conducted by outside vendors that contract with individual states and are subject to audits based on each state's CMS-approved HITECH plan.

These audits review each factor in the EHR formulas as well as the facility's supporting documentation for those factors. Based on their findings, auditors can make adjustments that lead to EHR recoupments. BKD assists facilities in reviewing the same EHR factors, but our professionals are looking for variables that can cause positive adjustments or set off potential negative adjustments. Two key areas that have been heavily reviewed by the auditors are charity care and Medicare/Medicaid days. BKD assists facilities with both of these issues, in addition to other areas often overlooked during these audits.



FOR MORE INFORMATION // For a complete list of our offices and subsidiaries, visit [bkd.com](http://bkd.com) or contact:



**Travis Skinner** // Senior Managing Consultant  
 tskinner@bkd.com // 254.776.8244



**Michael Orr** // Director  
 morr@bkd.com // 254.776.8244

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