When you have tech questions, who ya gonna call?

Most of the time, you can submit a support ticket if you need help with technical issues involving the CliniSync Health Information Exchange. But when the going gets tough and you need to talk to someone, who ya gonna call?

Meet Jack Conian, the newest member of our CliniSync Support Team, who can be reached at 1-800-645-8192.

Jack just graduated from Ohio University with a bachelor's degree in health services administration and business administration. Prior to his graduation in May, he developed skills in hospital workflow, process improvement, and data collection and improvement. His undergraduate experiences allowed him to work on projects at O'Bleness Hospital in Athens as well as Marietta Memorial Hospital. Read his bio here.

If you have a regular support issues that aren't critical in nature, just submit a ticket on our website by clicking on the Technical Support tab at the top or go to www.support.clinisync.org.

Congrats to our "most wired" hospitals

We'd like to congratulate the Ohio hospitals contracted with CliniSync who have been rated as "most wired" in the 17th
annual Health Care’s Most Wired survey, released today by the American Hospital Association’s Health Forum and the College of Healthcare Information Management Executives.

Congratulations to:

Akron Children's Hospital in Akron
Fisher-Titus Medical Center in Norwalk
Genesis HealthCare System in Zanesville
Licking Memorial Hospital in Newark
Memorial Hospital of Union County in Marysville
MetroHealth System in Cleveland
Ohio State University Wexner Medical Center in Columbus
Summa Health System in Akron

Here is the full text of the article in the 7/9 edition of Healthcare IT NewsDay.

To view CliniSync hospitals, go to our website at www.clinisync.org or click here.

Welcome new CliniSync Community members

We continue to have practices, long-term care, and post-acute care facilities connect to the CliniSync Community every day. We welcome you and thank you for participating in the CliniSync health information exchange.

We also welcome agencies and organizations involved in our new initiative in Columbus -- the Medical Neighborhood Project. We will tell you more about it in coming newsletters.

Welcome:
Abco Medical Center in Lakewood
Amin, Dipakkumar, MD in Tiffin
Bhargava, Ravi, MD in Youngstown
Central Ohio Area Agency on Aging in Columbus
Charitable Pharmacy of Central Ohio in Columbus
Clintonville-Beechwood Community Resources Center (CRC) in Columbus
Crystal Clinic in Akron
Eastglen Pediatrics in Columbus
Ethiopian Tewahedo Social Services (ETSS) in Columbus
Felton, James, MD in Tiffin
Findlay Women's Care in Findlay
Frank, Rich, MD in Youngstown
Gladen Community House in Columbus
GJ International Consultants in Toledo
Attention CAHs: report PQRS data

As we work with CAHs (Critical Access Hospitals) that provide professional Medicare Part B services under the Optional Payment Method (Method II), we’re finding that some are not aware that they need to submit quality data through the Physician Quality Reporting System (PQRS) for providers as of 2014. Providers that don’t submit PQRS data will be subject to a negative payment adjustment of 2%, which compounds over time.

This means you’ll need to report PQRS data on providers for 2015 at the beginning of 2016. The 2014 PQRS List of Eligible Professionals compiled by CMS can be found here. The list goes into detail on the types of Medicare physicians, practitioners and therapists who are considered eligible professionals under the PQRS program. CMS also provides frequently asked questions by rural health clinics, federally qualified health centers and CAHs on PQRS in its Medical Learning Network here.

PQRS is complex, perhaps even moreso than the Meaningful Use (MU) program. While both programs are related to one another, CMS is not yet at the point where providers or hospitals can submit both MU and PQRS data at the same time. Organizations and practices should consider getting assistance on PQRS because future reimbursement will be based, in part, on the quality information you submit. The value-based modifier that will be applied to fee schedules based on PQRS results could be plus or minus 4%, so it can add up quickly.

If you have any questions, contact Cathy Rich in the CliniSyncPLUS program at crich@ohionline.org or call 614-664-2606.
It's the year of the Audit Lottery!

Winning the audit lottery isn’t something you’ll want to do this year...or any year.

As predicted in news articles, the Office of the Inspector Generals’ plan for 2015 includes an increase in audits of the Medicare electronic health record (EHR) incentive payments for practices and hospitals, especially in the area of security. There’s a plethora of audits that could come your way. You may receive notification of an audit from Figliozzi & Company, CGS Administrators, Ohio Medicaid, and two different kinds of audits from the OIG.

**Figliozzi Pre-Payment Medicare Audits**

There’s been a shift towards pre-payment audits by Medicare, which are performed by Figliozzi. Medicare selects between 5%-10% of all attesters for a random audit. Non-random audits do occur with problematic data that’s triggered by the CMS Registration & Attestation system. Figliozzi does not come onsite to perform these audits but notifies a hospital or physician via email, so it’s imperative that the email address in the CMS Registration & Attestation system is correct for both your hospital and all providers. Is correct. Failure to respond to an email from Figliozzi means a failed audit, with no appeal process.

**CGS Administrators Hospital Audits**

CGS is now performing financial audits for the Medicare financial reports submitted as part of the hospital’s Meaningful Use submission. These audits focus solely on financial reports submitted as part of the hospital MU program and do have an onsite component where the auditor will want to physically see the technology items included in the cost report. In a severe case of fraud for any provider or hospital, CGS will conduct a full, onsite Meaningful Use audit.

**Ohio Medicaid Audits**

Ohio Medicaid also conducts extensive audits. Two different kinds can occur: one where they will look at eligibility or cost reports and the other, a full audit. The eligibility of and its cost audits are done remotely where they ask you to submit information. The full audit requires some submitted information as well as an onsite audit, where they ask for an extensive amount of information, including the list of patients comprising the numerator and denominator for most measures. So, there are essentially two different audits from Ohio Medicaid, one in which they will look at the eligibility reports or cost reports and the other, a full audit.
**OIG Audits**

The OIG is now auditing health systems on the security risk analysis component of the MU program. For these audits, the OIG goes onsite for 2-3 weeks, focusing intensely on 17 specific items, as described in this [HIMSS presentation](#). To date, these have focused on health systems, and we have no information on how OIG is selecting organizations. The OIG is releasing scant information about these audits, and we’ve not heard from any Ohio organizations who have received a request.

The second is a Figgiozzi-style audit for providers attesting to MU that asks for information for *every year* the provider has attested, rather than just one year. This audit asks for an up-to-date list of items in each security review, the status of mitigation or a projected date when an identified item will be mitigated. If you would like an example of an OIG letter, please contact Scott Mash, whose contact information is below.

So, this is the year of the audit lottery because an organization can be selected for:

- Figgiozzi audit (both eligible hospitals and eligible professionals)
- Ohio Medicaid MU audit (both eligible hospitals and eligible professionals)
- Ohio Medicaid eligibilityfinancial audit (eligible hospitals for both eligibility and financial audits and eligible professionals for the eligibility audit)
- CGS financial audit (eligible hospitals)
- OIG security audit (eligible hospitals that are part of a larger health system)
- OIG “Figgiozzi-style” audit (eligible professionals only, thus far)
- CGS full audit if suspected of fraud (both eligible hospitals and eligible professionals)

If you haven't been audited in the past, each year your chances of an audit increase. If you have been previously selected for an audit, you can be selected again. You should consider a [mock audit](#), which the ClniSyncPLUS program provides to ensure you have the necessary documentation to respond successfully. We also will assist with preparing a response at a reasonable cost should you receive an audit notification.

For more information, contact Scott Mash at [smash@ohioline.org](mailto:smash@ohioline.org) or call 614-541-2296.

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**July 13 begins TRICARE Awareness Week**
Monday, July 13, marks the beginning of TRICARE Awareness Week, a public messaging campaign reminding you that Ohio service members and their families need your support and appreciate you caring for TRICARE beneficiaries. Although deployments may be slowing, the post-deployment health care needs of troops remain. It can take years for troops and their families to fully reintegrate and return to optimal well-being.

The Ohio Health Information Partnership is pleased to support TRICARE Awareness Week in partnership with the State of Ohio, the Ohio National Guard and other healthcare associations and organizations. The Ohio National Guard thanks Ohio’s health care association leaders and its members for your ongoing support. Because of you, Ohio’s health care community has increased the number of in-network TRICARE providers by 22% and out-of-network by 5% in the last two years—an outcome opposite the national trend.

TRICARE is the health care program supporting active duty service members, National Guard and Reserve members, and family members among others. As National Guard and Reserve members move from private insurance to TRICARE when deployed, it is important that physicians accept TRICARE to ensure continuity of care for service members and their families. The need for TRICARE providers is particularly strong in rural Ohio communities.

For more information on TRICARE, physicians can visit its website or call 877.TRICARE (877.874.2273). Mental health providers can go online or call the Mental Health Network Professional Relations department at 800.541.3353. For additional information about the Ohio National Guard’s TRICARE Awareness Week, please visit its website. - See more at: http://www.ohioafp.org/wfmu-article/week-tricare-awareness-week-2/#sthash.Toe1xVOu.dpuf

New FAQ on Summary of Care

To keep you updated with information on the Medicare and Medicaid EHR Incentive Programs, CMS has recently updated an FAQ about the Stage 2 Summary of Care objective. CMS encourages you to stay informed by taking a few minutes to review the new information below.

**Question:** When reporting on the Summary of Care objective in the Medicare and Medicaid Electronic Health Records (EHR) Incentive Program, how can eligible professionals and eligible hospitals meet measure 3 if they are unable to
complete a test with the CMS designated test EHR (Randomizer)?

Answer: CMS is aware of difficulties related to systems issues that eligible professionals, eligible hospitals, and critical access hospitals (CAHs) are having in use of the CMS Designated Test EHRs (NIST EHR-Randomizer Application) to meet measure 3 of the Stage 2 Summary of Care objective, therefore, we will be discontinuing this option effective July 1, 2015.

Providers may still meet the Stage 2 Summary of Care objective measure #3 by using one of the following actions:

1. Exchange a summary of care with a provider or third party who has a different CEHRT as the sending provider as part of the 10% threshold for measure #2 (allowing the provider to meet the criteria for measure #3 without the CMS Designated Test EHR). This exchange may be conducted outside of the EHR reporting period timeframe, but must take place no earlier than the start of the year and no later than the end of the EHR reporting year or the attestation date, whichever occurs first.

2. If providers do not exchange summary of care documents with recipients using a different CEHRT in common practice, they may retain documentation on their circumstances and attest “Yes” to meeting measure #3 if they have and are using a certified EHR which meets the standards required to send a CCDA (§ 170.202).

For more information visit the Frequently Asked Questions page on the CMS Website.