

Quality Payment Program

Small, Underserved and Rural Support

Audit Readiness – What You Need to Know

Under the Merit-based Incentive Payment System (MIPS), the Centers for Medicare & Medicaid Services (CMS) will conduct an annual data validation process. Clinicians will be randomly selected for the audit. While it is unknown how many clinicians will receive a request, historical programs audited approximately one in 10 clinicians.

CMS makes available the criteria used to audit and validate measures and activities for the Quality, Promoting Interoperability and Improvement Activities categories of MIPS. This article will guide you through what information you should retain in case of an audit.

What does data validation mean?

Data validation is the process of ensuring that a program operates on accurate and useful data. MIPS requires that you use all-payer data for all data submission mechanisms, with the exception of claims and the CMS Web Interface. The process through which CMS validates your data is commonly referred to as an audit. Data from payers other than Medicare will be used for informational purposes to improve future validation efforts and will not be the only source of data used to make final determinations on whether you pass or fail an audit.

What type of data is considered accurate and useful?

You need to retain accurate and useful data in case of an audit. Below are items that should be saved.

Eligibility

For MIPS eligibility, it is recommended you retain the following:

1. Screenshot from CMS' QPP Participation Status Tool at <https://qpp.cms.gov/participation-lookup> for each eligible clinician.
2. Screenshot showing your Alternative Payment Model (APM) participation status, if applicable.
3. Screenshot showing all of the special status information on each clinician.

Quality

For the Quality category, you should retain the following:

1. Claims or medical record documentation for each measure you submitted for the appropriate reporting period.
2. Evidence to support 2015 Edition certified electronic health record technology (CEHRT) submission, if bonus was claimed.
3. Documentation to support why fewer than six measures, or no priority or outcome measure, were submitted, if applicable.

Improvement Activities

For the Improvement Activities category, it is recommended to retain the following:

1. Any and all documentation to support completion or participation in an activity during the attested time period (typically 90 days), such as meeting minutes, policies and procedures, medical records or screenshots from your electronic health record or other internal system.
2. Evidence to support CEHRT submission, if bonus was claimed (for 2017 and 2018 performance years).
3. Any specific documentation for the activity you attested to based on CMS' Data Validation Criteria. This criteria document can be found on the [CMS QPP resource page](#) and is specific to each performance year.

Promoting Interoperability

For the Promoting Interoperability (PI) category, you should retain the following:

1. Documentation or reports from your CEHRT that show base measure requirements were met (for 2017 and 2018 performance years).
2. A copy of your Security Risk Analysis that was performed or reviewed during the calendar year of the performance period. You need one for each year of participation.
3. Documentation or reports from your CEHRT verifying the submitted performance numbers were accurate.
4. Documentation, including internal policies and procedures, verifying compliance with CMS attestation statements.

5. Evidence to support reweighting due to special status or hardship, if applicable. This might include correspondence from CMS accepting the clinician's application for exception.
6. Evidence to support exclusions claimed for PI measures.
7. Your EHR's CMS identification code from the Certified Health IT Product List (CHPL)

Cost

Since clinicians do not submit data for the Cost category, you do not need to retain any documentation for this category.

How long do I need to retain my documentation?

In accordance with the False Claims Act, you are encouraged to keep documentation for up to 10 years and, as stated in the final rule, CMS may request any records or data retained for the purposes of MIPS for up to six years.

What are my first steps if I receive an audit request?

If you receive an audit request from CMS, your initial response is required within 10 business days to acknowledge the request. After your initial response, you should begin to collect all saved documentation that verifies the MIPS data you submitted. From the date of the initial request, you will have 45 calendar days to complete data sharing as requested, or an alternative timeframe that is agreed upon by CMS and the MIPS-eligible clinician or group.

What are some helpful hints for audit readiness?

1. Update your PECOS and NPPES databases annually to ensure CMS has your correct email and address for audit notifications.
2. Maintain readiness by performing a mock audit.
3. As you prepare for MIPS submission, also prepare for an audit by keeping all required documentation in a secure location.
4. When saving documentation, save in at least two different formats (e.g., paper format in a binder, electronically saved to a local desktop computer or server, or a flash drive).
5. Be sure to organize documents by program year and by group or individual clinician, based on reporting method.

How am I notified if CMS would like an audit or data validation?

CMS contracted with Guidehouse to conduct data validation and audits in 2019 for the 2017 and 2018 performance years. Clinicians and groups were notified via email or certified mail. A similar process will be employed in future years. For this reason, it is important to have current email addresses and mailing addresses in the practice's PECOS account. The "Updating Your PECOS and NPPES Information" resource may be helpful for this process.

Free Support for MIPS

Consultants are available to assist you at no cost in reviewing your reports and planning for MIPS. Contact Comagine Health for any audit or MIPS-related questions:

- Call 1-877-560-2618
- Email QPP@comagine.org
- Complete a [QPP Assessment](#)

Resources

Visit the CMS QPP Resource Library to access the data validation ZIP files:

- 2017 Data Validation Criteria – <https://qpp-cm-prod-content.s3.amazonaws.com/uploads/73/2017+-+MIPS+Data+Validation+Criteria.zip>
- 2018 Data Validation Criteria – <https://qpp-cm-prod-content.s3.amazonaws.com/uploads/163/2018%20MIPS%20Data%20Validation%20Criteria.zip>
- 2019 Data Validation Criteria – <https://qpp-cm-prod-content.s3.amazonaws.com/uploads/436/2019%20MIPS%20Data%20Validation%20Criteria.zip>
- 2020 MIPS Data Validation Criteria – Improvement Activities – <https://qpp-cm-prod-content.s3.amazonaws.com/uploads/828/2020%20MIPS%20Data%20Validation%20Criteria.zip>