

## **Electronic Health Records Review**

### **Purpose:**

The following procedure describes the steps required to prepare for and complete a Program Integrity review of claims paid to a provider for electronic health records (EHR) reimbursement.

### **Identification of Roles:**

IME PI— Conduct claim review for EHR payments.  
State PI Staff – Approve reviews

### **Performance Standards:**

Conduct desk reviews on 5% of first year EHR claims and a sample of claims for subsequent year payments

### **Path of Business Procedure:**

1. Reviews will be completed on a quarterly basis.

The following steps are completed by the Operations Manager.

- a. In the month following the end of a calendar quarter (April, August, October, January); the Operations Manager will request a list of all providers receiving an EHR payment.
  - b. The Operations Manager will select for review 5% of those receiving their first EHR payment and a sample of those receiving a subsequent payment.
  - c. Each provider selected will be logged into the PI Database as a review.
  - d. A records request letter will be mailed to each selected provider.
2. Complete the EHR payment Review.
    - a. Verify the provider has met the Medicaid patient threshold
      1. 30% for all professionals except Pediatricians who are allowed 20%
      2. Hospitals 10%
    - b. Review requested invoices to support the purchase of the certified EHR technology.

- c. Verify that less than 90% of a professionals Medicaid patient encounters occurred within a hospital facility
3. Communicate findings of the review to the provider.
4. Make any collections deemed necessary.

**Forms/Reports:**

N/A

**RFP References:**

6.1.2.2.7

**Interfaces:**

Program Integrity Unit  
State PI Staff

**Attachments:**

None