MaineCare Services
An Office of the
Department of Health and Human Services

John E. Baldacci, Governor Brenda M. Harvey, Commissioner

State of Maine Health Information Technology

Update on the MaineCare EHR Incentive Program and Discussion on Communication Strategies

December 20, 2010

Agenda

- Meeting Objectives
- Project Timeline
- EHR Incentive Program Communication Strategy
- Discussion of Patient Volume Calculations
- Wrap-Up and Questions

Meeting Objectives

The objective of this meeting is to:

- Provide an update on the MaineCare EHR Incentive Program and HIT planning project
- Discuss the communication strategy for provider outreach for the EHR Incentive Program

MaineCare EHR Incentive Program Timeline

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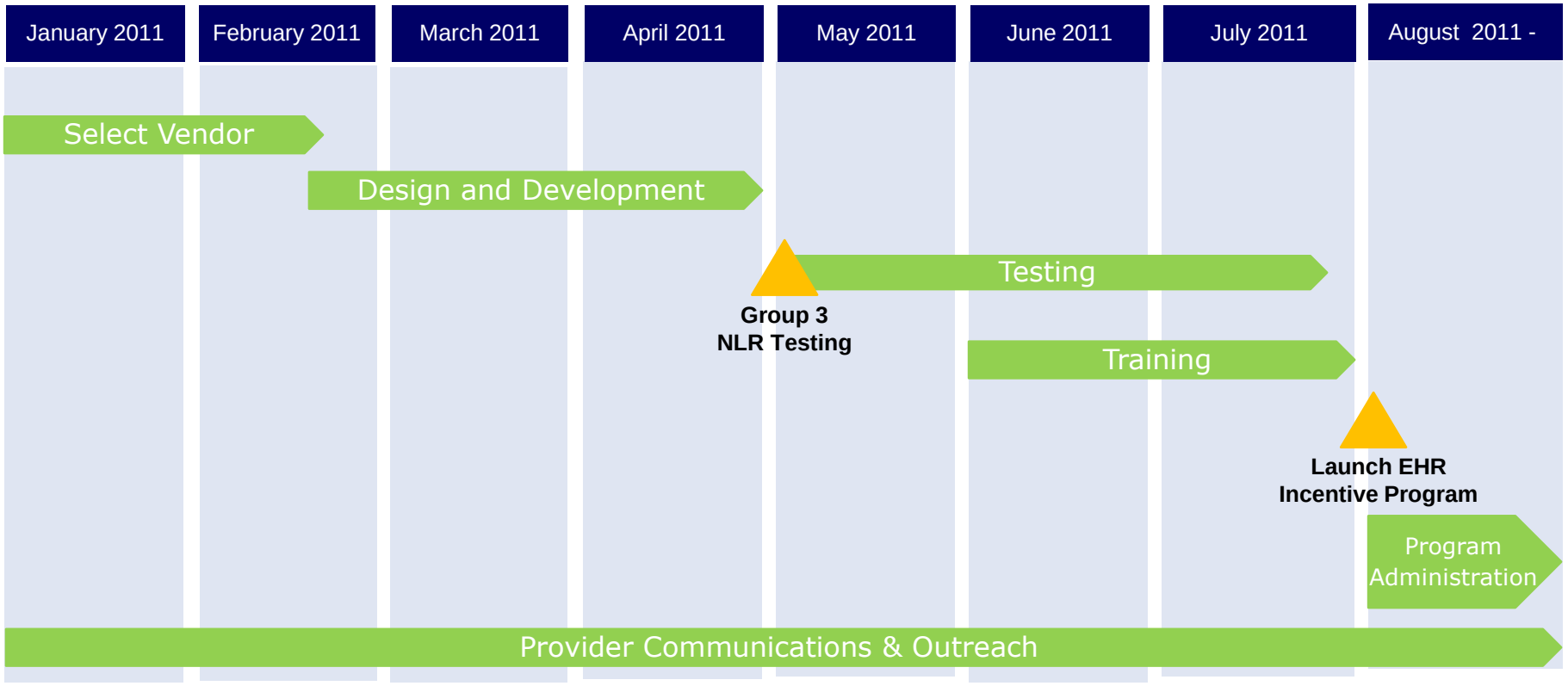
- A vendor will develop the technical solution and administer program operations for the EHR Incentive Program.
- The timeline below is subject to change, but provides an overview of key milestones, including NLR testing.
- All activities will be completed by a vendor; MaineCare will oversee the vendor's activities.



EHR Incentive Program Communication Strategy

Communications Guiding Principles and Objectives

Guiding Principles:

- Communications will be designed to educate providers about the implementation of the EHR Incentive Program and State HIT activities and to promote the adoption of EHR technologies
- MaineCare will work closely with Provider Associations and other key stakeholders to support effective communications with providers
- All communications will be open, clear, concise, timely, and consistent

Objectives:

- Providers will be well informed of the project status and schedule
- Providers will be educated and updated on the requirements of the EHR Incentive Program and State HIT initiatives
- Providers will be informed about the detailed steps they should follow to participate in the EHR Incentive program and maximize the benefits of this initiative
- Providers will understand resources available to support their participation in the EHR Incentive Program

Roles and Responsibilities

The Office of the State Coordinator (OSC) is helping to coordinate initiatives to streamline communication efforts and messages.

MaineCare	EHR Incentive Program Vendor	MEREC
Role: Provide incentive payments to providers to adopt and use certified EHR technology	**Role:** Build the technical solution and administer the EHR Incentive Program on behalf of MaineCare	**Role:** Provide technical assistance to providers in selection and implementation of certified EHR technology
Responsibilities: ▪ Oversee the MaineCare EHR Incentive Program ▪ Issue incentive payments to providers ▪ Comply with all CMS requirements for the program ▪ Educate providers about the EHR Incentive Program	**Responsibilities:** ▪ Build the technical solution for the EHR Incentive Program ▪ Administer the MaineCare EHR Incentive Program ▪ Manage eligibility determination, attestation, audits, communications, training, and outreach for the program	**Responsibilities:** ▪ Assist in EHR technology selection and implementation services ▪ Provide vendor discounts and group purchase pricing ▪ Connect providers to the HIE
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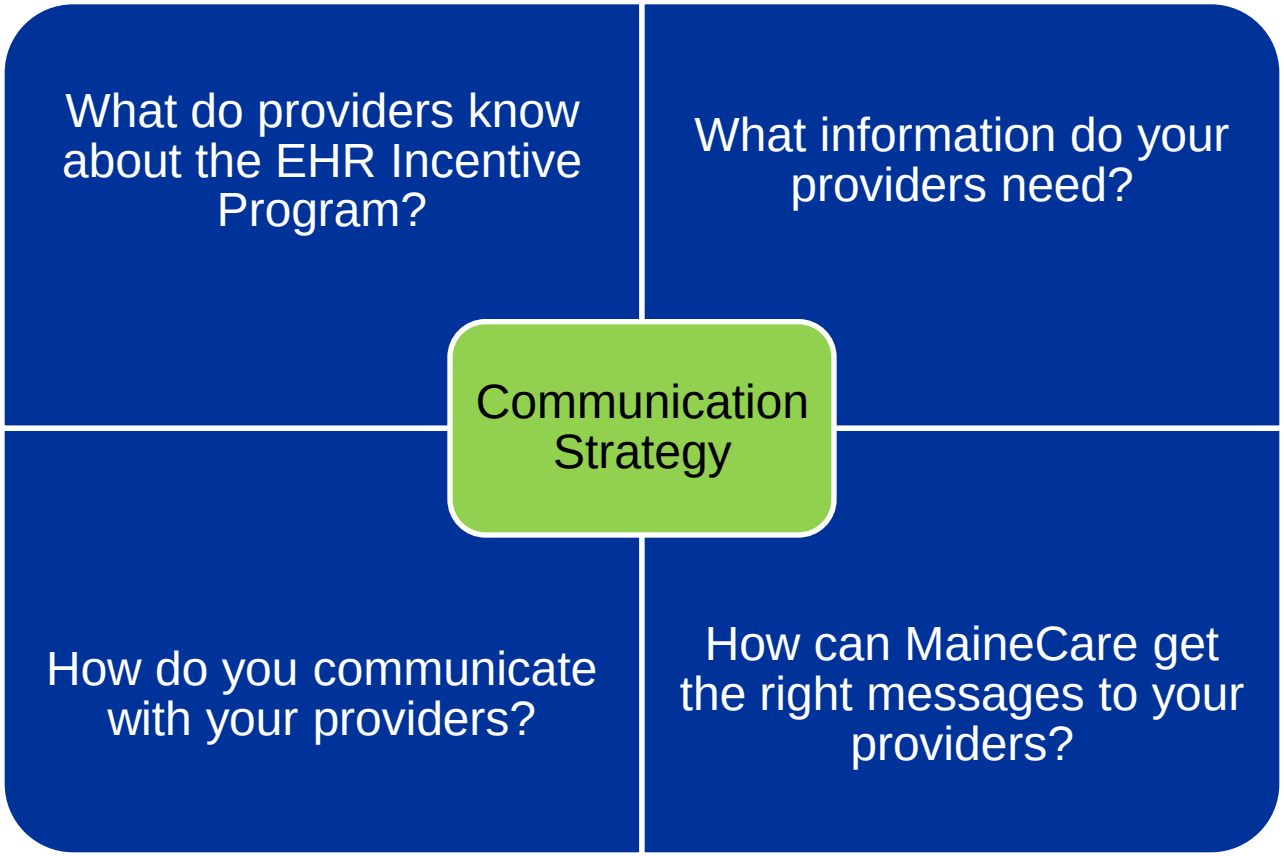
A Good Communication Strategy Begins With Asking the Right Questions...



Your input is key to help us build an effective provider communications strategy for the EHR Incentive Program.

Summary of Identified Needs

We asked Provider Associations to identify the communication needs of their provider communities. Below are the responses:

Questions Providers are asking about the EHR Incentive Program	Communication Needs	Communication Channels	Additional Resources Providers are Accessing
Clarification of payment logistics (attestation, submission for payments, audits, assigning payments to third-party entities)	Clear and consistent messages communicated frequently	Weekly bulletins	MEREC
What documentation is required for attestation of AIU?		Monthly meetings with health center leadership	
What are the allowable costs that make up the Net Average Allowable Cost (NAAC)?			

Key Topics about the EHR Incentive Program

MaineCare anticipates the need to communicate the following topics to providers. The dates listed below are based on the current implementation timeline.

Communication Topics	Communication Delivery Dates
EHR Incentive Program Project Status	Regularly over the life of the program
Requirements for participation in the EHR Incentive Program (Eligibility, Patient Volume thresholds, other requirements)	March 2011
Registration for the program (NLR)	March 2011
Requirements for Adopt, Implement, or Upgrade (AIU)	April 2011
Submitting attestations of AIU of certified EHR technology (training)	June 2011
Launch of the MaineCare EHR Incentive Program-System Go-Live	August 2011 (pending CMS approval)
Additional communications to reinforce key program areas	Regularly over the life of the program
Achieving Meaningful Use (MU)	January 2012
Maine's Statewide HIT Planning Coordination	Regularly over the life of the program
Upcoming Educational Sessions and Events	Regularly over the life of the program

Are there additional topics that should be added?

Communication Channels for the EHR Incentive Program

The following communication channels may be used to communicate with providers.

Communication Channel	Description	Frequency
"MaineCare Matters" Newsletter	E-newsletter posted to the MaineCare website and announced via MaineCare's general listserv	Monthly
PAG Meetings	Monthly provider advisory group meetings	Monthly
HIT Website	Primary source for information about MaineCare's HIT planning efforts and the EHR Incentive Program	As needed
HIT Listserv	HIT distribution list providers to which providers can subscribe	As needed
EHR Incentive Program Help Desk*	Help desk supporting the MaineCare EHR Incentive Program	As needed
Online Attestation Portal*	Online portal providers will use to submit their attestations of AIU or MU	As needed
Provider Association-Specific		
MPCA Weekly Bulletins	Updates and news affecting the MPCA community	Weekly
MPCA Monthly Meetings	Meetings held with the leadership of the MPCA health centers	Monthly

*Will be built during Implementation.

Are there additional channels that should be added?

Communications Wrap-up

- Are there any other ideas for MaineCare to help support providers' participation in this program?
- How can MaineCare best coordinate with Provider Associations?
- What else should we be thinking of in regards to communications for this program?

Patient Volume Calculations

Follow-up on Patient Volume Calculation

- States must document in their SMHP the patient volume calculation they will be using to determine eligible providers for the EHR Incentive Program

- The final rule proposed two calculation options, which include:

  – a ratio where the numerator is the total number of Medicaid patient encounters (or needy individuals) treated in any 90-day period in the previous calendar year where the denominator is all patient encounters over the same period;

  –a similar ratio where the state may take into account Medicaid patients on a primary care patient panel.

- The final rule also permits State's to choose a third option which is to develop their own methodology

- An important note about patient volume calculation:

  –Group Practices/Clinics – Clinics or group practices will be permitted to calculate patient volume at the group practice/clinic level. However, each individual provider in that group practice or clinic must register, attest, meet meaningful use (adopt, implement, and upgrade in payment year 1), and request payment individually. The group practice/clinic patient volume calculation simply serves as a proxy for the individual provider. It does not automatically mean that all providers are compliant and eligible.

MaineCare's Proposed Patient Volume Calculation – Option 1

Option	Description	Complexity	Notes, Provider Information and Auditing
Encounters	**Numerator:** a ratio where the numerator is the total number of Medicaid patient encounters (or needy individuals) treated in any 90-day period in the previous calendar year **Denominator:** all patient encounters over the same period.	This appears to be the most straight forward calculation. From an EP perspective, this may be less straightforward. The EP must have a system in which a staff person would need to write & run fairly sophisticated queries. A small practice that has a few physicians may have the system and staff to do this, but will most likely not have staff solely dedicated to reporting. Furthermore, the data would be coming from a Practice Management System not an Electronic Medical Record.	The encounter is defined as the set of services provided by a single EP on a single date. This information may not be obtainable from claims with present provider claims practices. Provider Information: Reports & Physician Schedules from Provider as well as some manual count. MaineCare Audit – Review (desk or on site) documentation from providers as well as re-run the calculation to perform audit.

Calculation:

$$\frac{\text{Total (Medicaid) patient encounters in any 90-day period in the preceding calendar year}}{\text{Total patient encounters in that same 90 day period}} * 100$$

1 – For FQHC numerator is total needy individual patient encounters/total patient encounters

MaineCare's Proposed Patient Volume Calculation – Option 2

Option	Description	Complexity	Notes, Provider Information and Auditing
State Proposed Methodology	States may propose a new calculation that is reviewed by CMS. If approved, all states could consider it as an option. Proposed MaineCare Option: Total Medicaid charges divided by total all-payer charges	This option appears more straightforward than any other solution. This option involves data which will likely be readily accessible from any automated or organized practice management system.	MaineCare suspects that the results from this method would track closely with results from Method #1. Audit procedures would be similar to the first option. MaineCare EP charges are straightforward and easy to obtain from the MMIS. Although, the time frame of charges as shown from the MMIS may vary by up to 10% from charges as shown on provider systems. This is because of issues with MaineCare payment date versus provider posting dates. All-payer charges can be checked historically from the Maine All-Payer Claims Database. A formal audit will require EP submission of detailed all-payer charge information and possibly on-site auditing.

Calculation:

$$\frac{\text{Dollar amount of all Medicaid claims in any 90-day period in the preceding calendar year}}{\text{Dollar amount of all patient claims in that same 90 day period}} * 100$$

Definitions

Term	Definition
Patient Volume	The minimum participation threshold that is estimated through a numerator and denominator, consistent with the SMHP.
Encounter	Defined as the set of services provided by a single EP on a single date in any representative continuous 90-day period in the preceding calendar year (see Final Rule section 495.306 (e) for a complete description).
Needy Individuals	Individuals that meet one of the following: 1. Received medical assistance from Medicaid or CHIP 2. Were furnished uncompensated care by the provider 3. Were furnished services at either no cost or reduced cost based on a sliding scale determined by the individual's ability to pay
Practices Predominantly	An EP for whom the clinical location for over 50 percent of his/her total patient encounters over a period of 6 months in the most recent calendar year occurs at a FQHC or RHC.

Wrap-up & Questions

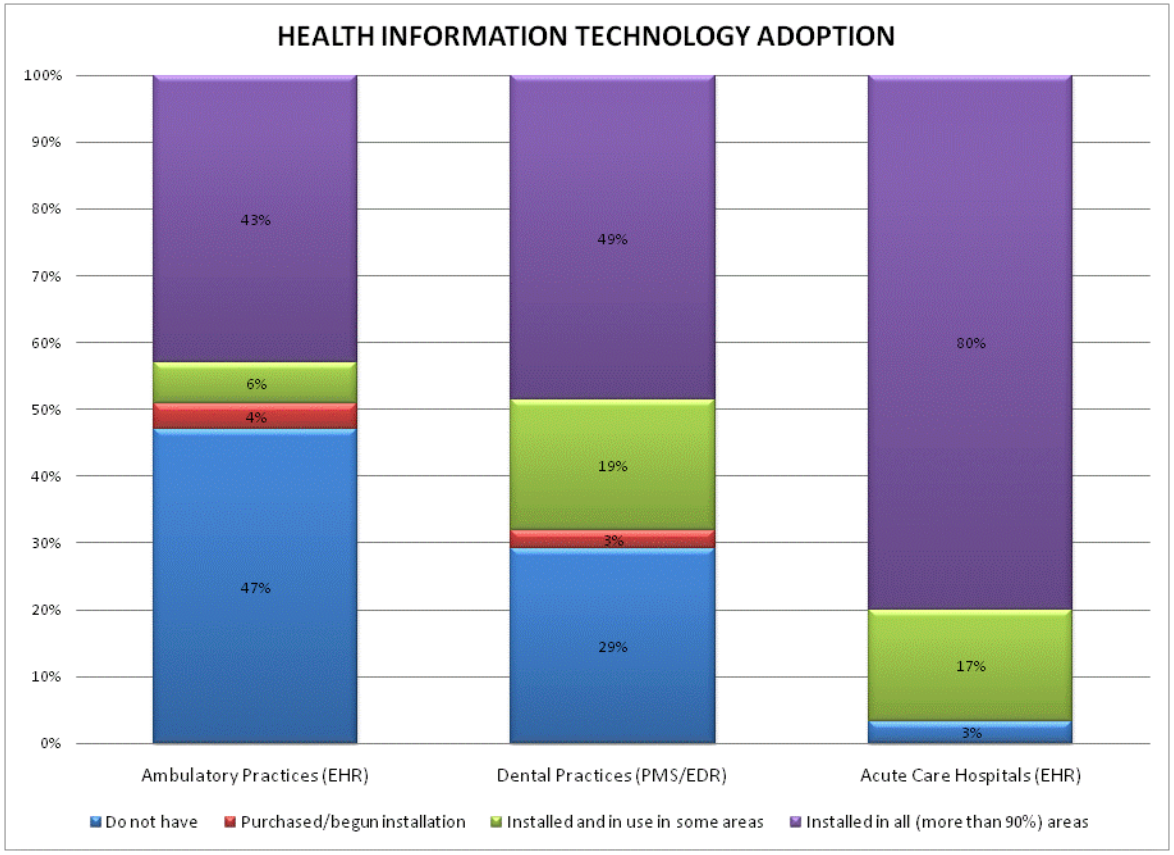
- **Questions?**

Appendix

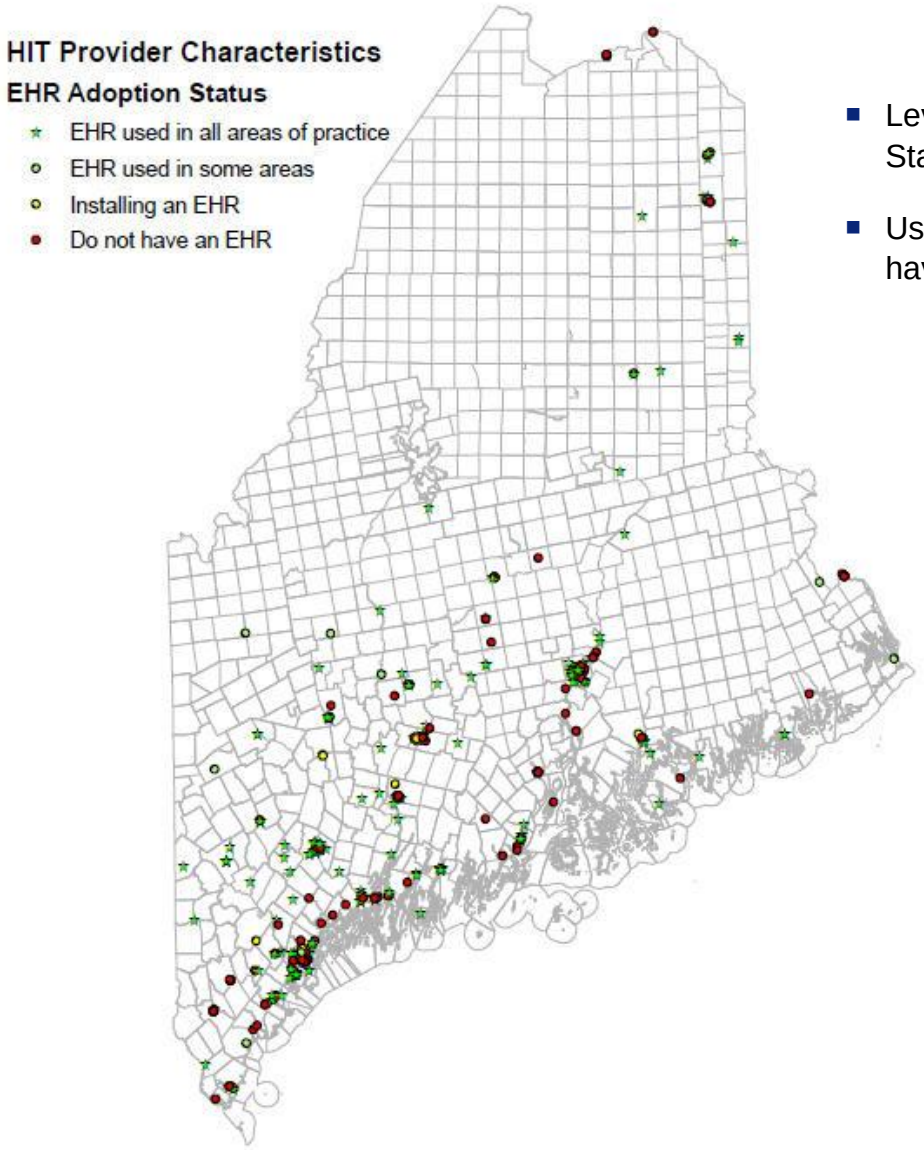
EHR Technology Adoption

An EHR survey was conducted from April to June 2010 to assess the current rate of EHR technology adoption among providers and hospitals. The following are some of the survey results.

- EHR Technology Adoption
  - 49% of Ambulatory Practices have EHR technology
  - 58% of Dental Practices have PMS/EDR technology
  - 80% of Acute Care Hospitals have EHR technology
  Survey Response Rates
- Survey Response Rates
  - Ambulatory Practices: 45 percent (525 of 1166 practices)
  - Acute Care Hospitals: 75 percent (30 of 40 hospitals)
  - Dental Practices: 34 percent (72 of 220 practices)



Statewide Rates of EHR Technology Adoption



- Levels of adoption of EHR varies greatly across the State
- Use of EHR varies greatly among practices that already have EHR