



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 (HIT)

Provider Information Packet

June 1st, 2010



What Is Health Information Technology (HIT)?

- **The Health Information Technology (HIT) initiatives** are part of the American Recovery and Reinvestment Act of 2009 (ARRA). Specifically, the Health Information Technology for Economic and Clinical Health (HITECH) Act seeks to improve American health care delivery and patient care through investment in health information technology.
- The foundation of the initiative is that providers adopt, implement or upgrade electronic records and systems in a “meaningful way.” Eventually providers will be able to exchange data and records electronically—a member could get his/her record;

For Example: a diabetic member’s podiatrist would share electronic records with his/her primary care provider or heart specialist. Providers would then use the information to work with the diabetic to lower sugar levels and establish health outcomes.

What Is Health Information Technology (HIT)? cont...

➤ **Health Information Technology (HIT)** provides the umbrella framework to describe the comprehensive management of health information and its secure exchange between consumers, providers, government and quality entities, and insurers. Broad and consistent utilization of HIT will:

- Improve health care quality;
- Prevent medical errors;
- Reduce health care costs;
- Increase administrative efficiencies;
- Decrease paperwork; and
- Expand access to affordable care

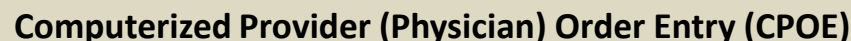


➤ **Interoperable Health IT** will improve individual patient care, but it will also bring many public health benefits including:

- Early detection of infectious disease outbreaks around the country;
- Improved tracking of chronic disease management; and
- Evaluation of health care based on value enabled by the collection of de-identified price and quality information that can be compared



EHRs can reduce several types of errors, including those related to prescription drugs, to preventative care, and to tests and procedures. Important features of modern EHR software include automatic drug-drug/drug-food interaction checks and allergy checks, standard drug dosages and patient education information, such as describing common side effects. Recurring alerts remind clinicians of intervals for preventative care and track referrals and test results. Clinical guidelines for disease management have a demonstrated benefit when accessible within the electronic record during the process of treating the patient. Advances in health informatics and widespread adoption of interoperable electronic health records promise access to a patient's records at any health care site.



Computerized provider order entry (CPOE) can reduce total medication error rates by 80%, therefore errors that could seriously harm patients could be reduced up to 55%. In addition to electronic prescribing, a standardized bar code system for dispensing drugs could prevent a quarter of drug errors. Consumer information about the risks of the drugs and improved drug packaging (clear labels, avoiding similar drug names and dosage reminders) are other error-proofing measures.

What Kinds Of Funding Can Providers Get?

➤ Under the **HITECH**, states will receive federal funding that the State may use as incentive payments for HIT. Providers who meet the definition of **“Eligible Professional”** can apply to the State for an incentive payment. Payments can be used to purchase the EHR, software and systems. Providers can get payments even if they already have electronic health records by upgrading and implementing more efficient processes.

➤ Amount of Funding:

- ☐ An individual provider is eligible to receive a maximum incentive payment of **\$63,750**
- ☐ A provider organization of 10 providers may receive **10 payments of \$63,750** (equaling **\$637,500**);
- ☐ A hospital is eligible to receive a base payment of at least **\$2 million**

➤ To be eligible to apply for an incentive payment, you must meet two basic criteria which are explained on the next two slides...

Criteria No. 1: You Must Be An “Eligible Professional “ --- Defined As:

	Eligible Professionals (EPs)		Eligible Hospital (EHs)	
Medicaid Incentives	<ul style="list-style-type: none"> Physicians Dentists Certified Nurse Midwives Nurse Practitioners Physician Assistants (PA) in a Federally Qualified Health Center (FQHC) or Rural Health Clinics (RHC) that are led by a PA <p>- Excludes hospital based professionals</p>		<p>ONLY Acute Care Hospitals and Children’s Hospitals are eligible for Medicaid Incentives</p> <p>Acute Care Hospital Definition: Hospital must have CCN – with last 4 digits of 0001 – 0879 (which is short term general hospitals and the 11 cancer hospitals in the US)</p> <p>Also - Average length of stay 25 days or less</p> <p>Children’s Hospital Definition: (current – but seeking additional advice through comments): Medicare Issued CCN’s determine eligibility – those with last 4 numbers of 3300 – 3399 are assigned defined to be Children’s Hosp</p> <p>Currently there are 78 in the US both free standing and hospital within facilities</p>	
Threshold for Eligibility	Providers	Medicaid Patient or “Needy Individual” Volume	Providers	Medicaid Patient or “Needy Individual” Volume
	EPs (general rule)	30%	Acute Care Hospitals	10%
	Pediatricians (eligible for full incentive payments)	30%		
	Pediatricians (eligible for 2/3 payment)	20%	Children’s Hospitals	No Medicaid volume threshold to be considered eligible
	EPs practicing in a FQHC or RHC	30%		

Criteria No. 2: You Must Implement “Meaningful Use” of Electronic Records

- The Centers for Medicaid and Medicare Services (CMS) has proposed rules on the definition of “**meaningful use**” that are expected to be final in **July 2010**. The “meaningful use” requirements will be phased in over 4-5 years. Right now, only Phase I requirements have been developed.
- The following slide has some examples of what is included in the proposed rule on meaningful use. Here are the links to the CMS website on the rule:

- **The CMS Website:**

http://www.cms.hhs.gov/Recovery/11_HealthIT.asp#TopOfPage

- **The Electronic Health Record Incentive Program Proposed Rule:**

<http://www.cms.hhs.gov/Recovery/Downloads/CMS-2009-0117-0002.pdf>

NOTE: In Regards to Criteria No. 1 ---

At this point, MaineCare expects CMS to include innovative ways for Providers who are eligible for both Medicare and Medicaid to meet the eligibility thresholds—such as the 30%, which should be included in the **final rule**.

Stage 1 Criteria for Meaningful Use (EXAMPLES)

Health Outcome # 1 (1 of 5)

- **Improving quality, safety, efficiency, and reducing health disparities**
- **Care goals:**
 1. Provide access to comprehensive patient health data for patient's health care team
 2. Use evidence-based order sets and CPOE
 3. Apply clinical decision support at the point of care
 4. Generate lists of patients who need care and use them to reach out to patients
 5. Report information for quality and public reporting

Eligible Professionals (EPs) Objectives	Measures
Generate and transmit permissible prescriptions electronically (eRX)	At least 75% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology
Send reminders to patients per patient preference for preventative/ f/up care	Reminder sent to at least 50% of all unique pts seen by the EP age 50 or over

Health Outcome # 2 (2 of 5)

- **Engage patients and families in their health care**
- **Care goals:**
 1. Provide patients and families with timely access to data, knowledge, and tools to make informed decisions and to manage their health

Eligible Professionals (EPs) Objectives	Measures
Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, allergies) within 96 hours of the information being available to the EP	At least 10% of all unique patients seen by the EP are provided timely electronic access to their health information
Provide clinical summaries for patients for each office visit	Clinical summaries are provided for at least 80% of all office visits

What Is the Timeline For the HIT Initiative?

➤ **August 2010:**

Maine applies to CMS for approval of our HIT program

➤ **October 2010 – December 2010:**

MaineCare develops the application process

➤ **January 1, 2011:**

Providers may apply for incentive payments

(Note: Applications can be made over a 4 year period)



Are There Other HIT Initiatives in Maine?

- The Medicaid HIT is **only one piece** of the HIT initiative.
- There is a **new state-wide HIT initiative** that will provide technical training at the provider's facility --- for example a “warehouse” where providers can purchase EHRs, software, and systems at expected lower costs due to bulk purchasing.

NOTE: The website to new state-wide HIT initiatives will go live within the next couple weeks. MaineCare will relay the message to you as soon as it is available!

- You **do not** have to have a certain percentage of MaineCare Members to be part of the new state-wide HIT initiative.
- Please visit www.maine.gov/hit for more information about state-wide HIT initiatives.



Who Can I Contact For Even More Information?

- **MaineCare will continue to send updates to Providers this summer and fall**
- **MaineCare will notify Providers when they can apply for incentive payments**

For Additional Questions or Concerns Please Contact:

Benjamin Laflin

Benjamin.laflin@maine.gov

(207)-287-9283

MaineCare Services

Dawn Gallagher

Dawn.R.Gallagher@maine.gov

(207)-287-9366

MaineCare Services