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

Provider HIT Visioning Session

June 3, 2010

Deloitte.

Agenda

Welcome and Introductions	1:00 - 1:10 pm
Background on Heath Information Technology	1:10 - 1:20 pm
The State Medicaid HIT Plan Project	1:20 - 1:30 pm
The Vision for HIT	1:30 - 1:40 pm
EHR Incentive Program Eligibility and Meaningful Use Criteria	1:40 – 2:00 pm
HIT Brainstorming Session	2:00 – 2:55 pm
Wrap-Up and Next Steps	2:55 - 3:00 pm

Introduction to Today's Session

The **goal** for the educational session today is to obtain thoughts and ideas on the future of Health Information Technology (HIT) for MaineCare Providers, specifically around:

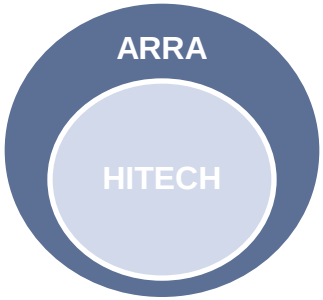
- How Maine Medicaid's Electronic Health Record (EHR) Incentive Payment Program will work
- What specific action items are needed to achieve the HIT Vision by the year 2015

By answering the following questions, specific actions may be developed to implement the Medicaid HIT vision for 2015 and the EHR Incentive Program that will be a part of the State Medicaid HIT Plan.

1. What do you want from EHRs?
2. What systems capabilities do you want?
3. What systems integration do you want on a State and National level in terms of ability to share consistent data elements?
4. What Health IT technical assistance would like?
5. What assistance would you like in providing attestations to the State?
6. What is your vision and benefit for you as a health care professional of meeting CMS' meaningful use criteria and health outcomes?

HIT Background

Background on Health Information Technology



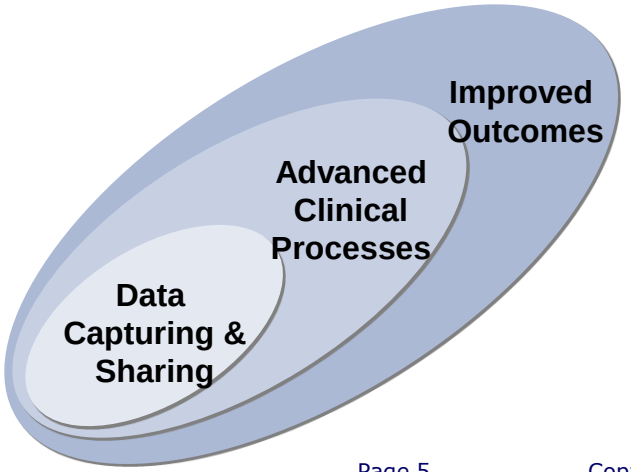
ARRA: The American Recovery and Reinvestment Act of 2009 (ARRA) was signed into law by President Obama on February 17, 2009.

HITECH: The Health Information Technology for Economic and Clinical Health (HITECH) Act seeks to improve American health care delivery and patient care through an unprecedented investment in health information technology. Combined these programs build the foundation for every American to benefit from an electronic health record, as part of a modernized, interconnected, and vastly improved system of care delivery.

ONC: The Office of the National Coordinator (ONC) is the principal Federal entity charged with coordination of nationwide efforts to implement and use the most advanced health information technology and the electronic exchange of health information.

CMS: The Centers for Medicare and Medicaid Services (CMS) is overseeing the program to provide a reimbursement incentives for Medicaid and Medicare physician and hospital providers who are successful in becoming “meaningful users” of an electronic health record (EHR).

Conceptual Approach to HIT



Initiatives Funded by ARRA

Statewide HIT/ HIE Initiative

ONC Grant : $6.6 m

- 2/3 for HIN
- 1/3 for OSC

Funding will be used to:

- Build Effective HIE model
- Update Privacy/Security
- Develop HIT workforce
- Remove HIE barriers

Project Goals:

- Statewide Implementation of EHRs
- Residents with access to life-long health records
- Evidenced-based, clinically effective, efficient care for all people

Coordination

State Medicaid HIT Initiative

CMS Funding:

- Planning EHR Incentive Program
- Implementing the program

Funding will be used to develop the SMHP, including:

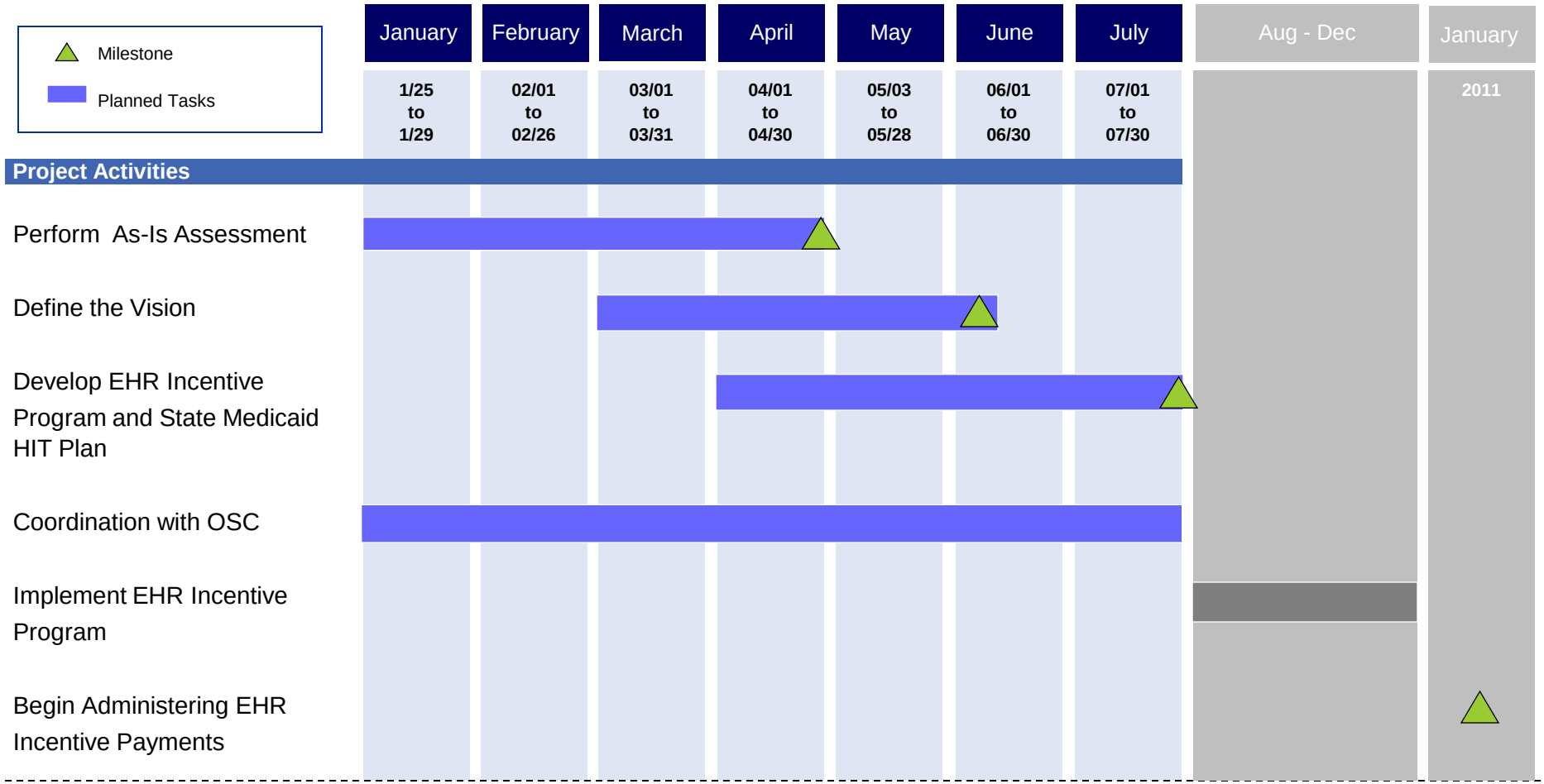
- As-Is Assessment
- Visioning Session
- HIT Roadmap
- Implementation Plan

Project Goals:

- Incentive payment administration by Jan. 2011
- Program oversight and meaningful use tracking
- Widespread EHR adoption
- Health care quality improvement and information exchange

The State Medicaid HIT Plan

State Medicaid HIT Plan Project Timeline



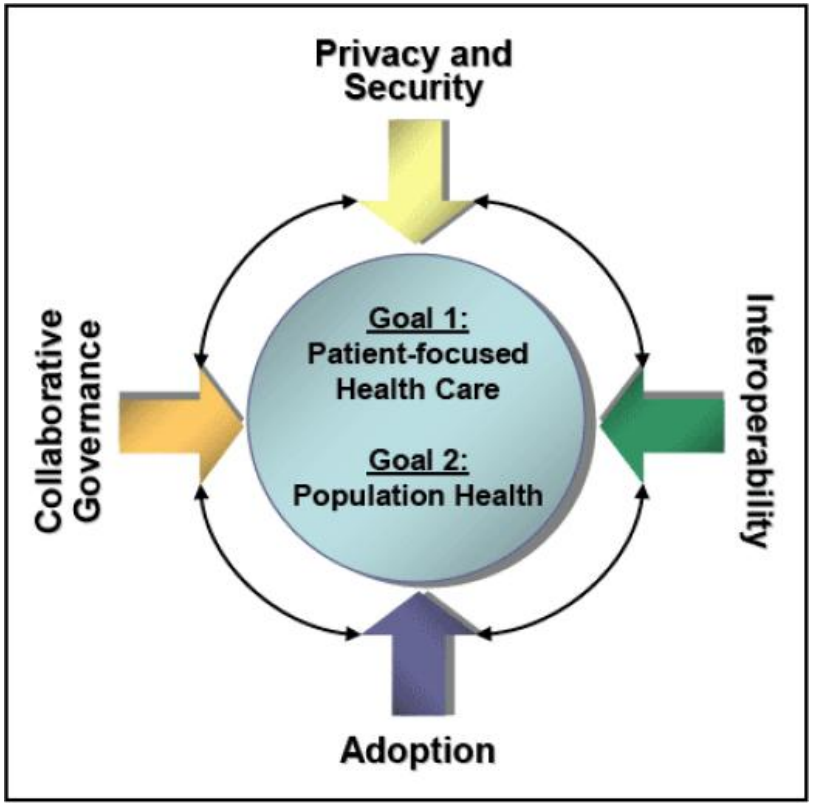
The Vision for HIT

ONC Federal Health IT Vision

Office of the National Coordinator Vision for 2012:

- Ensure that appropriate **information to guide medical decisions** is available at the time and place of care;
- **Improve health care quality**, reduce medical errors, and advance the delivery of appropriate, evidence-based medical care;
- **Reduce health care costs** resulting from inefficiency, medical errors, inappropriate care, and incomplete information;
- **Promote a more effective marketplace**, greater competition, and increased choice through the wider availability of accurate information on health care costs, quality, and outcomes;
- **Improve the coordination of care** and information among hospitals, laboratories, physician offices, and other ambulatory care providers through an effective architecture for the secure and authorized exchange of health care information; and
- Ensure that patients' individually identifiable health **information is secure, protected, and available** to the patient to be used for non-medical purposes, as directed by the patient.

ONC HIT Strategic Framework



Maine's Health IT Vision

Office of the State Coordinator Vision for 2015:

From the Maine Statewide Health Information Exchange Strategic and Operational Plan, OSC's HIE vision is:

*"Preserving and improving the health of Maine people requires a transformed **patient centered health system** that uses **highly secure**, **integrated electronic health information systems** to advance **access**, **safety**, **quality**, and **cost efficiency** in the care of individual patients and populations."*

Developing MaineCare's Vision for 2015:

The Maine Medicaid HIT Vision for 2015 will build upon the vision set forth by ONC and OSC to lay the foundation and strategic pathway to improve the quality of health care delivery to MaineCare members and to eliminate unnecessary and duplicative costs.

EHR Incentive Program Eligibility and Meaningful Use Criteria

Who are the Medicaid Eligible Professionals and Hospitals?

<table>
<tr><th></th><th colspan="2">Eligible Professionals (EPs)</th><th colspan="2">Eligible Hospital (EHs)</th></tr>
<tr><td>Medicaid Incentives</td><td colspan="2">• Physicians
• Dentists
• Certified Nurse Midwives
• Nurse Practitioners
• Physician Assistants (PA) in a FQHC or RHC that is led by a PA

- Excludes hospital based professionals</td><td colspan="2">ONLY Acute Care Hospitals and Children’s Hospitals are eligible for Medicaid Incentives

<u>Acute Care Hospital Definition:</u>
Hospital must have CCN – with last 4 digits of 0001 – 0879 (which is short term general hospitals and the11 cancer hospitals in the US)

Also - Average length of stay 25 days or less

<u>Children’s Hospital Definition:</u>
(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

Currently there are 78 in the US both free standing and hospital within facilities</td></tr>
<tr><td rowspan="5">Threshold for Eligibility</td><td>Providers</td><td>Medicaid Patient or “Needy Individual” Volume</td><td>Providers</td><td>Medicaid Patient or “Needy Individual” Volume</td></tr>
<tr><td>EPs (general rule)</td><td>30%</td><td rowspan="2">Acute Care Hospitals</td><td rowspan="2">10%</td></tr>
<tr><td>Pediatricians (eligible for full incentive payments</td><td>30%</td></tr>
<tr><td>Pediatricians (eligible for 2/3 payment)</td><td>20%</td><td rowspan="2">Children’s Hospitals</td><td rowspan="2">No Medicaid volume threshold to be considered eligible</td></tr>
<tr><td>EPs practicing in a FQHC or RHC</td><td>30%</td></tr>
</table>

What are the EHR Incentive Payments for Providers?

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 **$2 million** over a six year period for the adoption of Electronic Health Records and meeting "Meaningful Use" standards.

▪**Eligible Hospital Payments:** The payment scenarios for EHs are calculated with a formula that begins with a base payment amount of $2 million and fluctuates on the variability of inpatient-bed-days and total estimated charges.

▪**Eligible Professional Payments:** The *maximum* payment scenarios for EPs who begin adoption in the first year are below:

	Medicaid EPs who begin adoption in					
Calendar Year	2011	2012	2013	2014	2015	2016
2011	$21,250	----------	----------	----------	----------	----------
2012	$8,500	$21,250	----------	----------	----------	----------
2013	$8,500	$8,500	$21,250	----------	----------	----------
2014	$8,500	$8,500	$8,500	$21,250	----------	----------
2015	$8,500	$8,500	$8,500	$8,500	$21,250	----------
2016	$8,500	$8,500	$8,500	$8,500	$8,500	$21,250
2017	----------	$8,500	$8,500	$8,500	$8,500	$8,500
2018	----------	----------	$8,500	$8,500	$8,500	$8,500
2019	----------	----------	----------	$8,500	$8,500	$8,500
2020	----------	----------	----------	----------	$8,500	$8,500
2021	----------	----------	----------	----------	----------	$8,500
TOTAL	$63,750	$63,750	$63,750	$63,750	$63,750	$63,750

Note: The total maximum payment for Eligible Professionals is $63,750.

Top 10 Things to Know about Meaningful Use

1. ***Meaningful use has a graduated approach; only Stage 1 is defined in detail in the proposed rules.***
2. ***There are a number of measures that need to be submitted to CMS to demonstrate meaningful use, including HIT functionality measures and clinical quality measures.****
3. ***Hospitals and professionals need to demonstrate meaningful use for a continuous 90-day "reporting period" for the first payment year of incentives.***
4. ***Medicaid EPs and HPs do not need to achieve meaningful use in the first payment year; they only need to demonstrate that they are adopting, implementing or upgrading "certified" EHR technology.***
5. ***The timing of meaningful use stages varies based upon the first payment year of the Eligible Professional or Hospital.***

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* See the Reference Materials section for a full list of Stage 1 Meaningful Use Criteria.

Top 10 Things to Know about Meaningful Use, cont'd.

6. ***Eligibility criteria differ between the Medicare and Medicaid EHR incentive programs.***
   - Eligible Professionals can only be eligible for either Medicare or Medicaid Incentives in any given year
   - Eligible Hospitals can receive ***both*** Medicare and Medicaid incentives simultaneously

7. ***Hospital-based professionals who furnish "substantially all" (90 percent) of their professional services in a hospital setting are not eligible for incentives.*** *(however, professionals with less than 90 percent are eligible for Medicare or Medicaid incentives)*

8. ***Professionals and hospitals eligible for the Medicaid incentive program can begin incentive payments as late as 2016.***

9. ***EPs who are eligible for both the Medicare and Medicaid incentive programs must choose between the two programs.*** *(They are allowed to switch one time prior to 2015).*

10. ***If EPs practice in multiple states, they must choose one state for Medicaid Incentives*** *(however, this is an annual selection).*

HIT Brainstorming Session

"Rules of the Road"

No "word smithing"

Everyone gets their say

We will stick to the established time line

Issues will go to the "parking lot" and can be resolved later

Brainstorming Begins With Asking the Right Questions...

Our discussion focuses on asking the right questions from a *business* and *technology* standpoint.

By the year 2015:

1. What do you want from EHRs?
2. What Health IT systems capabilities do you want?
3. What access and data do you want from State and National level systems integrations?
4. What Health IT technical assistance would you like?
5. What assistance would you like in providing attestations to the State?
6. What is your vision and benefit for you as a health care professional of meeting CMS' meaningful use criteria and health outcomes?

…so, let's begin brainstorming!

Wrap-up

Session Wrap-up

Next steps:

- Summarize the results of this session and circulate them for review, comment and clarification
- Synthesize findings into key planning statements, goals and objectives
- Create the visioning document to be used to develop the State Medicaid HIT Plan

Reference Materials

Meaningful Use Criteria

Introductory Notes:

The following slides contain the Stage 1 Meaningful Use Criteria for both Eligible Professionals and Hospitals and is meant to be used as reference material or to help answer specific questions regarding the criteria requirements. Additional information on HIT and the EHR Incentive Payment Program can be found at:

- **The ONC Website:**

http://healthit.hhs.gov/portal/server.pt

- **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

- **Maine Office of the State Coordinator Strategic and Operational Plan:**

http://www.maine.gov/tools/whatsnew/attach.php?id=94488&an=1

Stage 1 Criteria for Meaningful Use

Health Outcome # 1

- **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	Eligible Hospitals (EHs) Objectives	Measures
Use CPOE	Use CPOE for orders (any type) directly entered by authorizing provider (e.g. MD, DO, RN, PA, NP)	For EPs, CPOE is used for at least 80% of all orders. For eligible hospitals, CPOE is used for 10% of all orders
Implement drug-drug, drug-allergy, drug-formulary checks	Implement drug-drug, drug-allergy, drug-formulary checks	The EP/ EH has enabled this functionality
Maintain an up-to-date problem list of current & active diagnoses based on ICD-9-CM or SNOMED CT	Maintain an up-to-date problem list of current & active diagnoses based on ICD-9-CM or SNOMED CT	At least 80% of all unique patients seen by the EP or admitted to the EH have at least one entry or an indication of "none" recorded as structured data
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
Maintain active medication list	Maintain active medication list	At least 80% of all unique patients seen by the EP or admitted to the EH have at least one entry (or indication of "none" if pt is not currently prescribed medication) recorded as structured data
Maintain active allergy list	Maintain active allergy list	At least 80% of all unique pts seen by the EP or admitted to the EH have at least one entry (or indication of "none" if pt has no med allergies) recorded as structured data
Record demographics: preferred language, insurance type, gender, race, ethnicity, date of birth	Record demographics: preferred language, insurance type, gender, race, ethnicity, date of birth, date & cause of death in the event of mortality	At least 80% of all unique patients seen by the EP or admitted to the EH have demographics recorded as structured data

Stage 1 Criteria for Meaningful Use, cont'd.

Health Outcome # 2

- **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	Eligible Hospitals (EHs) Objectives	Measures
Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, allergies), upon request	Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, allergies), upon request	At least 80% of all patients who request an electronic copy of their health information are provided it within 48 hours
	Provide patients with an electronic copy of their discharge instructions and procedures at time of discharge, upon request	At least 80% of all patients who are discharged from an eligible hospital and who request an electronic copy of their discharge instructions and procedures are provided it
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

Stage 1 Criteria for Meaningful Use, cont'd.

Eligible Professionals (EPs) Objectives	Eligible Hospitals (EHs) Objectives	Measures
Record & chart changes in vital signs: height, weight, BP, BMI, plot & display growth charts for children 2-20 years, including BMI	Record & chart changes in vital signs: height, weight, BP, BMI, plot & display growth charts for children 2-20 years, including BMI	For at least 80% of all unique pts age 2 and over seen by the EP or admitted to the EH, record BP and BMI; additionally plot growth chart for children age 2-20
Record smoking status for patients 13 yrs old or older	Record smoking status for patients 13 yrs old or older	At least 80% of all unique patients 12 yrs old or older seen by the EP or admitted to the EH have "smoking status" recorded
Incorporate clinical lab-test results into EHR as structured data	Incorporate clinical lab-test results into EHR as structured data	At least 50% of all clinical lab tests ordered whose results are in a positive/negative or numerical format are incorporated in certified EHR technology as structured data
Generate list of patients by specific conditions to use for quality improvement, reduction of disparities, & outreach	Generate list of patients by specific conditions to use for quality improvement, reduction of disparities, & outreach	Generate at least one report listing patients of the EP or EH with a specific condition
Report ambulatory quality measures to CMS or the States	Report hospital quality measures to CMS or the States	For 2011, provide aggregate numerator & denominator through attestation as discussed in section II (A) (3) of this proposed rule. For 2012, electronically submit measures as discussed in section II (A)(3) of this proposed rule
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
Implement 5 clinical decision support rules relevant to specialty or high clinical priority, including diagnostic test ordering, & ability to track compliance w/ those rules	Implement 5 clinical decision support rules relevant to specialty or high clinical priority, including diagnostic test ordering, & ability to track compliance w/ those rules	Implement 5 clinical decision support rules relevant to the clinical quality metrics the EP/EH is responsible for as described in section II (A)(3)
Check insurance eligibility electronically from public/private payers	Check insurance eligibility electronically from public/private payers	Insurance eligibility checked electronically for at least 80% of all unique pts seen by the EP or EH
Submit claims electronically to public/private payers	Submit claims electronically to public/private payers	At least 80% of all claims filed electronically by the EP or EHR

Stage 1 Criteria for Meaningful Use, cont'd

Health Outcome # 3

- **Improve care coordination**
- **Care goals:**
  1. Exchange meaningful clinical information among professional health care team

Eligible Professionals (EPs) Objectives	Eligible Hospitals (EHs) Objectives	Measures
Capability to exchange key clinical information (for example, problem list, medication list, allergies, diagnostic test results), among providers of care and patient authorized entities electronically	Capability to exchange key clinical information (for example, discharge summary, procedures, problem list, medication list, allergies, diagnostic test results), among providers of care and patient authorized entities electronically	Performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information
Perform medication reconciliation at relevant encounters and each transition of care	Perform medication reconciliation at relevant encounters and each transition of care	Perform medication reconciliation for at least 80% of relevant encounters and transitions of care
Provide summary care record for each transition of care and referral	Provide summary care record for each transition of care and referral	Provide summary of care record for at least 80% of transitions of care and referrals

Stage 1 Criteria for Meaningful Use, cont'd

Health Outcome # 4

- **<u>Improve population and public health</u>**
- **Care goals:**
  1. Communicate with public health agencies

Eligible Professionals (EPs) Objectives	Eligible Hospitals (EHs) Objectives	Measures
Capability to submit electronic data to Immunization registries and actual submission where required and accepted	Capability to submit electronic data to Immunization registries and actual submission where required and accepted	Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries
	Capability to provide electronic submission of reportable lab results (as required by state or local law) to public health agencies and actual submission where it can be received	Performed at least one test of the EHR system's capacity to provide electronic submission of reportable lab results to public health agencies (unless none of the public health agencies to which eligible hospital submits such information have the capacity to receive the information electronically)
Capability to provide electronic syndromic surveillance data to public health agencies and actual transmission according to applicable law and practice	Capability to provide electronic syndromic surveillance data to public health agencies and actual transmission according to applicable law and practice	Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies (unless none of the public health agencies to which an EP or EH submits such information have the capacity to receive the information electronically)

Stage 1 Criteria for Meaningful Use, cont'd

Health Outcome # 5

- **<u>Ensure adequate privacy & security protections for personal health information</u>**
- **Care goals:**
  1. Ensure privacy & security protections for confidential information through operating policies, procedures, & technologies & compliance w/ applicable law
  2. Provide transparency of data sharing to patient

Eligible Professionals (EPs) Objectives	Eligible Hospitals (EHs) Objectives	Measures
Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities	Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities	Conduct or review a security risk analysis per 45 CFR 164.308 (a)(1) and implement security updates as necessary