

Encouraging EHR Adoption and Use for Medicaid Providers

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DSS' role in Encouraging EHR Adoption

- Recipient of Health Information Technology (HIT) ARRA Funds to administer Medicaid EHR Incentive program
- Maintain State Medicaid Health Information Technology Plan
- Working with UCONN Health Center to administer EHR Incentive Program
- Collaboration with other HIT partners

What is the Medicaid EHR Incentive Program?

- Established 2009 by the HITECH portion of ARRA
- Incentive payments for certain Medicaid providers to adopt & use electronic health records (EHRs) to positively affect patient care
- Not a reimbursement program for purchasing or replacing an EHR
- Providers must meet specific requirements
- Can help to offset costs associated with purchasing EHRs or be used for other tasks such as implementing or sustaining PCMH

What requirements do providers have to meet?

First year of participation:

Providers can

- **Adopt,**
- **Implement,**
- **Upgrade to,**

or demonstrate meaningful use of certified EHR technology

Second and subsequent years of participation:

Must show they are using their EHRs in a **meaningful way** by meeting thresholds for a number of objectives

Eligibility: Providers

- Must be considered an “eligible professional”
 - Physicians (MD or DO)
 - Nurse practitioners
 - Certified nurse-midwives
 - Dentists
- Includes Primary Care and Specialists
- Cannot be hospital-based
- Must be licensed in CT
- Cannot have any current sanctions

Who is eligible?

- Eligible profession must also meet one of the following criteria:
 - Have a minimum 30% Medicaid patient volume*
 - Have a minimum 20% Medicaid patient volume, and be a pediatrician
 - Practice in a Federally Qualified Health Center (FQHC) or Rural Health Center and have a minimum 30% patient volume attributable to needy individuals
- * - Medicaid patients include individuals receiving services under Medicaid FFS, Medicaid for Low Income Adults (MLIA) and the Husky A program

What is meaningful use (MU)?

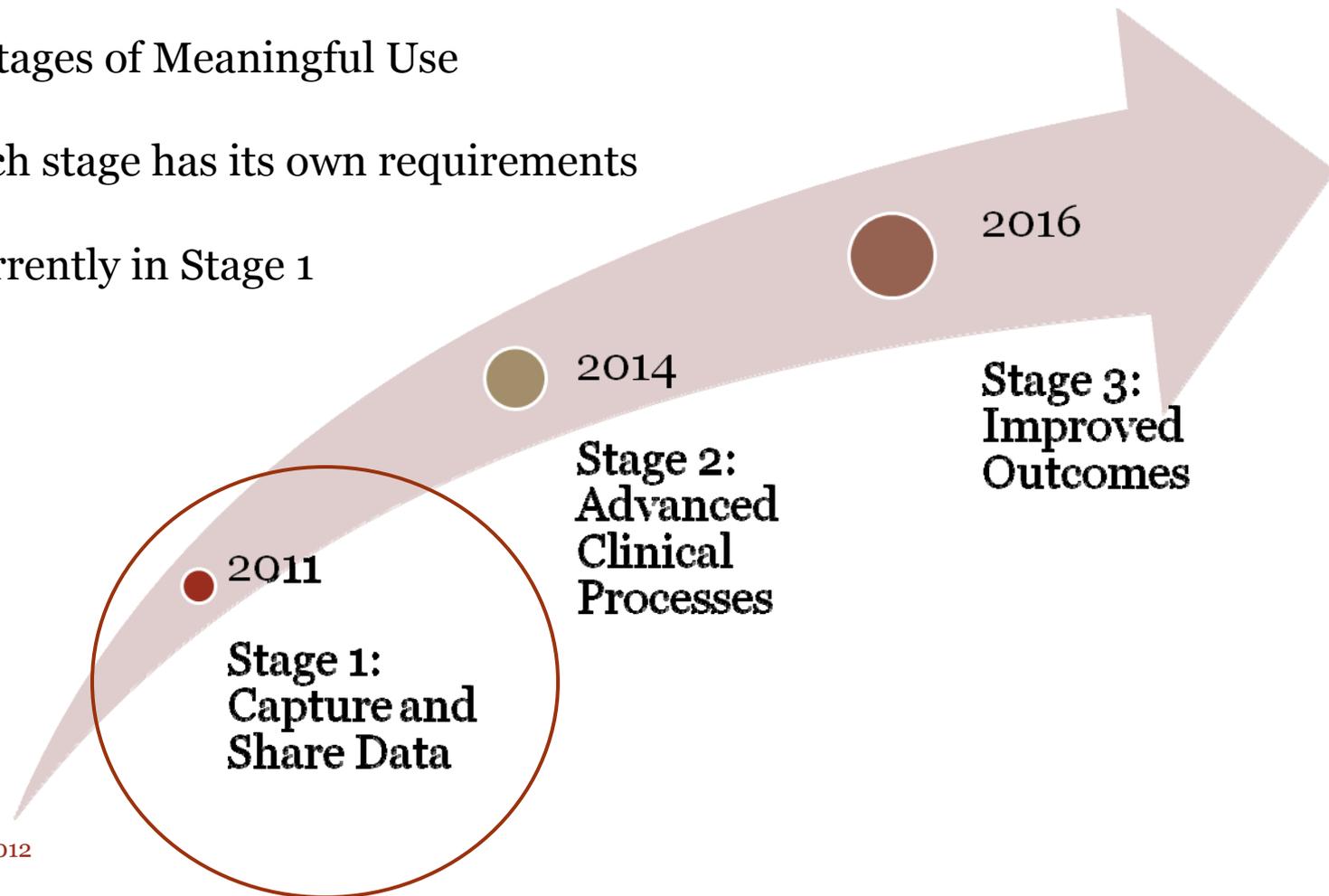
- Can't just own an EHR, must show they are using it in ways that can positively effect the care of their patients.
- Must meet all of the objectives established by CMS and be able to demonstrate **Meaningful Use** of their EHRs to receive an incentive payment

How does the program work?

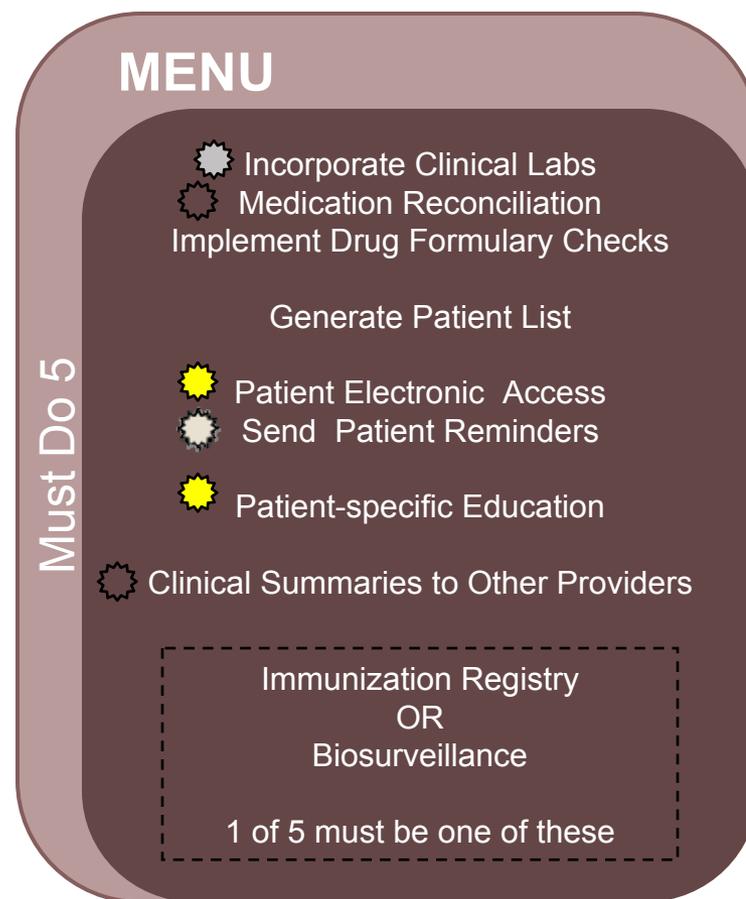
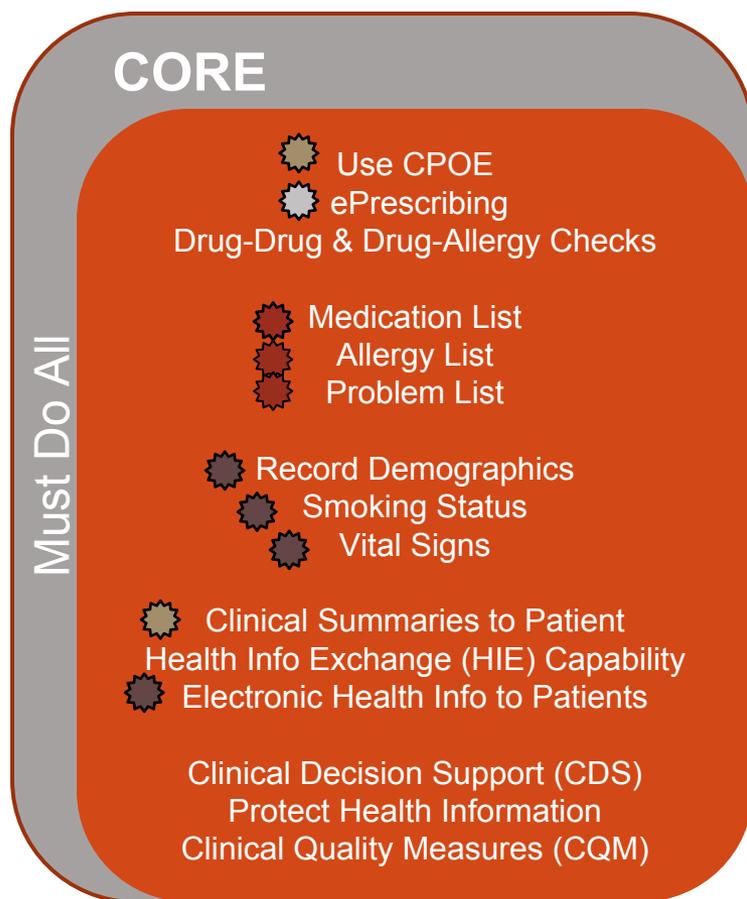
3 Stages of Meaningful Use

Each stage has its own requirements

Currently in Stage 1



Stage 1 Meaningful Use Requirements for Eligible Providers



10/10/2012

 80%+

 50%+

 40%+

 30%+

 20%+

 10%+

Incentive Payments: Providers

- Incentive payments are fixed amounts each year as long as a provider meets eligibility requirements for program participation;
- Providers can earn up to **\$63,750** over six years of program participation
- Participation doesn't not have to take place across consecutive years as long as the provider begins before the year 2016
- To receive incentive payments, providers attest via HP Enterprise Services web portal (MAPIR application)

CT EHR Incentive Payments

CT EHR Incentive Payments: Jan '11 – Aug '12

Type	Number	Amount Dispersed
Eligible Professionals	776	\$15,958,762
Hospitals	1	\$2,129,617
Dual Eligible Medicare/Medicaid Hospitals	19	\$12,457,410
Total	796	\$30,545,789

- Funded by CMS
 - 90% administration (10% State match)
 - 100% incentive payments paid by CMS

Clinical Quality Measures

- Measures of processes, experience and/or outcomes of patient care, observations or treatment
- Providers must calculate and submit:
 - Initial patient population
 - Denominator
 - Numerator
 - Exclusions
- Choose from a list of measures
- Currently, no target thresholds or performance goals for meeting clinical milestones (i.e. simply report the measure)

Clinical Quality Measures

- 44 total for Eligible Providers
 - 6 Core and 38 Menu
- Examples that overlap with PCMH initiatives
 - Diabetes monitoring and management
 - HA1c monitoring, % at goal, Eye exam, Foot exam
 - Asthma management
 - Obesity monitoring and management
 - Cholesterol monitoring and management

CT Medicaid MU EHR Incentive Program Structure

- Oversight and Staffing – DSS Operations Unit
- Strategy and Support – Major partner
 - UConn Health Center - Biomedical Informatics
- UConn supporting DSS through:
 - Project Management & Personnel Support
 - Strategic Planning Assistance & Advice
 - Education and Outreach with Providers
 - Training & Technical Assistance
 - Informatics and Health IT expertise

Examples of Medicaid Program Collaboration

- PCMH Initiative
 - *Align data collection variables / processes*
 - *Data warehouse and reporting needs with PCMH and MU*
- Medical Neighborhood Initiative (part of Dual Medicare/Medicaid Eligibles project)
 - *Align quality, HIE and data collection requirements*
- Department of Public Health
 - *Align public health reporting and data collection as required for Meaningful Use*
- HITE-CT
 - *Quasi-public agency statutorily charged with providing statewide Health Information Exchange (HIE)*
 - *DSS has a role in its support*

Health Information Exchange (HIE)

- HIE involves two related concepts:
 - **Verb:** The secure electronic sharing of health-related information among organizations
 - **Noun:** An organization that provides services to enable the electronic sharing of health-related information
- Benefits:
 - Improves care coordination
 - Reduces orders for duplicate services/tests
 - Enhances communication across business boundaries
 - Supports both PCMH and Meaningful Use
 - Enables public health reporting

Questions?



For more information:

- Call the dedicated CT Medicaid EHR Incentive Program call center toll free at:
 - 1-855-313-6638
- ctmedicaid-ehr@hp.com
- <https://www.ctdssmap.com>