# Key Terminology

**<u>Health Information Technology</u>** (HIT) - Computer systems and electronic technologies used for health and health care purposes

**<u>Health Information Exchange</u>** (HIE) - An electronic means to share computerized health information, it can take many forms; a portal, network, cloud computing, etc

**<u>Electronic Medical Record</u>** (EMR) - A person's provider specific medical chart in electronic format

**<u>Electronic Health Record</u>** (EHR )- Captures patient information electronically as related to health care, payment, and wellness; may contain some but not all of the information in an EMR as well as information not found in an EMR

# Electronic Health Record (EHR) Incentive Program

A federal program that provides major financial support to incent providers to adopt, implement, or upgrade certified EHR technology

**Goals :**
- Enhance care coordination and patient safety
- Reduce paperwork and improve efficiencies
- Facilitate information sharing across providers, payers, and state lines
- Enable sharing using state Health Information Exchanges (HIE) and the National Health Information Network (NHIN)

**Purpose:**

Improve outcomes, facilitate access, simplify care, and reduce costs of health care nationwide.

# Use Certified EHR Technology

Adopt, Implement, or Upgrade

**Adopt:** Acquired and installed - e.g., evidence of acquisition, installation, etc.

**Implement:** Commenced utilization - e.g., staff training, data entry of patient demographic information into EHR, data use agreements

**Upgrade:** Must clearly move to a new version with expanded functionality - e.g., ONC EHR certification

# Eligible Professionals/Hospitals (Medicaid) EHR Incentive Program

| **Non-Hospital Based:** | **Required Medicaid Patient Volume** |
|---|---|
| Physician (MD, DO) | 30% |
| Dentist | 30% |
| Certified nurse mid-wife | 30% |
| Nurse practitioner | 30% |
| Physician assistant | 30%  (Only in rural health clinic or Federally Qualified Health Center (FQHC) led by PA) |
| Pediatrician | 20%  (less than full incentive amount) |

Hospitals

| | |
|---|---|
| Acute care | 10% |
| Children's | No minimum requirement |

Not Eligible

Most behavioral health practitioners

Nurses other than above

Lab techs

Hospital-based professionals

Pharmacies

# Medicaid EHR Incentive Payments

- **For Eligible Providers: Potentially as high as $63,750 over 6 yrs**

- **For Eligible Hospitals: $2,000,000 plus over 3 yrs**

- **Incentive Requirements**

  - Be an *"eligible"* professional (EP) or hospital (EH)
  - Adopt, Implement or Upgrade and Use *"certified"* EHR technology
  - Attest to meeting the program eligibility criteria

# Incentive Program Highlights

- EHR Incentive Payment Program will be managed using resources in the DHCS HIT Program Office

- Leveraging  existing DHCS Medicaid business processes such as enrollment, payment, audits and federal reporting

- Eligible providers and hospitals will register on CMS web site and be directed to the state EHR Incentive (SLR) site beginning in January 2011

# State Level Repository (SLR) Solution

- Developing an online EHR Incentive Payment Program Registration Module in collaboration with other states, leveraging the existing Provider Enrollment Portal (PEP)

- Will enable online attestation for Alaska Medicaid Providers

- Will support Provider Incentive Program statistics and tracking reports

- Will support CMS eligibility and payment calculation requirements

# Provider Incentive Timeline

- Alaska SMHP submitted to CMS: **October 2010**

- Expecting CMS approval of Alaska SMHP: **November 2010**

- Alaska State Level Repository available for Medicaid provider registration: **January 2011**

- Payments to Alaska Medicaid providers begin: **April 2011**

# EHR Incentive Program - Meaningful Use

**Use certified EHR technology**

- *in a meaningful manner -* have certain electronic capabilities, such as e-prescribing
- *for electronic exchange of health information -* to improve quality/coordination of health care, reduce costs
- *to submit clinical quality and other measures -* measures change over time to show progress

**Meaningful Use Criteria**

- Set of measures
  - Quality (outcomes)
  - Process (use of best practices/data capture)
  - Capabilities (computerized functions)

- Providers must provide attestation and later submit these measures to receive funds
- Must use Federal Meaningful Use definition as a floor

# HIE Cooperative Agreement

- SB133 required HSS Commissioner to implement an HIE with an advisory board

- ARRA required Governor to name an SDE and a HIT Coordinator

- State Department of Health and Social Services (DHSS) is the State Designated Entity

- DHSS has contracted AeHN to procure and manage the HIE

# HIE Cooperative Agreement Status

- Grant application submitted Oct 2009

- Revised application submitted Feb 2010

- Planning funds awarded Mar 2010

- Management contract awarded to AeHN April 2010

- AeHN HIE Vendor RFP Issued May 2010

- AeHN HIE Vendor demos held Sept 2010

- Revised State HIT Plan submitted Nov 2010

- AeHN HIE Vendor contract negotiations in progress, contract award expected in Dec 2010

## Contact

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