Transforming the Health Care Delivery System

ARRA, Providers and Funding

Pennsylvania Medical Assistance Program

Overview

- PA Health Care and Health Care Reform
- ARRA - The American Recovery and Reinvestment Act
- Medicaid Incentive Payments – Providers and Hospitals
- HIT DESIGN
- The State Medicaid Health IT Plan

Health Care in PA

- Governor Rendell's Prescription for Pennsylvania
- Medical Assistance Strategies
- The American Recovery and Reinvestment Act (ARRA) of 2009

Terminology

- EMR – Electronic Medical Record
  - Contains all the health-related information for that patient, and created, managed, and consulted by authorized clinicians and staff ***within one healthcare organization.***
- EHR – Electronic Health Record
  - Creates a data format in regards to a specific health care settings by collecting demographic and clinical health information from the EMRs of providers.
- HIE – Health Information Exchange
  - Allows the sharing of clinical and administrative data contained in the EHR across the boundaries of health care institutions and providers.

Today…Paper Records

Jill Doe is a 62 year old diabetic.
Her physician does not use an EHR.
Each time Jill goes to her doctor:

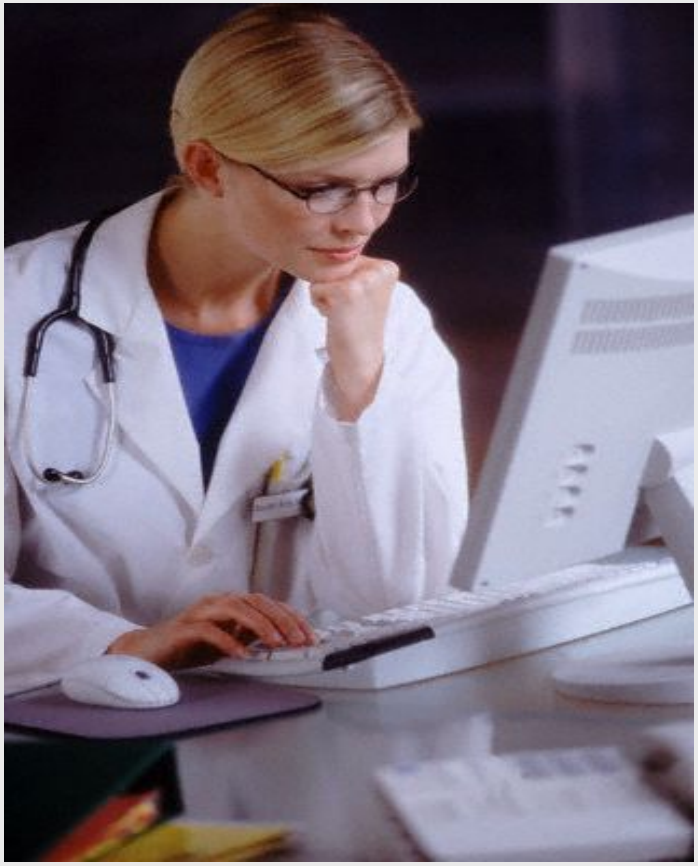
- office staff must locate her paper file.

- doctor coordinates care based on what Jill tells him.

-doctor manually pages through her medical file to find and compare previous lab values

- doctor may be limited to information he or his staff have entered into the file.

Tomorrow…Electronic Health Records (EHR)



Bill Doe, age 65, gets an annual physical with blood work. His physician has a certified EHR. When Bill goes to his doctor:

- doctor quickly accesses Bill's history on a computer

- doctor can easily determine how blood test results compare to previous years

- doctor has access to Bill's complete medical history

Benefits of an EHR

Provider

- **Rapid access to patient information**
- **Point of care decision support**
- **Improved continuity of care**
- **Provides alerts for preventive care**

Consumer

- **Improves coordination of care**
- **Facilitates healthcare record portability**
- **Promotes consumer involvement**
- **Decreases office wait time and duplicate tests**

Significant ARRA Events 2009

CMS

February
ARRA Signed

May
HHS Guidance Letter

June
ONC Meaningful Use

September
State Medicaid Director's Letter

December
CMS Notice of Proposed Rulemaking
ONC Final Rule Certified EHR

2009

February
MA Begins Review

July
MAAC HIT Subgroup Formed

October
PAPD Submitted
Vision Document
MA HIT Website

December
Listening Tours Begin

Medical Assistance

ARRA HIT Funding

- Approximately $48 billion in funding available for health information technology
  - $19 billion for Medicaid and Medicare
  - $2 billion under HITECH for the Office of the National Coordinator (ONC)
  - $27 billion for technology and training.

Purpose - Medicaid ARRA Funding

- Encourage the “adoption” and “meaningful use” of “certified” electronic health record (EHR).

- Provide education and outreach to make sure the purchase of certified EHR technology is not an end in and of itself.

Medicaid Funding – Two Types of Payments

- Incentive Payments - 100% FFP
  - Eligible providers
  - Hospitals

- Administrative Payments - 90% FFP

  Three purposes:

  - Administer the incentive payments
  - Conduct oversight including the tracking of meaningful use, attestation and reporting
  - Pursue initiatives to encourage the adoption of EHR technology to promote quality and exchange data

Incentive Payments
100% FFP

Be an "***eligible"*** provider

Use "***certified***" EHR technology

- Definition to be published by ONC by 12/31/2009

Meet the "***meaningful use***" criteria in the employment of certified EHR technology

Who is an Eligible Professional?

Medicaid Provider	Eligibility Requirement
Physician	30% patient volume from MA individuals
Nurse Practitioner	30% patient volume from MA individuals
Certified Nurse Midwife	30% patient volume from MA individuals
Dentist	30% patient volume from MA individuals
FQHC/RHC	30% patient volume of needy individuals
Pediatrician	20% patient volume from MA individuals

What Institutions are Eligible for Incentive Payments?

- Hospitals:
  - Acute care with at least 10% MA patient volume
  - Children's hospitals - no MA patient volume requirement

- Other "entities" designated by the State and approved by the US DHHS Secretary

What is a “certified” EHR

- To be determined by ONC
- Interim Final Rule to be published in December 2009
- What is “certified” EHR today may or may not be what the Interim Final states

Focus on Meaningful Use

- Not solely from the adoption of certified technology itself
  - It is the exchange and use of health information to better inform clinical decisions at the point of care
  - It is the ability to generate reports on a patient or groups of patients to evaluate the effectiveness and quality of care
  - Defined by CMS with help from ONC, HIT Policy and Standards Committees and others

HOW MUCH is the Eligible Professional (EP) Incentive Payment?

- For Medicaid: Potentially as high as $63,750* over 6 years
  - Actual incentive amounts will be based on average cost studies to be conducted by the Secretary (CMS)
  - For Medicaid EP's, Year 1 for payments can begin as early as 2011 or as late as 2016
- For Medicare: Potentially as high as $48,000
  - Fiscal penalties for not adopting EHR technologies by Medicare providers start in 2015 (% reduction in fee schedule)

* Pediatricians receive 2/3 of the incentive payment compared to other eligible providers for a total up to $42,500.

Differences Between Medicaid and Medicare Incentive Payments

1. Medicaid participation is voluntary
2. Provider types significantly broader
3. No Medicaid financial penalties to Medicaid providers for not adopting
4. Incentive payments are potentially higher than for Medicare
5. Time period for which incentives are available extend to 2021 (compared to 2015 for Medicare EP's)
6. No "meaningful use" required in Year One – Adopt, Implement or Upgrade

Submitting the P-APD

(Planning- Advanced Planning Document)

- Submitted the HIT P-APD to the Regional Office for review & approval – November 3rd
- Awaiting final signature by the Secretary.
- Deliverable to CMS: State Medicaid HIT Plan (SMHP)

Significant ARRA Events 2010

CMS

April

ONC Meaningful Use

March

CMS 60-day Comment Period Ends

June

CMS Final Rule on Meaningful Use

2010

January

HIT DESIGN

February

Listening Tour Ends

May

Complete State Medicaid Health IT Plan (SMHP)

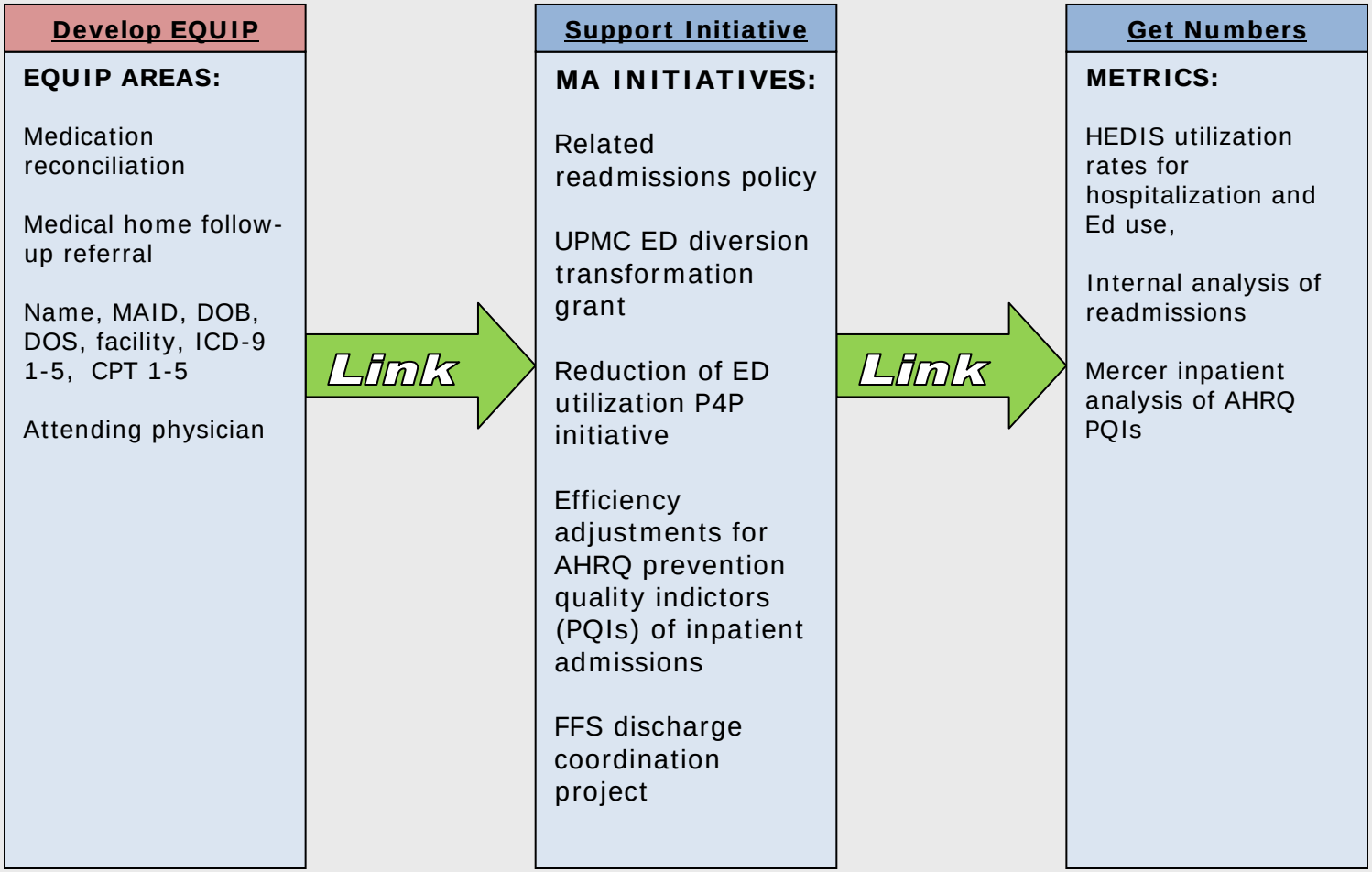
Submit I-APD

June - December

Begin Implementation

Medical Assistance

HIT DESIGN



*EQUIP: Electronic Quality Improvement Projects

EQUIPs

Electronic Quality Improvement Projects

- Links clinical data under meaningful use to a Medical Assistance quality outcome.
- Creates an operational and clinical approach to the use of health information technology.
- Ensures the technology aspects of electronic health information is not just an end in and of itself.

Medical Assistance EQUIP's Current Thoughts

	Clinical Data (EHR only)	Admin data
Ob/Gyn	Race/ethnicity OBNA form Depression screening, live birth weight ACOG recommended lab results	>80% Ob visits*1st Trimester access* Post-partum visit C-section rate low-risk first birth
Pediatrics	Race/ethnicity Smoking status if >14/referral Ht, Wt, BMI, BMI%/referral Developmental screening/referral	Asthma medication, well child visits, access to care visits, dental access, lead screening, ADHD medication follow-up, immunization
Chronic Care	Race/ethnicity Smoking status/referral HgA1C value LDL value for diabetics and cardiovascular Blood pressure for diabetics and hypertension Aspirin use in diabetes and cardiovascular conditions	HgA1C and LDL done Asthma medication Immunization
Screening	Race/ethnicity, screening, SBIRT	Colorectal, breast and cervical cancer screening, Chlamydia screening
ED utilization	Medical Home referral Medication reconciliation Diagnostic test results	Name, MAID, DOB, DOS, facility, Dx 1-5, new meds
Hospital Discharge	Medical Home referral Medication reconciliation Diagnostic test results	Name, MAID, DOB, DOS, facility, Dx 1-5, CPT 1-5 attending physicians, discharge code

The METRIC

(Methods and Evaluation Tools for Reaching Improved Care)

- The METRICS measures the impact of EQUIPs on MA Initiatives.
  - Allows Medical Assistance to continuously enhance and improve quality.
  - Allows Medical Assistance to incorporate changes based on outcomes using health information technology
  - Allow Medical Assistance to evaluate, evaluate, evaluate.

State Medicaid Health IT Plan (SMHP)

- The “Medicaid HIT Road Map”
  - Begin with a Current HIT Landscape Assessment
  - Envision the Future HIT landscape in 2014
  - Develop a Strategic Vision
  - Apply Medicaid Information Technology Architecture (MITA) concepts
  - Incorporate 5010 & ICD-10 into Planning

Implementation

- Administer the incentive payment
- Conduct oversight including the tracking of meaningful use, attestation and reporting
- Pursue initiatives to encourage the adoption of EHR technology to promote quality and exchange data

Beyond 2010

Medicare

Early 2011
Meaningful Use defined

As early as FY 2011
Incentives begin for hospitals

January 2011
Incentives begin for eligible professionals

2014
Begin phase down of incentives

FY 2015: Hospitals
CY 2015: Professionals
Last year to become meaningful users and receive incentives

FY 2015: Hospitals
CY 2015: Professionals
Penalties Begin for non-meaningful users

2016
Incentives end

2016
Last year for professionals to receive incentives for first year costs

2016
Last year for hospitals to begin receiving incentives

2021
Incentives for eligible professionals end

2011
Incentives begin for Eligible Professionals and Hospitals

Medicaid

Additional Resources

MA Documents and information can be found at:
http://www.dpw.state.pa.us/PartnersProviders/MedicalAssistance/MAHITI/

Comments on the ARRA and the Medicaid Health IT vision document: ra-mahealthit@state.pa.us