

# ARRA Medicaid Funding for “Administration” and “Meaningful Use” of Electronic Health Records:

Improving Quality of Care for Medicaid Beneficiaries



Medicaid ARRA Briefing for the SHRPC Information  
Systems Review Committee Meeting

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New York State Department of Health  
Office of Health Insurance Programs



# Vision: Patient-Centered State Medicaid HIT/HIE Plan for New York

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- New York Medicaid will leverage the Recovery Act “meaningful use” incentive funds and the 90/10 Medicaid administrative funds, together with New York State Health Budget initiatives, to create and implement a 5-year patient-centered state Medicaid HIT/HIE plan for New York.



# Patient-Centered State Medicaid HIT/HIE Plan for New York

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- ✓ Support HIT adoption and clinical practice workflow re-engineering.
- ✓ Incentivize “meaningful use” of EHR technology.
- ✓ Improve care coordination via use of clinical data distributed through HIE.



# Patient-Centered State Medicaid HIT/HIE Plan for New York (CONTINUED)

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- ✓ Improve patient safety by incentivizing e-prescribing.
- ✓ Improve quality of care delivery by supporting the patient-centered medical home model.
- ✓ Promote improvements in quality of care as documented by clinically-based electronically-reported quality metrics.



# ARRA “Meaningful Use” Incentive Funds

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- ✓ 100% FFP: add-on incentives to clinicians and hospitals for adoption and “meaningful use” of electronic health records.
- ✓ States administer the incentive to eligible Medicaid providers for the purchase, upgrade, implementation and operation of certified EHR technology.
- ✓ Begins 2011 (with an option to start in 2010).



# Eligible Medicaid Providers: Non-Hospital Based Clinicians

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- ✓ Medicaid patient volume of 30% or greater: independent physician, dentist, nurse mid-wife, nurse practitioner.
- ✓ Medicaid patient volume of 20% or greater: pediatrician.



# Eligible Medicaid Providers: FQHC or RHC-based Clinicians

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- ✓ “Needy individuals” patient volume of 30% or greater: FQHC- or rural health clinic-based clinician, including certain physician assistants.



# Eligible Medicaid Providers: Hospitals

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- ✓ Medicaid share of 10% or greater: acute care hospital.
- ✓ Medicaid share not specified: children's hospital.



## **“Meaningful Use” Medicaid Incentives**

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- ✓ **Clinicians, year 1:** up to \$21,250 for initial purchase, upgrade and adoption of certified EHR technology (includes training).
- ✓ **Clinicians, years 2-6:** up to \$8,500 annually for operation, maintenance and demonstration of “meaningful use” of an EHR.
- ✓ **Total** = \$63,750 per clinician over 6 years.
- ✓ **Hospitals:** statutorily-defined formula



# ARRA 90/10 Medicaid HIT “Administration” Funds

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- ✓ 90% FFP to cover state expenses for administration of the EHR incentive program.
- ✓ Key administration activities include:
  - Planning activities;
  - Activities related to provider incentive payment;
  - Activities related to Medicaid HIE;
  - Outreach and education activities (providers/consumers);
  - Training;
  - Oversight.

# Planning Project Timeline



	<i>Sept. 2009</i>	<i>Oct. 2009</i>	<i>Nov. 2009</i>	<i>Dec. 2009</i>	<i>Jan. 2010</i>	<i>Feb. 2010</i>	<i>Mar. 2010</i>	<i>Apr. 2010</i>	<i>May 2010</i>	<i>Jun. 2010</i>	<i>Jul. 2010</i>
<b>Submit P-APD</b>											
<b>Federal Rule Making</b>									?		
<b>Stakeholder Outreach</b>											
<b>As-Is Landscape Assessment</b>											
<b>To-Be Vision</b>											
<b>Roadmap</b>											
<b>Determine Incentive Payment Methodology</b>											
<b>Validate Vision/Roadmap -Final Regs</b>											
<b>Finalize NY SMHP</b>											
<b>Develop I-APD</b>											



# HIT Planning Advance Planning Document (HIT P-APD)

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- ✓ CMS approval is required to obtain 90/10 funding for planning activities. A “HIT Planning Advance Planning Document” (HIT P-APD) was submitted by New York Medicaid to CMS in October 2009, and was approved by CMS on December 1, 2009.
- ✓ The HIT P-APD requests an initial distribution of 90/10 administrative funds from CMS to support the development of a patient-centered New York State Medicaid HIT / HIE Plan (NY-SMHP).



## Planning Activities

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- **Upon CMS approval of a statement of work (SOW), New York Medicaid will begin planning activities:**
  - ✓ Creating a patient-centered NY-SMHP to improve care coordination and quality for New York Medicaid beneficiaries;
  - ✓ Supporting HIT adoption, clinical practice workflow re-engineering, and “meaningful use” of EHR technology;



## Planning Activities (CONTINUED)

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- ✓ Administering the incentive payments to providers, ensuring their proper payment, and auditing and monitoring of such payments;
- ✓ Improving care coordination via use of clinical data distributed through HIE, featuring the Medicaid data warehouse;
- ✓ Improving patient safety by incentivizing e-prescribing;



## Planning Activities (CONTINUED)

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- ✓ Promoting improvements in quality through clinically-based electronically-reported quality metrics;
- ✓ Improving quality of care delivery by supporting the patient-centered Medical Home Model through meaningful use of EHR tools;
- ✓ Participating in Statewide efforts to promote interoperability and meaningful use of electronic health records.



# **Patient-Centered New York State Medicaid HIT / HIE Plan (NY-SMHP)**

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- ✓ The NY-SMHP will serve as a strategic vision to enable New York State Medicaid to achieve its future vision by moving from the current “as-is” HIT Landscape to the “to-be” HIT landscape.
- ✓ The NY-SMHP will include a comprehensive HIT road map and strategic plan over the next 5 years, leveraging HIT / HIE tools to improve care coordination and quality for New York Medicaid beneficiaries.



# Patient-Centered New York State Medicaid HIT / HIE Plan (NY-SMHP)

(CONTINUED)

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- **The NY-SMHP will be developed with broad stakeholder input:**
  - ✓ State agencies / offices: OMH, OMRDD, OASAS, OCFS, OTDA, OHITT, OPH, OLTC
  - ✓ External; multiple stakeholders, including but not limited to:
    - Healthcare Association of NYS (HANYS)
    - Medical Society of the State of NY (MSSNY)
    - New York eHEALTH Collaborative (NYeC)



# Patient-Centered New York State Medicaid HIT / HIE Plan (NY-SMHP)

(CONTINUED)

- United Hospital Fund (UHF)
- New York State Dental Association
- Greater New York Hospital Association (GNYHA)
- American Academy of Pediatrics (AAP)
- Community Health Care Association of New York State (CHCANYS)
- New York State Health Fund Foundation
- New York State Academy of Family Physicians



# Patient-Centered New York State Medicaid HIT / HIE Plan (NY-SMHP)

(CONTINUED)

- New York State Association of Health Care Providers
- New York Chapter of the American College of Physicians
- The Nurse Practitioner Association of New York State
- New York State Association of Licensed Midwives
- New York State Society of Physicians Assistants
- Visiting Nurses of New York State (VNSNY)



# Patient-Centered New York State Medicaid HIT / HIE Plan (NY-SMHP)

(CONTINUED)

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- **Required components of the NY-SMHP:**
  - ✓ Current HIT / HIE Landscape Assessment – the “As-Is” environment;
  - ✓ Vision of the HIT / HIE future – the “To-Be” environment;
  - ✓ HIT / HIE Road Map, including clear, quantifiable benchmarks;
  - ✓ Specific actions necessary to implement the EHR incentive program.



# Harmonizing the NY-SMHP with Federal Rules

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- The finalized NY-SMHP will be consistent with Federal rules and guidance.
- The proposed final rule on “meaningful use” was released by CMS in December, 2009 for public comment, and will be finalized in early 2010.
- The proposed interim final rule on an initial set of standards, implementation specifications, and certification criteria was released by ONC in December, 2009 and will be finalized in early 2010.



# Harmonizing the NY-SMHP with MITA and MMIS

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- **Relationship between MMIS, MITA and HIT adoption:**
  - ✓ The State should consider the types of changes that may be needed to transform its MMIS system into one capable of accommodating the future vision in a manner consistent with MITA framework 2.0;
  - ✓ Planning for 5010 transactions;
  - ✓ Planning for ICD-10 implementation.



# Harmonizing the NY-SMHP with other Federal Requirements

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- The NY-SMHP will be harmonized with the Statewide plan for HIT developed under section 3010 of the Public Health Services Act;
- States must use 90/10 funds for administering payments, including tracking of “meaningful use”;
- States must exercise adequate oversight over the incentive program;
- States must pursue initiatives to encourage the adoption of certified EHR technology to promote health care quality and the exchange of health care information.



# HIT Implementation Advance Planning Document (HIT I-APD)

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- CMS approval is required for 90/10 funding to implement New York State's incentive program. A "HIT Implementation Advance Planning Document" (HIT I-APD) will be submitted to CMS by July, 2010.
- The HIT I-APD will contain the detailed NY-SMHP.
- The HIT I-APD will request an approval of 90% FFP from CMS to support the implementation of the NY-SMHP and incentive program.
- CMS has committed to a 90-day turnaround.