



**New York State Department of Health  
Medicaid Incentive Payment System (MIPS)  
External Stakeholder Feedback**

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**American Academy of Pediatrics –  
District II, New York State**

April 13, 2010 | 10 a.m.–12 p.m.  
New York State Department of Health  
99 Washington Avenue  
Albany, New York

## **Introduction**

The American Recovery and Reinvestment Act (ARRA), signed into law on February 17, 2009, by President Obama, provided billions of dollars to states to implement Electronic Health Record (EHR) technologies. Administered through the U.S. Department of Health and Human Services' (DHHS) Center for Medicare and Medicaid Services (CMS), the Provider Incentive Payment Program provides incentive payments to eligible Medicaid and Medicare providers and hospitals to achieve "meaningful use" of EHR technologies. To inform and clarify the incentive payment program to the Medicaid provider community, the New York State Department of Health (DOH), Office of Health Insurance Programs provided more than thirty (30) presentations to stakeholder groups from throughout New York State. A number of stakeholder groups, in response, offered comment on the incentive program.

This document represents a summary of comments from the American Academy of Pediatrics (AAP), District II, New York State. Comments were received on April 13, 2010, at the NYS Department of Health in Albany, NY. The AAP is a professional organization representing the interests of approximately 5,050 pediatricians throughout 50 counties in upstate New York. In attendance were:

### **New York State Department of Health – Office of Health Insurance Programs**

James J. Figge, M.D., M.B.A., Chair Medical Director

### **New York State Department of Health – Office of Health Information Technology Transformation (OHITT)**

Roberto Martinez, MD, Medical Director

### **American Academy of Pediatrics, District II, New York State**

George Dunkel, Executive Director

Elie Ward, Director of Policy and Advocacy

### **New York State Technology Enterprise Corporation (Program Consultants)**

Donna O'Leary, PMP, Program Consultant

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## American Academy of Pediatrics – Background

The American Academy of Pediatrics has approximately 60,000 members in the United States, Canada, Mexico, and many other countries. Members include pediatricians, pediatric medical subspecialists, and pediatric surgical specialists. The AAP was founded in June 1930 by 35 pediatricians who met in Detroit, Michigan, in response to the need for an independent pediatric forum to address children’s needs. When the AAP was established, the idea that children have special developmental and health needs was a new one. Preventive health practices now associated with child care – such as immunizations and regular health exams – were only just beginning to change the custom of treating children as “miniature adults.” The mission of the AAP is to attain optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults. The AAP, District II, New York State, cares for the State’s 4.98 million children.

## Special Patients – Special Needs

A recurring theme heard from among clinicians regarding Electronic Health Records is that not all record keeping is created equal. Patients are different, so the means by which physicians or other care givers maintain accurate health records will be different too. George Dunkel, Executive Director of the AAP’s New York Chapter, said, “The development of electronic health records must recognize that

“The development of electronic health records must recognize that pediatricians need child-specific record-keeping.”

George Dunkel



pediatricians need child-specific record-keeping. Children are not small adults. They have a lot of issues regarding their health, so HIT efforts need to recognize a child-specific portion for record-keeping and transmission.”

## **Creating Links Among Links**

New York State is in the process of implementing, and has completed, several central database repositories of pediatric information. These are solid steps forward in providing empirical data and records on critical public health issues. New York AAP physicians already submit data to the systems below:

**New York State Immunization Information System (NYSIIS)** - A central repository of all immunization activities for persons less than 19 years of age. Providers are required to report all immunizations.

**NeoNatal Registry** - Health information on the birth of every child in New York State.

**Bright Futures EMR** - A national project underwritten by the Department of Health and Human Services and coordinated through the AAP’s national office. Bright Futures seeks to improve the health of all children in the U.S. through education and the coordination and standardization EHR protocols.

**Public Health Records** - New York State pediatricians are required to upload vital patient information to myriad databases overseen by NYS DOH Public Health.

**Billing Systems** - submitting Medicaid and private payer claims is an all-electronic process.

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Elie Ward

Members of the New York State Chapter of the AAP clearly want ease and seamlessness among the EHR and related electronic reporting that they are currently doing. “Two issues are important to AAP members,” explained

Ms. Ward. “Interfacing with existing record-keeping and electronic billing, and the ability to upgrade. It should not be a static platform.” For example, the Bright Futures program is a national effort. New York State’s standards, protocols, and procedures should shadow similar national initiative. “We want to avoid working at a certain level with the federal government and then at another level here in New York State,” said Ms. Ward.

### **Cost-effective and affordable**

A common barrier is cost. Members of the New York State Chapter of the AAP see cost as an issue regarding their ability to implement mature EHR systems.

