



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

New York eHealth Collaborative

March 17, 2010 | 11:20 – 11:30 a.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 (OHIP) 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 New York eHealth Collaborative (NYeC). NYeC was founded by New York State healthcare leaders as a public/private partnership to serve as a focal point for healthcare stakeholders to build consensus on state health IT policy priorities and collaborate on state and regional health IT implementation efforts. 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
Phyllis Johnson, HIT Policy Coordinator

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

Roberto Martinez, MD, Medical Director

New York eHealth Collaborative

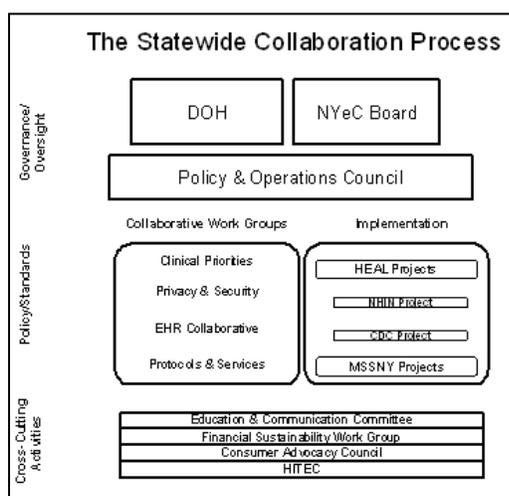
David Whitlinger, Executive Director
Paul Wilder, Program Specialist

New York State Technology Enterprise Corporation (Program Consultants)

Donna O'Leary, PMP, Program Consultant
Tom Kasky, Project Manager

The NYeC Governance Structure

The New York eHealth Collaborative (NYeC, pronounced “nice”), was formed in December 2006 as a public/private partnership whereby the Department of Health could work in a collaborative fashion with the private entities in healthcare IT policy and technical structures. The Department of



Health and the NYeC Board of Directors work very closely in managing the NYeC organization. A Policy and Operations Council participates from all across the state and represents many different constituents and different aspects of healthcare.

Collaborating

NYeC works through a collaborative process with its different work groups. From community-based providers to technical architecture staff to payers, all groups provide input to various issues like security, privacy, or governance. The output from those discussions are often use cases or specific requirements. This drives discussions resulting in formal policy, procedure, or governance structure. As NYeC Executive Director David Whitlinger puts it, “Collaboration is a key aspect of this organization. It has allowed all the EHR players to collaborate together and get different viewpoints put into policy. The results are well vetted throughout the community, and well accepted by the community, because they've been borne out of the community.”

Aligning w/NYS Medicaid Processes

NYeC is the state-designated entity for developing the New York State Health Information Technology (HIT) plan. NYeC will be collaborating with the Office of Health

Insurance Programs (OHIP) on their State Medicaid Health Information Technology Plan (SMHP). The NYeC-authored HIT plan will lay the overall landscape of HIE in New York State and will identify the roles of Regional Health Information Organizations, (RHIOs), Regional Extension Centers (RECs), and other groups. The New York State Medicaid program is similarly authoring their HIT plan and will focus exclusively on Medicaid-as-a-payer in the HIE landscape. The two organizations are actively working together on their respective HIT plans to avoid redundancy in approaches.

“Collaboration is a key aspect of this organization.”

David Whitlinger

Meaningful Use

Among the requirements for Eligible Providers (EP) to receive continued Medicaid incentive payments is their achieving meaningful use of HIT. Other EPs, not necessarily those receiving Medicaid payments, must achieve certain levels of meaningful use as well. NYeC is ready to partner with OHIP to collaborate on tracking mechanisms, criteria levels, and the like for all New York State providers.

