



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

Family Planning Advocates

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New York State Department of Health

99 Washington Avenue

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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 Family Planning Advocates of New York (FPA). FPA is a statewide membership organization dedicated to protecting and expanding access to reproductive health services.

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

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Family Planning Advocates – Background



Family Planning Advocates (FPA) of New York State is a non-profit statewide membership organization dedicated to protecting and expanding access to reproductive health services. FPA represents more than 200 family planning centers, including 11 Planned Parenthood affiliates, county family planning centers, and freestanding and hospital-based family planning facilities. Most FPA members are New York Safety Net providers. Nearly 90 percent of FPA-member patients have incomes below 150 percent of the federal poverty level. Medicaid patients comprise 30-54 percent of all FPA-member patients. FPA actively engages in policy analysis, legislative work, coalition building, and educational efforts.

Current EHR Efforts by Family Planning Providers

Although New York State has made significant efforts to implement EHR technology, most of the state's family planning providers were unable to access the funding the state made available. Despite the challenges, there are providers who are entering into collaborate efforts to implement HIT. For example, seven upstate New York Planned Parenthood affiliates are collaborating on an integrated system of EHR software. When complete, fifty centers will be linked together. FPA members from the Mid-Hudson Valley to New York City are initiating a similar project. However, many smaller family planning providers are finding the transition to EHR out of reach, and the incentive funding will not reach the health centers to offset the costs.

Incentivizing Meaningful Use

The current eligibility criteria for obtaining the incentive payments for implementing HIT will be difficult for many FPA members to meet. The current incentive payment structure, which focuses on individual providers versus health centers, fails to implement the culture change the program is intended to create. Many family planning centers employ physician assistants (PAs), who currently do not qualify for incentive funds. Further, many employ physicians and mid-level clinicians who work part-time. This is particularly

challenging given the fact that part-time providers may not meet the Medicaid visit threshold required for the incentive payment or may be obligated to give the incentive payment to their other employer. M. Tracey Brooks, President and CEO of FPA, explained further, “Adoption of EHRs and meeting meaningful use standards will require a significant investment. This investment will be budgeted by the chief executive officer. It is important, when able, that the state invest and incentivize the health center culture change from the top down.”

Affordability

FPA noted that regional extension centers have been mentioned as a potential conduit for both information exchange and technical assistance to providers and hospital systems. FPA members have found the costs of affiliating with a regional extension center to be prohibitive. It is FPA’s hope that should the state pursue the use of the regional extension centers for data exchange and technical assistance, funds will be allocated to ensure the affordability of entering into those partnerships.

Patient Confidentiality

A cornerstone of family planning health services is patient confidentiality, particularly among minors. FPA members have decades of experience in providing comprehensive reproductive healthcare in settings that preserve and protect privacy rights. FPA requests that special consideration be afforded to ensuring the privacy of patients who access confidential reproductive healthcare services, including adolescents and women who access abortion care. As Ms. Brooks put it, “As we move to electronic medical records, the patient still has the ability to control her care. If she chooses to keep her records confidential, that must be respected. Electronic medical records shouldn’t be the place where we gather data to force people to do things regarding their own healthcare choices and decisions. That’s why this confidentiality piece is so important to our providers.”
