Office of Medical Assistance Programs

Health IT Initiative Update

Medical Assistance Advisory Committee

February 26 2015

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Health IT Initiative

- The Medicaid EHR incentive payment program, created by the American Reinvestment and Recovery Act of 2009 and administered by CMS, provides enhanced match to states to develop and administer provider incentive programs

- States receive 90/10 percent match for program administration expenses and 100 percent federal match for the provider incentive payments

- The Medicaid EHR incentive program encourages provider adoption, implementation, and meaningful use of EHRs

Health IT Initiative

- **MISSION & VISION**: OMAP's vision and strategy for implementing HIT initiatives, including the Medical Assistance EHR incentive program, is to position Pennsylvania as a leader among state Medical Assistance programs in the use of electronic health care information to improve the quality and cost-effectiveness of service delivery for Medical Assistance consumers

- **HIT INITIATIVE GOAL:** To improve the quality and coordination of care by connecting providers to patient information at the point of care through the meaningful use of EHRs

- **eHEALTH PARTNERSHIP AUTHORITY PURPOSE**: To improve healthcare delivery and healthcare outcomes in Pennsylvania by enabling the secure exchange of electronic health information (eHIE)

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Health IT Initiative

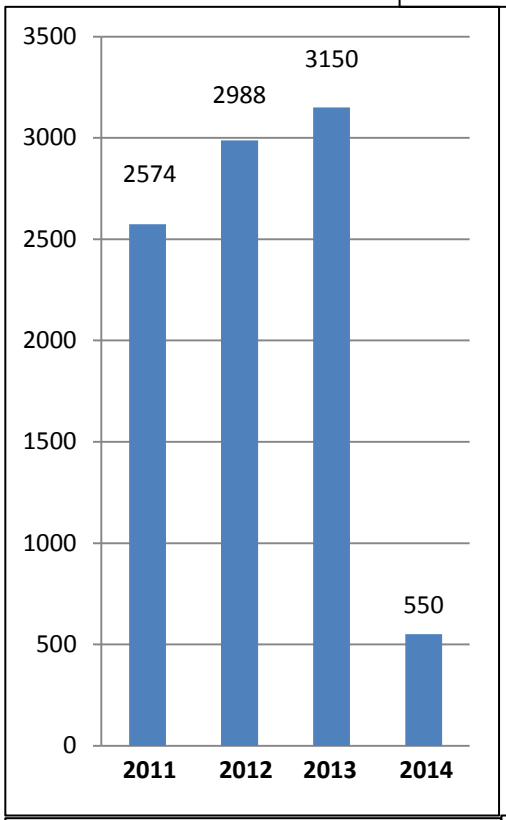
- We created the MAPIR system for the application process. MAPIR is directly linked with PROMISe

- The PA EHR Incentive program accepted the first application on June 6, 2011 for either adopting, implementing or upgrading to a certified EHR System

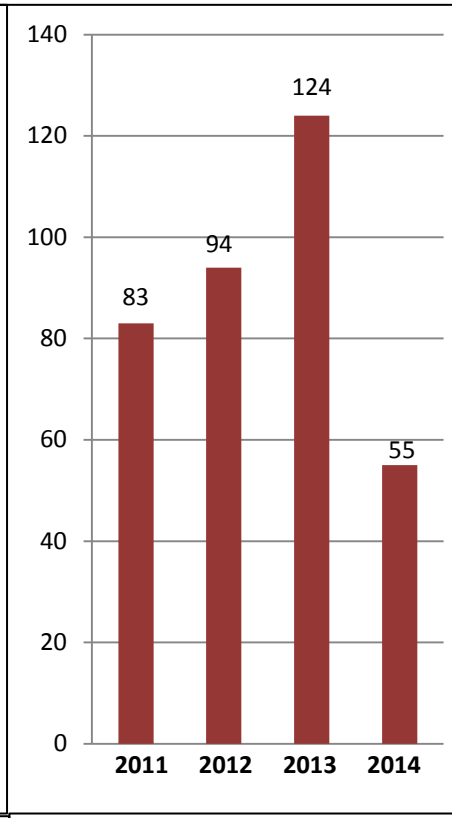
- In 2012 we began accepting Meaningful Use applications

MA EHR Incentive Program Update

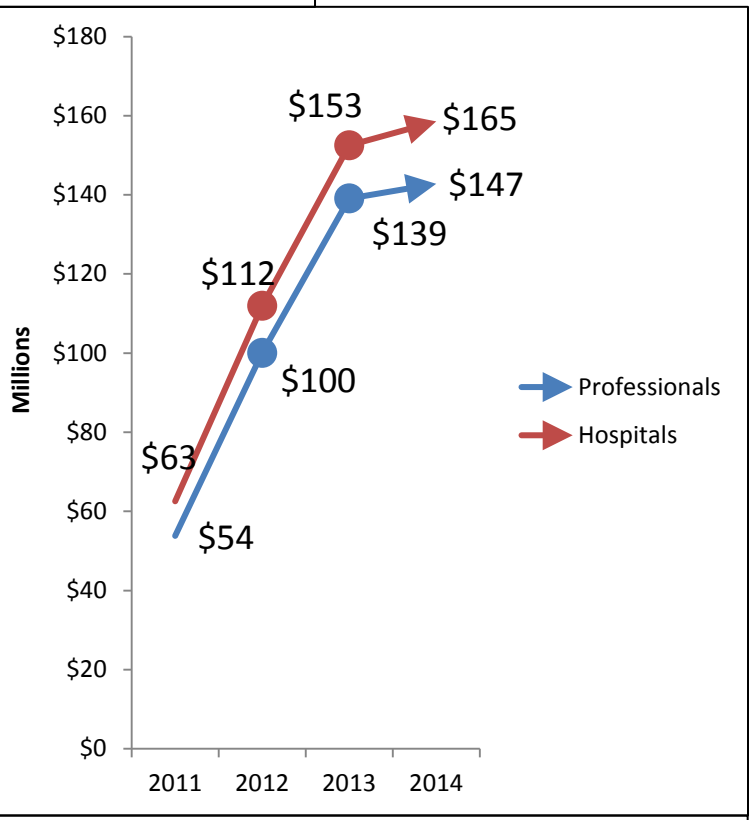
Payment Summary – February 23, 2015



# of Professional Incentive Payments by Program Year



# of Hospitals Incentive Payments by Program Year



Total Amount of Professional and Hospital Payments

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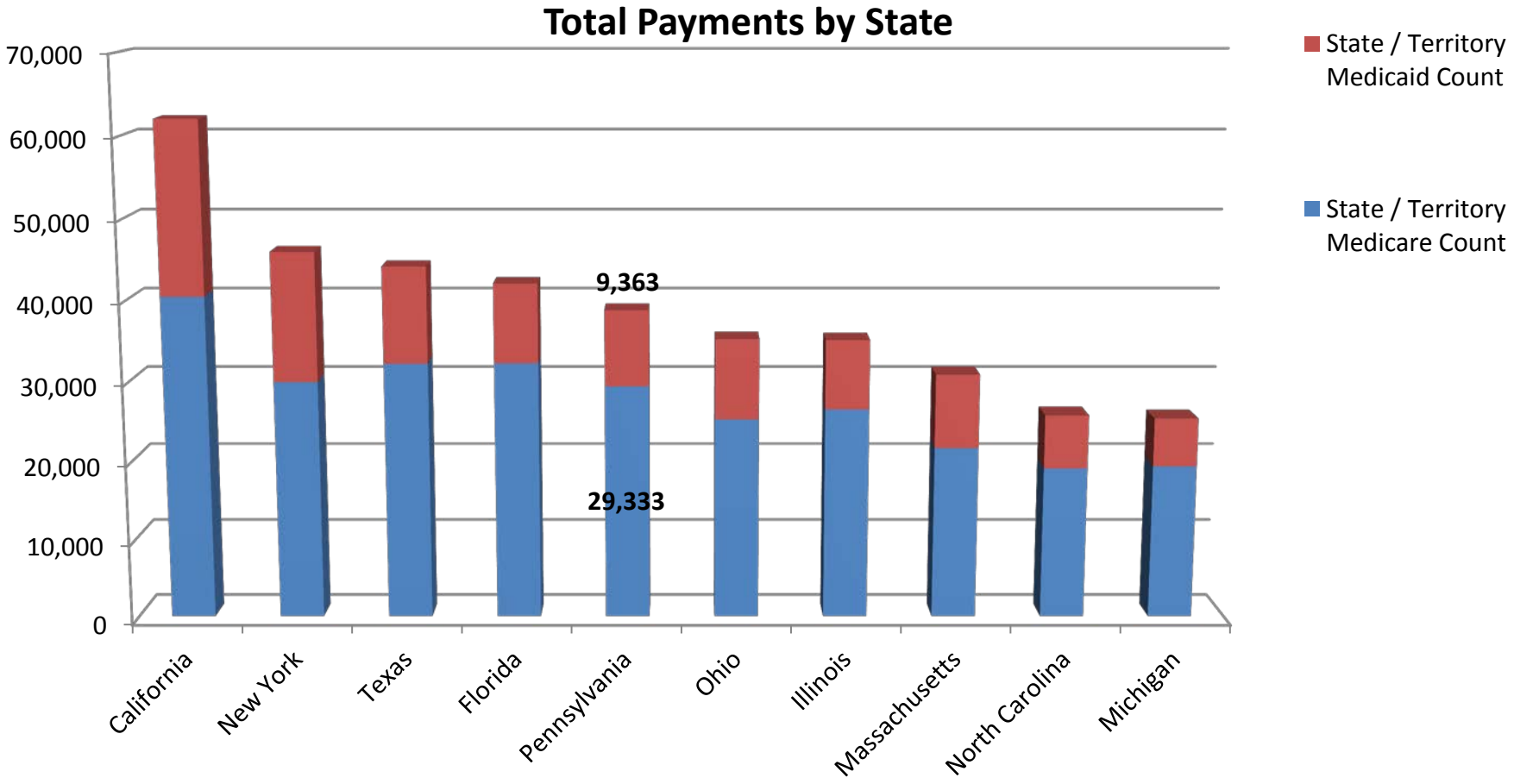
National Perspective



Totals are through December 2014

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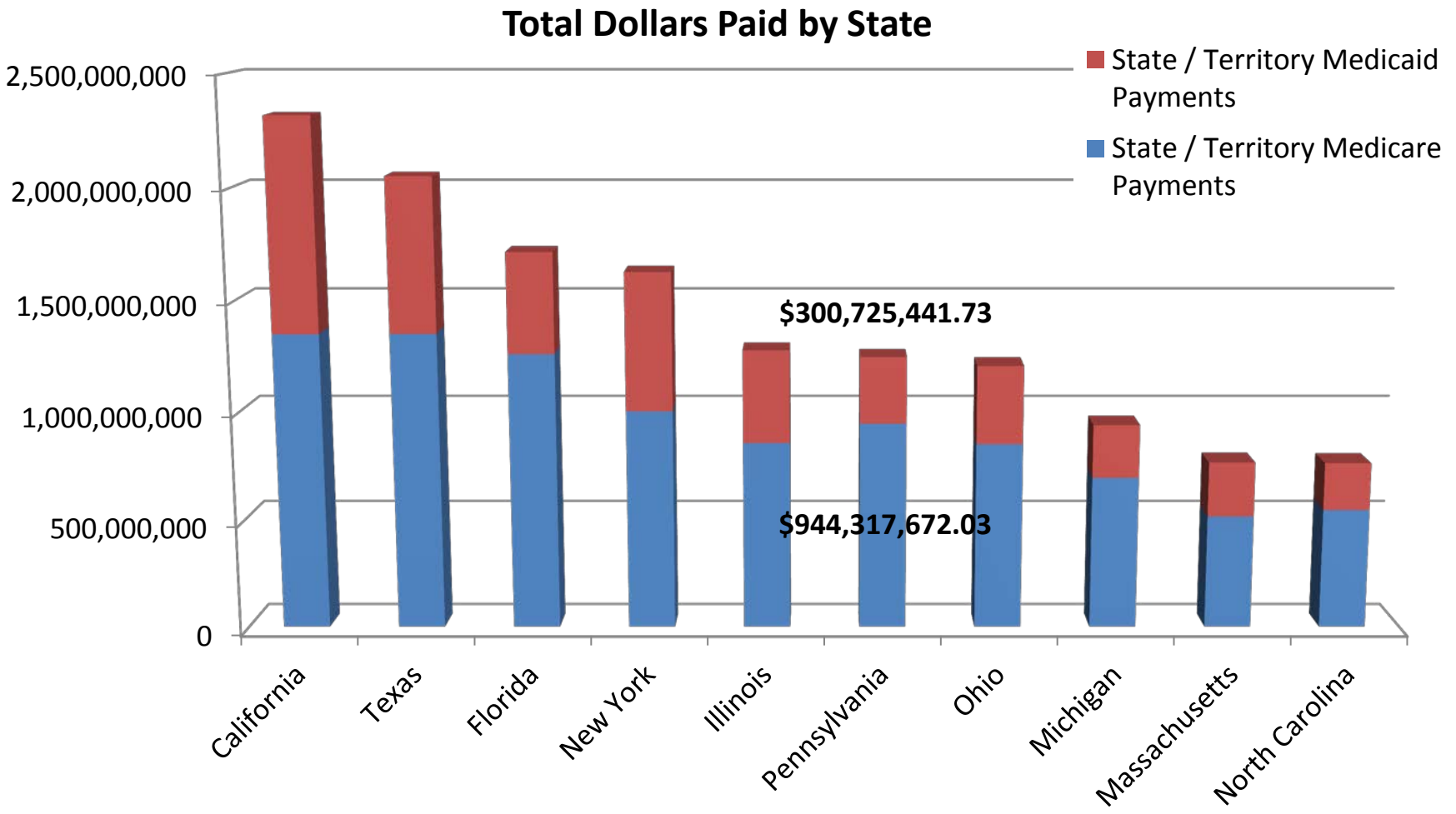
National Perspective



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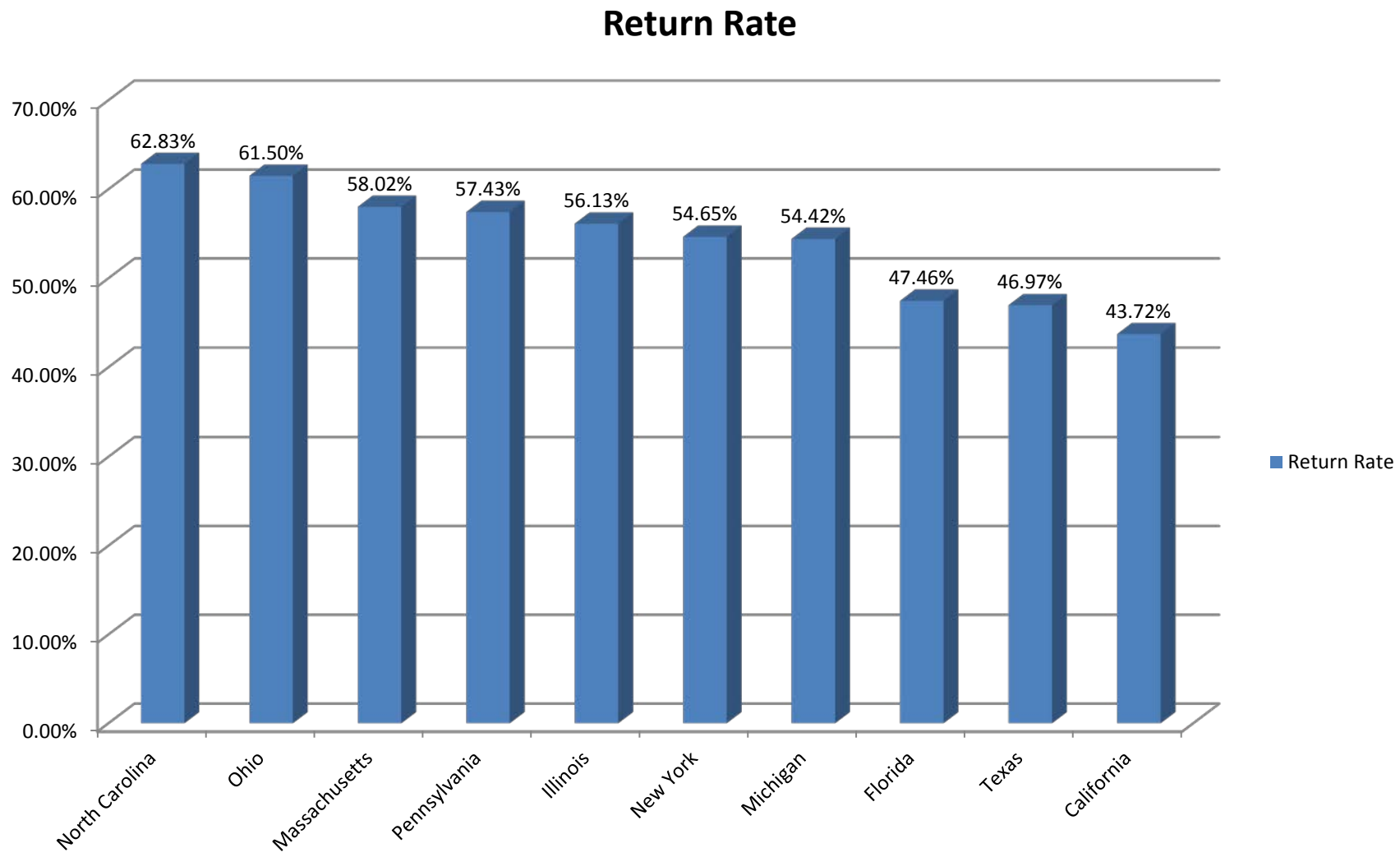
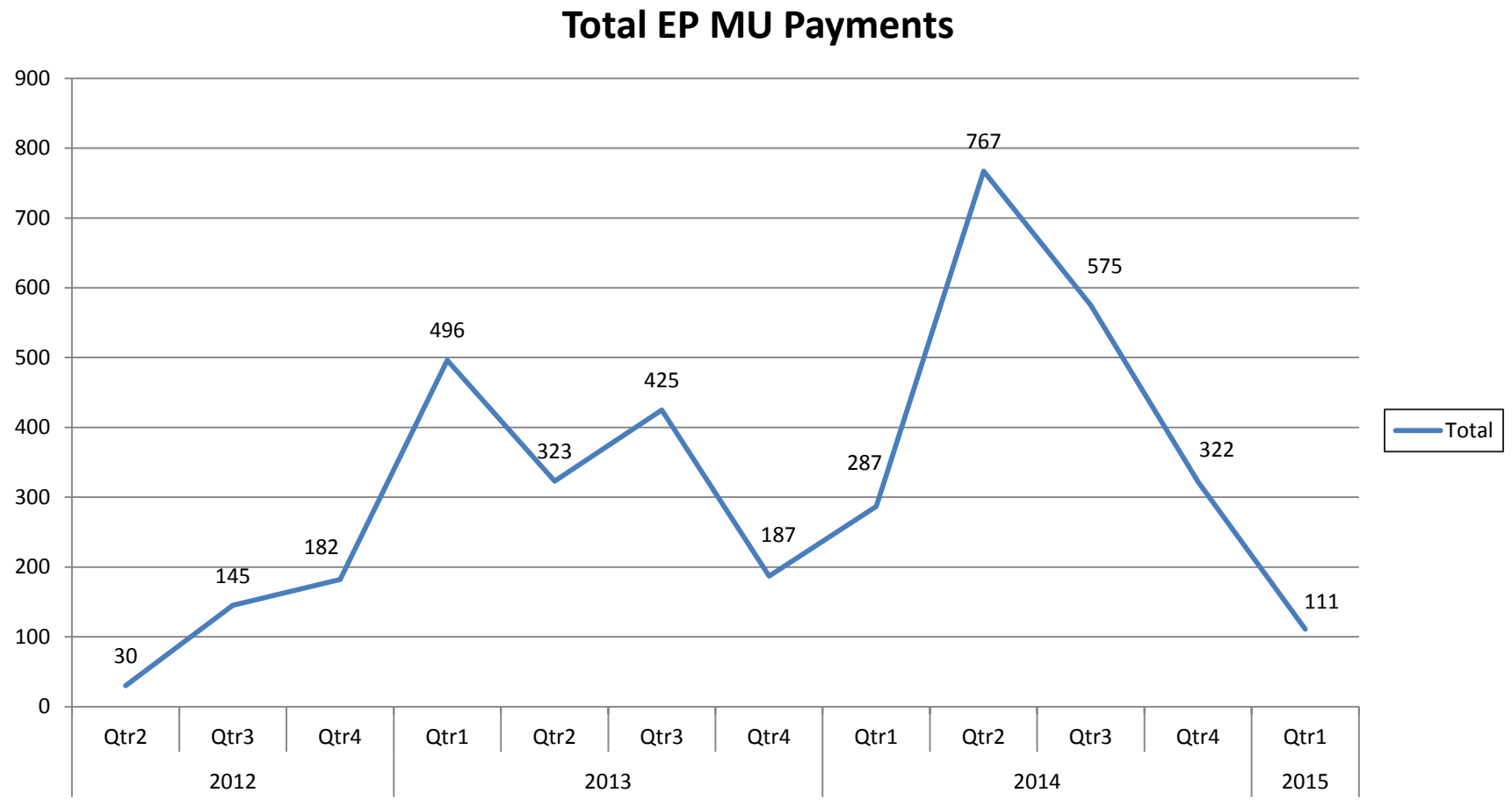
National Perspective



Eligible Professional (EP) MU Payments by Quarter



Through February 23, 2015

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Medical Assistance Health IT Program – Rule Update

2011 Certification - Program Years 2011 - 2013

Total # of 2011 Certified Products: 1938

2014 Certification – Program Years 2014 -

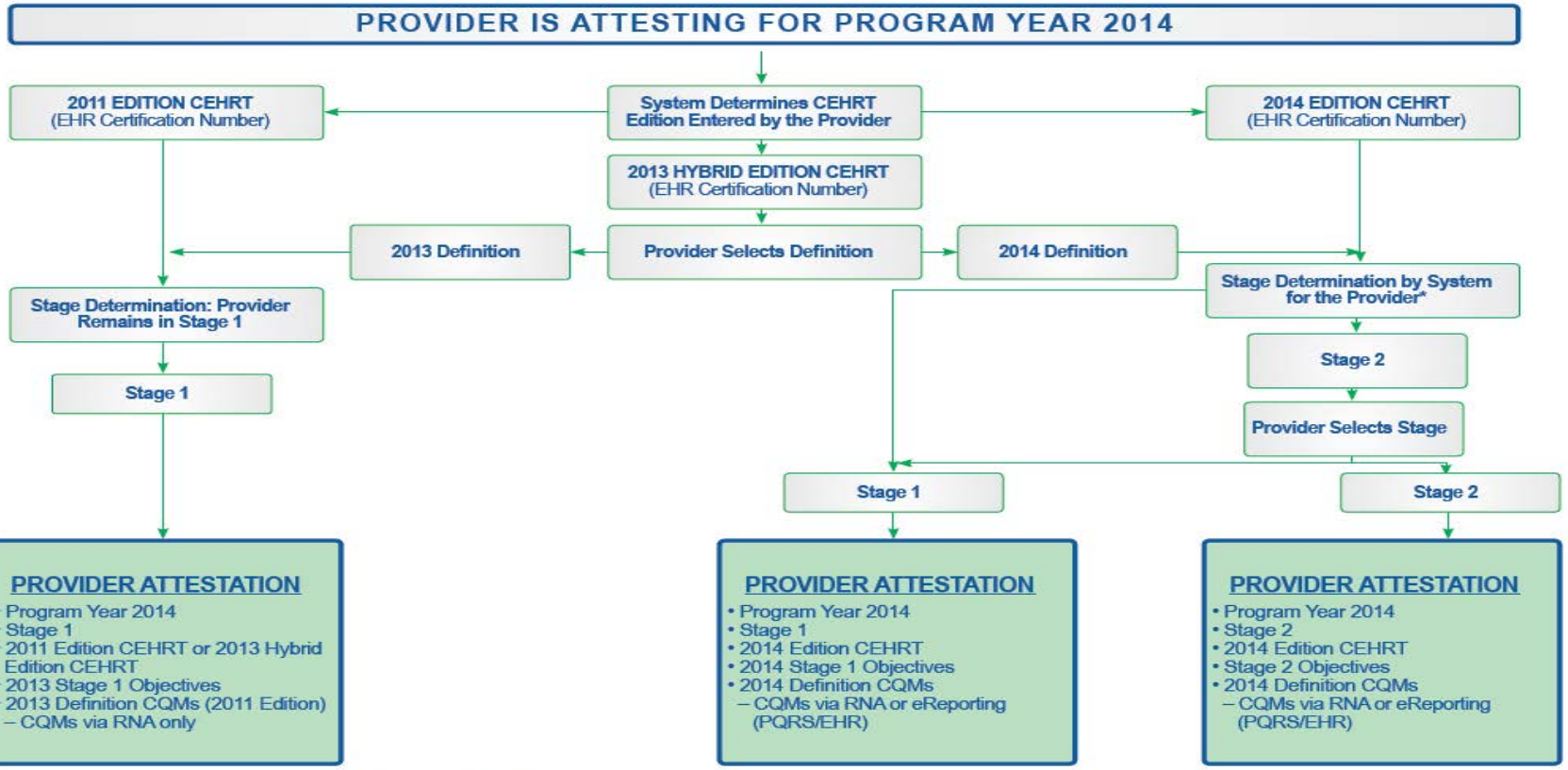
Total # of 2014 Certified Products: 599

Significant Challenges

Moving from 2011 to 2014

2014 Certified EHR Flexibility Rule

CMS 2014 CEHRT Flexibility Rule



*Refers to standard system Stage Determination rules which count years of meaningful use starting from the first year of meaningful use.

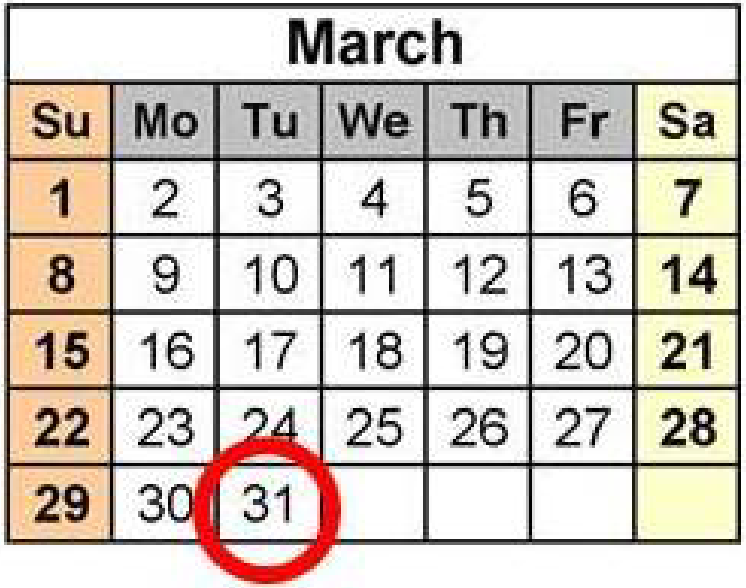
Note: Options are only for providers who have not fully implemented 2014 Edition CEHRT.

System updates to meet the changes issued with the MU flexibility final rule were finalized and updated on January 29, 2015

Provider Experience Day

MAPIR Walk-Thru Webinar

Key Dates



March						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

June						
Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

March 31, 2015 – This marks the end of the grace period for Eligible Hospitals to submit applications for program year 2014

June 30, 2015 – This marks the end of the grace period for Eligible Professionals to submit applications for program year 2014

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Stage 3 Notice of Proposed Rulemaking

- It is projected that the Stage 3 NPRM will be released for comments in February
- There will be a comment period and then a review period and then the Final Rule will be published
- The Stage 3 Meaningful Use measures will start in 2017

CMS Announces Intent to Engage in Rulemaking for EHR Incentive Program Changes for 2015

The Centers for Medicare & Medicaid Services (CMS) intends to engage in rulemaking this spring to help ensure providers continue to meet meaningful use requirements.

- **Shortening the 2015 reporting period to 90 days** to address provider concerns about their ability to fully deploy 2014 Edition software
- **Realigning hospital reporting periods to the calendar year** to allow eligible hospitals more time to incorporate 2014 Edition software into their workflows and to better align with other quality programs
- **Modifying other aspects of the programs** to match long-term goals, reduce complexity, and lessen providers' reporting burden

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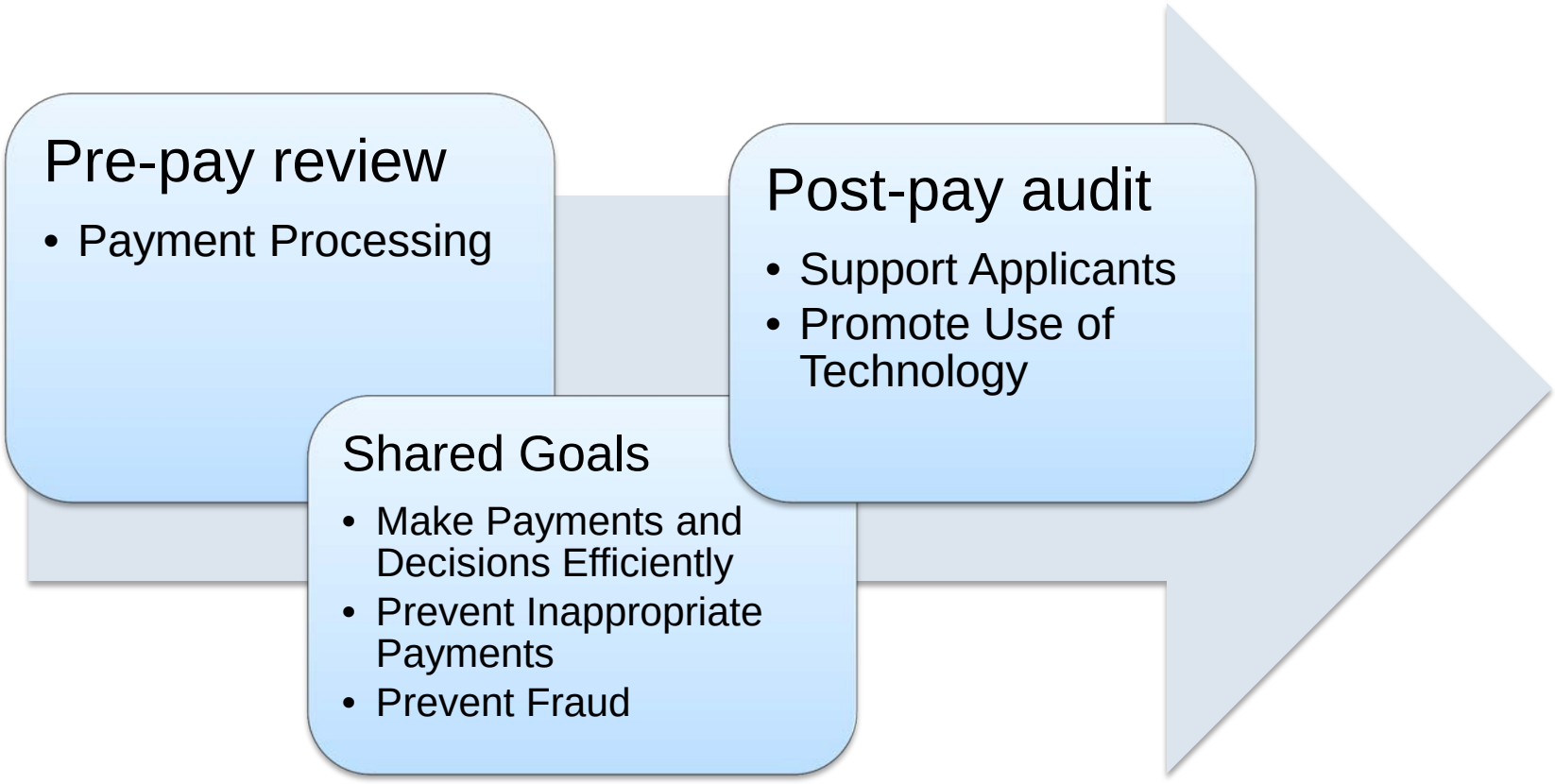
Pennsylvania's Audit Strategy



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Common Problems

Lack of preparedness

Reports don't match

Security risk analysis

"Same denominator" mismatches

Screenshots

Misinterpretation of measures

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Mitigation of Issues

- Attestation Amendment
- Change Reporting Period
- Additional Time for Follow Up with Vendor or Other Support Program
- Development of Tools and Resources

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Findings

Thirteen Failures – Many did not complete the Exchange of Clinical Data with a provider using a separate EHR

Technical Assistance Suggested

- Reports Change Over Time
- Vendor Communications
- Misunderstanding of Measures

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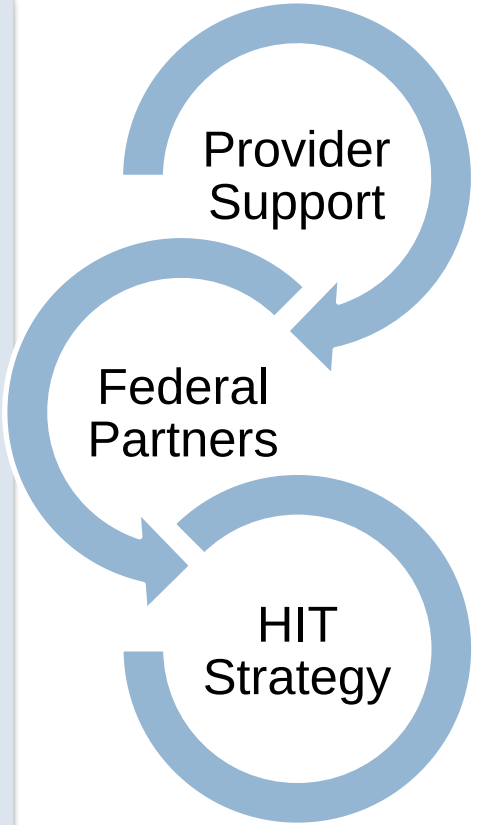
Lessons Learned

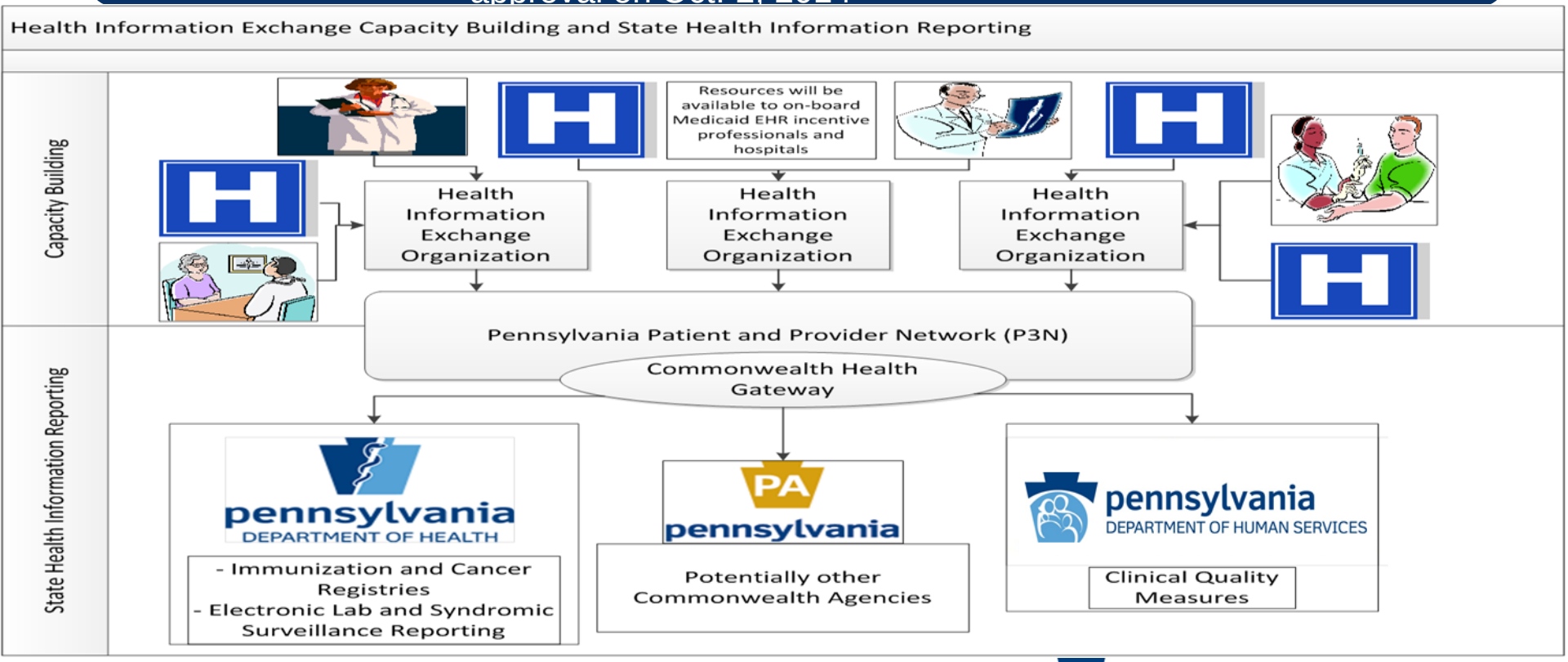
- Provider Guidance Needed
- Overall, PA is Seeing Great Success with MU
- Need to Continue to Keep Federal Partners Informed
- Use Information to Update Our Overarching Health IT Strategy



Pennsylvania Medical Assistance HIE Projects

HIE capacity building and state reporting

- Developing agreements with Pennsylvania (PA) eHealth Partnership Authority and Department of Health
- Submitted funding request in May 2014 to CMS – Received approval on Oct. 2, 2014



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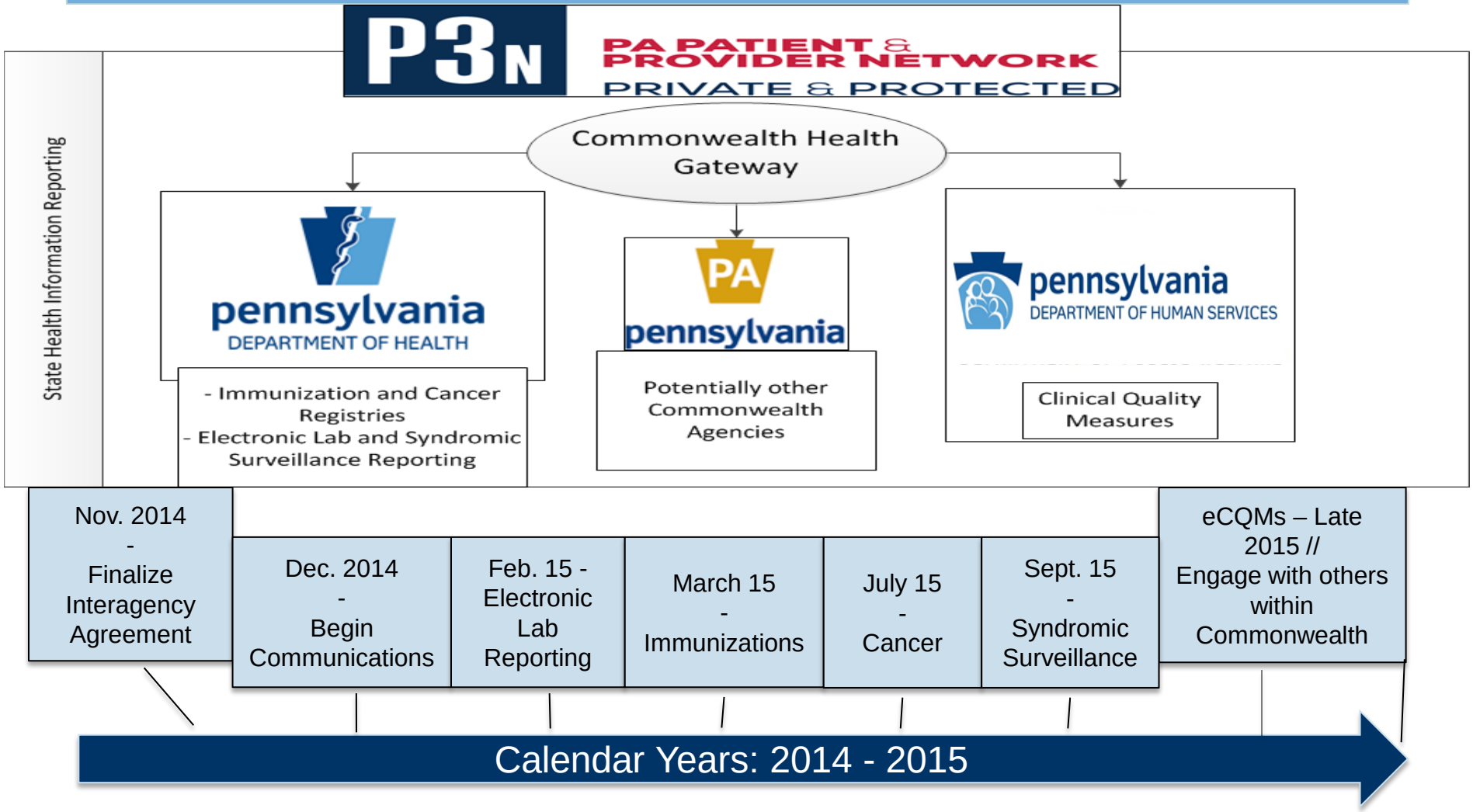
Commonwealth Health Gateway



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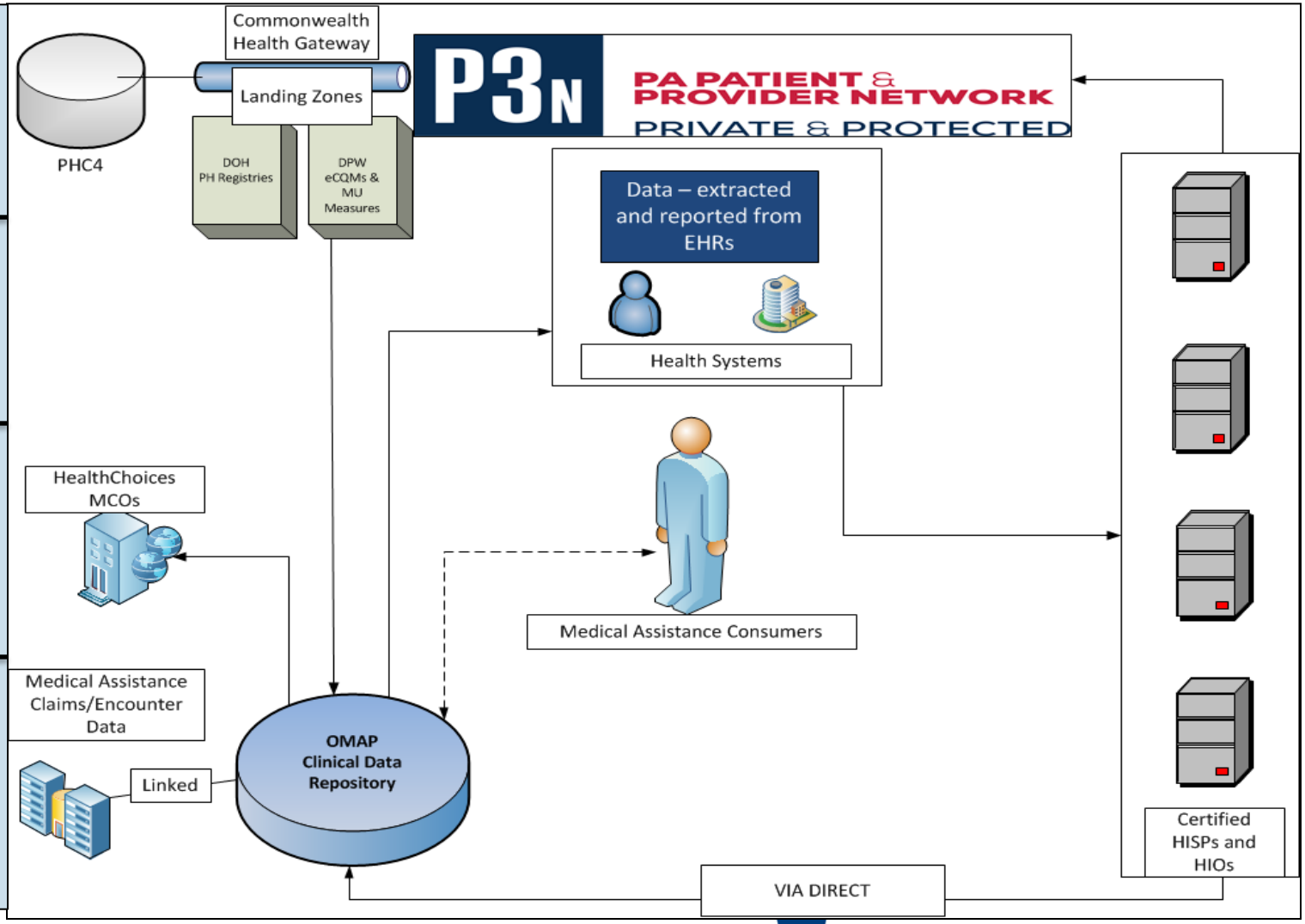
Electronic Clinical Quality Measures

October 2014: Participants invited to pilot

December 2014: Informational call with pilot participants

January 2015 – April 2015 Conduct eCQM submission pilot

Oct. 2015 – Allow eCQM submission for EHR incentive program



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Planning for 2015

- State Medicaid Health IT Plan (SMHP) Update
- Funding Request for FFY 16 and 17 (IAPD)
- Apply knowledge from eCQM collection
- Continue Best Practices Meetings

Questions & Answers