Why Care Coordination?

• Necessary for quality care

• Medicare Access and CHIP Reauthorization Act (MACRA)
  – Merit-Based Incentive Payment System (MIPS)

• CMS timeline:
  – 85% of all Medicare fee-for-service payments tied to quality or value by 2016, 90% by 2018
    • E.g., ACOs, Bundled Payments for Care Improvement initiatives
  – 2016: 30% of all Medicare payments are APM
  – 2018: 50% of all Medicare payments are APM
HIE Data Flow

Contributors:
- Hospitals
- Practices
- Nursing Homes
- Home Health
- Care Managers

Health Information Exchange

Information Delivery Service

Consumers:
- Hospitals
- Practices
- Nursing Homes
- Home Health
- Patients

Recipients:
- Clinicians
- Population Health
- Value Based Payment
- ...
About KeyHIE

52 Unique Healthcare Organizations

18 Hospitals  251 Physician Practices  30 Home Health Locations  95 Long Term Care Facilities

1 Pharmacy and 1 LTACH  2 EMS
KeyHIE Statistics – January 2016

Patient Inquiries

Successful searches for patient records
MyKeyCare

Secure, online patient portal

- View medical documents from multiple KeyHIE-participating facilities
- Download medical documents
- Communicate with your healthcare team

- View educational material
- Request prescription renewal
- Share access with a trusted loved one
- Track personal health information
  - Patient-entered/uploaded data
The table below displays clinical documents that have been received from the hospital or physician office where the service was rendered. If the field below is blank, please click on “view” to see the detail of the service rendered to the patient.

<table>
<thead>
<tr>
<th>Service Date</th>
<th>Document Name</th>
<th>Provider Name</th>
<th>Name</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>August 1, 2014</td>
<td>Lab-Tox Screen Urine</td>
<td>Susquehanna Health</td>
<td>Clinical Document</td>
<td>View</td>
</tr>
<tr>
<td>July 24, 2014</td>
<td>Imaging</td>
<td>Geisinger-Lewistown Hospital</td>
<td>Clinical Document</td>
<td>View</td>
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<tr>
<td>August 5, 2014</td>
<td>Lab-T4, Free</td>
<td>Geisinger-Lewistown Hospital</td>
<td>Clinical Document</td>
<td>View</td>
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<td>June 12, 2014</td>
<td>Lab-WOUND CULTURE</td>
<td>Jersey Shore</td>
<td>Clinical Document</td>
<td>View</td>
</tr>
</tbody>
</table>
Coordinating with LTPAC

Developed with AHIMA, HHS, and S&I (LCC workgroup)
HL7 Balloted. Nationally available Web service.

Nursing Homes and Home Health

MDS or OASIS

Clinical Summary

http://transform.keyhie.org
KeyHIE® Products & Services

- Connecting the care continuum
- Connecting patients
- Delivering reports and results
- Alerts and messages
- Statewide and Nationwide Exchange
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Office of Medical Assistance Programs

Long-Term Care
On-Boarding Grant Opportunity

March 2016

Pam Zemaitis
OMAP HIT Coordinator
Medical Assistance (MA) EHR Incentive Program

- EHR Incentive Program began in 2011 and was designed to give incentives to providers to implement and then meaningfully use Certified EHR Systems
- Our program is Federally Funded at 90% and the incentive payments are 100% federal funds
- For the Medical Assistance EHR Incentive program, Eligible Professionals (MDs, DOs, CRNPs) need to have 30% MA patient volume for a 90 day period and be in the process of or currently using a certified EHR System
- Providers have the opportunity to receive 6 payments totaling $63,750
### MA EHR Incentive Program Update

Payment Summary through January 2015

<table>
<thead>
<tr>
<th># of Professional Incentive Payments by Program Year</th>
<th># of Hospital Incentive Payments by Program Year</th>
<th>Total Amount (millions) of Professional and Hospital Payments</th>
</tr>
</thead>
<tbody>
<tr>
<td>2572, 2988, 3150, 2193, 172</td>
<td>83, 94, 124, 128, 1</td>
<td>$170, $182, $153, $139, $112</td>
</tr>
</tbody>
</table>
• For the Medicaid EHR Incentive Program, Program Year 2016 is the last year EPs or EHs will be able to attest for the very first year.

• As long as a provider attests for the first time in Program Year 2016, the provider would still have the opportunity to receive all 6 payments or could still skip years and just not receive all 6 payments

• So, if you are interested and able to participate, you will want to do this prior to March 31, 2017.
CMS Article

Meaningful use will likely end in 2016, CMS chief Andy Slavitt says

New regulations aimed at value-based payment models demand a more streamlined regulatory approach, acting administrator tells audience at J.P. Morgan Healthcare Conference.

The meaningful use program is on the cusp of major changes, the Centers for Medicare and Medicaid Services Acting Administrator Andy Slavitt said late Monday, adding that 2016 would likely see the end of the program altogether.

The Medicare Access & CHIP Reauthorization Act of 2015, with its emphasis on a new Merit-Based Incentive Payment System and alternative payment models, demands a new streamlined regulatory approach, he said, speaking at the J.P. Morgan Healthcare Conference in San Francisco.
Question: Is meaningful use ending or being replaced in 2016? And what changes does MACRA make to the Medicare and Medicaid EHR Incentive Programs going forward?

Answer: While legislation from 2015 is phasing out the Medicare EHR Incentive Program as it currently exists, incentive payments to providers for meeting meaningful use will continue. No legislative changes have been made to the Medicaid EHR Incentive Program, so that program will continue as planned through 2021. Importantly, meaningful use will be included as one component of a new incentive-based program for Medicare providers.

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) made several important changes to how Medicare pays the providers who give care to Medicare beneficiaries. Among these changes, the MACRA created the Merit-based Incentive Payment System (MIPS), which is a new program that combines parts of several existing programs. The MIPS will include parts of the Medicare EHR Incentive Program, as well as the Physician Quality Reporting System and the Value Modifier. CMS has not yet released any proposed regulations for the MIPS, but provider incentives for MIPS will be based on, among other things, meaningful use of certified EHR technology.

The MACRA did not make amendments or revisions to the Medicaid EHR Incentive Program, and so providers will continue to be able to receive incentive payments by attesting to meaningful use through 2021 as originally scheduled. The final rule outlining meaningful use for 2015-2017, as well as Stage 3 of meaningful use, was published on October 16, 2015. CMS continues to work with state Medicaid agencies and providers to implement this final rule and further promote meaningful use.
On-Boarding Grant Opportunity

• Because our program is federally funded, every year we submit a request to CMS for approval of projects we want to execute in the following year.

• This year one of the approved projects is the Long-Term Care On-Boarding Grant.

• This Grant provides funding to Health Information Organizations (HIOs) to on-board Long-Term Care facilities to the HIO

• Currently there are 3 HIOs actively on-boarding facilities
On-Boarding Grant Opportunity

- Participating in an HIO will allow you to share information about your patients with other providers and also to obtain information from the other providers participating with an HIO.

- The way our current grant opportunity is written, long-term care facilities need to have participated in our EHR Incentive program to participate in the grant on-boarding opportunity. Two weeks ago, CMS made an announcement that they are encouraging participation of the long-term care facilities so they are removing the requirement that the provider participate in the Medicaid EHR Incentive program as long as the information they are sharing is helping other providers meet the meaningful use requirements.
On-Boarding Grant Opportunity

• If you are interested in this grant opportunity, you must first choose an HIO and work with them to be added to the On-boarding grant opportunity. An HIO comparison can be found at: www.paehealth.org/choosetheyoirhio

• The HIO will work with the Authority on the next steps

• Grant program is good through 9/30/16 so you will want to start the process with the HIO no later than April 2016 to make sure you are considered for this On-boarding grant opportunity
• If in the process of working with the HIO to participate in the on-boarding grant opportunity, it is determined that your EHR system does not have the capability to on-board to the HIO, there is still the Portal Grant Opportunity

• This grant is very similar to the On-Boarding grant, but the information being shared will not go through your EHR system but through a portal

• The HIO will be able to provide more details about how to participate with this Portal Grant Opportunity
If you are interested in participating in the EHR Incentive Program, (NOTE: once approved by CMS, this is no longer a requirement for the grant opportunity) here are a few requirements:

- Must be considered an Eligible Professional
  - MD or DO
  - CRNP
- Must have MA patient volume of at least 30% during a continuous 90 day period
- Must be in the process of Adopting, Implementing or Upgrading to a Certified EHR System
As we were working with the long term care organizations to encourage participation in the EHR Incentive program, we discovered that many long-term care facilities do not have Certified EHR Systems.

We did some research and discovered the following:

- Point Click Care – has a certified EHR System but not for the Senior Living systems
- AllScripts – has a certified EHR System but the Long Term care facilities may not be using the full certified system.
- Kinnser – not certified at this time
EHR Incentive Program How-To

**STEP 1:** Register at CMS R&A: http://www.cms.gov/EHRIncentivePrograms/20_RegistrationandAttestation.asp
- Information needed for eligible professional
  - National Provider Identifier (NPI).
  - National Plan and Provider Enumeration System (NPPES) User ID and Password.
  - Payee Tax Identification Number (if benefits will be reassigned)
  - Payee National Provider Identifier (if benefits will be reassigned)

**STEP 2:** (IF you are NOT already enrolled in PROMISe) Enroll in PROMISe: https://promise.dpw.state.pa.us/portal/Default.aspx?alias=promise.dpw.state.pa.us/portal/provider
- Information needed
  - Provider ID
  - Social Security Number/EIN
**STEP 3:** Apply for incentive payment in MAPIR application (link found in PROMISee account):

- Information Needed For Professional Registration
  - CMS EHR Certification ID Number
  - Beginning Date of continuous 90 days to attest to
  - Medicaid Only Encounter Volume, Medicaid Encounter Volume, and Total Encounter Volume

To obtain your CMS EHR Certification ID Number, visit the ONC website at: [http://oncchpl.force.com/ehrcert](http://oncchpl.force.com/ehrcert)

More information may be found at:
- [www.PAMAHealthIT.org](http://www.PAMAHealthIT.org)
- [www.cms.gov/ehrincentiveprograms](http://www.cms.gov/ehrincentiveprograms)
In summary, there are 3 funding opportunities:

- Medical Assistance EHR Incentive Program
  - Ra-mahealthit@pa.gov or www.pamahealthit.org
- Long-Term Care On-Boarding Grant
  - Contact your preferred HIO
- Long-Term Care Portal Grant
  - Contact your preferred HIO
Questions & Answers

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