



Meaningful Use of Electronic Health Records and Health Information Exchange

Topics



- Medicaid Electronic Health Record (EHR) Incentive Program
- Immunization Information System (IIS) and Meaningful Use
- Electronic Lab Reporting (ELR) and Meaningful Use
- Syndromic Surveillance Data Reporting and Meaningful Use

State Medicaid HIT Plan (SMHP)



- Utah's State Medicaid Health Information Technology (HIT) Plan a.k.a. SMHP was approved 4/4/11
 - Defines the overall framework of how Utah will implement activities that promote the adoption of EHR & HIT
 - Provides funding to create and maintain a website to enroll providers, conduct outreach and send payment information electronically to CMS
 - Also provides funding to hire program specialists that will validate volume thresholds, make incentive payments, monitor meaningful use and combat fraud/abuse

Eligibility



- An eligible pediatrician must have a certified EHR and see between 20-30% Medicaid encounters; non-pediatricians (FP MD/DO, NP, DDS or CNM) must see 30% or more Medicaid encounters
 - List of certified EHR's can be found at <http://onc-chpl.force.com/ehrcert>
 - Registration can be by individual or by group
 - FQHC's can count their CHIP and charity care encounters but private practices may not

Payment Details



- To receive Medicaid Incentives in the initial year an eligible provider (EP) only needs to demonstrate they have adopted, implemented or upgraded to a certified EHR but by the second year they need to show “meaningful use” of the EHR.
- The maximum incentive payment an EP could receive from Utah Medicaid equals \$63,750, over a period of 6 years, or \$42,500 for pediatricians with a 20-29% Medicaid patient volume.
- Hospital payments start at \$2,000,000

Advice Prior to Registering for Incentives



- Have your NPI(s) and TIN(s) available
- Have your Medicaid contract ID #s available
- Verify your system is on the list and obtain your CHPL EHR certified ID #
- Identify a designated point of contact for your registration
- Determine the Medicaid patient volume you will be reporting
- Seek technical assistance from HealthInsight, Utah's Regional Extension Center (REC) if you have questions about calculating volumes or meaningful use
- Register at CMS website at least 1 day before the Utah website <http://health.utah.gov/medicaid/provhtml/HIT.htm>

Progress to Date



- Launched State Attestation Process
10/5/11
- 350 Attestations as of 3/15/12
- \$10,232,970.00 Adopt Implement
Upgrade (AIU) Payments
- 12 Hospitals & 126 Providers Paid
- Beginning to Audit AIU Payments from
2011

Program Core Activities



- Interface with CMS regarding payments made to eligible providers & hospitals
- Verify Medicaid patient volume for all applicants, process payments on schedule & provide notification of approval/denial for incentive payments
- Maintain a web site for provider attestations & FAQs
- Develop communication materials about the EHR Incentive Program
- Conduct provider outreach activities
- Conduct post payment audits
- Maintain a provider help-line/dedicated e-mail address/phone

Additional Activities



- Preparing system to take 90 day Meaningful Use (MU) attestations by October 2012
- Implementing an audit strategy for MU payments
- Requesting providers receiving incentives consider connecting with cHIE
- Importing Medicaid eligibility files to the cHIE
- Requesting all providers receiving incentives connect with one public health databases (laboratories, immunization registry, etc.)
- Collaborate with other neighboring states' HIE's WY, NV, AZ, CO, MT, ID

Contact Information



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USIIS & Meaningful Use



- Supported Meaningful Use testing from the earliest start date: HL7 versions 2.3.1 and 2.5.1
- Process implemented
 - Information on USIIS web site
 - Form to initiate the process (provider contact information, EHR system, etc.)
 - Respond by sending instructions to Provider
 - Test message transmission method
 - Secure web site
 - Create logins for each provider
 - Send instructions for how to submit a test
 - Results memo – “pass” and “fail” templates
 - Customize for provider and distribute by e-mail

USIIS MU Collaboration



- USIIS, UHIN & HealthInsight[†] - monthly meetings
 - Developed consistent, accurate informational material for Utah providers
 - Share status of EHR vendors' readiness and processes for creating MU test messages
 - Share status of providers getting ready to attest
 - Share status of providers who have submitted tests

[†] HealthInsight is the Utah/Nevada Regional Extension Center (REC). RECs are tasked with furnishing assistance to doctors in their assigned region to select, implement and meaningfully use certified EHR technology.

USIIS MU Observations



- EHR vendors
 - Some EHR systems that are ONC-certified as able to generate HL7 immunization messages cannot
 - Motivated to work on data interfaces to State IIS
- Eligible providers and hospitals
 - Unsure about how to use their EHR system to create a test message
 - Unclear about the difference between a MU test and a Production immunization interface
 - Some “cheating”—e.g., test message not created from their EHR system
- CDC
 - Unclear communication about what qualifies as exclusions

HITECH Impact on USIIS



- Responding to Providers
 - Meaningful Use inquiries: >100
 - Tests submitted: 43
 - Exclusions claimed: many
- Responding to EHR vendors
 - USIIS capabilities and interface standards: ~24
 - Queue for entering test phase: ~12
- CDC EHR-IIS Interoperability Grant
 - Six new interfaces to be implemented at over 100 facilities
 - One-way batch interfaces: NextGen, Amazing Charts, eClinicalWorks, University of Utah data warehouse
 - Two-way real-time interfaces: Connexin, Greenway

HITECH Impact, Cont.



- Intermountain Healthcare interface projects
 - USIIS HL7 data interface to Intermountain Data Warehouse
 - Intermountain Inpatient EHR system data interface to USIIS
- Adjusted UHIN-cHIE priorities
 - Ability for provider to submit MU test to cHIE to pass through to USIIS
- Developing two new transport methods
 - HTTPS POST (commonly used by EHR vendors)
 - SOAP Web Service (recent recommended IIS standard)

MU Stage 2 & State IIS



- HL7 version 2.5.1
 - Version not supported by most EHR vendors
 - Version not supported by most State IIS
 - USIIS will support HL7 2.5.1 in 2012 (Q3-Q4)
- Submitting data to IIS is a “core” requirement
- Production data interface required
 - Testing and implementing a “real” production data interface is a lengthy, iterative process
 - Process will be required with each EHR vendor

Comparison: Evaluating a Stage 1 single test message requires a simple “eye-balling” of a single message to assess general format.

Electronic Laboratory Reporting (ELR)



- Stage 1 meaningful use:
 - ELR is one of three PH options for MU
 - Others are immunization registry and syndromic surveillance
 - ELR is only an option for eligible hospitals, not providers
 - All hospitals (to our knowledge) have chosen immunization registry
 - Three ways for hospitals to comply:
 - Send lab data directly from lab to PH
 - As part of a certified modular EHR
 - Send lab data from hospital EHR to PH
 - Send lab data from EHR through third party
 - Third party must be certified if they construct the message

ELR

- Relatively simple stage 1 implementation
 - Notify UDOH of intention to submit message
 - Develop message using HL7 2.5.1
 - Use HL7 Version 2.5.1 Implementation Guide: Electronic Laboratory Reporting to Public Health, Release 1
 - Must be capable of storing, retrieving and sending LOINC codes
 - Determine appropriate message transmission process
 - Validate message using MQF
 - Test message transmission with UDOH, until successful

ELR

- At this time, IH and U of U have notified UDOH of their intent to participate in Stage 1 Meaningful Use
- UHIN and cHIE are seeking certification

ELR

- Stage 2 (proposed)
 - EH: ELR moves to a core function, not an option
 - We'll get a lot more interest at that point!

- **Eligible Hospital Objective:** Capability to submit electronic data on reportable (as required by state or local law) lab results to public health agencies and actual submission in accordance with applicable law and practice.
Eligible Hospital Measure: Performed at least one test of certified EHR technology's capacity to submit electronic data on reportable lab results to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which eligible an hospital submits such information have the capacity to receive the information electronically).