

Michigan Medicaid EHR Incentive Program Update

November 28, 2012

Jason Werner, MDCH



Medicaid EHR
INCENTIVE PROGRAM

Program Summary



This ARRA funded program provides financial incentives (100% Federal) to eligible Medicaid professionals and hospitals to meaningfully use (MU) a certified EHR technology.

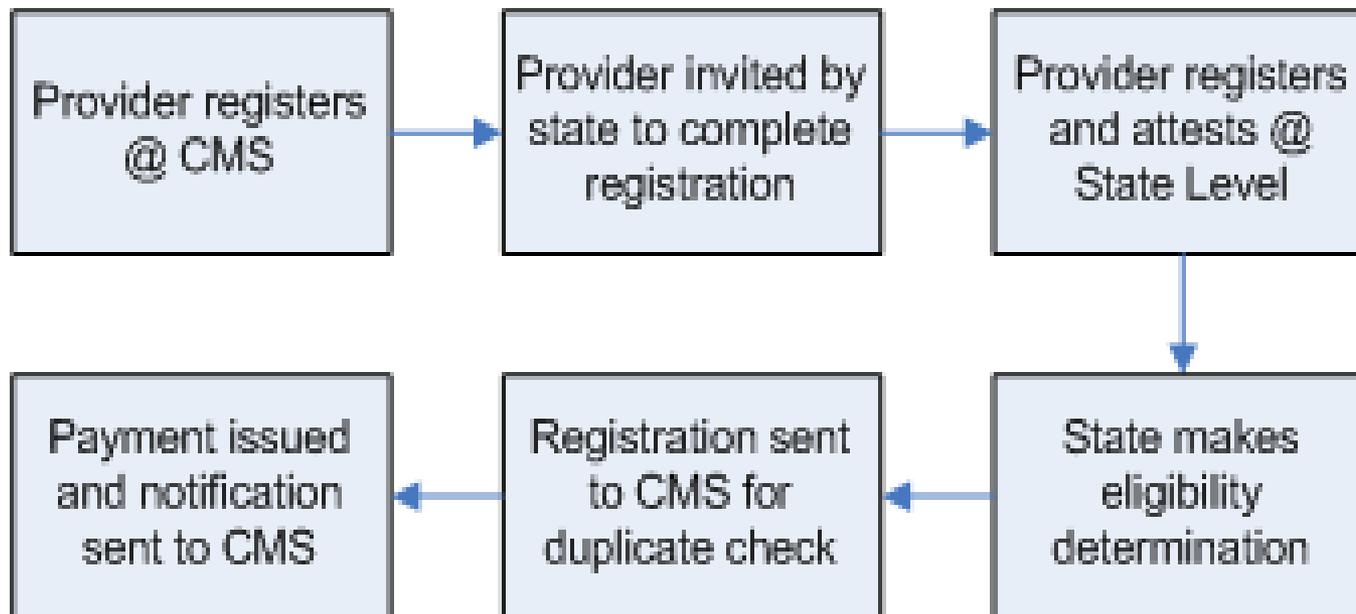
Program administration (90% Federal) is the responsibility of DCH.



Program Registration Process



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Who Is Eligible to Receive the Medicaid Incentive Payments?



↳ Eligible Professionals:

(Non-hospital based with at least 30% Medicaid volume)

- Physicians/Pediatricians (20%)
- Optometrists
- Dentists
- Certified Nurse Mid-wives
- Nurse Practitioners
- Physician Assistants (PA) practicing in a PA-led FQHC or Rural Health Clinic

↳ Eligible Hospitals:

- Acute care -- *at least 10% Medicaid volume*
- Children's hospitals
- Critical access hospitals



Certified EHR Technology



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- Certified = Capable of meeting Meaningful Use (MU).
- Office of National Coordinator (ONC) maintains the list of complete EHRs and EHR modules that have been tested and certified.
- There are now 6 certifying bodies and nearly 2,900 certified products.



Registration Year 1



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- In year one of the program, Medicaid providers and hospitals must attest to Adopting, Implementing or Upgrading to a certified EHR system
- No measures need to be submitted



Registration Year 2



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- In year 2 of the program, Medicaid professionals and hospitals must meet a set of predetermined measures for a 90 day period during the current year.
- EPs - 15 Core Measures, 5 of 10 Menu Measures, 6 Clinical Quality Measures
- EHs- 14 Core Measures, 5 of 10 Menu Measures, 15 Clinical Quality Measures



EP Core Measures



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Stage-1 Core Measures-EPs Must meet all 15 objectives	Numerator	Denominator	Exclusion	% Calculation	MU Threshold %	Compliant
1. Computerized physician order entry (CPOE).	469	487	No	96.3	30	✓
2. Implement drug-drug and drug-allergy interaction checks.				Attestation Measure		✓
3. Maintain an up-to-date problem list of current and active diagnosis.	509	512		99.41	80	✓
4. Generate and transmit permissible prescriptions electronically (eRx).	3162	3294	No	95.99	40	✓
5. Maintain active medication list.	495	512		96.68	80	✓
6. Maintain active medication allergy list.	488	512		95.31	80	✓
7. Record demographics.	488	512		95.31	50	✓
8. Record and chart changes in vital signs.	496	504	No	98.41	50	✓
9. Record smoking status for patients 13 years old or older.	428	484		88.43	50	✓
10. Report ambulatory clinical quality measures (CQM's) to CMS.				Attestation Measure		✓
11. Implement one clinical decision support rule.				Attestation Measure		✓
12. Provide patients with an electronic copy of their health information.			0		50	✓
13. Provide clinical summaries for patients for each office visit.	796	828		96.14	50	✓
14. Capability to exchange key clinical information.				Attestation Measure		✓
15. Protect electronic health information.				Attestation Measure		✓

EP Menu Measures



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Stage-1 Menu Measures - EPs must fill out 5 out of 10	Numerator	Denominator	Exclusion	% Calculation	MU Threshold %	Compliant
1. Implement drug formulary checks.			No	Attestation Measure		✓
2. Incorporate clinical lab test results.						
3. Generate lists of patients.				Attestation Measure		✓
4. Send reminders to patients.						
5. Patient electronic access.						
6. Patient Specific education resources.	331	512		64.65	10	✓
7. Perform medication Reconciliation.	41	46	No	89.13	50	✓
8. Transition of Care Summary.						
9. Capability to submit electronic data to immunization registries.				Attestation Measure		✓
10. Capability to submit electronic syndromic surveillance.				Attestation Measure		



EP Clinical Quality Core Set



Stage-1 MU-Clinical Core Quality Set	Numerator	Denominator	Exclusion	Compliant
NQF 0421: Adult weight screening and follow-up.	112	413	8	
NQF 0013 : Hypertension: Blood pressure measurement.	86	86		
NQF 0028: Preventive care and screening measure pair: a. tobacco use assessment, b. tobacco cessation intervention.	<input type="text" value="▶ 222"/>	223		
NQF 0041: Preventive care and screening: Influenza immunization for patients ≥ 50 years old.				
NQF 0024: Weight assessment and counseling for children and adolescents.	<input type="text" value="▶"/>			
NQF 0038: Childhood immunization status.	<input type="text" value="▶"/>			



EP Clinical Quality Menu Set



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Stage-1 MU-Clinical Menu Quality Set	Numerator	Denominator	Exclusion	Compliant
NQF 0061: Diabetes: Blood pressure management.	65	101	0	
NQF 0074: Coronary Artery Disease (CAD): Drug therapy for lowering LDL-cholesterol.	7	13	0	
NQF 0073: Ischemic Vascular Disease (IVD): Blood pressure management.	53	97		





Stage II of MU

- Set to launch on January 1, 2014 for EP's
- Measures are further enhanced from Stage I
 - More Measures
 - Higher Thresholds
 - Public health measures moving towards “production”
- More of an emphasis on electronic information exchange



Where is Michigan in all of this?



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- January 3, 2011 - Providers could begin registering for Medicaid EHR incentive program at CMS.
- January 21, 2011 - Michigan's on-line registration and attestation system went live within CHAMPS.
- April 20, 2012 - Michigan went live with collection of MU attestations (Year 2).



Registrations/Payments



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As of 11/27/12

	Registered	Paid	Dollars Paid (In Millions)
EP	3,178	1,671	\$34.8
EH	108	82	\$68.9
Totals	3,286	1,753	\$103.7



Medicare?



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- CMS is running a similar program for Medicare providers.
- Professionals can only claim one incentive program (either Medicaid or Medicare).
- Very similar eligibility criteria.
- 9,119 Medicare providers have registered with 2,608 having received a payment.





Closing Remarks

- ↳ Very interested in “Non-Medicaid” providers as well.
- ↳ Working very closely with MiHIN and MDCH Data Hub.
- ↳ Certified EHR technology is the foundation for Health Information Exchange.





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Questions?

www.MichiganHealthIT.org

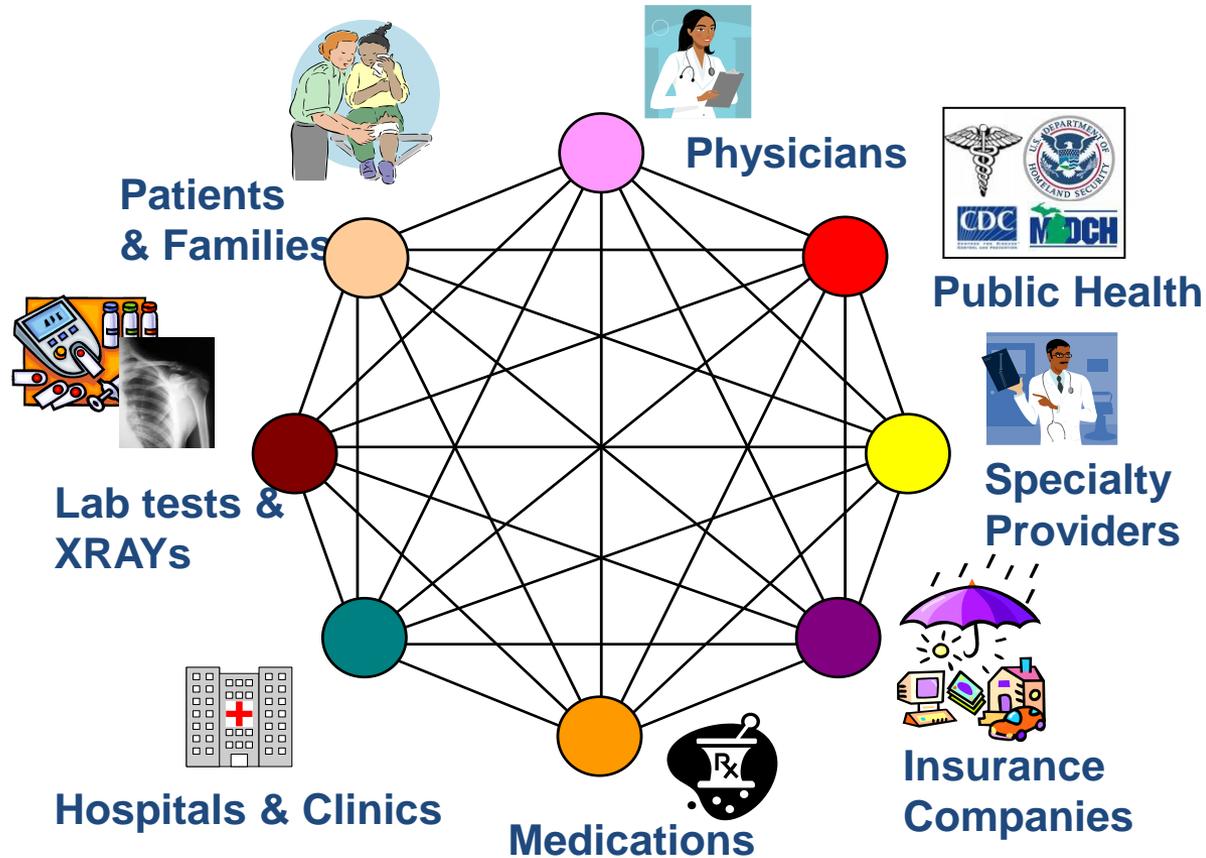


MICHIGAN HEALTH INFORMATION NETWORK

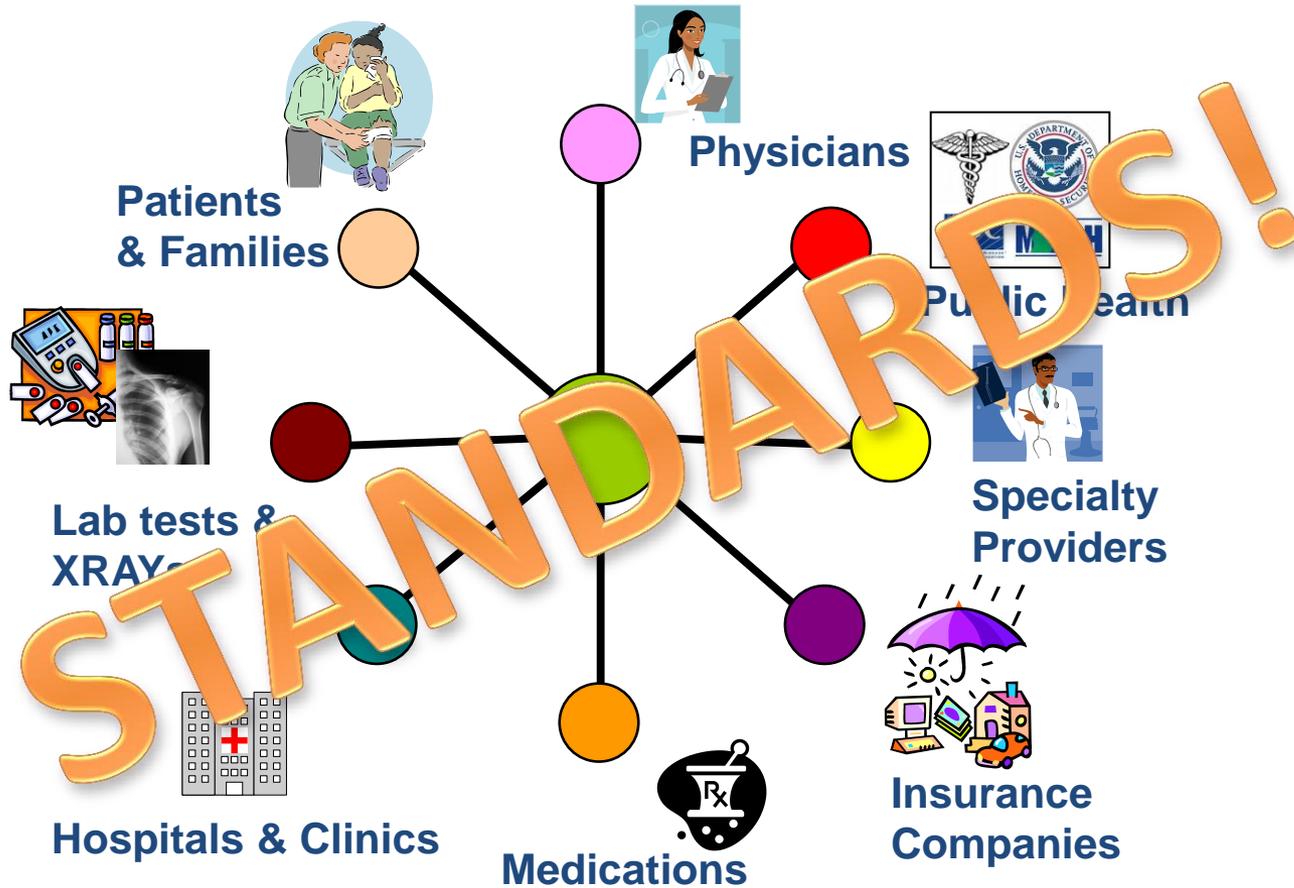
SOM Presentation



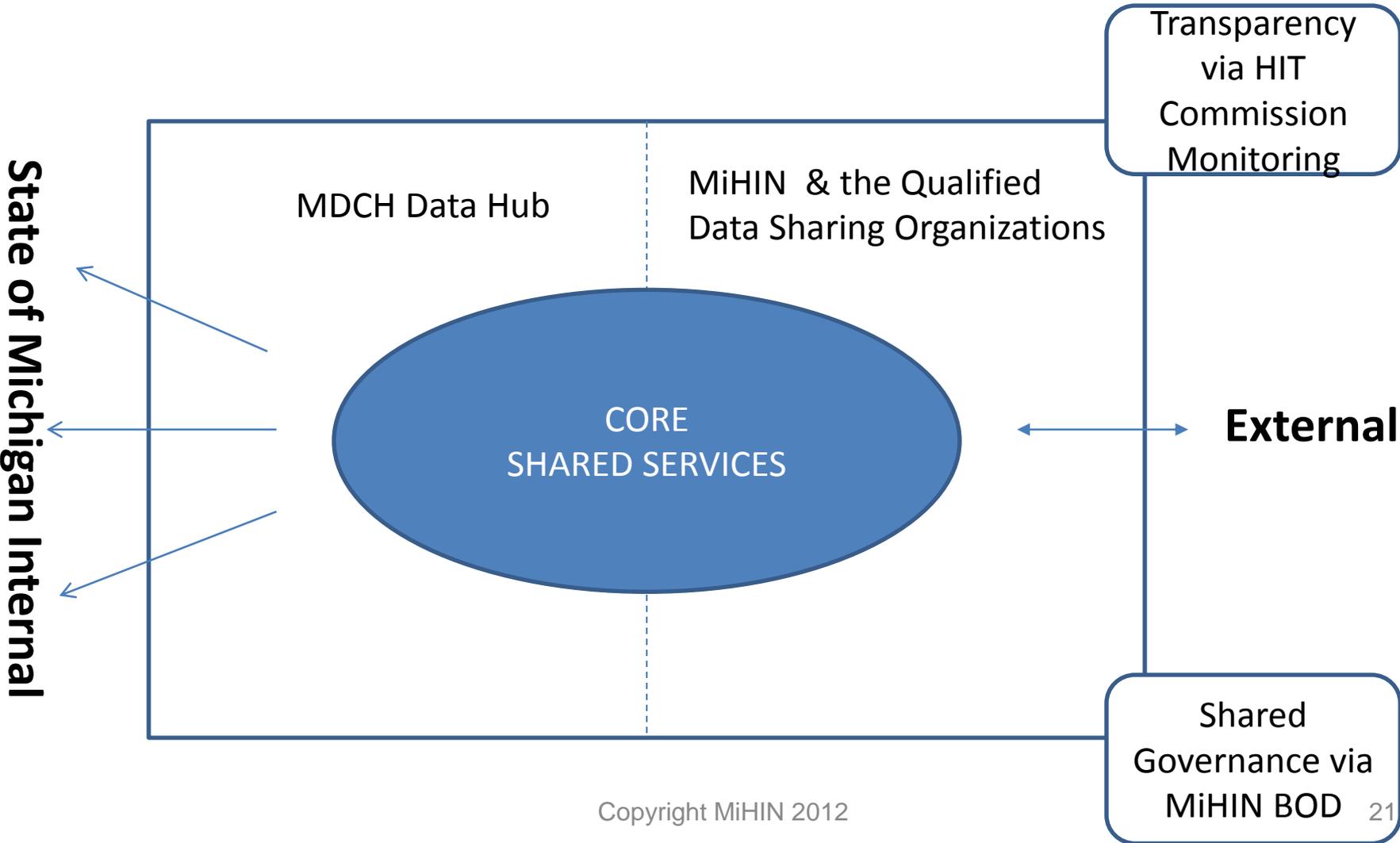
Unraveling the Current Information Tangle



Desired Solution



MiHIN Relationship with the State of Michigan



Medicaid's Examples of Core Shared Services

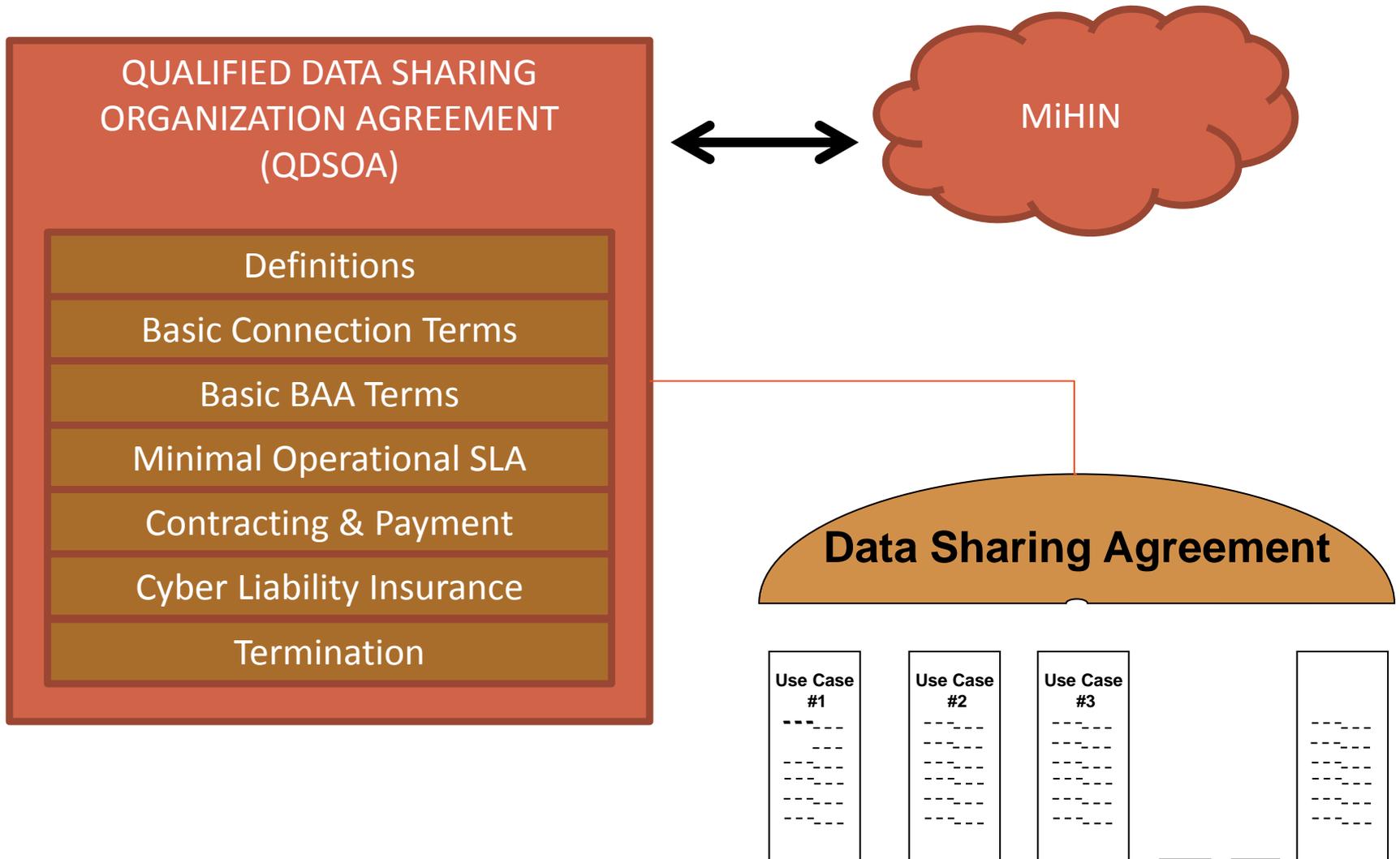
- Security services
- Health Provider Directory (Master Clinicians Index)
- Message routing
- Identity management
- Transaction logging & Universal Audit Repository
- Consent management
- Terminology services
- Transformation services
- Master Person Index
- Record Locator Service & Patient Directory Services
- NwHIN gateway
- Sub-scribe to Alerts & Notifications
- DIRECT HISP

Public Act 137- 2006 Created HIT Commission

Michigan's Statewide Governance Model



LEGAL INFRASTRUCTURE FOR DATA SHARING



Overlapping Phases



MiHIN Early Use Cases



Three Types of Data Sharing Possible

Level One

DIRECT Secure Messaging provider to provider or end system communication

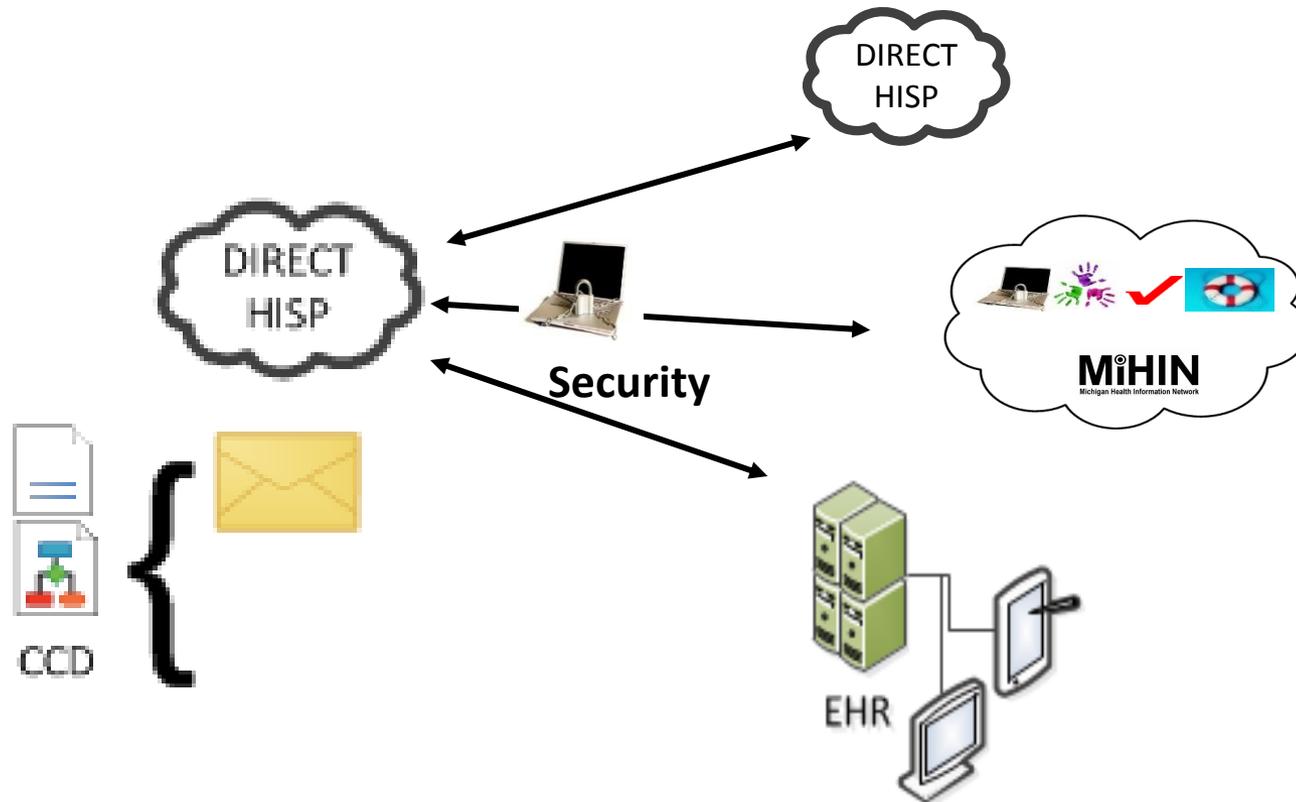
Level Two

Clinical Messaging & results delivery via sub-state HIEs & qualified organizations

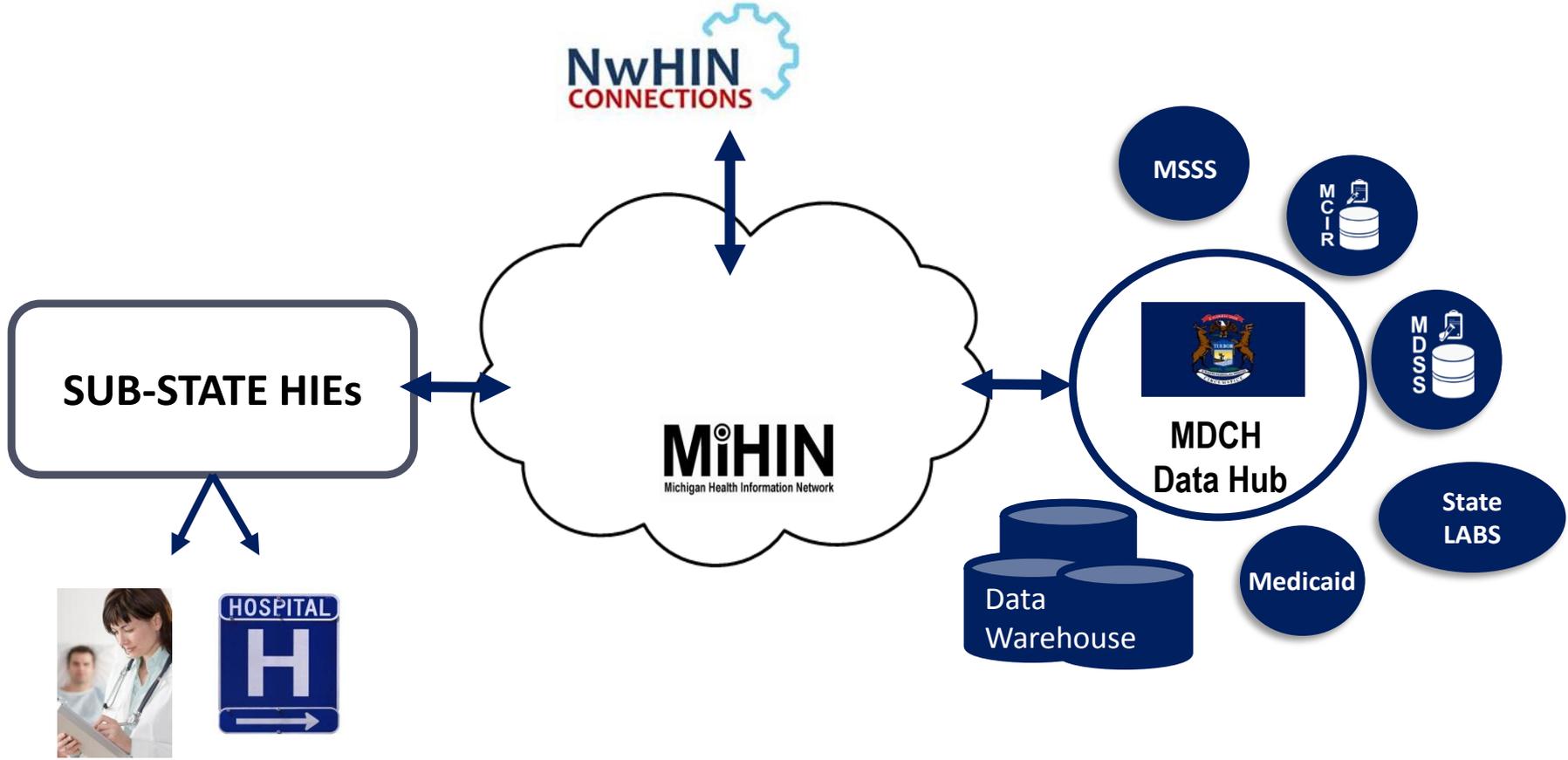
Level Three

Cross document sharing (Query for Care Summaries)

LEVEL ONE: DIRECT SECURE MESSAGING

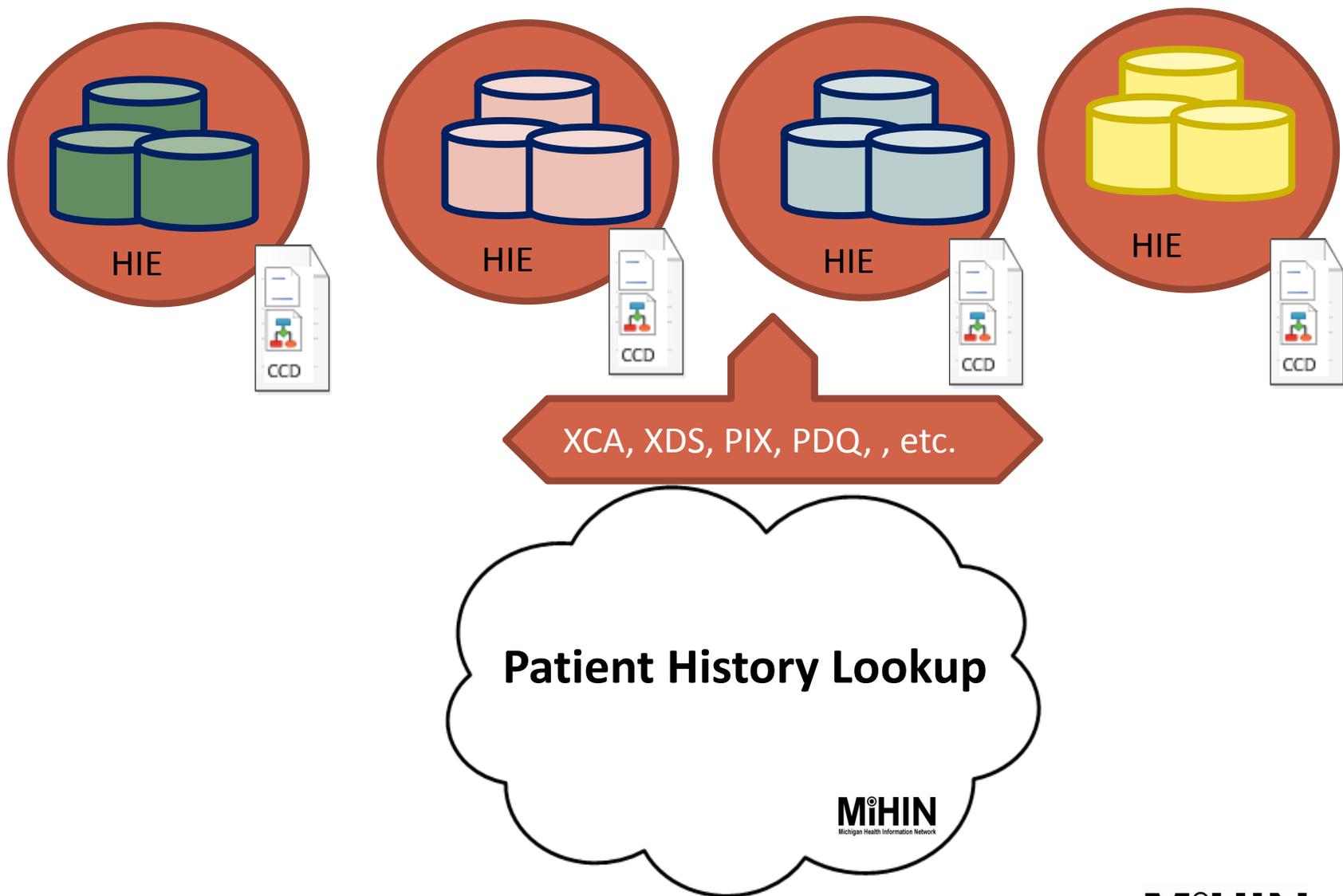


LEVEL TWO: CLINICAL MESSAGING

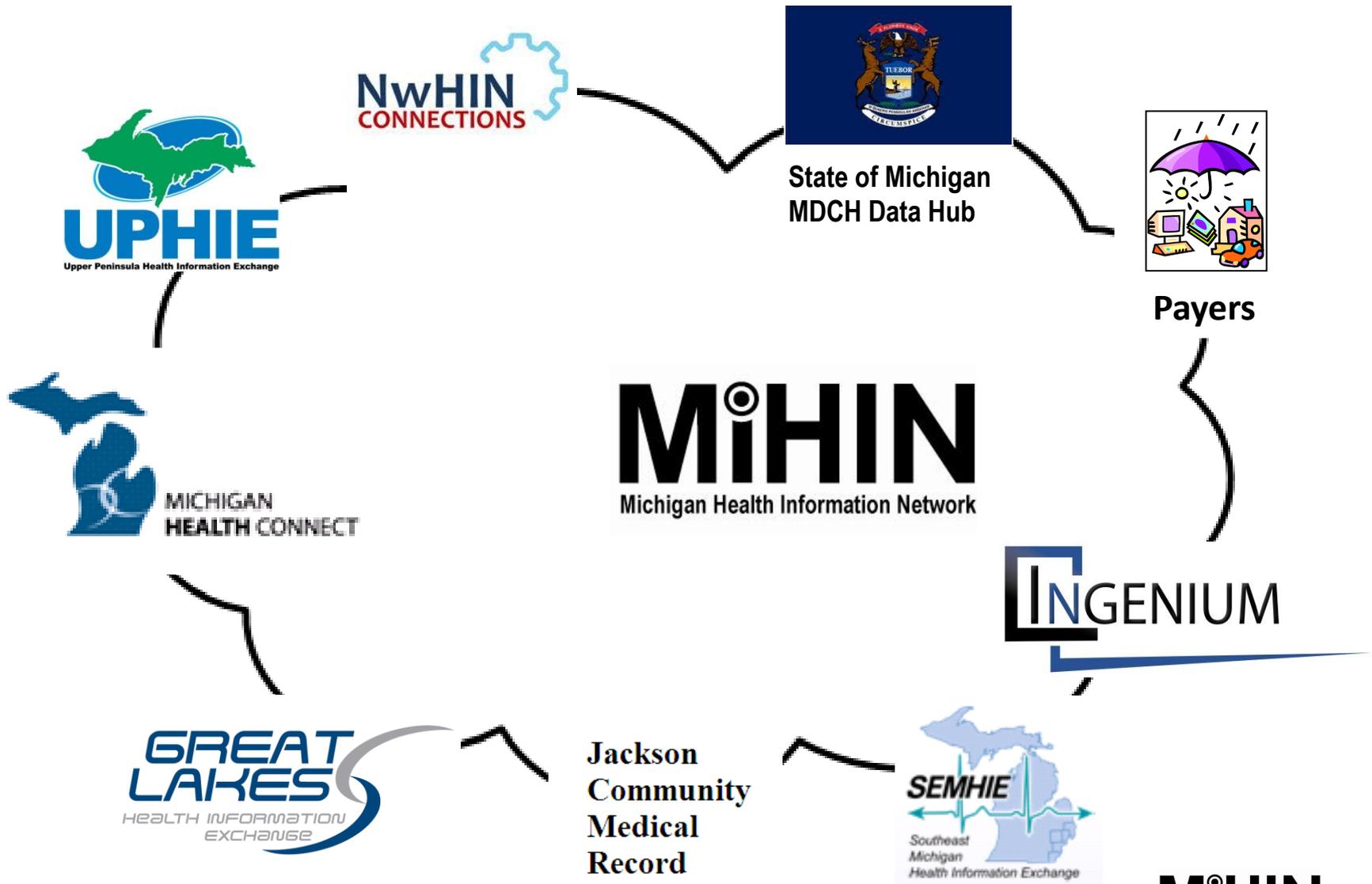


Doctors & Community Providers

LEVEL THREE: DOCUMENT SHARING ACROSS REPOSITORIES

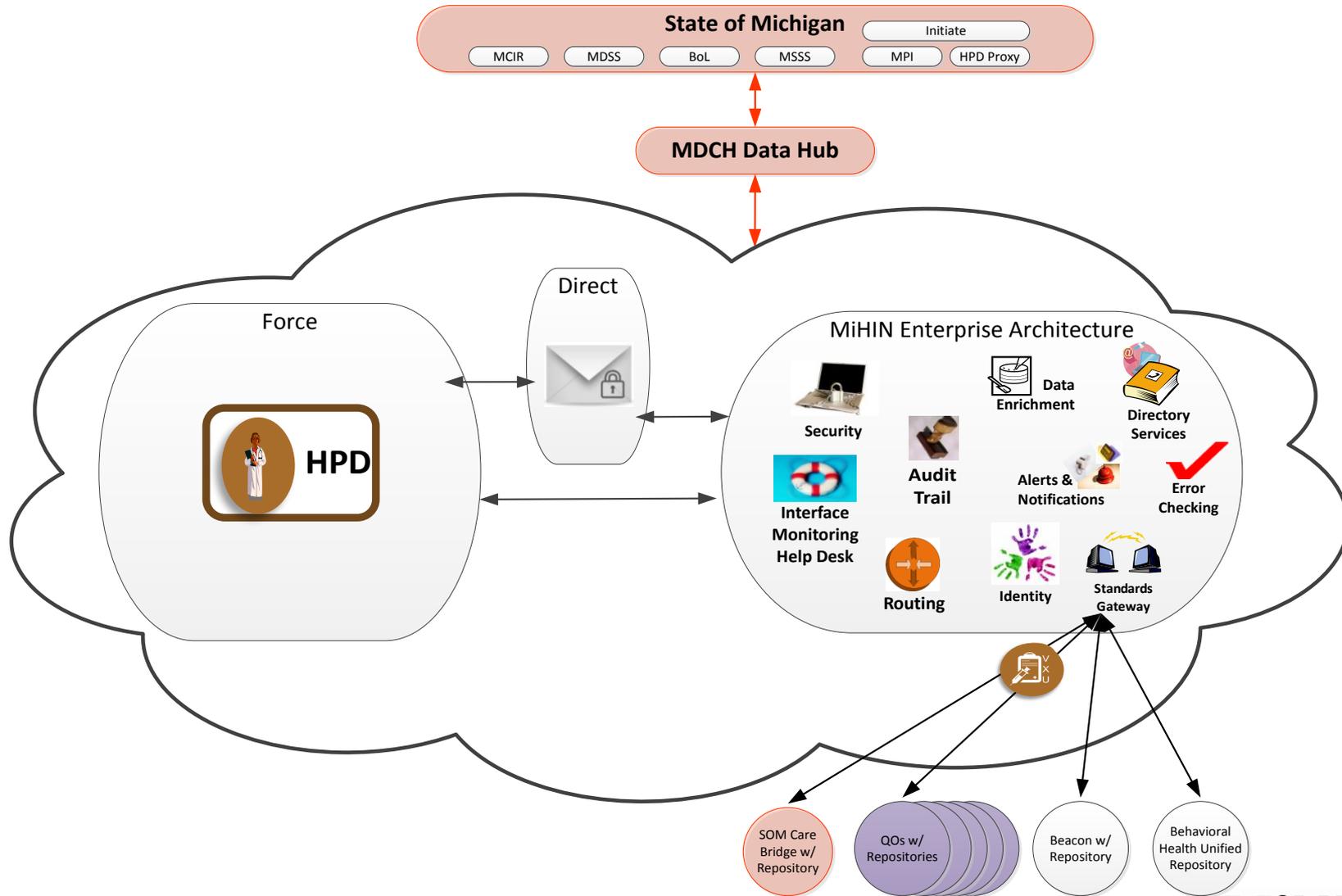


Michigan's Health Information Services Cloud (HISC)



HISC PARTICIPANTS

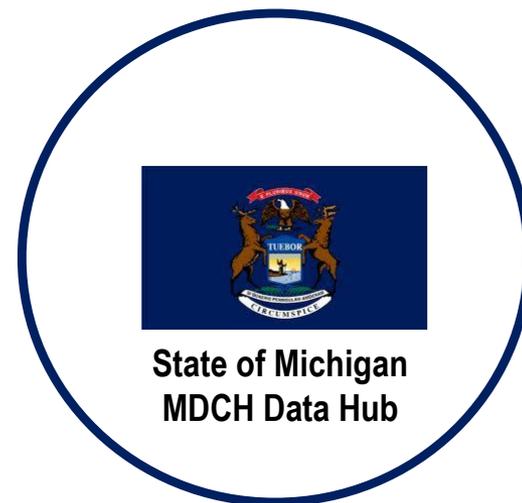
Michigan's Health Information Services Cloud (HISC)



Public Health Use Case-Vaccinations



VACCINATIONS



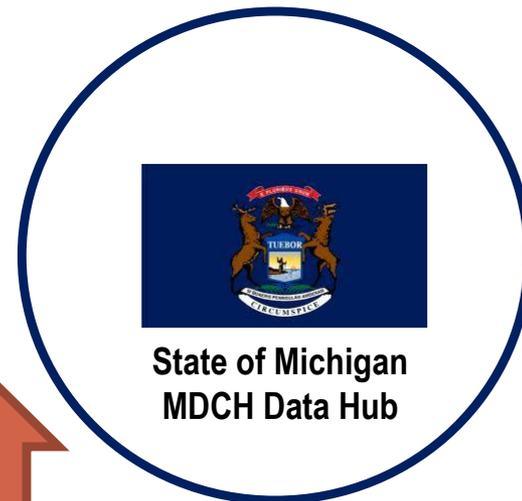
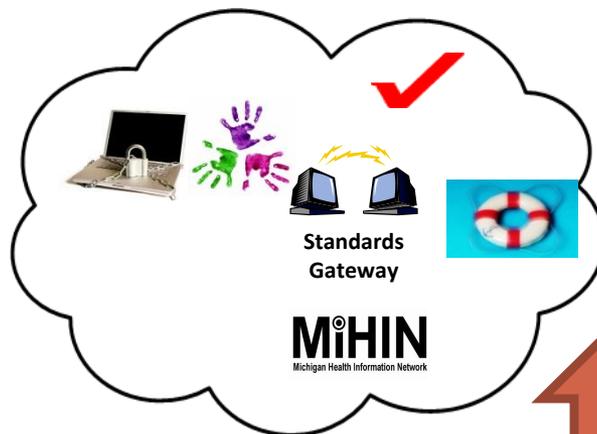
Public Health Use Case-Vaccinations Using DIRECT



VACCINATIONS



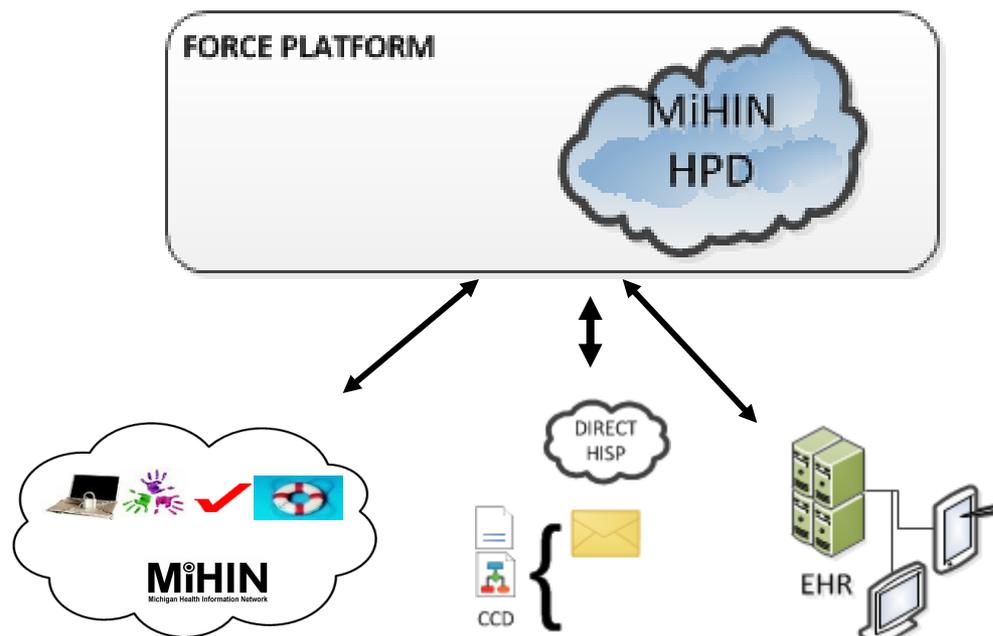
mcir@direct.mihin.org



**No Change
Required!**

Health Provider Directory (HPD)

- Serve as the source of trusted provider information for secure routing and HIE
- Sets the stage for provider relationship management
- Technology & vendor agnostic to “future proof” HIE evolution

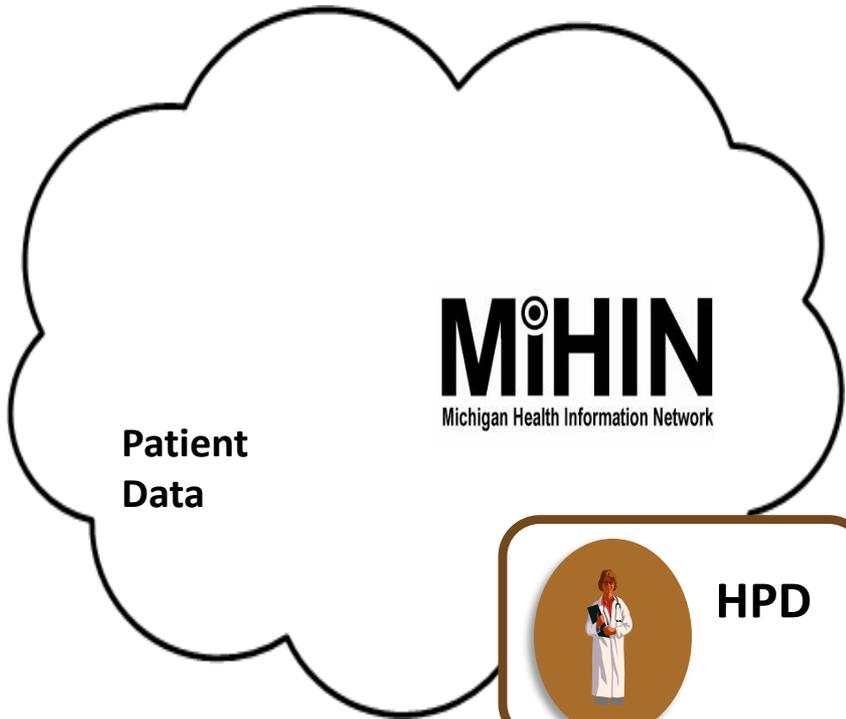


Complete Example MiHIN Service Evolution

HL7
ADT

MTM

High
Utilization
Alert



Sub-
State

Health
Plans



Care Team



Provider
Data from
message and
Attribution



SERVICE EVOLUTION

THANK YOU!

pletcher@MiHIN.ORG

See: WWW.MIHIN.ORG

Michigan HIE

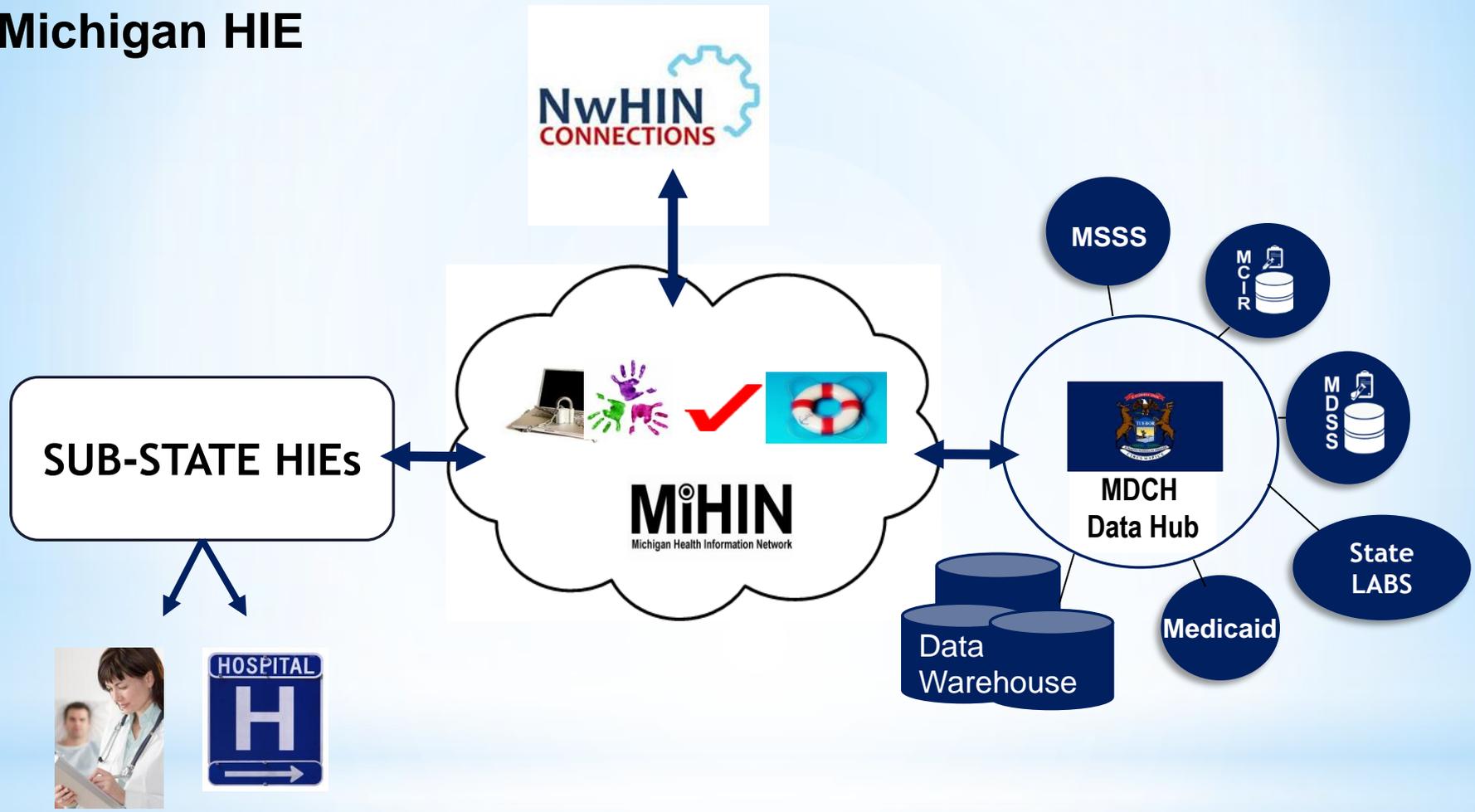
... The MDCH Data Hub

Presenters:

Tina R. Scott, MDCH

Cynthia Green-Edwards, MDCH

Michigan HIE



Doctors & Community Providers

MDCH Data Hub Goals

- * Support the EHR Incentive Programs and meaningful use objectives
- * Enhance interoperability of the Medicaid Enterprise
 - * Uniquely identify Michigan's citizens across multiple programs to improve health outcomes
 - * Uniquely identify providers across multiple programs to improve coordination of care
 - * Leverage infrastructure for new initiatives
- * Reduce fraud by increasing connectivity/communication among MDCH systems
- * Streamline data flow among MDCH systems and external partners
- * Enhance security

MDCH Data Hub

✓ MiHIN - MDCH Data Hub connection

* Use Cases

✓ Submit to MCIR

✓ Submit to MDSS

* Submit to MSSS

* MCIR from other states

* MCIR forecast/history

* State Labs - Send Lab Results

* PD - Provider Directory

* Medical

* Non-Medical

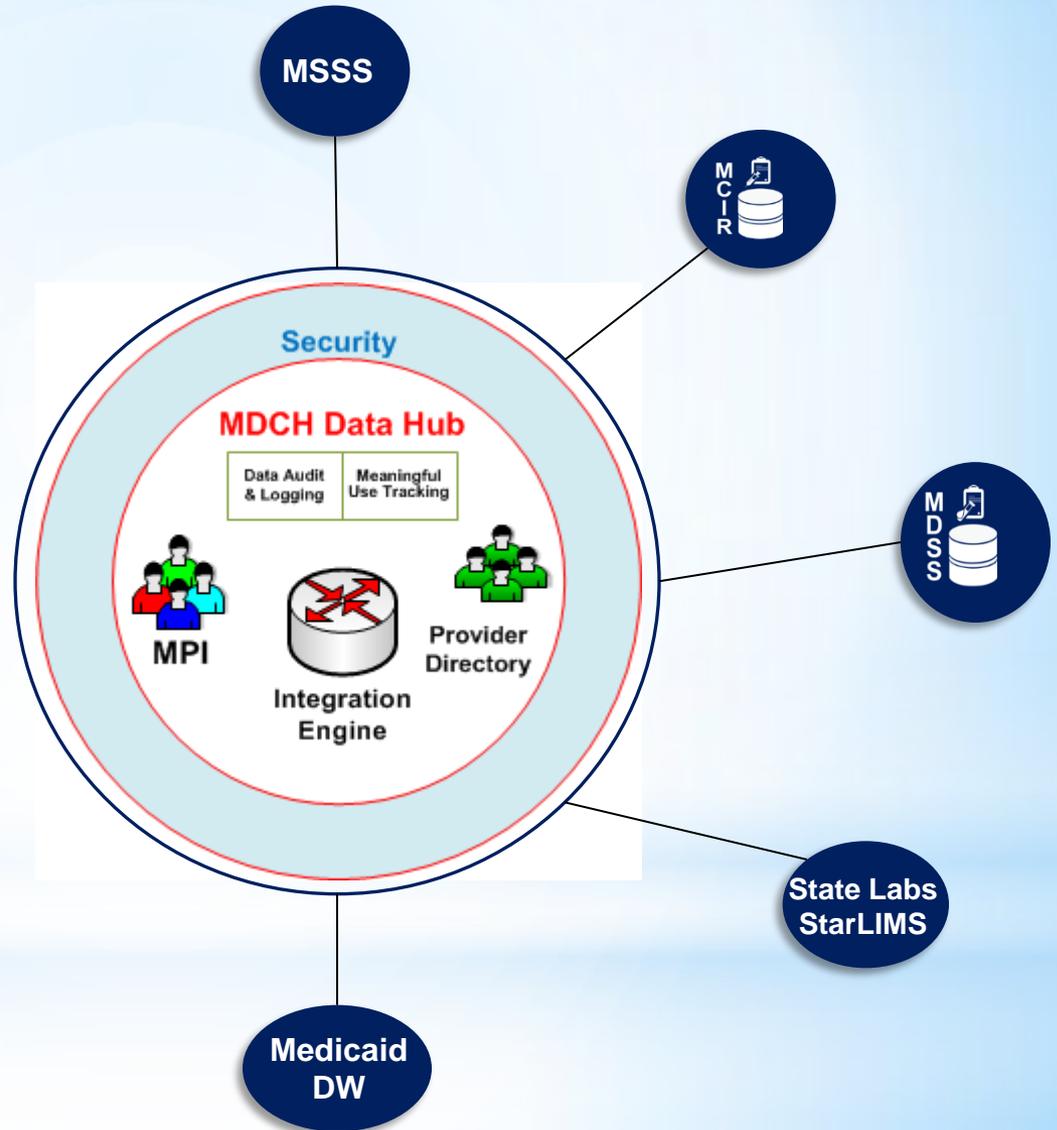
* Organizations

* MPI - Master Person Index

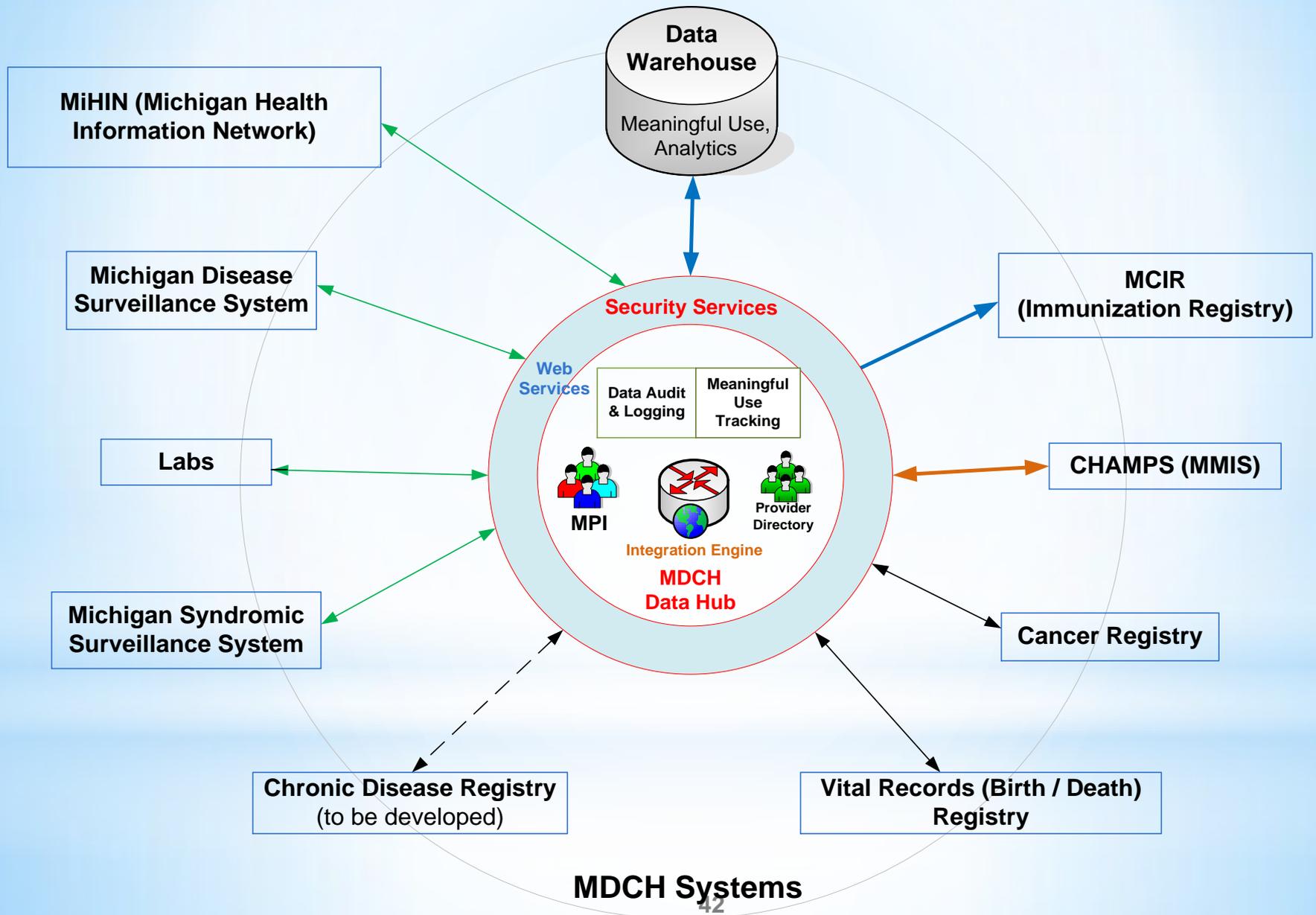
✓ Batch - Data Warehouse

* Real-time - underway

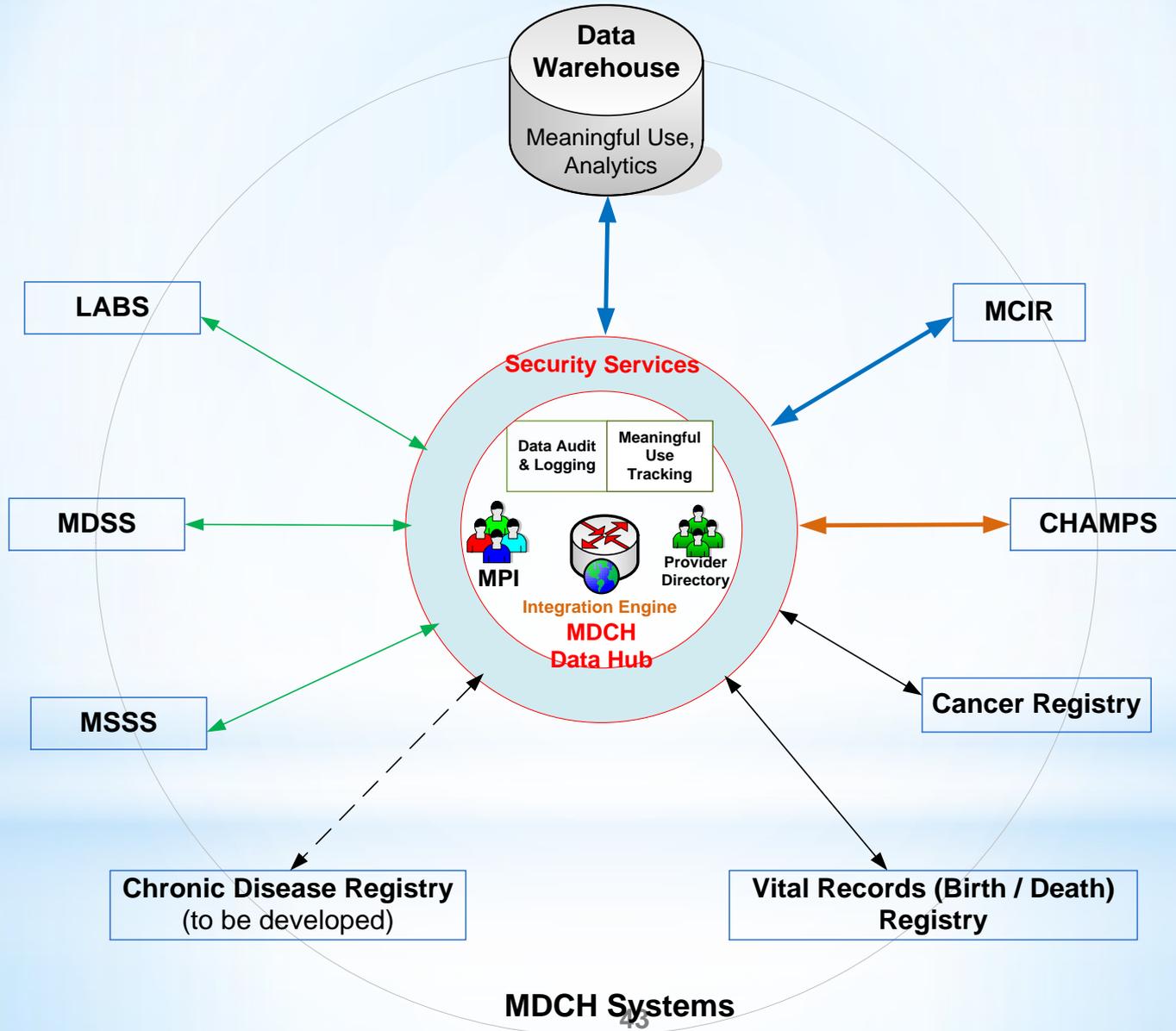
* Households



MDCH Data Hub



MDCH Data Hub



Future Outlook of State of Michigan Information Exchange



Master Person Index (MPI)

- What is MPI?
 - Matches and links person-level records across data sets
 - This matching and linking is required in order to integrate data from multiple sources
 - Data integration enables a 360-degree view of a person
- MPI/Data Integration Value
 - Enables assessment of longitudinal data from birth to end of life
 - Provides ability to analyze results, influence outcomes, reduce costs
 - Identifies duplicates within same source/system
- Current/future plans
 - Current - matching/linking 17 data sets in Michigan's Enterprise Data Warehouse (EDW)
 - Next - expand to include real-time source system data
 - Future - continue adding data sources (MDCH and other)
 - Future - identify members of a household
 - Future - add Provider Index (matching/linking/identification of Provider-level records)

Provider Index (PI)

- * Collaboration with MiHIN for development of Health Provider Directory
- * Leverage development to expand to Provider Index
 - * Include provider/organizations beyond HIE



MDCH Data Hub

***Questions?**

ScottT1 @Michigan.gov