Hewlett Packard Enterprise

2016 Annual Medicaid Conference

Department of Health and Human Services
Division of Health Care Financing and Policy
Hewlett Packard Enterprise

October, 2016

Brian Sandoval
Governor

Richard Whitley, MS
Director

Health Information Technology for Economic and Clinical Health (HITECH) Act

Department of Health and Human Services

Prepared & Presented by:

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Objectives

- Promote an understanding of HIT initiatives:
  - Electronic Health Records (EHR) Program
  - Health Information Exchange (HIE)
- Understand what we do, who does it and why
- Understand program participation criteria
- Questions and Answers

Overview

- The American Recovery and Reinvestment Act (ARRA) of 2009 included as much as $27 billion to be expended over 10 years to support the adoption of electronic health records (EHRs).
- Enacted as part of ARRA, the Health Information Technology for Economic and Clinical Health Act (HITECH Act) supports the adoption of electronic health records by providing financial incentives under Medicare and Medicaid to hospitals and eligible professionals who adopt, implement, upgrade, and demonstrate "meaningful use" of certified EHR technology.

About the HITECH Act

- Provides funding to States for encouraging and incentivizing the adoption and use of EHR technology in a meaningful way – aka "Meaningful Use".
- Provided incentives to eligible providers of as much as $62,750 over 6 years
    - Physicians, nurse practitioners, dentists, certified nurse mid-wives and physicians assistants in FQHCs and RHCs.
- Hospital payment are based on patient discharges and could be as much as $2 million dollars.
    - Acute Care, Cancer and Children's hospitals

Why EHRs?

- Support complete, accurate, and searchable health information
- Enhance the quality and reliability of health care
- Support more-efficient and convenient delivery of care
- Reduce unnecessary or repetitive tests or procedures
- Support earlier diagnosis and characterization of disease
- Improve health outcomes and reduce costs
- EHRs support reductions in adverse events
- EHRs support increased efficiency in administrative tasks
- Improve the monitoring of patient care

Meaningful Use

Meaningful Use is using certified EHR technology in a meaningful manner; ensuring that the certified EHR technology is connected in a manner that provides for the electronic exchange of health information to improve the quality of care.

Goals of Meaningful Use:

- Engage patients and families in their health care
- Improve quality of care
- Improve care coordination
- Improve population and public health
- All the while maintaining privacy and security

EHR Payments

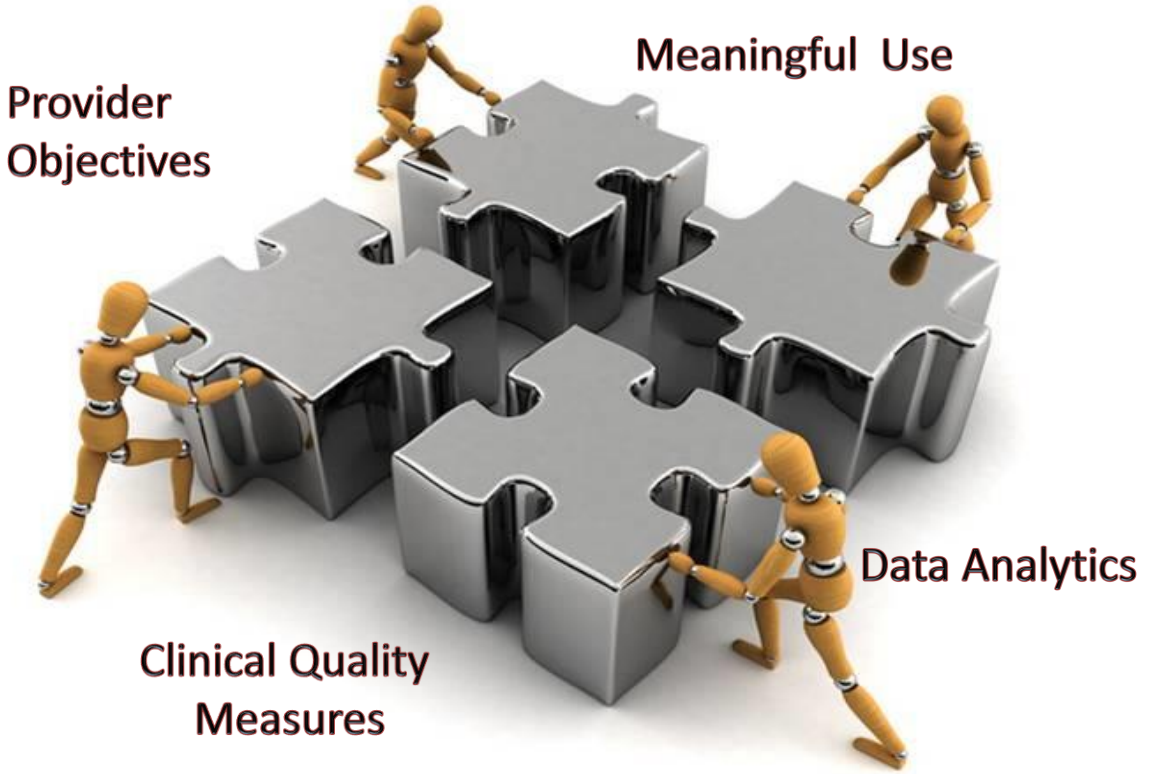
Total Dollars Paid YTD $50.1 Million

31 Unique Hospitals

615 Unique Providers

Health Information Technology

Putting the Pieces Together



Recent Changes

- CMS updated guidance to State Medicaid Directors in February 2016 to expand the scope of HITECH funding
  - ➢Specifically expand the scope of 90/10 funding
    - CMS provides 90% of funding and State provides 10% of funding

- Expansion guidance also broadened the settings or providers that qualified for HITECH programs
  - ➢This HITECH funding is expanded for Health Information Exchange Initiatives

What's possible with HITECH Funding

- Funding may be available to help with design, development and implementation of a range of HIT efforts, to include things like:
  - Onboarding to a statewide provider directory
  - Care plan exchange (unidirectional or bidirectional)
  - Query based Health Information Exchange
  - Onboarding to encounter alerting systems
  - Public health systems (like syndromic surveillance & trauma registries)

Projects

- Division of Public and Behavioral Health (DPBH)
  - ➢Current
    - Cancer Registry connection to HIE
    - Electronic Lab Reporting (ELR) Registry connection to HIE
  - ➢Future
    - Nevada State Public Health Lab (NSPHL) connection to HIE
    - Southern Nevada Health District connection to HIE
    - Vital Records Registry connection to HIE
- Division of Health Care Financing and Policy (Nevada Medicaid)

How it Works

- Nevada Medicaid requests funding from CMS and funding goes directly to the state Medicaid agency
  - Funding is in place until 2021 – 90/10 Federal State match
  - State is responsible for providing 10%
  - Funding is for HIE and interoperability only, not for EHRs
  - Funding is for implementation only, not operational costs
  - All providers or systems supported by this funding must connect to Medicaid Eligible Providers
    - The funding must be cost allocated if other entities than State Medicaid benefit
- Funding requests will be coordinated with the State Medicaid Health Information Technology Plan (SMHP).

DHHS Initiatives

- Establishment of new Health Information Technology Unit
  - HIT Project Management
  - HIT Data Analytics
  - Statistical Analysis
  - Medicaid Caseload projections
- Oversight of all department HIT efforts
- One source of HIT communication
- Streamlined data requests

References

- https://www.medicaid.gov/federal-policy-guidance/downloads/SMD16003.pdf

Contact Information

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Questions?

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Fiscal Agent for Nevada Medicaid

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Hewlett Packard Enterprise-Fiscal Agent for Nevada Medicaid

- Follows Nevada Medicaid Policy
- Perform provider enrollment and revalidation
- Perform Fee for Service responsibilities:
  - Claims Adjudication
  - Customer Service Center
  - Authorizations
- Pre-Admission Screening and Residential Review (PASRR)
- Provider training
- Provider web portal
  - New Design
  - More functionality

Provider Web Portal

Provider Training

2016 Provider Training-Targeted Training Model

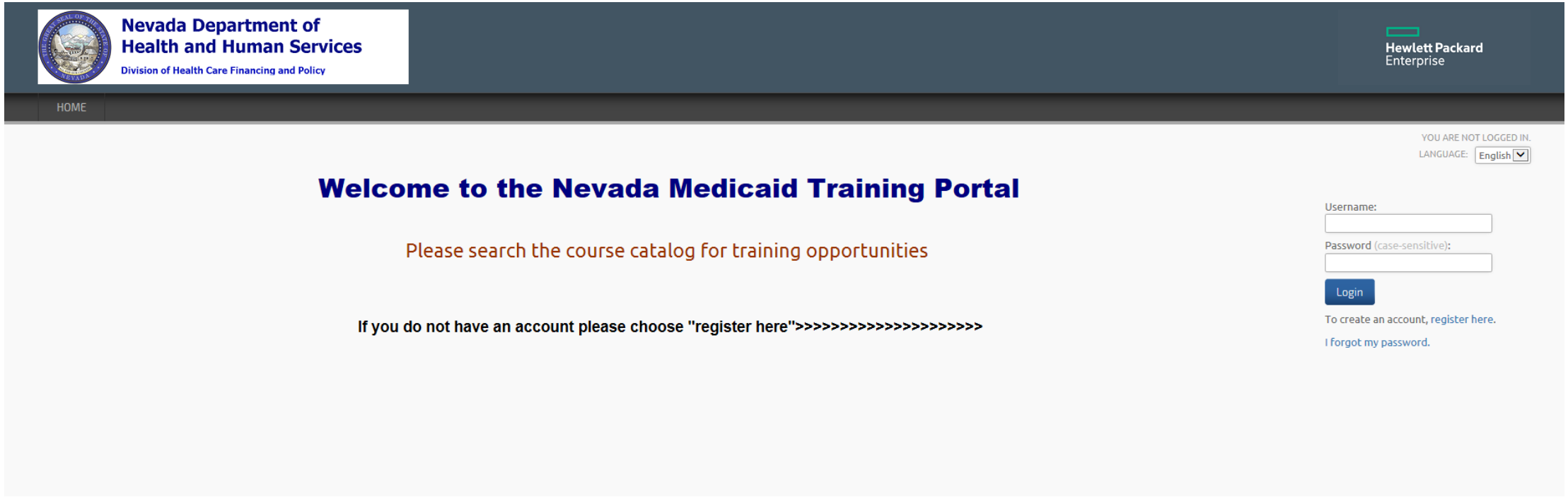
- **18** Targeted Training sessions completed in 2016:
  - Behavioral Health
  - Paramedicine
  - Nursing Facilities
  - Dental
  - Optometry
  - Personal Care Services
  - Indian Health Services
- New Provider Orientation
- Revalidation Days

Provider Training in 2017

- Larger targeted training opportunities
  - Instructor-led
  - Virtual Room
  - Statewide Training
- Topics to include:
  - Electronic Data Interchange
  - Navigating EVS: Eligibility, Prior Authorizations, Claim Status
  - Paperless initiative
  - Policy updates with DHCFP Staff members
- Computer Based Learning opportunities via the new training portal on www.medicaid.nv.gov

Training Portal

www.medicaid.nv.gov



Provider Field Representatives

Hewlett Packard Enterprise Fee for Service

Provider Field Representatives

- **Christi Cooper,** Las Vegas
  - Personal Care Services Specialty
- **Marissa Fritz,** Las Vegas
  - Dental Specialty
- **Ismael Lopez-Ferratt**, Las Vegas
  - Behavioral Health Specialty
- **Jennifer Shaffer**, Reno
  - Facilities and Out of State Providers
- **Kim Teixeira**, Reno
  - Indian Health Specialty
  - Waiver Programs
  - School Based
  - Hospice Specialty

Breakout Session

Ground Rules

Breakout Session Ground Rules

- Only one conversation will go on at once
- Respect the speaker: Do not take part in side conversations; listen and ask clarifying questions
- Every issue identified in the workshop will have follow-up
- No phone calls are allowed during the session, please keep your phones on silent
- Confine your discussion to the current topic
- Avoid specific examples that would include PHI
  - Contact information will be provided on the presentation for one on one follow up as needed

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Thank you

Please proceed to your breakout session following a 15 minute break.