

## CHCANYS Annual Conference October 21, 2014

Taylor Mrazek
Director, HIE Adoption & Marketing
tmrazek@thinc.org



### **Overview**

- 1. THINC: Brief Summary
- What is a HISP?
- 3. Direct
  - What is it
  - What does it do
  - How can you get it
- 4. FQHC Incentive overview
  - Multiple RHIO Connection
- 5. FQHCs in Hudson Valley
- 6. Contact Information



### **Brief Summary**

www.thlnc.org

#### **THINC's MISSION**

To advance health care quality and coordination of care among health care organizations in the Hudson Valley Sponsors health care transformation initiatives

- Promotes health information technology adoption and secure health information exchange (HIE)
- Sponsors activities that enable population health and quality improvement
- Supports and sponsors rigorous independent evaluation



## Geography

www.thlnc.org

### **Hudson Valley of NYS**

- THINC covers a discreet geographic area
- Westchester, Putnam,
   Dutchess, Rockland,
   Orange, Ulster and Sullivan
   Counties





## Direct



## DIRECT What is it?

- Direct provides a secure, standards-based way for participants to send authenticated, encrypted personal health information directly to trusted recipients across the street and across the country-regardless of who has which EHR system.
- In other words, Direct enables point-to-point, encrypted transmission of a patient's care summary
- From one provider/organization to one other provider/organization
- Direct uses a "HISP" to enable the transmission



# Health Information Services Provider (HISP)



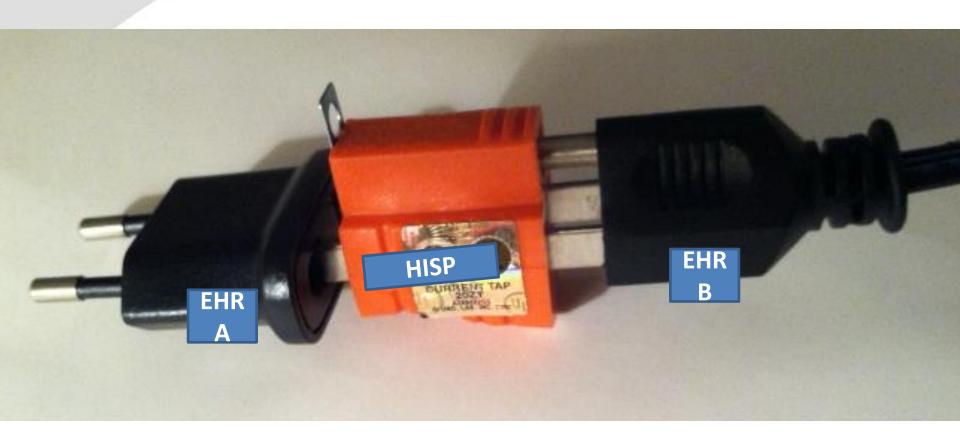
## **HISP**

www.thlnc.org

A Health Information Services Provider (HISP)
is an organization that manages security and
transport for health information exchange
among health care entities or individuals using
the <u>Direct</u> standard for transport



## Direct Connects Disparate EHR Systems



\*A HISP is a health information service provider



## Health Information Service Provider (HISP)

www.thlnc.org

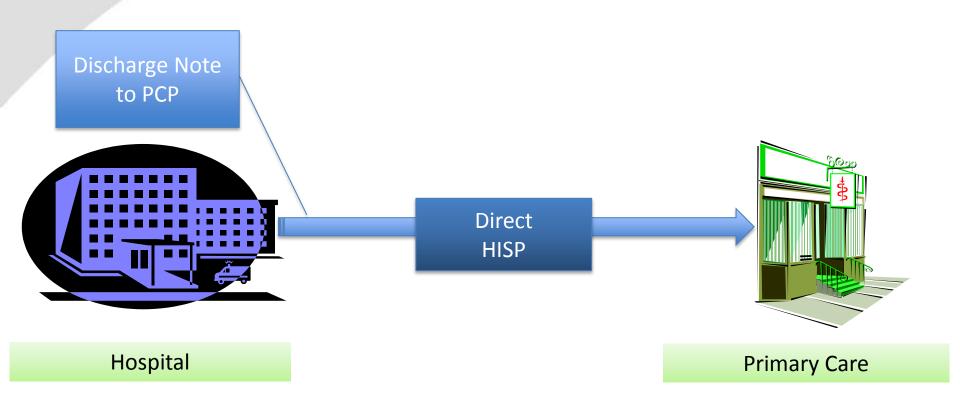
• The HISP is like FedEx. They deliver the package but they don't open or change the package. Also, they track the package and can report on its delivery (but not whether it was opened)





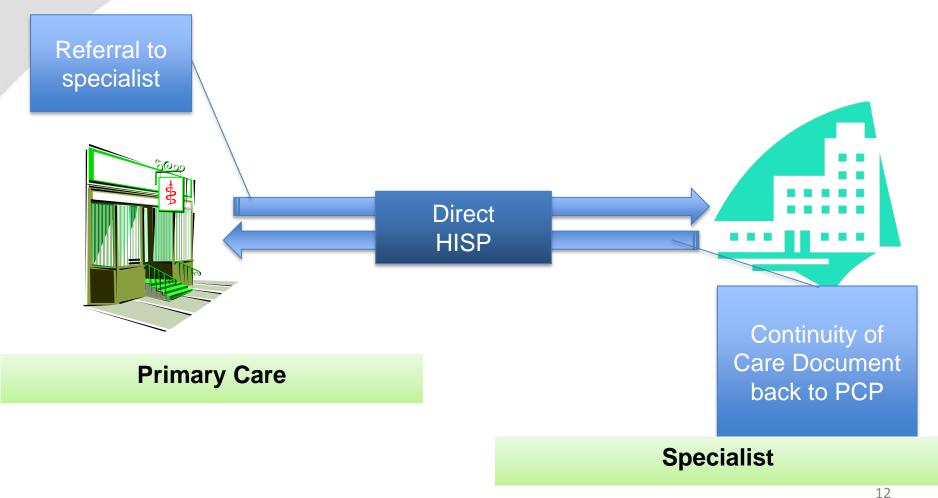
Network and

Direct Use Case: Hospital Discharge



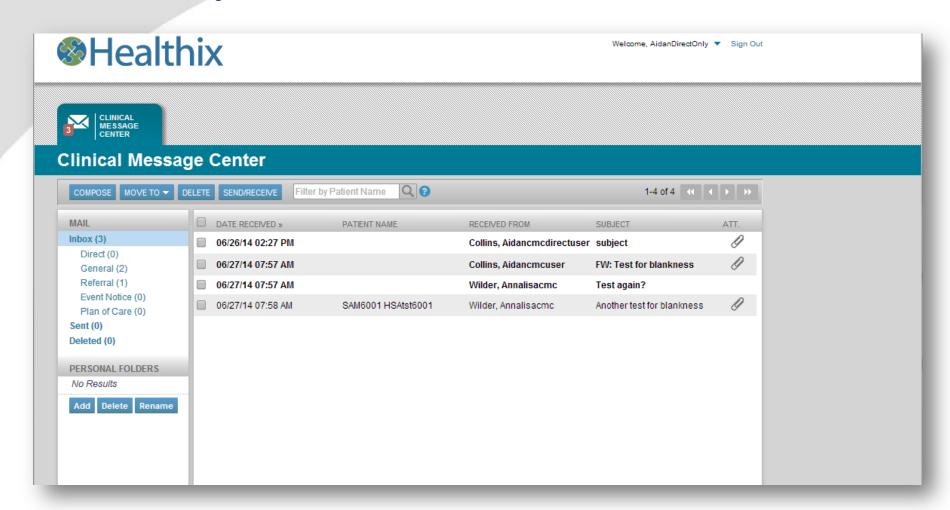


### **Direct Use Case: Closed Loop** Consultation



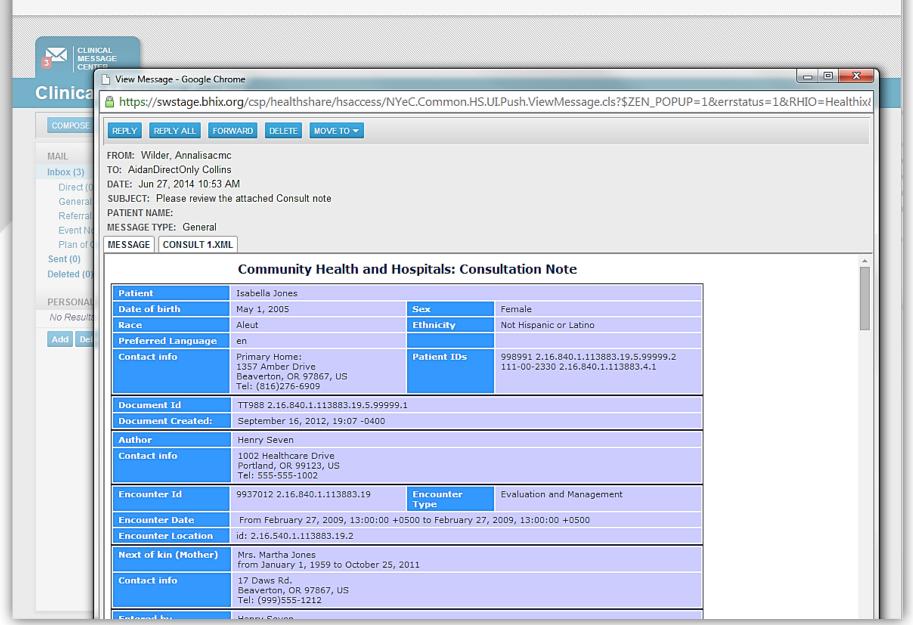


### Healthix Direct Clinical Message Center











### Direct: how do you get it

www.thlnc.org

1. Through your EHR Vendor

2. If no EHR, stand alone Direct inbox service



## Direct through EHR Vendor

www.thlnc.org

### • Steps:

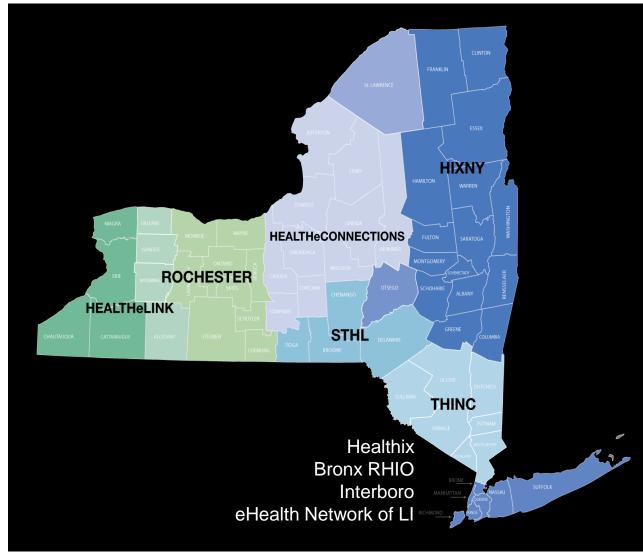
- 1. Upgrade to MU2 Version of EHR
- 2. Ask EHR Vendor what HISP they work with
  - Examples:
    - E-Clinical Works (ECW), has own HISP
    - GE Centricity, has multiple options for HISP
- Contract with EHR Vendor or 3<sup>rd</sup> party Direct service and Testing Phase- sending messages via HISP & provisioning Direct addresses
- 4. Live and able to send/receive messages



### Steps:

Contact your local RHIO

## No EHR? Use Stand Alone Direct Inbox





## No HER? Cont'd 2<sup>nd</sup> Option for Direct

www.thlnc.org

- Commercial Services
  - Med Allies Mail
    - www.medallies.com/medallies-mail-tm-.html
  - Mirth Mail
    - www.mirthcorp.com/products/mirthmail
  - RelayHealth
    - https://app.relayhealth.com

\*\*Cost varies by EHR Vendor, starts from \$120-\$180 per direct address, can increase from there



## Direct and Meaningful Use Stage 2



## Meaningful Use Stage 2, Core Objective 15 Summary of Care Referrals

### Stage 1 - Menu

 Provide a summary of care record for more than 50% of transitions of care and referrals

### Stage 2 - Core

- Provide a summary of care record for more than 50% of transitions of care and referrals
- Summary of care record for more than 10% of such transitions of care and referrals must be transmitted electronically
- Conduct one or more successful electronic exchanges of a summary of care record with a recipient using technology designed by a different EHR developer than the sender's





## FQHC Data Exchange Incentive



## FQHC Data Exchange Incentive

www.thlnc.org

### **Objective:**

To increase Clinical Data Exchange contributions from Practices and their Medicaid Eligible providers.

### Goal:

 Enlist at least 3,000 new Medicaid providers who will be contributing clinical data. Practices will execute new Qualified Entity\* (QE) Participation Agreements (PA).

<sup>\*</sup> Qualified Entity – Previously referred to as Regional Health Information Organizations (RHIO)



## FQHC Incentive Eligibility

- Organization needs to have a signed QE Participation Agreement AND agree to contribute at least 5 of 7 Clinical Data Elements
  - Clinical Data Elements include: Demographics, Encounters, Labs, Allergies, Medications, Procedures, & Diagnoses
- The Go-Live of Clinical Data Exchange needs to occur **AFTER** 4/1/2014
  - If Organization was sending only ADT or Demographics prior to April 1, 2014, it can be eligible if it upgrades exchange capability to include at least 5 of 7 Clinical Data Elements required for this program
- A maximum of 40 Eligible Providers per FQHC eligible for Incentive payments
- Organizations need to attest they will keep the connection active and contribute data for a minimum of one year\*\*

<sup>\*\*</sup> There will be a claw-back of incentive payment if organization terminates clinical data sharing before one year from Go-Live



## FQHC Incentive Provider Eligibility

www.thlnc.org

Medicaid providers who are registered as **active fee-for-service** providers via DOH MEIPASS System. These providers must meet the **30% Medicaid** patient encounter threshold as defined by DOH. (<a href="https://www.emedny.org/meipass/ep/elig.aspx">https://www.emedny.org/meipass/ep/elig.aspx</a>)

Eligible Providers (EPs) types include:

Physicians: MDs and DOs

**Dentists** 

Mid-Levels: Nurse Practitioners or Certified Midwives

Physician Assistants who practice in FQHC or Rural Health Clinic (RHC) led by a

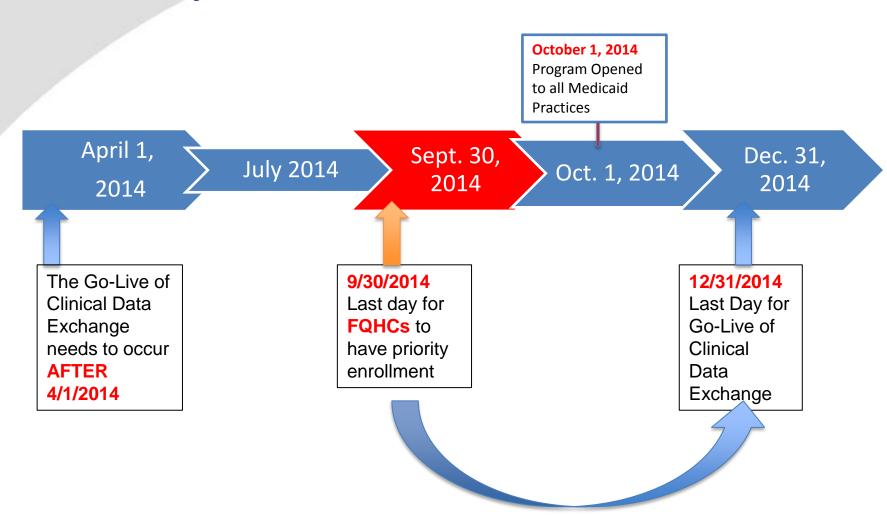
PA

Pediatricians (Can qualify at a 20% Medicaid patient volume as defined by DOH)

Providers must be MU Stage 1 eligible



## FQHC Incentive Timeline





## FQHC Incentive Payments

Requirement	Payment
Organization confirms that it has a signed QE Participation Agreement & Attests to contribute clinical data for 1 year	\$ 2,000 (20% of \$10,000)
Organization Attests EHR Interface's "Go- Live" date (i.e. It is contributing 5 of 7 Clinical Data Elements: Demographics, Encounters, Labs, Allergies, Medications, Procedures, & Diagnoses)	\$8,000 (80% of \$10,000)
Organization Attests on behalf of its EPs (up to a maximum of 40 providers)	\$500 per provider (Maximum of \$20,000)
Maximum Payment per FQHCs or FQHC Look-Alike	\$30,000



## FQHC Incentive Program Invoice Process

Payment for Attestation	Requirements
Attestation A	<ul> <li>FQHC and QE Attest QE Participation Agreement is executed (Signed by both QE and FQHC)</li> <li>Organization submits Attestation A to NYeC for payment</li> </ul>
Attestation B	<ul> <li>FQHC and QE attest Organization is contributing 5 of the 7 data elements (Signed by both QE and FQHC)</li> <li>Organization submits Go-Live Attestation B (including list of providers) to NYeC for payment</li> </ul>



## FQHC Incentive Multiple RHIO Connection

- If your FQHC crosses RHIO regions and you want to have connections with multiple RHIOS, this is allowable
- Contact your local RHIO to discuss the specific documentation requirements to draw down the incentive more than once for multiple regions



### **Hudson Valley FQHCs**

- Open Door Family Medical Center (fully engaged, signed PA)
- 2. Hudson River Health Care (fully engaged, signed PA)
- 3. Mt. Vernon Neighborhood Health Center (outreach needed, contact me if you are here)
- Greater Hudson Valley Family Health Center (fully engaged, signed PA)
- 5. Institute for Family Health (fully engaged, signed PA)
- 6. Ezras Choilim Health Center (fully engaged, signed PA)
- 7. Middletown Community Health Center (outreach needed, contact me if you are here)
- 8. Refuah Health Center (Currently working with, reviewing participation agreement)



## FQHC Incentive Program Contact Info

www.thlnc.org

Primary NYeC contact is:

Peggy Frizzell

pfrizzell@nyehealth.org

Phone: 646 619 6562

Primary CHCANYS contact is:

Lisa Perry

lperry@CHCANYS.ORG

Phone: 212 710 3815



## **Hudson Valley Contact**

www.thlnc.org

## **Taylor Mrazek**

Director, HIE Adoption & Marketing p/ 845-896-4726 ext. 3051 f/ 845-896-9306

tmrazek@thinc.org www.thinc.org