CalHIPSO

California Health Information Partnership & Services Organization

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The California Technical Assistance Program

CalHIPSO

CalHIPSO was founded in 2010 by the California Primary Care Association (CPCA), the California Medical Association (CMA) and the California Association of Public Hospitals and Health Systems (CAPH). As the largest of 62 federally designated Regional Extension Centers (REC), CalHIPSO helped over 10,000 providers in California navigate the complicated world of electronic health record adoption.

DHCS CA Technical Assistance Program (CTAP)

- CalHIPSO 3,028 EPs
- HITEC LA 2,165 EPs
- Object Health 1,442 EPs
- COREC 865 EPs

7,500 EPs!!!

- $37,500,000 for providing technical assistance to 7,500 Medi-Cal Eligible Professionals (Federal Gov't 90%)

- http://www.dhcs.ca.gov/provgovpart/rfa_rfp/Pages/OMCPehripHOME.aspx

CTAP (California Technical Assistance Program)

- "The purpose of the procurement is to continue the type of technical assistance services previously provided by the RECs while expanding the scope of services to include specialists and providers practicing in medium or large size practice settings."

Medi-Cal EP and CTAP Definitions

- A Medi-Cal Eligible Professional: EP includes physicians, nurse practitioners, dentists, certified nurse midwives, optometrists, and physician assistants (at a PA- Led FQHC or RHC) who, individually or with a group, *meet the 30% Medicaid encounter volume* (20% for pediatricians) requirement for the Medi-Cal EHR Incentive Program
- Solo practitioner: An EP who works 50% or more of his/her time at a location at which there is only one EP
- Specialist: Dentist, optometrist, or board-certified or board eligible physician other than family practice, OB/GYN, pediatrics, or internal medicine

CTAP Milestones

a. Signed technical assistance agreement (Practice and EP levels)
b. EP has entered into a legally binding contract for health information exchange services (HIE)
c. EP is a Specialist or Solo Practitioner
d. DHCS approved AIU application
e. DHCS approved first year Stage 1 MU attestation
f. DHCS approved first year Stage 2 MU attestation
g. DHCS approved first year Stage 3 MU attestation
h. DHCS approved subsequent Stage 1, Stage 2, or Stage 3 MU attestation

- The MU milestones may change as a result of CMS 2015 – 17 Modification or other CMS Rule Makings

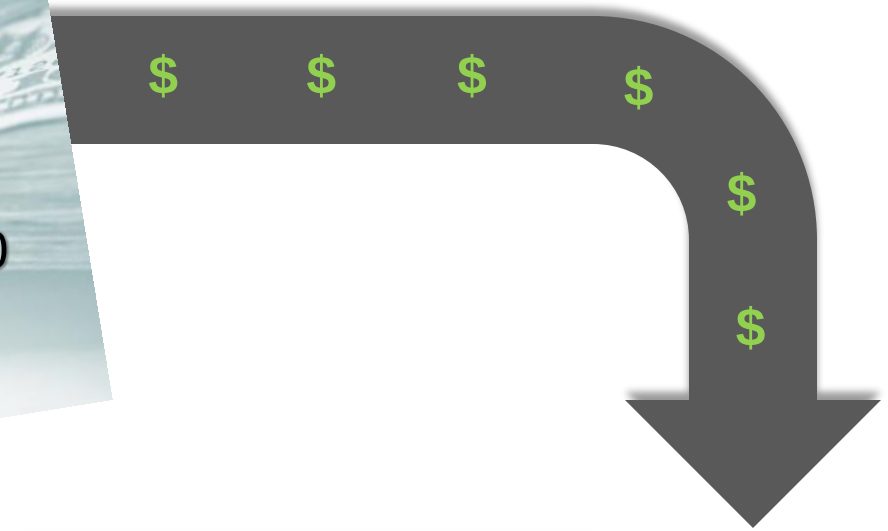
CTAP – CalHIPSO's Team

The CalHIPSO Local Extension Centers

- California Rural Indian Health Board
- Central Valley Collaborative
- Community Clinics Health Network
- Community Health Center Network
- eRecords
- Lumetra Healthcare Solutions
- Redwood Community Health Network
- San Diego County Medical Society Foundation
- Vigilance Health (formerly Gold Coast LEC)

The HITECH Act authorizes incentive payments

Medicare: up to $44,000
Medi-Cal: $63,750



$21,250 Year 1
$8,500 x 5 years

Eligible *Medicare and Medi-Cal* Providers who achieve ***"Meaningful Use"*** of certified EHR technology

Provider Type/License	Eligible for subsidized REC Services	Eligible for Medi-Cal Incentives[1]	Eligible for Medicare Incentives
Medical Doctor (MD)	YES[2]	YES[3]	YES[3]
Doctor of Osteopathy (DO)	YES[2]	YES[3]	YES[3]
Psychiatrists (MD)	NO	YES[3]	YES[3]
Dentist	NO	YES	YES
Nurse Practitioner (NP)	YES[2]	YES[3]	NO
Certified Nurse Midwife (CNM)	YES[2]	YES[3]	NO
Chiropractor	NO	NO	YES
Physician Assistant (PA)	YES[2]	YES[4]	NO
Psychologists	NO	NO	NO
Optometrists	NO	YES	YES
Podiatrists (DPM)	NO	NO	YES
Residents	NO	YES[3]	YES[3]

Note: This crosswalk shows historic CalHIPSO EP types under the ONC REC program

Medicaid EHR Incentive Program

	2011	2012	2013	2014	2015	2016
2011	$21250					
2012	$8500	$21250				
2013	$8500	$8500	$21250			
2014	$8500	$8500	$8500	$21250		
2015	$8500	$8500	$8500	$8500	$21250	
2016	$8500	$8500	$8500	$8500	$8500	$21250
2017		$8500	$8500	$8500	$8500	$8500
2018			$8500	$8500	$8500	$8500
2019				$8500	$8500	$8500
2020					$8500	$8500
2021						$8500
Total	**$63750**	**$63750**	**$63750**	**$63750**	**$63750**	**$63750**

MU Incentive Payments

- AIU – the first of 6 years participation $21,250
- MU - $8,500 each year, up to 5 years
  - Stage 1 Year 1 – 90 day reporting period
  - Stage 1 Year 2 – full year (unless 2014 or 2015)
  - Modified Stage 2 Year 1 – full year reporting
  - Modified Stage 2 Year 2 – full year reporting
  - Stage 3 Year 1 – full year reporting (if 2018+)
- 2016 – The last year to begin the Medi-Cal EIP
  (reporting period ends no later than 12/31/2016, attest by 03/31/2017)

Summary of the EHRIP

1. $21,250 payment is only for year 1; after that it is $8,500 per provider

2. Providers must start this year (2016) in order to receive the maximum incentive

3. To maximize incentives, organizations (and EPs) should no longer “Skip” program year participation

What we can do for you

With CTAP Enrollment, CRIHB and CalHIPSO can help your clinic with

1. Programmatic (CMS Policy)
2. Technical (CEHRT)
3. Advanced Health IT

What CTAP can do for you

1. Programmatic (CMS and CA DHCS EHR Incentive Program)

   - State Level Registry (SLR)
   - Understanding “Modified MU”
   - Implications of CMS proposed rule making
   - Progression through MU

What CTAP can do for you

2. Technical - Certified EHR

- Implementation
- Upgrades
- Reporting
- Best Practices – Workflow - Optimization

What CTAP can do for you

3. Advanced Health Information Technology
   - Patient Engagement
     - Portal
     - Health information sharing between the Primary Care Provider (PCP) and the patient
     - Secure Messaging
   - Health Information Exchange
     - Between the PCP and referral physicians

Your Participation in CTAP

Upon signing a CRIHB Practice Enrollment Agreement, each participating tribal/urban Indian health clinic gains access to up to **$3,600 per provider** in MU and Health Information Exchange (HIE) technical assistance services based on benchmarks achieved.

Tribal/Urban Indian health primary care, dental, and specialty providers can access technical assistance & support relative to:

- Modified Meaningful Use (MU) - achieving MU measures, reporting and attestation (Stage 1, 2 or 3 as applicable)
- Medi-Cal State Level Registry (SLR) and CMS National Level Registry
- Initiating participation with a Health Information Exchange (HIE)

Stages of Meaningful Use

- 2015 thru 2017 – Modified Stage 2
  - EPs can meet MU in lieu of AIU, same incentive dollars earned ($21,250)
  - If EPs are scheduled for Stage 1 (first or second year of Meaningful Use), there are 2015 “alternate” measures & exclusions available; 2016 has 1 measure offering an alternate path
- 2018 – Stage 3 (optional in 2017), requires upgrade to “2015 CEHRT”

Hardware/Software Needs

- As Meaningful Use moves into Modified Stage 2, clinics may need to invest in:
  - Patient Portal, with staff to maintain it
  - Connection to an HIE
  - Additional templates and interfaces may be necessary (i.e. Public Health Registry Reporting)
  - 2015 Certified EHRs (starting in 2017, required in 2018)

There is a lot involved in earning an EHR Incentive Payment…

- Eligibility
- Prequalification – based on OSHPD
- EHR Certification
- State Level Registry (SLR) and CMS Registry Use
- Managing participation years by EP
- Payment Adjustments
- CMS Revisions to the rules
- Meeting the measures
- Specialists must meet the same measures as other EPs

Medi-Cal State Level Registry – "SLR" The vehicle to submit attestations, managed by Xerox

- Requires CMS NPPES/PECOs, CMS Identity & Access, and CMS EHR Registration & Attestation System setup
  - Coordination between your MU, Billing, Credentialing, HR staffs
- An excellent repository of supporting documentation
- Group/Clinic Accounts allow for more EPs to be eligible for the incentive program
- Group Account information, after submitted, will populate some required fields in each EP's account
- **MUST** attest for each EP via an individual account in the SLR, do not be mislead by "Express Attestation" in the Group Acct

Administrative Burden - but if well managed, worth it!

Benefits of allocating FTE Time

- Have a designated Group Admin
- Keep the EPs doing clinical work!
- Consistency (audit worthiness)
- Clinic email so that providers are not burdened
- Efficient tracking of payments
- Efficient tracking of EP participation

Challenges

- Administratively burdensome
- Provider tracking required
- What should you be focused on during onboarding?
- Staffing – SLR is time consuming
- MU Gap Analysis – monthly!

Return On Investment?

- Can anyone quantify?
- Measuring
- Analysis

Questions

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