



Medi-Cal HIT Advisory Board

July 27, 2011

Location: 1501 Capitol Avenue
Room 71.6013

Dial In: 1-866-632-3743
Pass Code: 6066267#



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Agenda



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- Introductions
 - State Level Registry
 - Prequalification
 - Hospitals
 - Groups
 - Sequencing of Implementation
 - Pending Policy Issues
 - IAPD and SMHP

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State Level Registry



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- Hospital Portal
 - Testing began 7/26
 - Ready for launch 10/1
 - Remainder of Portal must be launched within 3 months of hospital
 - Level of effort and schedule not yet finalized with ACS

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State Level Registry



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- SLR will have 4 entry points
 - Hospital
 - Group
 - Provider
 - Proxy
 - Group portal will allow group representatives to enter provider NPIs and the group's patient volumes
 - Proxy portal will enable provider representatives to enter all, except group, data on behalf of providers but not to attest
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Prequalification



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- Providers
 - Fee for service—all providers with 1116 (but not more than 4000) encounters in 2010 based on claims and encounter data—8% of providers
 - Managed Care—318 (but not more than 2000) active panel patients in 2010 based on encounter data—6% of providers
 - Clinics
 - 30% Medicaid or Needy Individual volume in 2010 according to OSHPD data—FQHCs (83%/97%)
Others (49%)
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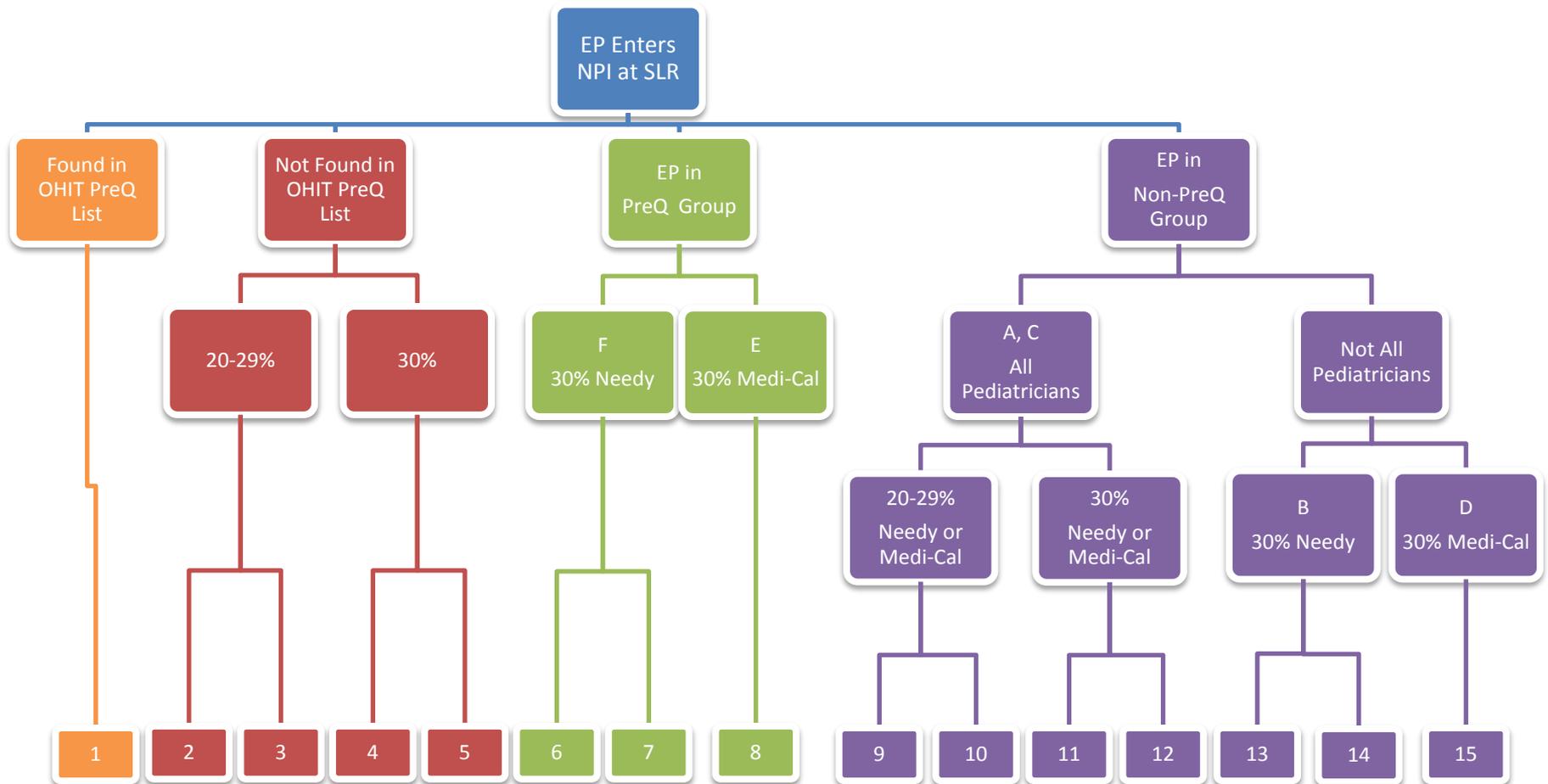
Prequalification



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- Will greatly simplify DHCS prepayment verification and post-payment auditing
 - Will only be able to prequalify about half of eligible providers. Remainder will apply through regular channels in the SLR
 - Complicates design of the SLR

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EP Figure 1. Generation of EP Types





Sequencing of Implementation



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- Group access to SLR will be implemented before provider access
 - Group representatives will designate the group members. If providers come in and are not found in a group they will be asked to enter their own patient volume information
 - Providers entering first could prevent groups from forming
 - How much of a head start should groups get?

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Hospitals



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- “Prequalification lite”—use new Hospital Workbook for hospitals to submit qualification data and payment data before SLR opens
 - Hope to get additional staff from A & I to help access these “paper” submissions
 - We are waiting for final CMS approval of the Hospital Workbook. Will meet with CMS in next week.

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Pending Policy Issues



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- 1115 Waiver—expansion of Medicaid encounter definition
 - Definition of a Group
 - Adoption Entity
 - Optometrists
 - Tribal Clinics

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1115 Waiver



Definition of encounter:

- (1) Services rendered on any one day to an individual where Medicaid or a Medicaid demonstration project under section 1115 of the Act paid for part or all of the service; or
- (2) Services rendered on any one day to an individual for where Medicaid or a Medicaid demonstration project under section 1115 of the Act paid all or part of their premiums, co-payments, and/or cost-sharing.

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Definition of Group



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- CMS is leaving this up to the state
 - Working definition:
 - Must have an NPI
 - Must be present in Medi-Cal Provider Master File
 - Implications
 - Multiple groups may be lumped together—thus qualifying more providers
 - The larger the group the more difficult it will be for DHCS to verify patient volumes, except in the case of clinics where OSHPD can be used.

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Adoption Entities



Medicaid EPs may assign their incentive payments to a TIN for an entity promoting the adoption of EHR technology provided:

- The State has established a method to designate entities promoting the adoption of EHR technology that comports with the Federal definition in § 495.302.

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Adoption Entities



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- The State publishes and makes available to all EPs a voluntary mechanism for reassigning annual payments and includes information about the verification mechanism the State will use to ensure that the reassignment is voluntary and that no more than 5 percent of the annual payment is retained by the entity for costs not related to certified EHR technology.

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Optometrists and Tribal Clinics



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- DHCS is preparing a State Plan Amendment to designate optometrists as equivalent to physicians. May not be in place by time of EP enrollment
 - Tribal Clinics—CMS has decided to allow tribal clinics to be considered equivalent to FQHCs for the purposes of the program

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Questions?



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Resources



Center for Medicare and Medicaid Services

<http://www.cms.gov/EHRIncentivePrograms>

California Department of Healthcare Services

<http://www.dhcs.ca.gov/Pages/DHCSOHIT.aspx>

Medi-Cal State Level Registry

<http://medi-cal.ehr.ca.gov/>

Send questions to:

Medi-Cal.EHR@dhcs.ca.gov

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