



Wyoming
Department
of Health

Commit to your health.

HIE Panel Discussion WMS Meeting, 2009

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American Recovery and Reinvestment Act of 2009 (ARRA)

- 2 Billion dollars to start the office of the National Coordinator
- \$46.8 B for HIT
 - ✓ \$23.1B for Medicare Incentives
 - ✓ \$21.6B for Medicaid Incentives
 - ✓ \$1.05 B for Medicaid Administration costs
 - ✓ \$1.045 B For CMS administrative costs

Medicaid Incentives

- Section 4201 of the Recovery Act established 100 percent Federal Financial Participation (FFP) to States for incentives to eligible Medicaid providers to purchase, implement, and operate certified electronic health records (EHR) technology and established 90 percent Federal Financial Participation (FFP) for State administrative expenses related to carrying out this provision. Many States have been moving toward interoperable health care technology and information exchange for the last several years. This provision affords States and their Medicaid providers with a unique opportunity to leverage these existing efforts to achieve the vision of interoperable information technology for health care with State Medicaid agencies playing a critically important role in fulfilling that vision.

Medicaid Incentives

- Up to \$25,000 in the first year
- Up to \$10,000/year for up to 5 years
- Total \$75,000/provider
- Eligible professionals- Physician (except Hospital Based) , dentist, CNM's, PA in PA led rural Health Clinics
- Must demonstrate “Meaningful Use”

Medicaid Incentives

- Must have 30% of practice be enrolled in Medicaid (20% if pediatrician)
- 50 practices currently qualify
- 18 OB
- 13 FP
- 19 Pediatric

Medicare Incentives

- Same general stipulations as Medicaid.
- First year \$18,000
- \$12,000
- \$8,000
- \$4,000
- \$2,000
- Total \$44,000

Carrots and Sticks

- 2011 – 2014
 - Incentive payment per physician using EHR (formula)
 - No payment reduction for not using EHR
- 2015⁺
 - No incentive payment for using EHR
 - Payment reduction for not using EHR - starts at 1% (2% for no e-Pre), to 3% by yr 3
 - possibly 5% if Sec HHS determines <75% using]

Other issues

- Privacy Issues
 - Accounting of certain protected HI disclosures required if covered entity uses EHR
 - Requested restrictions on certain disclosures of HI
 - Notification in case of breach
 - New enforcement provisions
- Certification by the ONC
- EHR vs. HIE
- E-prescribing

E-Prescribing Incentives and Penalties

- Bonus for e-prescribing
 - 2009%2010: Two percent
 - 2011&2012: One percent
 - 2013: One half percent
- Failure to e-prescribe
 - 2012: One percent reduction
 - 2013: 1.5 percent reduction
 - 2014: 2 percent reduction

Total Health Record

- Designed to meet all ARRA criteria
- ACS was bid winner
- Currently in Contract Negotiations
- If Contract signed will have 12 months to become fully operational, meeting ARRA timeline.
- Will create true HIE
- No cost to

Telehealth

- Passage of HB 281 created official public private consortium
- \$2 Billion to HHS
- \$4.7 Billion for Broadband
- \$85 Million for IHS HIT
- OCIO is conducting Statewide survey of Broadband needs

Telehealth

- Currently can get CME at any Hospital except Lander and Evanston
- Setting up statewide scheduling system
- Telehealth.health.wyo.gov
- We are collecting people interested in participating for the ARRA grant.
- State Hospital willing to help with Psychiatry
- Let us know if wanting to participate

Telehealth Directions

- Continue CME
- Expand Clinic visits
- Technology to transmit images and data
- Emergency Room Consults
- Issues around Credentials and Licensing

