New York State Department of Health
Medicaid Incentive Payment System (MIPS)
External Stakeholder Feedback

Greater New York Hospital Association

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New York State Department of Health

99 Washington Avenue

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Introduction

The American Recovery and Reinvestment Act (ARRA), signed into law on February 17, 2009, by President Obama, provided billions of dollars to states to implement Electronic Health Record (EHR) technologies. Administered through the U.S. Department of Health and Human Services' (DHHS) Center for Medicare and Medicaid Services (CMS), the Provider Incentive Payment Program provides incentive payments to eligible Medicaid and Medicare providers and hospitals to achieve "meaningful use" of EHR technologies. To inform and clarify the incentive payment program to the Medicaid provider community, the New York State Department of Health (DOH), Office of Health Insurance Programs (OHIP) provided more than thirty (30) presentations to stakeholder groups from throughout New York State. A number of stakeholder groups, in response, offered comment on the incentive program.

This document represents a summary of comments from the Greater New York Hospital Association (GNYHA). The GNYHA represents the clinical, financial, operational, and legislative interests of nearly 300 hospitals, long-term care facilities, and similar healthcare operations throughout the greater New York City are, New Jersey, Connecticut and Rhode Island.

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Greater New York Hospital Association – Introduction

The Greater New York Hospital Association's mission is to advocate, on behalf of its members and the communities they serve, for improved access to high-quality, cost-efficient healthcare and for the tools and resources to provide it. The GNYHA works to support the sound management of healthcare resources and to defend the hospital industry. Providing feedback to the Office of Health Insurance Programs were Zeynep Sumer and Elizabeth R. Wynn.

Collaboration

The Greater New York Hospital Association noted for the New York State Office for Health Insurance Programs (OHIP) the breadth and depth of past and current work from the Office for Health Information Technology and Transfer (OHITT), the Regional Health Information Organizations (RHIOs), and the New York eHealth Collaborative (NYeC). The pace of work from these and other groups has left member hospitals in the GNYHA serving multiple masters, as each funding opportunity or local or regional Health Information Technology (HIT) effort has slightly different expectations, standards or policies. Ms. Sumer encouraged OHIP to continue to find collaboration among the HIT groups in New York State.

> *"We estimate about 59% of New York State's hospitals are participating in a RHIO. But of that 59%, 77% report they're not actively exchanging data. So, there's a lot of work to be done."*
>
> *Zeynep Sumer*

Meaningful Use and the Certificate of Need (CON) Process

Among the proposals from the Center for Medicaid and Medicare Services (CMS) is the notion of linking meaningful measures among hospitals with the Certificate of Need process. Hospitals are already purchasing and implementing Electronic Health Records (EHR) technologies that meet certification standards, and the systems are comprehensive. The solutions accomplish far more than simple point-to-point data transfer. Further, the CON process front loads activities and responsibilities typically accomplished throughout an

implementation or transition phase. For example, the CON process requires hospitals to be a member of a RHIO, but if the hospital has yet to implement EHR, there is no real reason to join a RHIO while the hospital is ramping up and building capacity. As Ms. Sumer said, "We estimate about 59% of New York State's hospitals are participating in RHIO. But of that 59%, 77% report they're not actively exchanging data. So, there's a lot of work to be done."

The GNYHA and its members agree that current meaningful use measures, as suggested by CMS, are too aggressive and beyond the capacity of the industry to meet within current time frames. Instead, the GNYHA proposes a flexible approach, one in which CMS identifies a full set of meaningful use, and then hospitals agree to a schedule based on individual capacity and special circumstances. Fundamentally, the schedule does not change. The metrics don't change; the end result is the same, but by giving hospitals a "cherry picking option," implementation is less strained and smoother.

Capital Funding

Upfront investment in EHR solutions is not insignificant for hospitals. Easily, $10 to $20 million is required simply to get started. However, the incentive payment program operates as reimbursement; hospitals must purchase a system before being eligible for funding. The GNYHA encourages OHIP to continue to work with CMS and others at the federal level on additional funding that would help under write or off set a hospital's initial investment.

> *"In our discussions with both House and Senate staff, we do believe that the original intent was to recognize individual campuses, and not to disadvantage any one provider relative to the other."*
>
> *Elizabeth Wynn*

Payment Processes

The GNYHA requests that CMS and others make allowances regarding payment to hospitals with multiple campuses. This contradiction between Medicaid ID and Medicaid provider number is confusing. The GNYHA recommends that incentive payments be campus-specific.

Further, the GNYHA recommends that OHIP work with CMS on similarly flexible payment processes that allow hospitals to take full advantage of the funding streams while maintaining momentum in meaningful use.

Educational Support

Ms. Sumer and Ms. Wynn recommended to OHIP that one counter to the current confusion and other unknowns regarding the incentive payment program is a series of educational forums and ongoing support. "It may make sense to have certain pieces of HIT education occur in a group setting," said Ms. Sumer. "Perhaps just a discussion of tools, vendor contracting, and the like. Our members would certainly welcome that."