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

UJA-Federation of New York

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New York State Department of Health

99 Washington Avenue

Albany, New York

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 United Jewish Appeal (UJA) Federation of New York. The UJA is a philanthropic organization supporting those in need, uniting and stregthening Jewish people in unity and inspiring passion for Jewish life and learning.

New York State Department of Health – Office of Health Insurance Programs

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United Jewish Appeal – Background

The UJA-Federation of New York has the support of 65,000 donors and brings impact to a multitude of issues that matter to Jews and all New Yorkers. The UJA regularly sponsors symposiums and conferences to stay abreast of changing needs. Drawing on cutting-edge research and guiding new research, the UJA stays positioned to respond quickly to unforeseen crises and opportunities. The UJA has built a network of more than 100 human-service, education, and community agencies. Providing feedback to the New York State Office for Health Insurance Programs (OHIP) were Edie Mesick and Dr. Jonas Waizer.

Serving Those in Need

Ms. Mesick, "The UJA Federation is a major Jewish philanthropy. Our mission involves caring for those in need. We support a network of more than one hundred nonsectarian, nonprofit human service organizations and healthcare organizations in New York City, Westchester, and Long Island, which together serve over a million residents. As I begin my formal comments, I want to acknowledge the visionary leadership that New York State has shown in its ongoing efforts to improve our healthcare system, and in particular, New York State Department of Health's commitment to building a Health Information Technology system. We very much appreciate the communication that you have provided to us, Dr. Figge. We appreciate the communication and the accessibility that the DOH Office of Health Information Technology Transformation (OHITT), the New York eCollaborative (NYeC), and the State Department of Health Office of Health Insurance Programs have provided to us."

"Our collective goals are higher quality of care, fewer duplicative tests, fewer co-pays, and lower costs."

Edie Mesick

"We also appreciate the opportunity to grow in our understanding of the potential value of our participation in the Health Information Technology transformation. I'm glad to hear that there is also a broader application for this communication process going directly into OHITT and NYeC. We have been meeting with them, and we note the appropriateness of the coordination among your offices."

Home Care, Long-Term Care – Major Focus

"We understand New York State actually has been very active in this arena for a number of years, and it was only about a year and a half ago when ARRA funding started to make us aware of the really significant effort underway across the nation and in New York State to use information technology to improve healthcare delivery and to improve healthcare outcomes using technology in the form of electronic health records. The result, reaching our collective goals, is higher quality of care, fewer duplicative tests, fewer co-pays and lower costs. Both federal and New York State governments have really focused this Health Information Technology system transformation on hospitals and physicians. However, UJA Federation believes that the community-based mental hygiene, home care, and long-term care programs must also be a major focus of this effort, especially because these programs are specialized in serving patients and clients that are high cost drivers in the system and will transition between the various levels of healthcare settings."

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Edie Mesick

"Both the patients and the public will be well served to include these sectors in the planning and the development of Health Information Technology systems and networks. To be a little more specific, it is the role of our agencies to follow the patients into the community and to reduce re-hospitalization. There is a real positive impact on the cost in using community outpatient services in reducing inpatient use."

EHR Where it can Help the Most

"We reduce re-hospitalization. And the mentally ill and medically compromised are among the heavy users of Medicaid resources. Their focus of service is the community, and it is very much in the State's best interest for community providers to be tied into the regional health information organizations and in the Health Information Exchange systems if there really is to be meaningful use of data in terms of more efficient and more effective care. Our community-based organizations can help with compliance for patients in the plans to keep them, as they're discharged from hospitals, from returning to hospitals. Seeing information in real time, the discharge plan, the prescriptions that are prescribed, when the next doctor appointment is scheduled, and our community-based organizations work in assisting those patients to those next

steps in their healthcare will obviously have real value to the patient, to the quality of care, and cost to the system."

"We think it's also very important that other providers know that our community-based organizations are on the team and are very much serving these patients. Just as hospitals and physicians have required public funding to help them make a transition, we know our network agencies and others across the state also have similar challenges in making this transformation to electronic information."

Building Capacity

"Real-time information about whether or not a script was picked up, whether the doctor appointment was attended. . . this is the kind of information that would be immediately available to our community-based provider."

Edie Mesick

"Initially, funding support is needed for capital purchases, for training, and for other pay to play participation costs. This will help build our capacity to the point where we can be participants in this era of coordinated patient care, electronic linkages, and accountability. At the same time, we urge you to recognize that there has to be a way to assure coverage of ongoing costs as well. Many of our providers, because they are serving Medicaid patients, are dependent upon public funding and reimbursement. It's absolutely essential that there be something built into the system that recognizes that this is a new layer of cost that will have tremendous payback, but how it's paid for on an ongoing basis will also need to be addressed."

"We wholeheartedly support your stated goals. These are worthy goals for New York State: to support Health Information Technology implementation, to incentivize the meaningful use of electronic health records, to incentivize e-prescribing, and finally to improve the quality of care. Again, it is essential that these goals in New York State, and at the national level, be expanded to include applications for our community-based mental hygiene, home care, and long-term care sectors. And we note that there has been some publicity recently for opportunities to assure this at the national level, and we applaud that."

Incentive Payments

"Regarding the Medicaid requirement for incentives for physicians to participate, the minimum of thirty percent that's outlined, we believe that this should be thirty percent of the number of patients served. This is really a critical point from the community-based perspective since the nature of their work is outpatient. Using total revenue simply would not work."

"We very much appreciate and support your intention to establish an as-is landscape assessment. This is essential. It is needed immediately as well in the community-based mental hygiene, home care, and long-term care sectors, and we look forward to working with you to help you to establish that assessment."

"Regarding Medicaid data, we want to emphasize how absolutely essential this component is for improving coordination and quality of care in health outcomes. For example, real-time information about whether or not a script was picked up, whether the doctor appointment was attended, this is the kind of information that would be immediately available to our community-based provider. It would allow for immediate follow-up as opposed to a lapse, and this is obviously going to make a real difference in the quality of care."

> *"Financial support and incentives for providers to participate in e-prescribing is also very important.*
>
> *Edie Mesick*

"We recognize that financial support and incentives for providers to participate in e-prescribing is also very important, and we are excited to participate in that as well. We think this will have an immediate payoff in coordination and quality care and health outcomes. And we note that this is particularly true for patients that have dual eligibility for both Medicaid and Medicare where we can see that there can be different doctors providing the same or different medications with the same or different timeframes or dosages."

Feedback from a Direct Provider

Providing feedback to OHIP was Dr. Jonas Waizer of the F·E·G·S Health and Human Services System. The F·E·G·S Health and Human Services System meets the needs of the Jewish and broader community through a diverse network of high quality, cost-efficient health and human services F·E·G·S is one of the largest and most diversified not-for-profit health and human services organizations in the United States. The F·E·G·S touches the lives of over 100,000 people – some

10,000 each day – at more than 300 locations throughout New York City and Long Island, providing a comprehensive array of services that create opportunities and improve the lives of others.

Dr. Waizer, "F.E.G.S. is a not-for-profit health and human service system. We run ten mental health clinics around New York City. We're also out on Long Island. We run day programs for people with mental illness and for those with developmental disabilities. We run residential programs. We have twelve hundred people living in residences all on Medicaid. We have forty plus physician and nurse practitioner prescribers. We have over 120 people who are reimbursed through Medicaid for case management, intensive case management, supportive case management, all levels of case management, teams in support of community treatment. All of these people, in one way or another, deal with individuals who are coming out of state psychiatric hospitals, general psychiatric hospitals, general hospital psychiatric units, and prison. And the focus is to provide them with direction so that they take the prescriptions that they receive from clinics, go to the pharmacies, maintain the treatment regimen that prevent readmissions to hospitals and re-incarceration because they have become psychiatrically fragile once again."

Avoiding Costly Emergency Room Charges

"F E G S has a chronic illness demonstration project grant to help 750 people in two different contracts achieve a level of community integration and stability so that they don't overtax and overuse the emergency rooms of hospitals. In the last year, we've joined the Long Island RHIO, the southwest Brooklyn RHIO, and the Bronx RHIO. In each case, we were invited to join the RHIO because the hospitals also see the value of having a community provider that focuses on case management, residential aftercare, and support to the mentally ill and the developmentally disabled. Our network focuses on some of the most fragile, because they're people not only with medical disabilities, but also mental illness. And many of the people that become part of our case management targets are people with multiple disabilities, including substance abuse as well as mental illness and medically compromised."

"We all have rudimentary electronic health records. We all bill Medicaid electronically, but we've never had the incentives and the wherewithal to develop the kind of computer systems that the hospitals are building. "

"We're very excited about the RHIO platform. We think it has great promise."

Dr. Jonas Waizer

Technology is vital for us; we're a low-cost system. We're a relatively low-cost system, so small investments in our system may have big impact. We're not looking for the kind of investments that the hospitals have received. We would like to follow the engineering plan which invests more of the patient care in our system by having some infrastructure to support that patient care through improved I.T."

e-Prescribing

Regarding electronic prescriptions, or e-Prescribing, Dr. Waizer said, "We have more than 40 physicians who would be eligible for e-Prescribing. And to give you a sense of it, our physicians have patients who are given psychotropics extensively, and many of them use two or three prescriptions, maybe even four or five, because we deal with the chronically mentally ill who have many side effects, and it is quite a medical management problem. And so we do see the merit of e-prescribing. Currently, we are building the capital to purchase e-Prescribing."