# Health Information Exchange Coordinating Committee (HIECC) Meeting

February 10, 2017
10:00 a.m.

Teleconference Number: 877 309-2074
Access Code: 632-355-738#

**Members**

Justin Senior, Chair
AHCA Secretary

Kate Doyle
Florida Hospital Association

Ronald Burns, D.O.
University Family Medicine Center

Craig Dalton
Strategic Health Intelligence

Jarrod Fowler
Florida Medical Association

Mike Hansen
Florida Council for Community Mental Health

Tab Harris
Blue Cross & Blue Shield of Florida

Tom Herring
Clinical Informatics
Department of Health

Michael Jackson
Florida Pharmacy Association

Alejandro Romillo
Health Choice Network

Peter Kress
LeadingAge Florida

Alex Koster
Nemours

Gay Munyon
AHCA Medicaid

Hal Perlman
Parrish Medical Center

Dennis Saver, M.D.
Florida Academy of Family Physicians

Kim Tendrich
Department of Health

Wences Troncoso
Florida Association of Health Plans

Karen van Caulil, Ph.D.
Florida Health Care Coalition
Advisory Council Liaison

# AGENDA

## Health Information Exchange Coordinating Committee (HIECC)

**Meeting Date:** **February 10, 2017**
**Time:** **10:00 am – 12:00 pm**

**Location:** **GoTo Webinar**
**Dial-in Number:** Will be provided upon registration at GoTo Webinar
**Dial-in Access Code:** Will be provided upon registration at GoTo Webinar

| TIME | ITEM | PRESENTER |
|---|---|---|
| **Call to Order, Welcome and Roll Call** | | |
| 10:00-10:10 | Welcome - Agency Updates<br>Roll Call | Chair<br>Heidi Fox |
| **Review & Approve Minutes** | | |
| 10:10-10:25 | November 4, 2016 (p.1) | Heidi Fox |
| **Previous Action Items** | | |
| 10:25-10:35 | Review and Status | Heidi Fox |
| **Program Updates** | | |
| 10:35-10:50 | • Quarterly Report & Plans (p.5) | Gigi Cowart |
| 10:50-11:00 | • PLU User Group Report (p.21) | Liz Cole |
| 11:00-11:15 | • Outreach Update (p.22) | Pam King |
| 11:15-11:30 | • Program Metrics (p.27) | Heidi Fox |
| **Discussion** | | |
| 11:30-11:40 | • Subscription Agreements revisions | Heidi Fox |
| **Meeting Summary, Next Steps & Adjourn** | | |
| 11:40-11:50 | Action Items | Heidi Fox |
| 11:50-12:00 | Next Meeting – May 12, 2017<br>Adjourn | Chair |

HIECC Mission
Advise and support the Agency for Health Care Administration (AHCA) to develop and implement a strategy for establishing a privacy-protected, secure and integrated statewide network for the communication of electronic health records among authorized parties.

The Committee will function as an issue-oriented technical workgroup of the State Consumer Health Information and Policy Advisory Council (Advisory Council).

# Health Information Exchange Coordinating Committee Meeting Minutes

**Meeting Date:** November 4, 2016
**Time:** 10:00 a.m. – 12:00 p.m.
**Location:** GoTo Webinar/Conference Call only

**Members Present:** Molly McKinstry for Interim Secretary Senior; Ronald Burns, D.O.; Craig Dalton; Jarrod Fowler; Tab Harris; Bruce Culpepper for Tom Herring; Michael Jackson; Alex Koster; Peter Kress; Dennis Saver, M.D.; Wences Troncoso; Karen van Caulil.

**Members Absent:** Bill Bell; Mike Hansen; Alejandro Romillo; Gay Munyon; Hal Perlman; Kim Tendrich.

**Staff Present:** Vance Burns, Heidi Fox, Carrie Gaudio, Nikole Helvey, Pamela King, Aaron Parsons and Dana Watson.

**Interested Parties Present:** Cal Popovich; Gigi Cowart; Lisa Stotz, Janet Hofmeister, Chris Phillips, Elena Byrley, M.D.

**Meeting Materials:** Agenda; Previous Minutes (07/29/16); Harris Quarterly Report and Plans; Patient Look-Up (PLU) User Group Report; Outreach Update; Program Metrics and Updates.

Copies of meeting materials are posted at: http://www.fhin.net/committeesAndCouncils/hiecc.shtml

**Call to Order, Agency Updates, and Roll Call:** Ms. Heidi Fox called the meeting of the Health Information Exchange Coordinating Committee (HIECC) to order at 10:00 a.m. and welcomed members.

Ms. Molly McKinstry gave the Agency for Health Care Administration (Agency) update. She reported that the 15-member TeleHealth Advisory Council had its first meeting that was broadcast on the Florida Channel. It is available for review and includes an introduction of members. A second meeting is scheduled for November 17 at the Florida Telehealth Summit in Safety Harbor.

Ms. McKinstry also reported on Transparency in Health Care initiative that went into effect July 1, 2016. The Agency currently has an open procurement for an all- payer claims database in the Vendor Bid System.

Ms. Fox then conducted the roll call. A quorum was present.

**Review and Approval of Minutes:** Ms. Fox asked the committee to review the minutes from the July 29, 2016, meeting. There were no corrections. Mr. Wences Troncoso motioned to approve the minutes. Dr. van Caulil seconded. They were unanimously approved.

**Previous Action Items:** Ms. Fox reviewed action items from the previous meeting:

1. Send Visioning the Future survey results to Dr. Saver. COMPLETED

2. The Agency will send PLU promotional materials to members as they become available. ONGOING

3. Send screenshots of a participant's view of the PLU service. The Agency received a workflow graphic from Memorial that depicts the point of care and auto queries. The Agency will review the document and share with members as soon as possible. ONGOING

**Harris Quarterly HIE Plan & Report:** Ms. Cowart reported for the period of July through September 2016.

For this period, highlights for ENS include member panels in excess of 1.8 million, four (4) new subscription agreements, and twenty-seven (27) subscribers to the service, including newly added Florida Blue. In all, ENS has 210 data sources sending ADT alerts, which covers ninety-four percent (94%) of general acute care beds in Florida. This includes Seven Rivers Medical Center and Westchester General Hospital which were connected during this period. There were six (6)

health plans, twenty (20) accountable care organizations (ACO), and one (1) independent physician association (IPA) in production at the end of September, accounting for the 1.8 million panel size. Finally, the ENS master patient index that has to date been housed by our vendor, Harris Corporation, was successfully transitioned to a subcontractor, Audacious Inquiry.

For PLU, Harris completed formal validation testing for Florida Accountable Care Services and brought them into full production on November 2. Harris completed an upgrade to the FairWarning data protection solution. There are currently ten (10) production nodes in deployment. PLU system usage continued to increase during the July to September period. The number of matched patient records increased from 48,497 to 61,998 and the number of documents retrieved through the service increased from 97,400 to 120,522. Ms. Cowart emphasized the higher activity on documents sent from Orlando Health is due to its sending multiple documents per patient, sometimes in the hundreds.

During this period, there was an increase in both Direct Messaging Accounts (from 103 to 115) and Direct Messaging Users (from 236 to 251). There was a substantial increase in the number of messages received by account (from 4,783 to 5,658). Messages originated by account showed a slight decrease (from 6,944 to 6,433). And, in addition, there were 210 data sources sending admission, discharge and transfer (ADT) information via the DMS.

Ms. Cowart reported that Harris will continue to support production nodes as needed. She also pointed that Harris will continue to work with eHealth Exchange connections with the VA and with Premise Health.

She noted that services data can be found at: http://www.fhin.net.

Discussion:
Dr. Saver asked about Direct Messaging and its outsourcing to Inpriva. He noted there are very few physicians registered with the HIE service.

Ms. Fox responded that in fact that is accurate since physicians have to meet MU requirements and need to be able to launch the DMS out of their EHR platform. They work with HISPs that are part of the EHR and do not subscribe to the mailbox offered by Inpriva.

Dr. Saver indicated he could not find a statement of cost for the service on the Inpriva website and asked that the cost be included in the minutes.

Ms. Fox indicated that the cost for the DMS is included on the HIE price list on www.florida-hie.net. The Agency will ensure the costs are clarified. Ms. Watson reported the cost is $186.00 for the first year for the initial mailbox, and is reduced thereafter. She stated the Agency will ask Inpriva to clarify this on their website as well.

Dr. Saver also asked for the number of HISPs in Florida through DirectTrust and the possibility of querying leading EHR vendors about Direct activity.

Ms. Fox reported the Agency recently received metrics from DirectTrust and will include them on either the HIE website or on www.fhin.net. The eventual link will be sent to members.

Dr. Saver further indicated that he cannot access a full directory of Direct address through his EHR even though it has been granted membership via DirectTrust. His HISP and EHR provider is eClinicalWorks. He also stressed the amount of programming required to utilize directory information.

Ms. Fox stated that the Agency will continue its outreach to vendors and other participants to provide and to request, respectively, that directory information be added to the participants EHR.

Ms. Watson indicted that full directory information can be accessed via the internet and that the Agency will follow up to ensure the information is in fact available.

**PLU User Group Report:** Mr. Cal Popovich gave the PLU User Group report. He noted the PLU User Group met via webinar on September 8, 2016.

Mr. Popovich indicated there was discussion regarding the FairWarning Upgrade and the presentation on use of the FairWarning auditing tool. The group addressed the service registry and facilities listing. There was discussion of the HIECC request for examples of exchange/workflows through the PLU service. Mr. Popovich asked the HIECC to clarify the examples it wants in terms of workflows due to the variety and uniqueness of processes among participants.

Dr. Saver asked about integration from a hospital EHR setting. Mr. Popovich responded that the process depends on the EHR vendor, and how the vendor accepts the clinical care document (CCD) return into its system. Most vendors display the information in a user-friendly report rather than in the original .xml file. Mr. Popovich also distinguished between manual queries and auto-queries and the type of activity for each patient.

Dr. Saver then asked if, as an ER physician, how the workflow could work. Mr. Popovich responded with his own example of queries (using Cerner). He indicated that Epic may work similarly to his example. Ms. Fox suggested surveying the PLU User Group to determine how many have the workflow is embedded in their EHR versus how many have a separate portal for the process. Mr. Popovich added that from his perspective, all accounts have the process built into the EHR, whether manual query or auto-query based on an event. Ms. Fox expressed the challenge of sharing patient information due to the variety of processes and workflows. She also reminded members that AHCA will send the Memorial workflow example.

Mr. Popovich went on to report on the group's discussion about eHealth Exchange and the VA initiative that is ongoing, as well as the CMS implementation funding for ENS

Mr. Popovich noted the next PLU User Group meeting is November 17, 2016.

Mr. Alex Koster asked if the PLU service or one of its participants has a standard set of test exchange patients that can flow throughout the different nodes for comparisons of displays and to share how processes work. Ms. Stotz responded that Harris has a set of test patients and is flexible to use other test patients as required. Ms. Fox clarified by suggesting using a test patient for a display, and Mr. Koster added the multiple benefits of testing the variability of the system, its functionality and if records are editable as they progress through the service to other participants. Ms. Stotz reminded the committee of Harris' "Golden Patient" that it uses for testing, and that not all participants use the test patient due to their varying workflows, policies and other rules of use. She added that at this time, there is no single "perfect" test patient or single set of test data that will work across all systems.

**Outreach Update:** Ms. King reported the HIE outreach activities. Highlights included numerous events highlighting National Health IT Week, which was recognized September 26 – 30. The events included daily interviews with Florida HIE participants that showcased the variety of HIE services. Outreach and HIE staff continued to promote ENS to the provider community, including CMS funding to assist with onboarding ENS hospital data sourcesas recipients of ENS data. The idea is to continue efforts to build community networks for greater exchange and interoperability. And finally, staff continued to focus on reaching out to the long-term and post-acute care providers to learn more about their barriers to adopting HIE technology. FIU will assist in developing a survey to gather information from the LTPAC community.

**Program Metrics and Updates:** Ms. Fox updated the committee on other activities, as well as metrics not included in the Harris report.

She began with an overview of the Electronic Health Record Incentive (EHR) program as of October 20, 2016.

A modified Stage 2 (Meaningful Use/MU) final rule went into effect in December 2015. Most eligible providers (EP) engaged in MU had to wait until July 2016 to attest to 2015 program year due to changes to online screens and payment processing system. The final 2015 rule covers Program Years 2015 through 2017 and simplifies the measures to which providers will attest.

Ms. Fox reported on the deadlines for eligible professionals attesting to AIU and to MU for Program Year 2015; those were March 21, 2016 and August 31, 2016, respectively. Total payments by the EHR Initiative included $209,097,228 to eligible professional and $315,125,064 to eligible hospitals.

For the electronic prescribing (e-prescribing) initiative, the rate in Florida for Q3 2016 is 67% up from Q2 2016 at 65.3%. Licensed physicians who e-prescribed in Q3 2016 is 74% up 1% from Q2. The metrics exclude prescriptions for controlled substances due to low rates of e-prescribing. The quarterly e-Prescribing report is on ww.fhin.net. It includes a new graphic that shows the change in e-Prescribing over the last 9 years. The annual base rate of 1.6% observed in 2007 has grown to a projected annual rate of 69% in 2016.

Ms. Fox reported the Agency has funding to connect long-term post-acute (LTPAC) providers to the HIE either directly or through other nodes. The outreach strategy includes developing a provider survey focused on nursing home – ALF and large home health agency providers to understand the value proposition for HIE and gaps in interoperability or access to an electronic environment. The Agency is working on this with FIU. In addition:

- The Agency developed a Request for Information for the vendor community to identify the penetration of EHRs in the LTPAC environment, barriers to adoption and thoughts on the future state of interoperability. It was posted on the Vendor Bid System 10/20/16 and responses are due 11/7/16. We may extend this deadline by a week.
- The Agency is working with FHA to convene some hospital 'informants' to talk about current strategies for interoperability with LTPAC providers and gaps.
- The Agency will work with the associations to publicize funding and assist with provider surveys

Ms. Fox discussed proposed changes to subscription agreements and general terms and conditions for HIE services. Changes proposed are:

- Include Service Level Agreements in the Subscription Agreements. They currently reside in the vendor agreement with AHCA but since the participation agreements are between the Vendor and participant, they should also be included in those agreements.
- Shift the consent policy on PLU to consent to release. We have had numerous discussions with participants on the service who believe this is the better approach and more aligned with other HIE operating policies. We believe that most of our participants have consent to release already implemented and use consent to query specifically for the Florida HIE. Participants are anxious to connect with the VA who cannot comply with consent to query and this has posed no concern to them.
- Improving the visibility of the existing Business Associate Agreement by changing it from a section within the Terms and Conditions to being an attachment to the Terms and Conditions.
- Address requirements in the agreements that we do not believe can be monitored or enforced, as well as requirements that are otherwise specified in state and federal law that can be cited but need not be fully reiterated.

Ms. Fox went on to define the Agency's role in the process as vetting changes to the agreement with stakeholders and recommending that the Vendor include the recommended changes in the Agreements. Per the terms of any contract or agreement with the Vendor, the Agency would approve the final agreements. Any changes will be vetted with stakeholders through the PLU User Group and the Legal Work Group which will be convened in December. We are available to meet with other stakeholders to discuss as requested.

**Meeting Summary, Action Steps, and Adjourn:** Ms. Fox reviewed the action items from the meeting:

1. Post DirectTrust metrics on one of the HIE websites and notify members of the location/link.
2. Review provider directory with Inpriva and whether Florida participants can access the full directory. Notify members whether or not they can access it and provide access information if available.

**Adjournment:** There being no further business to discuss, the committee adjourned at 11:55 a.m.

# FLORIDA HIECC MEETING
# FEBRUARY 10, 2017

## HARRIS TEAM UPDATE

AGENCY FOR HEALTH CARE ADMINISTRATION

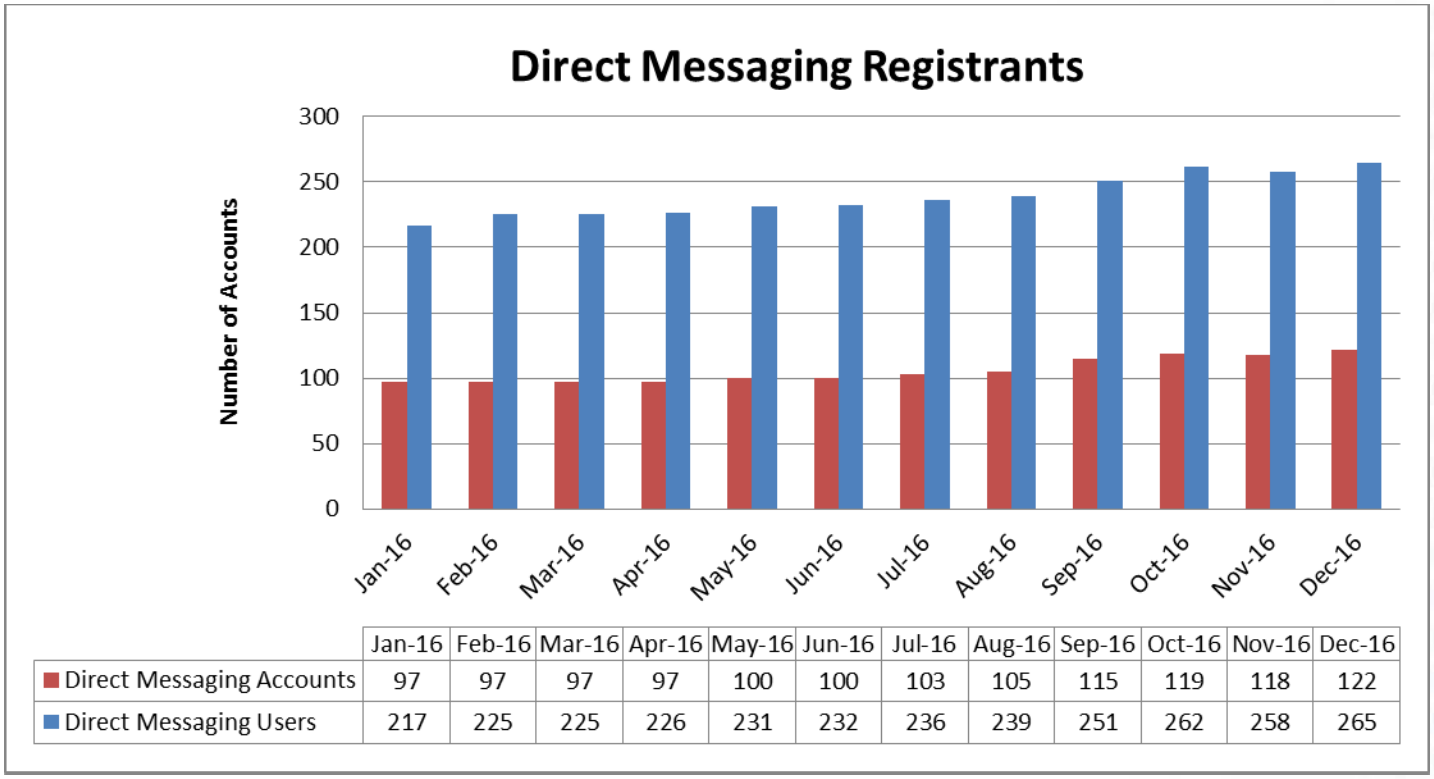
# RECENT ACCOMPLISHMENTS
# OCTOBER 2016 – DECEMBER 2016

AGENCY FOR HEALTH CARE ADMINISTRATION

# HIGHLIGHTS

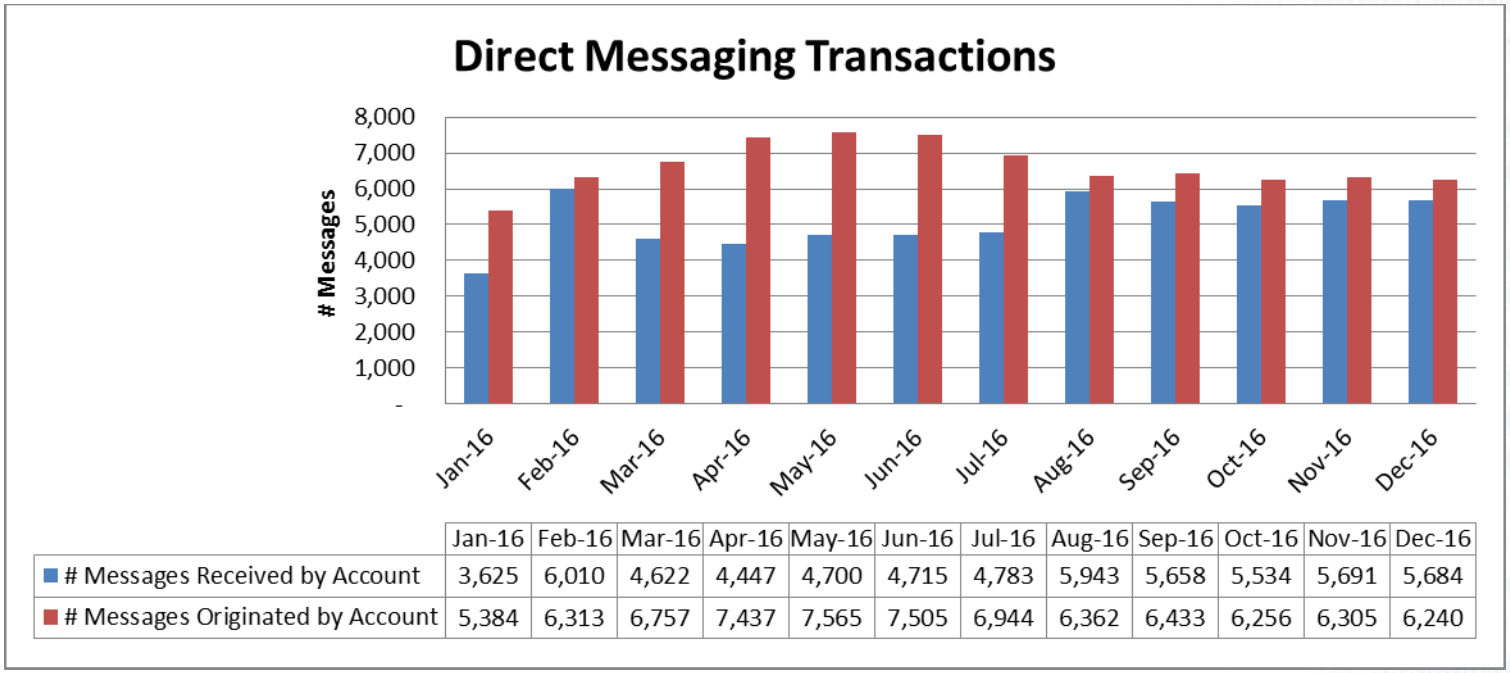
- Event Notification Service (ENS)
  - *Florida Blue, United HealthCare, MCM Accountable Care Organization, Aetna and Humana Medical Plan signed the ENS Subscription Agreement*
  - *28 subscribers are receiving notifications through ENS*
  - *Continue to monitor feeds from data sources, upload patient panels and continue to find efficiencies and improvements for performance*
- Patient Look-Up (PLU)
  - *Guardian (Florida Accountable Care Services) went Live on November 2, 2016*
  - *Community Health IT terminated their Subscription Agreement on December 8, 2016 and plans to join through the Tampa Bay HIE*
- Direct Messaging Service (DMS)
  - *Metrics included in following slides*

# DIRECT MESSAGING REGISTRANTS




| | Jan-16 | Feb-16 | Mar-16 | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Direct Messaging Accounts | 97 | 97 | 97 | 97 | 100 | 100 | 103 | 105 | 115 | 119 | 118 | 122 |
| Direct Messaging Users | 217 | 225 | 225 | 226 | 231 | 232 | 236 | 239 | 251 | 262 | 258 | 265 |

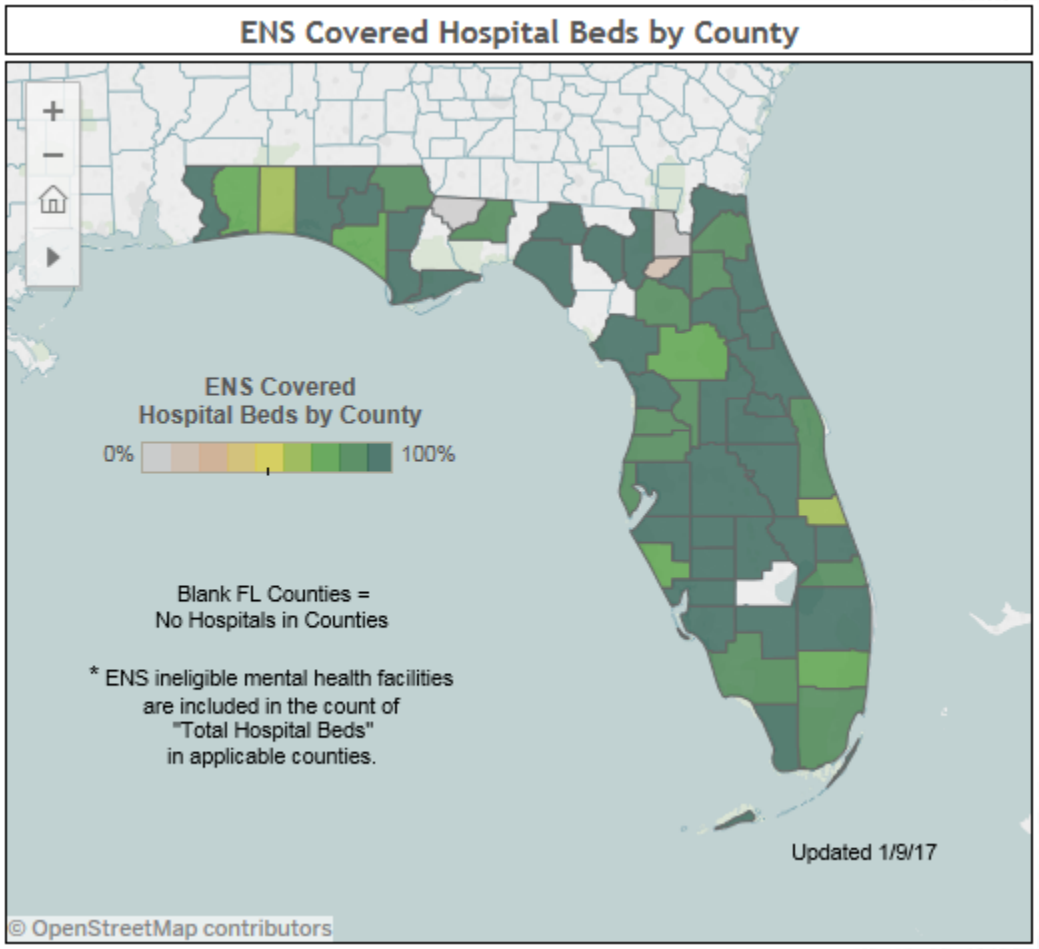
# DIRECT MESSAGING TRANSACTIONS




| | Jan-16 | Feb-16 | Mar-16 | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| # Messages Received by Account | 3,625 | 6,010 | 4,622 | 4,447 | 4,700 | 4,715 | 4,783 | 5,943 | 5,658 | 5,534 | 5,691 | 5,684 |
| # Messages Originated by Account | 5,384 | 6,313 | 6,757 | 7,437 | 7,565 | 7,505 | 6,944 | 6,362 | 6,433 | 6,256 | 6,305 | 6,240 |

# ENS PRODUCTION DATA SOURCES

- 210 Data Sources Connected



# ENS – SUBSCRIBERS IN PRODUCTION

| Organization | Type |
|---|---|
| WellCare of Florida | Health Plan |
| Sunshine State Health Plan | Health Plan |
| Molina Healthcare of Florida | Health Plan |
| Primary Partners | ACO |
| Palm Beach ACO | ACO |
| Aledade | ACO |
| US Medical Management | ACO |
| Health Choice Care | ACO |
| Accountable Care Medical Group | ACO |
| AllCare Options | ACO |
| FACS - Florida Physicians Trust ACO | ACO |
| FACS - Central Floirda Physicians Trust ACO | ACO |
| Accountable Care Options | ACO |
| Magellan Complete Care | Health Plan |
| GulfCoast Accountable Care Network (Millennium) | ACO |
| Orange Accountable Care of South Florida | ACO |
| South Florida Integrated Kidney Care, LLC (DaVita ESCO) | ACO |
| First Harbour Health Management | IPA |
| PremierMD ACO | ACO |
| Prestige Health Choice (AmeriHealth) | Health Plan |
| Citrus ACO | ACO |
| Next ACO of Nature Coast | ACO |
| West Florida ACO | ACO |
| Central Florida ACO | ACO |
| Space Coast ACO | ACO |
| Health Point Partners ACO | ACO |
| Florida Blue (Avility) | Health Plan |
| United Healthcare | Health Plan |

ACO - accountable care organization
IPA – independent physician association

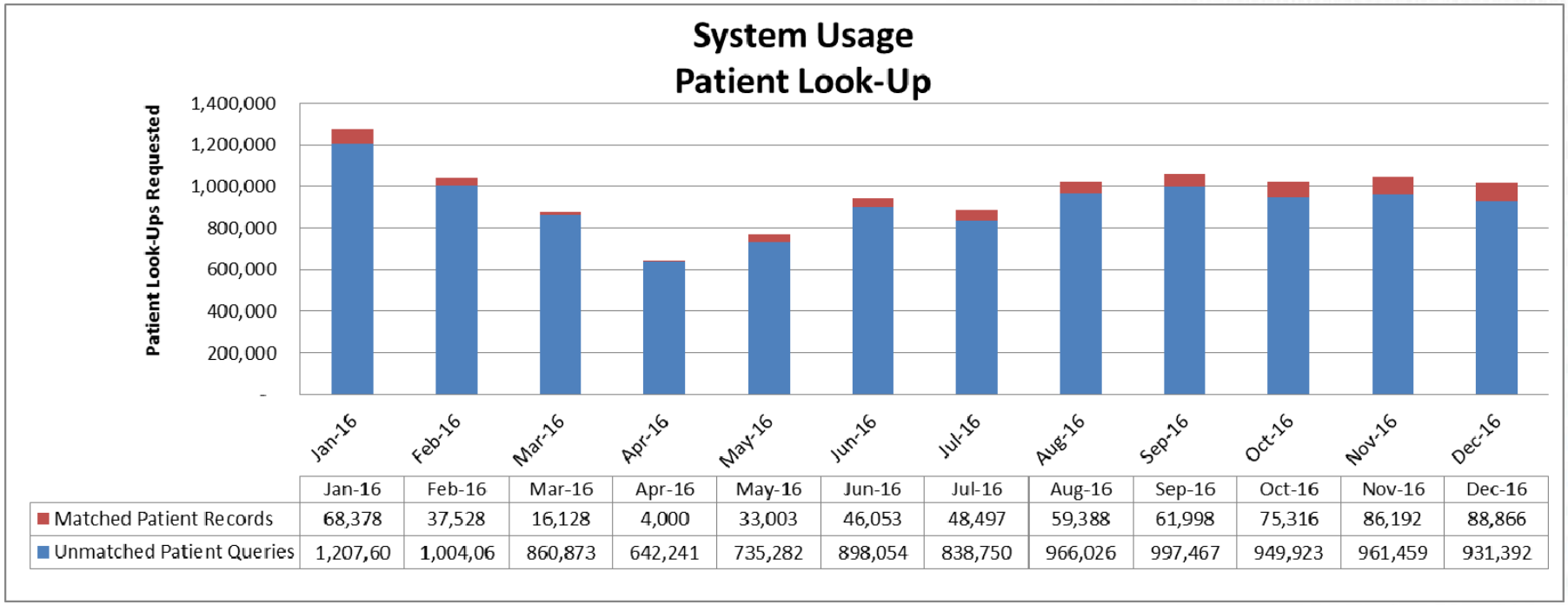
# PLU PRODUCTION DEPLOYMENTS

- **Strategic Health Intelligence (SHI)**
- **Memorial Healthcare System**
- **Florida Hospital/Adventist**
- **UF Health**
- **Broward Health**
- **Bethesda Health**
- **Orlando Health**
- **Tampa Bay HIE**
- **Guardian (Florida Accountable Care Services)**

# PLU DEPLOYMENTS IN WORK

- **eHealth Exchange**
  - ***VA***
  - ***Premise Health***

# PLU TRANSACTIONS




| | Jan-16 | Feb-16 | Mar-16 | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Matched Patient Records | 68,378 | 37,528 | 16,128 | 4,000 | 33,003 | 46,053 | 48,497 | 59,388 | 61,998 | 75,316 | 86,192 | 88,866 |
| Unmatched Patient Queries | 1,207,60 | 1,004,06 | 860,873 | 642,241 | 735,282 | 898,054 | 838,750 | 966,026 | 997,467 | 949,923 | 961,459 | 931,392 |

Note: Metrics vary significantly due to new participant testing during implementation and/or participant workflow changes. Consequently, metrics do not represent a continuous trend cross all reported periods.

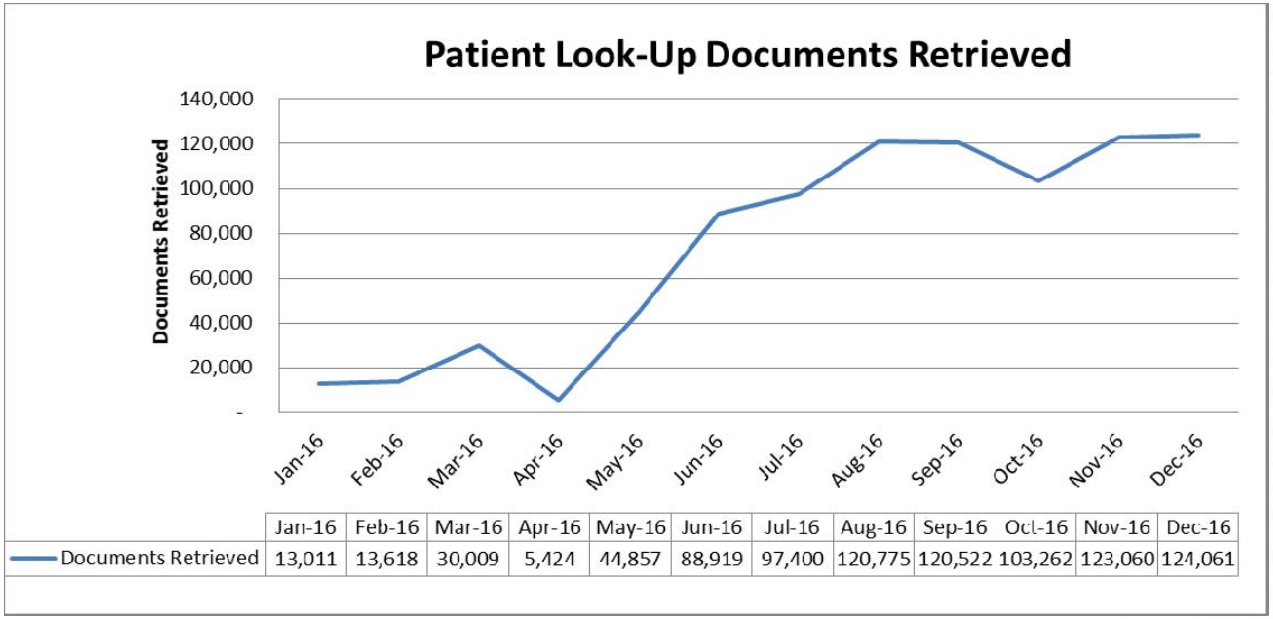
# PLU TRANSACTIONS

HARRIS

**December 2016 Node Transactions**

| Sending Node | Matched Patient Records | Unmatched Patient Queries | Total Inbound Patient Discovery Queries | Documents Sent |
|---|---|---|---|---|
| Bethesda Health | 29 | 139,869 | 139,898 | - |
| Broward Health | 241 | 139,646 | 139,887 | 539 |
| Florida Hospital | 9,267 | 75,520 | 84,787 | 191 |
| Guardian | 859 | 46,788 | 47,647 | 1,246 |
| Memorial Healthcare System | 655 | 139,202 | 139,857 | 162 |
| Orlando Health | 71,123 | 62,375 | 133,498 | 117,524 |
| Strategic Health Intelligence | 194 | 139,542 | 139,736 | 87 |
| Tampa Bay HIE | 1,632 | 53,727 | 55,359 | 719 |
| UF Health | 4,866 | 134,723 | 139,589 | 3,593 |
| Totals | 88,866 | 931,392 | 1,020,258 | 124,061 |

# PLU TRANSACTIONS




| | Jan-16 | Feb-16 | Mar-16 | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Documents Retrieved | 13,011 | 13,618 | 30,009 | 5,424 | 44,857 | 88,919 | 97,400 | 120,775 | 120,522 | 103,262 | 123,060 | 124,061 |

# UPCOMING ACTIVITIES

AGENCY FOR HEALTH CARE ADMINISTRATION

# UPCOMING TECHNICAL ACTIVITIES – PLU

- PLU deployment schedule:

| | | | | | Q2'15 | | | Q3'15 | | | Q4'15 | | | Q1'16 | | | Q2'16 | | | Q3'16 | | | Q4'16 | | | Q1'17 | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| # | Florida HIE/eHX | Organization Name | Go Live | | A | M | J | J | A | S | O | N | D | J | F | M | A | M | J | J | A | S | O | N | D | J | F | M |
| 1 | Florida HIE | Strategic Health Intelligence (SHI) | May-12 | Express Lite | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Florida HIE | Memorial Healthcare System | Mar-13 | Express Lite | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Florida HIE | Florida Hospital | May-13 | Express Lite | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Florida HIE | UF Health | May-13 | Express Lite | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Florida HIE | Broward Health | Sep-13 | Site Services | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | Florida HIE | Bethesda Health | May-14 | Express Lite | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | Florida HIE | Orlando Health | Dec-14 | Express Lite | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | Florida HIE | Tampa Bay HIE | May-15 | Site Services | - | X | | | | | | | | | | | | | | | | | | | | | | |
| 9 | Florida HIE | FL Accountable Care Services (FACS) | Nov-16 | Express Lite | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | X | | | | |
| 10 | eHX | VA | | N/A | | | | | | | | | | | | | | | | | | | - | - | - | - | - | - |
| 11 | eHX | Premise Health - inbound to OH | | N/A | | | | | | | | | | | | | | | | | | | - | - | - | X | | |
| 12 | eHX | Premise Health - outbound from OH | | N/A | | | | | | | | | | | | | | | | | | | - | - | - | - | X | |

- Support production nodes as needed

Note: Dates above represents best estimates for planning and logistical purposes and will be updated on an ongoing basis as new data is learned

# UPCOMING TECHNICAL ACTIVITIES – ENS

- Data Sources
  - *Monitor performance and maintain as required*

- Add and maintain subscribers
  - *MCM Accountable Care Organization*
  - *Aetna*
  - *Humana Medical Plan*
  - *Physician Partners*

AGENCY FOR HEALTH CARE ADMINISTRATION

# Patient Look-Up User Group

*Liz Cole, Memorial Healthcare System, PLU User Group Vice Chair*

PLU User Group Meeting – January 26th

- eHealth Exchange Connections
  - VA, Premise Health
- Exchange Monitoring
- AHCA Updates
  - 2016 Outreach Review & ENS Funding Opportunities
- Subscription Agreements
  - Consent Model discussion and determination
- Metrics Review
- Testimonial Request
- Node Updates

# 2016 Outreach Review

- Presented at 38 events in Florida
- Hosted 67 Health IT webinars
  - Direct Messaging tied in with EHR Meaningful Use incentive program
    - 22% increase in accounts
    - 33% increase in transactions
  - PLU outreach focused on connecting communities
    - Connections through partner nodes increased
    - Significant progress with eHealth Exchange connections

# 2016 Outreach Review

- ENS expansion
  - Nearly doubled patient coverage in 2016 (ended the year at 1.8 mil)
  - Increased number of data sources – Now at 213 Hospitals
  - Ended 2016 with 25 live subscribers
    - 5 health plans
    - 20 ACOs

# 2017 Outreach Plan

- Focus on sharing opportunities for providers to meet patient needs and improve care coordination
  - Building on established efforts - webinars, presentations at events, emails, etc.
  - CMS funding to assist qualifying providers in participating in PLU and ENS services
- Direct Messaging
  - Continue outreach to providers participating in the EHR Incentive program
  - Target: Providers & Hospitals participating in the EHR incentive program and Long Term Care Facilities

# 2017 Outreach Plan

- PLU
  - Re-focus on Florida HIE direct connections, continue efforts to help expand PLU partner connections
  - New focus on expanding PLU connections via the eHealth Exchange
  - CMS funding to assist with on-boarding qualifying entities
  - Target: Hospital Systems, Regional HIE Systems, LTPAC providers, Government Entities

# 2017 Outreach Plan

- ENS
  - New focus on outreach to hospitals interested in subscribing
  - CMS funding to assist hospitals in connecting as subscribers
  - Continued outreach to health plans and accountable care organizations
  - Target: Florida Licensed Hospitals and Health Plans (including self-funded)

# Electronic Health Record Incentive Payments

## Payment information as of January 27, 2017:

*Modified Stage 2 Final Rule was effective 12/15/2015. Most EPs had to wait until July 2016 to attest for the 2015 program year.

| | Eligible Professionals | Eligible Hospitals |
|---|---|---|
| Total # of payments | 13,390 | 517 |
| Unique Providers | 8,231 | 179 |
| # of payments for MU | 5,514/3,299 unique | 356/176 unique |
| Total payments | $215,769,731 | $315,125,064 |

# Electronic Health Record Incentive Final Rules

- October 2015, CMS published a final rule that covers Program Years 2015-2017. The rule was effective December 15, 2015.
- This rule simplifies the measures to which providers will attest.  Single set of 10 Objectives, some with more than one measure.

# Electronic Health Record Incentive 2015 and 2016 Program Year Timing

- 1,744 applications were submitted by the deadline of August 31, 2016.
- As of February 1, 2017, there are 564 applications left to process.
- Processing of Program Year 2016 application will begin after the Program Year 2015 applications are processed.
- The deadline to submit for 2016 is March 31, 2017.

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