The Heartbeat of Texas Community Health Centers | Weekly Wrap-up - November 1, 2013

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Presidio County Health Services
Marfa, TX

Upcoming Events

- **TACHC November CPI Webcast "Coding to Ensure Accurate Health Risk Scoring" (Part 1 of 2): November 15, 2013**

- **TACHC UDS Training: December 9, 2013**: The Uniform Data System (UDS) in-person training is a full day program covering the preparation of the 2013 UDS Report. The training addresses each of the tables, including a discussion of the changes that have been made and the definitions necessary to complete the reports. The UDS training is aimed at those who are responsible for gathering and reporting the data elements included in the UDS report, as well as management and clinical staff who need to understand the definitions and concepts used. To register for this event, click **HERE**.

Information regarding all upcoming events hosted by TACHC can be found **HERE**. For questions or assistance, please contact TaSheena Mitchell, TACHC Meeting Coordinator.

Governance and Finance

1. Texas Medical Board Updates Rules: SB 406, passed during the 83rd legislative session, made changes to the delegation of prescriptive authority for Advanced Practice Registered Nurses (APRNs) and Physician Assistants (PAs), effective **November 1, 2013**. The Texas Medical Board has published rules to implement changes made by SB 406. In sum, the Medical Board rules do the following:

- Remove site-based requirements for prescriptive authority eligibility for APRN/PAs,
- Outline requirements for prescriptive authority agreements (the mechanism by which physicians delegate to APRNs/PAs), including the ability to use alternate physicians, and
- Set up requirements for periodic face-to-face meetings between APRN/PAs and delegating physicians.

The final Medical Board rules were published this Friday with a **November 7th effective date**. However,

providers are not expected to report agreements to the Board until the end of November at the very earliest. TACHC is working on a draft prescriptive authority agreement. In the coming weeks, TACHC will set a webinar on the rules and the proposed contract amendments. Please contact Shelby Massey, TACHC Policy & Research Coordinator at TACHC if you have any questions.

2. TACHC Request for Quarterly Progress Reports from HRSA O&E Grantees: HRSA O&E grantees, please forward a copy of your first Quarterly Progress Report (QPR) that was due to HRSA on October 24, 2013 to Sonia Lara, TACHC Director of Outreach & Enrollment at TACHC. Grantees were required to report the following for the period July 1 – September 30, 2013: the number of OE staff that were trained as Certified Application Counselors; the number of assists provided; the number of Medicaid & CHIP applications submitted; the number of individuals enrolled; and any successes and challenges during the period. Please contact Sonia if you have any questions.

3. TACHC ACOs Plan Merger: Essential Care Partners and Essential Care Partners II have approved a merger of their Accountable Care Organizations (ACOs) effective January 1, 2014. This means 24 Texas health centers will be working together more efficiently to achieve best practices in care coordination, quality measurement and shared savings.

Clinical Affairs

1. IHI Free Audio Program Improving Safety and Satisfaction in Ambulatory Care: Please join the Institute for Healthcare Improvement (IHI) on **November 7, 2013, 1:00 – 2:00 PM (Central)** to learn more about Improving Safety and Satisfaction in Ambulatory Care. You don't typically associate the ambulatory care setting with serious lapses in quality that threaten patient safety. Much of the improvement in recent years targeting outpatient care has focused on access, waiting times, communication, and coordination of care. On the program, you will find out what's been learned from a three-year initiative known as PROMISES, charged with reducing malpractice risk in the ambulatory setting by making care safer, more efficient, and more reliable. For more information or to register for this event, click **HERE**.

2. Migrant Clinicians Network Training Course: "Managing Ambulatory Health Care" Community and migrant health centers face tremendous challenges with the increasing need for services, rising costs, declining government resources, and stiff competition for physicians and other clinicians. The challenges of the health care environment have put primary care clinicians and their administrative leaders in critical positions, but licensed clinicians often have less substantial training and experience in management. Clinicians must expand their knowledge of management concepts and understand their leadership role to effectively guide their health center through times of uncertainty and change. Over one thousand clinicians have completed this continually updated program, consistently rating it excellent for its practicality in the clinical setting, sensitivity to the needs of community health center physicians, and timeliness. This course, an exciting collaboration between Migrant Clinicians Network and the National Association of Community Health Centers, will take place **February 17-20, 2013** at the Hyatt Regency Austin in Austin, TX. Take advantage of this unique opportunity to network and tap the collective experience of clinicians from across the country dealing with exactly the same challenges as you. Click **HERE** for more information and to register for this event.

Recruitment and Retention

1. TACHC Congratulations to Heart of Texas Community Health Center for New Hire! Dr. Ernesto Caballero-Gutierrez, a TACHC referral, has accepted an offer from Heart of Texas Community Health Center for their Dental position. Does your center have openings for clinical providers or executive management that you would like us to help you recruit for? Click **HERE** and complete the quick and easy online position profile. Contact April Sartor, TACHC Recruitment Dept. Program Assistant if you have questions or need assistance.

2. TACHC Volunteers Wanted for Recruitment & Retention Advisory Workgroup: Many of you participated in the recruitment, onboarding and retention survey conducted on behalf of TACHC earlier this year by Barlow/McCarthy (B/Mc), a national consulting company. Hopefully, you had an opportunity to attend the webinar conducted by B/Mc sharing their findings and recommendations. Now TACHC is ready to develop the necessary tools and resources to implement those recommendations, and would like to include ideas and recommendations from the community health center perspective. We are creating an advisory group of center HR/RR staff to work alongside the TACHC R&R team during the developmental phase, and we invite you to participate. Please join and help us to better serve you! You may respond with your interest to Anita Mitchell, Provider Services Specialist or April Sartor, TACHC Recruitment Dept. Program Assistant by **Wednesday, November 6, 2013**. We look forward to hearing from you!

3. TACHC Upcoming Staff Recruitment Activities: With great enthusiasm, TACHC staff continue in our mission to support member organizations in fulfilling their clinical and administrative staff workforce needs. As such, we will be exhibiting at the **Texas Academy of Family Physicians Primary Care Summit November 8-10 in Dallas** and **speaking with residents at the University of Texas Medical Branch in Galveston November 14th**. If your center has a new opportunity that you would like us to help you recruit for at one of these events, simply click **HERE** and complete the easy online position profile. Have questions or need assistance? Contact April Sartor, Recruitment Dept. Program Assistant at TACHC.

Information Technology

CMS Stage 1 Meaningful Use Calculator Includes Updated Measure Requirements: The Stage 1 Meaningful Use Attestation Calculator can help you prepare to enter your meaningful use information into the CMS attestation system. Enter your meaningful use data into the calculator to learn if you have met all of the objectives and the associated measures prior to completing attestation for Stage 1 of the EHR Incentive Programs. The updated calculator reflects the latest requirements for participation in Stage 1 of meaningful use. Changes include:

- Removal of core measures no longer required for Stage 1
- Updates to measure requirements in accordance with the Stage 2 rule

You can find the Stage 1 Meaningful Use Attestation Calculator and more information about the attestation process on the Registration & Attestation page of the EHR Incentive Programs website. In order to better understand the meaningful use criteria, you can also review the Stage 1 Meaningful Use Specification Sheets for eligible professionals or for eligible hospitals and CAHs. These specification sheets contain detailed information on each core and menu meaningful use measure. See attached for Stage 2 FAQs. For more information about the EHR Incentive Programs, visit the CMS EHR Incentive Programs website for the latest news and updates on the EHR Incentive Programs.

Other News

1. TACHC Congratulations to Vida Y Salud! Vida Y Salud Health Systems, Inc. has been granted Level 2 Recognition by the National Committee for Quality Assurance (NCQA) as a Patient Centered Medical Home. Please accept the warmest congratulations for NCQA's recognition of your center's hard work and dedication to serving your patients.

2. TACHCiversaries: Please join TACHC in celebrating TWENTY YEARS of working with and for community health centers for Jana Blasi, Deputy Director, who we will continue to be in touch with in new her role at NACHC; we also celebrate thirteen years for Lee Davila, Information Systems Specialist; twelve years for Lisa Allen, Finance Director; three years for Brian Dougherty, Programmer; and one year for RexAnn Shotwell, Community Partner Program Project Manager!

3. TACHC Member News: To learn what your fellow health centers are involved in or read news that may affect your health center, click **HERE** for news coverage. We also encourage you to post your news, questions and comments to each other on the TACHC members listserv (members@tachc.org), where only TACHC executives or their designees are recipients.

Stage 2 Webinar Questions from September 11, 2013

1) For Stage 1 2014 did the number of Core Objectives change?

Response: When Stage 1 started there were 15 core objectives. With the Stage 2 Rule the electronic exchange and CQM reporting objectives were removed from the functional objectives, resulting in 13 measures for Stage 1 in 2013. CQM reporting is still required just is not counting as an EHR functional measure.

2) Attestation period is now only 90 days? We are currently in year two of stage one and I had the impression that we had to attest for an entire year?

Response: Please review the Stage 2 Timeline posted at: http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Stage_2.html . Also use the helpful tool, *My EHR Participation Timeline*, posted at: http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Participation-Timeline.html. It will also provide information on the length of time you are required to demonstrate meaningful use at each stage and the maximum incentive payment for each year you participate.

3) We are in the 3rd year of MU and still on stage 1? What is the dead line for reporting for this year for Medicaid?

Response: A Medicaid EP who is in their 3rd year of Stage 1 MU (meaning they received their first payment in 2011), would need to have their MU reporting completed by 12/31/13, since the program year schedule is based on calendar year for EPs (Jan-Dec). Additionally, each state will have a "tail period" in which a provider can submit their attestation for the previous year. For instance, the State of Utah has a 60 day trial period for EPs, which means that the state of Utah will accept 2013 MU attestations through the end of February 2014 (60 days past the end of the calendar year). We encourage the provider to reach out to their respective state HIT Coordinator who can inform them about the specifics of the "tail periods" in their state. Review the Stage 2 Timeline: http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Stage_2.html . Also use the helpful tool, *My EHR Participation Timeline*, posted at: http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Participation-Timeline.html .

4) In order to qualify for the first year Medicaid incentive, does a provider just have to show that an EHR has been adopted and is being used or do they have to meet the 30% requirement also?

Response: A provider must be an eligible professional and adopt, implement, or upgrade an EHR to receive their first year Medicaid incentive payment. So, that means the provider must meet the requirements below (including >30% patient volume) as well as adopt an EHR their first year.

5) I attested to Stage I meaningful use in 2012 and got the first incentive payment, do I have to attest to Stage I again this year in order to get the second incentive payment of $ 11,760 and when is the deadline to attest this year

Response: Yes, you must attest each year to be eligible for the EHR incentive payment and avoid payment adjustments in 2015. The maximum payment for your second year of participation is $12,000, minus the 2% reduction while sequestration is in effect or $11,760. The reporting year for EPs is January 1, 2013 to December 31, 2013; the deadline to attest for 2013 is February 28, 2014.

6) Is there going to be exclusion for service areas that are rural and patients do not have electronic access and most have not ever used a computer?

Response: Stage 1 meaningful use Core Measure 12, Electronic Copy of Health Information:
Objective: Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, and medication allergies) upon request.
Measure: More than 50 percent of all patients who request an electronic copy of their health information are provided it within 3 business days.

Exclusion: Any EP that has no requests from patients or their agents for an electronic copy of patient health information during the EHR reporting period.
https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/EP_Stage_1_Specification_Sheets_2013_08_20.zip

Stage 2 Meaningful Use Core Measure 7, Patient Electronic Access:

Objective: Provide patients the ability to view online, download and transmit their health information within four business days of the information being available to the EP.
Measure 1:
More than 50 percent of all unique patients seen by the EP during the EHR reporting period are provided timely (available to the patient within 4 business days after the information is available to the EP) online access to their health information.
Measure 2:
More than 5 percent of all unique patients seen by the EP during the EHR reporting period (or their authorized representatives) view, download, or transmit to a third party their health information.

Exclusion: Any EP who:

(1) Neither orders nor creates any of the information listed for inclusion as part of both measures, except for "Patient name" and "Provider's name and office contact information", may exclude both measures.
(2) Conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 3Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period may exclude only the second measure. http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/downloads/Stage2_EPCore_7_PatientElectronicAccess.pdf
Also see additional information in question 10.

7) Do the imaging films (digitals) have to be in the patient's chart?

Response: Two approaches are acceptable, 1) incorporation of the image and accompanying information into CEHRT or 2) an indication in CEHRT that the image and accompanying information are available for a giving patient in another technology and a link to that image and accompanying information.

8) Is this access to their actual labs/plain films or is this a patient portal for communication?

Response: I think you are referring to core measure 7 which provides patients the ability to view online, download and transmit their health information within four business days of the information being available to the EP. A patient portal is one way for patients to access their information.

9) If I file PQRS, does it count for CQM's?

Response: Yes, you may report clinical quality measures (CQMs) under the PQRS EHR reporting option using certified EHR technology. Beginning in 2014, the reporting of CQMs will change for all providers. EHR technology that has been certified to the 2014 standards and capabilities will contain new CQM criteria, and eligible professionals, eligible hospitals, and critical access hospitals (CAHs) will report using the new 2014 criteria regardless of whether they are participating in Stage 1 or Stage 2 of the Medicare and Medicaid Electronic Health Record Incentive Programs. For more information please review:
http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/ClinicalQualityMeasuresTipsheet.pdf

10) Has CMS considered exclusions for FQHC's patient population that cannot afford internet access or computers?

Response: This question references Stage 2 Core Measure 17 - A secure message was sent using the electronic messaging function of CEHRT by more than 5 percent of unique patients (or their authorized representatives) seen by the EP during the EHR reporting period. Commenters on the proposed rule noted that the potential barriers of limited internet access, computer access, and electronic messaging platforms for certain populations (for example, rural, elderly, lower

income, visually impaired, non-English-speaking, etc.) might make the measure impossible to meet for some providers. However, CMS believes that the requirement is low enough that all providers should be able to meet it. To review the entire discussion set forth in the Stage 2 Final Rule, click on the following link: http://www.gpo.gov/fdsys/pkg/FR-2012-09-04/pdf/2012-21050.pdf to view the Federal Register / Vol. 77, No. 171 / Tuesday, September 4, 2012 / Rules and Regulations Medicare and Medicaid Programs; Electronic Health Record Incentive Program—Stage 2, Page 54032

11) ICD10 is there a buffer transition period for ICD 10 where you can submit both until a provider ensures ICD10 are being accepted and paid.

Response: Your question is answered in the document titled FAQs: ICD-10 Transition Basics posted at: http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD10FAQs2013.pdf . Please review questions 7 and 8 which address your concerns.

12) We are on stage 1 third year. When do we report for this year?

Response: To determine which year you will demonstrate Stage 1, Stage 2, and Stage 3 of meaningful use, please use the helpful tool, *My EHR Participation Timeline*, posted at: http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Participation-Timeline.html
It will also provide the length of time you are required to demonstrate meaningful use at each stage, and the maximum incentive payment for each year you participate.