

2017: A NYeC Look Ahead

Welcome to 2017! It's going to be a great year.



As the new Executive Director of NYeC, I've spent the last few months traveling the state, witnessing the amazing work being done in every community and meeting with various stakeholders to learn about our joint efforts to improve healthcare in New York.

Our state is at the center of various initiatives propelling us towards a more fully-integrated health system with aligned, patient-centric incentives that ultimately support the Triple Aim of better care for individuals, better health for populations, and lower healthcare costs.

The sharing of clinical information is vital in achieving the Triple Aim and smart care management—across borders and settings of care. The work that the Qualified Entities are doing across the state and the connectivity facilitated through the [Statewide Health Information Network for New York \(SHIN-NY\)](#) serve as the ultimate enabler. And our future potential is tremendous.

Last month, I participated on a panel at the [Population Health Summit IV: Working Across Sectors to Address Social Determinants of Health](#). The event aimed to deepen and extend the understanding of current efforts between healthcare and other sectors to advance population health in New York State. A wide range of activities, including state and federal value-based care and delivery reform initiatives (DSRIP, SHIP, APC, MACRA/ MIPS, etc.) are helping to bridge healthcare and population health. It is clear that a robust and effective SHIN-NY and our ongoing collaboration will be a critical tool moving forward.

To get there, there's more to be done. Over the coming months, NYeC will be working closely with our stakeholders and the State to develop a multi-year roadmap to define the continued evolution of the SHIN-NY. We need to focus on increasing adoption (especially physicians), data contribution, and usage of important core services such as patient record lookup, alerts, results delivery, and direct messaging. We need to explore opportunities to integrate clinical, claims, and social data to enrich the information available to providers to help care for patients and communities. As we create the plan, our goal will be to ensure that the SHIN-NY is being fully leveraged to move our system-wide transformation forward, with consumers always being our North Star.

As we continue to work together, I welcome your feedback on how we help improve care and encourage your thoughts and input.

Take care,

Val Grey
Executive Director, New York eHealth Collaborative

Report with Confidence—the NYeC PQRS Registry is Open!



Physician Quality Reporting System

The [NYeC Physician Quality Reporting System \(PQRS\) Registry](#) is a CMS-Qualified Registry, helping practices across the nation successfully report their PQRS Quality Measures to CMS. Subscribers receive personnel and technical support, and up-to-date information about current and future CMS requirements (MIPS and MACRA).

The NYeC Registry supports practices of all sizes, from a single practitioner to major health systems, via all reporting methods: individual measures, including Measure Groups, or as a group using GPRO. We can meet all your PQRS needs.

Register for PQRS Webinars:

February 9, 9:30-10:30AM: Getting Started with PQRS

February 16, 12:00-1:00PM: Reporting Using Measure Groups

February 23, 4:00-5:00PM: Reporting PQRS

March 2, 9:30-10:30AM: Report Using Measure Groups

March 8, 12:00-1:00PM: Last Call for 2016 PQRS Reporting



Gwendolyn Lewis, MA, RN, CMCN, NEA-BC, is vice president of Ambulatory Services at Interfaith Medical Center in Brooklyn and a NYeC PQRS subscriber.

"We have 34 eligible providers. Before I enrolled in the NYeC PQRS, we didn't have actual data to share with them about their performance," she explained. "Now we do have meaningful data that will not only result in us being successful with our PQRS submission, it also increases our readiness for MACRA."

[Learn more.](#)

2017 Opportunities & Challenges for Shifting to Value-Based Care in New York



In a recent *RCM Answers*, Sarianne Gruber reported on the “Navigating Value-Based Care: Making it Work in New York” panel at the 2016 Digital Health Conference. Patrick Roohan, Director, Office of Quality and Patient Safety at the NY State Department of Health, led the discussion with two leading healthcare executives, Arthur Gianelli, President of Mount Sinai St. Luke’s & the Mount Sinai PPS, and Dr. Kristofer Smith, Senior Vice President, Office of Population Health Management and Medical Director, Health Solutions at Northwell Health, addressing their experiences and challenges on “navigating” value-based care with providers and payers.

[Watch the panel.](#)

[Read more.](#)

Get Social



Access to Minor Data Now Available through HEALTHeLINK



As a result of a change in New York State policy, participating providers can now securely access data through HEALTHeLINK for minor patients 10–17 years

of age. Access to the data requires a parent or legal guardian signing an affirmative HEALTHeLINK consent form on behalf of the minor patient. Consent forms can now be collected on minors 10–17 years of age and with that consent their doctors can get access to their clinical data through HEALTHeLINK.

Executive Director Dan Porreca was recently interviewed by *HealthITSecurity* on the policy change and interoperability.

[Read more.](#)

(Source: *HEALTHeLINK*)

University of Vermont Medical Center Now Contributing Data via Hixny



North Country providers can now get a level of detail in patient records they couldn’t have imagined before—thanks to a

recent collaboration between The University of Vermont Medical (UVM Medical Center) and Hixny.

Hixny’s addition of UVM Medical Center is a first for the Empire State and the Northeast where access to secure electronic medical records has crossed borders to connect with providers in other states. The collaboration will multiply the volume of data—and will improve the quality of care—for thousands of North Country residents who see primary care physicians in New York but go to UVM Medical Center for inpatient or specialty care.

[Read more.](#)

(Source: *Hixny*)

5 New Year's Resolutions You Can Actually Keep With HealthlinkNY



healthlinkny
Your link to Statewide Health Information

HealthlinkNY recently outlined five easy steps providers can take to

fully utilize the health information exchange and see a more complete picture of patients in the new year. The steps include:

1. Conduct a Statewide Patient Record Lookup (sPRL)
2. Read—and use—your monthly utilization reports
3. Sign up for HealthlinkNY patient alerts
4. Include a HealthlinkNY consent form every time you sign in a patient
5. Encourage other provider organizations to participate in HealthlinkNY

[Read more.](#)

(Source: *HealthlinkNY*)

Medicaid's Data Gets an Internet-Era Makeover

Start-up Nuna has been working with the federal government to build a cloud computing database of the nation's 74 million Medicaid patients and their treatments. This new collection of data can be aggregated and analyzed economically and quickly and is seen as a vital ingredient in transforming healthcare. The collection will also help the transition to value-based care, serving as the raw material for measuring outcomes and discovering what works and what does not.

[Read more.](#)

(Source: *New York Times*)

Rochester RHIO 2016 Participant Survey Results



The Rochester RHIO sent out their 2016 Annual Participant Satisfaction survey to

over 6,000 people in September to gain unbiased insight into participant satisfaction over a period of time. It is a critical tool used to validate changes and improvements to RHIO services and other internal processes. Recently, they published the results of the survey. Overall, numbers regarding RHIO's services and customer service quality are positive.

[Read more.](#)

(Source: *Rochester RHIO*)

NYeC Healthcare Advisory Professional Services

Data Exchange Incentive Program (DEIP) Informational Webinars

The New York eHealth Collaborative (NYeC) is hosting two webinars to provide information on the **Data Exchange Incentive Program (DEIP)**, a funding opportunity for providers and organizations to connect to the Statewide Health Information Network for New York (SHIN-NY). The program may be of particular interest to PPS lead organizations that have PPS partners in need of connecting to the SHIN-NY.

\$10,000 in incentive funding per organization is available (in accordance with eligibility and program requirements). This program is open to Article 28 nursing homes, Article 36 home care agencies & programs, Article 40 hospice facilities, Behavioral Health providers (OMH, OASAS, HCBS-designated providers) and organizations with Medicare and/or Medicaid EPs (non-hospital).

Webinar will cover:

- DEIP program basics
- Eligibility requirements
- Data contribution requirements
- Program milestones
- Payment milestones
- QE contacts
- How to get started

SPACE IS LIMITED

Register for either session-both will cover the same content.

February 2, 10:00-11:00 am

February 7, 1:00-2:00 pm

Questions? Email deip@nyehealth.org

NYeC Healthcare Advisory Professional Services

ICD-10 Code Updates and Its Impact on PQRS Reporting

On October 1, 2016, The Centers for Medicare & Medicaid Services (CMS) implemented consolidated updates for both new ICD-10-CM and ICD-10-PCS codes set. These updates may have an impact on quality reporting, such as the Physician Quality Reporting System (PQRS), and could result in an Eligible Professional (EP) receiving negative PQRS and Value Modifier payment adjustments in 2018. CMS has assessed and determined that the updates will impact the its ability to process data reported for certain quality measures in the 4th quarter of Calendar Year (CY) 2016.

CMS has issued the following guidance on this topic:

"Therefore, CMS **will not apply** the 2017 or 2018 PQRS payment adjustments, as applicable, to any EP or group practice that fails to satisfactorily report for CY 2016 **solely as a result of the impact of ICD-10 code updates on quality data reported for the 4th quarter of CY 2016**. The Value Modifier program will consider solo practitioners and groups, as identified by their taxpayer identification number (TIN), who meet reporting requirements in order to avoid the PQRS payment adjustment (either as a group or by having at least 50% of the individual eligible professionals in the TIN avoid the PQRS adjustment) to be "Category 1," meaning they will not incur the automatic downward adjustment under the Value Modifier program."

Key takeaways:

1. All EPs must complete 2016 PQRS reporting
2. EPs must satisfy all the requirements of the PQRS Reporting Program
3. Following the close of the PQRS reporting period, CMS will review all the reported data.
 - a. If an EP did not pass PQRS strictly based on the updates to ICD-10 Coding updates, they will not receive a negative payment adjustment.
 - b. If there are other reasons a provider did not pass, then the payment adjustments **will be applied**.

Review ICD-10-CM FAQs. Additional information from CMS can be found at: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/ICD-10_Section.html

If you need assistance with understanding how this could impact your 2016 PQRS reporting, please contact the NYeC PQRS Registry at supportpqrs@nyehealth.org or (646) 619 6485.

NYeC Healthcare Advisory Professional Services

Meaningful Use Reporting in 2016 and 2017

To help providers prepare for the 2016 EHR Incentive Programs attestation period, the Centers for Medicare & Medicaid Services (CMS) has released two attestation worksheets.

One worksheet is specific to **eligible professionals** attesting for the 2016 period, and the second is for **eligible hospitals and critical access hospitals**.

Providers can log their meaningful use measures for each objective in the worksheet and use it as a reference when attesting for the 2016 Medicare EHR Incentive Program in CMS' **Registration and Attestation System**.

If you still have questions, please reach out to NMelendez@nyehealth.org for assistance.

Behavioral Health Information Technology (BHIT) Update

Grant Period: June 1, 2016 - May 31, 2018

Milestone 1:

Program Enrollment | October 31, 2017

Milestone 2:

HCBS System Go-Live | December 31, 2017

Milestone 3:

HCBS Billing, Sustainability, and Interoperability | March 31, 2018

Resources

[NYS OMH BHIT Program](#)

[Adult Behavioral Health Home and Community Based Services Application for Provider Designation](#)

[Spending Guidance for Recipients of Multiple HIT Grants](#)

[Program Guidance for Spending Down Leftover Funding](#)

Contact for changes in Hiatus Status:
omh.sm.co.HCBS-Application@omh.ny.gov.

For general Hiatus Status questions, email:
OMH-Managed-Care@omh.ny.gov or PICM@oasas.ny.gov

For more information about the BHIT program, visit our [website](#) or email bhit@nyehealth.org.

Partner Events & Opportunities

Modern Healthcare Transformation Summit



April 13, 2017 | Atlanta, Georgia

In a unique, day-long event, Modern Healthcare's 2nd annual Healthcare Transformation Summit will highlight how technology companies, consulting companies and supplier organizations are getting a foot in the door with healthcare systems and becoming strategic partners in innovation. Learn first-hand how to engage, pitch and negotiate with C-Suite decision makers and how to make inroads with your product/service.

[Learn more and register.](#)