

Meeting Purpose: Provider Association Meeting  
Date: May 10, 2011  
Attendees: **Beebe:** Kim, Sue, Liza  
**DEHA:** Lisa Schieffert  
**DHCFA:** Yrene Waldron  
**DHIN:** Sarabeth Breit  
**DMGMA/Nemours:** Penny O'Neill represented by Lorna, Betty Kendall, Jim  
**DMMA:** Susan Mateja, Troy McDaniel, Dave Michalik, Nicolette Shuhart, Patti Spellman  
**DPCI:** Karen Helensky  
**HP:** Will Beck, Marcella Bond-Toler, Shawn Carter, Jean Heller, Sheila Nutter, Karen Parker-Bender, Michele Ramsey, Judy Potts, Thomas Wolters  
**Medical Society of Delaware:** Donna Barton  
**Pediatric Associates:** Alice Thursby  
**QID:** Roxanne Fletcher  
**United Healthcare:** Andrea Potts  
Location: HP – Blue Hen Room

### ***Topics for Discussion***

**Introductions:** All present introduced themselves.

### **Meaningful Use Update—Roxanne Fletcher, Quality Insights of Delaware**

The Delaware Health Information Technology (HIT) Regional Extension Center (REC) continues to recruit providers for the Medicare or Medicaid Electronic Health Record (EHR) Incentive Program. There are currently 859 providers signed up: 701 Priority Primary Care Providers (PPCPs) and 158 non-PPCPs.

To date, 267 providers have reached milestone 2 (i.e., they have gone live with their EHR system). In April, 7 providers attested for Medicare and 22 more are waiting to attest in May or June. The REC presentation is attached to these minutes.

If you need more information about the incentive program, please visit [www.DEHITREC.org](http://www.DEHITREC.org) or contact the REC at [DelRECinfo@wvmi.org](mailto:DelRECinfo@wvmi.org).

### **Delaware Health Information Network (DHIN)—Sarabeth Breit, DHIN**

Sarabeth reported that Delaware is the first and only state with an operational Health Information Exchange (HIE). The DHIN provides clinical results for patients from participating hospitals and labs via inbox or search function. The DHIN complies with HIPAA regulations and non-disclosure agreements.

Currently, the participating hospitals and labs include Christiana Care Health System, St. Francis Hospital, Bayhealth Medical Center, LabCorp, Doctors Pathology Services, Quest Diagnostics, and Beebe Medical Center. Certified EHRs include Allscripts, STI Computer Services, and Varian. Sarabeth noted that 80 percent of Delaware providers are using the DHIN.

For more information please visit our website at [www.dhin.org](http://www.dhin.org) or call 302-678-0220. The DHIN presentation is attached to these minutes.

Susan Mateja noted that Fox Systems is working with the State on a State HIT program. The State is also developing the operational aspect of incentive payments, Medical Assistance Provider Incentive Repository (MAPIR), with HP Enterprise Services.

## **Pharmacy Update—Thomas Wolters**

The P&T Committee meeting was held May 5, 2011 and changes will be implemented July 1, 2011. There are two proposed classes: HIV medications and oral contraceptives. The changes will take place over four to five weeks, and those clients currently on these medications will be grandfathered.

The DUR meeting will be held May 23, 2011 and is open to the public.

## **ePrescribing Update—Marcella Bond-Toler**

Marcella spoke about how to avoid payment adjustments with ePrescribing. This includes reporting at least 10 unique ePrescribing events for clients. She also reported on the 1 percent incentive payment on Part B billing for successful ePrescribers.

For more information about ePrescribing, visit <https://www.dmap.state.de.us/information/erx.html> or send questions to [dexix-e-prescribing@hp.com](mailto:dexix-e-prescribing@hp.com).

Marcella's entire presentation is attached to these minutes.

## **State Update**

### **Affordable Care Act (ACA) Overview—Dave Michalik**

Dave reported on the Patient Protection and Affordable Care Act that was passed on March 23, 2010. The following highlights were included:

- Insurance Reform
- Individual Mandate
- Creation of Health Insurance Exchanges—web-based marketing/purchase of insurance plans
- Medicare Improvements
- Pre-Existing Condition Insurance Plan
- Medicaid Expansion—18,000-25,000 new members expected by January 1, 2014
- Children's Health Insurance Program
- Small Business Tax Credits

Dave's entire presentation is attached to these minutes. The Delaware Health Care Commission website includes a link to test-drive the Wisconsin HIE at <https://exchange.wisconsin.gov/>.

### **Face-to-Face Requirement—Nicolette Shuhart**

Effective April 1<sup>st</sup>, CMS expects Home Health agencies and Hospices to comply with the mandated face-to-face requirements.

For HH Agencies, these are to be completed for initial certifications. They are to be done by the certifying physician or specific non-physicians working with the physician. The face-to-face must be done 90 days prior to start of care or within 30 days after the start of care. Documentation of the face-to-face must be present on the certification.

For Hospices, these face-to-face encounters are to be completed at recertifications. A hospice physician or nurse practitioner must do a face-to-face prior to the 180<sup>th</sup> day recertification and for all recertifications following. The face-to-face must occur no more than 30 days prior to the start of the recipient's 3<sup>rd</sup> benefit period.

## **Provider Screening Levels (Affordable Care Act)—Nicolette Shuhart**

As part of the Affordable Care Act (ACA), effective 2011, new providers enrolling in Medicaid will be assigned a specific screening level as determined by CMS. Based on the provider's specific screening level, different screening requirements will apply. Effective 2012, this will apply to currently enrolled providers.

For example,

- Screening levels are limited, moderate, and high.
- Providers in the limited level include physicians, publicly traded providers, and skilled nursing facilities.
- Providers in the moderate level include hospice organizations, labs, and community mental health facilities.
- Providers in the high level include non-publicly traded, newly enrolling home health agencies, and DME suppliers.
- Limited screening requirements include exclusion and license screening and database checks.
- Moderate screening includes all of the limited screening requirements and unscheduled and unannounced site visits, pre- and post-enrollment.
- High screening includes all of the limited and moderate screening requirements, criminal background checks, and possibly fingerprinting.

This ACA provision is intended to reduce fraud, waste, and abuse.

## **Enrollment Fees—Nicolette Shuhart**

Effective March 25, 2011, newly enrolling institutional providers must pay \$505 to enroll with DMAP, unless they are already enrolled with Medicare or Medicaid in another state and have paid the fee. For the definition of institutional provider and more information, see the attachment to these minutes.

Provider Enrollment Chain and Ownership System (PECOS) is Medicare's online enrollment application.

Enrollment applications and the providers required to use them can be located at:

<http://www.cms.gov/cmsforms/downloads/cms855a.pdf>  
<https://www.cms.gov/CMSforms/downloads/cms855b.pdf>  
<http://www.cms.gov/cmsforms/cmsforms/itemdetail.asp?itemid=CMS019480>

## **Reenrollment—Nicolette Shuhart**

Effective 2012, providers will be required to revalidate approximately every 5 years.

## **Disclosure Update—Karen Parker-Bender**

Currently, there are 61 percent of enrolled providers who have complied with the online disclosure requirement. Some providers were confused by the requirement—"all" includes both groups and individuals who must comply.

Karen also reminded everyone to be sure to sign up to receive email notifications about all changes, news, and updates.

**Action Items:**

Date	Action Item	Responsibility	Resolution
5/10/11	Question about whether encounters are included in the disclosure reporting	Karen Parker-Bender	5/18/11

**Next Meetings:** Tuesday, August 9, 2011 1:30—3:30 DeIDot Building in Dover  
Tuesday, November 8, 2011 1:30—3:30 DeIDot Building in Dover

***Please plan to attend in person!***



# REC HIT Regional Extension Center

*Where Quality and Health Information Technology Converge*



## DE REC UPDATE MAY 2011

**Roxanne Fletcher**

REC Special Task Force  
Practice Coordinator

1.866.475.9669, ext. 4010

DelRECInfo@wvmi.org

<http://www.dehitrec.org>



## BECOMING THE DELAWARE REGIONAL EXTENSION CENTER

*Where Quality and Health Information Technology Converge*

- April 2010, Quality Insights of Delaware designated as state's Health Information Technology Regional Extension Center (REC) by the Office of the National Coordinator for Health Information Technology
  - *To assist physicians adopt, implement and effectively use electronic medical records to improve the quality of patient care*



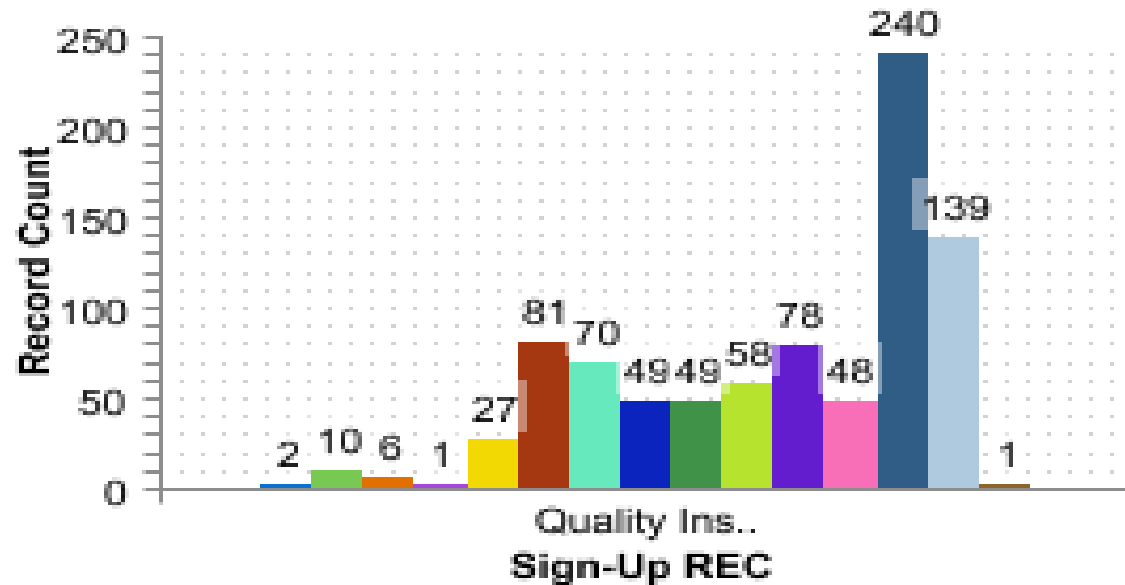
*Where Quality and Health Information Technology Converge*

- **The REC is assigned to help **1,000** DE physicians with the adoption and implementation of meaningful use of Health Information Technology (HIT)**
  - *REC works with all providers that are eligible to participate in the Medicare or Medicaid Electronic Health Record (EHR) Incentive Program*
  - *REC will concentrate efforts to assist providers classified as Priority Primary Care Providers (PPCP)*
  - *REC offers substantial savings compared to industry standard fees for EHR Meaningful Use Consultants*



*Where Quality and Health Information Technology Converge*

### Total Providers Signed Up by Month



#### Date of Sign-Up

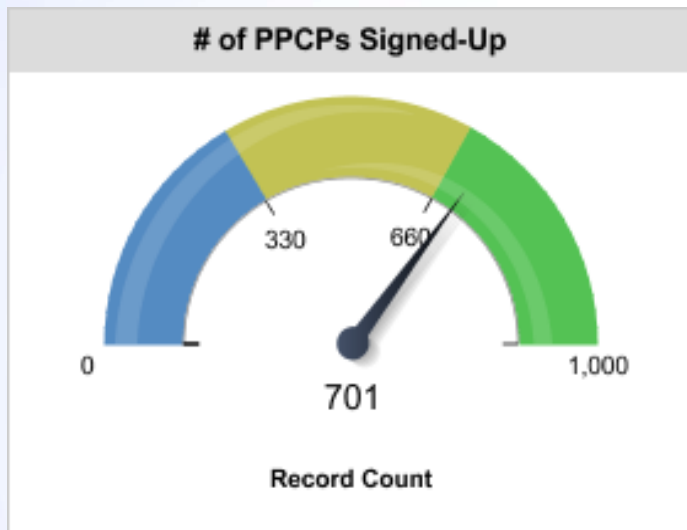
- |                |              |               |
|----------------|--------------|---------------|
| February 2010  | April 2010   | May 2010      |
| June 2010      | July 2010    | August 2010   |
| September 2010 | October 2010 | November 2010 |
| December 2010  | January 2011 | February 2011 |
| March 2011     | April 2011   | May 2011      |



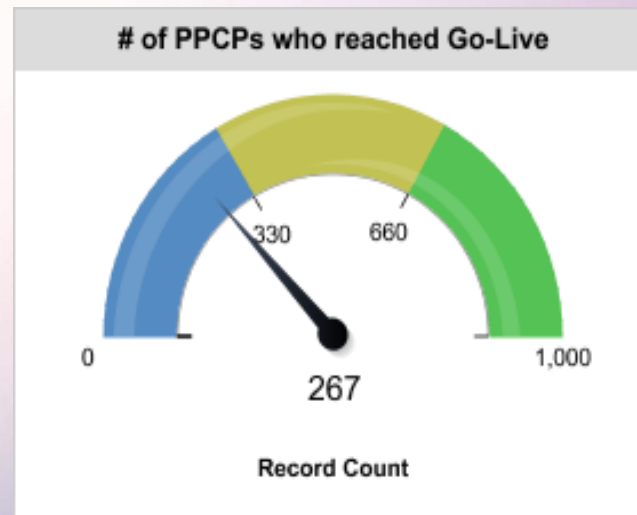
# REC

## DE REC CURRENT STATS

*Where Quality and Health Information Technology Converge*



**Milestone One**  
(as of 5/9/11)

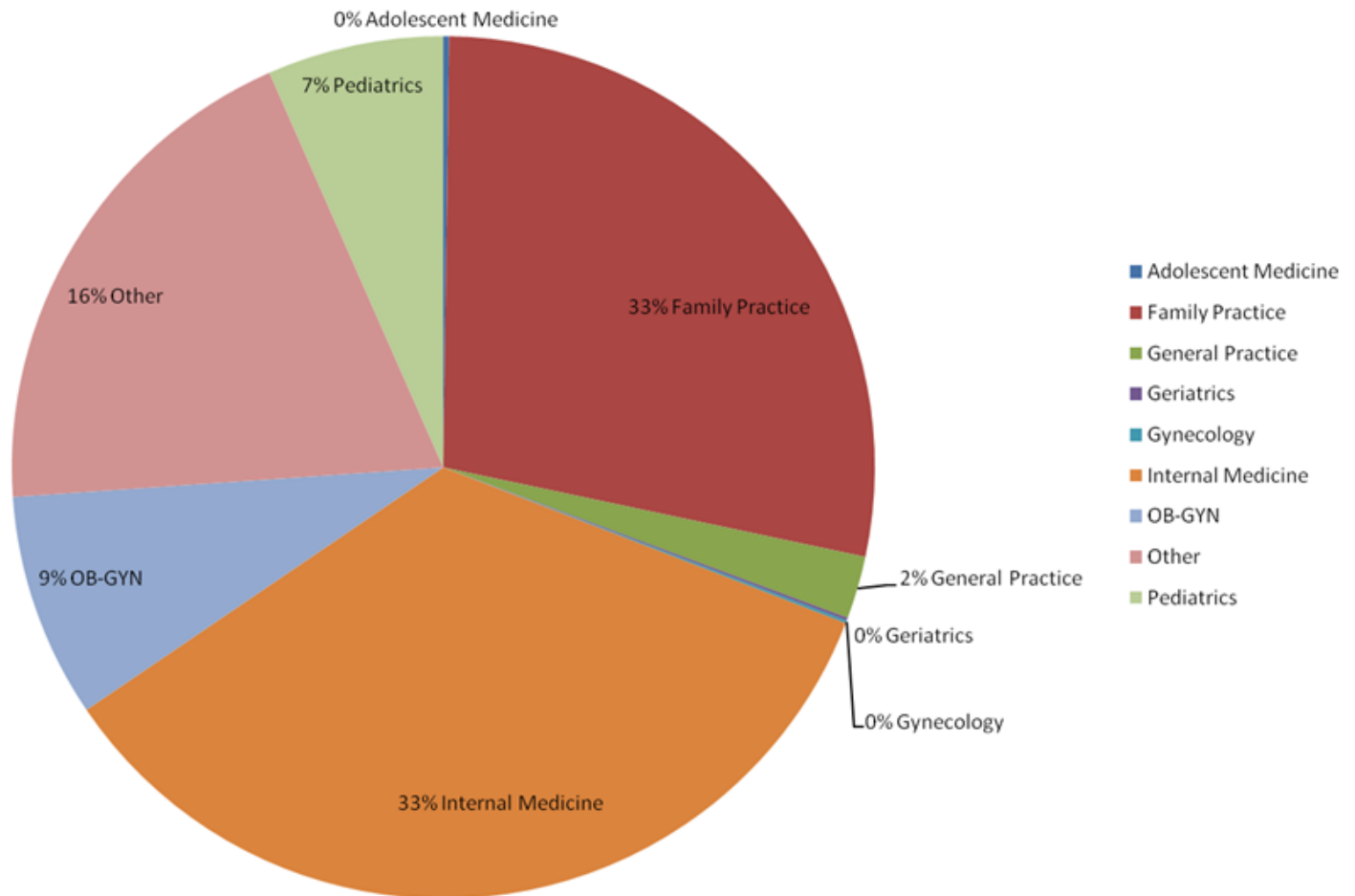


**Milestone Two**  
(as of 5/9/11)

## HOW IT ALL BREAKS DOWN

*Where Quality and Health Information Technology Converge*

PPCP - Breakdown by Practice Type



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## ❑ DE MUVERS have met the challenge

- Seven providers representing two practices have attested for Meaningful Use through the Medicare Incentive Program during the month of April
- May and June – 22 providers

## ❑ Next on the horizon

- Medicaid Attestation – DE REC has several providers that will be qualifying for Medicaid's program later this year





# BENEFITS OF WORKING WITH DE REC

*Where Quality and Health Information Technology Converge*

- **The Delaware REC team is equipped to help physicians hit the ground running with their EHR implementation or improvement process.**
- **Our Workflow & Implementation Coordinators provide each practice with direct, individualized, on-site assistance with every aspect of this important transformation including:**
  - *Assess your practice's workflow and optimize it for EHR implementation*
  - *Research and select a certified EHR product that best meets your needs*
  - *Train your staff on EHR use and implementation*
  - *Understand and achieve meaningful use of your system*
  - *Comply with privacy and security requirements*





*Where Quality and Health Information Technology Converge*

**The #1 Goal of the DE REC:**  
**Improving Health Care in Delaware!**

**[www.DEHITREC.org](http://www.DEHITREC.org)**

*Quality Insights of Delaware Regional Extension Center will get you MU'ving!*

**Beth Schindele, REC Director**

**1.866.475.9669, ext. 4010**

**DeIRECInfo@wvmi.org**

**This project is made possible through a grant from the Office of the National Coordinator with Department of Health and Human Services support. Grant no. 90RC0044/01. Publication #: DEREK-LF-101910. App 10/10.**



*Better Communication for Better Healthcare*

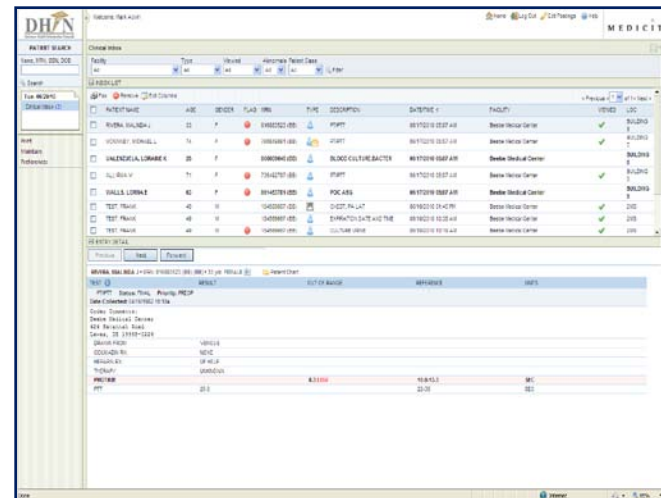


# What Is DHIN?

The Nation's *First* Operational Statewide Health Information Exchange

- Delivers clinical results from participating hospitals and labs quickly and securely in one standardized format:

- Lab and Pathology Results
- Radiology Reports
- Admission Face Sheets
- Transcribed Reports



- Provides access to historical clinical information via an online patient chart
- Query function allows for easy searching based on patient name, MRN, DOB, SS#
- Meets providers where they are on the technology adoption curve with web access, autoprnt, and EHR interface capabilities

# DHIN Participating Hospitals & Labs

Christiana Care  
Health System

St Francis Hospital

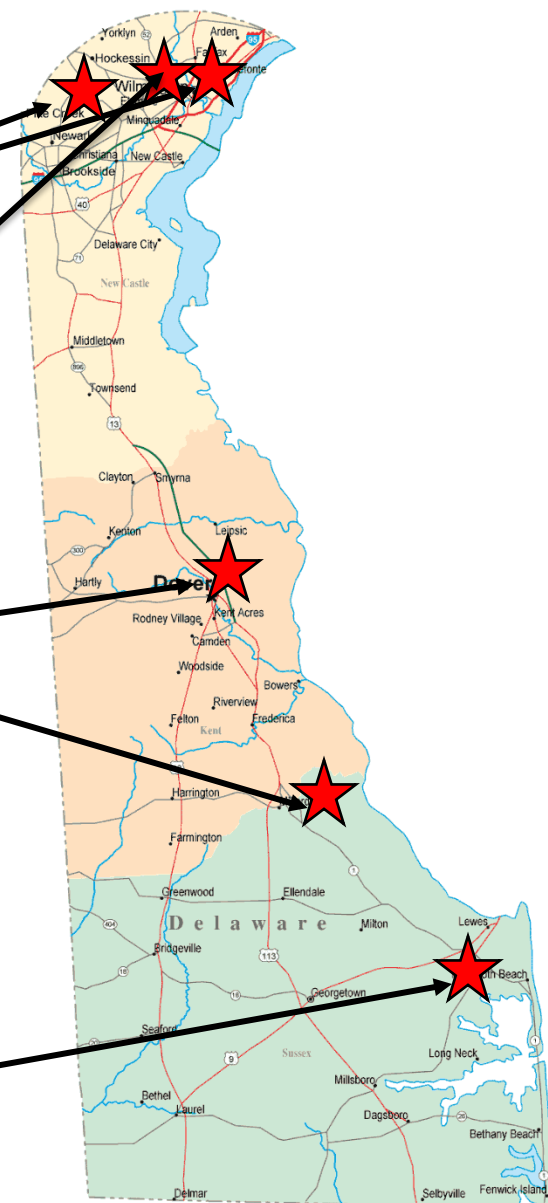
Bayhealth Medical  
Center

LabCorp

Doctors Pathology Services

Quest Diagnostics

Beebe Medical Center



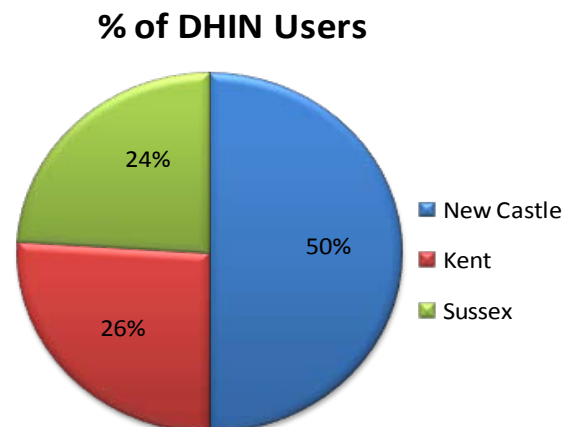
# EHR Connectivity



- DHIN Certified EHRs
  - Allscripts
  - STI Computer Services
  - Varian
  - eClinicalWorks (in test)
- EHR Vendors Under Contract to Develop a DHIN Interface
  - Cerner    - ADS    - Physician's Express    - McKesson
  - MicroMD    - GE    - GEMMS    - SequeIMD
- EHR Vendors with Whom Contract and/or Technical Discussions are in Progress (partial list)
  - NextGen                      - AdvancedMD                      - Care360
  - Greenway                      - Sage                      - Office Practicum
- Negotiated Discounts and Maintenance Fees for DHIN Practices

## 80% of Delaware Providers are Enrolled in DHIN

The distribution of DHIN users is consistent with the distribution of health care providers in the State of Delaware



DHIN users also are diverse and representative of the State's provider population with regard to specialty. DHIN users practice the following specialties:

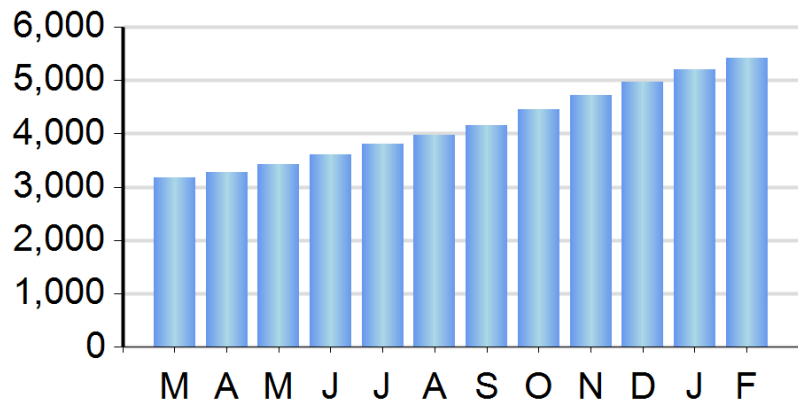
Anesthesiology  
 Cardiology  
 Ear, Nose & Throat  
 Emergency Medicine  
 Family Medicine  
 Gastroenterology  
 Hematology  
 Home Health  
 Hospice

Hospital-based Medicine  
 Internal Medicine  
 Long-Term Care  
 Mental Health  
 Neurology  
 Neurology-Imaging  
 Obstetrics/Gynecology  
 Oncology  
 Orthopaedics

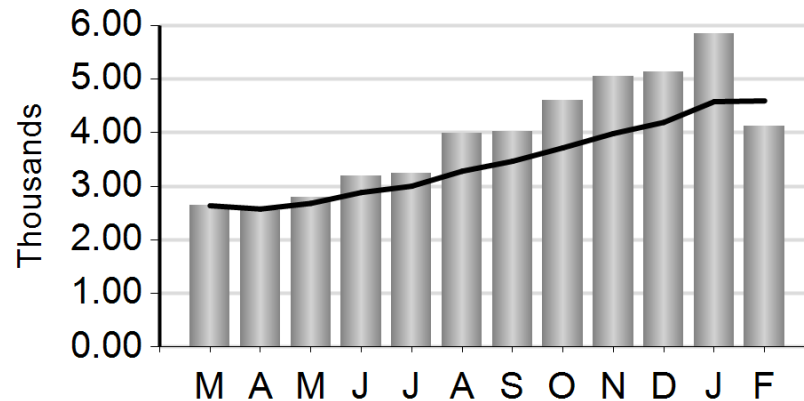
Orthopaedic Surgery  
 Pathology  
 Pharmacy  
 Podiatric Medicine  
 Public Health  
 Pulmonology  
 Surgery  
 Surgical Oncology  
 Urology

# DHIN By The Numbers (2011)

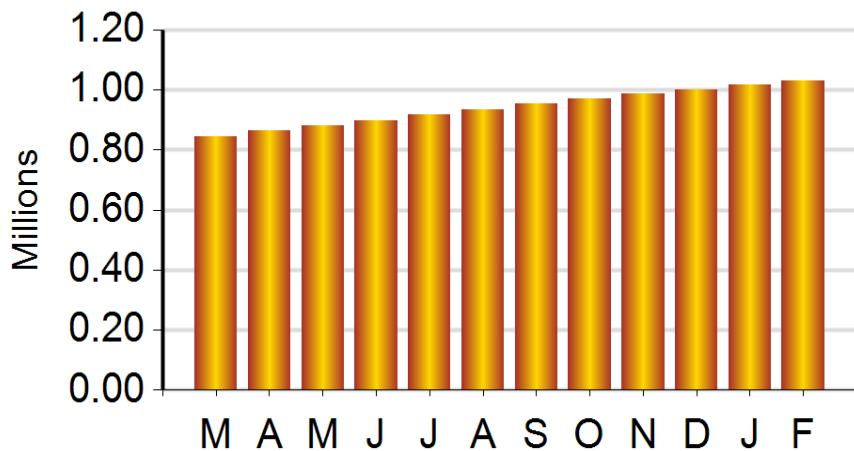
Users



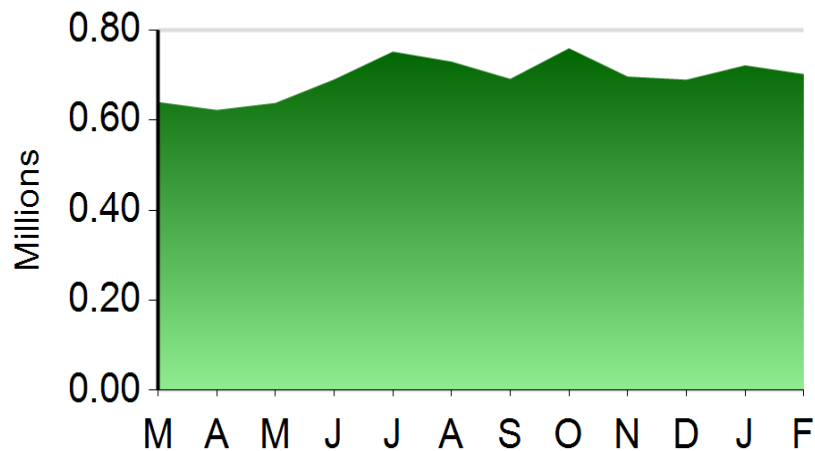
Logins



Patients



Delivered Results/Reports



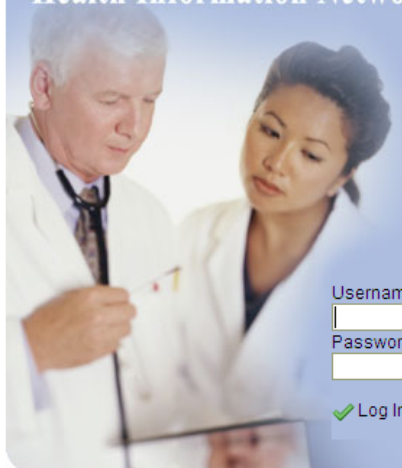
# What Can DHIN Do For You?

- Improve Quality of Care & Safety
  - Reduce errors associated with incomplete information
  - Better information at time and place of care
  - Timely and accurate public health reporting, infection control, and care management
  - Continuity of information across care systems
- Enhance Privacy
  - Records are protected by secure technology
  - Access provided on need-to-know basis, with monitoring and auditing
  - Patients may request audit
  - Information preserved and accessible in event of natural disaster

# What Can DHIN Do For You?

- Save Time
  - Results and reports delivered within minutes
  - Receive all results in one place, in one format
  - Patient search function makes finding results easy
  - No more copying/faxing results for consults & referrals
- Reduce Costs
  - Lower administrative overhead associated with filing and charting
  - Improve case management
  - Reduce duplication of service
  - Promote more appropriate use of the healthcare system

# Delaware Health Information Network



Username

Password

✔ Log In



## Health Information and Electronic Data Interchange

Welcome to the the Delaware Health Information Network (DHIN) -- a service designed to provide for the secure, fast, and reliable exchange of health information among the many healthcare providers and practitioners treating patients in the State of Delaware.

PATIENT SEARCH

Clinical Inbox



Name, MRN, SSN, DOB

Facility: All Type: All Viewed: All Abnormals: All Patient Class: All Filter

Search

INBOX LIST

Fax Remove Edit Columns

< Previous > 1 of 1 < Next >

<input type="checkbox"/>	PATIENT NAME	AGE	GENDER	FLAG	MRN	TYPE	DESCRIPTION	DATE/TIME ↑	FACILITY	VIEWED	LOC
<input type="checkbox"/>	RIVERA, MALINDA J	33	F		816883523 (BB)		PT/PTT	06/17/2010 05:07 AM	Beebe Medical Center		BUILDING 9
<input type="checkbox"/>	MCKINNEY, MICHAEL L	74	F		760849861 (BB)		PT/PTT	06/17/2010 05:07 AM	Beebe Medical Center		BUILDING 7
<input type="checkbox"/>	VALENZUELA, LORAIN E	25	F		805609646 (BB)		BLOOD CULTURE,BACTER	06/17/2010 05:07 AM	Beebe Medical Center		BUILDING 8
<input type="checkbox"/>	ALI, IRMA V	71	F		735492787 (BB)		PT/PTT	06/17/2010 05:07 AM	Beebe Medical Center		BUILDING 3
<input type="checkbox"/>	WALLS, LORIN E	63	F		861453781 (BB)		POC ABG	06/17/2010 05:07 AM	Beebe Medical Center		BUILDING 9
<input type="checkbox"/>	TEST, FRANK	49	M		184566667 (BB)		CHEST, PA LAT	06/10/2010 01:45 PM	Beebe Medical Center		2MS
<input type="checkbox"/>	TEST, FRANK	49	M		184566667 (BB)		EXPIRATION DATE AND TIME	06/10/2010 10:38 AM	Beebe Medical Center		2MS
<input type="checkbox"/>	TEST, FRANK	49	M		184566667 (BB)		CULTURE URINE	06/10/2010 10:19 AM	Beebe Medical Center		2MS

ENTRY DETAIL

Previous Next Forward

RIVERA, MALINDA J • MRN: 816883523 (BB) (BB) • 33 y/o FEMALE Patient Chart

TEST	RESULT	OUT OF RANGE	REFERENCE	UNITS
PT/PTT Status: FINAL Priority: PREOP Date Collected: 04/18/1982 10:18a				
Order Comments: Beebe Medical Center 424 Savannah Road Lewes, DE 19958-0226				
DRAWN FROM	VENOUS			
COUMADIN RX:	NONE			
HEPARIN RX:	UF HELP			
THERAPY	UNKNOWN			
PROTIME	8.3	LOW	10.0-13.3	SEC
PTT	26.8		22-36	SEC

Print  
Maintain  
Preferences

PATIENT SEARCH

Search Results

Break Glass

Name, MRN, SSN, DOB  
anderson

Search

Wed. 06/02/10  
Clinical Inbox (0)

[Print](#)  
[Maintain](#)  
[Preferences](#)

Edit Columns												
LAST NAME ↓	SUF	PRE	FIRST NAME ↓	MI	MRN ↓	DOB ↓	GENDER	SSN ↓	FACILITY	SOURCE		
ANDERSON			BERNICE		22020 (LC+)	06/30/1936	Female		Laboratory Corporation of America	Laboratory Corporation of America Repository	1 of 1	
ANDERSON			CLIFF	E	000000706238532 (CC)	11/28/1953	Male	**-**-5644	Christiana Care	Christiana Care Repository		

ANDERSON, CLIFF E • MRN: 000000706238532 (CC) • 56 y/o MALE

PATIENT SEARCH

- Pt Info
- Face Sheets
- Reports
- Encounters
- Tests

Print Break Glass Medication History

Name, MRN, SSN, DOB

Search

Wed. 06/02/10

Clinical Inbox (0)

Print

Maintain

Preferences

Patient Class  
All

Type  
All

Date Range  
All

Facility: Christiana Care  
 Admitting Physician:  
 Attending Physician: TESTING, DR BOB  
 Admitted: 03/04/2010 09:08a EST  
 Discharged:

TEST	RESULT	OUT OF RANGE	REFERENCE	UNITS
TROPONIN-I	Status: FINAL	Priority: ROUTINE		
Date Collected: 03/04/2010 12:01p				

Order Comments:  
 Christiana Care Health Services  
 Department of Pathology and Laboratory Services - Chairman, Gary B Witkin MD  
 Wilmington, DE 19899  
 For inquiries, the physician may contact: 302-733-3625

TRO	0.068		0-0.120	ng/mL
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TEST	RESULT	OUT OF RANGE	REFERENCE	UNITS
I-STAT	Status: FINAL	Priority:		
Date Collected: 03/04/2010 09:20a				

Order Comments:  
 Christiana Care Health Services  
 Department of Pathology and Laboratory Services - Chairman, Gary B Witkin MD  
 Wilmington, DE 19899  
 For inquiries, the physician may contact: 302-733-3625

PH		-5.9 8.7 HIGH	7.34-7.45	
PCO2	-5.9 8.7 33.2		27.0-40.0	MMHG
PO2 ARTERIAL		-5.9 8.7 33.2 34.3 LOW	40-70	MMHG
TOTAL CO2		-5.9 8.7 33.2 34.3 17.3 LOW	18.0-27.0	MMHG
HCO3		-5.9 8.7 33.2 34.3 17.3 28.8 HIGH	22.0-26.0	MM/L
O2 SATURATION	-5.9 8.7 33.2 34.3 17.3 28.8 81.4		60-85	%

SAMPLE SOURCE Status: F

- 5.9
- 8.7
- 33.2
- 34.3
- 17.3
- 28.8
- 81.4
- ART

ANDERSON, CLIFF E • MRN: 00000706238532 (CC) • 56 y/o MALE

**PATIENT SEARCH**

- Pt Info
- Face Sheets
- Reports
- Encounters
- Tests

[Print](#)
[Medication History](#)

Collapse All Sections      **Current Patient Profile At:**  
 Christiana Care      MRN: 00000706238532

PATIENT DEMOGRAPHICS

<b>Name:</b>	ANDERSON, CLIFF E	<b>MRN:</b>	00000706238532 (CC)
<b>SSN:</b>	***-**-5644	<b>DOB:</b>	11/28/1953
<b>Race:</b>		<b>Age:</b>	56 y/o
<b>Address:</b>	12290 N. King Street Wilmington, DE 19899	<b>Gender:</b>	MALE
<b>Home Phone:</b>	(302) 555-8376	<b>Marital Status:</b>	MARRIED
		<b>Religion:</b>	DECLINE

GUARANTOR

<b>Name:</b>	ANDERSON, MARY J	<b>Address:</b>	12290 N. King Street Wilmington, DE 19899	<b>Home Phone:</b>	(302) 723-2327
<b>Pt. Relation:</b>	Spouse			<b>SSN:</b>	***-**-9585

EMERGENCY CONTACT

<b>Name:</b>	OLSON, RAE	<b>Home Phone:</b>	(847) 253-1909
<b>Pt. Relation:</b>	Sister	<b>Other Phone:</b>	

INSURANCE INFORMATION

PRIMARY INSURANCE		SECONDARY INSURANCE	
<b>Insurance Plan Code:</b>	235600200 - AUTHORIZED	<b>Insurance Plan Code:</b>	
<b>Company Name:</b>	HEALTH PLAN OF AMERICA	<b>Company Name:</b>	
<b>Company Address:</b>	139061 Seventh Street Lutcher, LA 70071	<b>Company Address:</b>	
<b>Company Phone:</b>	(398) 837-6462	<b>Company Phone:</b>	
<b>Group #:</b>	11478	<b>Group #:</b>	
<b>Group Name:</b>	UNION PACIFIC CORPORATION	<b>Group Name:</b>	
<b>Policy #:</b>	304562775	<b>Policy #:</b>	
<b>Subscriber Name:</b>	ERICKSON, YOUNG D	<b>Subscriber Name:</b>	
<b>Subscriber Relation:</b>		<b>Subscriber Relation:</b>	

ALLERGIES

TYPE	DESCRIPTION	REACTION	SEVERITY	DATE REPORTED
No Records to Display				

ADDITIONAL MRN(s)

MRN	FACILITY
No Records to Display	

PROVIDERS

PROVIDER NAME	PROVIDER ID	REL. TYPE	PHONE	SOURCE
TESTING DR BOB	222222	ATTENDING		Christiana Care Repository

Name, MRN, SSN, DOB

Search

Wed. 06/02/10  
 Clinical Inbox (0)

[Print](#)  
[Maintain](#)  
[Preferences](#)

ANDERSON, CLIFF E • MRN: 000000706238532 (CC) • 56 y/o MALE

Print Break Glass Medication History

PATIENT SEARCH

Name, MRN, SSN, DOB

Search

Wed. 06/02/10  
Clinical Inbox (0)

Print  
Maintain  
Preferences

Pt Info	Face Sheets	Reports	Encounters	Tests							
ANDERSON, CLIFF E	Christiana Care	03/04/2010 09:08a EST			VIEW	CHEST PAIN	OUTPATIENT	BUILDING 4	000000706238532 (CC)	000000018145739	
ANDERSON, CLIFF E	Christiana Care	05/03/2004 09:08a EDT	05/03/2004 03:47p EDT		VIEW	LARYNGITIS	OUTPATIENT	BUILDING 4	000000706238532 (CC)	000000053731191	
ANDERSON, CLIFF E	Christiana Care	02/14/2008 09:08a EST	02/14/2008 03:47p EDT		VIEW	CONSTIPATION	OUTPATIENT	BUILDING 4	000000706238532 (CC)	000000073761974	
ANDERSON, CLIFF E	Christiana Care	07/21/2008 09:08a EDT	07/21/2008 03:47p EDT		VIEW	INFLUENZA	OUTPATIENT	BUILDING 4	000000706238532 (CC)	000000040033769	
ANDERSON, CLIFF E	Christiana Care	03/25/2009 09:08a EDT	03/25/2009 03:47p EDT		VIEW	IRON DEFICIENCY	OUTPATIENT	BUILDING 4	000000706238532 (CC)	000000018026973	

PATIENT DEMOGRAPHICS

Name:	ANDERSON, CLIFF E	MRN:	000000706238532 (CC)
SSN:	***-5644	DOB:	11/28/1953
Race:		Age at Admission:	54 y/o
Address:	12290 N. King Street Wilmington, DE 19899	Gender:	MALE
Home Phone:	(302) 555-8376	Marital Status:	MARRIED
		Religion:	DECLINE

VISIT SUMMARY

Account:	000000040033769	Admitting Physician:		Discharge Disposition:	DISCHARGE TO PSYCHIATRIC FACILITY
Admit Type:	ELEC WS	Attending Physician:	TESTING, DR BOB	Discharge Date/Time:	07/21/2008 03:47p EDT
Admit Source:	EMERGENCY ROOM ADMIT	Consulting Physician:		Accident Date/Time:	
Admit Date/Time:	07/21/2008 09:08a EDT	Primary Care Physician:	TESTING, DR BOB	Job Related:	
Admit Diag Descr:	INFLUENZA	Referring Physician:	TESTING, DR BOB	Financial Class:	01
Hospital Service:	EMERGENCY MEDICINE	Location:	BUILDING 4		
Patient Class:	OUTPATIENT	Room/Bed:	2304 / 4		

ALLERGIES

TYPE	DESCRIPTION	REACTION	SEVERITY	DATE REPORTED
No Records to Display				

EMERGENCY CONTACT

Name:	OLSON, RAE	Home Phone:	(847) 263-1909
Pt. Relation:	Sister	Other Phone:	

GUARANTOR

Name:	ANDERSON, MARY J	Occupation:	
SSN:	***-9585	Employer:	
Pt. Relation:	Spouse	Employer Address:	
Address:	12290 N. King Street Wilmington, DE 19899	Employer Phone:	
Home Phone:	(302) 723-2327		
Other Phone:	(302) 671-6228		

INSURANCE INFORMATION

PRIMARY INSURANCE		SECONDARY INSURANCE	
Insurance Plan Code:	236600200 - AUTHORIZED	Insurance Plan Code:	
Company Name:	HEALTH PLAN OF AMERICA	Company Name:	
Company Address:	139081 Seventh Street	Company Address:	

ANDERSON, CLIFF E • MRN: 000000706238532 (CC) • 56 y/o MALE

PATIENT SEARCH

Pt Info Face Sheets Reports Encounters Tests

Print Break Glass Medication History

Name, MRN, SSN, DOB

Search

Wed. 06/02/10

Clinical Inbox (0)

Print Maintain Preferences

Type  
All

By Date  By Type

Discharge Summary  
3/4/2010  
7/21/2008

REPORT

Discharge Summary Status:FINAL Dictated By: UNK

DISCHARGE SUMMARY PAGE 1 of 1

DISCHARGE SUMMARY

STATUS: F

PATIENT NAME: ANDERSON, CLIFF E.

ACCT. #000000706238532

DOB: 11/28/1953

CHIEF COMPLAINT: Chest Pain/Shortness of Breath

HISTORY OF PRESENT ILLNESS: The patient is a 56 year old, white male, complaining of intermittent chest pains and shortness of breath. Symptoms have been happening off and on for the past 3 months. Patient describes the chest pain as mild to severe at times. The pain is exacerbated during high stress situations and when he is exerting a lot of energy. The pain is often accompanied by shortness of breath and does have a tightening quality to it. At times the pain can be brief or last up to 20 minutes.

The patient has experienced shortness of breath quite a bit, often independent of chest pain over the past months and he attributes it to stress. He exhibits signs of anxiety and depression.

Due to chest pain, an EKG was performed and the results were abnormal. Troponin results were within normal range. ABG I-STAT results were low.

ASSESSMENT:

1. Anxiety, unspecified
2. Depression
3. Abnormal EKG, unspecified

PLAN:

Patient was prescribed an anti-depressant and anti-anxiety medication, Lexapro. Follow-up appt was scheduled. Patient was referred to a Cardiologist for follow-up to chest pain complaints and further testing. Appt is scheduled for two weeks.

Further orders will be as the case progresses.

ANDERSON, CLIFF E • MRN: 00000706238532 (CC) • 56 y/o MALE

PATIENT SEARCH

- Pt Info
- Face Sheets
- Reports
- Encounters
- Tests

Print Break Glass Medication History

Name, MRN, SSN, DOB

Search

Wed. 06/02/10  
Clinical Inbox (0)

- Print
- Maintain
- Preferences

Type  
All

Date Range  
All

By Date  By Test

- BLOOD CULTUR...
- 7/21/2008
- 2/14/2008
- 5/3/2004
- CBC WITHOUT ...
- HEMOGLOBIN E...
- I-STAT
- I-STAT G3 PA...
- PROTIME AND ...
- TROPONIN-I
- URINALYSIS

TEST	RESULT	OUT OF RANGE	REFERENCE	UNITS
BLOOD CULTURE, BACTER	Status: FINAL Priority:			
Date Collected: 07/21/2008 04:11a				

Order Comments:  
 Christiana Care Health Services  
 Department of Pathology and Laboratory Services - Chairman, Gary B Witkin MD  
 Wilmington, DE 19899  
 For inquiries, the physician may contact: 302-733-3625

-----  
 BACTERIOLOGY (CULTURES)  
 Ut tellus. Ut sodales, sem.  
 -----  
 Sed consequat, ante id tristique.  
 BLOOD CULTURE, BACTERIA/YEAST

TEST	RESULT	OUT OF RANGE	REFERENCE	UNITS
BLOOD CULTURE, BACTER	Status: FINAL Priority:			
Date Collected: 02/14/2008 01:37p				

Order Comments:  
 Christiana Care Health Services  
 Department of Pathology and Laboratory Services - Chairman, Gary B Witkin MD  
 Wilmington, DE 19899  
 For inquiries, the physician may contact: 302-733-3625

-----  
 BACTERIOLOGY (CULTURES)  
 Etiam sodales. Ut eu turpis ac mauris tincidunt.  
 -----  
 Ut pretium tincidunt ligula. Proin.  
 BLOOD CULTURE, BACTERIA/YEAST

TEST	RESULT	OUT OF RANGE	REFERENCE	UNITS
BLOOD CULTURE, BACTER	Status: FINAL Priority:			
Date Collected: 05/03/2004 01:37p				

Order Comments:  
 Christiana Care Health Services  
 Department of Pathology and Laboratory Services - Chairman, Gary B Witkin MD  
 Wilmington, DE 19899  
 For inquiries, the physician may contact: 302-733-3625

Break Glass

Break Glass

CONFIDENTIALITY ALERT

You are trying to access patient information for which there is no current system data showing you to be a provider of record. Permitted uses of the information are for treatment and payment purposes for patients which the user has a direct and active treatment/care provider role or has been requested to perform a consultation by the physician who is the primary care provider for the patient. You can establish this relationship as either longer term or for one time access by choosing the appropriate option below. **PLEASE BE ADVISED THAT ACCESS TO ALL PATIENT RECORDS IS TRACKED THROUGH AN AUDIT PROCESS. INAPPROPRIATE ACCESS IS A CRIMINAL OFFENSE THAT COULD BE A CLASS D FELONY THAT IS PUNISHABLE BY 8 YEARS IMPRISONMENT, FINES AND PENALTIES FOR EACH OFFENSE AND IMMEDIATE TERMINATION OF DHIN ACCESS.**

One time access  
 Long Term Access until  \*   
 Reason: \*  

- Received request for consultation
- Providing coverage for this patient's physician
- Patient is presenting for clinical care
- Patient is new to my practice
- Patient is presenting for emergency services
- I have a clinical relationship with this patient that is not yet established in DHIN

1 of 2

LAST NAME ↓	MI	MRN ↓	DOB ↓	GENDER	SSN ↓	FACILITY	SOURCE
OTA		W0001364 (SF)	11/14/1988	Male	***-**-6310	St Francis Hospital	St Francis Repository
OTB		W0001365 (SF)	08/27/1919	Male	***-**-0000	St Francis Hospital	St Francis Repository
OTC		W0001366 (SF)	12/25/1926	Female	***-**-1525	St Francis Hospital	St Francis Repository
OTE		W0001367 (SF)	12/20/1927	Male	***-**-5555	St Francis Hospital	St Francis Repository
OTF		W0001368 (SF)	01/09/1955	Male	***-**-5555	St Francis Hospital	St Francis Repository
OTG		W0001369 (SF)	02/28/1923	Male	***-**-2222	St Francis Hospital	St Francis Repository
OTH		W0001370 (SF)	01/11/1986	Female	***-**-3333	St Francis Hospital	St Francis Repository
OTI		W0001371 (SF)	05/25/1960	Female	***-**-0000	St Francis Hospital	St Francis Repository
OTJ		W0001372 (SF)	02/02/1970	Female	***-**-1557	St Francis Hospital	St Francis Repository
N		00000000041282 (CC)	12/11/1983	Female	***-**-9999	Christiana Care	Christiana Care Repository

	PATIENT	TEST	T	00000000044066 (CC)	09/25/1952	Male	Christiana Care	Christiana Care Repository
	PATIENT	TEST	F	00000000044069 (CC)	09/25/1952	Male	Christiana Care	Christiana Care Repository
	PATIENT	TEST	S	00000000044070 (CC)	09/25/1952	Male	Christiana Care	Christiana Care Repository
	PATIENT	TEST	T	00000000044099 (CC)	09/25/1952	Male	Christiana Care	Christiana Care Repository
	PATIENT	TEST	F	00000000044100 (CC)	09/25/1952	Male	Christiana Care	Christiana Care Repository
	PATIENT	TEST	F	00000000044110 (CC)	09/25/1952	Male	Christiana Care	Christiana Care Repository
	PATIENT	TEST	N	00000000044078 (CC)	03/01/1997	Male	Christiana Care	Christiana Care Repository
	PATIENT	TEST	T	00000000044087 (CC)	03/01/2002	Male	Christiana Care	Christiana Care Repository
	PATIENT	TEST	E	00000000044088 (CC)	03/01/2009	Male	Christiana Care	Christiana Care Repository
	PATIENT	THURSDAY		002187129 (BH)	09/12/1968	Female	Bayhealth Medical Center	Bayhealth Medical Center Repository

# Join the DHIN!

- No cost to join
- No new hardware required
- Onsite training provided
- 24/7 HelpDesk support
- Results delivery options to suit every practice type (inbox, autoprint, EMR)

# Questions?



[www.dhin.org](http://www.dhin.org)

## **How to Avoid Payment Adjustments with ePrescribing**

In order to avoid payment adjustments, you must become a successful ePrescriber and report the ePrescribing measure for at least 10 unique ePrescribing events for patients in the denominator of the measure.

### **What Are the Reporting Requirements?**

- An eligible prescriber is considered a “successful ePrescriber” based on a count of the number of times said professional reports that at least one prescription created during a patient encounter was generated using a qualified ePrescribing system. The minimum threshold for this reporting is 25 electronic prescribing events during the 2010 calendar year.
- The numerator includes the applicable G Code: G8552 – at least one prescription created during the encounter was generated and transmitted electronically using a qualified electronic prescribing system.
- Note: At least 10 percent of the prescriber’s total Medicare-allowed charges must be for services in the measured denominator.

### **What Is the Incentive Payment Structure?**

- Eligible professionals who are successful electronic prescribers will receive 1 percent incentive payment on their Part B billing in 2011 and 2012, and 0.5 percent incentive payment for 2013.
- Those not adopting ePrescribing by 2010 will face penalties starting at 1 percent, which will increase to 2 percent after 2013.

### **DMAP ePrescribing Statistics for March**

- In the month of March 2011, the percentage of DMAP providers using ePrescribing reached 33.78 percent.
- There was an increased number of medication history requests for non-enrolled and/or decertified providers. The requests are being rejected because the provider is either decertified or the disclosure form has not been received.

For additional information, please visit the ePrescribing Website at <https://www.dmap.state.de.us/information/erx.html> or send an email with your question to [dexix-e-prescribing@hp.com](mailto:dexix-e-prescribing@hp.com).



## Provisions of the Affordable Care Act

May 10, 2011

1. Patient Protection and Affordable Care Act passed on March 23, 2010.
2. Some Highlights:
  - a. Insurance Reform - guaranteed issue and renewability; no coverage rescissions; no pre-existing condition limits; no annual or lifetime maximums.
  - b. Individual Mandate – most individuals must obtain health insurance or pay a financial penalty.
  - c. Creation of Health Insurance Exchanges – new web-based portal approach to marketing insurance plans.
  - d. Medicare Improvements – closing the donut hole by 2020; free preventive services like colorectal cancer screenings, mammograms, and an annual wellness visit without copayments, coinsurance or deductibles. 50% brand name discount.
  - e. Pre-Existing Condition Insurance Plan – insurance for individuals with pre-existing conditions who have been uninsured for at least 6 months and have been denied coverage. Ends 2014.
  - f. Medicaid Expansion.
  - g. Children’s Health Insurance Program – continues.
  - h. Small Business Tax credits - to help provide insurance benefits to workers.
3. Medicaid Expansion
  - a. Medicaid moves from “welfare” to “insurance” as it becomes a part of the overall health care options provided for under the Affordable Care Act.
  - b. Expands Medicaid to 133% of the Federal Poverty Level for all individuals under age 65 (children, pregnant women, parents, and adults without dependent children) as of January 1, 2014. We project anywhere from 18,000 to 25,000 new members.
  - c. Approximately, \$14,484/individual; \$29,724 for family of four in 2011 FPL.
  - d. Using a “modified adjusted gross income”, there will be a standard 5% income disregard, effectively putting the income threshold at 138% FPL.
  - e. There will be no asset tests and all other income disregards.

- f. Federal government will pay 100% for the first three years to support the expansion, phasing down to 90% in subsequent years.
  - g. Increases Medicaid payments to Primary Care Doctors in 2013 and 2014 to 100% of Medicare rates to help increase access to care. Currently, Delaware Medicaid pays 98% of Medicare rates.
  - h. Extends Money Follows The Person through 2016.
4. Children's Health Insurance Program
- a. CHIP income levels must remain the same until 2019.
  - b. CHIP children under 133% FPL will move into Medicaid.
  - c. Two more years of CHIP funding is made available through 2015.  
(Assumption is that CHIP will either fold into the health benefit exchanges or be renewed as a separate program.)
5. Health Benefit Exchanges
- a. Health benefit exchanges will be created by states or the federal government to provide web-based marketing and purchase of insurance for individuals and small employers. Effective January 1, 2014.
  - b. The exchanges will provide consumers with information about various qualified plans, premiums, cost-sharing, benefits, etc.
  - c. Plans participating in the exchange will be required to offer benefits that meet a minimum set of standards; insurers will offer four levels of coverage that vary based on premiums, out-of-pocket costs, and benefits beyond the minimum required.
  - d. Premium subsidies (tax credits) will be available to families with incomes between 133% and 400% FPL to help them purchase insurance through the Exchange. They will be paid by the federal government to the insurers.
  - e. Delaware applied for and received \$1M in grant funds to build its own health benefit exchange. A work group led by DHSS Secretary Landgraf is developing the Delaware health benefit exchange.
  - f. Expect massive outreach to target eligible populations for the health benefit exchanges.
6. Questions

# State Provider Requirement Updates

## Face-to-Face

Effective April 1<sup>st</sup>, CMS expects home health agencies and hospices to comply with the mandated face-to-face requirements. For home health agencies, these are to be completed for initial certifications. They are to be done by the certifying physician or specific non-physicians working with the physician. The face-to-face must be done 90 days prior to start of care or within 30 days after the start of care. Documentation of the face-to-face must be present on the certification itself.

For hospices, these face-to-face encounters are to be completed at recertification. A hospice physician or nurse practitioner must do a face-to-face prior to the 180<sup>th</sup> day recertification and for all recertifications following. The face-to-face must occur no more than 30 days prior to the start of the recipient's third benefit period.

## Provider Screening

As part of the Affordable Care Act (ACA), effective 2011, new providers enrolling in Medicaid will be assigned a specific screening level as determined by the feds. Based on the provider's specific screening level, different screening requirements will apply. Effective 2012, this will apply to currently enrolled providers.

There are 3 screening levels: limited, moderate, and high. Providers in the limited level include physicians, publicly traded providers, and skilled nursing facilities. Providers in the moderate level include hospice organizations, labs, and community mental health facilities. Providers in the high level include non-publicly traded home health agencies and DME suppliers.

Limited screening requirements include: OIG exclusion and license screening as well as federal database checks. Moderate screening includes all of the limited screening requirements and unscheduled and unannounced site visits (pre- and post-enrollment). High screening includes all of the limited and moderate screening requirements as well as criminal background checks.

## Enrollment Fees

Effective 3/25/11, any newly enrolling institutional provider must pay \$505 to enroll with us unless they are enrolled with Medicare or Medicaid in another state and have already paid the annual fee. This fee will increase annually and can be waived on a case-by-case basis upon submission of a hardship letter.

Institutional providers are defined as any provider or supplier that submits a paper Medicare enrollment application using the CMS-855A or B (not including physicians or non-physical practitioner organizations), CMS-855S, or an Internet-based Provider Enrollment Chain and Ownership System (PECOS) enrollment application. (PECOS is Medicare's on-line enrollment application.) These enrollment applications and the providers required to use them can be located at:

<http://www.cms.gov/cmsforms/downloads/cms855a.pdf>

<https://www.cms.gov/CMSforms/downloads/cms855b.pdf>

<http://www.cms.gov/cmsforms/cmsforms/itemdetail.asp?itemid=CMS019480>

## Reenrollment

Effective 2012, providers will be required to revalidate approximately every 5 years.