

October 2011

Medicare Deadline for 2011 EHR Attestation: November 30

The 2011 attestation deadline is fast approaching and eligible hospitals should begin making arrangements to submit data to the Centers for Medicare & Medicaid Services (CMS) for the 2011 year. September 30 marked the last day that hospitals can include in their 90-day reporting period for attesting to “meaningful use” of electronic health records (EHR) for the Medicare EHR incentive program in FY 2011. October 3 was the last day that physicians and other eligible professionals can begin their 90-day reporting period for calendar year 2011.

Hospitals and eligible professionals who have already completed their reporting period can use a [CMS calculator](#) to determine their meaningful use measures before [attesting online](#). **Hospitals that have met meaningful use in FY 2011 must attest by November 30.** The Medicare EHR incentive program operates on a fiscal year for hospitals and a calendar year for physicians and other eligible professionals. For more on the Medicare and Medicaid EHR incentive programs, click [here](#).

Contact [Dan Royer](#) at IHA with questions or for more information.

State Moving Toward Electronic Death Registration System

The Iowa Department of Public Health has convened an advisory committee to assist the department in transitioning from a paper-based, manual death registration system to an electronic system. The current manual process can cause delays to obtain medical certifiers’ signatures and the creation of the death certificate. Many of these delays can be avoided by the adoption of an electronic system to register death records. A resolution for these issues will provide timely and accurate data along with minimizing costs. The electronic system would also ensure the use of the most current version of the standard death certificate.

Once completed, the Electronic Death Registration System (EDRS) is expected to meet the following objectives:

- Provide the ability for funeral directors to create an electronic file in order to complete the death certificate and request certified copies.
- Integrate with existing electronic applications (e.g. funeral home, hospitals, medical examiner, medical organizations, etc.)
- Provide the ability for medical examiners or medical professionals to complete and electronically sign the medical certification section in a user friendly format maximizing compliance.
- Allow the county registrars to electronically issue certified copies.

- Allow the state vital records office to electronically process modifications and issue certified copies.
- Ability to report to the Social Security Administration within 24 hours of filing of a death record.
- Provide literal entries and ICD codes for cause of death data available to transmit to the National Center for Health Statistics.

The advisory committee is currently evaluating electronic death record systems used by other states and will meet periodically throughout the process of obtaining Iowa's electronic death record system.

IHA Webinar Series to Focus on ICD-10 Countdown

With the countdown at two years and moving quickly, is your hospital on pace for ICD-10-CM/PCS implementation by the October 1, 2013 deadline? Do you understand the significant financial and clinical impact this will have your organization? Do you have a strong plan, a prepared team and an adequate timeline in place to reach "ICD-10 ready" on time?

IHA is offering a four-part webinar series that will focus on helping hospital leaders and their ICD-10 implementation managers and teams understand the magnitude of ICD-10 implementation and its financial and clinical impact. The series will help staff be better prepared while planning for on-time implementation. Hospital executive leaders, chief financial officers and staff, physician and nurse leaders, coding managers and internal ICD-10 team leaders and members are encouraged to participate **as a team** in this webinar series or any of its individual sessions, which are scheduled as follows:

- **November 16: Budget Development and Budget Review for ICD-10 Readiness**
- **December 14: Understanding Reimbursement Changes and the Financial Impact of the ICD-10 Transition**
- **January 18, 2012: The Value of Strategic Planning for ICD-10 Readiness**
- **February 15, 2012: Assessing Your Vendors for ICD-10 Readiness**

For more information and to register for any or all of these sessions, [click here](#).

IRHTP Connecting More Hospitals

Build-out of the Iowa Rural Health Telecommunications Program (IRHTP) continues to progress with actual construction completed in 55 locations and 14 infeasible right of use contracts completed. Construction is in progress at Knoxville Hospital & Clinics, Franklin General Hospital in Hampton, Mercy Medical Center-New Hampton and George C. Grape Community Hospital in Hamburg. Contractors have or will soon schedule construction at Mercy Iowa City, Monroe County Hospital in Albia, Mitchell County

Regional Health Center in Osage, Shenandoah Medical Center and Mercy Medical Center-Dyersville. Four build-outs will occur in 2012 (Baum Harmon Mercy Hospital in Primghar, Ellsworth Municipal Hospital in Iowa Falls, Story County Medical Center in Nevada and Winneshiek Medical Center in Decorah). Out of 54 orders for service, 43 hospitals, Radiology Consultants of Iowa and IHA are connected to the network.

The Universal Service Administrative Company (USAC) requested site visits for the purposes of visiting an urban hub location, two to three rural locations and meeting with IRHTP staff to discuss competitive bidding, record keeping and the uses, benefits and plans of the IRHTP network.

Camelia Rogers, senior program manager for the Federal Communications Commission's Rural Health Care Pilot Project with USAC, made visits to Mercy Medical Center-Des Moines, Dallas County Hospital in Perry, Jefferson County Health Center in Fairfield and Henry County Health Center in Mount Pleasant. The visits also included a tour of the Iowa Communications Network at the Joint Forces Headquarters in Johnston and discussions regarding broadband activities of Mercy Health Network-North Iowa.

In each of the visits the current uses and benefits as well as future uses of hospital broadband connectivity was discussed. Transmission of radiology images, educational applications, electronic health record capabilities and present and future telemedicine applications (especially behavioral health) were highlighted during the site visits.

Health Information Exchange Development Continues

The Iowa Legislature, in [House File 649](#), required the formation of a workgroup to develop a business model and financial sustainability plan for implementing a statewide health information exchange (HIE). The legislation requires the workgroup to consider and make recommendations regarding:

- Fees to be paid by participants using the health information network.
- Strategies to avoid the use of general fund appropriations for sustainability of the health information network.
- Establishment of a dedicated electronic health finance fund.
- Transitioning of technical infrastructure, business operations and governance of the health information network to a nongovernmental entity.

The workgroup held a series of in-person meetings and conference calls in September to refine the business and sustainability plan and develop a recommendation regarding the HIE's future organization. The workgroup is recommending continuing with the current governance structure of the HIE, at a minimum, through the end of the State HIE Cooperative Agreement Program (March 2014). During the final year of the term of the Cooperative Agreement Program, the executive committee, advisory council, and State Board of Health will review HIE governance, business and

technical operations to determine a new recommendation regarding the transition of the HIE. The recommendation will be submitted to the General Assembly and governor by December 1, 2013.

Approval of the workgroup's recommendations is needed at the October 28 meeting of the Iowa e-Health executive committee and the November 9 meeting of the Iowa Board of Health before the sustainability plan is submitted to the governor and Legislature by December 1.

Meaningful Use Webinars Offered

The Telligen HIT Regional Extension Center Team is offering a webinar series that covers topics that are designed to inform hospitals working toward meaningful use. All webinars begin at noon.

October 26 - Overview of Telligen HIT Services: Meaningful use of electronic health records - the clock is ticking. Are your efforts stalled? Have you even begun? The process can be overwhelming when you are also dealing with the pressures of day to day operations. An action plan from Telligen HIT Regional Extension Center can help your organization. Join with the Telligen HIT Regional Extension Center to learn more about the Telligen HIT Services, which assists specialty practices and other care settings with adoption and meaningful use of electronic health records.

November 2 - Stage 2 Meaningful Use: Join Michelle Brunsen, quality improvement advisor at Telligen, as she reviews each of the proposed objectives, measures and thresholds for Stage 2 Meaningful Use for both the ambulatory and hospital provider population. This webinar will include both the expansion of Stage 1 objectives and thresholds as well as examining new objectives for Stage 2.

November 9 - Direct Messaging: This presentation will focus on how electronic health records (EHRs) can utilize direct messaging technology to exchange critical data between different systems. Topics will include: 2011 direct messaging pilot implementations; current state of EHRs and their support of direct messaging; and how direct messaging fits into the broader nationwide health information network strategy.

November 30 – Privacy and Security of EHRs: Legal and Technical Considerations: Hear popular speaker JoEllen Whitney from Davis Brown Law Firm team up with Mike Sinnwell, information security officer at Telligen, as they discuss key points about the privacy and security of EHRs and how to protect patient data as you pursue meaningful use.

To register for these webinars, [click here](#).

Nearly \$90 Million in Meaningful Use Incentives Paid in September

The Centers for Medicare & Medicaid Services (CMS) in September paid out \$25 million to 1,400 eligible providers and \$61 million to 30 dually eligible hospitals under the “meaningful use” electronic health records (EHR) incentive program, according to the CMS Office of E-Health

Standards and Services. Since the meaningful use program began in January, CMS has paid out \$870 million in incentives.

In September, 17,000 additional eligible providers registered for the program – a 70 percent increase over August. To date, 114,000 providers – including both hospitals and eligible providers – have registered for the program. Though registration has increased, the numbers for success vary. At the time of the September analysis, 8,397 eligible providers had attested to achieving meaningful use, with only 8,001 verified by CMS to have done so successfully.

There are approximately 550,000 total eligible providers in the nation and 5,100 hospitals. A little less than half of hospitals are participating, CMS reported, but 8,000 eligible providers out of 550,000 is very small amount, it was noted.

Links:

1. [Health IT Connection PDF](#)
 2. [IHA Health Care IT Resources](#)
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