
FLORIDA CENTER FOR
HEALTH INFORMATION
AND TRANSPARENCY

2016

ANNUAL REPORT



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Florida Center for Health Information and Transparency 2016 Annual Report

This edition of the Annual Report reviews the accomplishments of the Florida Center for Health Information and Transparency (Florida Center) from January through December 2016. Topics presented in this report include public reporting of comparative data, data collection, research publications, State Consumer Health Information and Policy Advisory Council activities, data dissemination, and health information exchange.

Section 408.062(1)(j), Florida Statutes, directs the Florida Center to publish an annual status report on the collection of data and publication of health care quality measures. This report addresses these statutory requirements.

For more information, contact:

Florida Center for Health Information and Transparency, (850) 412-3730.

Please visit our websites:

www.FloridaHealthFinder.gov

www.fhin.net

www.florida-hie.net

Data Collection and Quality Assurance Unit

DATA COLLECTION IS GUIDED BY §408.061, FLORIDA STATUTES, AND CHAPTERS 59E-7 AND 59B-9, FLORIDA ADMINISTRATIVE CODE (FAC)

The Florida Center collects and maintains three major datasets:

- Hospital Inpatient
- Ambulatory Surgery
- Emergency Department

Accurate, timely, and unbiased data is an essential component of good analyses and efforts to model and understand Florida's health care system. The data provides a statewide integrated database for the assessment of variations in utilization, disease surveillance, access to care and price trends.

Detailed information about the data collected in the databases is located at FloridaHealthFinder.gov/Researchers/OrderData/order-data.aspx.

Inpatient Data Collection

HOSPITAL INPATIENT DATA COLLECTION IS AUTHORIZED UNDER §408.061(1)(E), FLORIDA STATUTES, AND CHAPTER 59E-7, FLORIDA ADMINISTRATIVE CODE.

The hospital inpatient database contains discharge records for each patient stay at approximately 305 Florida acute care facilities, long-term care, and psychiatric hospitals. The number of hospital inpatient discharge records submitted each year has increased from 2,386,661 in 2002 to 2,816,337 records in 2015.

Discharge records include patient demographics, admission information, medical information, discharge information, and charge data. Patient demographics include the patient's race, birth date, gender, and zip code. Admission information includes type of admission, admission source, and admission date. Medical information includes diagnosis codes, procedure codes, principal procedure date, present on admission indicators, and attending and operating Florida physician license numbers. Charge data include total charges and charges by individual revenue code charge categories.

Ambulatory Surgery Data Collection

AMBULATORY SURGERY DATA COLLECTION IS AUTHORIZED
UNDER §408.061(1)(E), FLORIDA STATUTES, AND CHAPTER 59B-9,
FLORIDA ADMINISTRATIVE CODE.

The Agency for Health Care Administration's (Agency) ambulatory surgery database contains "same-day surgery" data on reportable patient visits submitted from approximately 668 Florida facilities, including freestanding ambulatory surgery centers, short-term acute care hospitals, lithotripsy centers, and cardiac catheterization laboratories. Each facility submits quarterly reports under a unique agency-assigned identification number. In 2015, 3,019,418 ambulatory patient records were collected.

Reportable ambulatory surgery visits are those that include primary procedures in Current Procedural Terminology (CPT™) code ranges: 10021 through 69999, 92980 through 92998, and 93451 through 93462. These codes include surgical procedures, cardiac catheterization, and lithotripsy. Facilities documenting less than 200 patient visits in a quarter may formally request, in advance of the due date, an exemption from reporting for the specified quarter.

Emergency Department Data Collection

EMERGENCY DEPARTMENT DATA COLLECTION IS AUTHORIZED
UNDER §408.061(1)(E), FLORIDA STATUTES, AND CHAPTER 59B-9,
FLORIDA ADMINISTRATIVE CODE.

In 2005, the Florida Center began collecting emergency department (ED) data as directed by §408.061(1)(a), Florida Statutes, and Chapter 59B-9, Florida Administrative Code. This statute requires the reporting of all ED visits where ED registration occurred (but the patient was not admitted for inpatient care). Patients registered by the facility generate a record from the ED, including the acuity level, which is derived from an evaluation and management (E and M) code to indicate the level of seriousness of their condition.

As of December 2015, over 60 million ED records have been collected, processed, and certified by the Florida Center. The volume of ED records collected has steadily increased since the inception of the program with approximately 5.7 million records collected in 2005 to 8.5 million records collected in 2015.

Pursuant to §408.062(1)(i), Florida Statutes, the Agency analyzes the use of ED services by patient acuity level and assesses the impact of ED services on the increase in hospital costs when non-urgent care is provided in EDs. This analysis is provided each year to the Florida Legislature and posted on FloridaHealthFinder.gov.

Data Dissemination and Communication Unit

DATA DISSEMINATION AND COMMUNICATION IS GUIDED BY §408.063, FLORIDA STATUTES. TECHNICAL ASSISTANCE IS PROVIDED TO CUSTOMERS AS REQUIRED BY §408.05(4), FLORIDA STATUTES.

The Data Dissemination and Communication Unit performs several functions to ensure the public has access to health care information to assist in making well-informed health care decisions. The unit fulfills numerous data requests, provides customers with technical assistance, and maintains the consumer health care website, FloridaHealthFinder.gov. The website provides easy access to health care data and encourages health care transparency. The unit also offers consumer health care education through a Consumer Awareness Series, webinars and community outreach programs.

Transparency

The Agency is directed by Sections 408.05, 408.061 and 408.062, Florida Statutes (F.S.), to provide transparency in health care by offering Florida consumers information about health care services, costs, and quality of care. Specifically, 408.062, F.S., requires that the Agency establish an interactive consumer website, FloridaHealthFinder.gov, to provide patient charges, volumes, length of stay, and performance indicators collected from health care facilities for specific medical conditions, surgeries, and procedures provided in inpatient and outpatient facilities. With input from the State Consumer Health Information and Policy Advisory Council, FloridaHealthFinder.gov has evolved into a robust suite of interactive tools including multiple comparison tools, query tools, a facility/provider locator tool, health plan report cards, and a symptom navigator - supplemented with convenient links to licensure and regulatory compliance information, consumer guides, and additional resources.

The Agency's current datasets provide consumer access to analyses of administrative discharge data from services rendered at ambulatory surgical centers, emergency departments and hospitals through FloridaHealthFinder.gov. The current datasets provide only the total non-discounted facility charges for services provided, which are not typically reflective of what a facility might expect to be paid for a particular service or set of services and do not factor in additional costs from services provided by health care professionals under contract at the facility but who may bill separately. Constrained by the existing data sources, the Agency has been limited in its ability to provide Florida consumers with sufficient information to make informed decisions about health care service costs.

To address this information gap, to promote health care price and quality transparency, and improve competition in the health care market, Florida House Bill 1175 (March of 2016), directs the Agency to contract with a vendor to provide a consumer-friendly, internet-based platform that will allow Florida consumers to research the cost of health care services. These costs will be based on data obtained from paid medical claims. The internet-based platform will provide easy consumer access to pricing for health care services and procedures, enable price comparisons, and offer a seamless experience for the consumer when used in conjunction with the Agency's existing consumer website,

FloridaHealthFinder.gov. The contracted vendor must have an existing national dataset of claims, payment, and cost-share data and the ability to expand their collection of Florida claims data. They must be able to apply robust data analytics enabling consumers to query price across the continuum of care, and within defined publicly available service bundles that are comprehensible to an ordinary layperson.

To identify and select a qualified vendor, the Agency published an Invitation to Negotiate (ITN) in the fall of 2016. Health Care Cost Institute (HCCI) was awarded the contract in early January 2017.

FloridaHealthFinder.gov Website

A CONSUMER-FOCUSED WEBSITE DISPLAYING INFORMATION ON HEALTH CARE FACILITIES, HEALTH PLANS, PHYSICIANS, PHARMACIES, AND MORE IS REQUIRED BY §408.05(3) AND 408.062, FLORIDA STATUTES.

The nationally recognized website, FloridaHealthFinder.gov was established to assist consumers in making well-informed health care decisions and to lead to improvements in the quality of care in Florida. This website provides a facility and provider locator and tools to compare hospitals, ambulatory surgery centers, emergency departments (ED), physician volume, health plans, nursing homes, home health agencies, assisted living facilities and prices for prescription drugs (myfloridarx.com).

The website also provides the A.D.A.M. Multimedia Health Encyclopedia, Wellness Tools and Symptom Navigator; consumer health care publications, and information for health care professionals such as the newly redesigned Patient Data Query Tool. The hospital and ambulatory surgery comparison tool in the “Compare” section of the website provides performance data for selected medical conditions and procedures in Florida’s hospitals and ambulatory surgery centers, including volume, charges, length of stay, and a separate section for data on seniors and pediatrics. Additional hospital information includes rates for readmission, mortality, infections, and complications.

Recent Accomplishments

FloridaHealthFinder.gov was the recipient of the ‘2016 Digital Government Achievement Award’ (DGAA) from the Center for Digital Government. The DGAA recognizes government websites that provide outstanding data accessibility and transparency through innovative technologies. FloridaHealthFinder.gov was awarded in the State and Federal Government-to-Citizen category.

Visits to Florida HealthFinder.gov grew from 3.7 million in 2015 to 3.97 million in 2016. This 7.6 percent increase in popularity coincides with the following enhancements and additions to the website:

- Information regarding controlling interest data and trauma centers is now available through the Facility/Provider Locator page.

- The Home Health Agency Comparison Tool launched in October 2016 and allows consumers to view sanctions/final orders, deficiency information, and fine amounts, if any. It also provides information on Medicaid/Medicare certification status, accreditation status, facility complaints and home health consumer guides. Agency, county and region can display this data.

Hospital and Ambulatory Surgery Center Performance Data

The FloridaHealthFinder.gov website provides performance data for over 150 selected medical conditions and procedures in Florida's short-term acute care hospitals and ambulatory (outpatient) surgery centers. The performance data is updated on a quarterly basis and an easy-to-use navigation tool allows consumers to create reports that allow for performance comparison for ambulatory surgical centers and hospitals.

Ambulatory Surgery Centers

The information for freestanding ambulatory surgery centers and hospital-based surgery centers includes the number of visits and charges (including pediatrics) and the range of charges.

Hospitals

To compare hospital (inpatient care) data, users may search by a particular medical condition or procedure for adults or children, overall facility performance, or geographic location. The following information may be found for adults, seniors or pediatrics:

- Volume and utilization
- Health outcome measures such as readmission, mortality, complication, and infection rates
- Range of charges and average length of stay
- Patient Satisfaction scores

Florida Health Plans

HEALTH PLAN QUALITY INDICATOR DATA REPORTING IS REQUIRED UNDER §408.05(3)(I), FLORIDA STATUTES, AND IMPLEMENTED UNDER CHAPTER 59B-13, FLORIDA ADMINISTRATIVE CODE.

The "Compare Health Plans" section of FloridaHealthFinder.gov displays comparative information for Florida health plans for both quality and patient satisfaction. The plans include commercial health maintenance organizations (HMOs), commercial preferred provider organizations (PPOs), Florida Healthy Kids, Florida Medicaid, and Florida Medicare managed care health plans. Comparison information includes a listing of health plans available in each Florida county (coverage areas); quality of care indicators; and member satisfaction survey results. Quality data does not include commercial PPO and Healthy Kids. The quality measures are used to report the performance of health plans.

Consumers can use this information to help them decide which health plan to choose. These measures allow the public to understand how well health plans achieve results that matter, such as effective and accessible delivery of care.

The Health Information Exchange and Policy Analysis Unit is responsible for collection and analysis of health plan quality indicator data. The specification for the data is derived from the Healthcare Effectiveness Data and Information Set (HEDIS) and includes measures for adolescent well-care visits, well-child visits, diabetes care, and other information.

Information on member satisfaction is obtained from the health plans based on the Consumer Assessment of Health Plans Survey (CAHPS®). Health care organizations, health care purchasers, and consumers can use CAHPS® results to assess the patient-centeredness of care, compare health plan performance, and improve quality of care.

Consumers can also compare health plans' monthly premium rates via a link to the Office of Insurance Regulation and find additional resources on many health insurance topics.

Consumer Awareness Series

THE CONSUMER AWARENESS SERIES IS DIRECTED BY §408.063(2), FLORIDA STATUTES.

The Consumer Awareness Series consists of brochures designed to assist the public in making informed health care decisions. The brochures are 15 – 20 pages in length, in English or Spanish, and are available at FloridaHealthFinder.gov. The available brochures include:

- A Patient's Guide to a Hospital Stay
- Assisted Living in Florida
- Emergency and Urgent Care
- End of Life Issues - A Practical Planning Guide
- Health and Human Services Programs
- Health Care Advance Directives
- Home Health Care in Florida
- Long-Term Care
- Nursing Home Care in Florida
- Patient Safety
- Understanding Prescription Drug Costs

Community Outreach and Education

THE AGENCY FOR HEALTH CARE ADMINISTRATION SHALL PUBLISH AND DISSEMINATE INFORMATION TO THE PUBLIC WHICH WILL ENHANCE DECISION MAKING AS DIRECTED BY §408.063(2), FLORIDA STATUTES.

Through publication of educational brochures and consumer materials, webinars, and participation in community outreach programs and benefit fairs, the Data Dissemination

and Communication Unit continues to increase public awareness of resources available to consumers through FloridaHealthFinder.gov. In 2016, staff conducted 67 webinars with 1,896 attendees, as compared to 44 webinars with 955 attendees in 2015.

Data Requests

The Data Dissemination and Communication Unit processed 5,102 data requests in 2016. Information and prices on available data are listed in the [Data Catalog and Price List](#) on the Agency's website. Typically, data requests fall into the following categories:

Limited Data

Hospital inpatient, ambulatory surgery, and ED data are available for sale. To receive data, the requestor must sign a Limited Data Set Data Use Agreement form. The agreement contains provisions to limit the data to the use specified in the agreement and to limit disclosure of the data.

Standard Reports

The Data Dissemination and Communication Unit disseminates a number of standard reports:

- **Prior Year Report** - This hospital fiscal year financial data report is listed on standard financial worksheets. Reports are available as a printout or as an email attachment.
- **Audited Financial Statement** - A hospital financial report prepared by an independent auditor. It includes the auditor's opinion, hospital's balance sheet, statement of cash flow, statement of revenues and expenses, statement of changes in fund balance, and financial statement notes.
- **Hospital Financial Data** – A hospital report containing fiscal year facility-level information. The report covers general data for each hospital, audited information on hospital revenues, expenditures and depreciation, medical staff data, selected discounts, and prospective payment arrangements.

Ad Hoc Reports

An ad hoc report may be requested by customers who do not wish to purchase an entire data set or are looking for specific information not included in a standard report. An example of an ad hoc report would be a request for the average length of stay of patients admitted to the hospital with diabetes as the principal or secondary diagnosis, by year.

Committees and Councils

State Consumer Health Information and Policy Advisory Council

THE STATE CONSUMER HEALTH INFORMATION AND POLICY ADVISORY COUNCIL IS ESTABLISHED BY AND CONDUCTED UNDER THE PROVISIONS OF §408.05(6), FLORIDA STATUTES.

The mission of the State Consumer Health Information and Policy Advisory Council (Advisory Council) is to assist the Agency with collection, compilation, coordination, analyzation, indexing, and dissemination of health-related data and statistics. Advisory Council goals include identifying, collecting, standardization, sharing, and coordination of health-related data across federal, state, local and the private sectors.

Grant Program for Community Primary Care Services

The Agency was directed by the Florida Legislature for FY 2015-16, to solicit grant proposals and award approximately \$28.5 million in General Revenue Funds to programs focused on reducing health spending while improving the health status of uninsured and underinsured persons in their communities. The Florida Center developed a [Request for Applications](#) (RFA), issued in September 2015. The Agency received 142 grant applications and awarded 61 programs with [grants](#) in amounts ranging between \$34,500 and \$1,500,000; including 11 County Health Departments, 19 Federally Qualified Health Centers and 30 Community Health Care Clinics. Strategies for meeting grant goals include:

- providing disease management
- improving patient compliance,
- coordinating physician, diagnostic, dental, nurse practitioner, and pharmaceutical services
- expanding emergency room diversion
- expansion of oral health care services, and
- implementation of mental health initiatives

Proviso language for the Community and Primary Care Grants initially ended grant services on June 30, 2016. The Agency received legislative approval to extend the grant end date to June 30, 2017 providing grantees additional time to meet goals. Grantees continue their efforts to increase access to primary care services in the state and to reduce and prevent unnecessary emergency room visits and inpatient hospitalizations. As of February 2017, grantees provided increased access to primary care services totaling 145,299 visits and other services such as transportation, telephonic disease management, and appointment management. These services prevented an estimated 93,061 unnecessary emergency room visits and an estimated 78,631 unnecessary inpatient hospitalizations.

Telehealth Advisory Council

The Telehealth Advisory Council is established by and conducted under the provisions of Chapter 2016-240, Laws of Florida. Chapter 2016-240, Laws of Florida provides language creating the Telehealth Advisory Council. The Council consists of 15 members including the Secretary of the Agency, who serves as the chair, and the State Surgeon General from the Department of Health. The Council is charged to make recommendations intended to increase the use and accessibility of services provided via telehealth. A report of these recommendations is reported annually to the Governor, the President of the Senate, and the Speaker of the House of Representatives by October 31, 2017.

This provision of law also requires the Agency, the Department of Health, and the Office of Insurance Regulation to survey health care facilities, practitioners, and health insurers on the status and scope of telehealth activities in the state. The Agency is required to compile and submit a report of the survey findings to the Governor, the President of the Senate, and the Speaker of the House by December 31, 2016.

Risk Management and Patient Safety Unit

ADVERSE INCIDENT REPORTING IS REQUIRED BY CHAPTER §395.0197, §641.55, §400.147, AND §429.23, FLORIDA STATUTES

The Office of Risk Management and Patient Safety (RMPS) oversees statutorily defined confidential adverse incident reporting, tracking and trending of submitted reports from hospitals, ambulatory surgical centers, assisted living facilities, nursing homes and certain HMOs. In 2016, there were approximately 4,500 licensed facilities statewide required to timely submit adverse incident reports to the Agency within specific timeframes. RMPS received and reviewed approximately 4,400 adverse incident reports from reporting facilities for incidents meeting specific statutory outcomes as defined in the various applicable statutes.

Hospitals and ambulatory surgical center's reporting laws are defined in §395.0197, Florida Statutes. Health maintenance organizations (HMOs) are required to report adverse incidents as defined in §641.55(6), Florida Statutes. Adverse incident reporting requirements for nursing homes and assisted living facilities are defined in §400.147, and §429.23, Florida Statutes, respectively.

RMPS reviews all submitted adverse incident reports for statutory compliance with the various applicable statutes. This includes, but is not limited to, determining whether any of the reviewed adverse incident reports potentially involve conduct by a health care professional who may be subject to disciplinary action, and identifying other reportable events that require the reporting facility to notify additional regulatory agencies.

RMPS publishes quarterly and annual aggregate data reports on adverse incidents for hospitals, ambulatory surgery centers, and HMOs. To access these reports, select the appropriate hyperlink in the local navigation section of the RMPS's webpage located at: <http://ahca.myflorida.com/SCHS/RiskMgtPubSafety/RiskManagement.shtml>.

Health Information Exchange and Policy Analysis Unit

Health Information Exchange

CREATION OF A STATEWIDE HEALTH INFORMATION NETWORK INCLUDING ADOPTION AND USE OF ELECTRONIC HEALTH RECORDS IS GUIDED BY §408.062(5), FLORIDA STATUTES. ESTABLISHMENT AND USE OF A UNIVERSAL PATIENT AUTHORIZATION FORM IS GUIDED BY §408.051, FLORIDA STATUTES.

In March 2010, the Agency was directed to complete planning and begin implementing the Florida Health Information Exchange (Florida HIE), funded through a four-year Cooperative Agreement with the Office of the National Coordinator for Health Information Technology (ONC). The Florida Legislature directed the Agency to contract with a technology organization to implement the Florida HIE and select the vendor through an Invitation to Negotiate (ITN). The Agency contracted with Harris Corporation in February 2011 to build the Florida HIE infrastructure.

In August 2013, the Agency requested an early (September 30, 2013) termination of the Cooperative Agreement to enable the Agency to begin transition to its sustainability plan for the Florida HIE. In June 2014, the Agency and Harris Corporation renewed the Florida HIE contract through June 2017. Harris Corporation, as the HIE vendor, is responsible for the collection of user fees from participants to maintain current services under its contract with the Agency. The Agency continues to support the governance of the Florida HIE.

The Florida HIE facilitates safe, timely, and efficient patient-centered care by fostering electronic exchange between doctors' offices, hospitals, pharmacies, clinical laboratories, radiology centers, health plans, and other health care organizations. The Florida HIE operates three services to support exchange across the health care landscape: Patient Look-Up (PLU), Direct Messaging, and the Event Notification Service (ENS).

The Patient Look-Up (PLU) service enables providers to search and retrieve patient clinical information from other participating health care organizations. The service covers more than 23 percent of licensed hospital beds in Florida, remaining steady from the previous year. In addition to statewide connectivity, PLU participants are able to share information nationally through the *eHealth Exchange*. The *eHealth Exchange* is a group of federal agencies such as the Veterans Administration and Social Security Administration and other organizations with a common mission to improve patient care, streamline disability benefit claims processing, and improve public health reporting through the secure and trusted exchange of health information. PLU participants actively tested eHealth

Exchange connections during 2016. By the end of 2016, nine health care organizations are connected to the Florida HIE, generating over one million queries monthly.

The Direct Messaging Service encrypts electronic messages and allows for the secure transmission of emails, including those with attachments. More providers are adopting Electronic Health Records (HER) systems with integrated messaging, and no longer need standalone mailbox services, resulting in only minor increases in the number of subscribers to the Florida HIE Direct Messaging Service. Throughout the year, efforts were made to educate providers on how Direct Messaging can be used to meet Meaningful Use requirements.

The Event Notification Service (ENS) provides subscribers with timely notifications of patient hospital encounters. The number of Florida residents covered by the service grew from one million at the beginning of 2016 to 1.8 million at the end of the year. The Agency piloted ENS in 2013 with one health system and one health plan, and it has grown to include 213 participating data source hospitals, five health plans, and 20 Accountable Care Organizations (ACOs). Several additional health plans and ACOs are preparing to join the service during the first quarter of 2017. The service provided subscribers with more than 167,000 notifications in December of 2016, with over 1.4 million notifications during the year.

Additional information about these and other services offered by the Florida HIE is posted on the website at florida-hie.net/.

Regional Extension Centers

In 2010, the Department of Health and Human Services (HHS), Office of the National Coordinator for Health Information Technology (ONC) awarded funding to four Regional Extension Centers (REC) in Florida, as outlined in Section 3012 of the Health Information Technology for Economic and Clinical Health (HITECH) Act. RECs assist health care providers with the adoption, implementation, or upgrade of electronic health record (EHR) software and documentation of meaningful use to the Centers for Medicare and Medicaid Services (CMS).

Florida's RECs provided services to individual and small group practices, critical access hospitals, health clinics, and county health departments. Several RECs selected a set of preferred EHR vendors. The RECs are coordinated with and supported by the CMS EHR Incentive Program and the ONC Health Information Exchange Cooperative Program through education, outreach, and technical assistance to help providers successfully implement and use certified EHR technology. The REC contracts with the ONC were due to expire in April 2015. However, the Center for the Advancement of Health IT, PaperFree Florida, and the University of Central Florida College of Medicine entered into a no cost extension on their contract with the ONC through April 2016. South Florida Regional Extension Center retained its functionality through April 2016, but did not exercise the no-cost extension option. As of June 6, 2016, two RECs ended their projects – PaperFree Florida and South Florida Regional Extension Center. Two organizations continue

providing services for a fee, the Center for Advancement of Health IT and Health ARCH, formerly known as the University of Central Florida REC. The Agency continues to collaborate with the remaining organizations to assist providers to meet meaningful use requirements.

Medicaid Electronic Health Record Incentive Program

Section 4201 of the Health Information Technology for Economic and Clinical Health (HITECH) Act authorizes federal funding to support the adoption and meaningful use of certified Electronic Health Record (EHR) technology.

The Health Information Exchange and Policy Analysis Unit is responsible for the implementation of the Florida Medicaid Electronic Health Record (EHR) Incentive Program, as established by the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009. The HITECH Act provides 100 percent federal financial participation (FFP) for state expenditures for incentive payments to encourage Medicaid health care providers to adopt, implement, and meaningfully use EHR technology. The HITECH Act also established a 90 percent FFP for state expenses related to the administration of the incentive program and for promoting EHR adoption.

This program is overseen by the Centers for Medicare & Medicaid Services (CMS) and state Medicaid agencies. Eligible Medicaid professionals may receive up to \$63,750 over six years for the adoption and subsequent meaningful use of certified EHR technology. Incentive payments to eligible hospitals are based on a complex formula in which a base incentive amount for each hospital is modified by the number of Medicaid patient discharges, as well as other factors. Eligible professionals include Medicaid-enrolled physicians, nurse mid-wives, dentists, and nurse practitioners with a 30 percent Medicaid patient volume. Pediatricians can qualify with 20 percent Medicaid volume. For professionals in federally qualified health centers and rural health clinics, the patient volume requirement is 30 percent needy individuals. Acute care hospitals, with no less than 10 percent Medicaid volume, and children's hospitals (which have no volume requirements) are also eligible.

In order to implement the incentive program, the Agency was required to complete a State Medicaid Health Information Technology Plan (SMHP) to be submitted to and approved by CMS. This plan was originally approved December 2, 2010 and is updated annually.

CMS established the rule for meaningful use that includes a set of standards, implementation specifications, and certification criteria for EHR technology. In the first program year, Medicaid eligible professionals and hospitals only have to demonstrate that they have adopted, implemented, or upgraded to certified EHR technology. In order to receive payment in subsequent participation years, they will have to attest to the meaningful use of certified EHR technology. September 2012, CMS published requirements for meeting Stage 1 and Stage 2 meaningful use requirements, which include process measures that target improved care coordination, preventative care, increased

privacy and security of patient's records, and enabling patient use of an online health record. CMS published a Modification Rule that became effective December 15, 2015 that modifies the measures providers will be required to meet for program years 2015-2017. The changes aim to reduce the complexity of the program by removing redundant, duplicative, or topped out measures. All providers are shifted to a single set of Modified Stage 2 measures. The measures focus on the advanced use of EHR technology to promote improved patient outcomes and health information exchange.

Florida's Medicaid EHR Incentive Program was launched on September 5, 2011. As of December 31, 2016, 13,185 incentive payments had been made to eligible professionals and 517 incentive payments had been made to hospitals. Also as of this date, 8,218 individual providers and 179 hospitals received a total of \$529,058,794 in incentive payments.

Information on eligibility for eligible professionals and hospitals can be found at: www.ahca.myflorida.com/medicaid/ehr/.

Business Intelligence Competency Center

In April 2015, the AHCA Business Intelligence Competency Center was created to integrate information and data that the Agency collects and maintains. Business Intelligence (BI) includes developing a BI strategy, implementing BI tools, applications and training and supporting the business users.

The Business Analytics Team (BAT) in the Health Information Exchange and Policy Analysis unit supports the Business Intelligence activities by administering the Agency's Tableau server as well as providing technical assistance on utilizing data and information from Agency systems to inform, monitor and track Agency processes and outcomes through visualization and analytics. The team supports Tableau training for AHCA as well as leads the Interagency Tableau Users Group (TUG). The team works with subject matter experts in each business area to develop dashboards and reports using the most appropriate data sources for the specific user's needs. The team has been working diligently on the conversion of Impromptu reports to Tableau and SSRS prior to the Agency's planned discontinuation of the Impromptu application on June 30, 2017.



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