



**PLAN OF ADOPTION OF ELECTRONIC HEALTH RECORDS.
FOR THE SUPPLIER NETWORK OF THE VITAL PLAN OF THE GOVERNMENT
-MEDICARE PLATINO-**

In accordance with the public policy established by the Health Information Technology for Economic and Clinical Health Act (HITECH), enacted as part of the United States Recovery and Reinvestment Act of 2009, which promotes the adoption and significant use of health information technology and Law 40 of 2012, promulgated by the Government of Puerto Rico, the Health Insurance Administration of Puerto Rico (ASES) as the agency responsible for implementing the government's health plan (GHP-Vital) established a Plan for the adoption of electronic medical records (EHR) by the network of health care providers of GHP-Vital.

ASES recognizes that physicians are the gateway to organized and integrated healthcare delivery systems. The implementation of this Strategic Plan will accomplish the integration of all the health care providers' network, as an organized health care system, allowing ASES to plan for, provide/purchase, and coordinate all core services along the continuum of health care services for the population served by the *GHP- Vital*. The progressive adoption of electronic health records and the necessary secure and effective exchange of the patient health information constitute the backbone of an organized integrated health system.

The proper implementation of the Plan in a structured and progressive way will allow the achievement of the following objectives:

- Focus on meeting the *GHP* population health needs;
- Efficient information systems that enhance communication and information flow across the continuum of care;
- Coordinate and integrate health care across the continuum;
- Able to obtain and manage information on quality outcomes and costs;
- Patient access to care continuum with multiple points of access; ensuring the patient receives the "right care at the right place at the right time";
- Population-based needs assessment; focused on defined population as needed;
- Maximize patient accessibility and minimize duplication of services ;
- Encourage and facilitate prudent use of resources and eliminate wasteful practices;
- Align service funding to ensure equitable funding distribution for different services or levels of services;
- Provider-developed, evidence-based care guidelines and protocols to enforce one standard of care regardless of where patients are treated;
- Cooperation between health care providers and organizations - medicine management partnerships; and
- Facilitate prevention and health promotion.

- Facilitate immediate intervention for patients with their providers in a disaster.

ASES, in accordance with the authority conferred by law, has required the MAO to promote and request the adoption and implementation of the EHR by its network of health care providers and an active participation in the HIE, which develops and implements the state to allow the exchange of health information among health providers.

The adoption of electronic health records and the meaningful use by the GHP health care provider network will allow ASES to establish mechanisms that guarantee, directly and indirectly, the accessibility, quality improvement, and cost and utilization controls of health care services provided and funded by federal and state governments, as well as the protection of patients' rights.



Strategies to Achieve ASES Goals and Objectives

ASES understands that achieving its goals and objectives will require it to work together with the contractors, to ensure that all health care providers move forward in a concerted and consistent manner in support and compliance with this Plan. The following are critical to achieving ASES' goals and objectives.

1. **Promote and demand that the GHP-Vital health care provider networks adopt the meaningful use of certified medical records and an active exchange of patient health information as part of the development and implementation of the HIE.**

ASES will request the MAOs to identify the following information in their networks of health care providers of GHP-Vital:

- Number of health care service providers/ organizations using a certified electronic health record;
- Number of health care service providers/ organizations that are active participants of a Health Information Exchange;
- Number of health care service providers/ organizations in the process of adopting and implementing a certified electronic health record system;
- Number of health care service providers/ organizations that do not have a certified electronic health record system and the reasons for that (ex. technical issues, financial issues, lack of knowledge, etc.);
- Number of providers / organizations of health services that use a certified electronic medical record and have a unique Direct Trust account

Using the results presented, ASES and the contractors will develop and present a series of educational initiatives to advance and support, the adoption and implementation of the significant use of the certified electronic health record by the provider networks and the compliance of Interoperability.

Other related educational initiatives/programs will be developed and offered to assure the adequate use of the electronic health records to include the following;

- the health information exchange between providers and between providers and the contractors for the benefit of the patient care;
- the privacy and security (Privacy Framework) of the electronic management of patient health information in compliance with the federal and state regulations; and
- the patients insured by *GHP-Vital* are informed about the benefits of the electronic health record and the health information exchange between their health care providers.

2. Ensure the Health Care Provider Networks Comply with Meaningful Use Care Goals

-In order to comply with the Federal Government's guidelines of what constitutes a "Meaningful Use" performance, ASES envisions that their provider networks will achieve meaningful use within the CMS program requirements. ASES and the contractors will work together to monitor the provider's engagement in a Health Information Organization and participate in the health information exchange platform.

3. Monitoring the adoption of EHR and participation in the development and implementation of the HIE

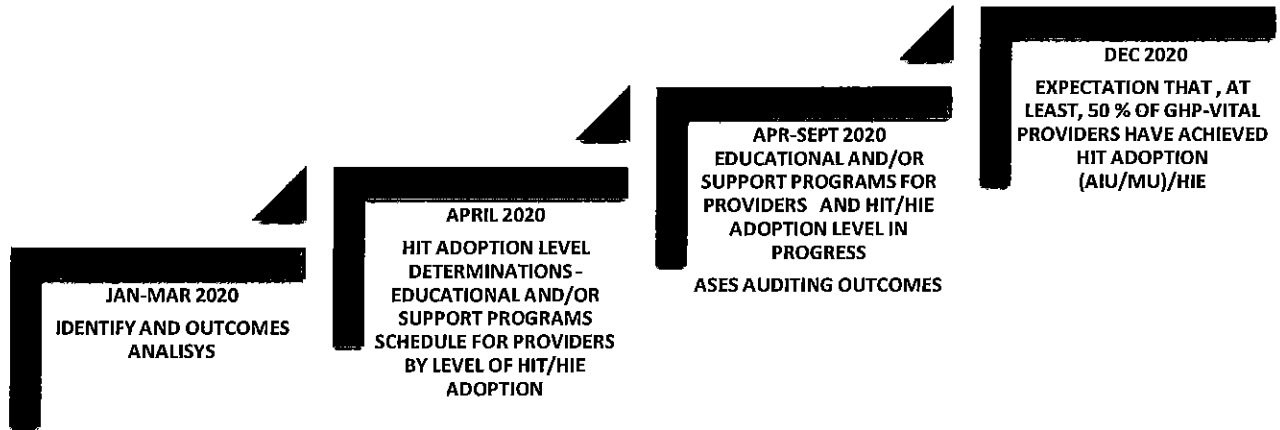
The MAO will develop a milestone and auditing program to be shared with the provider networks to measure EHR adoption and implementation. By measuring the progress, the MAO will be able to identify areas where EHR adoption and/ or development and implementation of the HIE engagement are successful and where more effort is needed to help certain providers so that ongoing progress towards meeting the CMS deadlines is maintained. As a result, the MAO must report ASES the milestones achieved and the findings results from the audits performed.

ASES, as the agency responsible for the implementing the GHP-Vital, will start the monitoring program using CMS requirements, as included in the contract ASES will work on a systematic measurement program that will produce reporting to demonstrate and/or validate the GHP-Vital provider networks performance. The monitoring program will include:

- Monthly periodic reporting of EHR adoption and participation in the development and implementation of the HIE engagement;
- Reporting requirements aligned with CMS EHR Meaningful Use criteria, CMS quality reporting and/ other data fields required by ASES;



**HIT ADOPTION AND DEVELOPMENT AND IMPLEMENTATION OF THE HIE ENGAGEMENT
EXPECTED TIMELINE**



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HIT ADOPTION AND HIE ENGAGEMENT OPERATIONAL PLAN

GOAL I.

Promote and require the GHP-VITAL health care provider networks to adopt meaningful use of a certified electronic health record (EHR) and an active exchange of patient health information through a health information exchange HIE

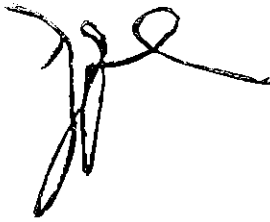

OBJECTIVES	STRATEGIES	DATE
<p>I.A. To obtain real time data on the GHP-Vital health care provider networks and the current status of their adoption and implementation of an EHR, Meaningful Use compliance, and their active participation in the HIE.</p>	<p>I.A.1 Develop and submit to ASES for approval a survey tool related to the adoption and implementation of a certified EHR by the GHP- VITAL healthcare providers and their participation in HIE. Preferably, the survey tool should be on-line.</p>	<p>January 6-17, 2020</p>
	<p>I.A.2 Submit the EHR Adoption Survey to the providers. EHR Adoption Survey MUST be completed by February 26, 2020.</p>	<p>February 3-28, 2020</p>
	<p>I.A.3 Collection and analysis of the EHR Adoption Survey results the contractors. Determine providers' EHR adoption levels by Municipality. Preferably, the survey tool should be on-line</p>	<p>March 2-27,2020</p>
	<p>I.A.4 Develop the EHR Adoption Communication/Education Plan for GHP- Vital health care provider networks in compliance with federal and state requirements. The EHR Adoption Communication/Education Plan will specify those GHP- Vital network providers that require additional targeted educational initiatives to be provided in order to accelerate adoption and effective use of EHRs within the GHP-Vital provider networks. Submit the EHR Adoption Communication/Education Plan for the GHP-Vital Health care provider networks to ASES for approval.</p>	<p>April 1-17, 2020</p>
	<p>I.A.5 The MAO will be responsible to discuss GHP Insured Population/ Patient Education Plan with providers; encourage health care providers for the incorporation of privacy and security policies and procedures; and provide monitoring results to ASES.</p>	<p>April 1-17, 2020</p>

<p>I.B Develop and schedule the educational initiatives to be offered to GHP-Vital health care providers</p>	<p>I.B.1 Educational initiatives begin targeting providers by EHR Adoption levels. Educational programs must include:</p> <ul style="list-style-type: none"> • EHR adoption policy – federal and state overview • EHR Medicaid Incentive Program • Federal and State legal framework • Level of meaningful use compliance • Privacy and Security Frameworks • Health Information Exchange Platform – Active Participation Requirements • Patients' Rights 	<p>April 20-June 30, 2020</p>
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<ul style="list-style-type: none"> • Quality Improvement Programs/Measures Requirements • unique DirectTrust account 	
<p>I.B.2 MAO will schedule the continuing education program for the GHP- Vital network providers along with the communication and engagement process for the health care providers.</p>	<p>April 20-June 30, 2020</p>
<p>I.B.3 MAO will conduct follow up to audit the health care provider networks progress in increasing their EHR Adoption level and must provide findings to ASES.</p>	<p>July 1-September 30, 2020</p>

<p>GOAL 2. Ensure that health care provider networks to comply with Meaningful Use Goals</p>		
OBJECTIVES	STRATEGIES	DATE
<p>2.A Monitor the Medicaid Meaningful Use certification process and compare with the data obtained under the educational program - follow up surveys</p>	<p>2.A.1 MAO will compare the results obtained from the follow up surveys from health care provider networks related to their progress in EHR Adoption level and the Meaningful Use Incentive Program</p>	<p>October 1- November 30, 2020</p>

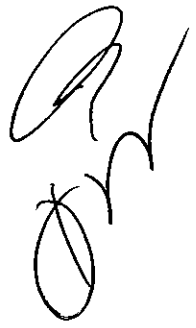
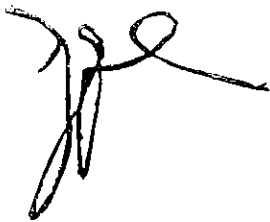





GOAL 3.

Monitoring EHR Adoption and HIE Engagement

OBJECTIVES	STRATEGIES	DATE
3.A Report and analyze progress on EHR educational program	3.A.1 MAO will implement policies that require EHR and engagement with HIE the standard business practice for GHP- Vital Network Providers.	
3.B Integrate a Quality Improvement Culture into GHP- Vital Provider Network	3. B.1 MAO will align EHR standards for quality measurements and improvements across GHP- Vital /Medicaid and Medicare programs. 3.B.2 MAO will accelerate alignment and implementation of electronic clinical quality measures and electronic reporting 3. B.3 ASES will develop standards and policies to enable electronic management of patient consent forms and HIE among GHP_Vital Network Providers with sensitive health data such as mental and behavioral health conditions. 3.B.4 ASES and the contractors will conduct follow up surveys to audit the health care provider networks progress in their HIT adoption, HIE participation, and quality measurement programs progress	July 1-December 31, 2020



Electronic Health Record (EHR) Adoption Minimum Requirements

This document establishes the minimum data requirements for the provider EHR adoption survey identified in Appendix 17 of ASES's Platino contract with the Medicare Advantage Organizations (MAOs) that manage Puerto Rico dual Medicare & Medicaid enrollee benefits.. MAOs can add questions or data elements as they deem necessary to meet the requirements in Appendix 17 or to support the proper execution of its obligations under the Platino contract.

1. Which best describes your role (choose only one)?

- Medical professional solo practitioner
- Medical professional practicing within a group practice of three (3) or fewer providers
- Medical professional practicing within a group practice of four (4) or more providers
- Medical professional predominantly practicing in a Federally Qualified Health Center (FQHC), known as a "Centro 330"
- Medical professional practicing as part of the staff within any department in an inpatient hospital
- Administrator responding on behalf of a group practice
- Administrator responding on behalf of a Federally Qualified Health Center (FQHC)
- Administrator responding on behalf of an inpatient hospital

If you selected one of the options labeled "Administrator", please go to Question 1b.

a. Which best describes your provider specialty (choose only one)?

- Primary care physician (PCP)
- Pediatrician
- Dentist
- Psychiatrist
- Other medical specialty

Please go on to Question 2.

b. Which best describes your provider setting (choose only one)?

- Physician group practice
- Federally Qualified Health Center (FQHC)
- Acute Hospital
- Children's Hospital



2. Does your primary practice location have Internet access (choose only one)?

- Yes
- No

If you answered "No", please go to Question 3.

a. What type of connection does the office have (choose only one)?

- High speed/broadband (at least 25 Mbit/s downstream and 3 Mbit/s upstream)
- Primary rate (at least 1.5 Mbit/s downstream, but lower than High speed/broadband)
- Other or not sure

If you answered "Other or not sure", please go to question 3.

b. What is its rated downstream speed of your high speed/broadband connection (choose only one)?

- 2 Mbit/s or fewer
- More than 2 Mbit/s but no more than 4 Mbit/s
- More than 4 Mbit/s but no more than 10 Mbit/s
- More than 10 Mbit/s but no more than 25 Mbit/s
- More than 25 Mbit/s
- I don't know or I'm not sure

c. How long have you had this Internet connection (choose only one)?

- 3 months or fewer
- More than 3 months but no more than 6 months
- More than 6 months but no more than 12 months
- More than 12 months but no more than 24 months
- More than 24 months

d. Are you satisfied with the speed/performance of your high speed/broadband connection (choose only one)?

- Yes
- No
- I'm not sure

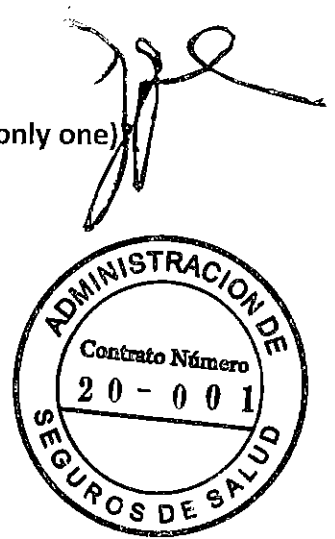
3. Does your primary practice location use an Electronic Health Record (EHR) (choose only one)?

- No, it does not use practice management or EHR systems or any kind
- No, but it uses a practice management system
- Yes, it has already implemented and is currently using an EHR

If you answered anything other than "Yes", please go on to Question 4.

a. Who is your EHR vendor (choose only one)?

- | | |
|---|---|
| <input type="checkbox"/> Allscripts | <input type="checkbox"/> Connexin |
| <input type="checkbox"/> Amazing Charts | <input type="checkbox"/> Dr. Chrono |
| <input type="checkbox"/> Bizmatics | <input type="checkbox"/> eClinicalWorks |
| <input type="checkbox"/> ChartLogic | <input type="checkbox"/> EHRez |



- eMDs
- Greenway Medical Technologies
- Inmediata
- MacPractice
- McKesson
- MediRec
- NeoDeck Holdings
- OpenDental
- Practice Fusion

- Sabiamed
- SOAPware
- Spring Medical Systems
- STI Computer Services
- TU Record
- Vitera Health Solutions
- Other
- I don't know or I'm not sure

b. In which year did you last implement or upgrade the EHR (choose only one)?

- 2006 or earlier
- 2007
- 2008
- 2009
- 2010
- 2011
- 2012
- 2013
- 2014
- 2015
- 2016
- I don't know or I'm not sure

c. How much has your practice spent in Electronic Health Record (EHR) implementation, training, and related technology infrastructure (e.g. servers, computers, other software)? (choose only one)

- \$2,500 or less
- More than \$2,500, but less than \$5,000
- More than \$5,000, but less than \$10,000
- More than \$10,000, but less than \$25,000
- More than \$25,000, but less than \$50,000
- More than \$50,000, but less than \$100,000
- More than \$100,000, but less than \$250,000
- More than \$250,000, but less than \$500,000
- More than \$500,000, but less than \$1,000,000
- More than \$1,000,000, but less than \$2,000,000
- More than \$2,000,000

d. Is it a Certified EHR (The EHR product/version is listed in the ONC Certified Health IT Product List - CHPL) (choose only one)?

- Yes
- No
- I don't know or I'm not sure

If you answered anything other than "Yes", please go to Question 5.

e. What is the certification year/version of your EHR? (choose only one)

- 2015
- 2014
- 2011



- 2011/2014 Hybrid (some modules are 2011 certified, others are 2014 certified)
- 2014/2014 Hybrid (some modules are 2014 certified, others are 2015 certified)
- I don't know or I'm not sure

If you answered "2014" or "2015", please go to Question 5.

f. Do you know if your EHR vendor offers a complete 2014-certified version? (choose only one)

- Yes
- No
- I don't know or I'm not sure

4. If your primary practice location has NOT implemented an Electronic Health Record (EHR), why has it not done so? (choose only one)

- Too expensive for my medical practice
- I have not selected and implemented an EHR
- I have heard from other professionals that it is not worth the trouble
- I have concerns for my patient's privacy
- I am still undecided whether to implement an EHR
- Other reason(s)

a. My practice is planning to implement an Electronic Health Record (EHR): (choose only one)

- Within the next 3 months
- Between 3 and 6 months from now
- Between 6 and 12 months from now
- In 12 months or more from now
- My practice is not planning on implementing an Electronic Health Record (EHR)

Please go to Question 8.

5. Have you applied for an incentive in either the Medicare or Medicaid EHR Incentive Programs? (choose only one)

- Yes
- No
- I don't know or I'm not sure

If you answered anything other than "Yes", please go to Question 6.

a. Which program(s) have you applied and incentive in? (choose only one)

- Medicare
- Medicaid
- Both
- I don't know or I'm not sure

6. Have you applied for an incentive for the Adopt, Implement, or Upgrade (AIU) phase in the Medicaid EHR Incentive Program? (choose only one)

- Yes
- No



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I don't know or I'm not sure

If you answered anything other than "Yes", please go to Question 6b:

a. What is your status with regards to the AIU phase incentive? (choose only one)

- I have applied for an AIU incentive, but was declared ineligible
- I have applied for an AIU incentive, but I have not been contacted by ASES regarding my case
- I have applied for an AIU incentive, and was asked by ASES to submit additional information
- I have applied for an AIU incentive, submitted additional information, but my case has not been approved or rejected
- I have applied for an AIU incentive, and I received payment
- Other status or situation not indicated above

Please go to Question 6c.

b. Why have you not applied for an AIU phase incentive? (choose only one)

- I am not sure I meet the eligibility criteria
- I am not sure how to apply for a Medicaid EHR incentive
- My AIU phase incentive application has been started, but is incomplete
- I am waiting on getting additional information before I apply
- I believe I do not meet the eligibility criteria
- It's too much of a hassle to apply and submit all the necessary information
- Other reason not stated above

c. Are you planning to apply for a Medicaid EHR incentive for Meaningful Use (MU)? (choose only one)

- Yes
- No
- I don't know or I'm not sure

7. Have you applied for an incentive for achieving Meaningful Use (MU) in the Medicaid EHR Incentive Program? (choose only one)

- Yes
- No
- I don't know or I'm not sure

If you answered anything other than "Yes" on Question 7, Please go to Question 7c:

a. What is the last MU attestation you submitted? (choose only one)

- First year MU attestation
- Second year MU attestation
- Third year MU attestation
- Fourth year MU attestation
- I don't know or I'm not sure

b. What is your status with regards to the last MU attestation you submitted (indicated in 7b)? (choose only one)

- I have applied for the MU, but was declared ineligible
- I have applied for the MU incentive, but I have not been contacted by ASES regarding my case



- I have applied for the MU incentive, and was asked by ASES to submit additional information
- I have applied for the MU incentive, and submitted additional information, but my case has not been approved or rejected
- I have applied for the MU incentive, and I received payment
- Other status or situation not indicated above

Please go to Question 8.

c. Why have you not applied for an MU incentive? (choose only one)

- I am not sure I meet the eligibility criteria
- I am not sure how to apply for a Medicaid EHR MU incentive
- My MU incentive application has been started, but is incomplete
- I am waiting on getting additional information before I apply
- I believe I do not meet the eligibility criteria
- It's too much of a hassle to apply and submit all the necessary information
- Other reason not stated above

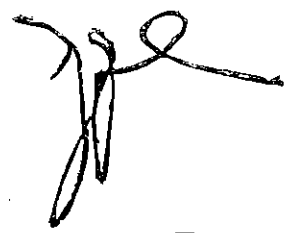
8. Have you enrolled with the Puerto Rico and U.S.V.I Regional Extension Center (REC)? (choose only one)

- Yes
- No
- I'm not sure
- I am not aware of who the REC is or their relationship to EHRs

If you answered anything other than "Yes", please go to Question 8b:

a. What has been the REC's greatest value in the process of adoption and meaningful use of EHR? (choose only one):

- Selection of an EHR
- Implementation support for my selected EHR
- Orientation or education related to the Medicaid EHR Incentive Program
- Support in registering in the CMS NLR and/or attesting in the Puerto Rico SLR
- My enrollment with the REC has not been helpful in any tangible manner

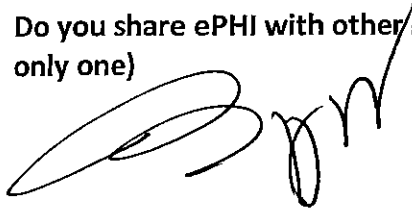



Please go to Question 9.

b. Why haven't you enrolled with the REC? (choose only one)

- I am not aware of what the REC is or their relationship to EHRs
- I have not been contacted by the REC
- I have internal staff that fulfills a similar role
- I have retained external consultants that fulfill a similar role
- I believe I have sufficient knowledge of EHR implementation and EHR incentives
- I don't share information with other providers
- I have engaged other consultants or external resources to support me with EHR incentives
- Other reasons not stated above

9. Do you share ePHI with other healthcare providers (e.g. hospitals, laboratories, specialists)? (choose only one)



- Yes
- No
- I don't know or I'm not sure

If you answered anything other than "Yes", please go to Question 9c:

a. With which type of provider do you share health information most often? (choose only one)

- Hospitals
- Laboratories
- Pharmacies
- Radiologists
- Other physicians or specialists
- State or federal agencies

Please go to Question 10.

b. What has been the most significant barrier to sharing health information? (choose only one)

- It has not been necessary or I have not had the opportunity to do so
- I am not sure how to go about it
- Incompatibility with other providers' EHRs
- Implementation costs
- HIPAA privacy and security concerns

10. Have you enrolled with the Puerto Rico Health Information Network (PRHIN), the state Health Information Exchange (HIE)? (choose only one)

- Yes
- No
- I'm not sure

If you answered anything other than "Yes", please go to Question 11.

a. Are you currently exchanging health information with the PRHIN? (choose only one)

- Yes
- No
- I'm not sure

b. Which type(s) of information have you exchanged with the PRHIN? (choose as many as applicable)

- Laboratory orders and/or results
- Electronic prescriptions
- Patient encounter information
- Secure messaging
- Other types of information

c. What has been the most significant barrier to exchanging health information with the PRHIN? (choose only one)

- It has not been necessary or I have not had the opportunity to do so
- I am not sure how to go about it



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- The PRHIN does not offer the HIE services I need
- Implementation costs
- HIPAA privacy and security concerns

11. What can your Platino MAO do to support, facilitate and/or improve your ability to implement Certified EHR technology in your practice setting? (choose as many as applicable)

- Perform an assessment of my practice setting and make actionable recommendations
- Provide support in selecting Certified EHR technology that is adequate for my practice setting
- Offer economic incentives to minimize the costs of implementation
- Offer me and my staff training and education on how to use PCs, tablets, laptops or other end user devices
- Offer me and my staff training and education how to implement or use EHRs

