Implementing Prospective Flows in a Pre-Interoperability World

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Meet the Presenters



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How Interoperability Enables Healthcare

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The ability to access and process data from multiple sources without losing meaning and then integrating that data for mapping, visualization, and other forms of representation, analysis, and patient care.

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When Will We See Interoperability?

- CMS published the Interoperability and Patient Access Final Rule in 2020
- CMS' goal remains the same: full interoperability to increase access to health information

 On June 27, 2023, OIG published its final rule, establishing that if an entity has committed information blocking, they may be subject to a \$1 million penalty per violation

Notice: This Hid-supported document will be the federal Registic (RFI) exploited and in public signity or published and the <u>Tegettar</u> (RF) may viry lightly from the published document have been made doning the OFI review proce- published in the <u>tegetual support</u> , the effect DEPARTMENT OF HEALTH AND HUMAN SERVICES Conters for Medicaré & Medical Services	has not yet been placed gitter. The document if minor editorial changes s. The document HHS-approved document. (Billing Code: 4120-01-P)		
42 CFR Parts 406, 407, 422, 423, 431, 438, 457, 482, and	am <u>e</u> 3		
Office of the Secretary	42820 Federal Register/Vol.	88, No. 125/Monday, July 3, 2023/	Rules and Regulations
45 CFR Part 156	DEPARTMENT OF HEALTH AND HUMAN SERVICES	First, section 4004 of the Cures Act added section 3022 to the PINA, 42 U.S.C. 300ji-52 which, among other	2020. Among other things, ONC through the ONC Final Rule promulgated the
[CMS-9115-F]	Office of Inspector General	provisions, provides OIG the authority to investigate claims of information	information blocking regulations defining information blocking and establishing exceptions to that
RIN 0938-AT79	42 CFR Parts 1003 and 1005	Mocking and authorizes the Secretary to impose CMPs against a defined set of individuals and entities that OIC	definition. OIG's final rule incorporates the relevant information blocking
Medicare and Medicaid Programs; Patient Protection	Granta, Centracta, and Other Agreements: Fraud and Abuso; Information Biocking; Office of	determines committed information blocking, investigating and taking enforcement action against individuals	regulations at 45 part 171 or the basis for imposing CMPs for information blocking. Second, this final rule modifies 42
Interoperability and Patient Access for Medicare Adva	Inspector General's Civil Monoy Penalty Rules	and entities that engage in information blocking are consistent with OIC's history of investigating seriess	CFR parts 1003 and 1005 to add the new authority related to fraud and other misconduct involving grants, contracts,
Managed Care Plans, State Medicaid Agencies, CHIP	AGENCY: Office of Inspector General (OGL Department of Health and Human Services (H183)	miscondact that impacts HHS programs and beneficiaries. Information blocking poses a threat to patient adety and	and other agreements into the existing regulatory framework for the imposition and appeal of CMPs, assessments, and
Entities, Issuers of Qualified Health Plans on the Feder	ACTION: Final rule.	undermines efforts by providers, payers, and others to make the health system	exclusions. The additions: (1) expressly enumerate in the regulation the grant,
Health Care Providers	SUMMANY: This final rule amends the civil money penalty (CMP) regulations	more efficient and effective. Information Mocking may also constitute an element of a fraud scheme, such as by forcing	contract, and other agreement fraud and misconduct CMP5, authority; and [2] give individuals and entities sanctioned
AGENCY: Centers for Medicare & Medicaid Services (C	of the Department of Health and Human Services (HHS) Office of Inspector General (OIG) to: incorporate new CMP	unnecessary tests or conditioning information exchange on referrals. Addenation the mantheast of	for fraud and other misconduct related to IBIS grants, contracts, and other agreements the same procedural and
ACTION: Final rule.	authority for information blocking, incorporate new authoritiss for CMPs, assessments, and exclusions related to	information blocking is consistent with OE's mission to protect the intestity of	appeal rights that currently exist under 42 CFR parts 1953 and 1995 for these
SUMMARY: This final rule is intended to move the heat	IBIS grants, contracts, other agreements; and increase the maximum perception for	HHS programs, as well as the health and welfare of program beneficiaries. In this final rule, we implement	statutioned under the CMPL and other statutor for frond and other misconduct related to, among other things, the
interoperability, and to signal our commitment to the visio	certain CMP violations. DATES: This final rule is effective August 2, 2023, except for the additions of	In this final rule, we implement section 3022(b)(2)(C) of the PHSA, which requires that the CMP for information blocking follow the	Federal health care programs. In this final rule, we codify these new authorities and their corresponding
and Executive Order 13813 to improve the quality and acc	55 1003.1440, 2003.3439, and 1003.3420 (aneselatory instruction 50, which are effective on September 1, 2023. For number areonawinous contract: Robert Persenti, 1023 1596–4021, robert persentificity after are	precedures of section 1128A of the Social Security Act (ISA). Specifically, the final rule adds the information blocking ORP authority to the exciting regulatory feasies work for the imposition and socianizate of CMPs, assessments, and excitations (a2 CPR parts 1000 and 1005) measured to section 2022/DEFECT	exections in the regulations at 42 (27) 1005 114, 1005 134, 1005 140, 1000 740, 1005 170, 1005 134, 1005 140, 1000 740, 1005 1354, and 1505 1 1005 1554, and 1505 1 1005 1
	Leacutive Summary A. Purpose and Need for Begalatory Action This field rule implements three Matuhary provisions (1) the amendment of the Public Health Service Act	of the PHSA (4) U.S.C. 2003- 525(02)(C3). The amendments give individuals and entities subject to CMPs for information blocking the same percedual rights that corrently wint under 42 CPE parts 1000 and 1005. Through this final rule, we codify this	CMPs. 42 U.S.C. 13208–79(a), (b). This final rule codifies the increased CMPs at 42 CPR part 1000. Specifically, for conformity with the CMPL as aromoded by the BBA 2018, we revise the CMPs contained at 42 CPR 1003.210, 1005.316, and 1003.1010.
	(PRIS6, at U.S.C. 2009; -EL (by the 21st Control Correct All (barrs def) entering (barrs def) (barrs def) entering (barrs def) (barrs def) information, Backing and Jonoldag and Secondary (12) (barrshoft) (barrshoft) (barrshoft) (barrshoft) (barrshoft) (barrshoft) (barrshoft) (barrshoft) (barrshoft) (barrshoft) (barrshoft) (barrshoft) (barrshoft) (barrshoft) (barrshoft) (barrshoft) (barrshoft) (barrshoft) (barrs	Through them thank took, we cannot yuke the construction of the construction of the construc- tion of the construction of the construction of the con- struction of the construction of the construction of the construction of the construction of the con- struction of the construction of the con- tent of the construction of the construction of the construction and co-construction of the con- tent of the construction of the construction of the construction of the construction of the con- tent of the construction of the construction of the construction of the construction of the con- tent of the construction of the construction of the con- tent of the construction of the construction of the con- tent of the construction of the construction of the con- tent of the construction of the construction of the con- tent of the construction of the construction of the con- tent of the construction of the construction of the con- tent of the construction of the construction of the con- tent of the construction of the construction of the con- tent of the construction of the construction of the con- tent of the construction of the construction of the con- tent of the construction of the construction of the con- tent of the construction of the construction of the con- tent of the construction of the cons	100.13/a cal 300.1201. 100.13/a cal 300.1201. 20.25/a 4.26/art/a 20.25/a 4.26/art/a 20.25/a 4.26/art/a 20.25/a 4.26/art/a 20.25/a 4.26/art/a 20.25/art/a 20.25/art/

Progress Towards Interoperability

6 out of 10 hospitals engaged in key aspects of electronically sharing health information in 2021



Larger organizations have found it especially difficult to transition due to high costs and multiple systems/workflows



*Source: Office of the National Coordinator. Interoperability and Methods of Exchange Among Hospitals in 2021.



A Different Approach

- Instead of switching to an entirely new platform, consider a staged approach
- Gradually transitioning reduces abrasion and allows your organization to grow familiar with the new platform





Who Is InnovaCare Health?

- Began in 1998 as North American Medical Management
- We combine physician-led care models with cutting-edge technology and a focus on personalized, coordinated care to succeed in some of healthcare's most challenging environments

500,000

Managed lives half of which are dual-eligible

30+

Medical clinics in Florida and Texas

Top 10 Rating for Medicare Advantage Plan, by membership



InnovaCare Health: A Case Study

How to address organizational challenges

Multiple EMRs: 5 different EMRs, multiple instances, and paper charts clinics Different workflows: Processes varied by provider group complicated by acquisitions

Manual processes: Excel spreadsheets, potential for human error, and lower productivity rates Timely reporting: Checks and balances to monitor provider performance and program success



Finding Solutions



EMR-Agnostic Workflows

New workflow is EMR-agnostic



Pre-Chart Prep

Built a customizable workflow for prechart prep



Pre & Post-Visit Workflows

New workflow delivers data to providers before patient visits and delivers post-visit data to coders



Program Oversight

Monitoring program and provider performance



Pre-Interoperability Workflow



- Workflow maintains flexibility to fit differing systems and processes
- Focus on data enabling delivery of high quality patient care



Results and Takeaways



Game-changing workflow

- Up-to-date aggregated data in a centralized tool
- Continuous provider feedback
- Collaborative implementation



Positive impacts

- EMR researcher productivity
- Targeted pre-visit planning
- Most important data aggregated for provider at point-of-care
- Provider/coder data analysis



THANK YOU

