



## OHIT is rolling out Phase 1 of SHARE with Secure Messaging

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Arkansas Office of Health Information Technology



The State Health Alliance for Records Exchange, SHARE, is beginning implementation of Phase I which will enable providers to exchange health information through secure messaging. Secure Messages are the exchange of health information through a secure and encrypted email mechanism between SHARE participants.

SHARE Implementation Specialists will be visiting provider practices, hospitals and clinics to enroll participants in Phase I of SHARE. Prospective participants should expect to engage in the following steps of the enrollment and training process:

- 1. Orientation Meeting** - An initial meeting with the facility will be held to provide educational material on secure messaging of SHARE. During this meeting, the facility will determine their interest in secure messaging and the expansion to the evolved HIE in the coming months.
- 2. Definition of Project Team** - As the facility moves forward in the enrollment process, members of the project team, composed of facility personnel and SHARE staff will be specified.
- 3. Workflow Analysis** - A Workflow Analysis will be performed to ensure the facility staff understands the benefits and goals of using secure messaging and how it can be incorporated into their workflow.
- 4. Participant Agreements** - The project team will ask facility staff to sign agreements outlining proper uses of and access to SHARE.
- 5. User ID and password Assignment** - The project team will collect user information and assign SHARE user IDs and passwords. For larger facilities, a local facility contact may be designated to coordinate this process.
- 6. Training** - Training will be scheduled, at which time users will receive their initial user IDs and passwords. During training, users will be required to change their passwords and submit a secure message to ensure there are no issues with the user account or access.
- 7. Post Implementation** - Approximately 2 weeks following training, a post-live implementation survey and follow up will be performed by the project team.

If you are interested in learning more about SHARE and the enrollment and training process please click [here](#).

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The Centers for Medicare and Medicaid Services (CMS) have announced a proposed rule for Stage 2 requirements for the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs. Under the Health Information Technology for Economic and Clinical Health (HITECH) Act, part of American Recovery and Reinvestment Act of 2009, eligible health care professionals (EPs), eligible hospitals and Critical Access Hospitals can qualify for Medicare and Medicaid incentive payments when they adopt certified EHR technology and use it to demonstrate "meaningful use" of that technology by achieving objectives set by CMS.

Through the Stage 2 requirements of the Medicare and Medicaid EHR Incentive Programs, CMS hopes to expand the meaningful use of certified EHR technology. Certified EHR technology used in a meaningful way is one piece of a broader Health Information Technology infrastructure needed to reform the health care system and improve health care quality, efficiency, and patient safety.

The proposed new and revised certification criteria would establish the technical capabilities and specify the related standards and implementation specifications that certified electronic health record technology would need to include to, at a minimum, support the achievement of meaningful use by eligible professionals, eligible hospitals and critical access hospitals under the Medicare and Medicaid EHR Incentive Programs beginning with the EHR reporting periods in fiscal year and calendar year 2014.

Stage 1 defined the kinds of meaningful uses of technology that qualify for federal incentives. Physicians can be awarded up to \$44,000 per practice for participating in the Medicare incentives program; up to \$63,750 for practices participating in the Medicaid program. Stage 1 guidelines remain in effect and Stage 2 guidelines will not take effect until 2014.

The proposed changes to Stage 1 criteria include the following:

- The exchange of key clinical information has been eliminated to promote more robust transitions in care. (Effective Stage 2)
- Providing patients with an electronic copy of their health information has been replaced with promoting an "electronic/online access" of health information. (Effective Stage 2)

Other proposed changes include:

- Changes to the denominator of computerized provider order entry (CPOE) (Stage 1 Optional, Stage 2 Required)
- Changes to the age limitations for vital signs (Stage 1 Optional, Stage 2 Required)

Just as in Stage 1, CMS proposes that EPs, eligible hospitals, and CAHs be required to report on specified clinical quality measures (CQMs) in order to qualify for incentive payments under the Medicare and Medicaid EHR Incentive Programs.

#### Payment Adjustments and Exceptions

Medicare payment adjustments are required by statute to take effect in 2015. CMS proposes that any Medicare EP or hospital that demonstrates meaningful use in 2013 would avoid payment adjustment in 2015. Also, any Medicare provider that first demonstrates meaningful use in 2014 would avoid the penalty if they meet the attestation requirement by July 3, 2014 (eligible hospitals) or October 3, 2014 (EPs).

Meaningful use attestations to State Medicaid Agencies by EPs who are eligible for either Medicare or Medicaid but opted for Medicaid, will be accepted to avoid the Medicare penalty. However, it is important to note that the receipt of Medicaid EHR Incentive Program payments for one kind of Medicaid incentive payment (the adopt, implement or upgrade, the criteria for the first year of Medicaid EHR Incentive Program payments), is not the same as meeting the meaningful use criteria. Therefore, those providers may be subject to Medicare payment adjustments if they do not otherwise demonstrate meaningful use.

The proposed rule in its entirety can be found [here](#).

For more information on Stage 2 of Meaningful use, please view [the interview](#) from Dr. Farzad Mostashari of the Office of the National Coordinator for Health Information Technology.

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### SHARE Webinar - March 22, 2012

The Office of Health Information Technology is pleased to announce the inaugural monthly webinar series focusing on SHARE. Key topics of the webinar include:

- What is SHARE and Why I should participate
- An overview of Phase I and Phase II
- Benefits of SHARE
- Enrollment process throughout the state

### HIE Council Meeting - March 26, 2012

The regularly scheduled HIE Council meeting will be held on Thursday, March 26th at 1 pm.

Employee Benefits Division (EBD)  
501 Woodlane Street, Suite 500  
Little Rock, AR 72201

To confirm your attendance, please contact a member of the OHIT staff at 501.410.1999.

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