CABINET FOR HEALTH AND FAMILY SERVICES
Governor's Office of Electronic Health Information

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TO: Kentucky Health Information Exchange (KHIE) Participants
FROM: The Governor's Office of Electronic Health Information (GOEHI)
SUBJECT: Key Considerations for 2014
Date: March 10, 2014

KEY CONSIDERATIONS FOR 2014

Due to the extensive changes and provisions found within the Electronic Health Record Incentive Program, the Kentucky Health Information Exchange would like to notify its providers of salient considerations for 2014.

2014 EHR Certification:

In order to be eligible for the EHR Incentive Program and attesting to Meaningful Use Stages 1 and 2, all eligible providers and hospitals must have EHR technology certified to the 2014 Edition EHR certification criteria that meets a required base amount of functionality and any other functionality required to meet Meaningful Use.

****Bottom line:** Your technology must be certified to the 2014 criteria that you will attest to, and you must ensure that it meets the required objectives for achieving Meaningful Use.

Public Health Reporting & KHIE:

Because KHIE serves as the public health authority for the Meaningful Use program in the state of Kentucky, providers must adhere to the following rules:

> All of the Stage 1 public health objectives require that participants perform at least one test of their CEHRT capability to send to public health agencies. If the test of submission is successful, the program participant should institute regular reporting with the entity that the successful test was conducted. In Stage 2, successful submission of public health data on an ongoing basis to the KHIE is required for Meaningful Use. .

As of January 1, 2014, all eligible providers and hospitals who attest to Stage 1 or Stage 2 must have a signed Participation Agreement on file with the KHIE. Associated addendums must also be on file for each public health objective that you select and attest to. Individual addendums are required for submitting immunization, syndromic surveillance, cancer, and reportable diseases data. You can no longer count menu exclusions toward the minimum of 5 menu objectives on which must be reported if there are other menu objectives that can be selected. If you do not administer immunizations, you must choose another public health objective. Syndromic surveillance is appropriate for hospitals and providers alike.

****Bottom line:** Before attesting to public health reporting objectives, there are two criteria that must be met: 1). you must have a signed agreement (and appropriate addendum(s)) on file with KHIE, and 2) you must be either in KHIE's onboarding queue or live on KHIE for the public health objective(s) that you are attesting to. You cannot select a menu objective and claim an exclusion if there are other menu objectives that can be met. Those that do not administer immunizations and hence cannot attest to the immunization core objective will need to be in KHIE's queue for syndromic surveillance. KHIE is prioritizing hospitals first within its onboarding queue. Do not wait until the last minute to connect with KHIE.

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Transitions of Care and View, Download and Transmit:

KHIE is now operating as a health information service provider (HISP) and is offering HISP services for Direct Secure Clinical Messaging. To meet the transitions of care objective for Stage 2 Meaningful Use, your EHR must have the capability to generate a summary of care record (CCDA) and send it electronically to 10% of transitions or referrals of care. Utilizing KHIE's HISP will facilitate meeting this objective. KHIE is also offering a web portal that will enable eligible providers and hospitals to communicate and share summary of care records securely with referral partners that do not have an EHR. Contact your vendor to discuss whether or not they will serve as your HISP. If you plan to use KHIE as your HISP, you will need to sign a Direct Services addendum, a Direct Patient HISP Services agreement and go through KHIE's onboarding process for Direct services. In addition to fulfilling Transitions of Care, KHIE is also offering HISP services for providers whose vendors do not offer a HISP which is required to fulfill the "Transmit," within VDT, of patient health information.

****Bottom line:** Steps to be taken now include:

1) Contact your vendor to determine whether you will need KHIE's HISP service. If you will need to use KHIE's HISP, contact your outreach coordinator to receive the Direct addendum and start the onboarding process.

2) Begin gathering a strategic referral pattern to meet your 10% threshold. KHIE strongly urges providers to focus on identifying the fewest number of referral partners that are needed to achieve this objective. For each referral partner on your list, contact them to notify them of your timeline and your need for them to be able to receive Direct secure messages. If one or more partners in your referral list do not have an EHR, refer them to the KHIE outreach coordinator in their area to begin the onboarding process for the Direct web portal.

Achieving this objective requires significant effort and coordination among your referral partners, your EHR vendor, and KHIE. Do not wait until the last minute to connect with KHIE.

For specific Meaningful Use guidance, please contact your local Regional Extension Center.

Sincerely,

Polly Mullins Bentley

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