

APPENDIX I. TABLE SUMMARY OF PATIENT PROTECTION AND AFFORDABLE CARE ACT PROVISIONS WITH RELATIONSHIP TO INELIGIBLE PROVIDERS AND HEALTH IT USE

This table provides a summary of the Patient Protection and Affordable Care Act (Affordable Care Act) provisions that potentially:

- impact the ineligible providers who are the focus of this study; and
- require or could leverage the use of health IT to support health information exchange.

The summary was compiled from the law and/or from implementing guidance by the authorized agency during the implementation of the provision. It should be noted that the summary is not intended to express Departmental views on statutory interpretation of provisions in the Affordable Care Act. Rather, the table highlights provisions in the Affordable Care Act that either: (i) required or could support the use of health IT, or (ii) required or imply the exchange of health information. Some of the health information exchange provisions in the Affordable Care Act require electronic health information exchange, while other provisions do not specify the method of exchange (e.g., information exchange could be electronic or manual).

Abbreviations used in the table are at the end of this Appendix.

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| 1104 | Administrative simplification | ✓ | | | | | | | Sets forth provisions governing electronic health care transactions, with penalties for health plans failing to comply; review committee to ensure coordination with the standards that support the C-EHR technology approved by ONC. |
| 2401 | Community first choice option | ✓ | ✓ | X Hospital | X NF ICF/IID | X IMDs Institutions for Mental Disease | | | <p>HCBS/S to persons under a plan of services based on functional assessment. Includes assistance w/ADLs, IADLs, and health related tasks. Includes establishing a QA system that includes: feedback from consumers/others, monitors health and well-being, a process for the mandatory reporting, investigation, and resolution of allegations; and provides information about the QA provisions; and collects and report information. State are required to provide the Secretary with information regarding the provision of home and community-based attendant services and supports, including: “The specific number of individuals served by type of disability, age, gender, education level, and employment status.”</p> <p>HCBS (based on a functional assessment); final rule¹ states can cover attendant care as optional state plan benefit, 6% increase from Federal Government to cover these services.</p> |

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| 2402 | Removal of barriers to providing HCBS | ✓ | ✓ | | X | X | | | HHS shall promulgate regulations to ensure that all states develop service systems designed to--(1) allocate resources for services that is responsive to the changing needs and choices of beneficiaries receiving non-institutionally-based long-term services and supports (including such services and supports provided under programs other the state Medicaid program), and that provides strategies for beneficiaries receiving such services to maximize their independence, including through the use of client-employed providers; (2) provide the support and coordination needed for a beneficiary in need of such services (and their family caregivers or representative, if applicable) to design an individualized, self-directed, community-supported life; and (3) improve coordination among, and the regulation of, all providers of such services under federally and state-funded programs. |
| 2403 | MFP rebalancing demonstration | ✓ | ✓ | | X | X | | | <p>Extends the demonstration and excludes days of Medicare covered short-term rehabilitation.</p> <p>MFP makes grants to states to develop systems and services to help transition institutionalized persons who want to move back to HCB settings.</p> <p>Transition Medicaid clients from institutions to community. 43 states and DC implemented MFP programs.² Strengthens and expands to more states until 2016 grants to help move persons from institution to community-based settings. Mathematica Policy Research report.³</p> |

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| 2601 | Improved coordination for dual eligible beneficiaries | ✓ | ✓ | | X | X | | | <p>This new authority enhances existing tools to improve care and services for this vulnerable group. Must include a focus on the dual-eligible population and provide delivery system options or services that could not typically be provided to dually eligible individuals under the state plan.</p> <p>Makes available an array of services to dually eligible persons such as: case management services, homemaker/HH aide services and personal care services, adult day health services, respite care, and other medical and social services that can contribute to the health and well-being of individuals and their ability to reside in a community-based care setting.</p> <p>Medicaid Director letter.⁴ Creates Sec. 1915(h) dual eligible demonstrations.</p> |
| 2602 | Providing federal coverage and payment coordination for dual eligible beneficiaries | ✓ | ✓ | X Acute care | X | | | | <p>Improve care continuity and ensure safe and effective care transitions.</p> <p>Federal Coordinated Health Care Office is to-- (1) more effectively integrate benefits under the Medicare and Medicaid programs; and (2) improve the coordination between the federal and state governments for dually eligible individuals to ensure that such individuals get full access to the items and services.</p> <p>Goals: Simplify access the covered items and services; Improve quality of health care and long-term services; Increase dual eligible individuals' understanding and satisfaction with coverage under the Medicare and Medicaid; Eliminate regulatory conflicts between Medicare and Medicaid programs; Improve care continuity and ensuring safe and effective care transitions for dual eligible individuals; Eliminate cost-shifting between the Medicare and Medicaid program and among related health care providers; Improve the quality of performance of providers</p> |

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| 2701 | Adult health quality measures for Medicaid eligible adults | ✓ | ✓ | | X | | | | <p>Provision applies to all Medicaid eligible adults.</p> <p>Secretary, in consultation with states, shall develop a standardized format for reporting information based on the initial core set of adult health quality measures and create procedures to encourage states to use such measures to voluntarily report information regarding the quality of health care for Medicaid eligible adults.</p> |
| 2703 | State option to provide health homes for enrollees with chronic conditions. | ✓ | ✓ | | X | X BH CMHC | X FQHC RHC | X Nutritionist Social Worker | <p>Allow states to operate a Medicaid Health Home using person-centered care. Identify a team of health professionals.</p> <p>Participating states must demonstrate a capacity to use HIT to link services, facilitate communication among team members and between the health team and individual and family caregivers, and provide feedback to practices, as feasible and appropriate.</p> <p>Provider shall report to the state on all applicable measures for determining the quality and when appropriate and feasible, shall use HIT.</p> <p>Services include: (i) comprehensive care management; (ii) care coordination and health promotion; (iii) comprehensive transitional care, including appropriate follow-up, from inpatient to other settings; (iv) patient and family support (including authorized representatives); (v) referral to community and social support services, if relevant; and (vi) use of HIT to link services, as feasible and appropriate. Medicaid letter.⁵</p> |
| 2704 | Evaluate integrated care around a hospitalization | ✓ | ✓ | X Hospital | X | | | | <p>Bundled payments for provision of integrated care for a Medicaid beneficiary; Robust discharge planning programs to ensure Medicaid beneficiaries requiring PAC are appropriately placed in, or have ready access to, PAC settings.</p> |

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| 2801 | MACPAC assessment of policies affecting all Medicaid beneficiaries | | ✓ | | X LTC | X | X FQHC RHC | | <p>Clarifies topics to be reviewed by MACPAC. Includes residential, LTC, HCBS, FQHCs, RHCs.</p> <p>MACPAC shall: review Medicaid and CHIP regulations and may comment through submission of a report to the appropriate committees of Congress and the Secretary, on any such regulations that affect access, quality, or efficiency of health care; and coordinate and consult with the Federal Coordinated Health Care Office established under section 2081 of the ACA before making any recommendations regarding dual eligible individuals.</p> <p>Members shall include persons w/experience/ expertise in: health plans and integrated delivery systems, HIT.</p> <p>Secretary and states should accelerate development of innovations that support high quality, cost-effective care for persons w/ disabilities....Priority should be give to innovations that promote coordination of physical, behavioral, and community support services...[March 2012 Report to Congress⁶]</p> |

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| 2952 | Support, education, and research for PPD | ✓ | ✓ | | | X | | | <p>Improved screening and diagnostic techniques; coordination of services to individuals and their families with or at risk for PPD.</p> <p>Funds projects to include: delivering or enhancing outpatient and home-based health and support services, including case management and comprehensive treatment services; delivering or enhancing inpatient care management services that ensure the well-being of the mother and family and the future development of the infant; improving the quality, availability, and organization of health care and support services (including transportation services, attendant care, homemaker services, day or respite care, and providing counseling on financial assistance and insurance); and providing education about postpartum conditions to promote earlier diagnosis and treatment.</p> |
| 3004 | Quality reporting for LTCH, inpatient rehabilitation hospitals, and hospice programs | ✓ | ✓ | | X LTCH IRF Hospice | | | | <p>LTCHs, IRFs, and hospice providers shall submit data (beginning in 2014) on quality measures in a form and manner, and at a time, specified by the Secretary; or be subject to payment reductions. Secretary shall post information regarding quality measure performance on a website.</p> <p>Reimbursement reduced for LTCHs, IRFs, hospice programs that fail to report quality measures.</p> |
| 3006 | Value-based purchasing programs for SNFs, HHAs | ✓ | ✓ | | X | | | | <p>Includes development, selection, and modification of quality measures.</p> <p>Secretary shall develop a plan for value-based purchasing for SNFs and HHAs that considers measures of all dimensions of quality and efficiency.</p> |
| 3008 | Payment adjustment for HACs | ✓ | ✓ | Hospital excluded from IPPS Physicians | X IRF LTCH SNF | | X | X ASC | <p>Applies to hospitals. Secretary to make available HAC information via a website.</p> <p>Study and report on expansion of HAC policy to other providers.</p> |

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| 3013 | Quality measurement improvement | ✓ | ✓ | | X | X | X | | <p>Identify gaps in quality measures.</p> <p>In prioritizing measures, priorities include: the management and coordination of health care across episodes of care and care transitions for patients across the continuum of providers, health care settings, and health plans; the experience, quality, and use of information provided to and used by patients, caregivers, and authorized representatives to inform decision making about treatment options, including the use of shared decision making tools and preference sensitive care; and the MU of HIT.</p> <p>Secretary to award grants to develop QMs and to the extent practicable, data on such quality measures is able to be collected using HI and quality measures are to be publicly available on an Internet website.</p> |
| 3021 | Establishment of Center for Medicare and Medicaid Innovation within CMS | ✓ | ✓ | | X | X | X | | <p>Test and demonstrate new payment and delivery models; preference given to models that improve coordination, quality, efficiency of health care (e.g. utilizing geriatric assessments and comprehensive care plans); Improving PAC through continuing care hospitals that offer inpatient rehab, LTCHs, and HH or skilled nursing care during an inpatient stay and the 30 days following discharge; funding HH providers who offer chronic care management services to applicable individuals as part of an interdisciplinary team; considerations include whether the model uses EHRs and remote monitoring systems to coordinate care over time and across settings.</p> <p>In selecting models considerations include: Whether the model uses technology, such as EHRs and patient-based remote monitoring systems, to coordinate care over time and across settings.</p> |

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| 3022 | Medicare shared savings program | ✓ | ✓ | X Hospital Physician group | X | | | | <p>Establishes a shared savings program that promotes accountability for a patient population and coordinates items and services under Medicare Parts A and B, and encourages investment in infrastructure and redesigned care processes for high quality and efficient service delivery.</p> <p>ACOs shall have a leadership and management structure that includes clinical and administrative systems, shall define processes to promote evidence-based medicine and patient engagement, report on quality and cost measures, and coordinate care, such as through the use of telehealth, remote patient monitoring, and other such enabling technologies.</p> <p>Encourages investment in infrastructure; must demonstrate patient-centeredness such as the use of patient assessments; reporting requirements may include care transitions across settings, including hospital discharge planning and post-hospital discharge follow-up. Other reporting requirements may include electronic prescribing, use of EHRs as required in the Incentive programs.</p> |

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| 3023 | National Pilot Program on Payment Bundling | ✓ | ✓ | X Hospital Physician group | X SNF HHA | | | | <p>The Secretary shall establish a pilot program for integrated care during an episode of care provided to an applicable beneficiary around a hospitalization in order to improve the coordination, quality, and efficiency of health care services.</p> <p>Applicable conditions include whether a condition has significant variation in the amount of expenditures for PAC spending, whether a condition is high volume and has high PAC expenditures.</p> <p>Applicable services include acute care inpatient, physician services in and outside of acute care hospital, outpatient hospital services including emergency dept, PAC services including HH services, skilled nursing services, inpatient rehabilitation services, and inpatient hospital services furnished by a LTCH. Episodes of care include 30 days following discharge from hospital.</p> <p>Payment model to include payment for appropriate services such as care coordination, medication reconciliation, discharge planning, transitional care services, patient-centered activities.</p> <p>To the extent practicable, quality measures should be submitted through the use of a qualified EHR.</p> |

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| 3024 | Independence at home demonstration program | ✓ | ✓ | X Hospitals Physicians NPs | X | X | X | | <p>Test a payment incentive and service delivery model that uses physician and NP directed home-based primary care teams designed to reduce Medicare expenditures and improve health outcomes.</p> <p>Demonstration will test whether model, accountable for providing comprehensive, coordinated, continuous, and accessible care to high-need populations at home and coordinating health care across all treatment settings results in improvements in quality of care and reduced hospital/ ER use, and other efficiency gains.</p> <p>The term “independence at home medical practice” means a legal entity that (among other things): uses electronic HI systems, remote monitoring, and mobile diagnostic technology.</p> <p>Applicable beneficiaries include individuals with 2 or more chronic conditions, such as CHF, diabetes, dementia, COPD, ischemic heart disease, stroke, Alzheimer's, etc. Preference given to practices located in high-cost areas, have experience in furnishing HH services, and use EHRs, HIT, and individualized plans of care.</p> |
| 3025 | Hospital readmission reduction program | ✓ | ✓ | X Hospitals | X SNF HHA IRF LTAC | | | | <p>CMS Guidance: The 30-day readmission measures provide consumers with important information to complement other quality measures reported on <i>Hospital Compare</i>, such as the process-of-care quality measures and other outcome measures including the mortality and complication measures. Measuring and reporting hospital readmission measures encourages hospitals to evaluate the entire spectrum of care they deliver to patients and more carefully transition patients to outpatient care or other institutional care.</p> <p>See FAQ.⁷</p> |

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| 3026 | Community-based care transitions program | ✓ | ✓ | X Hospitals | X SNF HHA IRF LTAC | X | X | | <p>Funding provided for Community-based care transitions program (CCTP): eligible entities include hospitals or community-based orgs providing care transition services across the continuum through arrangements with hospitals; focus on high-risk beneficiaries with multiple chronic conditions or other risk factors associated with hospital readmission or substandard transition to post-hospital care; preference given to entities participating in an AoA program to provide concurrent care transition intervention.</p> <p>Interventions may include: Arranging timely post-discharge follow-up services to the high-risk Medicare beneficiary to provide the beneficiary with information regarding responding to symptoms that may indicate additional health problems or a deteriorating condition; Providing the beneficiary with assistance to ensure productive and timely interactions between patients and post-acute and outpatient providers; and Conducting comprehensive medication review and management</p> |
| 3108 | Permitting PAs to order post-hospital extended care services | ✓ | ✓ | X | X SNF | | | X | Allows a PA working in collaboration with a physician, who does not have an employment relationship with SNF, to certify need for PAC. |
| 3140 | Medicare hospice concurrent care demonstration program | ✓ | ✓ | | X | | | | <p>Furnish hospice care concurrently with other items or services covered by Medicare.</p> <p>New models for delivering palliative care include: Ongoing communication among patients, families and providers.⁸</p> <p>Parallels in Sec. 2302.</p> |
| 3201 | Medicare Advantage payment | ✓ | ✓ | | X | X | | | Care coordination and management performance bonus; foster patient and provider collaboration in terms of transitional care interventions, including programs targeting post-discharge patient care; HIT programs, including CDS and other tools to facilitate data collection and ensure patient-centered, appropriate care. |

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| 3310 | Reducing wasteful dispensing of outpatient prescription drugs in LTCFs under prescription drug plans and MA-PD plans | ✓ | | | X | | | X Pharmacies | Requires sponsors of PDPs to use uniform techniques for dispensing part D drugs to enrollees residing in a LTCF. Techniques include: such as weekly, daily, or automated dose dispensing, when dispensing covered part D drugs to enrollees who reside in a LTCF to reduce waste associated with 30-day fills. |
| 3502 | Community health teams to support the patient-centered medical home | ✓ | ✓ | X Physicians | X | X | X | X | <p>Community-based interdisciplinary, inter-professional teams to support primary care practices within a hospital service area. The health team includes an interdisciplinary, interprofessional team of health care providers may include medical specialists, nurses, pharmacists, nutritionists, dieticians, social workers, behavioral and mental health providers (including substance use disorder prevention and treatment providers), doctors of chiropractic, licensed complementary and alternative medicine practitioners, and physicians' assistants.</p> <p>Health teams support patient-centered medical homes, that includes--(A) personal physicians; (B) whole person orientation; (C) coordinated and integrated care; (D) safe and high-quality care through evidence informed medicine, appropriate use of HIT, and continuous quality improvements...</p> |

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| 3502 (cont) | | | | | | | | | <p>Health teams support: transitioning between health care providers and settings and case management; develop and implement interdisciplinary, interprofessional care plans that integrate clinical and community preventive and health promotion services for patients; promote effective strategies for treatment planning, monitoring health outcomes and resource use, sharing information, treatment decision support, and organizing care to avoid duplication of service and other medical management approaches intended to improve quality and value of health care services; establish a coordinated system of early identification and referral for children at risk for developmental or behavioral problems such as through the use of infolines, HIT, or other means as determined by the Secretary; provide 24-hour care management and support during transitions in care settings including--(A) a transitional care program that provides onsite visits from the care coordinator, assists with the development of discharge plans and medication reconciliation upon admission to and discharge from the hospitals, nursing home, or other institution setting; (B) discharge planning and counseling support to providers, patients, caregivers, and authorized representatives; (C) assuring that post-discharge care plans include medication management, as appropriate; (D) referrals for mental and BH services; and demonstrate a capacity to implement and maintain HIT that meets the requirements of C-EHR technology (as defined in section 3000 of HITECH to facilitate coordination among members of the applicable care team and affiliated primary care practices.</p> |

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| 5309 | Nurse Education, Practice, and Retention Grants | | ✓ | | | | | X | <p>Grants may be awarded to licensed practical nurses, licensed vocational nurses, certified nurse assistants, HH aides, diploma degree or associate degree nurses, to become baccalaureate prepared RNs or advanced education nurses.</p> <p>Grants may support: to improve the retention of nurses and enhance patient care that is directly related to nursing activities by enhancing collaboration and communication among nurses and other health care professionals, and by promoting nurse involvement in the organizational and clinical decision-making processes of a health care facility.</p> |
| 5315 | U.S. public health sciences track | | ✓ | X | | X | X | X | <p>To award degrees in public health, epidemiology, emergency preparedness and response. Training demonstration program for family nurse practitioners serving as primary care providers in FQHCs or nurse-managed health centers.</p> <p>Training under such plan shall emphasize patient-centered, interdisciplinary, and care coordination skills.</p> |

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| 5604 | Co-locating primary and specialty care in community-based mental health settings | ✓ | ✓ | X | | X | | | <p>SAMHSA grants for demonstration projects for provision of coordinated and integrated services through the co-location of primary and specialty care services in community-based and BH settings.</p> <p>Grant funds awarded under this section shall be used for--(A) provision, by qualified primary care professionals, of onsite primary care services; (B) reasonable costs associated with medically necessary referrals to qualified specialty care professionals, other coordinators of care or, if permitted by the grant or cooperative agreement, by qualified specialty care professionals on a reasonable cost basis on site at the eligible entity; (C) information technology required to accommodate the clinical needs of primary and specialty care professionals; or (D) facility modifications needed to bring primary and specialty care professionals on site at the eligible entity.</p> |
| 6103 | Nursing home compare Medicare website | ✓ | ✓ | | X SNF/ NF | | | | Requires SNFs/NFs to make available for and HHS to post on NH Compare the following information: Staffing data including information on staffing turnover and tenure, links to state Internet websites with information regarding state survey and certification programs, links to Form 2567 state inspection reports, standardized complaint form, Summary information on substantiated complaints, criminal violations of staff. |
| 6106 | Ensuring staffing accountability | ✓ | ✓ | | X SNF/ NF | | | | Program for facilities to report direct care staffing information in a uniform format the Secretary shall require a facility to electronically submit to the Secretary direct care staffing information including information with respect to agency and contract staff) based on payroll and other verifiable and auditable data in a uniform format (according to specifications established by the Secretary in consultation with such programs, groups, and parties). Information to include resident census data and information on resident case mix. |

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| 6114 | National demonstration projects on culture change and use of information technology in nursing homes | ✓ | | | X SNF/ NF | | | | Two SNF/NF demonstration projects to develop best practices for: (1) culture change; and (2) use of information technology to improve resident care. |
| 6406 | Requirement for physicians to provide documentation on referrals to programs at high risk of waste and abuse | ✓ | ✓ | X Physicians | X HHA | | | | The Secretary may revoke enrollment for a physician or supplier if such physician or supplier fails to maintain and provide access to documentation relating to written orders or requests for payment for durable medical equipment, certifications for HH services, or referrals for other items or services. |
| 6407 | Face to face encounter with patient required before physicians may certify eligibility for HH services or durable medical equipment under Medicare | ✓ | ✓ | X Physicians | X HHA | | | x | Requires face-to-face encounter (including through the use of telehealth) with individual before approving HH services. Also as (modified by Sec. 10605): Allows nurse practitioner or clinical nurse specialist working in collaboration with a physician to certify. |

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| 6703 | <p>Grant program for adoption and use of C-EHRs by LTCFs (e.g., nursing homes)</p> <p>Participation of LTCFs and state HIE program</p> <p>Adoption and implementation of messaging standards for clinical data exchange by LTCFs</p> | ✓ | ✓ | | X | | | | <p>Secretary to develop grant program for LTCFs to offset costs related to purchasing, leasing, developing, and implementing C-EHR technology designed to improve patient safety and reduce adverse events and health care complications resulting from medication errors. LTCFs receiving grants to participate in state HIE activities. Secretary to adopt electronic standards for the exchange of clinical data by LTCFs and, within 10 years of enactment, to have in place procedures to accept the optional electronic submission of clinical data by LTCFs pursuant to such standards. Standards adopted must be compatible with standards established under current law and with general HIT standards.</p> <p>Authorized funds: \$20 million for FY2011, \$17.5 million for FY2012, and \$15 million for each of FY2013 and FY2014. Funds not appropriated.</p> |
| 10202 | Incentives for states to offer HCBS as a LTC alternative to nursing homes | ✓ | ✓ | | X | | | | <p>Provision focuses on Medicaid LTSS: Certain states may receive an enhanced FMAP for establishing a: single point of entry, case management services to develop a service plan, arrange for services and supports, support the beneficiary (and, if appropriate, the beneficiary's caregivers) in directing the provision of services and supports for the beneficiary, and conduct ongoing monitoring are required, and use of core standardized assessment instruments for determining eligibility to determine a beneficiary's needs for training, support services, medical care, transportation, and other services, and develop an individual service plan to address such needs.</p> <p>State agrees to collect from providers of services and through such other means as the state determines appropriate.</p> <p>Offer states ability to move spending to non-institutional services more easily. BIP Program⁹</p> |

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| 10330 | Modernizing computer and data systems of CMS to support improvements in care delivery. | ✓ | ✓ | | | | | | Requires HHS Secretary to develop a plan and budget to modernize CMS computer and data systems to support improvements in care delivery, and consider how such modernized system could make available data in a reliable and timely manner to providers of services and suppliers to support their efforts to better manage and coordinate care furnished to beneficiaries of CMS programs; and support consistent evaluations of payment and delivery system reforms under CMS programs. |
| 10333 | Community-based collaborative care networks | ✓ | ✓ | | X | X | X | | Consortium of health care providers with a joint governance structure (including providers within a single entity) that provides comprehensive coordinated and integrated health care services. Grant funds to be used (in part) for case management and care management. |
| 10410 | Centers of Excellence for Depression | ✓ | ✓ | | | X | | | Requires Secretary, acting through SAMHSA to award grants to establish national centers of excellence for depression and designate one center as a coordinating center. Requires coordinating center to establish and maintain a national, publicly available database to improve prevention programs, evidence-based interventions, and disease management programs for depressive disorders using data collected from the national centers. The Centers shall coordinate on the use of EHRs and telehealth technology to better coordinate and manage, and improve access to, care, as determined by the coordinating center |
| 10605 | Certain other providers permitted to conduct face to face encounter for HH services | ✓ | ✓ | | X HHA | | | | Amends section 6407 requiring a face to face visit with a physician to certify HH or DME. Allow nurse practitioner or clinical nurse specialist working in collaboration with a physician to certify. |

Table Notes

1. See <https://s3.amazonaws.com/public-inspection.federalregister.gov/2012-10294.pdf>.
2. See <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Support/Balancing/Money-Follows-the-Person.html>.
3. See <http://www.mathematica-mpr.com/health/moneyfollowsperson.asp>.
4. See <http://downloads.cms.gov/cmsgov/archived-downloads/SMDL/downloads/SMD10022.pdf>.
5. See <http://downloads.cms.gov/cmsgov/archived-downloads/SMDL/downloads/SMD10024.pdf>.
6. See <https://docs.google.com/viewer?a=v&pid=sites&srcid=bWFJcGFjLmdvdnxtYWwYWN8Z3g6MzM2ZWw3ZjIhMDI1ZGFhNw>.
7. See <http://www.qualitynet.org/dcs/ContentServer?cid=1219069855273&pagename=QnetPublic%2FPage%2FQnetTier3&c=Page>.
8. See <http://www.promotingexcellence.org/finance/pe3692.html>.
9. See <http://downloads.cms.gov/cmsgov/archived-downloads/SMDL/downloads/11-010.pdf>.

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| ACA | Patient Protection and Affordable Care Act (same as PPACA) |
| BH | Behavioral Health |
| BIP | Balancing Incentives Program |
| CARE | Continuity Assessment Record and Evaluation |
| CDS | Clinical Decision Support |
| C-EHR | Certified Electronic Health Record |
| CHF | Congestive Heart Failure |
| CHIP | Children's Health Insurance Program |
| CMCS | Center for Medicaid and CHIP Services |
| CMHC | Community Mental Health Center |
| CMS | Centers for Medicare and Medicaid Services |
| CNA | Certified Nursing Assistant |
| COPD | Chronic Obstructive Pulmonary Disease |
| EHR | Electronic Health Record |
| ESRD | End-Stage Renal Disease |
| FQHC | Federally-Qualified Health Center |
| GAO | Government Accountability Office |
| HAC | Hospital-Acquired Condition |
| HCBS | Home and Community-Based Services |
| HCBW | Home and Community-Based Waivers |
| HH | Home Health |
| HHA | Home Health Agency |
| HHS | U.S. Department of Health and Human Services |
| HI | Health Information |
| HIE | Health Information Exchange |
| HIT | Health Information Technology |
| HRSA | Health Resources and Services Administration |
| IHS | Indian Health Service |
| IPPS | Inpatient Prospective Payment System |
| IRF | Inpatient Rehabilitation Facility |
| LPN | Licensed Professional Nurse |
| LTAC | Long-Term Acute Care Hospital (same As LTCH) |
| LTC | Long-Term Care |
| LTCF | Long-Term Care Facility |
| LTCH | Long-Term Care Hospital (same as LTAC) |
| LTPAC | Long-Term Post-Acute Care |
| LTSS | Long-Term Care, Supports and Services |

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|---------|--|
| MACPAC | Medicaid and CHIP Payment and Access Commission |
| MA-PD | Medicare Advantage Prescription Drug Program |
| MDS | Minimum Data Set |
| MedPac | Medicare Payment Advisory Commission |
| MFP | Money Follows the Person |
| MIPPA | Medicare Improvements for Patients and Providers Act |
| MU | Meaningful Use |
| | |
| NF | Nursing Facility |
| | |
| OASIS | Outcome and Assessment Information Set |
| ONC | Office of the National Coordinator for Health Information Technology |
| OOP | Out-Of-Pocket |
| | |
| PA | Physician Assistant |
| PAC | Post-Acute Care |
| Part D | Medicare Part D (Prescription Drug Program) |
| PBM | Pharmacy Benefit Manager |
| PHSA | Public Health Services Act |
| PPACA | Patient Protection and Affordable Care Act |
| PPD | Post-Partum Depression |
| PPS | Prospective Payment System |
| | |
| RHC | Rural Health Center |
| RN | Registered Nurse |
| | |
| SAMHSA | Substance Abuse and Mental Health Services Administration |
| SNF | Skilled Nursing Facility |
| | |
| TRICARE | U.S. Department of Defense Health Care Program (Provides Health Care for the Seven Uniformed Services: Army, Navy, Marine Corps, Air Force, Coast Guard, Public Health Service, and the National Oceanic and Atmospheric Administration) |

EHR PAYMENT INCENTIVES FOR PROVIDERS INELIGIBLE FOR PAYMENT INCENTIVES AND OTHER FUNDING STUDY

Files Available for This Report

- Main Report <http://aspe.hhs.gov/daltcp/reports/2013/EHRPI.shtml>
<http://aspe.hhs.gov/daltcp/reports/2013/EHRPI.pdf>
- APPENDIX A. Medicare and Medicaid EHR Incentive Programs
<http://aspe.hhs.gov/daltcp/reports/2013/EHRPlap.shtml#appendA>
<http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendA.pdf>
- APPENDIX B. Definitions and Certification of EHR Technology
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- APPENDIX C. Public Health Service Act Section 3000(3) as Added by HITECH
Section 13101 -- Provider Analysis
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- APPENDIX D. Ineligible Provider Characteristics
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- APPENDIX E. Long-Term and Post-Acute Care Provider Profiles
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- APPENDIX F. Behavioral Health Provider Profiles
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- APPENDIX H. Other Health Care Provider Profiles
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APPENDIX T. CIO Consortium EMR Cost Study Data

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APPENDIX U. Abbreviations and Acronyms

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APPENDIX V. References

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