



EDUCATE • EMPOWER • ENGAGE

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Build an ACO

The SunCoast RHIO is a Regional Health Information Organization. As the electronic healthcare software business market has evolved, our organization has evolved with it.

We view ourselves as a software services and product firm, offering multiple solutions to diverse customers. Since every customer is different, we tailor our solutions to meet the needs of each. Hence the term, “Technology and Software Outfitting Company” is one we have embraced.

We list our products and services below this brief “step by step” guide on things to keep in mind when building an ACO. SunCoast RHIO can help in any and all of these steps.

Step 1. Educate Yourself - This is a difficult topic and finding all the answers needed can be a complicated undertaking. Good places to start are by investigating some of the key websites and books on the subject. We supply some links at the end.

Step 2. Know the Facts - There are many options that must be understood to be successful. Some big ones are: Start up Costs; Ongoing Costs, Required Organizational Structures; Population Served; Risk Attribution and Stratification; Vendors that can help; Local Ordinances.

Step 3. Patient/Beneficiary Options and Tracking – Patients are not required to be in an ACO and they must be informed that they are in one. However, specific opt in is not required at this time. Patients move, and follow price, cost, and preferred providers.

Step 4. Be Clear on Who Your Funding Sources Are or May Become- Don’t get stuck by limiting your contract negotiations to one template for all funding sources. And remember, not all funding sources are payers. Think outside the box.

Step 5. Give your Funders Options and Stay on Track – Think of your funding sources as investors and yourselves as a new business. Don’t make it difficult for them to find you, invest in you, help you keep on financial track and create a winning strategy for both parties, especially for the better health of the patients your serve.

Step 6. Find and Choose a Vendor Partner or Partners to Help – Even if you choose to go it alone, know where you can turn for help if you need help fast. Do your

homework ahead of time. Build it into your budget. It is very important to have contingency, both for you and your backers.

Step 7. Know your Compliance Requirements – It is critical to know your technology certifications, consent requirements (different by State), and HIPAA and HITECH adherence. The fines for non compliance are large – Did you do a risk assessment; Do you have updated and current policies and procedures; How do you handle prevention of breaches; How do you handle patient data that isn't correct; Can you handle a legal challenge; What do you do with old patient files; How long do you keep them; Do you really know if your Business Associates are compliant? You sink or swim together.

Step 8. Know your Risks – Read about the Pioneer ACO's, and learn from them.

Step 9. Know your Measures – How will you measure success or failure. Which metrics make sense and which don't? How will you measure your population? There are many free databases available from the government. Don't build a large and complicated system that no one can use and where data could be viewed as suspect. It might be wise to engage a good statistician or a firm that is neutral and can help with the data interpretations.

Step 10. Get the Right Software – Look into encrypted messaging, especially those based on DIRECT. Look into HIE's and Transitions of Care capability including software that attained MU2 certification. Find EHR products that can talk to each other.

Useful Weblinks:

www.healthwayinc.org

www.directtrust.org

www.cms.gov/pqrs

www.naacos.com

www.ncqa.org/pcmh

<http://www.cms.gov/Medicare/Medicare.html>

-> National HIE

-> Secure Messaging

-> Registry and GPRO Measures

-> ACO Association

-> Patient Centered Medical Home

-> Innovations including ACO's

Check Commercial Payer websites and search on ACO

SunCoast RHIO

The SunCoast RHIO is in its sixth year of existence. Originally a membership, the company has grown to become a vendor of healthcare software and services and is nationwide in scope. Many view the firm as an Electronic Outfitter to healthcare entities as they evolve into Integrated Healthcare Delivery Systems. Because of the menu driven “pick and choose and build as one” approach, the RHIO is also viewed as a Managed Services Organization with distinct and varied Agreements’ possible for hospitals.

What it Does:

The SunCoast RHIO electronically gathers, delivers, receives, and sends medical information. It gets information from many different sources and combines it into one consistent view if desired. This information is used by providers, government, patients, and other consumers of information. The view is customized to the preferences of the viewer. The RHIO acts as an authorized vendor in the Government’s Identity and Access System (I and A), meaning it is authorized to act as proxies for providers in CMS. The SunCoast RHIO uses certified software to perform these activities.

Quality Reporting:

Specific to medical providers, the RHIO electronically sends quality reporting documentation such as eCQM’s (electronic Clinical Quality Measures) on behalf of hospitals and ambulatory providers using government endorsed and government preferred software.

RAC Audit:

Specific to government and payer audits of electronic medical data, the RHIO sends electronic responses to government and commercial payer audit requests. The RHIO is an approved, certified HIIH (Health Information Handler) under the CMS esMD program.

EHR:

The RHIO hosts its own certified Electronic Medical Record Software that subscribers can use. It includes a billing component and specialty templates. The RHIO supports other EHR products from other vendors and insures compatibility. In this way, the RHIO acts as an EHR and both a “Directed” and “Traditional” HIE. A provider may use more than one certified EHR’s at one time to perform compliant functions required.

Health Information Exchange (HIE):

The RHIO is an intermediate recipient of medical data sent from one provider and addressed to others. Intended recipients can retrieve documentation or the RHIO will actively move the information to the intended recipient. The RHIO includes a DIRECT embedded messaging utility. Our Direct services operate under the control of an established 3rd party HISP (Health Information Service Provider) for encrypted Protected Health Information (PHI).

Consulting:

The RHIO has staff that performs services roles to our clients and includes software experts and experienced project managers with varied product background.

3rd Party Software:

From time to time, the RHIO may make available on its websites, products and services from other vendors.

Glossary of Important Terms-

PQRS: Physician Quality Reporting System, see www.CMS.gov/pqrs

GPRO: Group Practice Reporting Option

ACO: Accountable Care Organization, see www.CMS.gov/aco

MU: Meaningful Use (Three Stages, MU1, MU2, MU3, we are now in MU2)

MOC: Maintenance of Certification (Board Licensure, includes Medicare incentive)

QualityNet: 1. The Medicare online website for providers used for submitting PQRS quality measures. 2. The portal used by Hospital Quality personnel to submit data. 3. The process of using the certified EHR to report quality either through Qualitynet or NPPES.

HIS: Hospital Information System - the vendor(s)' systems used to run all operations

Medicare Payment Adjustment: The incentives or penalties on Medicare Revenue

CoP or Conditions of Participation: Medicare provider rules that must be followed

EHR: Electronic Health Record, usually sold by vendor, certified for MU (future CoP?)

HL7: Health Level 7, a standard making group of people with a same named protocol

CCD: Continuity of Care Document, an Electronic Document in a special HL 7 format.

Transitions of Care: The movement of patients to and from different settings.

DIRECT: The specific electronic protocol used to send CCD's between providers.

CONNECT: The specific electronic protocol and software to exchange clinical data on the government's National Network, based on Federal Standards. Now in use by commercial HIE's.

MPI: Master Patient Index, the term used to identify patient records on one or more HIE's and electronic records.

HISP: a term signifying a trusted organization that can host DIRECT. The HISP (Health Information Service Provider) maintains trust certificates and trust bundles to insure the identities of participants and can send messages among them.

I & A: The Medicare System for Identity and Access that allows authorized and vetted vendors to right to act on behalf of providers with their permission in the NPPES, PECOS, and EHR Incentive Systems.

MIPS: Merit-Based Incentive Payment System, a new initiative slated for 2018 that will be an amalgamation of the disparate incentive systems in use today.

DSV: Data Submission Vendor, a vendor with the capability to send provider's quality measures from any EHR to CMS to gain incentives and avoid penalties.

QCDR: A **Qualified Clinical Data Registry**, a vendor with the capability to gather, calculate, and report a large variety endorsed quality measures from and to all payers and for multiple initiatives. A QCDR has the capability to track patient and disease trends and can report data from standardized **consumer satisfaction** surveys.