

Sender	Message	Presenter Response
<b>Chairperson</b>	Please type any questions or comments you have for the presenters into the chat window - we will be answering all questions and comments	
<b>Kathy Ficco</b>	Can you define service registry and entity registry. If i understand correctly entity registry is patient data held by hospital or provider, service registry would be lab or pharmacy? Is this correct?	<b>Lori Hack:</b> Almost, entity is the answer to who holds the data and service is who holds the patient data within the registry
<b>Will Ross</b>	What is missing here is a crosswalk with NHIN direct, which covers many blank cells	<b>Lori Hack:</b> Yes, and also what CAeHC can do
<b>MaryEllen Reed</b>	If you apply and receive MediCal \$\$ for year one but don't finish all pieces of MU in year two, what happens? Same question for Medicare incentives....	<b>Lori Hack:</b> According to Kim Ortiz, who has been developing the MediCal program for the state of California, her answer is that providers do not have to pay back their advance payments for that first stage. <b>Justin Barnes:</b> Let me answer the Medicare question, because medicaid is different, because with the medicare one - if you're achieving it the first year then you get paid as a kind of reporting so theres no issue on Medicare side. On the medicaid side you're kind of getting money up front. So its really only a medicaid question. Because medicare you've already done your reporting and then you get your payment. Same thing with year two, you have to do your reporting on the Medicare side then you get your payment so your clean on the Medicare side because if you don't do it you don't get your money theres no issue, but if you do it you get your money. On the medicaid side, you're getting money up front to go buy or adopt a system but they expect the reports afterwards so I think it is specifically a medicaid question.
<b>Mark Branning</b>	Do you think HCR parts will be repealed relative to IT? for Barnes	<b>Justin Barnes:</b> I have heard nothing of that so far so I would have to say no.
<b>Mark DeClue</b>	Can you speak to how any interfaced systems to an EMR must also meeting Meaningful Use standards in order for the entity to obtain certification?	<b>Justin Barnes:</b> I would say that it comes down to products. You're fine for stage 1, for stage 2 we'll have to learn more about some of the ancillary products, of how they would support but for an example if your state or your community doesn't offer some of the registries then you can opt out and not have participate in the public health, but if they offer it you have to pick some of these public health initiatives, you have to pick one certainly in meaningful use so if theres something available you have to participate - thats not exactly the direction thats an example of if its available you do have to participate, if its not available you don't have to but there is really no outside system. For an further example, they actually cut out some of the interfacing administrative functions around eligibility. They really wanted to keep the stage 1 focused on EHRs specifically and not have to really have alot of ancillary items out there certified to support the EHR function so they took them out because technically thats your practice management system and alot of products that would have done eligibility. A lot of products offer it but they argue thats not an EHR function, thats a practice management fuction, and we don't certify practice management, we only certify EHRs. So they really only want to focus on EHRs.
<b>Kim Ortiz</b>	Providers do not have to pay back their AIU	
<b>Mark DeClue</b>	Actually looking at ancillary systems like PACS	
<b>Kim Ortiz</b>	There is no exchange in Stage 1	
<b>Will Ross</b>	Here's another way to phrase the question: if your practice receives lab results from three different labs, do you have to receive incoming structured labs from all three? or is one enough?	<b>Justin Barnes:</b> You would have to pull in enough to qualify, one could be enough but you would have to pull in enough to qualify for the EHR incentive and the objective. It could be one or all three depending upon your implementation. I would say one system based on the percentage yes, but if you have to pull in more for your percentages then you would have to pull all three. Whatever gets you up to the threshold.

	<p>In terms of the role of Cal eConnect to help support some of the folks of the communities with eFunds or with the RFPs that you will be releasing - Do you have a sense of scope of that in terms of dollars? Also, are you looking for these to be mathcing funds to where the communitis have already brought resouces forward or are these new to new regions? Or have you gotten that far yet?</p>	<p><b>Carladenise Edwards:</b> We haven't gotten that far in developing the specific criteria for eligibility. We are working on that and hope to have that done by October. We will require matching resouces as the feds require the state to have in kind and matching resources for the dollars we receive as a part of the cooperative agreement so there will be a requirement for matching resources. In essence, the goal is to help support our state's ability to meet the threshold of doctors and providers who are able to meet the meaningful use criteria, so we want to try and enhance and support efforts that are getting us closer to that endmark of using electronic health information in a meaningful way. So we probably will have a slant towards existing entities and supporting and enhancing those in order to improve capacity quicker, however the details have not been ironed out. Cal eConnect is in the process of negotiating the phase 3 cooperative agreement with the state so we do not have at this time the exact dollar amount that would be available for the eConnect funds and so once thats available we will (we dont share it first, the state may share it first) make that available to the stakeholders.</p>
<p><b>Sam Mussadi</b></p>	<p>I'm just starting to research ARRA for my company. Can you answer the following question for me? We operate in California. Can you clarify AIU vs. Meaningful Use? And where can I get more information on AIU?</p>	<p><b>Justin Barnes:</b> AIU stands for Adopt, Implement, Upgrade (certified EHR technology) and that occurs in the 1st year of California's Medicaid EHR Meaningful Use Incentive Program. I cover it briefly on slide 7 of my presentation. I am not sure if there is also a supporting entity in CA called AIU but in my world, it refers to Adopt, Implement, Upgrade within the 1st year of a State's Medicaid EHR Meaningful Use Program.</p>