

Expanded Support for Medicaid Health Information Exchanges

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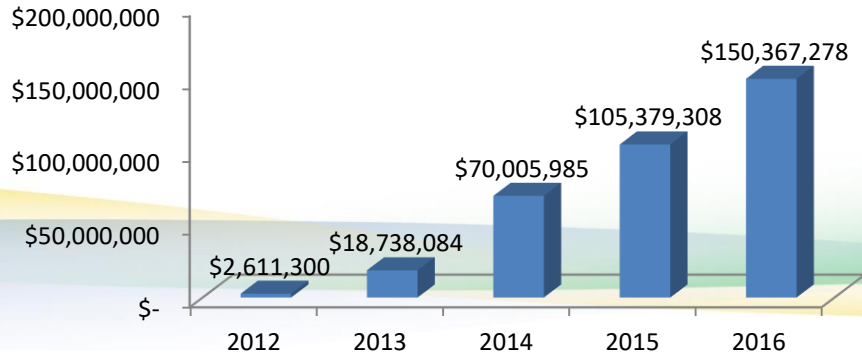
Medicaid Data & Systems Group

Centers for Medicare and Medicaid Services



Background

- Since 2012, \$350 million has been approved by CMS for Medicaid HITECH support for HIEs supporting EPs and EHs under current guidance
- Potential \$45 million increase from 2015 to 2016, though not a yearly increase that is necessarily sustainable till 2021.



Background

- The guidance of how to allocate the matching funds for interoperability and Health Information Exchange (HIE) activities was based on the State Medicaid Director's letter of May 18, 2011*.
- Matching funds were limited to supporting HIE for Eligible Professional and Eligible Hospitals, that is, Eligible Providers (EPs) who were eligible for EHR incentive payments – a smaller subset of Medicaid providers that excluded post-acute care, substance abuse treatment providers, home health, behavioral health, etc.
- That guidance was issued when Meaningful Use Stage 1 was in effect. Meaningful Use Stage 2 and Stage 3, however, later broadened the requirements for the electronic exchange of health information

*<https://www.medicaid.gov/Federal-Policy-Guidance/downloads/SMD11004.pdf>

Bridging the Healthcare Digital Divide: Improving Connectivity Among Medicaid Providers

Connecting All Parts of the Health System

That's why today, we are announcing an initiative to bring interoperable technology to a broader universe of health care providers, including long-term care, behavioral health providers, substance abuse treatment centers, and other providers that have been slower to adopt technology. This announcement will help to bridge an information sharing gap in Medicaid by permitting states to request the 90 percent enhanced matching funds from CMS to connect a broader variety of Medicaid providers to a health information exchange than those providers who are eligible for such connections today. This additional funding will enhance the sustainability of health information exchanges and lead to increased connectivity among Medicaid providers.

Doctors and other clinicians need access to the right information at the right time in a manner they can use to make decisions that impact their patient's health. The free flow of information is hampered when not all doctors, facilities or other practice areas are able to make a complete circuit. Adding long-term care providers, behavioral health providers, and substance abuse treatment providers, for example, to statewide health information exchange systems will enable seamless sharing of a patients' health information between doctors or other clinicians when it's needed. This sharing helps create a more complete care team to collaborate on the best treatment plans and goals for Medicaid patients.

Andy Slavitt, Centers for Medicare & Medicaid Services (CMS) Acting Administrator,
Karen DeSalvo, National Coordinator for Health Information Technology (ONC) and Acting Assistant Secretary for Health

<https://blog.cms.gov/2016/03/02/bridging-the-healthcare-digital-divide-improving-connectivity-among-medicaid-providers/>

State Medicaid Directors Letter

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16-003*

- The CMS Medicaid Data and Systems Group and ONC Office of Policy have partnered to update the guidance on how states may support health information exchange and interoperable systems to best support Medicaid providers in attesting to Meaningful Use Stages 2 and 3:
- This updated guidance will allow Medicaid HITECH funds to support all Medicaid providers that Eligible Providers want to coordinate care with.
- Medicaid HITECH funds can now support HIE onboarding and systems for behavioral health providers, long term care providers, substance abuse treatment providers, home health providers, correctional health providers, social workers, and so on.
- It may also support the HIE on-boarding of laboratory, pharmacy or public health providers.

*<https://www.medicaid.gov/federal-policy-guidance/downloads/SMD16003.pdf>



State Medicaid Directors Letter

The basis for this update, per the HITECH statute, the 90/10 Federal State matching funding for State Medicaid Agencies may be used for:

*“pursuing initiatives to encourage the adoption of certified EHR technology to promote health care quality and the exchange of health care information under this title, subject to applicable laws and regulations governing such exchange.”**

*<http://www.hhs.gov/ocr/privacy/hipaa/understanding/coveredentities/hitechact.pdf>

How it works:

- This funding goes directly to the state Medicaid agency in the same way existing Medicaid HITECH administrative funds are distributed
 - State completes IAPD (Implementation Advanced Planning Document) to be reviewed by CMS
 - States complete Appendix D (HIE information) for IAPD as appropriate
- This funding is in place until 2021 and is a 90/10 Federal State match. The state is still responsible for providing the 10%.
- The funding is for HIE and interoperability **only**, not to provide EHRs.
- The funding is for implementation **only**, it is not for operational costs.
- The funding still must be cost allocated if other entities than the state Medicaid agency benefit
- **All providers or systems supported by this funding must connect to Medicaid EPs.**

Possible Activities



HIE Architecture

Several HIE modules and use cases are specifically called out for support:

Provider Directories: with an emphasis on dynamic provider directories that allow for bidirectional connections to public health and that might be web-based, allowing for easy use by other Medicaid providers with low EHR adoption rates

Secure Messaging: with an emphasis on partnering with DirectTrust

Encounter Alerting

Care Plan Exchange

Health Information Services Providers (HISP) Services

Query Exchange

Public Health Systems

Any requested system must support Meaningful Use for a Medicaid EP in some manner. So, for example, the content in the Alerting feed or Care Plan must potentially help an EP meet an MU measure.

HIE On-Boarding

State Medicaid Agencies may use this enhanced funding to on-board Medicaid providers who are not incentive-eligible, including public health providers, pharmacies and laboratories.

On-boarding: the technical and administrative process by which a provider joins an HIE or interoperable system and secure communications are established and all appropriate Business Associate Agreements, contracts and consents are put in place. State activities related to on-boarding might include the HIE's activities involved in connecting a provider to the HIE so that the provider is able to successfully exchange data and use the HIE's services. The 90 percent HITECH match is available to cover a state's reasonable costs (e.g., interfaces and testing) to on-board providers to an HIE.

So, for example:

- Long term care providers may be on-boarded to a statewide provider directory
- Rehabilitation providers may be on-boarded to encounter alerting systems
- Pharmacies may be on-boarded to drug reconciliation systems
- Public health providers may be on-boarded to query exchanges
- EMS providers may be on-boarded to encounter alerting systems
- Medicaid social workers may be connected to care plan

Such on-boarding must connect the new Medicaid provider to an EP, and help that EP in meeting MU

Interoperability Standards

December 4, 2015, CMS Final Rule on, “Medicaid Program; Mechanized Claims Processing and Information Retrieval Systems,” published describing “industry standards,” as aligned with ONC standards:

§ 433.112 FFP for design, development, installation or enhancement of mechanized processing and information retrieval systems

* * * *

(b) CMS will approve the E&E or claim system described in an APD if certain conditions are met. The conditions that a system must meet are:

* * * * *

(12) The agency ensures alignment with, and incorporation of, industry standards adopted by the Office of the National Coordinator for Health IT in accordance with 45 CFR part 170, subpart B: the HIPAA privacy, security and transaction standards; accessibility standards established under section 508 of the Rehabilitation Act, or standards that provide greater accessibility for individuals with disabilities, and compliance with Federal civil rights laws; standards adopted by the Secretary under section 1104 of the Affordable Care Act; and standards and protocols adopted by the Secretary under section 1561 of the Affordable Care Act.

Foundation for Delivery System Reform

Use information to transform

Utilize technology to gather information

- Basic EHR functionality, structured data
- Privacy & security protections
- Connect to Public Health

MU1

Improve access to information

- Care coordination
- Patient engaged
- Connect to Public Health
- Privacy & security protections
- Structured data utilized for Quality Improvement

MU2

- Data utilized to improve delivery and outcomes
- Patient self management
- Care coordination
- Evidenced based medicine
- Registries for disease management
- Privacy & security protections
- Connect to Public Health

MU3

- Enhanced access and continuity
- Data utilized to improve delivery and outcomes
- Patient engaged, community resources
- Patient centered care coordination
- Team based care, case management
- Registries to manage patient populations
- Privacy & security protections
- Connect to Public Health

Delivery System Reform



Questions

For states with questions:

- Email questions to: CMS.AllStates@briljent.com
- Contact your Regional CMS Medicaid HITECH lead for support or see www.medicaidhitechta.org
- ONC is a partner is supporting the HIEs as well thomas.novak@hhs.gov

