

# Moderator

**Abigail Viall**, Program and Performance Improvement Office, National Center for HIV, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention



# Logistics for the Webinar

- If you are unable to listen to the webinar through your computer speakers, please use your phone:  
Dial in: (888) 299-7210 Access Code: 608824
- Lines will not be open during this webinar.
- Comments are encouraged. Please use that chat box on the lower left corner of your screen.
- The chat feature is available, but will not be visible in full screen mode

# Expanded Support for Medicaid Health Information Exchanges

Thomas Novak

Medicaid Interoperability Lead

Office of Policy

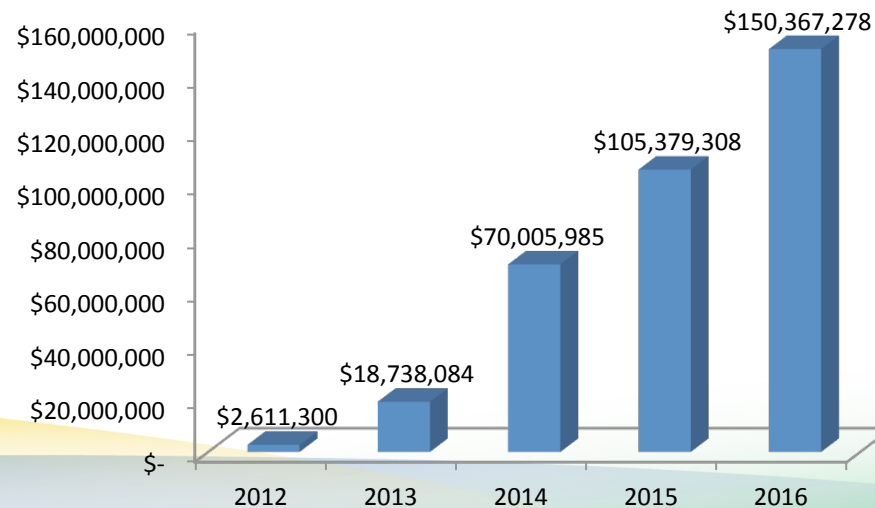
Office of the National Coordinator for Health IT

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

## 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:

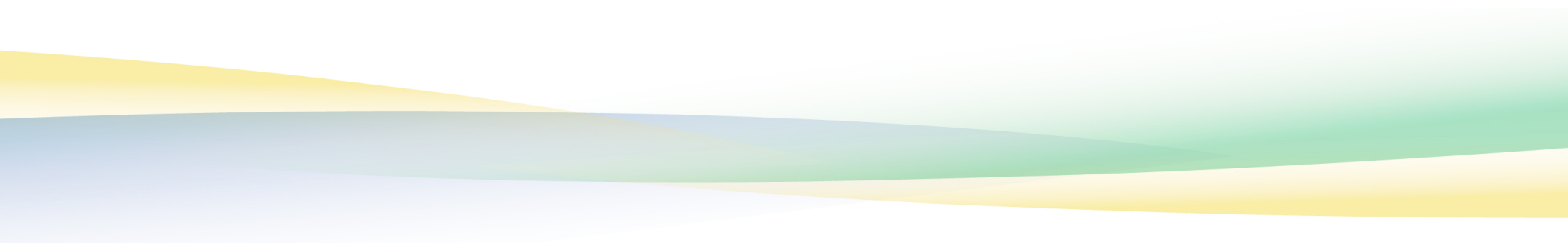
*“pursuing initiatives to encourage the adoption of certified EHR technology to promote health care quality and the exchange of health care information under this title, subject to applicable laws and regulations governing such exchange.”\**

\*<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 claims 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**

**Improve access to information**

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

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

- 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

- 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



MU1

MU2

MU3

**Delivery System Reform**



# Questions

For states with questions:

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



# Collaborating to Improve HIV care



## Louisiana Medicaid State-Wide HITECH and HIV Partnerships

**SreyRam Kuy, MD, MHS, FACS**  
Chief Medical Officer, Louisiana Medicaid

# Louisiana Medicaid Supports Public Health Efforts & Technical Guidance to State Partners Tackling HIV with HITECH Funds

Louisiana Medicaid allocated \$841,486 for FFY 16 to support and provide technical guidance to the Office of Public Health (OPH) to oversee programs related to Meaningful Use requirements, including syndromic surveillance, immunization reporting, reportable labs and specialized registries.

These funds support MU coordinators for these programs, as well as hardware and software solutions that will advance MU from the points of view of achieving the objectives from the provider side and accepting the public health reporting transactions from the reporting side.

The funding assisted in upgrade and onboarding activities to achieve compliance

# Louisiana Medicaid Supports Public Health Efforts & Technical Guidance to State Partners Tackling HIV with HITECH Funds

- **Office of Public Health EHR Implementation Technical Assistance**
  - Provides technical assistance to implement Certified EHR Technology in [70 Public Health Units](#) throughout the state
- **HIE Integration Assistance**
  - Provides technical assistance to providers who are connecting to one of the state's HIE (LaHIE & GNOHIE)
- **Public Health Technical Support and Guidance**
  - Syndromic surveillance, immunization reporting, reportable labs and specialized registries

# Louisiana Medicaid Supports Public Health Efforts & Technical Guidance to State Partners Tackling HIV with HITECH Funds

## Current Impacted Providers & Patients

- ✓ 34 Providers caring for 158 HIV patients received EHR Incentive Payments for attesting to AIU/MU
- ✓ 130 FQHCS caring for 1,321 HIV patients – many connected to HIEs

# Louisiana Medicaid Supports Public Health Efforts & Technical Guidance to State Partners Tackling HIV with HITECH Funds

## GNOHIE – Greater New Orleans Health Information Exchange

- ✓ Supported in the FY 17/18 IAPD for HIE Integration Assistance
- ✓ Supports care transitions for HIV-diagnosed individuals among member organizations in the New Orleans area
- ✓ **3,461** Individuals diagnosed with HIV in this Clinical Data Repository with an encounter in last 2 years
- ✓ 5 Ryan White Providers (4 live, 1 testing)

# Louisiana Medicaid Supports Public Health Efforts & Technical Guidance to State Partners Tackling HIV with HITECH Funds

## GNOHIE – Greater New Orleans Health Information Exchange

- ✓ CareSouth and OpenHealth (FQHC and Ryan White provider) working to include in next expansion
- ✓ Orleans Parish Prison – member in testing

# Louisiana Medicaid Supports Public Health Efforts & Technical Guidance to State Partners Tackling HIV with HITECH Funds

## In Summary:

**Collaboration with our state Office of Public Health** - 70 public health units across the state

**Support of Federally Qualified Healthcare Centers** - 130 FQHCS caring for 1,321 HIV patients

**Assisting Providers:** - 34 Providers caring for 158 HIV patients received EHR Incentive Payments

**HIE** - Support of care transition for HIV diagnosed individuals, 3,461 patients in this Clinical Data Repository

***Collaborating together, we can make a real impact across the state!***



## **SreyRam Kuy, MD, MHS, FACS**

**Chief Medical Officer, Medicaid  
Louisiana Department of Health**

**Email: [SreyRam.Kuy@la.gov](mailto:SreyRam.Kuy@la.gov) Twitter: [@SreyRam](https://twitter.com/SreyRam)**





# Perinatal Quality Improvement Collaborative



## Perinatal Specialized Registry

District of Columbia

Department of Health Care Finance

Division of Quality and Health Outcomes



# Learning Objectives

- ▶ Building Data Sharing Infrastructure to improve perinatal outcomes
- ▶ Using Technology to improve Care Coordination
- ▶ Obtaining Implementation Advance Planning Document (IAPD) funding to improve healthcare for pregnant Medicaid beneficiaries
- ▶ Leveraging Community Partnerships to increase data completeness



# March of Dimes Perinatal Adverse Outcome Statistics



		2009	2010	2011	2012	2013	2014
Low Birth Weight	DC	10.3	10.2	10.4	9.6	9.4	9.8
	US	8.2	8.1	8.1	8	8	8
Preterm Births	DC	10.9	10.3	11	9.9	9.7	9.9
	US	10.7	10	9.8	9.8	9.6	9.6
Infant Mortality Rate	DC	10.4	7.6	7.4	7.9	6.7	7.6
	US	6.4	6.1	6.1	6	6	6

- Low Birth Weight is the percentage of births weighing under 2,500 grams or 5.5 lbs;
- Preterm Births are the percentage of births born at less than 37 weeks gestation; and
- Infant Mortality Rate is the number of infants (live births) per 1,000 who die before their 1<sup>st</sup> birthday



# Perinatal Quality Improvement Collaborative



- ▶ In 2009, the District of Columbia, through the Department of Health Care Finance (DHCF), convened a Quality Improvement Perinatal Collaborative to address poor birth outcomes and to establish a system intervention, OB Authorization and Initial Assessment Form.
- ▶ Members include:
  - Managed Care Organizations (MCO)
  - DC Primary Care Association
  - Department of Health
  - Physicians
  - Various Community Stakeholders
- ▶ Also serves as MCO-required External Quality Review Performance Improvement Project



# Approaches to Improve Outcomes – and Persistent Gaps



- ▶ Mommy-to-be Tasha arrives for a prenatal visit at an FQHC. Two previous visits were at another FQHC. The OB auth/initial assessment form is not a part of the electronic health record (EHR) and did not follow her to the new provider.
- ▶ She is identified as high risk due to smoking, residing in a food desert and with her first pregnancy, she was diagnosed with gestational diabetes.
- ▶ A pamphlet is provided; she is encouraged to stop smoking; and to eat a nutritious diet.
- ▶ Tasha gets home and cannot find the pamphlet; she is unsure of how to improve her diet; does not participate in the Supplemental Nutritional Assistance Program (SNAP) and does not know how to apply; and the grocery store is across town



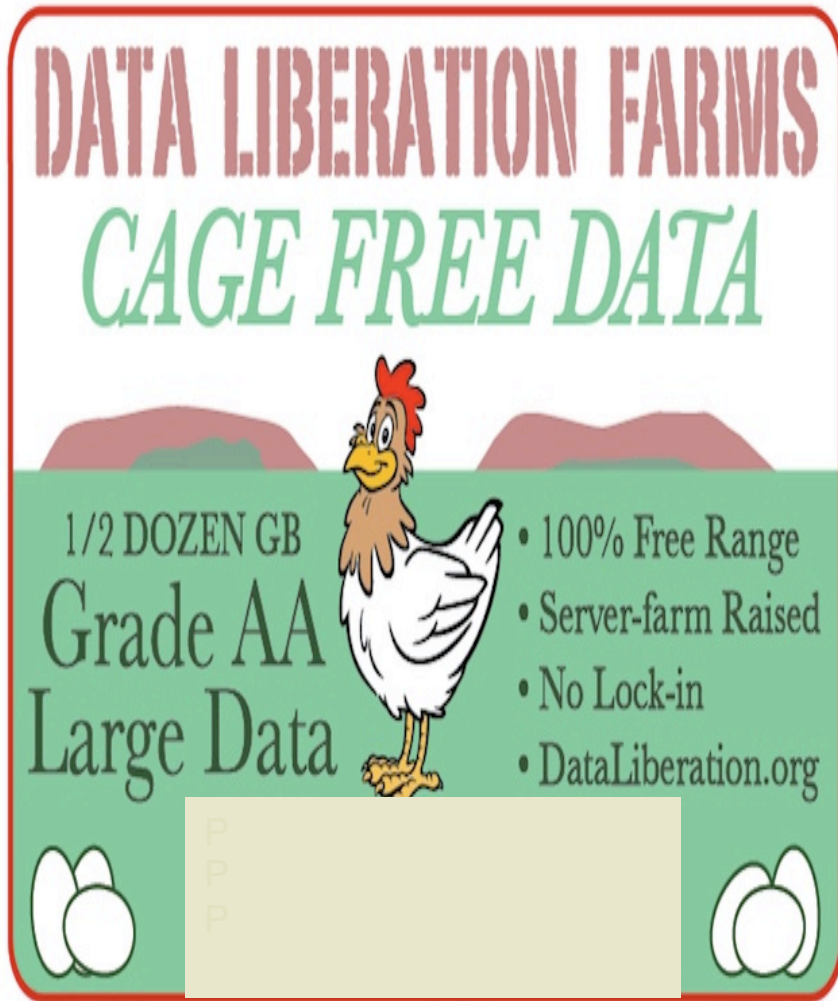
# The System Intervention



- ▶ OB Authorization and Initial Assessment Form
  - The OB Authorization and Initial Assessment Form is a paper risk assessment form designed to be completed at the first prenatal visit by all Obstetrical Providers who deliver care to our MCO population to identify any risks factors
  - The form is to be shared with the MCO to enhance the communication and care coordination between the provider and the MCO
  
- ▶ Fishbone/Barrier Analysis
  - The form is inconsistently utilized and - with increasing utilization of electronic health records (EHRs) - required duplicate documentation of information
  - The data captured is not used effectively and was often lost due to the paper-based format of the assessment



# The Solution – Data Liberation



- ▶ Perinatal Specialized Registry
  - All providers and MCOs could access data
  - Data could be auto-populated with an electronic feed from the providers' EHR
  - Providers and MCOs could easily see risk factors from a previous pregnancy even if they were not the previous provider of care
  - Population Health Analysis of risk factors could help identify where there are gaps in needed services throughout the city
  - Enhanced coordination of care



# Method to Building Registry



- ▶ Leverage federally-matched funds
  - 90/10 federal financial participation through Implementation Advanced Planning Document (IAPD)
- ▶ Build to support the largest EHR vendor in DC
  - eClinicalWorks (eCW) based on market-share of DC Medicaid provider population
- ▶ Provide multiple options for data submission
  - Ensures 100% of eligible providers have capacity to submit structured data to registry regardless of their EHR vendor



# Approach



## ▶ Key Design Elements

- Create central database within new Medicaid Data Warehouse to receive structured data
- Design and implement new electronic form within eCW to capture and transmit data from the OB authorization and initial assessment form to the registry
- Develop a web-based application to allow non-eCW users to submit data into the registry
- Distribute specifications to providers on how to electronically structure and submit data to create their own connection to the registry
- Provide training on how to use form and integrate into existing clinical workflows



# Benefits of Registry

- ▶ Establishes an interoperable electronic system that can be leveraged by qualified users to track, analyze and engage with this specific subpopulation
- ▶ Help eases provider burden associated with the current paper-based OB authorization and initial assessment form
- ▶ Provides option for DC providers to meet Meaningful Use Public Health Registry Reporting measure





# Approaches to Improve Outcomes – and Gaps Filled



Baby girl, Sabrina was born full term, 7lbs 2oz, happy and healthy!!

- ▶ DHCF now has a registry!
  - Mommy Tasha’s risk factors are now identified in the registry.
  - When Tasha left her physician’s office her case manager followed up on her needs. The case manager called to offer a support group in Tasha’s neighborhood for pregnant women trying to quit smoking and connected her to the QUIT DC smoking cessation line.
  - Her provider at the FQHC was able to see that she had a history of gestational diabetes
  - Her Case Manager also helped her get connected with a food bank that has fresh fruits and vegetables, values her SNAP at 3 times the dollar and that is actually on her way home from work.



# QUESTIONS





# Contact Information

Derdire Coleman

Management Analyst

Division of Quality and Health Outcomes

DC Department of Health Care Finance

[Derdire.coleman@dc.gov](mailto:Derdire.coleman@dc.gov)

Constance Yancy

Program Manager

Division of Quality and Health Outcomes

DC Department of Health Care Finance

[Constance.yancy@dc.gov](mailto:Constance.yancy@dc.gov)

# Questions



# HIV Health Improvement Affinity Group

Thank you for participating in today's webinar! Please complete the evaluation after exiting the webinar.

