State of Connecticut Health Information Technology Advisory Council Session #7

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Agenda

- Introductions
- Public Comment
- Review and Approval of 3/17/16 Meeting Minutes
- Appointments Update
- Review Previous Action Items
- HIE Timeline Update
- SIM Overview
- Stakeholder Engagement
- HIE IAPD Approval
- Availability of HITECH Administrative Matching Funds to Fund HIEs
- Wrap Up and Next Steps

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Public Comment

Review and Approval of 3/17/16 Meeting Minutes

Appointments Update

Description	# Appointed	# Remaining
Four members appointed by the Governor	5	0
Two members appointed by House Representative Speaker	0	2

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Previous Action Items

#	Description	Assigned To	Follow Up Date
1	Present on SIM at the next Advisory Council meeting.	Mark Schaefer	4/21/2016
2	Identify funds and vendor to provide stakeholder engagement and develop the HIE RFP.	Commissioner Bremby and Dr. Joe Quaranta	5/19/2016

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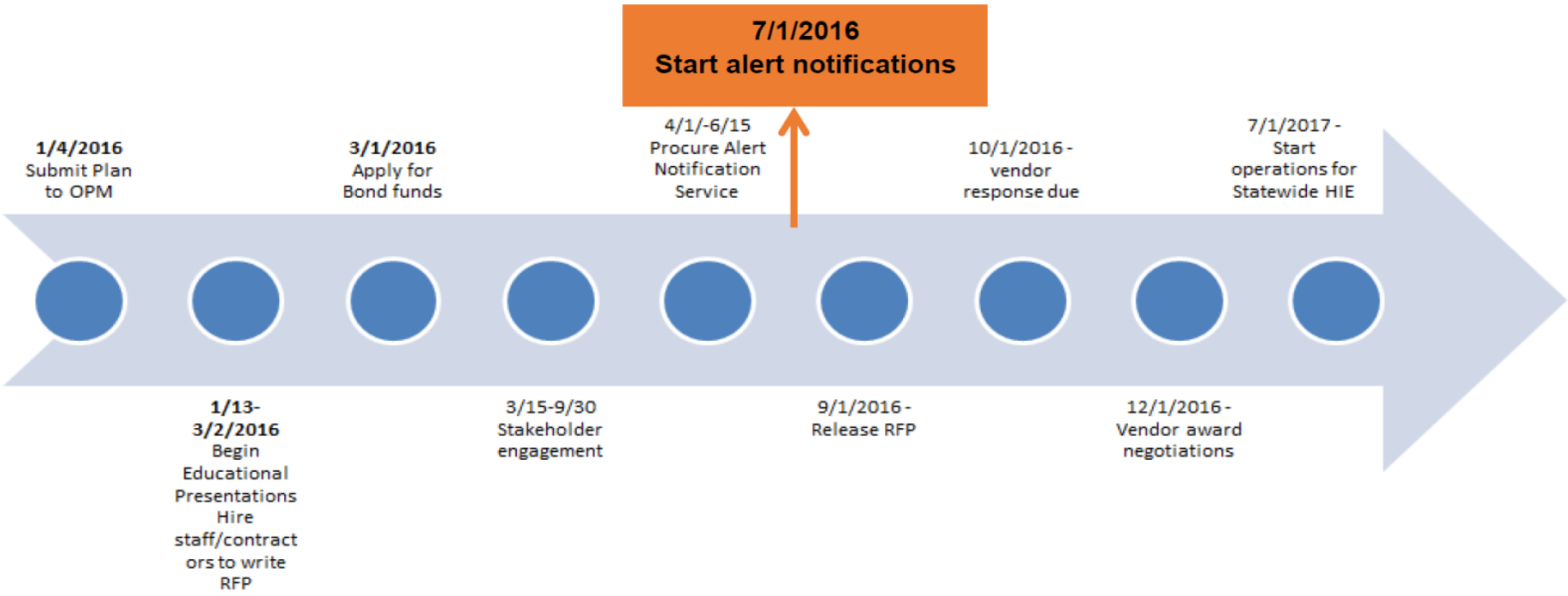
Timeline of Activities – Submitted to OPM

Timeline of Activities 1/4/2016 – 7/1/2017



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Estimated Timeline of Activities

Activity	Planned Schedule	Revised Schedule
Submit Plan to OPM	1/04/16	1/04/16
Begin Educational Presentations/ Hire Consultant	1/13/16 - 3/02/16	1/13/16 - 6/02/16
Apply for Bond Funds	3/01/16	6/01/16
Stakeholder Engagement	3/15/16 - 9/30/16	6/15/16 - 12/30/16
Procure Alter Notification Services	4/01/16 - 6/15/16	7/1/16 - 9/15/16
Start Alert Notification	7/01/16	10/01/16
Release RFP	9/01/16	12/01/16
Vendor Response Due	10/01/16	1/01/17
Vendor Award Negotiations	12/01/16	1/01/17
Start Operations for Statewide HIE	7/01/17	10/01/17

Assumes a three month shift due to the delays in OPM approval.

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SIM Overview

Stakeholder Engagement

Council Stakeholder Group Feedback

- ***Joseph L. Quaranta*, *M.D.,*** President, Community Medical Group , Partner, Quinnipiac Medical of Branford

- ✓ YNHHS
- ✓ Hartford
- ✓ St Francis
- ✓ VCA hospitals- Western CT, Middlesex, L and M, Griffin, St. Vincent's (Pat Charmel can be a resource here)
- ✓ CSMS and County Societies
- ✓ NEMG
- ✓ YMG
- ✓ ProHealth
- ✓ Starling
- ✓ CMG – (This is my hospital)
- ✓ St. Vincent's PHO
- ✓ St. Francis PHO
- ✓ Western CT PHO
- ✓ Hartford Hospital ICP
- ✓ Middlesex IPA
- ✓ Patient Advocacy Groups
- ✓ Quest
- ✓ Lab Corp
- ✓ Hospital labs part of this group
- ✓ Advanced Radiology
- ✓ Jefferson Radiology
- ✓ Many VNAs: Visiting Nurse Agency (Home Health Care)
- ✓ Many SNFs: Skilled Nursing Facilities

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Council Stakeholder Group Feedback

- ***Dina Berlyn, Esq.***, Counsel to the Connecticut State Senate President Pro Tempore, Connecticut State Senate Democrats
  - ✓ Patients and Consumers
  - ✓ Possibly people listed under the HIT Membership
- ***Cheryl Cepelak, DOC***
  - ✓ Hospitals
  - ✓ State agencies involved with Health and Human Services
  - ✓ Community Providers
- ***Kathy DeMatteo,*** Chief Information Officer, Western Connecticut Health Network
  - ✓ All hospital systems
  - ✓ WCHN
  - ✓ Sampling of Skilled Nursing Facilities
  - ✓ Federally Qualified Health Center (FQHC) Clinics
  - ✓ Small, medium, and large ambulatory providers not employed by hospital networks
  - ✓ Consumer involvement

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Council Stakeholder Group Feedback

- ***Nicolangelo Scibelli, LCSW***, Chief Information Officer, Wheeler Clinic
  - ✓ Connecticut Association of Non-Profits
  - ✓ Nonprofits for hospitals, primary care, independent practitioners
- ***Victoria Veltri, JD***, LLM State Healthcare Advocate
  - ✓ Community Organizations
  - ✓ Behavioral Health Providers
  - ✓ Non-Profit Providers

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HIE IAPD Approval

Advance Planning Documents

- Advance Planning Documents (APD)
  - ✓ Action plans developed by states to submit requests to the Department of Health and Human Services (HHS) Centers for Medicare and Medicaid Services (CMS) for approval and commitment for federal financial participation (FFP).
  - ✓ Required by HHS/CMS for states to receive portions of federal funding to help states pay for Medicaid services, administering Medicaid, and other human services programs. Cost allocations include:
    - 50% FFP/50% State
    - 75% FFP/25% State
    - 90% FFP/10% State
  - ✓ Intended to alleviate financial risks, avoid incompatibilities among systems, and ensure that a system supports the program objectives and operation as intended by law and regulation
  - ✓ Used to communicate the planning, implementation, and operation of systems between state and federal partners
    - Provide the HHS/CMS with necessary data to determine the FFP is the authorized and appropriate rate match
    - Provide state and federal agencies with high-level data useful for monitoring a project's progress
  - ✓ HHS/CMS has a 60-day approval period from date APD is submitted

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Advance Planning Documents

- Types of APDs
  - ✓ **Planning Advance Planning Document (PAPD):** Used to seek reimbursement of planning costs
  - ✓ **Implementation Advance Planning Document (IAPD):** Used to seek reimbursement for costs of designing, developing, and implementing a system
  - ✓ **Advance Planning Document Update (APD-U):** Used to keep HHS advised and to obtain continued funding through the project's life.
    - Annual APDU: Used for routine reporting on the status of the project and for requesting continued, phased project funding
    - As-Needed APDU: Used if significant changes occur in a project approach, procurement, schedule, or costs
    - Operational APDU: Used annually to update information on the management and organization status of the activities, estimated annual cost, and summary of the acquisition methods

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Connecticut's IAPD

- IAPD Appendix D, Paragraph 1:
  - ✓ *"In the next two years, DSS will be establishing a statewide Health Information exchange with a focus on building the alert notification infrastructure that will use the existing Direct HISP infrastructure, Provider Directory (PD), Enterprise Master Person Index (EMPI), and offset costs associated with Admission Discharge Transfer (ADT) interfaces."*
- Approved by CMS on February 18, 2016

Federal Fiscal Year (FFY)	Federal Share (90%)	State Share (10%)
FFY 2016	$1,765,800	$196,200
FFY 2017	$3,157,945	$350,883
Total	$4,923,745	$547,083

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Availability of HITECH Administrative Matching Funds to Fund HIEs

HITECH Funding Availability

- Additional Funding Sources available
  - ✓ SMD# 16-003 Published February 29, 2016
  - ✓ RE: Availability of HITECH Administrative Matching Funds to Help Professionals and Hospitals Eligible for Medicaid EHR Incentive Payments Connect to Other Medicaid Providers
- Medicaid portion of cost allocations may increase to include costs associated with connecting Eligible Providers to other Medicaid Providers.
- State costs of facilitating connections between Eligible Providers and other Medicaid providers (for example, through an HIE or other interoperable systems), or costs of other activities that promote other Medicaid providers' use of EHR and HIE, can also be matched at the 90 % HITECH matching rate.
- State expenditures on these activities help Eligible Providers meet the Meaningful Use modified Stage 2 and Stage 3 objectives.

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HITECH Funding Availability

- States **may be able to** claim 90 % HITECH match for expenditures related to connecting Eligible Providers to other Medicaid providers:
  - ✓ Behavioral health providers
  - ✓ Substance abuse treatment providers
  - ✓ Long-term care providers (including nursing facilities)
  - ✓ Home health providers
  - ✓ Pharmacies
  - ✓ Laboratories
  - ✓ Correctional health providers
  - ✓ Emergency medical service providers
  - ✓ Public health providers
  - ✓ Other Medicaid providers, including community-based Medicaid providers

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HITECH Funding Availability

- 90% HITECH match would be available for States' costs related to the design, development, and implementation of infrastructure for several HIE components and interoperable systems that most directly support Eligible Providers in coordinating care with other Medicaid providers in order to demonstrate Meaningful Use
  - ✓ Provider Directories
  - ✓ Secure Electronic Messaging
  - ✓ Query Exchange
  - ✓ Care Plan Exchange
  - ✓ Public Health Systems
  - ✓ Encounter Alerting
  - ✓ Health Information Services Provider (HISP) Services

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HITECH Funding Availability

- Provider Directories
  - ✓ States may claim the 90 % HITECH match for costs related to the design, development, and implementation of provider directories that allow for the exchange of secure messages and structured data to coordinate care or calculate clinical quality measures between Eligible Providers and other Medicaid providers, so long as these costs help Eligible Providers meet Meaningful Use.
  - ✓ CMS expects that States will consider provider directories as a Medicaid enterprise asset that can also support Medicaid Management Information System (MMIS) functionality.
  - ✓ **States should not claim 90 % HITECH match for costs that could otherwise be matched with MMIS matching funds.**

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HITECH Funding Availability

- Secure Electronic Messaging
  - ✓ States should be prescriptive in governance requirements to ensure maximal interoperability in the most secure and efficient manner possible.
  - ✓ ONC is a willing partner with CMS in helping States deploy Direct Secure Messaging systems and developing related governance requirements to ensure that Eligible Providers can connect to other Medicaid providers.
- Query Exchange
  - ✓ States may support coordination of care between Eligible Providers and other Medicaid providers by linking them into a query-based HIE that allows for secure, standards-based information exchange with thorough identity management protocols.
  - ✓ A Query Exchange might access a state's Clinical Data Warehouse and similarly be integrated with analytic and reporting functions. These activities may support aggregate queries from providers to support population health activities performed by public health or other entities involved in population health improvement, provided that doing so helps Eligible Providers meet Meaningful Use.
  - ✓ Given the unique data and exchange governance challenges of Query Exchange, States are encouraged to reach out to ONC to help formulate governance guidance and best practices.

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HITECH Funding Availability

- Care Plan Exchange
  - ✓ Medicaid providers coordinating care across multiple care settings may exchange care plans containing treatment plans and goals, as well as problem lists, medication history and other clinical and non-clinical content added and updated as appropriate by members of a patient's care team, including Medicaid social service providers.
  - ✓ States are encouraged to consider care plan exchange for patients with multiple chronic conditions who might be coordinating care between many specialists, hospital(s), long term care facilities, rehabilitation centers, home health care providers, or other Medicaid community-based providers. Similarly, children in the foster care system might benefit from care plans shared across Medicaid providers (including Eligible Providers) to facilitate coordination of the children's care.
  - ✓ Costs related to exchanging care plans between Medicaid providers and other programs, such as foster care programs, may need to be allocated between benefitting programs.

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HITECH Funding Availability

- Public Health Systems
  - ✓ Costs associated with implementing Public Health Systems must help Eligible Providers meet Meaningful Use measures focused on public health reporting and the exchange of public health data described in 42 CFR 495.22 and 495.24.
  - ✓ State costs eligible for the 90% HITECH match might include costs related to developing registry and system architecture for Prescription Drug Monitoring Programs (PDMPs), as per FAQ #13413.
    - PDMPs can be considered a specialized registry to which Eligible Providers may submit data in order to meet Meaningful Use objectives.
    - MMIS matching funds might in some circumstances be a more appropriate source of federal funding for costs related to developing a PDMP.

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HITECH Funding Availability

- Encounter Alerting
  - ✓ Communications among Medicaid providers may contain structured data regarding treatment plans, medication history, drug allergies, or other secure content that aids in the coordination of patient care, including coordination of social services as appropriate.
- Health Information Service Provider (HISP) Services
  - ✓ May coordinate encryption standards across providers, as well as coordinate contracts, Business Associate Agreements or other consents deemed appropriate for the HIEs or interoperable systems.
  - ✓ States should be careful to distinguish between on-boarding services and HISP Services, as the scope of HISP activities overlaps with the scope of on-boarding activities, and the state should confirm that activities are only supported with federal funding once.
  - ✓ States should clearly define the scope of HISP activities and on-boarding activities as appropriate.

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CMS Support for Collaboratives

- CMS explicitly encourages and welcomes multistate collaboratives partnering on shared solutions for HIE and interoperability, including facilitation of EHR Meaningful Use and related communications through the HIE system.
- CMS will aggressively support such collaboratives as potentially cost-saving opportunities to increase adoption of interoperability standards and help Eligible Providers demonstrate Meaningful Use.
- Collaboratives should promote Medicaid Information Technology Architecture (MITA) principles on scalability, reusability, modularity, and interoperability.
- CMS and ONC support States in sharing open source tools and interfaces with other States to further drive down the costs of HIEs, interfaces, and other interoperable systems.
- ONC is a willing partner in helping States develop open source and open architecture tools for HIE that are consistent with MITA principles.

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Additional Considerations

- States may not claim 90 % HITECH match in the costs of actually providing EHR technology to providers or supplementing the functionality of provider EHR systems
- States should claim the 90 % HITECH match for HIE-related costs relating to Medicaid providers that are not eligible for Medicaid EHR incentive payments only if those HIE-related costs help Eligible Providers demonstrate Meaningful Use
- **The 90 % HITECH match cannot be used for ongoing operations and maintenance costs after this technology is established and functional**
- States should not claim 90 % HITECH match for costs that could otherwise be matched with MMIS matching funds
- Health Information Technology Implementation Advance Planning Document (HIT IAPD) must continue to be updated

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Additional Considerations

- General cost allocation and fair share principles apply
  - ✓ Medicaid cost allocations include:
    - 50% FFP/50% State
    - 75% FFP/25% State
    - 90%FFP/10% State
  - ✓ Medicaid funding should be part of a State's overall financial plan that also leverages public and private sources to develop HIEs
  - ✓ 90% match only applies to Medicaid Providers
  - ✓ State must have a very clear plan for the additional 10%
- This funding is available, subject to CMS approval, and will not be available retroactively

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Wrap Up and Next Steps

- Next meeting May 19

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Thank You!

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