



The Office of the National Coordinator for
Health Information Technology

Health Information Technology (HIT) Toolkit for Advancing Medicaid Transformation

Arun Natarajan | Office of Care Transformation



“Information is the lifeblood of modern medicine. Health information technology is destined to be its circulatory system. Without that system, neither individual physicians nor health care institutions can perform their best or deliver the highest quality care, any more than an Olympian could excel with a failing heart”

- Blumenthal, New England Journal of Medicine (2010)

Medicaid Overview

- Medicaid covers over 70M Beneficiaries.
- Medicaid funds over 531B in total expenditures annually.
- Given the reach and overarching strategy of HHS' interoperability roadmap, we want to make sure policy and programs are consistently rewarding and encouraging HIT clinical interoperability.

Delivery System Reform (DSR) - Background

- HHS Departmental Initiative
- Goal: Better Care, Smarter Spending, Healthier People

Historical state

Evolving future state

Public and Private sectors

Key characteristics

- Producer-centered
- Incentives for volume
- Unsustainable
- Fragmented Care

Systems and Policies

- Fee-For-Service Payment Systems

Key characteristics

- Patient-centered
- Incentives for outcomes
- Sustainable
- Coordinated care

Systems and Policies

- Value-based purchasing
- Accountable Care Organizations
- Episode-based payments
- Medical Homes
- Quality/cost transparency

Medicaid and Health IT Interoperability

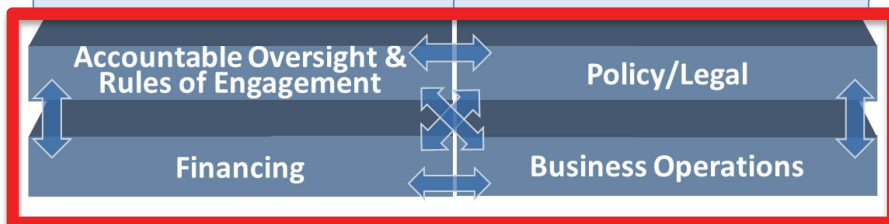
- Vision: State Medicaid Agencies have a unified approach to Health IT across all their programs and data systems.

- **Goals**
 - » All relevant planning activities have shared and aligned strategies for health IT systems and their governance (including State Medicaid Health IT Plans, SIM Plans, State Plan Amendments, and Demonstrations/ Waivers, and other relevant work).
 - » Offer incentives for adoption and use of interoperable health IT among all providers (including long term care and behavioral health).
 - » Require or encourage health IT use and information exchange where feasible (through MCO or APM participation requirements).
 - » Enable electronic quality data collection for performance feedback and ideally for the basis of payment.

- State-Facing Toolkit on Interoperability: laying out the federal expectations of States to promote Health IT interoperability (beginning with 1115 DSRIP Demonstrations (Waivers) and Health Homes SPAs).
- Check out the newly shared guidance on incorporating #HIT into #Medicaid delivery reform!
<https://www.medicaid.gov/medicaid/data-and-systems/hie/index.html>

Advancing the Foundational Components for Governing Health IT to Support APMs

Reporting Services		
Analytics Services	Consumer Tools	
Notification Services	Provider Tools	
Exchange Services	Patient Attribution	
Data Extraction	Data Transformation	Data Aggregation
Data Quality & Provenance		
Identity Management	Provider Directories	
Security Mechanisms	Consent Management	



- Importance of Foundational Components for Governing Health IT
 - » To enable use of Health IT Modular Functions
 - Supporting multi-payer endeavors, such as value-based payment and service delivery model reform
 - Increasing the value proposition for more complex Health IT use cases
 - » To advance interoperability of health and non-health information
 - Advancing use of certified technology and standards- based information
 - Accelerating exchange of information across the health care and care that impacts health
 - » To ensure the appropriate stakeholder involvement

The toolkit addresses the following Health IT topic areas:

- Promoting and Funding Provider Health IT Adoption and Use
- The Use of Standards in Health Information Technology Procurement
- Leveraging State Health IT Ecosystem
- Accountable Oversight and Rules of Engagement for Health IT and Health Information Exchange (a.k.a. Governance)
- Advancing Use of Health IT to Support Quality Measurement
- Identity Management, Provider Directories and Attribution
- Health IT and Service Delivery.

Promoting and Funding Provider Health IT Adoption and Use

- Does the demonstration provide direct provider incentives for EHR adoption or indirectly through MCO contract requirements (either incentives or qualification / participation standards)?
- Does the State support EHR adoption or HIE onboarding for ACOs, MCOs, LTSS providers, EPs, and other ineligible MU providers? Does the SMA help Medicaid providers eligible for the EHR incentive programs but not yet enrolled have the health IT they need to share information with other providers?
- Is the State providing technical assistance to support health information technology adoption amongst providers?

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The Use of Standards in Health Information Technology Procurement

- As applicable, is the SMA directly promoting the use of federally certified health IT with providers through some mechanism or indirectly through provider network requirements in managed care contracts?
- Is the State leveraging and advancing federally established health IT standards throughout State funded programs, procurements and IT systems?
 - » Specifically, is the state advancing federal standards as stated in both 45 CFR 170.207 - Vocabulary Standards for Representing Electronic Health Information and the ONC Interoperable Standards Advisory?

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Leveraging the State Health IT Ecosystem

- Is the State leveraging the insights gained from the MITA State self-assessment (SSA) or the State Medicaid Health IT Plan (SMHP) in the program design of this 1115 Demonstration (Waiver)?
- Is the 1115 Demonstration (Waiver) building on the health IT infrastructure that supports other Medicaid programs or CMS funded APDs to advance delivery system and payment reform?

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Accountable Oversight and Rules of Engagement for HIT and HIE (a.k.a. Governance)

- What is the state's role in health IT/HIE governance?
 - » Is there a shared vision across multiple payers around the health care system goals? What governance activities are currently taking place in your state?
 - » Does your State have a single or multiple governance structures? What is the State's role in these governance activities? What is Medicaid's role in this?
 - » Does the State have a policy or practice to assist providers in joining a "trust" community to facilitate the appropriate secure exchange of health information for improved information sharing and patient centered outcomes?
 - » Does the State have a strategy and plan to address the legal, policy, and technical barriers that inhibit health information exchange between entities within a state?
 - » Is the State funding community-based organizations to implement point-to-point directed exchange or multi-site query-based health information exchange (HIE)?
 - » Is the State helping providers share health information with each other through a health information exchange, clinical data repository, case management tool or some other means?

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Accountable Oversight and Rules of Engagement for HIT and HIE (a.k.a. Governance)

- Ultimately, delivery system reform demands robust and comprehensive governance approaches at the state level that would allow for the collection, synthesis, and use of both clinical and claims information.
 - » How is the State analyzing the data it is collecting to advance the three part aim: improved care for the individual, lower costs and improved population health outcomes?
 - » What is the State considering or, if further developed, what are the state's plans for enabling the, collection, synthesis and use of both claims and clinical information?

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Advancing Use of Health IT to Support Quality Measurement and Payment Reform

- Is the State leveraging any of the CMS electronically specified clinical quality measures (eCQMS) as part of the 1115 Demonstration (Waiver) quality strategy?
- Is the State using any of the CMS electronically specified clinical quality measures (eCQMS) as part of the 1115 Demonstration (Waiver) payment or reimbursement methodology?
- Is the State leveraging already established data standards for quality measure reporting requirements?

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Identity Management, Provider Directories and Attribution

- Does the State have a strategy for accurately identifying individuals within their Medicaid enterprise?
- Does the state have a shared, state-wide strategy for consistently identifying individuals across payers and providers?
- Is the State able to link individuals to providers and how does the State share these relationships with providers and their networks?
- How does the state plan to perform electronic attribution of people to providers?

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- Is health IT being used to improve services being delivered, such as through a PCMH, Traditional FFS, MCOs, ACOs, and or tele-health model?

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Standard Terms and Conditions (STCs)

HEALTH INFORMATION TECHNOLOGY

Health Information Technology (Health IT) - The State will use Health IT to link services and core providers across the continuum of care to the greatest extent possible. The State is expected to achieve minimum standards in foundational areas of Health IT and to develop its own goals for the transformational areas of Health IT use.

1. The State must have plans with achievable milestones for Health IT adoption for providers both eligible and ineligible for the Medicaid EHR incentive programs and execute upon that plan.
2. The State should create a pathway or a plan for the exchange of the health information Statewide to support the 1115 demonstration's program objectives.

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Standard Terms and Conditions (STCs)

HEALTH INFORMATION TECHNOLOGY

3. The State will advance the standards identified in the ‘Interoperability Standards Advisory– Best Available Standards and Implementation Specifications’ (ISA) (e.g. provider directory, Care Plan Standards, ADT Messaging, Clinical Decision Support, Quality Reporting) which are published annually by ONC and 45 CFR Part 170 Subpart C in developing and implementing State policies and in all applicable State procurements (e.g. including managed care contracts).
 - a. Where there are use cases at the State and provider level leveraging Federal Medicaid funds that could use a standard referenced in 45CFR170, the State shall adopt it.
 - b. Where there are use cases at the State and provider level leveraging Federal Medicaid funds that could use a standard not already referenced in 45CFR170 but are included in the ISA, the State should attempt to use the federally recognized ISA standards barring no other compelling State interest.

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STCs Continued

4. The State shall require the electronic exchange of Care Plan information with all members of the provider team. If this is not possible at the inception of the demonstration, the State will develop a clear plan within 120 days of the application to achieve this goal at a mutually agreed upon timeframe between CMS and the State.
5. The State shall ensure a comprehensive identity management strategy that support the programmatic objectives of the 1115 demonstration. If this is not possible at the inception of the demonstration, the State will develop a clear plan within 120 days of the application to achieve this goal at a mutually agreed upon timeframe between CMS and the State.
6. The State shall ensure a comprehensive provider directory strategy that support the programmatic objectives of the 1115 demonstration. If this is not possible at the inception of the demonstration, the State will develop a clear plan within 120 days of the application to achieve this goal at a mutually agreed upon timeframe between CMS and the State.

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7. The State will ensure improved coordination and improved integration between Behavioral Health, Physical Health, Home and Community Based Providers and community level collaborators for Improved Care Coordination (as applicable) through the adoption of provider level Health IT infrastructure and software to facilitate and improve integration and coordination to support the programmatic objectives of the 1115 demonstration. If this is not possible at the inception of the demonstration, the State will develop a clear plan within 120 days of the application to achieve this goal at a mutually agreed upon timeframe between CMS and the State.
8. The State shall ensure a comprehensive Health IT enabled quality measurement strategy that support the programmatic objectives of the 1115 demonstration. If this is not possible at the inception of the demonstration, the State will develop a clear plan within 120 days of the application to achieve this goal at a mutually agreed upon timeframe between CMS and the State.

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NON-HEALTH IT TERM AND CONDITION IF THE STATE IS ADVANCING APMs

1. The State shall ensure that provider payments are based in part or in whole on Health IT enabled quality measurement. If this is not possible at the inception of the demonstration, the State will develop a clear plan within 120 days of the application to achieve this goal at a mutually agreed upon timeframe between CMS and the State.

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For More Information on the 1115 Health IT Toolkit - Contact Info

- Angela Garner
 - » Angela.Garner@cms.hhs.gov
- Adam Goldman
 - » Adam.Goldman@cms.hhs.gov
- Arun Natarajan
 - » Arun.natarajan@hhs.gov

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Slides will be posted on the SIM Resource
Center and SIM Connect

Arun Natarajan | Arun.natarajan@hhs.gov



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