



To: Connecticut Stakeholders in Health Information Technology

From: Roderick L. Bremby, Commissioner
Connecticut Department of Social Services

Date: October 8, 2014

Subject: **Health Information Technology Initiatives
And Implementation of Public Act 14-217**

I am writing to share an important update about the many Health Information Technology (HIT) initiatives underway in Connecticut, and others we are exploring as potential solutions. Our primary goal in the HIT arena is to adopt and advance the use of national standards that support secure data exchanges and enhance interoperability.

Below is a list of initiatives with a brief project status.

1. **Planning:** We have initiated a process to update the Health Information Technology Strategic and Operational Plan over the coming year. The initial plan was created by HITE-CT, an agency that was sunset on June 30, 2014. Public Act 14-217 designates the Department of Social Services to lead this effort in partnership with other agencies by adopting best practices and standards in HIT to improve health care delivery and quality of care. We are planning to meet over the next six months with a focus on the following:
 - a. Create a HIT vision statement for our state;
 - b. Identify common HIT goals;
 - c. Identify and support an enterprise built on an interoperability framework; and
 - d. Operationalize a cross-agency IT governance structure that builds upon and ties the various initiatives that have been undertaken in the last four years with respect to health and human services.

2. **Integrated Eligibility System:** DSS and Access Health CT, the state's health insurance exchange, have developed an integrated eligibility system for Medicaid, the Children's Health Insurance Program and private qualified health plans under the Affordable Care Act. DSS is also planning and implementing a new eligibility management system ("ImpaCT") to replace our antiquated legacy system and to serve as a platform for eventual linkage of human service agencies across the state government enterprise.

3. Enterprise Assets: DSS, along with DAS/BEST, is in the process of standing up an Enterprise Master Patient Index (eMPI) and a Provider Directory. Both of these assets were procured by HITE-CT and have been transferred to DSS for use within the enterprise. We would like to initiate a discussion with organizations interested in uni- or bi-directional exchange of provider directory feeds on a regular basis. There will be a cost-share associated with this service for bi-directional feeds. Our vendor for both EMPI and Provider Directory is NextGate (www.nextgate.com/).
4. Medicaid Electronic Health Records Incentive Program – As of August 2014, DSS has distributed over \$76 million in payments to over 2,200 Eligible Professionals (EPs) and 28 eligible hospitals.
 - a. Direct Exchange – On April 23, 2014, DSS stood up a Health Information Service Provider (HISP) to provision Direct mailboxes for EPs participating in this program. A one-year free subscription is being provided to the EPs, renewable at cost after the first year. As of September 19, 2014, we have reached out to 1,548 providers and, of these, 30 set up Direct mailboxes; 365 already have a Direct account; another 213 are waiting for their certified electronic health records (CEHRs) to implement Direct; and 59 declined to sign up for Direct messaging service. So far 164 messages have been received or sent on our HISP. Currently, DSS is considering the use of Direct for other projects to enhance care coordination. Use of Direct messaging will help EPs exchange transfer of care summaries with long-term care facilities that may not have access to CEHRs.
 - b. HISP to HISP Directory Exchange – We want the DSS-HISP to have directory access or exchange with other HISPs that are being used in Connecticut. To this end, we have successfully exchanged Direct addresses with the Yale-New Haven Hospital System that uses a Surescripts HISP, Hartford Healthcare HISP, and Charlotte Hungerford HISP. We would welcome discussions with other HISPs to get these exchanges as seamless as possible, so that practicing professionals are easily able to send Direct messages to the intended recipient irrespective of the Direct HISP they use.
 - c. Electronic Clinical Quality Measures (eCQMs): This year we are focusing on the eCQMs and working with providers to explore ways of sending these data using defined standards, such as Quality Reporting Document Architecture (QRDAs) category I and III. Additionally, we really want to minimize moving data but ensuring timely access to data for reporting and audits. To this end, we have purchased a technology (<http://zatohealth.com/>) to collect Meaningful Use (MU) measures (Stage 1 and Stage 2) as they relate to the Medicaid EHR incentive program. In a very simplistic way, this technology uses indices and edge servers to give us access to the MU data without an agency needing to send it to us. Let me know if you would be interested in a preliminary discussion with our team.
5. DSS was the recipient of a demonstration grant for **Testing Experience and Functional Assessment Tools (TEFT)**. This four-year initiative is comprised of four components, of which two are related to HIT; namely, testing the use of Personal Health Records (PHRs) among the community-based long-term services and supports (LTSS) and aiding the development and testing of the eLTSS content and transport standard. This grant began on May 1, 2014, and the first year is the planning year. We are in the process of organizing 10

planning meetings across the state. You may have already been contacted to participate in this discussion, as we ask the long-term care community to share their thinking. (www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Delivery-Systems/Grant-Programs/TEFT-Program-.html)

We are planning town hall meetings in the coming year, details to be communicated shortly, to discuss and explore additional ways we can further collaborate to extend the statewide HIT/Health Information Exchange (HIE) agenda. Please do not hesitate to reach out to me, or Minakshi Tikoo, Health and Human Services HIT Coordinator (tikoo@uchc.edu), if you need additional details on any of the initiatives listed above, or if you have any questions or suggestions as we embark on developing the HIT Roadmap for the State of Connecticut.

Thank you, and best regards.

Roderick L. Bremby
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Attachment: Budget Bill 5597, passed and included in Public Act 14-217

cc: Minakshi Tikoo, PhD, HHS HIT Coordinator





General Assembly

Bill No. 5597



February Session, 2014

LCO No. 5472

Referred to Committee on No Committee Introduced by:
REP. SHARKEY, 88th Dist. SEN.
WILLIAMS, 29th Dist.

AN ACT IMPLEMENTING PROVISIONS OF THE STATE BUDGET FOR THE FISCAL YEAR ENDING JUNE 30, 2015.

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Sec. 169. Subdivision (12) of section 1-79 of the 2014 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2014*):

(12) "Quasi-public agency" means Connecticut Innovations, Incorporated, [and] the Connecticut Health and Education Facilities Authority, the Connecticut Higher Education Supplemental Loan Authority, the Connecticut Student Loan Foundation, the Connecticut Housing Finance Authority, the State Housing Authority, the Connecticut Resources Recovery Authority, the Capital Region Development Authority, the Connecticut Lottery Corporation, the Connecticut Airport Authority, [Health Information Technology Exchange of Connecticut,] the Connecticut Health Insurance Exchange and the Clean Energy Finance and Investment Authority.

Sec. 170. Subdivision (1) of section 1-120 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2014*):

(1) "Quasi-public agency" means Connecticut Innovations, Incorporated, and the Connecticut Health and Educational Facilities Authority, Connecticut Higher Education Supplemental Loan Authority, Connecticut Housing Finance Authority, Connecticut Housing Authority, Connecticut Resources Recovery Authority, Capital Region

Development Authority, Connecticut Lottery Corporation, Connecticut Airport Authority, [Health Information Technology Exchange of Connecticut,] Connecticut Health Insurance Exchange and Clean Energy Finance and Investment Authority.

Sec. 171. Section 1-124 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2014*):

(a) Connecticut Innovations, Incorporated, the Connecticut Health and Educational Facilities Authority, the Connecticut Higher Education Supplemental Loan Authority, the Connecticut Housing Finance Authority, the Connecticut Housing Authority, the Connecticut Resources Recovery Authority, [the Health Information Technology Exchange of Connecticut,] the Connecticut Airport Authority, the Capital Region Development Authority, the Connecticut Health Insurance Exchange and the Clean Energy Finance and Investment Authority shall not borrow any money or issue any bonds or notes which are guaranteed by the state of Connecticut or for which there is a capital reserve fund of any kind which is in any way contributed to or guaranteed by the state of Connecticut until and unless such borrowing or issuance is approved by the State Treasurer or the Deputy State Treasurer appointed pursuant to section 3-12. The approval of the State Treasurer or said deputy shall be based on documentation provided by the authority that it has sufficient revenues to (1) pay the principal of and interest on the bonds and notes issued, (2) establish, increase and maintain any reserves deemed by the authority to be advisable to secure the payment of the principal of and interest on such bonds and notes, (3) pay the cost of maintaining, servicing and properly insuring the purpose for which the proceeds of the bonds and notes have been issued, if applicable, and (4) pay such other costs as may be required.

(b) To the extent Connecticut Innovations, Incorporated, and the Connecticut Higher Education Supplemental Loan Authority, Connecticut Housing Finance Authority, Connecticut Housing Authority, Connecticut Resources Recovery Authority, Connecticut Health and Educational Facilities Authority, [the Health Information Technology Exchange of Connecticut,] the Connecticut Airport Authority, the Capital Region Development Authority, the Connecticut Health Insurance Exchange or the Clean Energy Finance and Investment Authority is permitted by statute and determines to exercise any power to moderate interest rate fluctuations or enter into any investment or program of investment or contract respecting interest rates, currency, cash flow or other similar agreement, including, but not limited to, interest rate or currency swap agreements, the effect of which is to subject a capital reserve fund which is in any way contributed to or guaranteed by the state of Connecticut, to potential liability, such determination shall not be effective until and unless the State Treasurer or his or her deputy appointed pursuant to section 3-12 has approved such agreement or agreements. The approval of the State Treasurer or his or her deputy shall be based on documentation provided by the authority that it has sufficient revenues to meet the financial obligations associated with the agreement or agreements.

Sec. 172. Section 1-125 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2014*):

The directors, officers and employees of Connecticut Innovations, Incorporated, and the Connecticut Higher Education Supplemental Loan Authority, Connecticut Housing Finance Authority, Connecticut Housing Authority, Connecticut Resources Recovery Authority, including ad hoc members of the Connecticut Resources Recovery Authority, Connecticut Health and Educational Facilities Authority, Capital Region Development Authority, [the Health Information Technology Exchange of Connecticut,] Connecticut Airport Authority, Connecticut Lottery Corporation, Connecticut Health Insurance Exchange and the Clean Energy Finance and Investment Authority and any person executing the bonds or notes of the agency shall not be liable personally on such bonds or notes or be subject to any personal liability or accountability by reason of the issuance thereof, nor shall any director or employee of the agency, including ad hoc members of the Connecticut Resources Recovery Authority, be personally liable for damage or injury, not wanton, reckless, wilful or malicious, caused in the performance of his or her duties and within the scope of his or her employment or appointment as such director, officer or employee, including ad hoc members of the Connecticut Resources Recovery Authority. The agency shall protect, save harmless and indemnify its directors, officers or employees, including ad hoc members of the Connecticut Resources Recovery Authority, from financial loss and expense, including legal fees and costs, if any, arising out of any claim, demand, suit or judgment by reason of alleged negligence or alleged deprivation of any person's civil rights or any other act or omission resulting in damage or injury, if the director, officer or employee, including ad hoc members of the Connecticut Resources Recovery Authority, is found to have been acting in the discharge of his or her duties or within the scope of his or her employment and such act or omission is found not to have been wanton, reckless, wilful or malicious.

Sec. 173. Section 4-60i of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2014*):

(a) The Commissioner of Social Services shall (1) develop, throughout the Departments of Developmental Services, Public Health, Correction, Children and Families and Mental Health and Addiction Services, uniform management information, uniform statistical information, uniform terminology for similar facilities, uniform electronic health information technology standards and uniform regulations for the licensing of human services facilities, (2) plan for increased participation of the private sector in the delivery of human services, (3) provide direction and coordination to federally funded programs in the human services agencies and recommend uniform system improvements and reallocation of physical resources and designation of a single responsibility across human services agencies lines to eliminate duplication.

(b) The Commissioner of Social Services shall, in consultation with the Departments of Public Health and Mental Health and Addiction Services, implement and periodically revise the state-wide health information technology plan established pursuant to section 19a-25d and shall establish electronic data standards to facilitate the development of integrated electronic health information systems, as defined in subsection (a) of section 19a-25d, for use by health care providers and institutions that receive state funding. Such electronic data standards shall: (1) Include provisions relating to security, privacy, data content, structures and format, vocabulary and transmission protocols; (2) limit the use and dissemination of an individual's Social Security number and require the encryption of any Social Security number provided by an individual; (3) require privacy standards no less stringent than the "Standards for Privacy of Individually Identifiable Health Information" established under the Health Insurance Portability and Accountability Act of 1996, P.L. 104-191, as amended from time to time, and contained in 45 CFR 160, 164; (4) require that individually identifiable health information be secure and that access to such information be traceable by an electronic audit trail; (5) be compatible with any national data standards in order to allow for interstate interoperability, as defined in subsection (a) of section 19a-25d; (6) permit the collection of health information in a standard electronic format, as defined in subsection (a) of section 19a-25d; and (7) be compatible with the requirements for an electronic health information system, as defined in subsection (a) of section 19a-25d.

Sec. 174. Section 4-60j of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2014*):

In fulfilling his or her responsibilities under sections 4-60i and 4-60l and complying with the requirements of section 19a-25d, the [commissioner] Commissioner of Social Services shall take into consideration such advice as may be provided to the commissioner by advisory boards and councils in the human services areas.

Sec. 175. Section 4-60l of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2014*):

(a) Matters of policy involving more than one of the agencies designated in section 4-60i shall be presented to the [commissioner for his] Commissioner of Social Services for his or her approval prior to implementation.

(b) Matters of program development involving more than one of the agencies designated in section 4-60i shall be presented to the commissioner for his or her approval prior to implementation.

(c) Any plan of any agency designated in section 4-60i for the future use or development of property or other resources shall be submitted to the commissioner for his or her approval prior to implementation.

(d) Any plan of any agency designated in section 4-60i for revision of the health information technology plan shall be submitted to the commissioner for his or her approval prior to implementation. If such approval requires funding, after the commissioner has granted approval, the commissioner shall submit such revisions to the Secretary of the Office of Policy and Management.

(e) On or before January 1, 2015, and annually thereafter, the commissioner shall submit, in accordance with the provisions of section 11-4a, the state-wide health information technology plan, as revised in accordance with section 4-60i, to the joint standing committees of the General Assembly having cognizance of matters relating to human services, public health and appropriations and the budgets of state agencies

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Sec. 259. Sections 10a-203, 19a-402, 19a-750 to 19a-754, inclusive, and 27-138d of the general statutes are repealed. (*Effective July 1, 2014*)