DSS RESPONSE TO HIT ADVISORY COUNCIL QUESTIONS REGARDING THE MEDICAID HIT NODE

Roderick L. Bremby
Commissioner
10/18/2018

DSS Response to HIT Advisory Council Questions

Context Setting

- DSS
  - Agency Background
  - HIT Activity 2012-to present
- SIM Relationship
- HIT Advisory Council
- Specific Responses

DSS Response to HIT Advisory Council Questions

DSS in Context

- **Agency Background**
- **HIT Activity 2012-to present**

SIM Relationship

HIT Advisory Council Specific Responses

DSS - $8.2B (all funds) 1,986 member agency also serving as the single state Medicaid Agency **(42 CFR 431.10).**

We serve over 1M unduplicated CT residents, Including over 800,000 Medicaid members.

- Three major transformations concurrently underway:
  - Medicaid
  - Eligibility and Enrollment Modernization
  - Integrated Services Platform

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DSS in Context

- **Agency Background**
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SIM Relationship

HIT Advisory Council Specific Responses

See. P.5 Executive Summary of HIT IAPDu

Medicaid – containing costs

E&E – APT at record levels

Integrated Services - underway

Key Technology Projects:

ImpaCT	$200M
CT-METS	$415M
Shared Services	$125M
Child Support and Enforcement	$ 65M
Medicaid HIE Node	$ 1M

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DSS Response to HIT Advisory Council Questions

DSS in Context

- **Agency Background**
- **HIT Activity 2012-to present**

SIM Relationship

HIT Advisory Council Specific Responses

07/2014 – PA 14-217 DSS responsible for statewide HIT plan development.

12/2014 - $45M SIM grant award OHA

07/2015 – PA 15-146 DSS authorized to develop statewide HIE

08/2015 – DSS releases HIT Governance Plan (PA 14-217)

08/2015 – First HIT AC Mtg. held

01/2016 – HIE Plan submitted to OPM Secretary for approval

06/2016 – SIM HIT Council dissolved

07/2016 – HITO created, Council expanded

07/2016 – OPM Secretary approves implementation of Provider Registry and Alert Notification System

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SIM Relationship

HIT Advisory Council Specific Responses

State Innovation Model (SIM) Relationship

- Developed and drafted HIT plan for the SIM Grant.
- Leverage existing DSS assets and existing State Medicaid HIT Plan (SMHP).
- Co-Chaired the SIM HIT Committee.
- Consensus of the HIT Committee was to not leverage key DSS asset to assess quality outcomes.

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HIT Advisory Council

Specific Responses

See. P.5 Executive Summary of HIT IAPDu

HIT Advisory Council

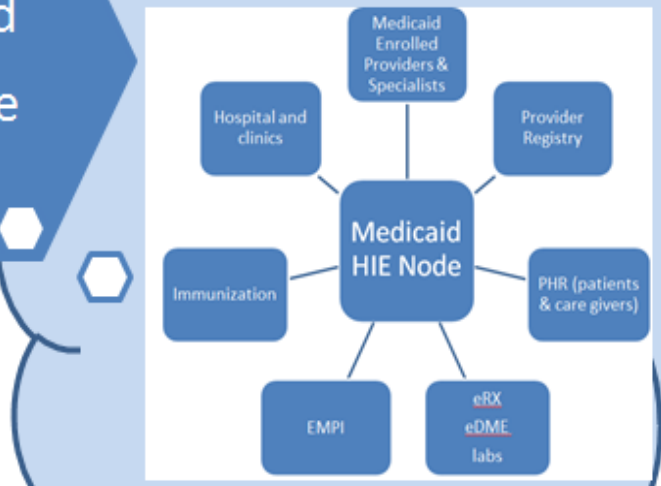
- Developed out of P.A. 16-77, and later P.A. 17-2
- Delivered required HIE plan
- DSS began implementing plan as approved by OPM Secretary
- Since 2013, DSS has been enhancing its Health IT capacity (first asset the HISP was operational April 2014) many months before the Statute was changed to create HITO.
- Council expanded to incorporate SIM HIT Council / Healthcare Cabinet interests
- HITO created to coordinate efforts

Network of Networks Framework

Common State-wide Service Utility

Medicaid HIE Node

CT HealthLink CSMS



DSS Response to HIT Advisory Council Questions

DSS in Context

- Agency Background
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SIM Relationship

HIT Advisory Council Origin

Specific Responses

Q-4

- DSS is committed to the development, implementation and sustainability of a statewide Health Information Exchange (HIE) for Connecticut.

- DSS will have a more active and engaged role in the HIT Council in support of our commitment to shared vision.

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HIT Advisory Council Origin

Specific Responses

Q-3

See. P.5 Executive Summary of HIT IAPDu

The DSS node constitutes all of the components of a health information exchange. A node developed in support of enhanced service outcomes for Medicaid members. No intent to market or deploy the node in competition to a statewide HIE.

The DSS node was developed with CMS funding. All components reside in the State Data Center, and can be leveraged by statewide HIE as appropriate.

DSS Response to HIT Advisory Council Questions

DSS in Context

- Agency Background
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SIM Relationship

HIT Advisory Council Origin

Specific Responses

Q-5

Q-6

- DSS intends to utilize the statewide HIE when it becomes available and is financially sustainable. For example, it is through the HIE utility that we intend to obtain Immunization Registry for Medicaid members rather than building a parallel registry.

- Most of the technology build was accomplished with 90% CMS/Medicaid funding. As the single state Medicaid agency, all requests for such funding must be requested by DSS on behalf of our partners.

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SIM Relationship

HIT Advisory Council Origin

Specific Responses

Q- 2.1

Q- 2.2

It is DSS's goal to minimize provider burden. All components are standards based. DSS will be able to communicate bi-directionally with the Statewide HIE or any other source of data

All of the assets discussed last month are hosted in the State Datacenter and are secure.

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Specific Responses

Q- 2.3

Q- 2.4

Q- 2.5

DSS welcomes the participation of the statewide HIE in the prioritization of future requirements. These efforts will have to cost allocated per federal rules.

We suggest the creation of a work group to address this concern, once a decision has been made about the detailed design of the statewide HIE as to which components of the DSS node will be leveraged for statewide HIE use cases.

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Specific Responses

Q-7

- DSS does not have a communication plan to engage the provider community. However, the Medicaid program maintains ongoing relationships with Medicaid consumers and the provider community through our Medical ASO – CHNCT, BH ASO – Beacon, Dental ASO – Benecare, and LTSS work - Allied.
- Further, MAPOC provides multi-stakeholder engagement and legislative oversight for the Medicaid program.

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Specific Responses

Q-8

Depending upon the use case, and the HIE component, some Community providers have begun using the technology.

The largest uptake of Project Notify is within the behavioral health sector.

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Specific Responses

Q-9.1

The HITECH Act required states to develop a State Medicaid HIT Plan (SMHP) as a pre-requisite to making EHR incentive programs. DSS created the original plan in 2011. As required by CMS we have been updating this plan annually. This planning effort is CMS funded and will end in 2021.

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Specific Responses

Q-9.2

Q-9.3

Q-9.4

The annual update of the SMHP is scheduled to be submitted before the end of the month for Council review and comment.

The SMHP addendum submitted to CMS jointly by DSS and the HITO on 5/10/18 addresses the intersection.

The DSS node is standards based and can consume data from other sources in many formats.

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Specific Responses

Q-9.2 – cont'd

The IAPD FFY2019-FFY2020 timeline is beginning in October as listed in the chart:

Task Name	Duration	Start	Finish
IAPD-U Comprehensive Update FFY 2019 & FFY 2020	**51 days**	**Mon 10/1/18**	**Mon 12/10/18**
IAPD Input from other agencies (DPH and HITO)	8 days	Mon 10/1/18	Wed 10/10/18
Develop Draft IAPD-U document	22 days	Thu 10/11/18	Fri 11/9/18
Submit Draft IAPD-U to DSS staff	1 day	Mon 11/12/18	Mon 11/12/18
DSS Review Draft IAPD-U	10 days	Mon 11/12/18	Fri 11/23/18
Incorporate DSS revisions to IAPD-U	5 days	Mon 11/26/18	Fri 11/30/18
HITO/Advisory Council Review	4 days	Mon 12/3/18	Thu 12/6/18
Review and Consider comments offered by HITO/Advisory Council	2 days	Fri 12/7/18	Mon 12/10/18
Submit IAPD-U FFY2019-FFY2020 to CMS	0 days	Mon 12/10/18	Mon 12/10/18

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SIM Relationship

HIT Advisory Council Origin

Specific Responses

Q-12.1

Q-12.2

Q-12.3

DSS node includes data from our eligibility system, which includes social data.