

# Health IT Advisory Council

January 17, 2019



# Agenda

<b>Agenda Item</b>	<b>Time</b>
<b>Welcome and Call to Order</b>	1:00 pm
<b>Public Comment</b>	1:05pm
<b>Review and Approval of Minutes - October 18 and November 15, 2018</b>	1:10pm
<b>Acknowledgements</b>	1:15 PM
<b>SMHP and IAPD Overview - Department of Social Services</b>	1:20 PM
<b>IAPD Appendix D Overview - Office of Health Strategy</b>	2:20 PM
<b>Support Act: Highlights of the 2018 Opioid Legislation</b>	2:40 PM
<b>Consent Design Group</b>	2:50 PM
<b>Wrap-up and Meeting Adjournment</b>	3:00 PM

# Welcome and Call to Order

# Public Comment

(2 minutes per commenter)

# Review and Approval of:

October 18 and November 15, 2018 Meeting Minutes

# Acknowledgments



# SMHP & IAPD Overview

*Department of Social Services*



## Department of Social Services

Presented by: Sandeep Kapoor  
HIT Advisory Council Meeting  
January 17, 2019





## State Medicaid Health Information Technology Plan (SMHP) and Implementation Advance Planning Document (IAPD) Update

### Agenda

1. Agenda Overview
2. Policy Context
3. Funding Requirements
4. Connecticut SMHP Content
5. Connecticut IAPD Content
6. CT DPH Immunization Registry (IIS)
7. Financial Context
8. Funding: History and New Request
9. Future Considerations

## **Policy Context: Promoting Interoperability**

### **Health Information Technology for Economic and Clinical Health (HITECH) Act**

- enacted as part of the American Recovery and Reinvestment Act of 2009
- promotes the adoption and meaningful use of health information technology

#### **HITECH provides enhanced FFP for:**

- incentive payments to Medicaid providers for adopting, implementing, or upgrading certified EHR technology or for meaningful use of such technology;
- administration of incentive payments; and
- encouraging the adoption of certified EHR technology to promote health care quality and the exchange of health care information.



## Key Point

90/10 funding supports activities that **assist Medicaid providers in the adoption and meaningful use of certified EHR technology (Promoting Interoperability).**



## Connecticut EHR Incentive Payments to Date

### As of September 2018:

- over \$78 million to 2,794 Connecticut providers
- over \$45 million to 29 Connecticut hospitals

***Over \$123 million for Connecticut Medicaid providers!***



## Funding Requirements

To access the higher FFP for HITECH funding, States must obtain prior approval of:

- Funding requests called Advance Planning Documents (APD)
- Acquisition solicitation documents and any contracts needed to implement 90/10 activities
- Contract amendments
- State Medicaid HIT Plan (SMHP)



## State Medicaid HIT Plan (SMHP)

SMHPs provide State Medicaid Agencies (SMA) and CMS with a common understanding of the activities the SMA will be engaged in over the next 5 years relative to implementing provisions of the HITECH Act.

CMS expects to receive annual updates as well as as-needed updates to keep them informed of the SMHP as it evolves and the State's ability to meet their targets.

The initial CT SMHP was submitted to CMS in November 2010 and is being updated now.

The current iteration of SMHP continues ongoing DSS activities including renewed collaborative efforts with the statewide HIE.



## SMHP Overview

- SMHP Section A: “As Is” HIT Landscape
- SMHP Section B: “To Be” HIT Landscape
- SMHP Section C: Activities Necessary to Administer and Oversee the Promoting Interoperability Program
- SMHP Section D: The State’s Audit Strategy
- SMHP Section E: The State’s HIT Roadmap

## CT SMHP Section A: “As Is” HIT Landscape

- Since 2011, DSS has implemented tools and technology to support Connecticut Medicaid providers in meeting Meaningful Use/Promoting Interoperability requirements.
  - CT joined MAPIR multistate collaborative for MU/PI reporting.
- As a result, Connecticut Medicaid providers have received over \$110 million in incentive payments.
- In 2017, collaborative efforts got underway between DSS and OHS/HITO to align strategic efforts for HIT activities.





## CT SMHP Section B: “To Be” HIT Landscape

**Connecticut’s SMHP describes activities over the next 5 years including:**

- CT Department of Social Service’s Health IT Vision, Goals, and Objectives
- CT Statewide HIE Goals



## CT Department of Social Services Health IT Vision:

- Empower individuals and those that provide health resources to achieve better health outcomes through improved access to secure and private health information.
- Develop a Health IT framework based on shared values across state agencies.





Goal 1: Facilitate and accelerate the adoption of certified EHRs by eligible providers and advance Meaningful Use.

**Objective 1.1:** Continue successful participation by EPs/EHs in the Promoting Interoperability Program meeting Meaningful Use.

**Objective 1.2:** Continue to deliver education and outreach program aimed at providers and consumers designed to meet measures specified in the Promoting Interoperability Program.

**Objective 1.3:** Continue operationalizing MU Stages 2 and 3 within the MAPIR system, automated pre-payment review system, and post-payment auditing of eligible professionals and hospitals through December 2021 (pre-payment review) and December 2022 (post-payment audits).

**Objective 1.4:** Increase time efficiency from the time of attestation submitted to payment authorized via the automated attestation pre-payment review process.

Goal 2: Strengthen the Department's ability to deliver person-centered, evidence-based healthcare by integrating health information technologies.

**Objective 2.1:** Continue implementation efforts to further compliance with State law and the advancement of Direct Messaging to the Medicaid provider community through the Direct Messaging of Electronic of Medical Equipment Devices and Supplies (MEDS) project.

**Objective 2.2:** Ongoing development and enhancement of the Medicaid Enterprise Provider Registry Program to conform with SMD letter issued in July 2018.

**Objective 2.3:** Support automated real-time alerting to inform Medicaid providers of specific care events for their patients through the continued outreach, design, development, and implementation of the Medicaid Provider Admit, Discharge, Transfer (ADT) Notification System Program.

**Objective 2.4:** Demonstrate the use of a Personal Health Record (PHR) to community-based long-term services and supports for recipients and subsequently expand and enhance the use of the PHR beyond community based long term services and supports to additional Medicaid recipients.

## Goal 3: Enhance health outcomes by utilizing eCQMs for Medicaid and Department Programs

**Objective 3.1:** Establish and implement an innovative Business Intelligence and Shared Analytics (BISA) solution to capitalize on the exponential growth in the availability of clinical data made possible by the increased adoption of EHR systems by providers and pursue a data driven approach to improve outcomes.



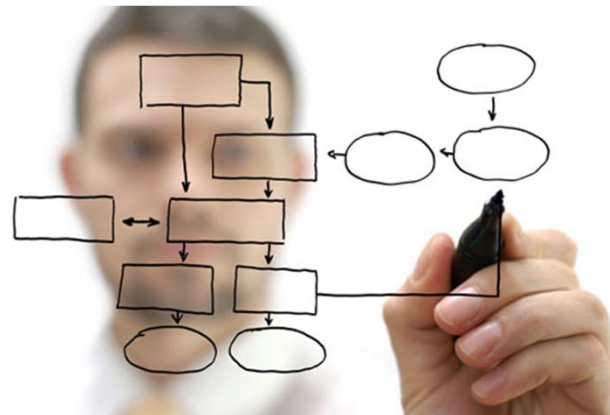
## CT SMHP Sections C and D

### CT SMHP Section C: Activities Necessary to Administer and Oversee the Promoting Interoperability Program

- provider eligibility, verifications, patient volume calculations, etc.

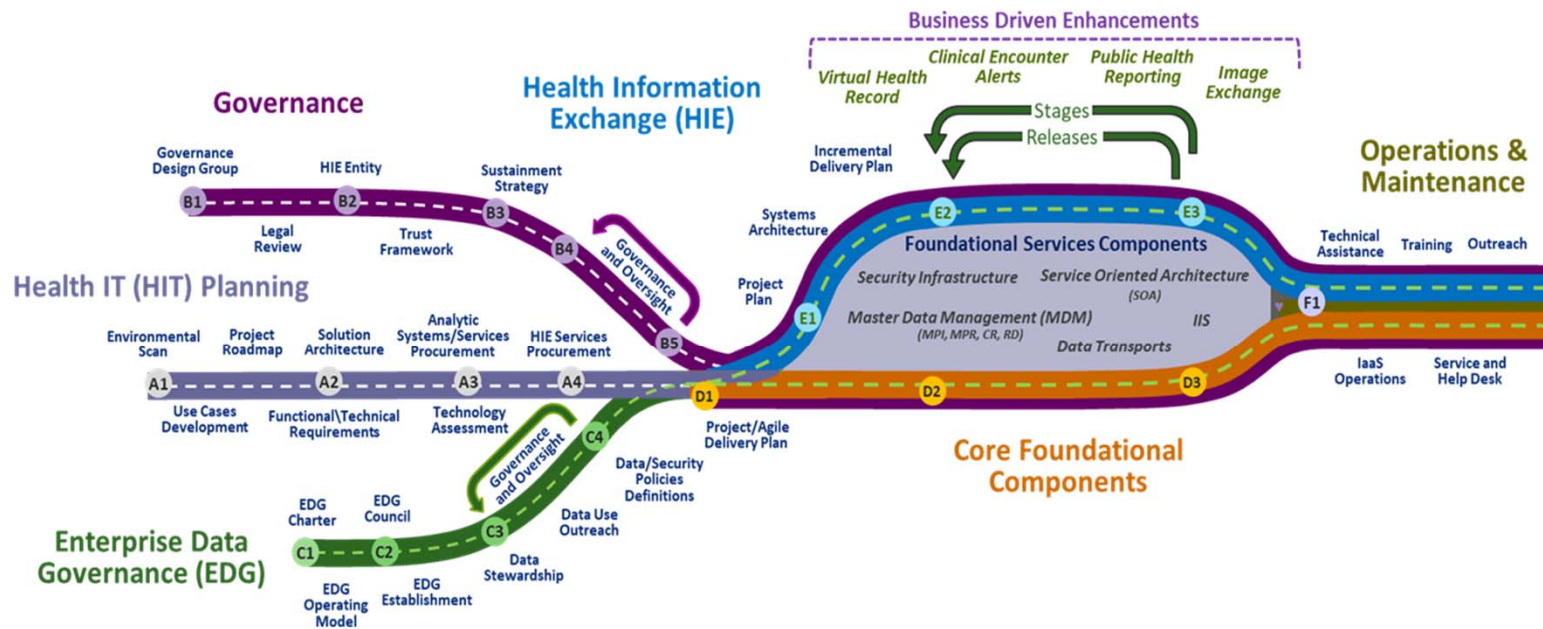
### CT SMHP Section D: The State's Audit Strategy

- pre-payment verification and post-payment audits





## CT SMHP Section E: The State's HIT Roadmap





## Health Information Technology Implementation Advance Planning Document (HIT IAPD)

The purpose of IAPD Updates is to obtain prior approval from CMS for additional funding for the activities planned and the FFP requested to continue to implement and administer the activities described in the SMHP.

States must submit IAPD Updates no later than 12 months from the date of the last CMS approved IAPD.







## SMHP/IAPD Recap

- SMHP is vision.
- IAPD is funding document to request resources needed to execute what is in SMHP.
- If SMHP is current, then IAPD can be streamlined.



## Connecticut's IAPD Update

### **Continued funding is requested for ongoing activities related to the DSS Health IT Visions, Goals, and Objectives:**

- ✓ Administration of the Medicaid Promoting Interoperability (PI) Program, including
  - provider outreach;
  - attestation system changes for program years 2019 and 2020; and
  - pre-payment validation and post payment audits.
- ✓ Continue the MEDS Project: The Secure Transport of Electronic Prescriptions of Medicaid Equipment and Supplies (MED).
- ✓ Continue Project Notify: the Medicaid Admit, Discharge, Transfer Notification System.

## Connecticut's IAPD Update (continued)

- ✓ Continue the Provider Registry.
- ✓ Continue the Zato Health Interoperability Platform for submission of MU/PI required data.
- ✓ Expand the use of Personal Health Records to all Medicaid recipients.
- ✓ Continue Design, Development, and Implementation (DDI) of Business Intelligence and Shared Analytics Solution.
- ✓ Connect the Medicaid Node with other operational HIEs in Connecticut.
- ✓ Continue DDI for DPH IIS - this is in Appendix D.

## CT DPH Immunization Registry (IIS)

### **IAPD Update: Appendix D activities for DPH IIS:**

- Provider outreach and onboarding
- Preparation for Stage 3 MU/PI
- Continued participation in planning activities such as statewide HIE

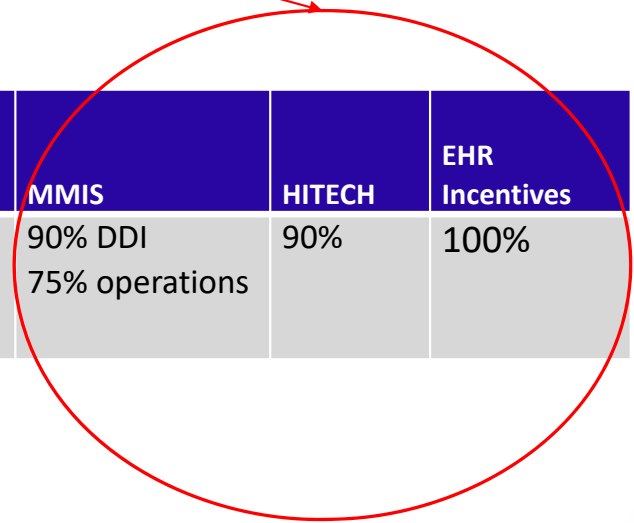
**Procurement and approval delays have shifted timeline and require funding changes.**





## Financial Context

CMS Federal Financial Participation (FFP) varies by Medicaid activity.  
Highest FFP is for HIT activities.



	General Medicaid Administration	Select Administrative Activities	Services (CT specific)	MMIS	HITECH	EHR Incentives
FFP	50%	75-100%	50%	90% DDI 75% operations	90%	100%



## HITECH in CT: History of Approved Funding

HITECH in Connecticut: Approved Funding History					
Approval Date	Funding Period	HIT	MMIS	HIE	Total
5/11/2010	5/11/10-10/7/11	\$566,000	\$205,719	-	\$771,719
11/15/2010	10/1/10-12/31/11	-	\$299,607	-	\$299,607
3/20/2011	10/1/2010-9/30/12	\$2,545,131	-	\$205,719	\$2,750,850
12/21/2011	10/1/10-12/31/11	\$297,690	-	-	\$297,690
4/30/2013	10/1/12-9/30/15	\$5,396,494	\$1,138,097	-	\$6,534,591
11/6/2014	10/1/14-9/30/16	\$8,651,189	\$1,022,900	\$753,076	\$10,427,165
2/18/2016	10/1/15-9/30/17	\$8,630,800	\$1,335,900	\$5,470,827	\$15,437,527
5/4/2017	10/1/16-9/30/17	\$4,394,268	\$695,701	\$1,624,318	\$6,714,287
9/5/2018	10/1/17-9/30/19	\$15,288,641	\$1,032,976	\$19,247,972	\$35,569,589

*HITO funding begins*



## DSS IAPD Request *DRAFT*

FFY 2019 (approved and revised) and FFY 2020 (new request)

FFY 2019	FFY 2019	FFY 2020	FFY 19 & 20
Previously Approved	Revised Request	New Request	Total
\$8,779,422	\$8,095,207	\$6,682,982	\$14,778,190



**Total IAPD Request *DRAFT***

FFY 2019 (approved and revised) and FFY 2020 (new request)

	FFY 2019	FFY 2019	FFY 2020	FFY 19 & 20
	Previously Approved	Revised Request	New Request	Total
<b>DSS</b>	8,779,422.00	8,095,207.00	6,682,982.00	14,778,190.00
<b>MMIS</b>	516,489.00	492,206.00	492,206.00	984,412.00
<b>HIE</b>	14,985,050.00	25,026,976.92	28,086,158.98	53,113,135.80
<b>DPH/IIS</b>	494,622.00	1,306,073.00	1,693,927.00	3,000,000.00
<b>Total Request</b>	<b>24,775,583.00</b>	<b>34,920,462.92</b>	<b>36,955,273.98</b>	<b>71,875,737.80</b>



## Future Considerations for “To Be” Activities and Funding

### PI Program closeout for 2021

- How will current HIT efforts be sustained?

### Medicaid IT System Architecture and Interface

- Transition to Medicaid IT modularity



# *Discussion / Q&A*

# IAPD Appendix D Overview

*Office of Health Strategy*

# IAPD Appendix D – Overview

- This IAPD represents a significant increase in the overall funding request (as opposed to past submissions) to support a range of activities, including:
  - Continuation of previously approved FFY 2019 activities
  - Broad technical assistance and onboarding support and connection to Medicaid HIE Node
  - Unique process for developing and implementing use cases (Use Case Factory Model)
  - Planning and development of other priority use cases and initiatives

Approval Date	Title	Funding Period	Related to HIE	
			Total	FFP
5/4/2017	APD-U (update)	10/1/2016 – 9/30/2017	\$1,624,318	\$1,461,886
10/4/2017	APD-U (update)	10/1/2017 – 9/30/2018	\$4,972,990	\$4,475,691
11/1/2017	APD-U (update)	10/1/2017 – 9/30/2019	\$7,077,960	\$6,370,164
9/5/2018	APD-U (update)	10/1/2018 – 9/30/2019	\$19,247,972	\$17,323,175
Not Yet Submitted	APD-U (update)	10/1/2018 – 9/30/2020	\$55,218,106	\$49,696,295

# Continuation of Previously Approved Activities

Category	Vendor	FFY 2019	FFY 2020	Description of Services
Clinical Advisory	UConn Health	\$559,274	\$559,833	Clinical informatics expertise, clinical research, SME support
Development of HIE Entity / Gov. Framework	HIE Entity	\$1,500,000	\$500,000	Aid in the establishment of the HIE Board, committees, trust framework and agreements, and policies and procedures
Consultants – HIE Portfolio	Velatura	\$1,658,311	\$1,086,522	Portfolio management of HIE projects/services, SME support, HIE services implementation and development of sustainability model
Consultants – HIT Portfolio	CedarBridge	\$999,979	\$999,979	Portfolio management for HIT projects, SME support, stakeholder engagement, facilitation, proposal development
Project Managers	Covendis	\$288,000	\$288,000	Staff augmentation – PMs, analysts, business/technical support
<b>Technology &amp; Implementation</b>				
Core Infrastructure	HIE Entity	\$2,400,000	\$2,300,000	Implementation of core infrastructure / services, including hardware, security components and access controls, data interface connections, and hosting services. Following the implementation of core infrastructure, the design, implementation, testing, and training of HIE core services will be delivered. Core services will focus on the installing and configuring HIE componentry, including enhancements, transformation, alignment of data, management and auditing, technical assistance, and deployment to existing EHRs via standard protocols.
HIE Core Services	HIE Entity	\$2,600,000	\$2,600,000	
HIE Core Service(s) Enhancements	HIE Entity	\$1,000,000	\$1,000,000	
HIE Services Components (Enhance/Implement)	HIE Entity	\$1,170,000	\$1,170,000	
<b>Service Contractors</b>				
Outreach and Onboarding	OHS - TBD	\$900,000	---	Technical assistance to support initial use case pilots and to provide statewide outreach education, and training on HIE / analytic services

## New Funding – Technical Assistance and Connection to Medicaid HIE Node

- Technical Assistance & Connectivity (TA&C) Program modeled after New Jersey’s deliverable-based approach for providing direct technical assistance and onboarding support to catalyze effective data sharing and adoption of trust framework
- TA&C Program funding will be used for the following purposes:
  - Provide temporary capacity to OHS and the HIE Entity to administer TA&C Program
  - Offset initial cost of connections for participants (qualified HIE node or through statewide HIE)
  - Support the connection of qualified HIE nodes to the HIE Entity to ensure statewide connectivity and data availability
  - Provide support to participants, including education, TA, training, and outreach / communication support
  - Reduce provider burden by providing integrated information access and by streamlining clinical and administrative workflows
  - Develop an audit program within OHS to ensure funds are distributed effectively and used responsibly by participants
- TA&C Program available to a wide range of healthcare providers and organizations, including qualified HIE nodes, CSMS, acute care and specialty hospitals, ACOs, FQHCs, behavioral health and LTPAC, EMT, and other Medicaid providers.

Category	Vendor	FFY 2019	FFY 2020	Description of Services
Technical Assistance and Connectivity Program	HIE Entity	\$6,150,000	\$11,425,000	HIE Entity will develop and administer the Technical Assistance and Connectivity Program by off-setting the initial cost of connection with a qualified HIE node and provide technical and onboarding assistance
Medicaid Node Connection to the Statewide HIE	DSS	\$250,000	---	DSS has determined funding needed to connect the Medicaid HIE node to the statewide HIE. <b>Note:</b> funding amount may be revised based on the design put forth by the HIE through a future IAPD-U.

## New Funding – Other Initiatives

- New funding has been requested to support other prioritized use cases and initiatives, as outlined in the table below.
- Use Case Factory Model (UCFM) is a sociotechnical construct that enables prioritized and systematic data sharing among stakeholders aligned with the plan, design, and implementation process.
- UCFM includes an agile stage-gate methodology that allows all stakeholders to contribute conceptual ideas into a process that refines concepts against the technical, regulatory, financial, and organizational constraints and evaluates the magnitude of the value proposition.

Category	Vendor	FFY 2019	FFY 2020	Description of Services
Establish Use Case Factory Model	HIE Entity	\$300,000	\$1,000,000	Plan, design, develop, and establish the Use Case Factory Model to allow for high-value data sharing efforts to be prioritized and the technology demonstrated to ensure progression toward adoption in FFY 2020.
Statewide Medication Management Services (SMMS) – Planning & Design	OHS - TBD	\$100,000	\$150,000	Provide SME to facilitate the planning and development of the SMMS, including facilitation of design groups, development of business / technical requirements to support the use case, workflow mapping, and additional stakeholder engagement and outreach to support implementation.
Establish a Statewide Electronic Consent Management Service	HIE Entity	\$300,000	\$900,000	Plan, design, and develop a statewide electronic consent management service (eCMS) use case, integrate the eCMS with core services, develop wireframe, and support organizations to pilot the service.
eConsult and eReferrals Use Case	HIE Entity	\$100,000	\$150,000	Plan, design, and develop an eConsult and eReferrals use case and integrate with core services.
Auditing Function	OHS - TBD	\$184,500	\$342,750	Provide required audit functions to support the Technical Assistance & Connectivity Program.

# *Discussion / Q&A*



# **SUPPORT ACT: Highlights of the 2018 Opioid Legislation**

# HR 6 Sec. 5042 – New Opportunity for HIT

## HIT Implications of Sec. 5042

- **Support Act HR 6 Sec. 5042 provides for expansion of capabilities and use of Prescription Drug Monitoring Programs (PDMP's):**
  - Requires covered providers must check PDMP's before prescribing controlled substances
    - Anticipate rules favoring use of HIE's and medication reconciliation solutions for this purpose (rules in OMB)
  - Requires electronic access to State PDMP's by Medicaid
  - Provides 100% Federal funding to facilitate compliance
    - States must have data sharing and access for providers for all contiguous states to qualify for funding
- **HIT PMO convening relevant agencies to determine priorities:**
  - Includes DCP, DSS, DHMAS, DOC, OPM, DPH
- **CT uniquely positioned to respond:**
  - Med Rec Advisory Group already focused on the issues
  - HIT architectures and existing IAPD funding creating pathways for data sharing
- **Next steps:**
  - HITO to convene relevant agencies to develop priorities and common objectives
  - Awaiting release of implementation rules from OMB regarding funding proposal process

# Consent Design Group

# Consent Design Group – Overview & Solicitation

- Initial planning and preparations are underway at OHS for a Consent Design Group, modeled after previous Advisory Council Design Groups
- Focused broadly on consent-related issues, with the goal of producing formal recommendations for Advisory Council consideration and adoption by HIE Entity
- Target launch date in March or April 2019
- 5 or 6 webinar-based meetings, facilitated by CedarBridge Group
- **Soliciting volunteers, or recommended participants, from the Advisory Council**

# Wrap up and Next Steps

# Additional Activities

- **Statewide Health IT Plan Design Group**
  - January 14 and 28
- **Medication Reconciliation Work Group Activities**
  - Formation of sub-committees
  - Upcoming Event: Medication Reconciliation FHIR Workshop & Hackathon (Spring 2019)
  - Next Work Group Meeting – week of Feb 18th
- **Consent Design Group**
- **Convening the APCD Privacy Committee**
  - Advising the APCD Advisory Group and the HITO on guiding principles for data release necessary for the regulatory process

# Next Steps

- At the February 21<sup>st</sup> Health IT Advisory Council Meeting, updates will be provided on:
  - Medication Reconciliation & Polypharmacy Work Group
  - eCQM Model Activities
  - Health Equity Data Analytics
  - Immunization Information System
  - All Payer Claims Database

# Contact Information

## Health Information Technology Division

Allan Hackney, [Allan.Hackney@ct.gov](mailto:Allan.Hackney@ct.gov)

Sarju Shah, [Sarju.Shah@ct.gov](mailto:Sarju.Shah@ct.gov)

General E-Mail, [HITO@ct.gov](mailto:HITO@ct.gov)

## Health IT Advisory Council Website:

<https://portal.ct.gov/OHS/HIT-Work-Groups/Health-IT-Advisory-Council>