

Health IT Advisory Council

February 20, 2020



Agenda

Agenda Item	Time
Welcome and Call to Order	1:00 pm
Public Comment	1:05 pm
Review and Approval of Minutes – January 16, 2020	1:10 pm
Update on Health Information Alliance, Inc.	1:25 pm
Update on All-Payer Claims Database Advisory Group	1:50 pm
Announcements and General Discussion	2:30 pm
Wrap up and Meeting Adjournment	3:00 pm

Welcome and Call to Order

Public Comment

(2 minutes per commenter)

Review and Approval of:

January 16, 2020 Meeting Minutes

Update on Health Information Alliance, Inc.

Allan Hackney

Seed Money Contract

- ❑ Seed Money Contract provides three months run rate while main OHS/HIA contract is negotiated:
 - \$420K; expires Sep 30, 2020
 - Oriented to establishing basic business operations

- ❑ Key components:
 - Contracted resources (\$168K)
 - HIE Deployment Mgr, Project Mgt, Interface Analyst
 - Occupancy (\$16K)
 - Marketing and communications (45K)
 - Legal services (\$17K)
 - Accounting, banking, payroll (\$36)
 - HR recruiting (\$46K)
 - IT infrastructure (\$30K)
 - Insurance (\$26K)
 - Contingency (\$36K)

IAPD Reconciliation

- ❑ CMS aggregated FFY19 and FFY20 requested amounts in Oct 2019 approval:
 - Requires recasting spend; will need to submit IAPD-U during Spring 2020

- ❑ Draft adjustments created to be basis of OHS/HIA contract:
 - Will be subject to DSS and OHS approvals

- ❑ Basis of adjustments:
 - Contracts and MoA's reflect actual current amendments
 - TA Program reflects 15/70/15 milestone payment approach
 - Target OHS incubation contract shifts to HIA:
 - UConn AIMS – Jul 2020
 - Velatura – Oct 2020
 - Outreach and Use Case Factory adjusted to reflect timing
 - All others reflect original FFY19-20 estimates

IAPD Reconciliation

Expense Categories	FFY20 Forecast				Description
	HIE	Incubation	OHS	Total	
Staff			\$608,088	\$608,088	OHS staff to administer HIT activities for the State
Travel			\$13,000	\$13,000	Travel for OHS staff
HW/SW			\$3,000	\$3,000	Tools for OHS staff
Supplies			\$5,000	\$5,000	Supplies for OHS staff
UConn Health			\$707,818	\$707,818	Medical advisory; advanced use case planning; data quality
Trust Framework	\$970,547			\$970,547	Legal services; HIE staff related to legal onboarding
Velatura		\$2,165,378		\$2,165,378	HIE deployment services and consulting (cutover to HIE contract 10/1/2020)
CedarBridge			\$1,337,115	\$1,337,115	OHS HIT advisory; advisory boards; special projects
Covendis			\$288,000	\$288,000	OHS staff augmentation
Tech - Infrastructure	\$600,000	\$1,800,000		\$2,400,000	CDAS infrastructure (assume cutover to HIE contract 7/1/2020)
Tech - Implementation	\$650,000	\$1,950,000		\$2,600,000	CDAS core development (assume cutover to HIE contract 7/1/2020)
Tech - Enhancements	\$250,000	\$750,000		\$1,000,000	CDAS enhancements from new use cases (assume cutover to HIE contract 7/1/2020)
Tech - Components	\$292,500	\$877,500		\$1,170,000	CDAS software components (assume cutover to HIE contract 7/1/2020)
Outreach	\$476,920			\$476,920	HIE training, web site, consumer and provider engagement; convenings
Use Case Factory	\$433,000			\$433,000	Repetitive process for introducing new use cases
Med Rec Planning			\$100,000	\$100,000	Planning resources for Med Rec & Polypharmacy cmte.; use case proposals
eConsent	\$300,000			\$300,000	Resources to plan and develop an electronic consent solution for patients
eReferrals	\$100,000			\$100,000	Planning resources to develop a telehealth referral capability
New Projects TBD				\$0	
Technical Assistance	\$6,953,250			\$6,953,250	Technical assistance - passthrough to orgs to offset connection expense
Medicaid Connections	\$250,000			\$250,000	Resources to connect DSS systems to HIE
Auditing			\$184,500	\$184,500	OHS auditing resources
Interface Engine	\$352,562			\$352,562	Interface engine
Interface Integrator	\$367,000			\$367,000	Interface engine integrator resources
Approved but not allocated				\$0	
Subtotal	\$11,995,779	\$7,542,878	\$3,246,521	\$22,785,178	
Indirect			\$60,809	\$60,809	Indirect on OHS staff
Total	\$11,995,779	\$7,542,878	\$3,307,330	\$22,845,987	

Original FFY19-20 IAPD Alloc.	\$9,670,660	\$9,092,301	\$3,874,688	\$22,637,649
V\$ Forecasted:Orig	\$2,325,119	(\$1,549,423)	(\$567,358)	\$208,338

Technical Assistance

❑ Purpose:

- Improve the ability for Medicaid providers to connect with each other to easily and securely share digital health information and meet MU/PI objectives
- Assist Medicaid providers in successfully onboarding to the network by offsetting connection costs
- Support eligible organizations in Connecticut with outreach and technical assistance support for onboarding their provider and hospital participants

❑ Application of 15/70/15 milestone payment approach:

- Achieved board desire to match main payment to incurred expense
- Required assumption adjustment to remain within amount approved

❑ Adjustments recommended by the HIA Board:

- Reduce hospital connections – known to be overestimated
- Reduce mid- and small- physician connections – believe will be challenged to reach magnitudes projected within compressed HITECH time frame
- Increased HIE connections – known demand for PR, another NY
- Residual to core TA service line

Program Construction

- ❑ Based off the New Jersey model that is a milestones-based approach
- ❑ Milestones Summary:
 - Legally Connect
 - Technically Connect
 - Data Sharing (Execute Another Use Case)
- ❑ Milestone funding levels are at 15%/70%/15%
- ❑ Priorities:
 - Organization must be a Medicaid provider
 - Focus on organizations required by statute (e.g., hospitals, labs)
 - Focus on technical readiness and organizational desire
- ❑ Considerations:
 - HITECH Act funding ends Sep 2021
 - Building scale quickly to increase HIE value

Milestone 1: Legally Connect

1. Legally connect to HIA, Inc.
 - Execute SDSOA or QDSOA*
 - Execute Technical Assistance SOW

Once all boxes are checked, the participants will receive Milestone 1 payment

* Joins HIA, Inc.'s Operations Advisory Committee

Milestone 2: Technically Connect

1. Legally connect to a Use Case Exhibit:
 - Execute a Use Case Exhibit

2. Declare HIPAA Relationship(s):
 - Send Bulk Data files (Empanelment Push)

3. Technically connect to HIA, Inc.:
 - Configure data interfaces
 - Test interface
 - Exchange with test data

4. Participate in one Production Use Case*:
 - Production Use Case could be:
 - ✓ Clinical Care Summary Push & Pull (C-CDAs)
 - ✓ Send & receive Admission, Discharge & Transfer (ADTs)

Once all boxes are checked the participants will receive Milestone 2 payment.

*New Use Cases may be added in the future.

Milestone 3: Legally and Technically Participate in a Second Use Case

1. Legally connect via another Use Case Exhibit:
 - Execute an additional Use Case Exhibit

2. Technically connect to HIA, Inc. through another Use Case:
 - Configure data interfaces
 - Test interface
 - Exchange with test data

3. Participate in another Production Use Case Exhibit:
 - Another Production Use Case could be:
 - ✓ Clinical Care Summary Push & Pull (C-CDAs)
 - ✓ Send and receive Admission, Discharge & Transfer (ADTs)
 - ✓ Receive Q&UM (Quality & Utilization Measures) Report (QRDA-3)

Once all boxes are checked the participants will receive Milestone 3 payment

Proposed TA Funding Levels

Draft HIE Technical Assistance Program 15/70/15 Milestone Payment Methodology											
Onboarding Domain	Cost Breakdown	New FFY20			New FFY21			New Combined FFY20-21			Comments
		Connections	Amount per Connection	Total FFY21	Connections	Amount per Connection	Total FFY21	Connections	Amount per Connection	Total FFY20-21	
HIE Core Funding				\$1,500,000			\$1,649,000			\$3,149,000	Resources for HIE to manage program and obtain integration partner services
Direct Funding - Acute and specialty hospitals	Milestone 1	19	\$11,250	\$213,750	14	\$11,250	\$157,500	33	\$11,250	\$371,250	\$75K per CHA
	Milestone 2	5	\$52,500	\$262,500	28	\$52,500	\$1,470,000	33	\$52,500	\$1,732,500	
	Milestone 3	0	\$11,250	\$0	29	\$11,250	\$326,250	29	\$11,250	\$326,250	
Direct funding - Other HIE's	Milestone 1	5	\$11,250	\$56,250	2	\$11,250	\$22,500	7	\$11,250	\$78,750	\$75K/network; target CSMS, MA, RI, NY (1), PR, +2 more
	Milestone 2	5	\$52,500	\$262,500	2	\$52,500	\$105,000	7	\$52,500	\$367,500	
	Milestone 3	0	\$11,250	\$0	7	\$11,250	\$78,750	7	\$11,250	\$78,750	
Direct funding - Large physician and clinician groups (11+ FTE)	Milestone 1	45	\$3,750	\$168,750	45	\$3,750	\$168,750	90	\$3,750	\$337,500	\$25K per CSMS
	Milestone 2	45	\$17,500	\$787,500	45	\$17,500	\$787,500	90	\$17,500	\$1,575,000	
	Milestone 3	45	\$3,750	\$168,750	45	\$3,750	\$168,750	90	\$3,750	\$337,500	
Direct funding - Mid-size physician and clinician groups (6-10 FTE)	Milestone 1	66	\$3,000	\$198,000	160	\$3,000	\$480,000	226	\$3,000	\$678,000	\$20K per CSMS
	Milestone 2	66	\$14,000	\$924,000	160	\$14,000	\$2,240,000	226	\$14,000	\$3,164,000	
	Milestone 3	66	\$3,000	\$198,000	160	\$3,000	\$480,000	226	\$3,000	\$678,000	
Direct funding - Small physician and clinician groups (1-5 FTE)	Milestone 1	100	\$2,250	\$225,000	70	\$2,250	\$157,500	170	\$2,250	\$382,500	\$15K per CSMS
	Milestone 2	100	\$10,500	\$1,050,000	70	\$10,500	\$735,000	170	\$10,500	\$1,785,000	
	Milestone 3	60	\$2,250	\$135,000	70	\$2,250	\$157,500	130	\$2,250	\$292,500	
Direct funding - Behavioral health	Milestone 1	20	\$2,250	\$45,000	40	\$2,250	\$90,000	60	\$2,250	\$135,000	\$15K/connection; 215 CCNH and RHNS facilities, less 10 non-Medicaid
	Milestone 2	20	\$10,500	\$210,000	40	\$10,500	\$420,000	60	\$10,500	\$630,000	
	Milestone 3	0	\$2,250	\$0	0	\$2,250	\$0	0	\$2,250	\$0	
Direct funding - Other care giving orgs: LTPAC, SNF, DCF, DHMAS	Milestone 1	15	\$2,250	\$33,750	15	\$2,250	\$33,750	30	\$2,250	\$67,500	\$15K per LeadingAge
	Milestone 2	15	\$10,500	\$157,500	15	\$10,500	\$157,500	30	\$10,500	\$315,000	
	Milestone 3		\$2,250	\$0	10	\$2,250	\$22,500	10	\$2,250	\$22,500	
Direct funding - Labs, imaging, outpatient surgical, pharmacies	Milestone 1	28	\$2,250	\$63,000	56	\$2,250	\$126,000	84	\$2,250	\$189,000	\$15K/connection est.; DPH Lab plus 10% of 52 independent MRI; 38 independent CT Scan; 59 outpatient surgical; 626 ind. Pharmacies; 24 chain pharmacies; est. 30 labs)
	Milestone 2	28	\$10,500	\$294,000	56	\$10,500	\$588,000	84	\$10,500	\$882,000	
	Milestone 3		\$2,250	\$0	0	\$2,250	\$0	0	\$2,250	\$0	
Grand Total				\$6,953,250			\$10,621,750			\$17,575,000	

Over/(Under) Approved amount

\$0

SUPPORT Act

- ❑ SUPPORT Act funding of \$3.3M approved Feb. 5, 2020:
 - 100% Federal funds available through Sep 30, 2020
 - Tri-agency collaboration with OHS, DSS and DCP

- ❑ Main components:
 - EHR/PDMP use case (\$450K)
 - Appriss Health connections (\$1.5M)
 - Staff augmentation and consulting (\$483K)
 - Outreach and education (\$150K)
 - PULSE viability assessment (\$150K)
 - PDMP disaster recovery (\$250K)
 - State staff allocation (\$271K)

- ❑ CMS has not issued guidance if funds not expected by Sep 2020:
 - Likely approach is conversion to MMIS 90/10 funding
 - Almost all states in similar situation

Update on All-Payer Claims Advisory Group

Adrian Texidor, Patricia Checko, Allan Hackney

Data Submission Updates

- Updated commercial, Medicaid, and Medicare claims data is delivered to OHS on a quarterly basis.
- At this point in time, OHS has the claims data for the following periods:

Claims Source	Dates
Commercial	1/1/2012-09/30/2019
Medicaid	1/1/2012-9/30/2019
Medicare	1/1/2012-12/31/2017 (Medical), 1/1/2012-12/31/2015 (Pharmacy)

Submitter Status

CT APCD - Submitter Status Report

Last Updated: February, 11th 2020

Plan Name	Eligibility		Medical		Pharmacy		Provider	
	Start Date	End Date	Start Date	End Date	Start Date	End Date	Start Date	End Date
Aetna								
Aetna Health Insurance HMO FI	01/2012	12/2019	01/2012	12/2019	01/2012	12/2019	01/2012	12/2019
Aetna Health Insurance HMO on ACAS FI	01/2012	12/2019	01/2012	12/2019	01/2012	12/2019	N/A	N/A
Aetna Life Insurance Company Aetna Student Health	01/2012	12/2019	01/2012	12/2019	N/A	N/A	01/2012	12/2019
Aetna Life Insurance Company HMO Medicare	01/2012	12/2019	01/2012	12/2019	01/2012	12/2019	N/A	N/A
Aetna Life Insurance Company Traditional	01/2012	12/2019	01/2012	12/2019	01/2012	12/2019	01/2012	12/2019
Anthem								
	01/2012	12/2019	09/2019	12/2019	01/2012	12/2019	01/2012	12/2019
Caremark, LLC.								
	01/2012	12/2019	N/A	N/A	01/2012	09/2019	N/A	N/A
Cigna								
Cigna Health and Life Insurance Company, Inc. - West	01/2012	12/2019	01/2012	12/2019	01/2012	12/2019	01/2012	12/2019
Cigna Health and Life Insurance Company, Inc. - East	01/2012	12/2019	01/2012	12/2019	01/2012	12/2019	01/2012	12/2019
ConnectiCare								
ConnectiCare	01/2012	12/2019	01/2012	12/2019	01/2012	12/2019	01/2012	12/2019
ConnectiCare, Inc - Medicare Advantage	01/2012	12/2019	01/2012	12/2019	01/2012	12/2019	01/2012	12/2019
Express Scripts								
	01/2012	12/2019	N/A	N/A	01/2012	12/2019	N/A	N/A
First Health Life and Health Insurance Company								
	01/2012	12/2019	N/A	N/A	01/2012	12/2019	N/A	N/A
Harvard Pilgrim								
	01/2012	12/2019	01/2012	12/2019	01/2012	09/2019	01/2012	12/2019
HealthyCT								
	01/2014	12/2014	01/2014	12/2014	01/2014	12/2014	01/2014	12/2014
United Health Group								
eviCore (UHC - Oxford)	N/A	N/A	01/2015	11/2019	-	-	01/2012	11/2019
OptumHealth Care Solutions, Inc (Optum)	N/A	N/A	01/2012	12/2019	N/A	N/A	01/2012	12/2019
OrthoNet	N/A	N/A	01/2012	12/2019	N/A	N/A	N/A	N/A
Oxford Health Plans	01/2012	12/2019	01/2012	12/2019	01/2012	12/2019	01/2012	12/2019
UHC - Golden Rule	01/2012	12/2019	01/2012	12/2018	01/2012	12/2018	01/2012	12/2018
UnitedHealthcare Insurance - Medicare	01/2012	12/2019	01/2012	12/2019	01/2012	09/2019	01/2012	09/2019
UnitedHealthcare Insurance Company	01/2012	12/2019	01/2012	12/2019	01/2012	12/2019	01/2012	12/2019
WellCare Health Plans, Inc								
	01/2012	12/2019	01/2012	12/2019	N/A	N/A	01/2012	12/2019
Medicaid								
	01/2016	12/2019	01/2016	12/2019	01/2016	12/2019	01/2016	12/2019
Medicare								
	01/2012	12/2018	01/2012	12/2018	01/2012	12/2018	N/A	N/A

CMS and Medicaid Data Use Agreements

❑ *Medicaid*

- OHS and DSS are collaborating to renew the Memorandum of Agreement that allows OHS to receive Medicaid Data. The agreement expires on 2/28/20.

❑ *Medicare*

- CMS has approved OHS amendment to DUA #51613 The amended language allows OHS broad authority to use Medicare data for current in-flight projects and undefined future projects that align with OHS's mission and vision such as :
 - The Cost-Growth Benchmark,
 - Quality Benchmark,
 - and the Cost Estimator.
- OHS's obtained extended data use of Medicare data through April 2020.

Rand Hospital Price Transparency 3.0

- ❑ The hospital price transparency study is the third in an ongoing employer-led initiative to measure and publicly report the prices paid for hospital care at the hospital- and service-line level
 - to enable employers to be better-informed shoppers for health plans and provider networks;
 - to hold hospitals, hospital systems, and health plans accountable for the prices they have negotiated;
 - to report hospital prices relative to a Medicare benchmark.

- ❑ The Rand Corporation will utilize CT's APCD data sets in order to prepare a specific price report. This report will include summary price measures for each facilities within CT.
 - The claims data will include both professional and facility claims for all CT facilities.

- ❑ The final report will describe the patterns observed in the price data supplied by OHS, specify analytic methods, and provide key takeaways for policy makers and health-plan administrators.

Healthcare Affordability Standard

- ❑ This project's purpose is to develop metrics that can be used to gauge the minimums necessary to afford basic care in CT

- ❑ Phase one: ***Define the Real Costs to Consumers***
 - Define a Baseline for Healthcare Coverage Comparison
 - Conduct a Targeted Review of Existing Research/ Data on Healthcare Costs
 - Develop calculations of total cost of healthcare to individuals and families including out-of-pocket expenses and family share of premiums, stratified by risk and demographic factors.

- ❑ Phase Two: ***Build and Test CT Healthcare Affordability Standard Calculator***
 - Provide an interactive online tool to research affordability costs across the State

Healthcare Cost Estimator

- ❑ Updated data for every service and provider listed on the Healthscorect.com Cost Estimator
- ❑ Added X Ray procedure data to the Cost Estimator

APCD Data Release Activities

- Status of Applications
- User Survey
- Application Workgroup

Announcements and General Discussion

Allan Hackney, Council Members

Wrap up and Next Steps

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