

Public Sector Panel: Jessica Kahn, Technical Director for HIT (CMS)

1. What is your role in supporting meaningful use (MU) and quality reporting?

CMS crafted the NPRM on the EHR Incentive Program that proposed a definition for meaningful use, including reporting of clinical quality measures. I was a contributing author for the sections of the NPRM that deal with the Medicaid program and also the joint provisions covering meaningful use and quality measures, as the definition is proposed as a floor for both Medicare and Medicaid.

CMS will provide technical assistance and guidance to State Medicaid Agencies in the implementation of their EHR Incentive Programs that is multi-faceted:

- We will review their State Medicaid HIT Plans (SMHPs) and provide feedback/comments on how they plan to promote EHR adoption and HIE among eligible Medicaid providers (including IT systems projects such as interfaces as well as provision of technical assistance to eligible providers); how they plan to track providers' adopting, implementing and upgrading of certified EHR technology; how they will work with the initial incentive payment recipients to move them successfully from adoption to meaningful use; how they will track providers' meaningful use of certified EHR technology; plans for auditing and oversight to assure proper payments, etc.
- We will review State Medicaid Agencies' requests to revise the Meaningful Use floor definition. The NPRM states that CMS will entertain such requests from States but only within the parameters of what a certified EHR can do and only where it maintains the integrity of the floor definition.
- CMS will work with the RECs and the State Medicaid Agencies to assure no duplication of effort for TA to providers, and to facilitate the RECs' access to lists of eligible providers who may benefit from their TA.
- CMS will engage a contractor to assess the SMHPs for trends and determine where there are on-going TA needs. The Contractor will be engaged to develop materials, host webinars, regional or national meetings and other strategies to support State Medicaid Agencies' EHR Incentive Programs.
- CMS will examine States' requests for 90/10 Administrative funding to create, develop or enhance data repositories for the collection of meaningful use data, including clinical quality measures. Criteria for approval includes to what extent the repositories support the normalization of HIT/E as part of the overall Medicaid enterprise and can be integrated into the program long-term. For example, will the State's Medicaid Management Information System, which is a claims warehouse/engine, be used or interface with the repository? Will the repository also facilitate the submission and analysis of clinical quality measures by providers as is required under CHIPRA? How will the State utilize the data to support their overall programmatic priorities (e.g. payment reform/value-based purchasing, transparency, quality improvement and benchmarking, etc)?

- CMS will also be examining the tracking of meaningful use to determine if there are any Federal resources that can be used by States to verify particular MU objectives, such as for hospitals eligible for both incentive programs.
- CMS also has an outreach and communications strategy that will focus on the value-case for EHR adoption and meaningful use and will deploy its messaging to providers, national provider groups and other key stakeholders at the national, regional, and State levels, as appropriate. All such efforts will be coordinated with ONC and with the RECs to echo each others' messaging and avoid duplication of effort.

2. What resources, experience, expertise and innovative solutions do you have that could support both the public and private sectors?

- The Medicaid Transformation Grants that focused on HIT/EHRs have accumulated significant expertise and lessons learned around HIT promotion, HIE governance, privacy and security, beneficiary involvement, data management and return on investment. They are finalizing their projects through 3/31/2011, and will produce evaluation reports that include impact on healthcare costs and quality. Once submitted, they will be posted on the CMS website.
- The Multi-State Collaborative for e-Health, housed under the National Association for State Medicaid Directors (NASMD), is open to all State agencies, regardless of whether they had a grant or not. More can be learned at the following sites: <http://www.cms.hhs.gov/MedicaidTransGrants/> and http://www.nasmd.org/Home/home_news.asp.
- CMS is building a web repository on its website for resources on the EHR Incentive Programs. This will include white papers, templates, approved State Medicaid HIT Plans and links to other valuable Federal resources (such as those on the <http://healthit.ahrq.gov>, <http://healthit.hhs.gov> and <http://statehierresources.org> websites)