

HEALTH HOME (HH) HEALTH INFORMATION TECHNOLOGY (IT) QUESTIONS – 03/02/2020

The appropriate and effective use of health information technology (health IT) is an important component of a state's health home strategy. Accordingly, the state plan amendment (SPA) template includes a number of places where states may describe how they will incorporate health IT tools to achieve the objectives of their state's health home program. This document is intended to assist states as they plan and describe their health home strategy by identifying key questions around the use of health IT states can consider in developing their answers. CMS and the Office of the National Coordinator for Health IT (ONC) are available to discuss these issues in greater detail upon request.

1. **Health IT Adoption.** The SPA template section "Health Home Provider Requirements" (p. 3) specifies that health home providers should "demonstrate a capacity to use health information technology," and asks the state to describe both how it will support this activity and how it will incorporate this activity into the standards that health home providers must meet.

In completing this section, states should consider the following questions in describing how health IT requirements will be incorporated into standards for health home providers.

- a. Will the state require that eligible providers have successfully attested to the CMS Promoting Interoperability Programs? If so, will the state specify that those providers must have achieved at minimum a specific Stage of Meaningful Use (e.g. the current stage of MU for the current year as determined by CMS)?
- b. If the state does not require participation in the CMS Promoting Interoperability Programs will the state require that those providers adopt technology certified to a specific Edition of ONC certification criteria? More details about the ONC certification program are available at <https://www.healthit.gov/topic/certification-ehrs/about-onc-health-it-certification-program> Will the state require or encourage use of certified health IT for those providers not eligible for the Promoting Interoperability Programs, such as behavioral health (BH) and long-term services and supports (LTSS) providers?

2. Interoperability

- a. In what ways will the state require or encourage providers to use technology products that adhere to national interoperability standards?
- b. Which HL7 FHIR standard(s) is the state requiring/encouraging?
- c. Will the state incorporate standards based application programming interfaces (APIs) to share electronic health information

3. **Health Information Exchange Strategy.** Under the section "Health Home Services" (p. 6) states are asked to describe how health home providers will use health IT to support a range of care coordination services, including "Care Coordination and Health Promotion," "Comprehensive Transitional Care," and "Referral to Community and Social Supports." Electronic exchange of health information is a key way that health IT can help states succeed in these areas.

In completing this section, states should consider the following questions in describing how health IT will be used to link health home and other providers.

- a. Will the state require providers to use specific tools or a specific service such as a state or regional health information exchange or portal to facilitate the exchange of health information in support of care coordination and transitions of care?
- b. Will the state support and/or require the use of DIRECT secure messaging as a mechanism for exchanging health information when no other mechanisms are available to particular providers?

- c. Does the state have a strategy for ensuring BH, LTSS, human services/social support, and other providers that may not have an EHR have access to information supporting care transitions?
 - d. How is patient consent for providers to access this information being managed and tracked?
 - e. Additionally, states should review the health IT capabilities/functions included in the corresponding sections in Appendix A and consider which of these capabilities are available and relevant to their strategy.
 - f. How will the state ensure community based organizations adhere to HIPAA privacy rules for disclosing protected health information?
4. **Other Health IT Tools and Supports.** The “Health Home Services” section (p. 6) also asks states to describe how they will use health IT to support “Comprehensive Care Management,” and “Individual and Family Support Services.”
- a. In planning a health IT strategy included under these sections of the template, there are a wide variety of tools and approaches states may consider to promote success across health home providers. States should review the health IT capabilities/functions included in in the corresponding sections in Appendix A and consider which of these capabilities are available and relevant to their strategy.
5. **Electronic Quality Reporting and Measurement.** Under the “Monitoring Section” (p. 9) states are asked to describe how they will use health IT to support care coordination by providers.

States should consider the following questions in describing how they will use health IT to support monitoring and quality improvement activities:

- a. What options will providers have for electronically submitting required clinical quality measures to the state?
- b. Will the state seek to incorporate use of electronic clinical quality measures as part of the state’s health home quality and payment strategies?
- c. What system(s) does the state have that will support the aggregation and analysis of this data? More specifically, will the state establish an infrastructure of Health Information Technology components to support the capture, transformation, loading and analysis of clinical quality data such as:
 - 1. Identity management, including Master Person Index
 - 2. Provider Directory
 - 3. eCQM registries or data warehouses
 - 4. Technology to support privacy, security, and consent management

APPENDIX A: List of Functions/Capabilities

This attachment provides states with a list of health IT functions/capabilities a state can incorporate into the health IT strategy described in the health home SPA template. This attachment is intended to assist states in assessing gaps and future needs. CMS and ONC are available to provide assistance to states in thinking through these issues. The functions/capabilities listed are those of particular importance to the development of health home programs.

The Office of the National Coordinator develops standards for Health IT functions/capabilities. The standards are developed in concert with a variety of federal partners and other stakeholders, are published for comment in the federal register and are eventually published as a final rule in the federal register. The latest ONC certification criteria published on October 16, 2015 can be found at <https://www.federalregister.gov/articles/2015/10/16/2015-25597/2015-edition-health-information-technology-health-it-certification-criteria-2015-edition-base>. A subset of the functions/capabilities for which standards have been agreed upon and which are specific to the Promoting Interoperability Program can be found at <https://www.federalregister.gov/articles/2015/10/16/2015-25595/medicare-and-medicaid-programs-electronic-health-record-incentive-program-stage-3-and-modifications>.

The functions listed below may or may not have already have had standards developed at the national level and may or may not be included in one of the rules cited above. Depending on the stage of development and the degree to which stakeholders agree on the standards for a particular capability, the functions listed below may fall into one of the following 4 categories:

- a. Functions/capabilities for which standards have been developed and which are required to be included in Electronic Health Records (EHR) for CMS Promoting Interoperability Programs (PI).
- b. Functions/capabilities for which standards have been developed but are not required to be included in EHRs for PI. These functions/capabilities may be certified to and found in stand-alone products, /modules, web-based products/modules or may be also be integrated into a more complete EHR product. A certified product must be used to the extent a particular Federal, state or other program requires use of such a product.
- c. Functions/capabilities for which standards are under development. To date there is no widespread agreement on what those standards are.
- d. Functions/capabilities that may be accomplished by a state's current MMIS system such as identifying cohorts with a particular medical condition.

1. Comprehensive Care Management

- Identify cohort and integrate risk stratification information.
- Shared care plan management –standard format.
- Clinical decision support tools to ensure appropriate care is delivered.
- Electronic capture of clinical quality measures to support quality improvement.

2. Care Coordination and Health Promotion

- Ability to electronically capture and share the patient-centered care plan across care team members.
- Tools to support shared decision-making approaches with patients.
- Secure electronic messaging between providers and patients to increase access outside of office encounters.
- Medication management tools including e-prescribing, drug formulary checks, and medication reconciliation.
- Patient portal services that allow patients to view and correct their own health information.
- Telehealth services including remote patient monitoring.

3. Comprehensive Transitional Care

- Automated care transition notifications/alerts, e.g. when a patient is discharged from the hospital or receives care in an ER.
- Ability to electronically share care summaries/referral notes at the time of transition and incorporate care summaries into the EHR.
- Referrals tracking to ensure referral loops are closed, as well as e-referrals and e-consults.

4. Individual and Family Support Services

- Patient specific education resources tailored to specific conditions and needs.

5. Referral to Community and Social Support Services

- Electronic capture of social, psychological and behavioral data (e.g. education, stress, depression, physical activity, alcohol use, social connection and isolation, exposure to violence).
- Ability to electronically refer patients to necessary services.

Health Home Health IT “Draft” FAQs 03/02/2020

1. What is the purpose of answering these Health IT questions?
2. What TA can ONC provide to help our State?
3. What funding options do I have outside of the Health Home SPA to finance buying Health IT for providers or building out the infrastructure in our state?
4. Do you have examples of what other states have done to advance health IT within Medicaid or their Health Home SPA?
5. What is 45 CFR Part 170 Subpart B?
6. Are there “federal health IT” standards we should be using?
7. What is the Interoperability Standards Advisory (ISA)?
8. What do I need to know about the Medicare and Medicaid Promoting Interoperability Program
9. Why is ONC Certification Criteria important?
10. What is the 2015 edition certification criteria?

1. What is the purpose of answering these Health IT questions?

The “State Health IT Health Home Questions” is designed to assist states in identifying the key building blocks they need to develop an optimized health IT ecosystem for advancing the programmatic objectives of their Health Home program. An optimized health IT ecosystem includes health IT, health information exchange and data interoperability at all levels of the Medicaid enterprise (State, health plan, delivery system, individual provider and beneficiary). By thinking through these considerations, States can ensure that they have the health IT infrastructure required to achieve and sustain their state-defined programmatic goals and objectives.

In order to leverage existing capabilities, CMS encourages states developing health information technology (health IT) strategies for particular Medicaid programs (i.e. Section 2703 - Health Home Programs, Section 1915(c) – HCBS Programs, Section 1115 (a) – Demonstrations) in the context of the state’s overall health IT landscape and strategy (i.e. State Medicaid Health IT Plan). CMS suggests state Medicaid program staff work closely with groups within your state to determine how this work might inform the Health IT requirements for the specific program under consideration.

2. What TA can the Office of the National Coordinator for Health IT (ONC) provide to help our state?

- a. CMS can coordinate a meeting with ONC, the CMS HITECH and MMIS staff, and the state in order to discuss possible funding for (1) health IT tasks related to state systems and (2) provider or statewide health IT non-state systems that may be possible to include in an appropriate IAPD-U if included in the State Medicaid Health IT Plan (SMHP)
- b. ONC is able meet with your health IT staff to discuss state level needs in order to implement real time health information exchange of information, as well as to provide guidance on how to talk to providers about what is needed at the provider level to facilitate the electronic exchange of information. At this meeting we could also identify other areas of health IT ONC might be able to provide assistance in.
- c. If the State is a participating in a CMMI Model, the State can also reach out to ONC through the CMMI point of contact for technical assistance from the ONC Health IT Resource Center in support of CMMI models to promote interoperability.

3. What funding options do I have outside of the Health Home SPA to finance buying Health IT for providers or building out the infrastructure in our state?

States should review relevant State Medicaid Director Letters which address opportunities available to states to leverage Federal financing of state Medicaid information technology and claims processing systems. There is 90-10 or 75-25 funding available to states depending on the provider type and the specific health IT functionality or software product being considered. Please reach out to your Centers for Medicaid and CHIP Services Data Systems Group State Project Officer to explore additional funding options.

4. Do you have examples of what other states have done to advance health IT within Medicaid or their Health Home SPA?

- a. Please review the State Health IT Policy Lever Compendium. The State Health IT Policy Levers Compendium was developed by the Office of National Coordinator for Health Information Technology (ONC) in coordination with states. It is intended to support state efforts to advance interoperability and can also be used in service of delivery system reform. The Compendium includes a directory of health IT policy levers and nearly 300 examples of how states have used them.
- b. <https://www.healthit.gov/policy-researchers-implementers/health-it-legislation-and-regulations/state-hit-policy-levers-compendium>

5. Are there “federal health IT” standards we should be using?

States should consider using standards identified in the Interoperability Standards Advisory (ISA) and 45 CFR 170 Subpart B.

6. What is the Interoperability Standards Advisory (ISA)?

(<https://www.healthit.gov/isa/>)

The Interoperability Standards Advisory (ISA) process represents the model by which the Office of the National Coordinator for Health Information Technology (ONC) will coordinate the identification, assessment, and public awareness of interoperability standards and implementation specifications that can be used by the healthcare industry to address specific interoperability needs including, but not limited to, interoperability for clinical, public health, and research purposes. ONC encourages all stakeholders to implement and use the standards and implementation specifications identified in the ISA as applicable to the specific interoperability needs they seek to address. Furthermore, ONC encourages further pilot testing and industry experience to be sought with respect to standards and implementation specifications identified as “emerging” in the ISA.

If all States used the ISA in developing and implementing State policies and in applicable State procurements, significant advancements could be achieved in advancing the vision of Health IT interoperability across the care continuum. Health IT interoperability issues reflected on in support of this Medicaid program should consider using the best available standards referenced in the ISA.

7. What is 45 CFR Part 170 Subpart B?

Additionally, Medicaid Information Technology Architecture (MITA) emphasizes the importance of interoperability and industry standards. States should take an aggressive approach to HIE and interoperability governance for purposes of supporting interoperability while focusing on security and standards to keep interphase costs to a minimum. The CMS final rule published on December 3, 2015, “Mechanized Claims Processing & Info Retrieval Systems” requires in §433.112 a new focus on industry standards in MITA that support more efficient, standards based information exchange as described in 45 CFR Part 170. Specifically, 45 CFR Part 170 defines the common Meaningful Use data set, transport standards, functional standards, content exchange standards and implementation specifications for exchanging electronic health information, and vocabulary standards for representing electronic health information.

8. Why is ONC Certification Criteria important?

The Office of the National Coordinator for Health Information Technology (ONC) Health IT Certification Program is a voluntary certification program established by the Office of the National Coordinator for Health IT to provide for the certification of health IT standards, implementation specifications and certification criteria adopted by the Secretary. The ONC Health IT Certification Program supports the availability of certified health IT for its encouraged and required user under other federal, state and private programs.

The 2015 Edition final rule establishes health IT certification criteria that support patient care, patient participation in care delivery, and electronic exchange of interoperable health information.

In addition, the final rule enhances the ONC Health IT Certification Program by including provisions for more rigorous testing of health IT exchange capabilities, establishing explicit requirements for in-the-field surveillance and transparency of health IT, and by making granular information about certified health IT publicly available through an open data certified health IT product list (CHPL). These steps will improve the reliability of certified health IT and provide more purchasing power to providers.

Highlights of the 2015 final rule include:

Interoperability: Improves interoperability by adopting new and updated vocabulary and content standards for the structured recording and exchange of health information, including a Common Clinical Data Set composed primarily of data expressed using adopted standards; and rigorously testing an identified content exchange standard (Consolidated Clinical Document Architecture (C-CDA)/United States Core Data for Interoperability criteria);

Accessibility and Exchange and Use of Electronic Health Information (EHI): Facilitates the electronic access of EHI accessibility and exchange of data by including enhanced data export, transitions of care, and application programming interface (API) capabilities in the updated and revised 2015 edition certification criteria

Health IT Across the Care Continuum: Establishes a framework that makes the Office of the National Coordinator (ONC) for Health IT Certification Program open and accessible

to more types of health IT, including health IT that supports a variety of care and practice settings, various HHS programs, and public and private interests;

Promoting Interoperability Requirements: Supports the Centers for Medicare & Medicaid Services' (CMS) Medicare and Medicaid Promoting Interoperability Programs (PI)

Health Disparities: Addresses health disparities by providing certification to standards for more granular capture of race and ethnicity; for the collection of sexual orientation, gender identity, social, psychological, and behavioral data;

Data Segmentation of Sensitive Information: Supports the exchange of sensitive health information through the Data Segmentation for Privacy criteria;

Privacy and Security: Ensures all health IT presented for certification possess the relevant privacy and security capabilities;

Patient Safety: Improves patient safety by applying enhanced user-centered design principles to health IT, enhancing patient matching, requiring relevant patient information to be exchanged (e.g., Unique Device Identifiers), improving the surveillance of certified health IT, and making more information about certified products publicly available and accessible;

Reliability and Transparency: Increases the reliability and transparency of certified health IT through surveillance and disclosure requirements; and

Flexibility and Innovation: Provides health IT developers with more flexibility, opportunities, and time for the innovative, usability-focused development and certification of health IT.