



# Advancing Health Information Technology and Health Information Exchange in Non-Institutional Settings

State Innovation Model (SIM) Medication Innovation Accelerator Program (IAP)  
Learning Event

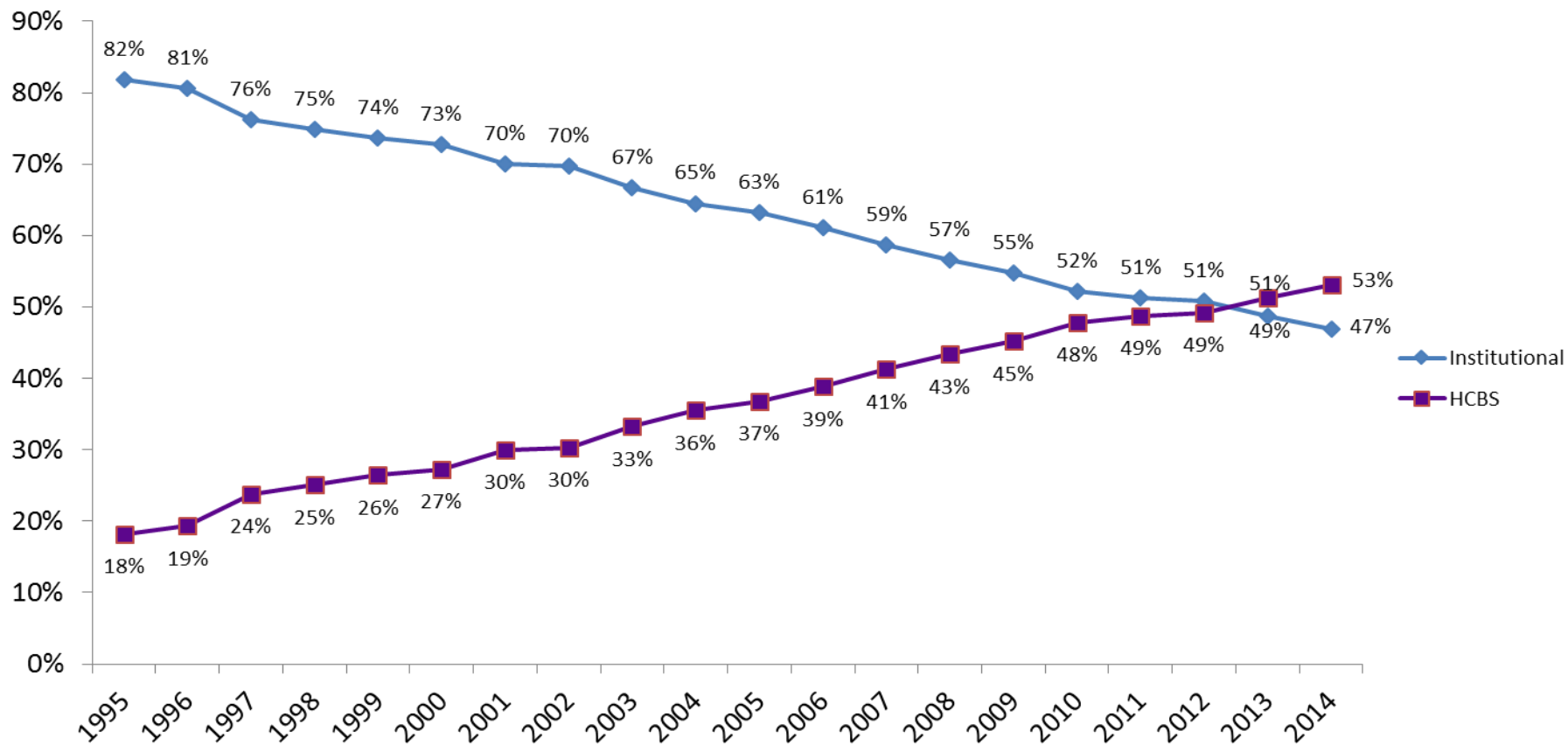
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# What we are going to cover today?

- Background – Why is Long Term Services and Supports (LTSS) important?
- Background – How are the Center for Medicaid and CHIP Services (CMCS) and the Office for the National Coordinator (ONC) Advancing health information technology (IT), Health Information Exchanges (HIE), and interoperability within LTSS?
- Key Health IT Areas to Consider in Home and Community Based Services (HCBS) Program Design
- State Examples and Use Cases
- How can we finance this?

# Why is LTSS important? (Federal Focus)



## 6 Characteristics of HCBS Systems

- **Person-driven** – person centered planning
- **Inclusive** – people live where they choose
- **Effective and Accountable** - accountability and responsibility is shared between public and private partners
- **Sustainable and Efficient** – cost effective and efficiently managed
- **Coordinated and Transparent** – coordinating services and effective use of health information technology
- **Culturally Competent** – accessible services that account for cultural preferences and linguistic needs

# Key health IT considerations to include in an HCBS health IT, HIE and interoperability toolkit

- Care Plan Exchange (including assessment data)
- Real time access to Admission/Discharge/Transfer notifications
- Connecting LTSS Providers to local/state's HIE – requirement to send in and/or receive information
- HCBS (1915(c)) Quality Framework – using electronically specified measures
- Inclusion of 45 CFR 170 Standards and as applicable other federally recognized standards identified in the Interoperability Standards Advisory (ISA) within RFPs for LTSS MCO contract procurements

# Use of the Standards Advisory (2017): Use of Best Available Standards and “Certified” Technologies

- Use of HL7 Clinical Document Architecture (CDA<sup>®</sup>) – Continuity of Care Documents (CCD) is one approved component of the CDA to share “Care Plans”
- Use of “Direct” as a data transport standard for an unsolicited push of clinical health information to a known destination.
- Clinical decision support in a secure web-based environment using HL7 Standard Decision Support Service, Release 2.
- Electronic transmission for e-prescribing using National Council for Prescription Drug Programs (NCPDP) SCRIPT Standard, Implementation guide Version 10.6
- Quality reporting using the Quality Reporting Document Architecture (QRDA)

## Use of the Standards Advisory: Health Home Examples – Clinical Decision Support

- Washington State uses standards identified in the ISA for clinical decision support.
- Washington's Medicaid Health Home State Plan Amendment (SPA) targets individuals with one chronic condition and at risk for developing a second, defined as a PRISM risk score of 1.5 or greater. Chronic conditions may include cancer, dementia, Intellectual disability or disease, HIV/AIDs as well as others. The State integrates fee-for-service claims data, managed care encounter data, eligibility, and enrollment data for medical, pharmacy, mental health, substance use disorder, long term services and supports, and Medicaid and dual eligible Medicare covered services in a secure web-based clinical decision support tool called PRISM. (the Monitoring Section)

## Use of the Interoperable Standards Advisory: Health Home Examples – Admit, Discharge, Transfer Sets

- Washington State uses standards identified in the ISA for A/D/T notifications.
- WASHINGTON: The State has developed an HIT pilot for Health Action Plans through OneHealthPort, an entity contracted with HCA to also consult on building a statewide health information exchange. HCA has developed the Medicaid Health Profile clinical data repository, with clinical data passed through OneHealthPort HIE using the Continuity of Care Document (CCD) and the Admit/ Discharge/Transfer Document (ADT) transaction sets. (the Monitoring Section)



# Use of the Interoperable Standards Advisory: Health Home Examples – Care Planning

- Maine and Idaho use standards identified in the ISA for documenting and sharing care plans.
- MAINE: Over 24 months all Behavioral Health Home Organizations (BHHOs) will be expected to have implemented certified electronic health record (EHR) systems. BHHO will be expected to share health information including care planning documents to and from other treating providers/organizations and across the team of BHH professionals. (the Provider Section)
- IDAHO: The final standards require that designated providers use HIT for the following processes:
  - » Have a systematic process to follow-up on tests, treatments, services, and referrals which is incorporated into the patient's care plan;
  - » Utilize HIT allowing the patient health information and care plan to be accessible and allow for population management and identification of gaps in care including preventive services; and
  - » Is required to make use of available HIT and access members' data through the IHDE to conduct all processes, as feasible. (the Provider Section)

## Use of the Interoperable Standards Advisory: Health Home Examples – Care Coordination

- Alabama uses standards identified in the ISA for e-prescribing and care coordination.
- Alabama: Providers will be able to transmit a prescription electronically to the enrollee's pharmacy of choice, review laboratory data and determine medication adherence information. (the Service Section)

## Use of the Interoperable Standards Advisory: Health Home Examples – Consent

- Alabama uses standards identified in the ISA for “[Recording Patient Preferences for Electronic Consent to Access and/or Share their Health Information with Other Care Providers](#)”.
- ALABAMA: The state is planning to implement use of "One Health Record" [the state's HIE] when national standards are finalized. Once One Health Record is operational the state will consider possible sharing of consent forms and encouragement of all providers types (SA, CMHCs and ADPH) to connect to One Health Record. (the Service Section)

# Example of 1115 Demonstration Support for Interoperability

- New York State uses standards identified in the ISA for ADT, Care Plan Sharing, and use of ONC Certified Health IT.
- NY 1115 DSRIP Demonstration
  - » The incentive to reduce readmissions is driving the use of interoperable health IT for performing care coordination.
  - » Specific health IT usage and exchange requirements also support interoperability.

## State Medicaid Program Health IT Goals

- Ensuring relevant planning activities have aligned strategies for health IT systems and their governance (including State Medicaid Health IT Plans, SIM Plans, State Plan Amendments, and Demonstrations/ Waivers, and other relevant work),
- Requiring or encouraging health IT use and information exchange where feasible (i.e. either directly with providers or indirectly through MCO or APM participation requirements), and
- Advancing electronic quality data collection for performance feedback (quality reporting) and ultimately for the basis of payment.

# How are HCBS Programs Fitting into a State Medicaid Agency's Larger HIT, HIE, and Interoperability framework?

- Plan to support HCBS providers for their health IT, HIE and interoperability needs (Regional Extension Center like services)
- Leveraging states 90-10 funding per SMD 16-003 for HCBS providers.
  - » Registries
  - » Funding Connections
- Agency's Governance plan- what is the role for including HCBS services/providers? Are the HCBS programs represented in these
  - State discussions
- Are HCBS considerations included in the State's Master Data Management (MDM) strategy
  - » Provider Directory strategy
  - » Identity Management
- Role of PHRs – Can the HCBS Medicaid program encourage/fund or support HCBS individuals access to a PHR for their human and health care services?

# How do we fund Health IT adoption in HCBS programs?

- Testing Experience and Functional Tools (TEFT) Program
- Medicaid
  - » State Systems Funding
  - » Program Design
- Leveraging as Relevant Other Federal Programs
- Private Grant Funding

# Testing Experience of Care, Functional Assessment Tools Grant Program

- \$42M Grant Program – CMS
- Standardized Functional Assessment Data
- CAHPS
- E-LTSS POC
- PHR
- The result of TEFT efforts will provide a glide path for HCBS providers to adopt health IT standards that will enable the meaningful electronic exchange of person centered service plans, functional assessment data, and PHRs that include human services information.



# Medicaid

## State Systems Funding

- CMS 16-003 SMD letter that provides opportunities for states to access 90:10 funding for LTSS providers to connect with other eligible Meaningful Use (MU) providers.
- There is now front end eligibility system funding that can be used to include eligibility and enrollment into other community based LTSS services and the funding does not have to be cost-allocated but can be sourced 100% to Medicaid SMA.
- There is also a 75:25 match for business process modeling.
- There is 50:50 federal state match for administrative claiming and ongoing operations & management (O&M).

# Medicaid Program Design

- At the broadest level, Health IT, HIE, and interoperability considerations can be included as part of the Waiver, Demonstration or SPA's
  - » Service Definitions,
  - » Provider Qualifications, or
  - » Reimbursement Rates

# Leveraging as Relevant Other Federal Programs

- CPC+ states have a requirement for making referrals and connections to community based supports and services for individuals they are serving. Expand
- SIM
- ACL Grants
- Ryan White Grants

# Private Grant Funding

- While it is evident that private grant funding is not a sustainable financing path for HCBS, individual grants can provide necessary funding to establish valid programmatic proofs of concept. State legislators may be more inclined to fund a Medicaid program if it has been validated by a trial proof of concept.

# Thank You - Questions

- Please contact [Arun.Natarajan@hhs.gov](mailto:Arun.Natarajan@hhs.gov) with any additional questions

# Listening Event

- *Who:* All interested states
- *When:* Wednesday, April 5, 4pm ET
- *Where:* [Register here.](#)

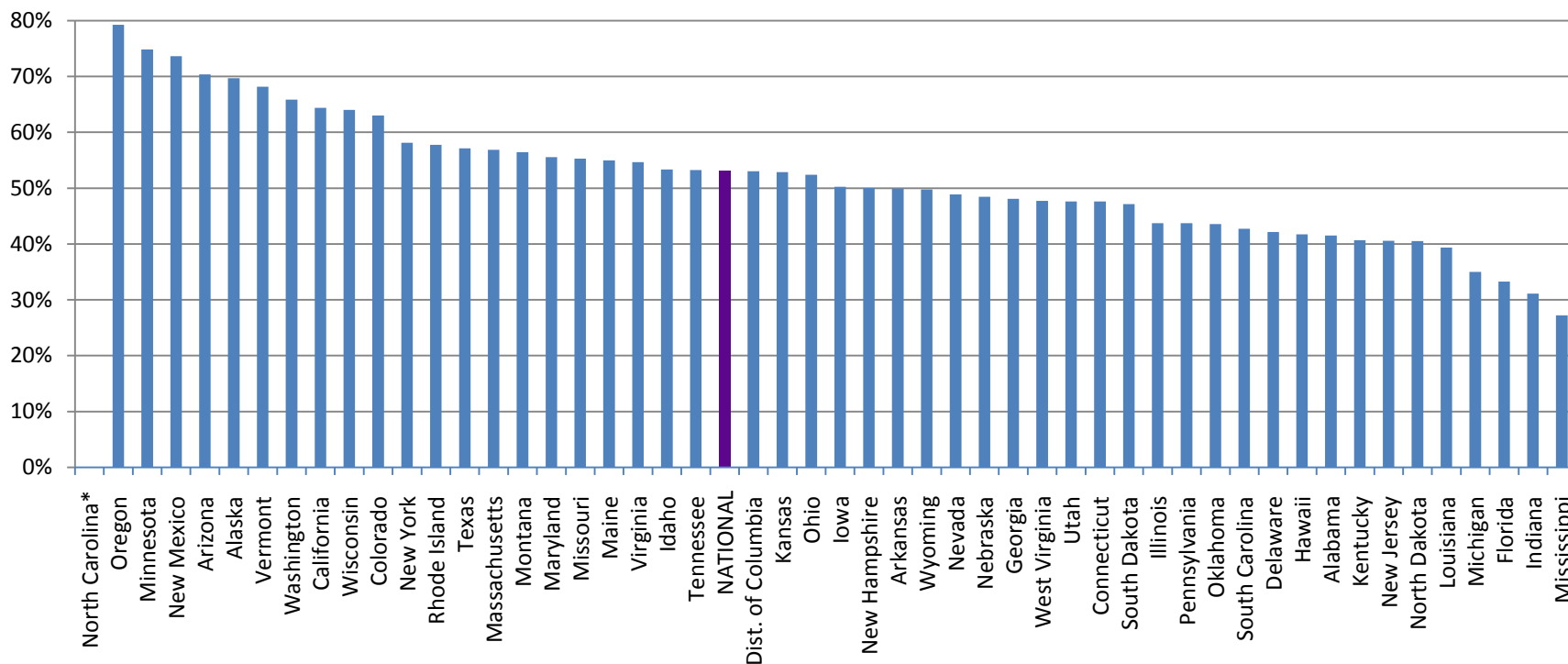


# Appendix

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# Why is LTSS important? State Focus







The Office of the National Coordinator for  
Health Information Technology



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