The Importance of Medicaid in the Health IT Landscape

Jessica Kahn, MPH
Technical Director for Health IT
CMS/CMCS

June 4, 2010
Session Content

-Overview of the Medicaid Transformation Grants- lessons learned; current status

-Other examples of Medicaid HIT Initiatives

-The Medicaid EHR Incentive Program- basics
Medicaid Transformation Grants 2007-Present

EHR/PHR/HIE:
Alabama, Arizona, New Mexico, Texas, Connecticut, Hawaii, Oregon, Wisconsin, Montana, Rhode Island, Washington D.C., West Virginia

E-Prescribing:
Delaware, Connecticut, Florida, New Mexico, Tennessee
Overall Status

Delayed- extended through 3/31/11. Why?

- Procurement delays/lengthy RFPs
- Data Use Agreements/Legal
- Beta/User Testing
- Distracting/Competing State Priorities (IT, health reform, politics, leadership change, etc.)
Snapshots: Montana CyberAccess

-Automated prior authorization for specific medications (10/08)
-2 years claims presentation (3/09)
-E-prescribing functionality (3/09)
-Beneficiary access (Nov. 09)

-Challenges- privacy and security (HIPAA and substance abuse data)

-Successes-
-Partnership with MT Primary Care Association and Mountain Pacific Quality Health Foundation
-Beneficiary Access Portal
Snapshots: Hawaii ASP Network EHR

- Using Indian Health Services’ RPMS software
  - Open Source
  - Modified for women/children
  - Disease management functionality
  - Still needed proprietary graphic user interface
- Interfaces with Practice Management Systems
- Will have a pharmacy, bi-directional lab and DICOM imaging interfaces
- Challenges- slow out of the gate; proprietary GUI
- Successes- partnerships with IHS and the WVA Primary Care Network, WorldVistA and the Univ. of Hawaii to leverage HIT support
Snapshots: Rhode Island

-Nursing Facility Information Exchange-
-Providing LTC facilities with computers, connectivity and training to participate in RI’s HIE
-Conducting beneficiary outreach & education about the value of HIE- an opt-in consent approach
  Literacy, language & other barriers
-Looking into adding in Medicaid claims data, interfaces with EHRs, radiology/imaging data
-Challenges to HIE in LTC settings: logistics of obtaining caregivers’ consent, staff turnover, etc. Also, community governance structures can be unwieldy and challenging to build consensus
-Successes: Bringing HIE to LTC settings is transformational and an easy sell to most LTC facility administrators, who see the value; Opt-in consent process is a “teachable moment” about HIT/E for RI beneficiaries.
Snapshots: Mississippi

As One for Health-

- Leverages the MTG, a post-Katrina Primary Care Stabilization Grant, MMIS funding and FMAP
- EHR based on Medicaid medical and prescription claims data (opt-out consent)
- Web portal access (backed up in case of emergency)
- Receive and include laboratory test results
- Participate in a RHIO (and other MS HIEs)
- Develop a mechanism to gather personal health records that can be accessed by other payers, providers and beneficiaries
- Allow other payers to participate
Overall MTG Lessons Learned In Light of ARRA

- Health Information Exchange infrastructure is still very spotty nationally
- The two pieces of health data most appealing to providers are: 1) real-time medication history/utilization and 2) laboratory/imaging results
- Lab interfaces remains a challenge
Overall MTG Lessons Learned In Light of ARRA

- Identify and use peer champions to promote EHR/HIT adoption
- Sustainable funding for EHR/HIT/HIE as a Medicaid-only enterprise is not looking like a feasible long-term strategy
  - Allocating costs, FTE, efforts, etc with other payers, with hospital systems, with other public agencies
Other Notable State Medicaid HIT Efforts

- New York State Medicaid- offering e-prescribing incentives, similar to Medicare; is creating a CCD with clinical, public health and claims data
- Florida Medicaid- offering a web-based claims EHR and a web-based free PHR for its beneficiaries
- Vermont Medicaid- state legislation supporting integration of HIT into advanced primary care practice model; statewide HIE capacity
The EHR Incentive Program Timeline -

- Medicare must begin in 2011 (statute)  
  NLR interface development/testing prior
- States can decide when to start the Medicaid EHR Incentive Program
- Medicare fee schedule reductions begin in 2015
- Medicare program ends in 2016
- Medicaid program continues through 2021
- CMS will revisit meaningful use for Stage 2 and 3 in future rulemaking
State Medicaid HIT Plan

Promoting EHR adoption & HIE

Consolidated implementation with HCR, other initiatives/reforms

Administration & Oversight
SMA activities, Beacon, HIT Workforce Grants, other State efforts
90/10 Administrative Funding to States

Statutory Conditions of Use of the HITECH Admin Funds:

1. Administration of incentives, including tracking of meaningful use by Medicaid EPs and eligible hospitals;

2. Oversight, including routine tracking of meaningful use attestations and reporting mechanisms; and

3. Pursuing initiatives to encourage the adoption of certified EHR technology for the promotion of health care quality and the exchange of health care information.
The Complex Equation

Adoption & MU of EHRs

- EHR Incentive
- RECs
- HRSA/IHS, etc
- NHIN
- HIE Programs
- Medical Home Models
- HCR-Medicaid expansion
- Medicare reductions
- Workforce Grants
- Beacons
- Workforce

Grants

Medicare

reductions

HCR-
Medicaid
expansion

NHIN

EHR
Incentive

RECs
Questions?

Jessica.kahn@cms.hhs.gov or 410-786-9361