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Advancing Excellence in Health Care

Centers for Medicare & Medicaid Services

The Importance of Medicaid in the Health IT Landscape

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Session Content

- Overview of the Medicaid Transformation Grants-
lessons learned; current status
- Other examples of Medicaid HIT Initiatives
- The Medicaid EHR Incentive Program- basics



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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



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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



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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.



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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



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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



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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



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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



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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

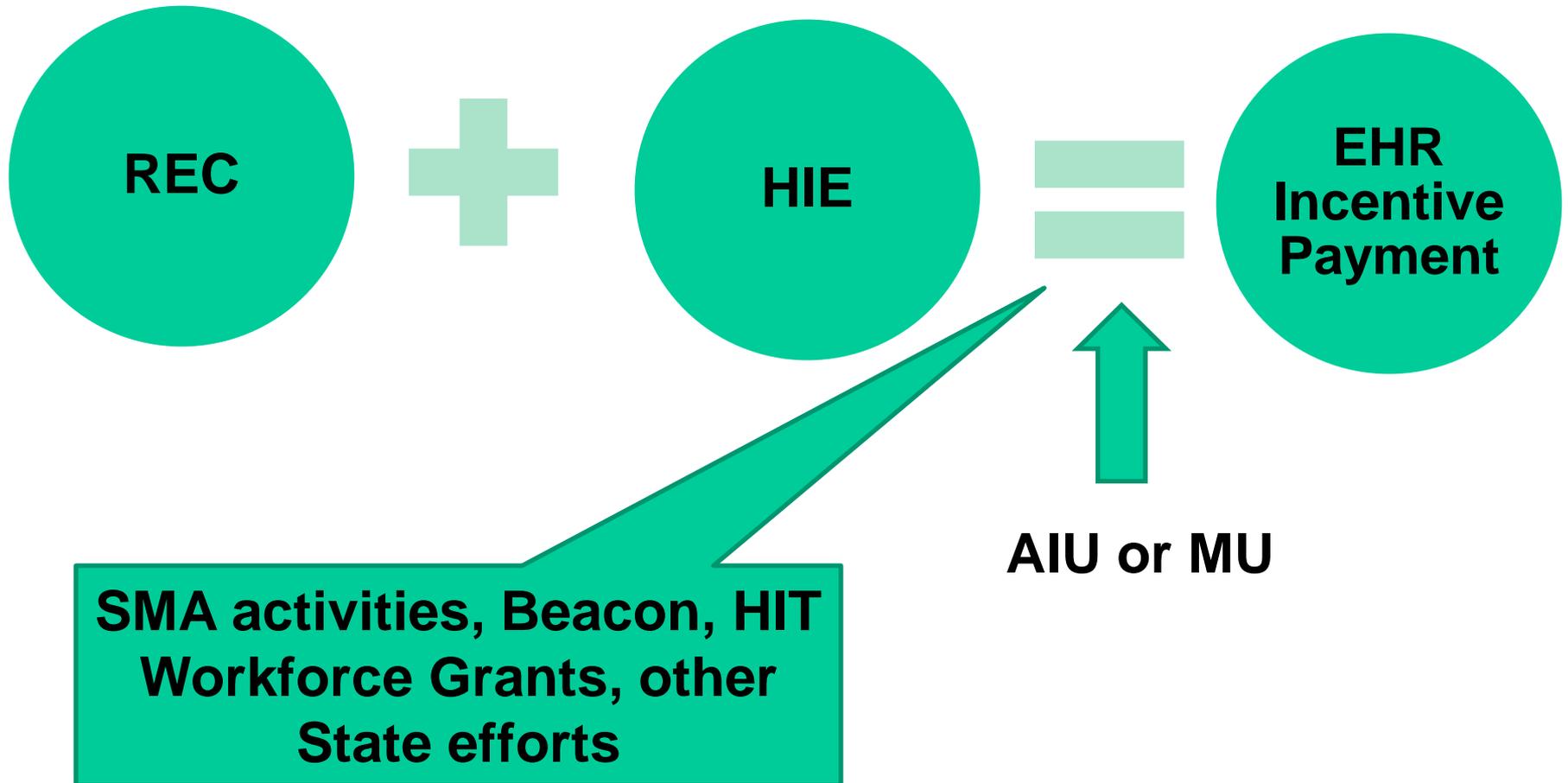


State Medicaid HIT Plan

**Promoting EHR
adoption & HIE**

**Consolidated
implementation with HCR,
other initiatives/reforms**

**Administration &
Oversight**





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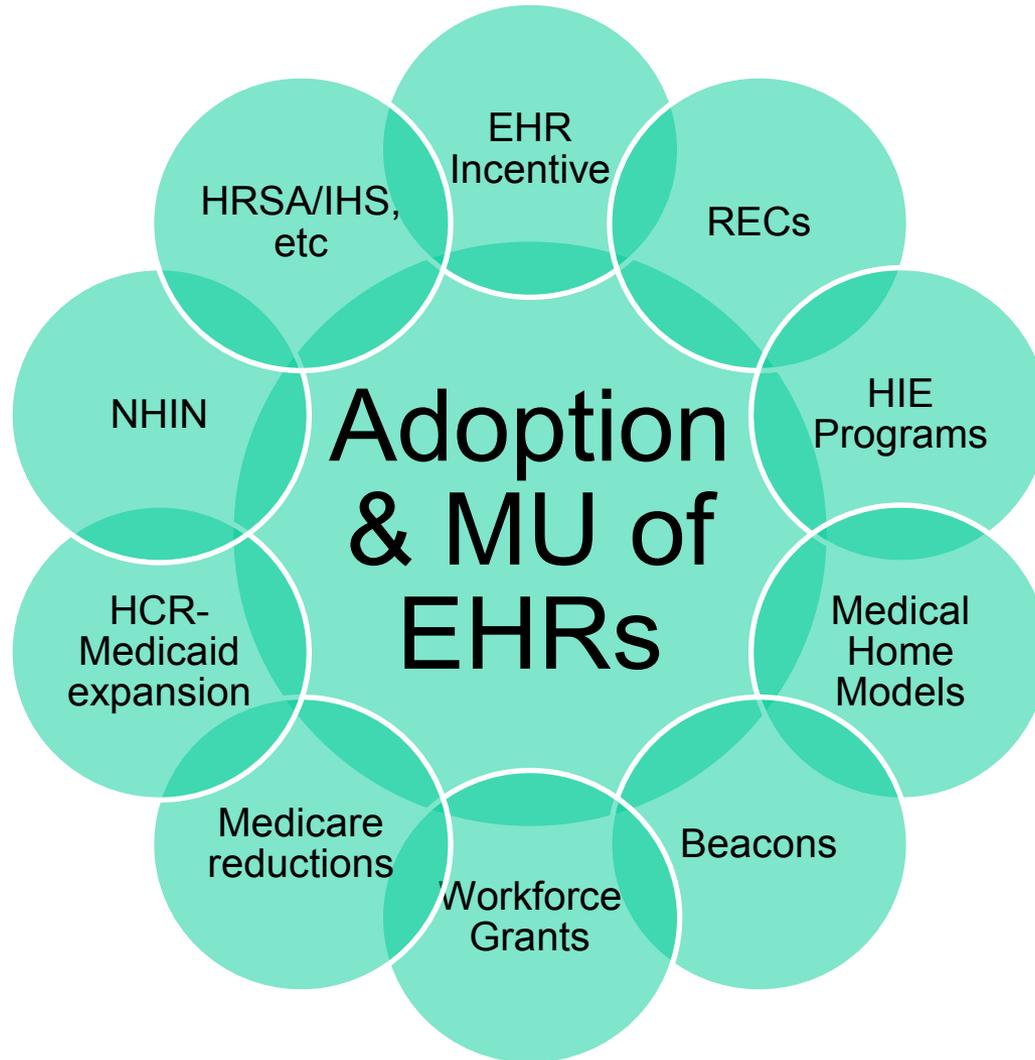
90/10 Administrative Funding to States

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





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Questions?

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