



# Positioning Medicaid/CHIP Health IT and HIE Projects for the Future

*A Web-based Workshop  
1:00 pm – 4:00 pm (EST)  
June 29, 2009*

**Workshop Workbook**  
*Presentation Materials and Resources*





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## **WORKSHOP SCHEDULE**

1:00 – 1:10 pm	Welcome and Introductions
1:10 – 1:15 pm	Review of Workshop Logistics, Objectives, Materials, Resources
1:15 – 1:45 pm	Module 1 – Overview of ARRA Provisions – Presentation (15 minutes) – Interactive Session (15 minutes)
1:45 – 2:30 pm	Module 2 – Statewide Environmental Assessment – Presentation (15 minutes) – Interactive Session (30 minutes)
2:30 – 3:15 pm	Module 3 – ARRA Administrative Strategy – Presentation (15 minutes) – Interactive Session (30 minutes)
3:15 – 3:55 pm	Module 4 – Medicaid Provider Eligibility/ARRA Application Strategy – Presentation (15 minutes) – Interactive Session (30 minutes)
3:55 – 4:00 pm	Wrap-up and Next Steps

**MODULE 1 – OVERVIEW OF ARRA PROVISIONS: AN  
INTERACTIVE ASSESSMENT OF OPPORTUNITIES FOR  
MEDICAID AGENCIES**

**Presentation Materials**



# Module 1: Overview of ARRA Provisions

Presented by:

Jessica P. Kahn, MPH – Centers for Medicare & Medicaid Services

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Research and Quality

# ARRA: Medicaid HIT Funding Opportunities

- 90/10 grant funding for health information exchange (HIE) / electronic health record (EHR) administrative support
- Competitive grants funds for Medicaid health HIT
- MITA 90/75/25 funding
- Loan programs for EHRs
- Medicaid hospital and provider incentives
- Grant funding for graduate medical education EHR



# HITECH Act

- Encompasses Titles XIII and IV (Medicare and Medicaid) of the American Recovery and Reinvestment Act (ARRA).
- **Title IV**
  - Medicare and Medicaid Incentives Programs
- **Title XIII**
  - Mainly deals with the responsibilities of the Office of the National Coordinator
  - Has a number of grant and loan programs that have State implications

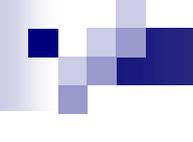
# Title IV

- **Medicaid**
  - Section 4201-Establishes 100 percent Federal Financial Participation (FFP) to States for eligible Medicaid providers to purchase, implement, and operate (including support services and training for staff) certified EHR technology.
    - Certain classes of Medicaid professionals and hospitals are eligible for incentive payments to encourage their adoption and use of certified EHR technology.



# Title IV—Key Operational Issues for Medicaid

- Work with ONC to develop policies required to implement statutory requirements (e.g., define “meaningful use” of EHRs, operationalize the definition of “certified EHR technology, etc.).
- Establish Medicare and Medicaid payment policies, processes, and tracking methods.
- Develop regulations to provide the opportunity for public notice and comment on these requirements and publish final regulations implementing the policies.

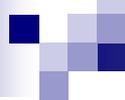


# Section 4201—Medicaid Incentives

- Incentive payments for certified EHR technology (and support services including maintenance and training that is for, or is necessary for the adoption and operation of, such technology) by Medicaid providers.
- No start date specified for Medicaid, probably 2011 similar to Medicare.
- The definition of “**meaningful use**” must be established through a means that is approved by the State and acceptable to the Secretary.
- The definition must be in alignment with the one used for Medicare.

# Who Are Medicaid Eligible Professionals?

- Medicaid providers eligible for funding are defined as:
  - A nonhospital-based professional who has at least 30 percent of the professional's **patient volume** attributable to individuals who are receiving medical assistance under this title;
  - A nonhospital-based pediatrician who has at least 20 percent of his/her patient volume attributable to individuals who are receiving medical assistance under this title; or
  - An eligible professional who **practices predominately** in a Federally-qualified health center or rural health clinic and has at least 30 percent of the professional's patient volume attributable to needy individuals.



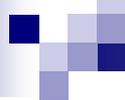
# What Type of Hospitals Qualify for Medicaid HIT Incentives?

- Acute care hospitals with at least 10 percent Medicaid patient volume
- Children's hospitals (no Medicaid patient volume requirement).



# How Much is the Medicaid Incentive Payment? Penalties?

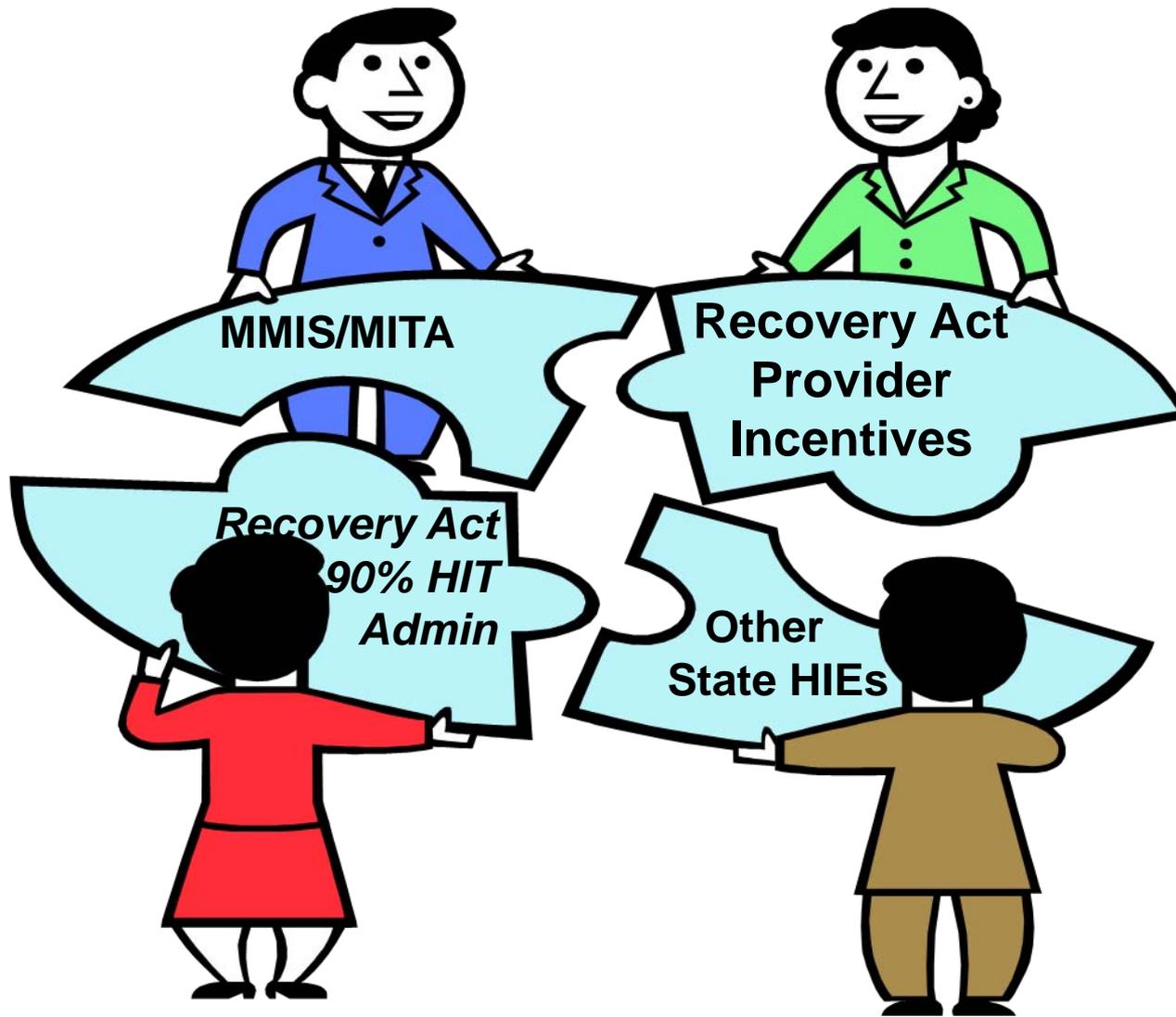
- No more than 85% percent of **net average allowable costs for certified EHR technology (and support services including maintenance and training)**.
  - The statute specifies maximum amounts but the Secretary will determine through studies the actual amounts of the provider incentive payments.
- Unlike Medicare, no reductions in Medicaid payments are to be made if a provider does not adopt certified EHR technology; i.e., adoption is voluntary, not mandatory in the Federal statute.



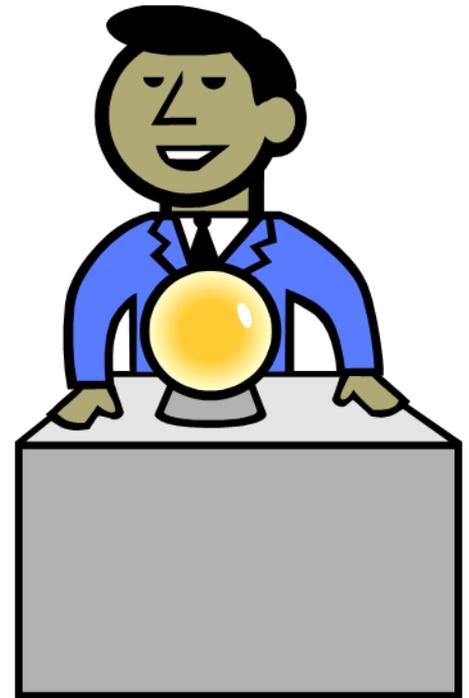
# Relationship Between Medicaid and Medicare EHR Incentives?

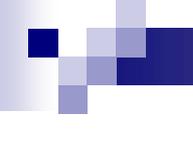
- Eligible professionals can only receive either the Medicare or Medicaid Incentive, not both.
- Hospitals that qualify for the Medicare and Medicaid incentive can receive both.

# Putting the Pieces Together



What Should States Be  
Doing Now?



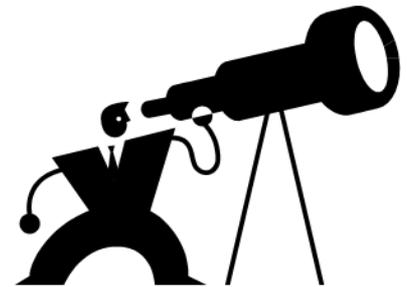


# Funding for States' Implementation

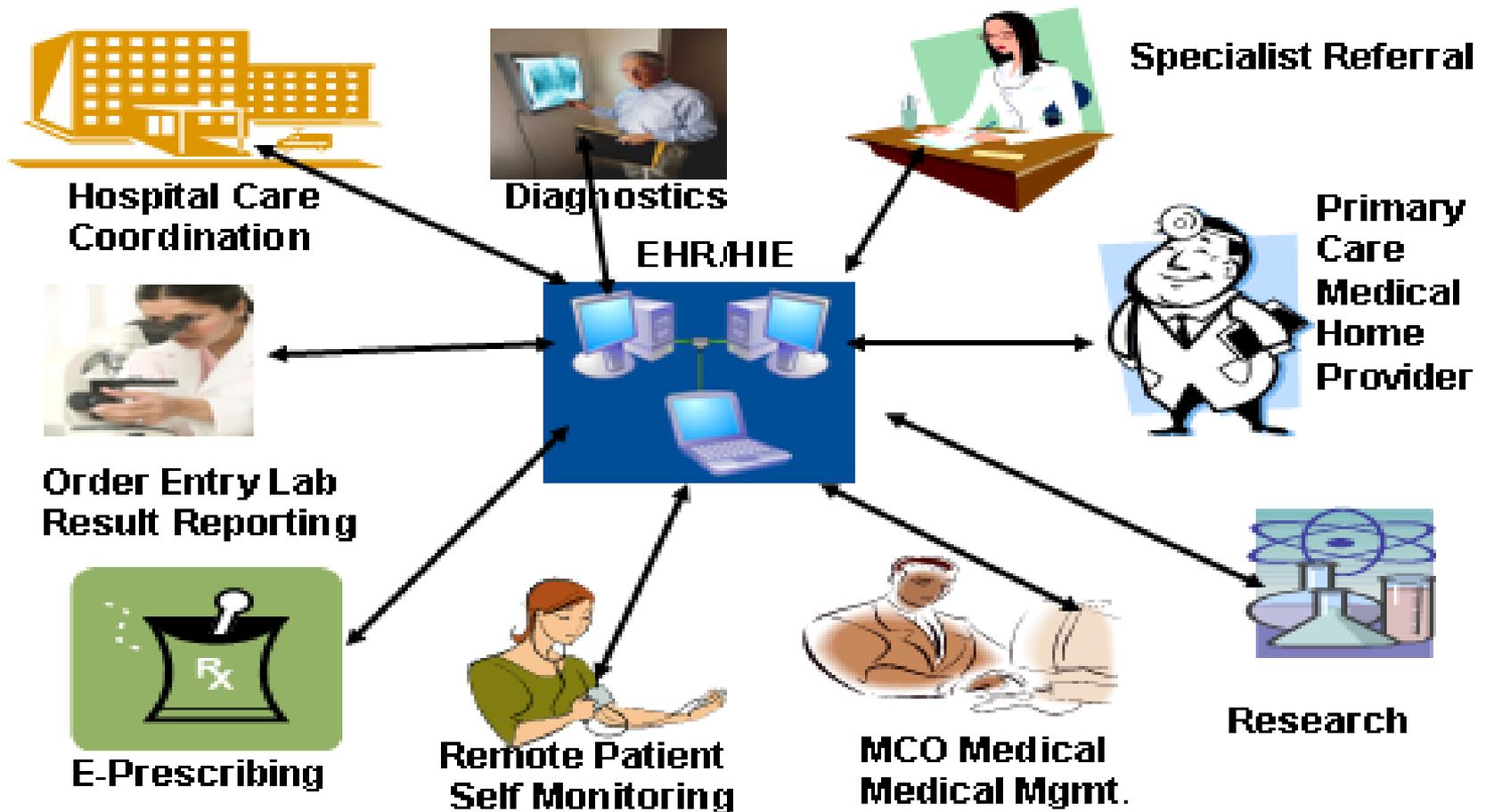
- States are eligible for 90 percent administrative FFP to:
  - Administer the incentive payments;
  - Conduct oversight such as tracking provider eligibility, meaningful use and quality reporting;
  - Pursue initiatives to encourage adoption of EHR technology to promote health care quality and the exchange of data.

# Recommended State Role

1. Create Statewide e-Health ***Leadership Team***
  - Members are from a broad cross-section of stakeholders.
  - The Chair should be able to transcend individual organizational agency or departmental turf.
2. Statewide e-Health ***Vision*** 8-10 years from now (“to-be” world)
  - What would an ideal world look like?
  - Who are the stakeholders?
  - How would they be connected?
  - What data would be useful to whom?



# The E-Health Connected Medicaid Health System



# State Role (continued)

## 3. Develop *current landscape* of current e-Health initiatives (“as-is” world)

- Who is doing what today? (Not just in Medicaid but elsewhere across the State like FQHCs, public health, child welfare, etc.)
- What linkages exist today?
- With whom?
- For what?



# State Role (continued)

## 4. Create a State *Roadmap* for HIE/EHR adoption and use:

- Connects “as-is” with “to-be” worlds.
- Establish quantifiable benchmarks that can be used to evaluate progress along the way.
- What new linkages need to be made? With whom? For what?
- Where will the resources come from?
- How will the ARRA provider incentive payments, and increased provider adoption of EHR technologies, fit into this picture?



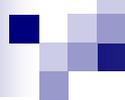
# Defining the Enterprise is Easy??



*“We’re talking fifteen hundred to find the dots, then another fifteen hundred to connect them.”*

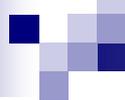
# Where to Get Further Information

- Information will be coming out during the next several months. The best Federal sources are:
  - Overall information on the programs
    - <http://www.hhs.gov/recovery/>
  - Medicare information
    - <http://www.cms.hhs.gov/home/medicare.asp>
  - Medicaid information
    - [http://www.cms.hhs.gov/Recovery/09\\_Medicaid.asp#TopOfPage](http://www.cms.hhs.gov/Recovery/09_Medicaid.asp#TopOfPage)
  - ONC information
    - <http://healthit.hhs.gov/portal/server.pt>



# CMS' State Medicaid Directors Letter

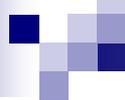
- Expectations for 90/10 match
- Coordination with ONC
- FAQs



# Federal Regulations

- Definitions (Medicare & Medicaid)
- Expectations for 90/10 FFP and for implementation of the 100 percent FFP EP/hospital incentives
- Comment Period
- Anticipate final rule in spring 2010

## Questions and Discussion Items



# Module 1 Discussion

- What has your Medicaid/CHIP Agency done to prepare for the HIT portions of ARRA (in terms of policy, operational, and logistic activities)?
- What educational and outreach efforts have you done with Medicaid/CHIP providers?
- What are the top three issues you face with the implementation of the ARRA provisions with regard to Medicaid and HIT/EHR?

# **MODULE 2 – PLANNING AND IMPLEMENTING A STATEWIDE ENVIRONMENTAL ASSESSMENT**

## **Presentation Materials**

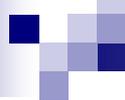


# Module 2: Considerations in Planning a Statewide Environmental Scan

Presented by:

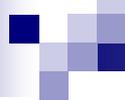
Peter D. Greaves, BA HDE DSE – Senior Solution Architect, State of Tennessee, Office of eHealth Initiatives

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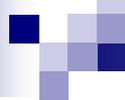
# What Is an Environmental Scan?

- An assessment that results in a comprehensive understanding of your current environment
- Often used as part of a Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis
- Confirms what you do you know, shows what you do not!
- May be internal and external



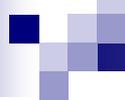
# Challenges in Conducting a Statewide Scan

- Geographic – Logistics
- Organizational – Dealing with organization and physicians outside of the state
- Definitional – Lack of clarity on what to scan for
- Multifaceted – Large and small provider, clinics, ambulatory and inpatient
- Resources – Can be intensive
- Scope – Will be a subset of a larger picture



# Doing the Scan as the Basis for Ongoing Assessment

- Tennessee sees an initial need for self-reporting of criteria.
- The subset of eligible entities will need to be registered for payments.
- Self-reporting will require some level of IT infrastructure.
- The IT infrastructure will form the basis of both payments and audits and controls, as well as being used as part of the scanning process.



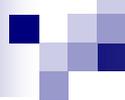
# Education and Training

- There will be a need for education prior to any scan, and training prior to implementing reporting and payment
- Materials, Web – training, Webinars, conference calls
- Use existing organizations – HIMS, ?HA, ?MA
- Possible use of extension centers and HIEs



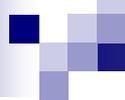
# Funding

- 90/10 funds available for administration
- Likely use of the same scan for Medicare, Medicaid, and HITECH planning



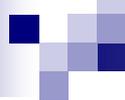
# Using Existing Data Sources

- State practitioner databases – licensure, accreditation, etc.
- Organizations – HIMS, ?MA, ?HA
- State Medicare and Medicaid
- Insurance companies
- Any existing scans or assessments



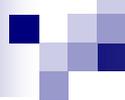
# Tennessee – Initial Discussions

- Apply for 90/10 administrative funding.
- Use TennCare and Medicare to identify all potentially eligible physicians and start information and education process.
- Create a Web site prepopulated with practitioners able to allow self-registration (basis for later assessment).
- Partner with organizations to ask interested practitioners to register with some base information.



# Tennessee – Initial Discussions

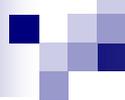
- Identify organizations that may be able to help with or conduct the actual scan.
- Follow up on potentially eligible practitioners who have not registered.
- Basis of the scan will be structured questionnaires; however, may need to be multi-modal.
- Identify EMR systems in use and work with vendors to identify capabilities and educate on expectation.



# Considerations and Pitfalls

- Include anything at the outset you need – i.e., plan well. Going back later may be hard.
- Take a broader view of the scan – not just Medicaid/CHIP.
- Leverage existing organizations – builds buy-in and provides additional resources.
- Consider the assessment, verification, and payment process when you do the scan .
- Education and training is key to success.

## Questions and Discussion Items



# Module 2 Discussion

- Has there been a Statewide assessment of HIT/HIE activities done in your state by Medicaid/CHIP and/or others?
  - If no, are you planning to do one?
  - If yes, what were the key areas/topics covered by the assessment (in terms of content)?
  - If yes, what methods were used to collect, analyze, and report the data?
- What challenges do you/did you face with the planning and implementation of a Statewide environmental assessment?

**MODULE 3 – DEVELOPING A MEDICAID STRATEGY FOR  
ADMINISTRATING THE NEW ARRA FUNDING**

**Presentation Materials**



# Module 3: ARRA Administrative Strategy

Presented by:

Carladenise A. Edwards, MSEd, PhD

Chief of Staff

Georgia Department of Community Health (DCH)

Funded by the Agency for Healthcare  
Research and Quality

# DCH Mission

## ACCESS



Access  
to affordable,  
quality health  
care in our  
communities

## RESPONSIBLE



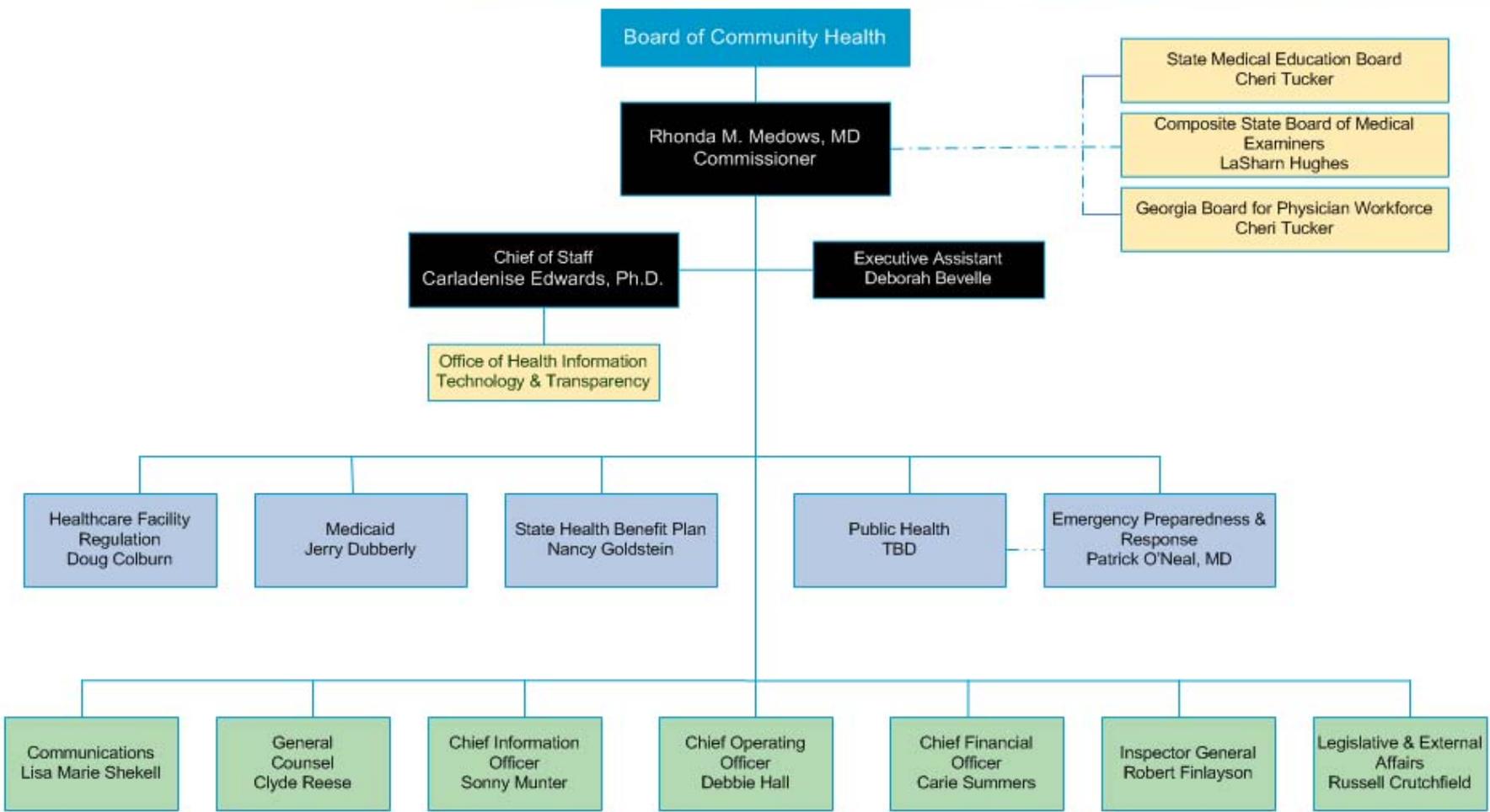
Responsible  
health planning  
and use of  
health care  
resources

## HEALTHY



Healthy  
behaviors and  
improved  
health  
outcomes

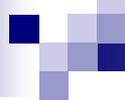
# Georgia Department of Community Health



Program Division  
 Enterprise Function

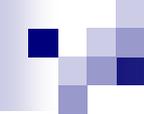
# How do you prepare for . . . ?

- . . . HIE/EHR grants to States
  - Planning and implementation
- . . . State grant for technology loan fund
- . . . Medicaid/Medicare incentives/reimbursement
  - Provider and hospital adoption
  - Meaningful use
- . . . 90/10 match for State administrative support



# What other relevant ARRA HIT opportunities are there?

- Georgia is focused on preparing for:
  - HRSA Grants for Safety Nets
  - Telemedicine and Broadband
  - Research and Regional Extension Centers
- This is all part of our comprehensive HIT plan.



# ARRA Obligations

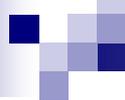
- Privacy and Security Provisions
  - Monitoring and reporting
  - Education and outreach
- Compliance with Meaningful Use
  - Define, operationalize, and monitor
- OMB Requirements and GAO Reporting
  - Additional State reporting and monitoring requirements

# Strategies used to address barriers or challenges

- **Focus**
  - Align Activities with State Plan for HITT
- Lack of **Authority**
  - Keep State Officials (including Governor) Up to Speed
- **Communication** Challenges
  - Establish a ARRA Implementation Team
- Identification of **Resources**
  - Engage Stakeholders early and frequently

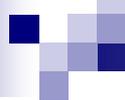
ARRA Implementation Team Members	
<ul style="list-style-type: none"><li>• Medicaid Director</li><li>• Chief of Finance</li><li>• HITT Director</li><li>• Privacy Officer</li><li>• Communications Director</li></ul>	<ul style="list-style-type: none"><li>• Contracts &amp; Procurement</li><li>• Inspector General</li><li>• Legislative Affairs</li><li>• Subject Matter Experts</li></ul>

## Questions and Discussion Items



# Module 3 Discussion

- What steps have you started to take to handle the administrative components of the ARRA Medicaid EHR Incentive program for providers?
- What are the challenges you face in the administration of this program?
- How do you plan to monitor the implementation/use of the grants/funding being disbursed to providers?
- What questions do you have regarding the administration of the ARRA Medicaid EHR Incentive program?



## Module 3 Discussion (continued)

- What methods or approaches do you plan to implement to track, monitor, and/or validate information from providers and their ‘meaningful use’ of EHRs, to become recipients of (or continue to receive) ARRA Medicaid EHR Incentive funding?

**MODULE 4 – DEVELOPING A MEDICAID PROVIDER  
ELIGIBILITY/ARRA APPLICATION STRATEGY**

**Presentation Materials**



# Module 4: Medicaid Provider Eligibility ARRA Application Strategy

Presented by:

Carladenise A. Edwards, MEd, PhD

Chief of Staff

Georgia Department of Community Health

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# Focal Points

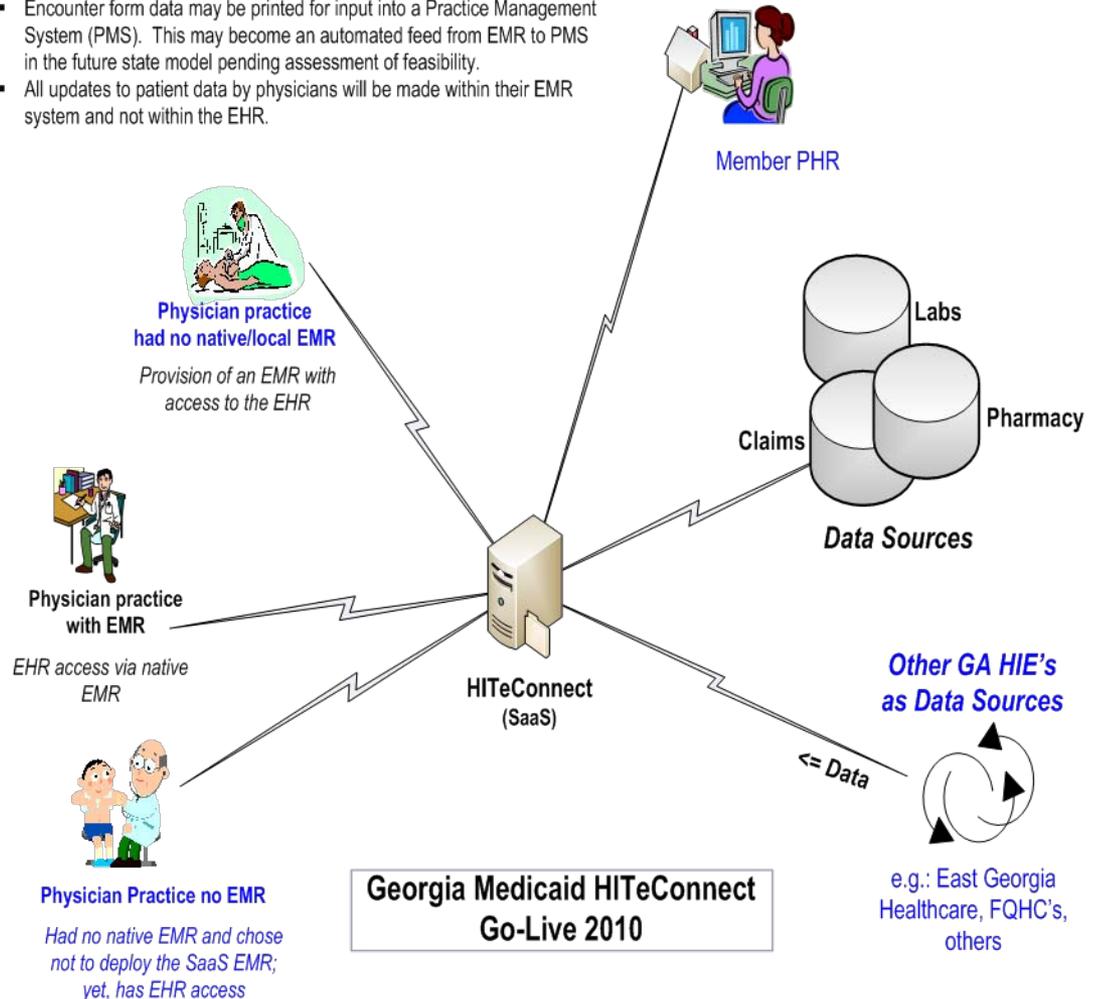
## Preliminary Thoughts on Eligible Recipients of Funding

- Safety net
- High volume traditional Medicaid providers
- Primary care/medical homes
- Pediatrics

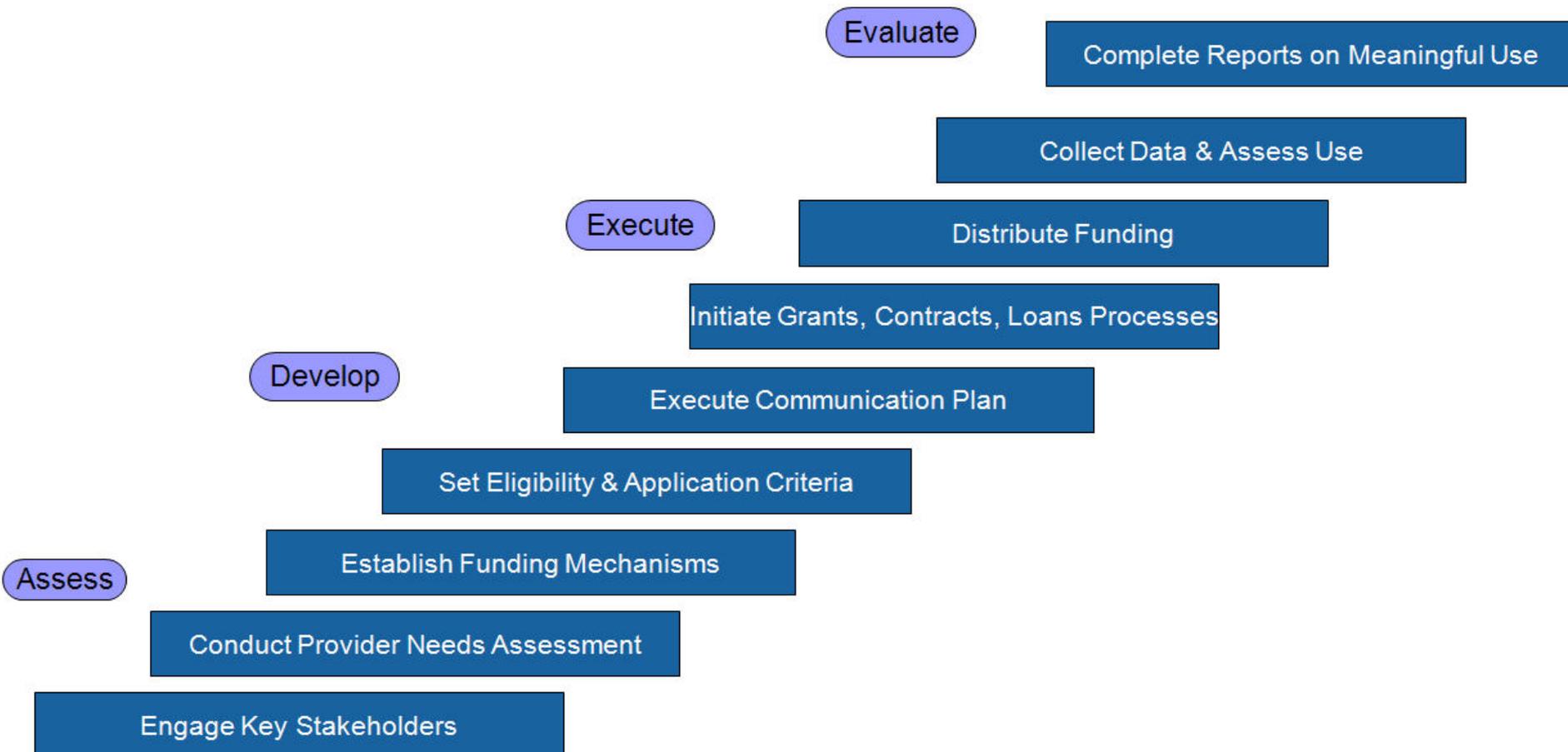
# Georgia HIE/EHR Project

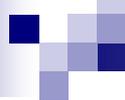
### Assumptions

- Encounter form data may be printed for input into a Practice Management System (PMS). This may become an automated feed from EMR to PMS in the future state model pending assessment of feasibility.
- All updates to patient data by physicians will be made within their EMR system and not within the EHR.



# ARRA Funding Distribution Steps

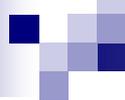




# Challenges & Recommendations

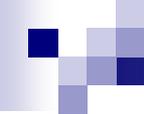
- **Assessing the actual need and predetermining potential uptake**
  - Recommendation – Start early and plan
- **Monitoring and reporting on Meaningful Use**
  - Recommendation – Keep it simple!
- **Ensuring necessary State resources will be available**
  - Recommendation – Keep leadership very well informed of activities

## Questions and Discussion Items



# Module 4 Discussion

- Have you started to develop an eligibility plan for providers applying for ARRA EHR Incentive funding?
  - If yes, please describe...
- What are the challenges you see with the provider eligibility determination and verification for the ARRA EHR Incentive funds?
- Have you started to develop a mechanism/process to allow providers to apply for the ARRA Medicaid EHR Incentive funds?
  - If yes, please describe...



## Module 4 Discussion (continued)

- What are the challenges you see with establishing/implementing a provider application process for the ARRA Medicaid EHR Incentive program?

## RESOURCES

[CMS Medicare and Medicaid ARRA Factsheet](#)

[Medicaid Directors' Letter from CMS](#)

[Medicaid Directors' Letter from CMS—Enclosure A](#)

**Examples of Statewide Environmental Assessments**

*[California](#)*

*[New York](#)*

*[Minnesota \(1\)](#)*

*[Minnesota \(2\)](#)*

## WORKSHOP PRESENTERS AND FACILITATORS

### Module 1 – Overview of ARRA Provisions



#### *Jessica Kahn, MPH*

At CMS, Jessica Pollak Kahn serves as a Health Policy Analyst in the Center for Medicaid and State Operations. She is the project officer for the Medicaid Transformation Grants and serves as a subject matter expert for: health information technology, quality/evaluation of care, the CMS Emergency Room Diversion Grants, and the CMS High-Risk Insurance Pool Grants. Over the years, her work has focused on assuring access to quality primary care and HIV/STD/Family Planning services for low-income and vulnerable populations. She has 19+ years of experience in state and federal government, having worked domestically and internationally as both a civil servant and contractor. She has a Master's in Public Health from Tulane School of Public Health and served in the US Peace Corps in West Africa.

## Module 2 – Statewide Environmental Assessment



### ***Brent Antony***

Brent Antony is the Chief Information Officer for the Bureau of TennCare, Tennessee's managed-care Medicaid program serving approximately 1.2 million Tennesseans. In this role, Mr. Antony is responsible for the internal and external information systems and related contracts supporting daily operations of the TennCare program. He oversees the data exchange with several state agencies and contracted health plans coordinating financing and delivery of care across the state and is directly responsible for the Bureau's relationship with Shared Health and implementation of TennCare's statewide Clinical Health Record. Mr. Antony has over 20 years of experience in health care information technology, with both provider and health plan organizations. Prior to joining TennCare, Mr. Antony served as the Technology Director for the U.S. health care practice of Sapient, an international technology consulting firm. Mr. Antony has also worked extensively within the Harvard medical system, holding information technology leadership positions with Boston Children's Hospital, CareGroup and CRICO/RMF. Mr. Antony began his career in physician practice management and spent several years with Andersen Consulting, now Accenture, working in the health care and financial services industries. Mr. Antony is a member of the Tennessee Governor's e-Health Advisory Council, is a member of the board of St. Bernard Academy in Nashville, and is active with the Tennessee chapter of the Healthcare Information and Management Systems Society (HIMSS) and with the College of Healthcare Information Management Executives (CHIME).

***Peter Greaves***

Peter Greaves is a Senior Solution Architect with the Office of Ehealth Initiatives in the State of Tennessee. He has over 20 years of professional IT experience and 9 years of health care experience. Peter has been a member of various boards, including Florida's Governor's Health Information Infrastructure Advisory Board (GHIAAB) and Tennessee's eHealth Advisory Council. He has been actively involved in HIE nationally, and in over 20 states, and has worked with a variety of organizations including NAHIT, FAH, eHI, and CHT. Areas of expertise include health information exchange, informatics, enterprise architecture, strategy and planning and information architecture. Prior to joining the state, Peter was with Healthcare Corporation of America. He lives in Lebanon, Tennessee with his wife and children.

### **Module 3 – ARRA Administrative Strategy**

### **Module 4 – Medicaid Provider Eligibility/ARRA Application Strategy**



#### ***Carladenise A. Edwards***

Dr. Carladenise A. Edwards is the Chief of Staff at the Georgia Department of Community Health (DCH). DCH is the state agency responsible for health care planning, financing, and regulation. Dr. Edwards serves as the principal advisor to the Commissioner on all major issues and initiatives, including Medicaid, State Health Benefit Plan, health information technology, health care access, and health planning and regulation. DCH provides health care for approximately 2 million people with a \$12 billion budget and a staff of over 450 people.

Immediately prior to her position with DCH, Dr. Edwards was the executive director of the South Florida Health Information Initiative, a regional health information organization aimed at improving health care quality, access, and efficiency through technology. She is the Founder of The BAE Company, a Miami-based health care consulting business that provides business management, strategic planning, and consulting services to health care institutions, including Florida's Department of Health, Florida's Agency for Health Care Administration, Health Choice Network, and numerous not-for-profit and private health care entities.

Dr. Edwards has significant management experience in the public and private health care arenas, including serving as the first executive director of Florida's Governor's Health Information Infrastructure Advisory Board; Vice President of Operations for Williams, Stern, and Associates; a Presidential Management Intern for the Center for Mental Health Services in the Substance Abuse and Mental Health Services Administration and the Disabled and Elderly Health Programs Group of the Center for Medicaid and State Operations at the U.S. Department of Health and Human Services; an administrator at Florida's Agency for Health Care Administration; and a senior analyst for several health care consulting firms, including Abt Associates and The Urban Institute.

Dr. Edwards holds a Bachelor of Arts degree in sociology and Master's of Science degree in Education with a concentration in psychological services from the University of Pennsylvania. She also has a doctorate in medical sociology from the University of Florida. She is a popular motivational speaker who focuses on issues related to health information technology, health care reform, change management, leadership and organizational development.