Indiana Medicaid Electronic Health Records (EHR) Incentive Program

November 9, 2011

Indiana Family and Social Services Administration
Overview

- Indiana’s Health Information Technology (HIT) Environment: A Partnership
- Indiana Medicaid Electronic Health Records (EHR) Incentive Program
- Planning Activities
- System Development
- Implementation and Operation
- Challenges
- Lessons Learned
- Next Steps
Indiana’s HIT Environment: A Partnership

- 5 Health Information Organizations
  - HealthBridge
  - HealthLINC
  - Indiana Health Information Exchange (IHIE)
  - Med-Web
  - Michiana Health Information Network (MHIN)
- 2 Regional Extension Centers
  - I-HITECH (Purdue)
  - Tri-State REC (HealthBridge)
- 2 Beacon Grantees
  - IHIE
  - HealthBridge
- 1 State Designated Entity
  - Indiana Health Information Technology, Inc. (IHIT)
- Office of Medicaid Policy and Planning (OMPP)
Indiana’s HIT Environment: A Partnership
Indiana Medicaid EHR Incentive Program

- Provides incentive payments to meaningful users of EHR technology:
  - Eligible Professionals (EPs)
  - Eligible Hospitals (EHs)
  - Critical Access Hospitals (CAHs)

- Set goal of implementing May 2011

- Current estimates on possible participation:
  - 3,500-4,000 EPs
  - 100+ EHs
Planning Activities

- P-APD approved for $2.3 Million
- Planning conducted from July to December 2010
- State Medicaid Health IT Plan (SMHP)
  - Plan created around known details for implementation and year one activities
- I-APD estimates for 2011-2013:
  - $4.8 Million for Implementation and Operation
  - $150 Million for Incentive payments
    - EPs: $48.5 Million
    - EH: $99.5 Million
Planning Results

- Year One:
  - Create Incentive Payment System
  - Allow EPs and EHs to attest to Adopting, Implementing, or Upgrading to certified EHR technology

- Year Two:
  - Enhancing attestation to include Meaningful Use
  - Refining and enhancing program Auditing
  - Collect quality measures

- Future Considerations:
  - Personal Health Records (PHR)
  - Secure Messaging
  - Statewide Provider Directory
  - Statewide Member Directory
System Development

- Multiple Partnerships to meet project timeline and goals
  - Phase 1: Implemented version of Oklahoma’s EHR system, May 2011
    - Manual Process
  - Phase 2: 13-state collaborative, Medical Assistance Provider Incentive Repository (MAPIR)
    - AR, CT, DE, FL, GA, IN, KS, MA, OR, PA, RI, VT, WI
    - Estimated implementation Q1 CY 2012
    - Will streamline and further automate the process

- Familiar Provider Environment/Existing Medicaid Infrastructure
  - Medicaid System Integration
  - Provider Web Portal
  - Common Communication Channels (Website, Newsletters)
  - Minimal Operational Disruption
Implementation and Operation

- April 22 – SMHP and I-APD approved
- May 5 – Program Launched
  - One of first 15 states to launch
- May 17 – First EP incentive payment made
  - Big Check Presentation and Celebration
  - One of first 10 states to make an incentive payment
- Sept. 13 – First EH incentive payment made
  - $1.5 Million
Implementation and Operation

- As of October 31:

<table>
<thead>
<tr>
<th></th>
<th>EPs</th>
<th>EHs</th>
<th>Total</th>
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<tbody>
<tr>
<td>Applications Received</td>
<td>441</td>
<td>17</td>
<td>458</td>
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<tr>
<td>Currently Approved for Payment</td>
<td>291</td>
<td>5</td>
<td>296</td>
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<tr>
<td>Currently Denied Applications</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Incentive Payments</td>
<td>$6,162,501</td>
<td>$3,915,102</td>
<td>$10,077,631</td>
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</table>
Challenges

- Provider Preparedness
  - Certified Systems
  - Registered in all appropriate systems at CMS and State level
  - Updated Medicaid Record

- Data Quality from Federal Systems
  - Providers with outdated PECOS, NPI data
  - Tax ID, NPI mismatches

- Hospital Calculation Validation
  - Cost Reporting Inconsistencies
  - Exclusion of Nursery Days
    - New information effective June 2011
Lessons Learned

- Do not underestimate the workload and validation needed
- Communicate Early and Often to Providers and Partners
- Hospital Calculation is Complex—Involve your Finance Staff
- Open information and sharing with other states
- Utilize communication paths from external entities
  - Hospital Associations
  - Provider Associations
  - Communities of Practice
Next Steps

- Focus on meaningful use and collecting quality data
- Refine Indiana-specific enrollment and eligibility guidance
- Work with public health to expand information exchanged
- Integration and testing of MAPIR software
- Next version of SMHP and IAPD
- Drive Decision Support
- Personal Health Records
- Manage our Health Plans
- Positive impact on Dual-eligible initiatives
Thank You

Contact Information: MedicaidHealthIT@fssa.IN.gov
Medicaid Moving Forward

Julie Boughn
Deputy Director
Center for Medicaid and CHIP Services
November 8, 2011
Achieving a High Performing Medicaid Program

Moving from a safety net program

To a full partner in the health care system

Ensuring better care, better health, lower costs
Achieving a High Performing Medicaid Program

Simple, accurate, customer-friendly, data driven eligibility processes

Financing and delivery systems that support access to person-centered, high quality, integrated care

Contributing to continual improvement in quality and cost throughout our health care system
How Will We Get There?

- Reform
- Modernization
- Stewardship
- Collaboration
Modernization

• New technologies to deliver high quality, efficient, and accurate business results
  – Eligibility systems
  – Claims systems
  – Seven standards and conditions
• Improved and integrated data systems to support smart management
  – Multi-payer claims databases
  – 10 state pilot at Oak Ridge National Laboratory
MACBIS

• **MACBIS--Medicaid and CHIP Business Information Solutions**

• What business information is included?
  – All information that is necessary for CMS to operate the programs and assess their impact on the health of individuals, populations, and health care costs.
Operations Data

Objective: Improving our ability to answer key questions about Medicaid and Chip.

– Who paid how much to whom and for what services?
– How do patient outcomes differ in demonstration programs?
– Can we apply more proactive tools for preventing and detecting fraud?

MSIS 10 State Pilot Objectives

• Demonstrate the ability to extract data in a consolidated, single monthly feed
• Automate data quality checks
• More timely access to program data
• Develop common analytic tools, for use by both CMS and states
Objective: Improving the data about the Medicaid program-Which states cover what eligibility and coverage options, are building what IT systems, offer coverage under what waivers? etc.

• The MACPro system will:
  – Re-engineer business processes for State Plan Amendments, Demonstrations, Waivers and Advances Planning Documents
  – Through structured data input and data quality checks, limit requests for additional information; and
  – Monitor and track application activity.
Structured data eases application, evaluation and approval

Web-based program application
True Business Intelligence

Integrated View of How We are Doing

Operations Data
(Cost, Encounters/Claims, Providers and Beneficiaries)

Quality Data
(Adult and children’s measures, MU measures)

Performance Data
(Timeliness and Accuracy of Business Functions)

Program Data
(Benefits, Eligibility, Payment)
MITA 3.0

A Closer Look
Over the past few years, several legislative initiatives and CMS directives have changed the Medicaid Enterprise.

- American Recovery and Reinvestment Act (ARRA) of 2009
- Children’s Health Insurance Program Reauthorization Act (CHIPRA) of 2009
- Patient Protection and Affordable Care Act of 2010
- Guidance for Exchange and Medicaid Information Technology (IT) Systems
- Health Insurance Portability & Accountability Act (HIPAA) of 1996
- International Classification of Diseases (ICD-10)
- President's Council of Advisors on Science and Technology (PCAST)
Enhanced Funding

• Technology investments are efficient, economical, and effectively administered

• Expedited APD approvals
  – Shared development activities with other states
  – Developing reusable components

• Key outcomes
  – Higher degree of interaction and interoperability
  – Maximize value
  – Minimize burden and costs
Seven Standards and Conditions

- Modularity Standard
- MITA Condition
- Industry Standards Condition
- Leverage Condition
- Business Results Condition
- Reporting Condition
- Interoperability Condition
## Business Area Proposed Key Changes

<table>
<thead>
<tr>
<th>Version 2.0</th>
<th>Version 3.0</th>
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<tbody>
<tr>
<td>• Business Relationship Management</td>
<td>• Business Relationship Management</td>
</tr>
<tr>
<td>• Care Management</td>
<td>• Care Management</td>
</tr>
<tr>
<td>• Contractor Management</td>
<td>• Contractor Management</td>
</tr>
<tr>
<td>• <strong>N/A</strong></td>
<td>• Eligibility and Enrollment Management</td>
</tr>
<tr>
<td>• <strong>N/A</strong></td>
<td>• Financial Management</td>
</tr>
<tr>
<td>• Program Management</td>
<td>• Health Plan Management</td>
</tr>
<tr>
<td>• Member Management</td>
<td>• Member Management</td>
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<tr>
<td>• Operations Management</td>
<td>• Operations Management</td>
</tr>
<tr>
<td>• Program Integrity Management</td>
<td>• Performance Management</td>
</tr>
<tr>
<td>• Provider Management</td>
<td>• Provider Management</td>
</tr>
</tbody>
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August 2011
Information Architecture Key Changes

- **Conceptual Data Model (CDM)**
  - Identifies class definitions, messages and super classes

- **Logical Data Model (LDM)**
  - Expands data classes and attributes

- **Data Standards**
  - Harmonization with other data standards, or vocabulary data standards

- **Information Architecture Capability Matrix (ICM)**
  - Provides assessment details for the SS-A

August 2011
Technical Architecture Key Changes

• Cloud Computing and Service Adoption
  – Defines concepts such as Software as a Service (SaaS)
  – Private versus public clouds

• Technical Services
  – Defines Technical Service Area groupings and subgroupings of
    Service Classifications

• Technology Standards
  – Expanded technology standard references

• Technical Capability Matrix
  – Provides assessment details for the SS-A
MITA - Reminders

- Continues to be a collaborative effort supported by CMS, States, agencies, vendors and other organizations
- Provides a common vision for Medicaid programs
- Remains a Framework
- Collection of National Resources
<table>
<thead>
<tr>
<th><strong>Learning Collaborative Focus Areas</strong></th>
</tr>
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<tbody>
<tr>
<td><strong>Early Innovators</strong></td>
</tr>
<tr>
<td>Provide a forum for EI states to explore key issues they face in launching exchanges while creating various tools and artifacts to share with all states seeking to establish exchanges</td>
</tr>
<tr>
<td><strong>Coverage Expansion</strong></td>
</tr>
<tr>
<td>Enable states to understand new federal rules and effectively design eligibility and enrollment policies and procedures as well as benefit structures to fulfill requirements</td>
</tr>
<tr>
<td><strong>Performance Measurement</strong></td>
</tr>
<tr>
<td>Encourage states to consider the most effective approaches for performance measurement and data analytics to support program operations</td>
</tr>
<tr>
<td><strong>IT Infrastructure</strong></td>
</tr>
<tr>
<td>Enable states to design and efficiently develop IT infrastructure that supports high performing Medicaid programs, reducing the total cost of ownership, project risk, and cycle time for new products and capabilities while improving business results</td>
</tr>
<tr>
<td><strong>Value-Based Purchasing</strong></td>
</tr>
<tr>
<td>Focus on areas related to: (1) clinical excellence that drives value; (2) payment reform; and (3) delivery system redesign</td>
</tr>
</tbody>
</table>
Strength: System Development platform within CMS’s Cloud Computing environment, manages application from cradle-to-grave:

– Requirements & incident management
– System development/source code management
– Build and test
How are States using CALT?

- Early Innovator States **sharing**:
  - Policy & Legislation
  - IT Life Cycle Artifacts
  - Business Processes/Best Practices
- Early Innovator States **communicating** to CMS on additional support needed or changes required for optimal use
- States can post MITA State Self- Assessments
Priorities for the Future

• A program that delivers results
• Focusing on the most important issues
• Working together to find achievable solutions that benefit the people we serve
ACA Provisions: Under Pressure

NAMD Fall Conference
November 7-9, 2011
Arlington, VA

Don Gregory
Medicaid Director
State of Louisiana
Patient Protection and Affordable Care Act (PL-148) (PPACA)
Health Care and Education Reconciliation Act (PL-152) (HCERA)
Together known as **The Affordable Care Act**

2,400 pages of statutory language
Thousands of pages of regulations
New federal and state organizations

In the midst of...

- New Governors
- New Congress
- Historic budgetary shortfalls
- A growing deficit
- A Presidential Election in 2012
Key Due Dates

2010

- **Statewide HIT/E**
  - November 2010: Obtain ONC approval of HIE Operational & Strategic Plan

- **HIPAA 5010 & NCPDP**
  - November 2010: Obtain CMS approval of combined 5010/ICD-10 Planning-APD

- **EHR Incentive Programs**
  - December 2010: Submit Implementation-APD for IT solutions necessary to support EHR Incentive Payment Program Launch
  - December 2010: Sign contract with IT Vendor

- **State Medicaid HIT/E**
  - December 2010: Submit “lite” State Medicaid HIT Plan (SMHP) for CMS approval
  - December 2010: Obtain DIS approval of Investment Plan (to be developed)

2011

- **Health Insurance Exchange Grant Project**
  - January 2011: Final Planning Report: Identification and documentation of high-level business functions. This will be a series of Issue Briefs.
  - March 2011: Preliminary technology infrastructure Review and Assessment

- **MITA State Self-Assessment**
  - March 2011: Final Report Compiled and Presented by SLI Global

- **State Medicaid HIT/E**
  - March 2011: Revise 2011-2013 biennial budget submission and Investment Plan, replacing the placeholder language on cost of SMHP initiatives

- **Statewide HIT/E**
  - Spring 2011: Implement the HIE HUB

2012

- **ICD-10**
  - January 2012: Obtain CMS approval of ICD-10 Implementation-APD

2013

- **ICD-10**
  - October 1, 2013: Mandatory Compliance Date
  - Must be able to offer dual support of ICD-9 and ICD-10

2014

- **Health Insurance Exchange (HIX)**
  - January 1, 2014: Mandatory date of Operations required by federal legislation
Affordable Care Act

2010
- Medicaid Coverage for Childless Adults
  4/1/2010
- Medicaid Community-Based Services
  10/1/2010

2011
- Center for Medicare and Medicaid Innovation
  1/1/2011
- Medicaid Payments for Hospital-Acquired Infections
  7/1/2011

2012
- Medicaid Payment Demonstration Projects
  1/1/2012

2013
- State Notification Regarding Exchanges
  1/1/2013
- Medicaid Coverage of Preventive Services
  1/1/2013
- Medicaid payments for Primary Care
  1/1/2013 – 12/31/2014

2014
- Expanded Medicaid Coverage
  1/2/2014
- Health Insurance Premium and Cost Sharing Subsidies
  1/1/2014
- Essential Health Benefits
  1/1/2014
- Funding for Health Insurance Exchanges
  1/1/2014
- Basic Health Plan
  Medicaid Disproportionate Share Hospital Payments
  10/1/2014
Total in 2023 = 645,843

Estimated Enrollment Impact
SFY2011-23
Under Pressure

So Many Due Dates...

So Little Time...

So few Resources
What can states do?

• Understand the increased focus on fixing a broken system

• Comment on proposed rules

• Work with CMS to negotiate favorable interpretations of due dates
Office of the National Coordinator for Health Information Technology

National Association of Medicaid Directors
November 8, 2011
STATE HIE PROGRAM IMPERATIVES

- **E-prescribing**—the ability to generate and transmit permissible prescriptions electronically (eRx)
  - more than 40% are transmitted electronically using certified EHR technology

- **Receipt of structured lab results**—the ability to incorporate clinical lab test results into EHR as structured data
  - more than 40% of results ordered are incorporated in certified EHR technology as structured data

- **Sharing of patient care summaries across unaffiliated organizations**—the ability for every provider to provide a summary care record for each transition of care or referral
  - more than 50% of transitions of care include a summary of care record
**Align with Medicaid and other programs.** Coordinate with Medicaid and Public Health to establish an integrated approach.

– Ensure ability of State to participate in electronic public health reporting and quality reporting to Medicaid

- And why does this matter? Health care transformation can’t happen any other way...
- The Federal Health IT Strategic Plan guides transformation.
- The State HIE Program is focused on Goal I this year.
- State Medicaid Programs are a distinct element of Goal II.
DATA LIQUIDITY

- Protecting Medicaid and the fragile safety net can only be done through cost savings in our current environment.
- The only way to achieve cost savings in Medicaid is to
  - Reduce duplicative tests
  - Reduce errors
  - Share information with Primary Care Providers
  - Improve and pay for quality
  - Manage the care of patients across the spectrum - and that requires coordination - which requires data portability.
- What can states do to increase data liquidity and support these goals?
TAKE ACTION WHERE YOU CAN

- Medicaid procurement and contracting rules give you the tools to increase the uptake of health information exchange and the rapid conversion of data to an electronic format. Examples include:
  - **Require** labs to deliver results electronically in order to be reimbursed by your Medicaid Program.
  - **Require** eRx and develop monitoring strategies to reduce drug interactions.
  - **Develop** data sharing arrangements for Medicaid patients to ensure a discharge summary is provided to Primary Care Providers following hospital or ED admissions.