

Health Home Health IT “Draft” FAQs 10/10/2017

1. What is the purpose of answering these Health IT questions?
2. What TA can ONC provide to help our state?
3. What funding options do I have outside of the Health Home SPA to finance buying Health IT for providers or building out the infrastructure in our state?
4. Do you have examples of what other states have done to advance health IT within Medicaid or their Health Home SPA?
5. Are there “federal health IT” standards we should be using?
6. What is the Interoperability Standards Advisory (ISA)?
7. What is 45 CFR Part 170 Subpart B?
8. What do I need to know about the Medicare and Medicaid EHR Incentive Program?
9. Why is ONC Certification Criteria important? What are the editions of certification criteria and what is the latest edition?

1. What is the purpose of answering these Health IT questions?

The “State Health IT Health Home Questions” is designed to assist states in identifying the key building blocks they need to develop an optimized health IT ecosystem for advancing the programmatic objectives of their Health Home program. An optimized health IT ecosystem includes health IT, health information exchange and data interoperability at all levels of the Medicaid enterprise (State, health plan, delivery system, individual provider and beneficiary). By thinking through these considerations, States can ensure that they have the health IT infrastructure required to achieve and sustain their state-defined programmatic goals and objectives.

In order to leverage existing capabilities, CMS encourages states developing health information technology (health IT) strategies for particular Medicaid programs (i.e. Section 2703 - Health Home Programs, Section 1915(c) – HCBS Programs, Section 1115 (a) – Demonstrations) in the context of the state’s overall health IT landscape and strategy (i.e. State Medicaid Health IT Plan). CMS suggests state Medicaid program staff work closely with groups within your state to determine how this work might inform the Health IT requirements for the specific program under consideration.

2. What TA can the Office of the National Coordinator for Health IT (ONC) provide to help our state?

- a. CMS can coordinate a meeting with ONC, the CMS HITECH and MMIS staff, and the state in order to discuss possible funding for (1) health IT tasks related to state systems and (2) provider or statewide health IT non-state systems that may be possible to include in an appropriate IAPD-U if included in the State Medicaid Health IT Plan (SMHP)
- b. ONC is able meet with your health IT staff to discuss state level needs in order to implement real time health information exchange of information, as well as to provide guidance on how to talk to providers about what is needed

at the provider level to facilitate the electronic exchange of information. At this meeting we could also identify other areas of health IT ONC might be able to provide assistance in.

- c. If the State is a participating in the State Innovation Models Demonstration, , the State can also reach out to ONC through the CMMI point of contact for technical assistance through the SIM Health IT Resource Center.

3. What funding options do I have outside of the Health Home SPA to finance buying Health IT for providers or building out the infrastructure in our state?

- a. States should review SMD Letter 16-0003. There is 90-10 or 75-25 funding available to states depending on the provider type and the specific health IT functionality or software product being considered. Please reach out to your Regional Office HITECH POC to explore additional funding options.

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4. Do you have examples of what other states have done to advance health IT within Medicaid or their Health Home SPA?

- a. Please review the State Health IT Policy Lever Compendium. The State Health IT Policy Levers Compendium was developed by the Office of National Coordinator for Health Information Technology (ONC) in coordination with states. It is intended to support state efforts to advance interoperability and can also be used in service of delivery system reform. The Compendium includes a directory of health IT policy levers and nearly 300 examples of how states have used them.
- b. <https://www.healthit.gov/policy-researchers-implementers/health-it-legislation-and-regulations/state-hit-policy-levers-compendium>

5. Are there “federal health IT” standards we should be using?

States should consider using standards identified in the Interoperability Standards Advisory (ISA) and 45 CFR 170 Subpart B.

6. What is the Interoperability Standards Advisory (ISA)?

(<https://www.healthit.gov/isa/>)

The Interoperability Standards Advisory (ISA) process represents the model by which the Office of the National Coordinator for Health Information Technology (ONC) will coordinate the identification, assessment, and public awareness of interoperability standards and implementation specifications that can be used by the healthcare industry to address specific interoperability needs including, but not limited to, interoperability for clinical, public health, and research purposes. ONC encourages all stakeholders to implement and use the standards and implementation specifications identified in the ISA as applicable to the specific interoperability needs they seek to address. Furthermore, ONC encourages further pilot testing and industry experience to be sought with respect to standards and implementation specifications identified as “emerging” in the ISA.

If all States used the ISA in developing and implementing State policies and in applicable State procurements, significant advancements could be achieved in advancing the vision of Health IT interoperability across the care continuum. Health IT interoperability issues reflected on in support of this Medicaid program should consider using the best available standards referenced in the ISA.

7. What is 45 CFR Part 170 Subpart B?

Additionally, Medicaid Information Technology Architecture (MITA) emphasizes the importance of interoperability and industry standards. States should take an aggressive approach to HIE and interoperability governance for purposes of supporting interoperability while focusing on security and standards to keep interphase costs to a minimum. The CMS final rule published on December 3, 2015, “Mechanized Claims Processing & Info Retrieval Systems” requires in §433.112 a new focus on industry standards in MITA that support more efficient, standards based information exchange

as described in 45 CFR Part 170. Specifically, 45 CFR Part 170 defines the common Meaningful Use data set, transport standards, functional standards, content exchange standards and implementation specifications for exchanging electronic health information, and vocabulary standards for representing electronic health information.

8. What do I need to know about the EHR Incentive Program?

Any discussion of promoting health IT provider adoption and use must begin with the EHR Incentive program known as “Meaningful Use.” Program year 2016 was the last year for Medicaid providers to initiate participation in the EHR Incentive Program. CMS and states have collectively distributed \$10.6 billion¹ incentive payments to Medicaid physicians to support health IT adoption. As required by the HITECH statute and in support of the EHR Incentive Program, CMCS is leveraging federal-state resources to advance the Medicaid enterprise and health information exchange. Considering MITA Condition and Standard # 4, ‘the Leverage Condition’² or #7, ‘the Interoperability Condition’³, it is critical that states build off of the Meaningful Use EHR incentive program when promoting and funding provider health IT adoption and use. States should also consider leveraging MCO contracts as a means of supporting provider EHR adoption as described in the Medicaid Managed Care Final Rule⁴.

9. Why is ONC Certification Criteria important? What are the editions of certification criteria and what is the latest edition?

The Office of the National Coordinator for Health Information Technology (ONC) Health IT Certification Program is a voluntary certification program established by the Office of the National Coordinator for Health IT to provide for the certification of health IT standards, implementation specifications and certification criteria adopted by the Secretary. The ONC Health IT Certification Program supports the availability of certified health IT for its encouraged and required user under other federal, state and private programs.

The 2015 Edition final rule establishes health IT certification criteria that support patient care, patient participation in care delivery, and electronic exchange of interoperable health information.

¹ <https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/DataAndReports.html>. More than \$10.6 billion in Medicaid EHR Incentive Program payments have been made between January 2011 (when the first set of states launched their programs) and April 2016

² MITA Condition and Standard # 4, ‘the Leverage Condition’ requires states to promote sharing, leverage and reuse of Medicaid technologies and systems.

³ MITA Condition and Standard #7, ‘The Interoperability Condition’ requires states to ensure a seamless coordination and integration with health information exchange, health insurance exchange and or other federal agencies.

⁴ <https://www.medicare.gov/medicaid-chip-program-information/by-topics/delivery-systems/managed-care/managed-care-final-rule.html>

In addition, the final rule enhances the ONC Health IT Certification Program by including provisions for more rigorous testing of health IT exchange capabilities, establishing explicit requirements for in-the-field surveillance and transparency of health IT, and by making granular information about certified health IT publicly available through an open data certified health IT product list (CHPL). These steps will improve the reliability of certified health IT and provide more purchasing power to providers.

Highlights of the 2015 final rule include:

Interoperability: Improves interoperability by adopting new and updated vocabulary and content standards for the structured recording and exchange of health information, including a Common Clinical Data Set composed primarily of data expressed using adopted standards; and rigorously testing an identified content exchange standard (Consolidated Clinical Document Architecture (C-CDA));

Accessibility and Exchange of Data: Facilitates the accessibility and exchange of data by including enhanced data export, transitions of care, and application programming interface (API) capabilities in the 2015 Edition Base Electronic Health Record (EHR) definition;

Health IT Across the Care Continuum: Establishes a framework that makes the Office of the National Coordinator (ONC) for Health IT Certification Program open and accessible to more types of health IT, including health IT that supports a variety of care and practice settings, various HHS programs, and public and private interests;

EHR Incentive Program Requirements: Supports the Centers for Medicare & Medicaid Services' (CMS) Medicare and Medicaid EHR Incentive Programs (EHR Incentive Programs) through the adoption of a set of certification criteria that align with provisions in the EHR Incentive Programs requirements;

Health Disparities: Addresses health disparities by providing certification to standards for more granular capture of race and ethnicity; for the collection of sexual orientation, gender identity, social, psychological, and behavioral data;

Data Segmentation of Sensitive Information: Supports the exchange of sensitive health information through the Data Segmentation for Privacy criteria;

Privacy and Security: Ensures all health IT presented for certification possess the relevant privacy and security capabilities;

Patient Safety: Improves patient safety by applying enhanced user-centered design principles to health IT, enhancing patient matching, requiring relevant patient information to be exchanged (e.g., Unique Device Identifiers), improving the surveillance of certified health IT, and making more information about certified products publicly available and accessible;

Reliability and Transparency: Increases the reliability and transparency of certified health IT through surveillance and disclosure requirements; and

Flexibility and Innovation: Provides health IT developers with more flexibility, opportunities, and time for the innovative, usability-focused development and certification of health IT.