MINUTES

Massachusetts Health Information Technology Council Meeting

January 27, 2010

10:00 – 11:30 am

Matta Conference Room
One Ashburton Place
Boston, Massachusetts

MINUTES
MASSACHUSETTS HEALTH INFORMATION TECHNOLOGY COUNCIL

January 27, 2010

Attendees:

Council Members	JudyAnn Bigby, MD - *(Chair) Secretary of Health and Human Services*
	(Jay Gonzalez - *Secretary of Administration and Finance)***
	Represented by: Marcie Desmond
	(Terry Dougherty – *Acting Director of Medicaid)***
	Represented by: Philip Poley
	Deborah Adair - *Director of Health Information Services / Privacy Officer at Massachusetts General Hospital*
	Lisa Fenichel, M.P.H. - *E-Health Consumer Advocate*
	Meg Aranow - *VP & Chief Information Officer, Boston Medical Center*
Other	Deb Schiel (EOHHS – Office of Medicaid)
	Kimberly Haddad (Senator Moore's office)
	Merritt Daltel (Joint Committee on Health Care Finance)
	Sue Kaufman (Division Health Care Finance and Policy)
	Young Joo (Division Health Care Finance and Policy)
	Miriam Drapkin (Division of Health Care Finance and Policy)
	Jessica Long (Conference of Boston Teaching Hospitals)
	Adam Delmolino (Massachusetts Hospital Association)
	Foster Kerrison
	Barbara Klein (Concordan)
	Kevin Schwartz (Concordant)
	Luanne Kimler (Arcadia Solutions)
	David Gust (Arcadia Solutions)
	Brian Gildea (Arcadia Solutions)
	Jan Roce (ML Strategies)
	Bob Strong (Pro Caseo, Inc)
	Lorllyn Allan (Lahey Clinic)
	Matt Velrio (Harvard Pilgrim Health Care)
MTC Staff	Mitchell Adams
	Dr. Richard Shoup
	Judy Silvia
	Glen Comiso
	Bethany Gilboard
	Carole Rodenstein
	Barbara-Jo Thompson

The nineteenth meeting of the Massachusetts Health Information Technology Council was held on January 27th, 2010, in the Matta Conference Room at One Ashburton Place in Boston, Massachusetts.

Secretary Bigby called the Meeting to order at 10:00 a.m., she gave an apology that she would need to leave the meeting early, and then gave a quick run through of the day's agenda.

AGENDA ITEMS

I. Approval of December 22nd Minutes

After motions made and seconded, it was unanimously agreed to accept the draft minutes as the official minutes of the December 22nd meeting.

II. MassHealth Advanced Planning Document (M.H.A.P.D.)

Secretary Bigby explained that MassHealth is in their advance planning for provider incentive payment for HIT. Medicaid and Medicare have separate paths for HIT adoption. Medicaid offers incentive payments for electronic health record (EHR) adoption to get to meaningful use. Federal Financial Participation (FFP) requires matching funds, Feds contribution is 90% and State is 10%.

During the process, Medicaid has aligned with MeHI in our planning effort. It was realized we should leverage both efforts and combine for the Commonwealth.

She invited Phil Poley of the office of Medicaid to address their needs for the Federal Planning Document.

- ***Step 1:*** EOHHS must submit HIT Planning Advanced Planning Document (HIT P-APD) for CMS approval to receive 90% FFP for planning activities related to the Medicaid EHR Incentive Payment Program.
- ***Step 2:*** EHS must submit a State Medicaid HIT Plan (SMHP) and HIT Implementation APD (HIT I-APD) for CMS approval to receive 90% FFP to implement and administer the Medicaid EHR Incentive Payment Program.
- ***Step 3:*** Submit annual HIT I-APDs to receive 90% FFP to administer the incentive payment program on an ongoing basis including approvable expenses related to oversight activities and promotion of health information exchange.

Federal money is expected to pay approx 85% of what is needed to get to meaningful use.

- "A plan of action…for a State agency to determine the need for and plan the acquisition of HIT equipment or services or both and to acquire information necessary to prepare the HIT I-APD or request for proposal to implement the SMHP"
- MassHealth's HIT P-APD
  - Current draft undergoing review
  - Proposed budget of $4 Million for Staffing and Vendor Support for the following activities:
    - Project Management
    - Ongoing Coordination and Strategic Planning with MeHI

- Development of State Medicaid HIT Plan (SMHP) and HIT I-APD
- Planning for Incentive Payment Administration and Reporting
- Assessment of the MassHealth/EOHHS Ability to Support and Utilize the Statewide HIE
- EOHHS staff, Provider, and Consumer Outreach Activities

Mr. Poley continued through his power point presentation (Attached and incorporated as part of the minutes.)

Mr. Poley then request that $500,000 be expended from the eHealth fund to meet the state match requirements for MassHealth.

Secretary Bigby directed the Council's attention to a formal motion that was at the end of meeting packet. (Attached and incorporated as part of the minutes.)

She then asked the Council members if they had any questions regarding the need for the Medicaid plan and request for funds.

Ms. Aranow asked a question regarding who qualifies for funds.

Mr. Poley responded describing the rules on how some will qualify and some will not.

Secretary Bigby expounded on the question regarding funds.

Some providers will be pediatricians; Medicaid usually does not have pediatric measures, and won't go down the meaningful use path. Mr. Poley explained that there is a lower threshold for pediatricians, but a lot about outcome measures. We can't change meaningful use requirements, but we can add requirements about reporting.

Ms Adair mentioned that the two plans seem to be interconnected, but the funding may be through the Medicaid funds? Mr. Poley responded that there are two sources of funding. To which she responded that this could be a big thing for providers.

Secretary Bigby pointed out that the money we ultimately budget from CMS for the REC could be substituted with Medicaid money. This gives us an opportunity to add more providers. It expands the number of providers we can support.

Secretary Bigby asked the Council to look at the motion. Ms. Adair read the following motion aloud:

Massachusetts Health Information Technology Council

MOTION

The Health Information Technology Council, acting pursuant to the authority delegated under Chapter 40J of the General Laws of the Commonwealth, does hereby authorize the expenditure of funds from the E-Health Institute Fund in an amount not to exceed $500,000 for a grant award to the Office of MassHealth (OMH) within the Executive Office of Health and Human Services, as presented. The grant funds shall be applied as a cash match on a nine-to-one basis for health information technology (HIT) planning and

related activities required of OMH, as the State Medicaid Agency, that will be eligible for ninety percent federal financial participation pursuant to the Medicaid American Recovery and Reinvestment Act. The Council recommends that the Board of Directors of the Massachusetts Technology Park Corporation approve the HIT planning grant for the Office of MassHealth, as provided herein.

Ms Aranow asked a question regarding 9 to 1 match, to which Dr. Shoup explained that there was a page in today's power point to address that question.

Ms. Fenichel stated that it is not clear about the $500,000.

Secretary Bigby explained that the $500,000 is the State match required to generate $4M for MassHealth.

Mr. Poley added that MeHI's contribution is not to exceed the $500,000.

After formal motion made and seconded, it was unanimously agreed to award the $500,000 to Office of MassHealth from the eHealth fund.

Dr. Shoup gave an update regarding the budget and available funds.

- Assumes award of full funding for HIE ($10.6M) and REC ($14.4M) in January
- Revenue
  - $4M in revenue from federal funds, third party sources and investment earnings
  - Early years of federal awards require minimal matching funds so total required state funding would decrease to $1,042,000
- Expenses
  - Personnel
    - Existing allocation of MTC staff plus MeHI Director and additional staff to support grant activities
    - (1) Program Director
    - (2) Project Managers
    - (2-3) Clinical Relationship Managers
    - $862,000 in FY10 and $1.3M annualized cost
  - G&A
  - Professional Services
  - Communications
  - IT Services
  - Facilities
  - Indirect Costs
  - Total FY10 $1.9 M
- Incentive Payments
  - $2.4M in FY10
- eHealth Fund Balance
  - $12.4M in FY 2010

Dr. Shoup introduced Carole Rodenstein as the Program Director for MeHI.

He also explained that we budgeted for three CRMs but we are going through a process of posting an RFQ and then will determine if the three are needed.

Ms. Fenichel asked what the 3rd party sources are and the definition of G&A. Dr. Shoup replied that it is referring to REC revenue. He doesn't have details today but will get them to the Council members, today was just a high level overview. He added that he will be back to the Council with a detailed view of budget.

Secretary left 10:37.

III. HIT Draft Plan Update

Dr. Shoup explained that the hope is to get the HIT Plan posted on the website as soon as possible to begin receiving public comments. Public comments will then be summarized for the Council. The Council will then determine if the plan needs to be edited. Once the plan is deemed final, the Council would vote to approve it.

He then explained that today the goal is to just give an overview of the HIT plan. It is a large document and he thanked all that gave input. Today we are to determine if there are any omissions and do we have the right goals and strategies.

He walked through a power point presentation (Attached and incorporated as part of the minutes.)

This is a Consumer focused plan. What will this look like in 2015 if we achieve objectives?

Ms Fenichel explained that there was not sufficient turn-around time to review the full document. But at a quick glance she noticed that nothing focused on wellness. HIT is significant for wellness. At a first read she did not see it, however if it is in the document her recommendation was to bring it to the forefront.

Ms Aranow mentioned that she would be a bit hesitant to add more goals. There should be another way to pull it out, without getting granular. Ms. Fenichel responded that the plan is reactive but we need to be proactive.

Ms. Aranow explained that where the document addresses Public Health it addresses wellness.

Dr. Shoup reminded the Council that this plan is strategic and not operational. Then asked if something should be added to Goal 4? Ms. Fenichel answered yes and that she would draft something to include wellness. Ms. Adair felt they could just add the word "wellness", so it would read "Health and Wellness", but Ms Fenichel still felt strongly that there should be an objective on the topic.

Goal 1: Improve access to comprehensive, coordinated, person-focused health care through widespread provider adoption and meaningful use of EHRs

Objectives:

- Equitably increase the number of providers who can demonstrate meaningful use of interoperable EHRs across all service areas, including rural and urban areas where health disparities have been identified.

- Assure electronic access to personal health information by all individuals who so desire.

Ms. Fenichel suggested to remove the phrase, "who so desire".

Ms. Aranow asked about the intent of the comment about opt in vs. opt out.

Dr. Shoup responded that it is more from consumer side, not provider.

Ms. Aranow stated that the plan needs to discuss interoperability, if when we read it we don't know what it means then others won't.

Ms Adair mentioned that if people ask for an EHR they should get it. Ms. Fenichel added, that we have to have it, whether they want it or not and then she referenced that Chapter 305 requires access.

Ms Aranow asked if this was the place to add a reference to the HIE in a bit more detail. Dr. Shoup answered that it could be a bit more specific in services and capability.

She followed up stating it should mention HIE access to consumers and Providers.

Goal 2: Demonstrably improve the quality of health care across all providers through HIT that enables better coordinated care, provides useful evidence-based decision support applications, and can report out quality measurement.

Objectives

- Equitably increase the number of ambulatory primary care providers that have re-engineered their care processes to better manage chronic conditions through adoption of patient centered medical home and HIT that supports evidence based care.

- The Commonwealth will adopt and promulgate a common set of HIT enabled quality and safety measures across all payers and providers.

- The Commonwealth will adopt Meaningful Use measures as defined by the federal government for reporting purposes.

- The state will collect and report on these quality and safety measures for all providers and track progress toward quality improvement goals.

- Quality and safety measures reported from EHRs will be tracked and improved over time.

Ms. Fenichel stated that it may be best to identify what is meant by primary care providers, and provide clarity because even some specialties -- such as ob-gyn-- would be considered primary care providers for this discussion.

Goal 3: Slow the growth of health care spending through efficiencies realized from the use of HIT.

Objectives

- All payers in the Commonwealth will adopt a single set of Federal standards for eligibility and claims payment processes, which will be incorporated into certified EHRs.
- Standardized measures of administrative costs for both payers and providers decrease over time.
- Patients report more timely care, both virtual and face to face.
- Redundant testing has decreased.
- Episodes of futile care can be documented, tracked and minimized.

Ms Aranow asked how will we get "all Payers" to adopt a set of Federal Standards? We should rephrase the sentence.

Ms. Fenichel asked that when the state collects and reports on "these quality and safety measures for all providers and tracks progress toward quality improvement goals", that it be made publicly available.

Ms Adair asked that the point regarding the patient having access must be made clearer.

Mr. Poley reminded that Council that HIPAA is the standards.

Goal 4: Improve the health of the Commonwealth's population through public health programs, research, and quality improvement efforts enabled through efficient, reliable and secure health information exchange processes.

Objectives

- Efficiently track and demonstrate improvement in the Commonwealth's key public health initiatives to better the health of its population.
- Support health reform in the Commonwealth by providing ready access to data and information necessary to identify and implement key reform strategies and tactics.
- Increase the number of patients whose care is coordinated across disparate delivery systems within the state and across state boundaries (e.g., Florida snowbirds, referrals from RI, NH and ME).

Ms. Fenichel reminded the Council that it should be Health and Wellness and we should add a wellness objective.

Dr. Shoup then reviewed the strategies with the Council. (Power Point presentation attached and incorporated as part of the minutes.)

The desire here is that the Ad hoc workgroups will also inform the other groups in the state, implying that there is one committee that informs all groups.

Ms. Fenichel asked why do we specify, "public-private" why can it not just say, "broad-based"? She also wanted clarity on where consumers and consumer advocates would be categorized according to this scheme, as they do not easily fit in either place.

Dr. Shoup explained that the language in the grants require public-private partnership that is why we adopted the language.

Dr. Shoup explained that a lot of time has been spent on the governance chapter and suggested that the Council members focus on that and get feedback to MeHI.

Ms. Aranow asked that the phrase "may" store data be substituted for "will".

In Strategies 5&6, Ms. Fenichel asked why the focus on the unemployed as there may be others. She then stated that this is a summary and how would they like her to give input on full document. Dr. Shoup responded that she should feel free to send an email with any additional comments to what has already been sent.

She followed up asking what the plan to notify the public is. Is there a way to target the correct audience?

Dr. Shoup explained that MeHI has a broad database. The plan is to send an email blast with the link to the MeHI website where the document will be posted.

Ms. Fenichel stressed that this is daunting for people to read it. Is there a way maybe they could comment on just the summary? She asked if it would be clear to the reader that it is not a failure, to not comment on the full document.

Dr. Shoup reminded the Council that the goal would be to have this done and approved by the Council the last meeting in February which is the same as with the budget. We will hear from the ONC about funds soon. We would like to get this finished by the end of February, but it will be a lot of work to synthesize comments, to get them changed and to the Council with adequate time to approve. The two weeks would be two business weeks. The hope is that the Plan is posted this Friday and we could give them the two weeks plus the additional weekend. This would give two weeks posted and then time for turnaround.

Ms Adair asked if this would include the Board of Registration and every provider. Judy Silvia responded that it would include a broad base of stakeholders and the legislature.

Mr. Poley added that Medicaid has a broad based distribution as well and will offer it.

Moving along in his presentation, Dr. Shoup began a brief discussion regarding the ad hoc work groups.

We have talked to a number of stakeholders that have all expressed interest in workgroups that can facilitate the various activities going on in the Commonwealth.

We realized that these groups had over 30 individuals in some groups. So it was decided that we would size that down to 10, a chairperson would be selected. As work progresses they would then be able to draw from a pool of others if needed.

Ms. Fenichel asked how long and what is the general commitment? She added that she has been seeking consumer participation, but without specific information, has been stymied in her quest. Dr. Shoup explained that if we get concurrence, the approach would be that we then would suggest a group of 10 people to the Secretary. She can either appoint a chairperson, or the groups can select, and we may give a few governing principles and/or operating parameters.

IV. Updates
   a. HIE
   b. REC
   c. Beacon Communities

Dr. Shoup gave an update on the grant application status, explaining that we are still waiting to hear. We have had conversations with the project managers; we were told we do not have to submit a cycle two application. There were no questions about the Budget, and the business model. There has been NO formal communication. We are not saying here we will get funds, only saying we are still hopeful. He stated he wished there was more to tell, but he didn't have anything - stay tuned.

Dr. Shoup went on to state that there are 4 applications for Beacon Communities from the Commonwealth. He has spoken to all of the applicants. As HIT Coordinator he had to insure what they are proposing aligns with state goals. The goal is to shine a Beacon to what the state will look like in 3-5 years.

Finalizing the comments for the HIT Plan, he concluded that if the Council had any other questions or comments to get them to MeHI as the desire is to get this posted on Friday. If you have any questions or concerns, we do not want to rush this.

Ms. Adair thanked Dr. Shoup for his dedication. And he stated that it is team work.

Ms. Aranow stated that this version of the plan is better and more of what the Council had in mind.

V. Other

With no other business to discuss, Ms. Adair adjourned the meeting at 11:25 am.

massachusetts eHEALTH institute
A Division of MTC

MeHI Update:
HIT Plan and Grant Updates

January 27, 2010

A Division of MTC

Agenda

Budget Approval

- Joint HIT planning process with MeHI
- State matching funds request
- MeHI Budget summary

MeHI Strategic HIT Plan Update

- HIT Plan Content Review
- Ad Hoc Workgroups - discussion

Update on Grant Applications

- Regional Extension Center - Cycle 1
- Health Information Exchange - Planning Grant
- Workforce Development Grant – Mid-February
- Community College Consortium - Full application on 1/22
- Beacon Communities - 4 applications from MA

Medicaid/MeHI Joint HIT Planning

MeHI Budget – FY2010 with HITECH Funding

- Assumes award of full funding for HIE ($10.6M) and REC ($14.4M) in January
- Revenue
  - $4M in revenue from federal funds, third party sources and investment earnings
  - Early years of federal awards require minimal matching funds so total required state funding would decrease to $1,042,000
- Expenses
  - Personnel
    - Existing allocation of MTC staff plus MeHI Director and additional staff to support grant activities
    - (1) Program Director
    - (2) Project Managers
    - (2-3) Clinical Relationship Managers
    - $862,000 in FY10 and $1.3M annualized cost

MeHI Budget – FY2010 with HITECH Funding

- Expenses
  - G&A
  - Professional Services
  - Communications
  - IT Services
  - Facilities
  - Indirect Costs
  - Total FY10 $1.9 M
- Incentive Payments
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HIT Plan Content Review

Plan Overview

- **Consumer oriented approach supporting health care reform**
- **Established strategic framework to achieve HIT-related vision, goals and objectives**
  - Vision of HIT
  - HIT Plan Goals and Objectives
  - Strategies for Achieving HIT-related Goals and Objectives
- **Future vision of HIT in MA - 2015**
  - Health care providers manage their patient's complete health care needs and electronically document the care they provide
  - Patients are quickly, easily and securely access their own health information (in a private and secure manner).
  - Payers experience a decrease in health care costs and utilization due to the improved health of population, reductions in costly medical errors and increased system efficiencies.

Plan Overview

- **Future vision of HIT in MA - 2015**
  - A significant workforce throughout MA is skilled and knowledgeable in supporting systems and in advancing all aspects of HIT sophistication for continued improvements in health care quality and safety.
  - Health care costs have decreased due to the improved health of the population, reductions in costly medical errors and increased efficiencies in the system.
- **Achieving the vision**
  - Will require a shift in the way both patients and providers interact with the health care system with HIT enabling the shift.
  - The transformed system will permit better access to health-related information for both caregivers and patients. Patients will be better able to participate in their own care.
  - Administrative and clinical processes that are currently paper-based will be automated, thereby improving efficiency and quality in the system as a whole.

MeHI Strategic Plan Goals and Objectives Review

Goal 1: Improve access to comprehensive, coordinated, person-focused health care through widespread provider adoption and meaningful use of EHRs

Objectives:

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MeHI Strategic Plan Goals and Objectives Review

Goal 2: Demonstrably improve the quality of health care across all providers through HIT that enables better coordinated care, providers useful evidence-based decision support applications, and can report out quality measurement.

Objectives

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- The Commonwealth will adopt Meaningful Use measures as defined by the federal government for reporting purposes.
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MeHI Strategic Plan Goals and Objectives Review

Goal 3: Slow the growth of health care spending through efficiencies realized from the use of HIT.

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MeHI Strategic Plan Goals and Objectives Review

Goal 4: Improve the health of the Commonwealth's population through public health programs, research, and quality improvement efforts enabled through efficient, reliable and secure health information exchange processes.

Objectives

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- Support health reform in the Commonwealth by providing ready access to data and information necessary to identify and implement key reform strategies and tactics.
- Increase the number of patients whose care is coordinated across disparate delivery systems within the state and across state boundaries (e.g., Florida snowbirds, referrals from RI, NH and ME).

Strategies to Achieve MA's HIT Related Goals & Objectives

Strategy 1: Establish Multi-Stakeholder governance.

- HIT Council in place with representatives from public and private sectors.
- Ad Hoc Workgroups convened to ensure private sector participation and to provide direct input to HIE Council.
- MeHI will coordinate activities prioritized by HIT Council.

Strategy 2: Establish a Privacy Framework to Guide the Development of a Secure HIT Environment.

- Patients will be able to influence the way their health-related information is handled through a statewide HIE.
- MeHI will develop a certification program that will ensure that those authorized to provide or access information from the statewide HIE have processes in place to protect consumer's information.
- The HIT Council will leverage stakeholder input through an Ad Hoc Privacy and Security Workgroup.

Strategies to Achieve MA's HIT Related Goals & Objectives

Strategy 3: Implement Interoperable Health Records in all Clinical Settings and Assure They are Used to Optimize Care.

- The Commonwealth will provide assistance to priority primary care providers through REC.
- MeHI (through the REC) will contract with IOOs to provide implementation services.
- Commonwealth will align federal incentives in order to maximize our benefit from federal programs such as HITECH incentives.

Strategy 4: Develop and Implement a Statewide HIE Infrastructure to Support Care Coordination, Patient Engagement and Population Health

- While aligning with federal efforts, the Commonwealth will initially focus on specific services with additional services to be considered in context of HIE.
- MeHI will build HIE based on federated model but will store data in centralized repository when absolutely necessary to support specific uses such as reporting.

Strategies to Achieve MA's HIT Related Goals & Objectives

Strategy 5: Create a Local Workforce to Support HIT Related Initiatives.

- Develop training programs to train unemployed residents to provide skills needed in HIT job market.
- Commonwealth will leverage federal grants to help fund HIT workforce development programs.

Strategy 6: Monitor Success

- Process implementation measures will focus on implementation of adoption of HIT by providers and consumers.
- Utilization and outcome measures will focus on improving levels of quality, safety and efficiency as a result of HIT-related initiatives.

Next Steps in HIT Planning Process:

- Make necessary changes and post on MeHI web site for two weeks.
- Summarize public comments for HIT Council and make final changes to plan.
- HIT Council approves final plan.

Ad Hoc Workgroups

Align number of workgroups with HIT Plan

- Quality and Public Health Reporting
- Consumer Education and Outreach
- Privacy and Security
- REC and Technical Workgroup
- HIE
- Workforce Development
- Ad Hoc Workgroups to support and inform multiple projects in Massachusetts beyond MeHI

Ad Hoc Structure

- Core group of 8-10 participants per workgroup with “pool” of available stakeholders able to support specific initiatives.
- MeHI will provide staff support to Workgroups

Grant Application Status

ARRA/HITECH Opportunities for MeHI

Key opportunities pursued by the Massachusetts eHealth Institute:

- HITECH Regional Extension Center to support implementation of electronic health record systems in 2500 physician offices: applied for approximately **$15M** for Massachusetts (MeHI)
- HITECH Statewide HIE with collaborative governance and sustainable funding model: applied for $ 945K in planning funds out of total of **$10.6M** for Massachusetts (MeHI)
- ARRA Workforce development grant through Department of Labor for health information technology training: EOHHS applied for **$4.9** on 10/5/09 and MeHI may need to provide some support.

Beacon Communities

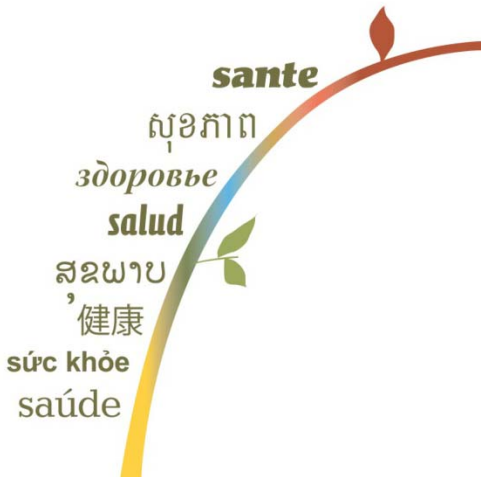
Four Applications from MA

- Boston and Cambridge
- Boston Medical Center
- South Shore Hospital
- Cambridge Health Alliance

MassHealth

MassHealth – Medicaid EHR Provider Incentive Payment Program

January 27, 2010



Background

MassHealth

- ***Step 1:*** **EHS must submit HIT Planning Advanced Planning Document (HIT P-APD) for CMS approval to receive 90% FFP for planning activities related to the Medicaid EHR Incentive Payment Program.**

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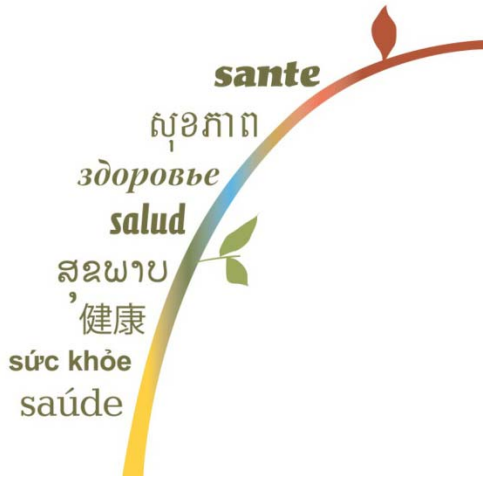

HIT Planning APD

MassHealth

- "A plan of action…for a State agency to determine the need for and plan the acquisition of HIT equipment or services or both and to acquire information necessary to prepare the HIT I-APD or request for proposal to implement the SMHP"
- MassHealth's HIT P-APD
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    - Ongoing Coordination and Strategic Planning with MeHI
    - Development of State Medicaid HIT Plan (SMHP) and HIT I-APD
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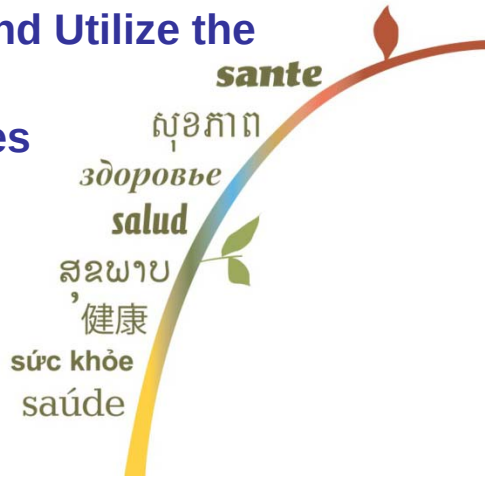
    - Assessment of the MassHealth/EHS Ability to Support and Utilize the Statewide HIE
    - EOHHS staff, Provider, and Consumer Outreach Activities



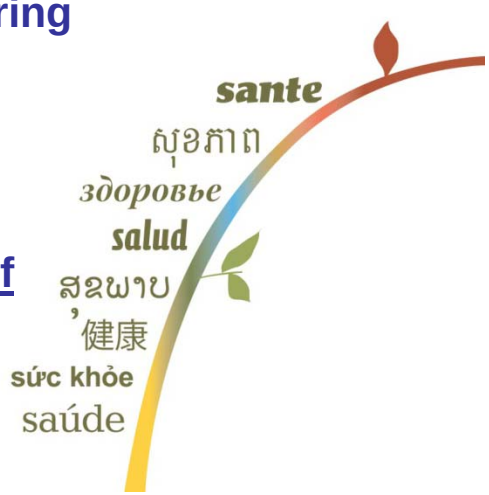
State Medicaid HIT Plan (SMHP)

MassHealth

Elements of SMHP:

1) *Current and Future Visions of State Systems and Interoperability*

- Inventory of existing HIT in the State including the HIT "as-is" landscape; the HIT "to-be" landscape; and HIT roadmap and strategic plan for the next 5 years.
- How the SMHP will be planned, designed, developed and implemented, according to MITA principles
- How intrastate systems, including MMIS have been considered in developing a HIT solution
- Descriptions of the following:
  - Data-sharing components of HIT solutions
  - How each State will promote secure data exchange
  - How each State will promote the use of data and technical standards to enhance data consistency and data sharing through common data-access mechanisms.
- How each State will support integration of clinical and administrative data
- Process for ensuring improvements in health outcomes, clinical quality, or efficiency resulting from the adoption of certified EHR technology



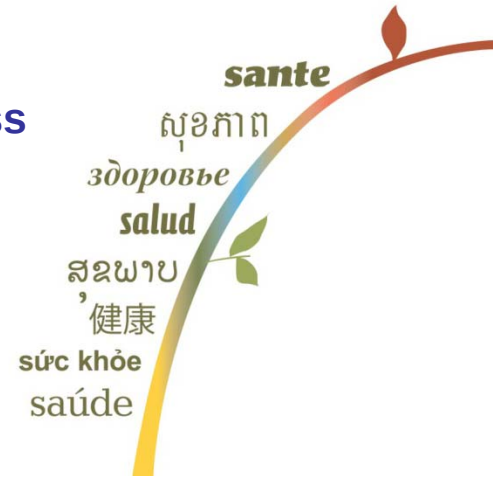
State Medicaid HIT Plan (SMHP)

MassHealth

- Process for ensuring that certified EHR technology is compatible with State or Federal administrative management systems, including the MMIS
- How States will adopt national data standards for health and data exchange and open standards for technical solutions as they become available.
- How States intend to address the needs of underserved and vulnerable populations such as children, individuals with chronic conditions, IV-E foster care children, individuals in long-term care settings and the aged, blind, and disabled.

2) *Provider Eligibility*

- A description of the processes for ensuring and verifying that each EP and eligible hospital meets all provider enrollment eligibility criteria including
  - Medicaid patient enrollment thresholds
  - Ensuring EPs are not hospital based providers
  - Ensuring Eligible Hospitals have ALOS of 25 days or less

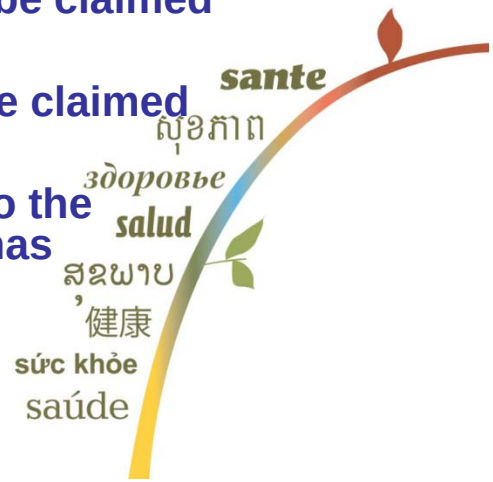


State Medicaid HIT Plan (SMHP)

MassHealth

3) *Monitoring and Validation*

- **A description of the process in place for ensuring that all provider information for attestations and any information added to the CMS Single Provider Repository including all information related to patient volume, NPI, Tax identification number (TIN), meaningful use, efforts to adopt, implement, or upgrade are all true and accurate including descriptions of the following processes:**
  - **Capturing and verifying attestations from each EP or eligible hospital**
  - **Capturing and verifying clinical quality data from each EP or eligible hospital**
  - **Monitoring the compliance of providers coming onto the program with different requirements depending upon the year**
  - **Listing specific actions planned to implement the HIT EHR incentive program including organizational charts**
  - **Ensuring that no amounts higher than 100% of FFP will be claimed for State payments to Medicaid eligible providers**
  - **Ensuring that no amounts higher than 90% of FFP will be claimed for administrative expenses**
  - **Ensuring and verifying that payments are paid directly to the provider (or to an employer or facility that the provider has assigned payments) without any deduction or rebate.**



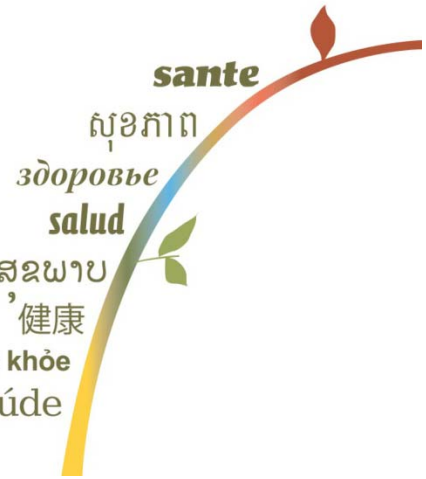
State Medicaid HIT Plan (SMHP)

MassHealth

- Ensuring that all assignments to an entity, as designated by the State, are voluntary for the EP and entities do not retain more than 5% of payments for costs not related to certified EHR technology (and support services including maintenance and training)
- Ensuring and verifying that eligible providers receive an incentive payment from only one State
- Ensuring that each EP or eligible hospital that participates in the EHR incentive payment program will receive a NPI; and description of how the NPI will be used to coordinate with the CMS so that the EP will choose only one program from which to receive the incentive payment
- Ensuring that each EP or eligible hospital who wishes to participate in the EHR incentive payment program will provide a TIN to the State for payment purposes

4) *Medicaid EHR Incentive Payments*

- Descriptions of the following processes that are in place:
  - Ensuring that there is no duplication of Medicare and Medicaid incentive payments to EPs.
  - Ensuring that any existing fiscal relationships with providers to disburse the incentive payments through Medicaid managed care plans does not result in payments that exceed 105% of the capitation rate



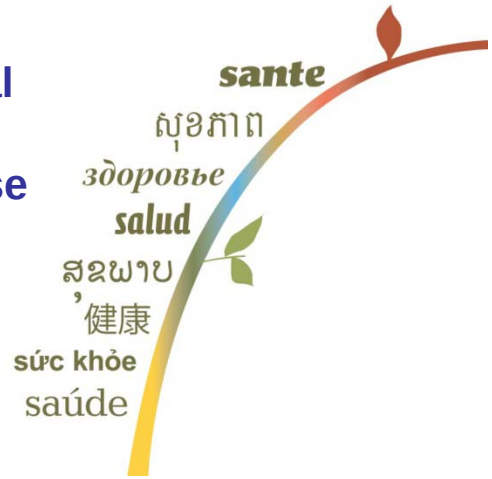
State Medicaid HIT Plan (SMHP)

MassHealth

- Ensuring that Medicaid EHR incentive payments are made for no more than 6 years and that no EP or eligible hospital begins receiving payments after 2016 and that a methodology for verifying such information is available.
- Ensuring that Medicaid EHR incentive payments are not paid at amounts higher than 85% of the net average allowable cost of certified EHR technology and the yearly maximum allowable payment thresholds
- Ensuring that all hospital calculations and hospital payment incentives are consistent with CMS requirements
- The process in place to provide for the timely and accurate payment of incentive payments to EPs and eligible hospitals
- The process in place and a methodology for verifying such information to provide that any monies that have been paid inappropriately as an improper payment or otherwise not in compliance with this subpart will be recouped and FFP will be repaid.

5) Combating Fraud and Abuse and Planning for Provider Appeals

- A description of the process in place for a provider to appeal
- A description of the process in place to address Federal laws/regulations designed to prevent fraud, waste, and abuse

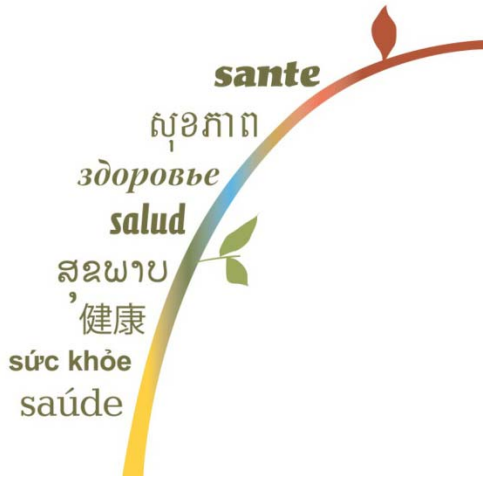


State Medicaid HIT Plan (SMHP)

MassHealth

6) Optional--Proposed Alternatives.

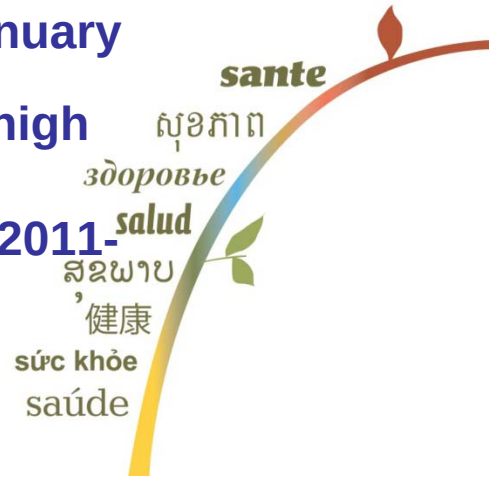
- A State may choose to propose any of the following, but they must be included as an element in the State Medicaid HIT Plan for review and approval:
  - An alternative methodology for measuring patient volume
  - Additional requirements for qualifying a Medicaid provider as a meaningful user of certified EHR technology
  - A State may propose additional meaningful use objectives beyond the Federal standards, if they do not require additional functionality beyond that of certified electronic health record technology
  - A plan for early implementation of incentive payments for a provider who adopts, implements, or upgrades certified EHR technology



Timeline

MassHealth

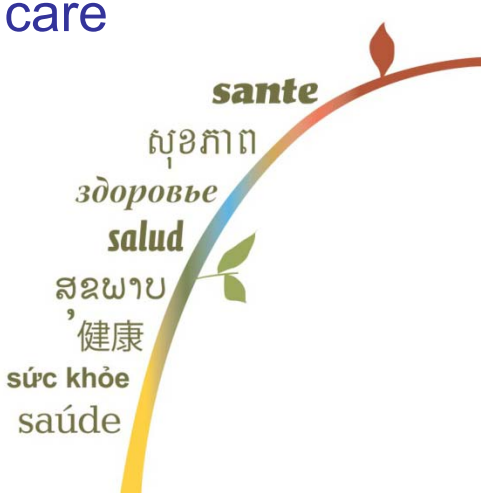
- ***Proposed Rules Released by CMS - December 30, 2009***
- **Comments on Proposed Rules due to CMS – March 2010**
- **EOHHS submits HIT P-APD – End of January 2010**
- **CMS approves EOHHS HIT P-APD- February 2010**
- **EOHHS releases SMHP Vendor RFQ- February 2010**
- **SMHP Vendor Award- April 2010**
- ***Final EHR/Meaningful Use Rules released by CMS around June 2010***
- **Submission of SMHP to CMS - August 2010**
- **CMS approves EOHHS SMHP and I-APD – September 2010**
- **Implementation Activities can begin – August 2010**
- **Incentive Payment Program can begin as early as January 2011 (earlier if CMS approves SMHP and EOHHS implements key components of SMHP – considered high risk by CMS)**
- **Medicaid EHR Incentive Program runs from January 2011-December 2021**



EOHHS and MeHI Collaboration

MassHealth

- State HIT strategic plan and Chapter 305 objectives are tightly aligned with CMS Medicaid HIT incentives
- Medicaid HIT incentive funds provide a significant source of financing to achieve the adoption and meaningful use goals of Chapter 305
  - Chapter 305 meaningful use goals and CMS meaningful use certification requirements are closely aligned
- Widespread adoption and meaningful use of HIT is seen as a critical support to the statewide, all payer Patient Centered Medical Home Initiative.
- MeHI's focus of IOO support on PCCs, Nurse Practitioners and Community Health Centers aligns with the Commonwealth's commitment to supporting and enhancing primary care
- MeHI IOO certification will be instrumental in encouraging rapid adoption of HIT by MassHealth providers

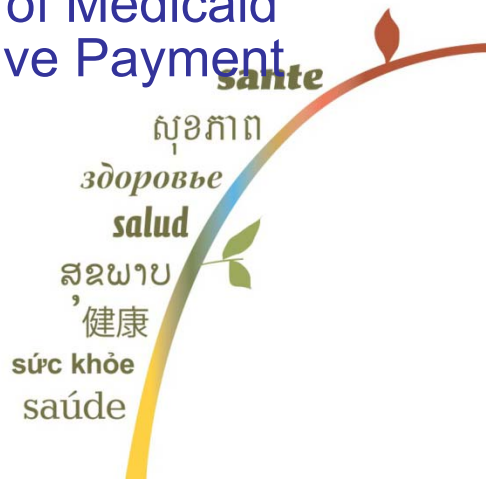


Comparison of Statewide HIT Plan and State Medicaid HIT Plan

MassHealth

- ***Statewide HIT Plan***
  - Focus on HIT Planning for the entire Commonwealth
  - Assessment/Strategy for all payers and providers connecting to statewide HIE
  - Planning for implementation and operation of statewide HIE
  - Planning for implementation and operation of statewide REC

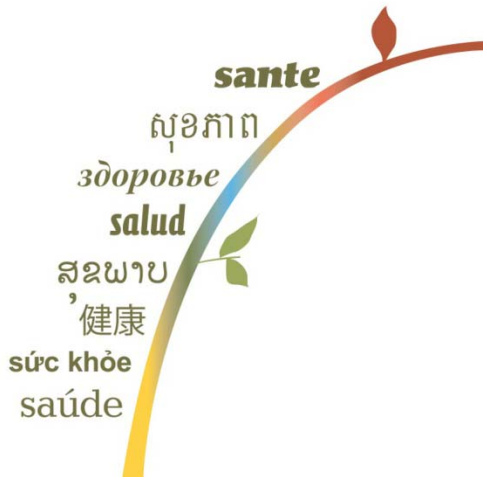
- ***State Medicaid HIT Plan***
  - Focus on HIT Planning for MassHealth/EHS that is aligned with statewide HIT Plan
  - Assessment/ Strategy for MassHealth/EHS to connect with statewide HIE
  - Planning for implementation & operation of Medicaid EHR Incentive Payment Program



Next Steps

MassHealth

- An ISA with MeHI for the following types of activities:
  - Data sharing agreements
  - Joint planning and system design
  - EHR Certification support of MassHealth providers
  - IOO support for MassHealth Primary Care Providers



Next Steps

MassHealth

- Given today's fiscal constraints, EHS requests $500,000 in support from the eHealth Institute Fund to serve as the "state share" for the initial APD.