

# I-Advanced Planning for the Stage 2 On-Boarding Work Load

Joint public Health Forum and CDC Nationwide Call  
November 21, 2013

**Bryant Thomas Karras, MD,**  
Chief PH Informatics Officer (Sr. Epidemiologist)  
Meaningful Use Coordinator),

State of Washington, Department of Health

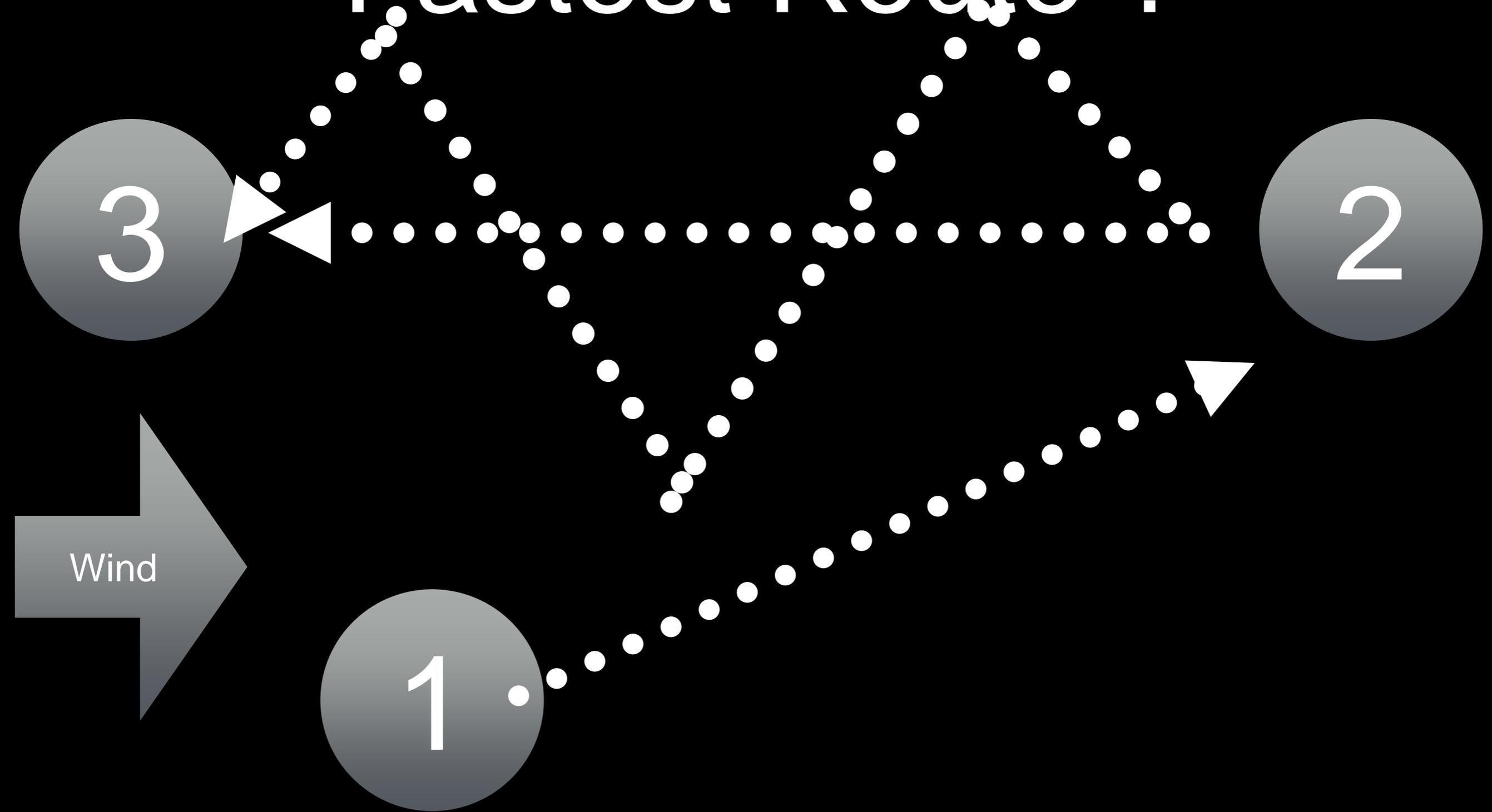
# How to get \$1.4 million

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Chief PH Informatics Officer (Sr. Epidemiologist)  
Meaningful Use Coordinator

State of Washington, Department of Health

# Fastest Route ?





# 1887 America's Cup

The speed and technology of Public Health  
we can catch up with our clinical colleagues

Start: CMS Letter to  
State Medicaid Directors

1

- Work with Medicaid / CMS

2

- State Medicaid Health IT Plan

3

- Inter agency agreement \*

4

- Health IT Implementation  
Advanced Planning Doc

Finish: Approval Letter

# American Recovery and Reinvestment Act of 2009 (the Recovery Act) health information technology (HIT) in the Medicaid program

- seven page letter to State Medicaid Directors May 18, 2011 (SMDL# 11-004)
- 90 % Federal financial participation (FFP) for State administrative expenses related to the program. including System and resource costs associated with State interfaces of a Health Information Exchange (HIE)--(e.g., laboratories, immunization registries, public health databases, other HIEs, etc.)
- The letter expectations relating to the activities and potential uses of the 90/10 matching funds.

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, Maryland 21244-1850



Center for Medicaid, CHIP and Survey & Certification

SMDL# 11-004  
ARRA# 9

May 18, 2011

**Re: Use of administrative funds to support health information exchange as part of the Medicaid EHR Incentive Program**

Dear State Medicaid Director:

This letter provides further guidance to State Medicaid agencies regarding the implementation of section 4201 of the American Recovery and Reinvestment Act of 2009 (the Recovery Act), Pub. L. 111-5 and regulations at 42 Code of Federal Regulations (CFR) Part 495, Subpart D. Division B, Title IV, Subtitles A and B of the Recovery Act established the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs, as one component of the Health Information Technology for Economic and Clinical Health (HITECH) Act. HITECH, as well as our final regulation, governs incentive payments to eligible professionals (EPs) and eligible hospitals to promote the adoption and meaningful use of certified EHR technology.

The Recovery Act provides 100 percent Federal financial participation (FFP) to States for incentive payments to eligible Medicaid providers to adopt, implement, upgrade, and meaningfully use certified EHR technology through 2021, and 90 percent FFP for State administrative expenses related to the program. These administrative matching funds must be for activities that are proper and efficient (as defined by OMB Circular A-87) for the administration of the Medicaid EHR Incentive Program.

The Centers for Medicare & Medicaid Services (CMS) issued a State Medicaid Director (SMD) letter on August 17, 2010 that provided guidance to States on allowable expenses for activities supporting the administration of the Medicaid EHR Incentive Program. The letter outlined CMS expectations of activities and potential eligible costs for the 90 percent FFP for administration and oversight of the EHR incentive payments. In addition, that letter provided initial direction regarding State Medicaid agencies' role in promoting EHR adoption and health information exchanges (HIE). This letter provides more detailed guidance on the State expenditures related to the development and sustaining of HIE(s) that may be eligible for the 90 percent FFP.

#### **Background**

As defined in our July 28, 2010 final regulations, Stage 1 of "meaningful use" includes several objectives related to the electronic exchange of health information. Anticipating that State Medicaid agencies would have a role in promoting EHR adoption and HIE, CMS identified ten

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Chicago Regional Office  
233 North Michigan Avenue, Suite 600  
Chicago, Illinois 60601



Consortium for Medicaid and Children's Health Operations

June 24, 2013

MaryAnne Lindeblad  
Medicaid Director  
Health Care Authority  
State of Washington  
626 8<sup>th</sup> Ave. SE  
P.O. Box 45502  
Olympia, WA 45502

Dear Ms. Lindeblad:

Thank you for your correspondence dated June 3, 2013 requesting that the Centers for Medicare & Medicaid Services (CMS) approve Washington's Health Information Technology (HIT) Implementation Advance Planning Document-Update (IAPD-U). CMS has completed its review of this IAPD-U.

Washington's HIT IAPD-U requests CMS funding as authorized under section 4201 of the American Recovery and Reinvestment Act of 2009 (the Recovery Act), Pub L. 111-5, and our regulations at 42 C.F.R. § 495, subpart D. The Social Security Act, as amended under section 4201 of the Recovery Act, as well as our final regulation at 42 C.F.R. § 495.322, allows 90 percent federal funding participation for administrative activities in support of implementing an incentive payment program for Medicaid eligible professionals and eligible hospitals for the adoption and meaningful use of certified electronic health record (EHR) technology.

As described in our regulations at 42 CFR § 495, Subpart D, Requests for Proposals (RFPs) or contracts that the state procures with funding from the herein approved IAPD, must be approved by CMS prior to release of the RFP or prior to execution of the contract.

Annual Health Information Exchange (HIE)-related benchmarks and performance measures included in Appendix B must be addressed each year. Please refer to Appendix B for additional information about the state's responsibilities concerning activities described in the HIT IAPD. In accordance with 42 CFR § 495.342, please submit an IAPD-U no later than 12 months from the date of the approved IAPD. If the state is requesting additional funding, please provide ample time for CMS to conduct a review and issue approval.

CMS appreciates Washington's continued commitment and dedication to administering this important new program that will lead to improved healthcare for populations served by the Medicaid Program.

We look forward to working with you as you proceed through the implementation process of your Medicaid HIT project. If you have any questions or concerns regarding this information, please feel free to contact Jason McNamara at (410) 786-3315 or via email at [Jason.McNamara@cms.hhs.gov](mailto:Jason.McNamara@cms.hhs.gov).

Sincerely,

A handwritten signature in black ink that reads "Jackie Garner". The signature is written in a cursive, flowing style.

Jackie Garner

Approval!

# advice for states in preparing

- liaison to state medicaid
- designate MU coord and if possible a Informatics officer
- Invest in your skilled staff (or others will steal them)
- PLAN! and get manual interaction out of critical path as much as poss... see web page [www.doh.wa.gov/healthIT/mu.htm](http://www.doh.wa.gov/healthIT/mu.htm)
- web page with "survey form" for registration of intent, helps with prioritize
- anticipate rush in FFY 2014 Oct 1 but bulk in 2 or 3 90 day

**Who:** PHA to CMS  
**When:** Begin in late-summer 2013

### Declaration of Readiness

Public health agency (PHA) notifies the Centers for Medicare and Medicaid Services (CMS) what public health objectives it can support.

**Who:** EPs and EHs to PHAs  
**When:** Before 60th day of reporting period

### Registration of Intent

Eligible professionals (EPs) and eligible hospitals (EHs) notify PHA in writing what public health objectives they seek to meet.

**Who:** EPs and EHs to PHAs  
**When:** Following registration and in response to PHA requests for action

### On-Boarding

EPs and EHs work with PHAs to establish on-going MU data submission.

**Who:** PHA to EPs and EHs  
**When:** Upon successful submission of public health MU data to PHA

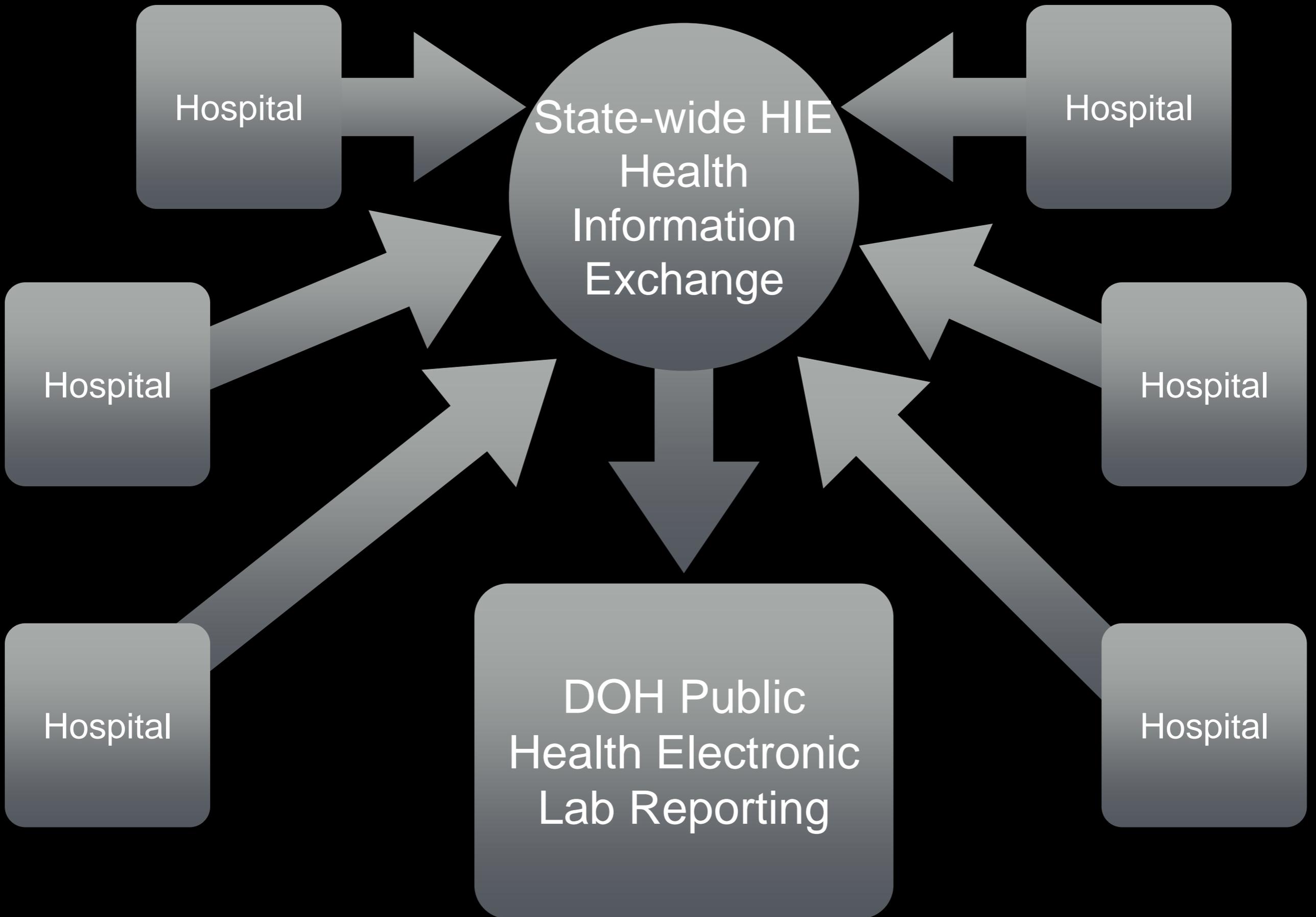
### Acknowledgment

PHAs affirm that EPs and EHs have successfully submission with a written affirmation. EPs and EHs may use the acknowledgment for MU attestation requirements.

# Several States have iAPD for Public Health

- Tennessee
- North Carolina
- Iowa
- Arizona
- Massachusetts
- etc.

- Section I: Executive Summary 2
- Section II: Results of Activities Included in the Planning Advanced Planning Document (P-APD) and SMHP 3
- Section III: Statement of Needs and Objectives 4
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# Planned Enhancements

1. Upgrade our NEDSS system
2. Upscale our Enterprise Integration Engine and connect it to the HIE
3. On-boarding Staff for Validating
4. Acknowledgment of Production

# **Planned enhancements**

## **(ELR systems capabilities needed to meet Meaningful Use Stage 2)**

- 1. Ability to receive and process HL7 v2.5.1 messages (required for MU Stage 2)**
- 2. Select and install enterprise quality (e.g. CEHRT or MITA) middleware integration engine for connecting the DOH ELR system to the Statewide HIE (OneHealthPort)**
- 3. Ability to handle receipt of messages from over 91 Medicaid eligible facilities, in an automated fashion via the Statewide HIE connection, manually validate, and move them into production**
- 4. Ability to send an acknowledgement of receipt of production messages to the sending Hospital**

# Cost Allocation Plan for Implementation Activities

- On-boarding of Medicaid - Eligible Professionals (EP) and Hospitals that are dual eligible covered
- Could be an issue for supporting Medicare - Eligible Professionals (EP) need to develop approach for supporting these providers perhaps State Innovation Models Initiative

# Code of Federal Regulations Yes/No

Assurances Software & Ownership  
Rights, Federal Licenses, Security,  
Disaster Recovery, Information  
Safeguarding, HIPAA Compliance\*,  
Interface Requirements, Progress  
Reports, Procurement Standards

# Seven Conditions & Standards

Modularity

MITA Modularity

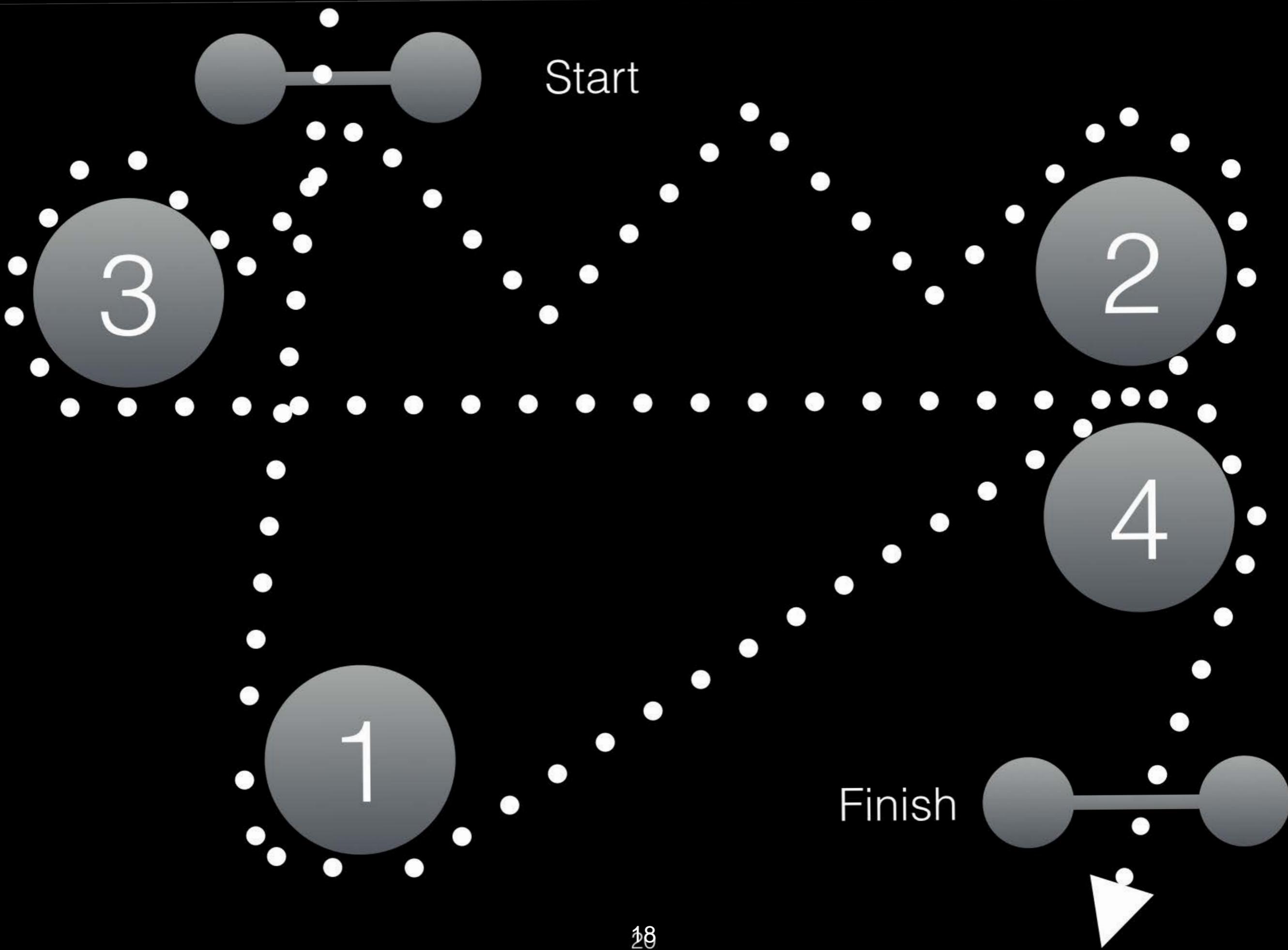
Industry Standard

Leverage Condition

Business Results Condition

Reporting Condition

Interoperability



Start

3

2

4

1

Finish



# 2013 America's Cup

The speed and technology of today's HealthIT  
we don't have to win but we do need to finish



“Implementation Advanced Planning Doc”  
racing into the wind to catch up

–*Bryant Thomas Karras MD*

[bryant.karras@doh.wa.gov](mailto:bryant.karras@doh.wa.gov)