

# Health IT Advisory Council

June 01, 2017  
Special Session

# Agenda

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**Welcome and Introductions**

**12:00 pm**

**Review and Comment of the IAPD**

**12:05 pm**

**Wrap-up and Next Steps**

**12:50 pm**

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# What is an IAPD?

The Health Information Technology Implementation Advance Planning Document (HIT IAPD) is a summary the HIT Roadmap and is a plan to

- Implement the EHR Incentive Program
- Budget describing how the State Medicaid agency will implement steps and track progress from its current or “As Is” landscape to its future “To Be” landscape with meaningful use certified EHR technologies to improve
  - Health outcomes,
  - Care quality and
  - Cost efficiency.

## Section I Executive Summary

- Provides a brief but complete overview of the IAPD update
- Most of the request is continuation of previous efforts including
  - EHR incentives
  - Alerting for Medicaid
  - Provider Directory
  - Medicaid quality reporting
  - Medicaid ePrescribing
  - Personal Health records (continuation of TEFT)
  - HIE planning
- New requests
  - Business Intelligence
  - Additional Medicaid provider onboarding

## Section II Results of Activities included in PAPD, IAPDs, SMHPs

- Includes a brief description of the status of activities under the PAPD, SMHP, and previously approved HIT IAPDs
- Includes a table showing the status of activities under the PAPD, SMHP and previously approved HIT IAPD
- CT has made good progress on the activities and has met all federal requirements

## Section III Statement of Needs and Objectives

- Describes at a high level the needs of the project for which requested funding will be used (e.g. Administrative needs, Outreach needs, Technical Assistance needs)
- Organizes the objectives of the projects as they relate to specific goals and vision for the overall DSS HIT program
- Describes how the CT DSS will measure progress toward goals and objectives

## **Section IV Statement of Alternative Considerations ( no significant changes from the last IAPD)**

- No substantive changes have been made, includes Statement of Alternative Considerations contained in previous versions of the IAPD or in the State Medicaid HIT Plan (SMHP).

## Section V Personnel Resource Statement

- Includes information on both state personnel and contractors in separate tables
- Includes only DSS budget ( for Medicaid related projects)
- Total state staff costs with benefits should aligns with the state personnel line item on the budget in **Section VII**



## Section VI Proposed Activity Schedule

- Lists out all program activities since receipt of funds, including activities that have occurred under previously approved PAPDs and IAPDs
- For each activity, includes start date, end date or projected end date, and status

## Section VII Proposed Budget

- Presents the total cost of Medicaid HITECH activities across all activity categories: Medicaid EHR Incentive Program, Medicaid Interoperability, etc.
- Presents a complete request for FFP (federal participation) that includes all applicable funding sources
- Budget for a full two years
- Federal funds cannot be used for the 10% state match requirement

## Section VIII Cost Allocation Activities

- All activities are Medicaid related – so no cost allocation necessary
- Planning activities also don't need to be cost allocated

## Appendix A MMIS

- MAPIR – 13 state collaborative for a solution to manage Provider incentive payment process as part of the MMIS contract with DXC (HPE)

## Appendix B Provider Incentive Payments

- Includes provider incentive payments already made,
- Provides estimates of future incentive
- Provide estimates of the number of providers by type

## Appendix D HIE

- Section stands by itself
- Continuation of planning activities
- CMS approved initial planning funding to support statewide HIT/E planning during FFY 2017 for \$1,624,318 with an effective date of January 1<sup>st</sup> 2017
- Additional planning ask

Year	HITECH-HIE(90%)		
	Fed	State	Total
<b>FFY 2018</b>	2,946,310	327,368	3,273,678
<b>FFY 2019</b>	1,529,381	169,931	1,699,312
<b>Total</b>			4,972,990

## Cost Allocation

- Not required for planning activities but necessary for any implementation activities
- Funding from Medicaid should be part of an overall financial plan that leverages multiple funding sources to develop and maintain HIEs between hospitals, health systems and individual practices.
- States should leverage their Medicaid investment with investments by a sufficient number of other payers and stakeholders to establish a sustainable business model
- Medicaid funding cannot be the sole funding source for building statewide HIE
- Plan for sustainability

# Review and Comment

## **DSS Implementation Advance Planning Document (IAPD)**



# Wrap up and Next Steps

# Contact Information

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