

5 THINGS STATES SHOULD DO NOW

Transitioning from HITECH to MMIS Funding in 2021



States must act quickly to take advantage of remaining HITECH funding, and take steps to become an outcomes-based system for ongoing MMIS funding.



**MYERS AND
STAUFFER**^{LC}
CERTIFIED PUBLIC ACCOUNTANTS

Now is the time for states to take advantage of available funding through the Health Information Technology for the Electronic and Clinical Health (HITECH) Act and prepare for the transition to Medicaid Management Information System (MMIS) funding.¹ While MMIS funding is ongoing, HITECH sunsets in 2021.

Enhanced federal financial participation (FFP) is available at 90% for state expenses directly related to the procurement, design, development, and implementation (DDI) of state systems.² However, system onboarding support is only available through HITECH.

Whereas HITECH funding requests were tied to the support of meaningful use achievement, future funding requests must link activities and initiatives to the advancement of Medicaid Information Technology Architecture (MITA) maturity to receive approval under Medicaid Enterprise System authority.

In addition, to receive Maintenance & Operations (M&O) support at 75% match³, the Centers for Medicare & Medicaid Services (CMS) will require measurable, achievable outcomes to ensure projects have moved beyond the implementation phase and are generating real, consistent value to the Medicaid enterprise and the health care community.

It is critical for states to understand requirements for accessing and optimizing funding in this planning process.

TOP 5 THINGS STATES SHOULD BE DOING TO MAXIMIZE REMAINING HITECH FUNDING, AND PREPARE TO TRANSITION TO MMIS FUNDING

1 Stakeholder Engagement and Landscape Assessment

In order to best identify immediate needs and opportunities to utilize HITECH funding, states should engage stakeholders and conduct a robust landscape assessment of current health care delivery systems and environment. Stakeholder engagement is necessary to inventory people, process, and technology infrastructure assets and gaps. This can assist the Medicaid agency in identifying key health information exchange (HIE) functions that are important to Medicaid providers for care coordination. States should also include a review of the current MITA State Self-Assessment (SS-A) in order to map health IT functionality and use cases to MITA or other state business processes.

2 Statewide Health IT Roadmap

The Health IT Roadmap is a tool created to support implementation of the state's health IT strategy and interoperability goals and objectives. The Roadmap development process gathers information from stakeholders, assesses the current statewide data exchange infrastructure, and explores potential policies and technical solutions. The process generates a three to five year plan of initiatives aligned with CMS priorities and seeks to increase interoperability among providers, health care organizations, and state agencies. The Roadmap catalogs current and anticipated health IT and HIE functionality, identifies projects and use cases to advance states' MITA maturity, and presents opportunities for services and technology enhancements to best achieve the Medicaid Enterprise System goals.

¹ HITECH, MMIS, and Eligibility & Enrollment are the federal funding sources for Medicaid Systems. The term MMIS now includes E&E.

² 42 CFR §433.112

³ 42 CFR §433.116

Don't Delay: Funding at 100% match through the SUPPORT Act is only available through 2020.

- Funds can be used to design, develop, or implement the Prescription Drug Monitoring Program (PDMP):
 - Upgrades to meet the definition of “qualified.”
 - Functionality to support data sharing. For example, Department of Corrections or Emergency Medical Services.
- States must evaluate the PDMP to ensure it meets the definition of “qualified.”
- States must begin collaboration now to determine PDMP enhancements and data sharing use cases that will meet state goals.

Myers and Stauffer’s health IT consultants can assist your state in identifying necessary PDMP enhancements and high value data sharing use cases, and secure 100% federal match funding through the SUPPORT Act.

3 Health Information Exchange Evaluation and Assessment

As states pursue enhanced federal funding for and partnerships with health information organizations, they should first assess the HIE’s long-term sustainability and viability. This evaluation should include: governance, customer/provider acquisition and maintenance, business processes and organizational capabilities, technical architecture and data management, product development and interoperability, privacy and security, and financial management. A thorough assessment may identify potential problem areas. Without this knowledge, states may unknowingly continue to fund suboptimal HIEs that are at risk for failure.

4 Governance: Statewide Health IT Governance

Fragmented health IT and HIE governance limits the ability to coordinate projects and promote value propositions, leading to reduced adoption, exchange, and use of data by providers, and limits long-term sustainability of health IT investments. As the largest healthcare payer and investor in health IT, state Medicaid agencies play a prominent role in governance and must be informed by community stakeholders, including providers, commercial payers, community-based organizations, and patients. Structured governance can best ensure investments and targeted use cases align with state and community needs and goals to achieve immediate and ongoing success in health IT deployment.

A coordinated governance framework benefits states by providing the structure necessary to collaboratively strategize and develop key solutions. This framework supports the Medicaid Enterprise, justifies MMIS funding for DDI and long-term maintenance and operations funding to enhance technical capabilities to support Medicaid providers, programs, and business processes.

5 Clinical Quality Strategy and Electronic Clinical Quality Measures Program

As states are moving from fee-for-service to value-based payments, creating and implementing an electronic clinical quality measures (eCQM) program is a key consideration. States are offering financial rewards to providers who enhance their performance, meet state-specific benchmarks, and ultimately enable improvements in population health outcomes. Incorporating eCQMs into delivery system and payment transformation supports state program design and policy consideration, as well as, the measurement of the effectiveness and outcome of those efforts in a standardized, electronic, and efficient manner. To facilitate eCQM reporting, states may consider leveraging their existing State-Level Repository infrastructure and architecture used for EHR incentive payment program or partner with the statewide HIE to create a reporting tool.



MYERS AND STAUFFER CAN HELP

Myers and Stauffer offers assistance to states in each of these program areas. Our health IT consultants are assisting many states with improving quality and delivery of care through innovative health IT solutions, and are ready to design effective and achievable health IT strategies that will help your state prepare for the future.

If you are interested in more information on how Myers and Stauffer can help you, please contact us.

www.myersandstauffer.com
800.374.6858

Kelly Gonzalez, MS, PMP, CUA
Director

KGonzalez@mslc.com
404.524.0775

Jerry Dubberly, PharmD
Principal

JDubberly@mslc.com
404.524.0775 x367