

A New Dawn for National Health Information Exchange

NASCIO 2010 Mid-Year Conference

Baltimore, Maryland

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WHAT A DIFFERENCE A YEAR MAKES!!!

- ARRA/ HITECH
- HEALTH CARE REFORM
- SOA Frameworks – Medicaid IT Architecture (MITA)



Medicaid Regulations Are Currently Under Development



ARRA/ HITECH



Health IT Adoption and MU

- ***Medicare and Medicaid Incentives***
 - EP provider types, acute care/children's hospitals
 - Medicaid case load requirements
 - Use of "certified" EHRs
 - Meet Meaningful Use (MU) criteria
 - Administrative
 - Quality
 - Access
- ***90% Match for State Administration***
 - State Medicaid HIT Plan



Some ONC Activities/Grants

- ***State Health Information Exchanges (HIE)***
 - Build capacity among health care providers and hospitals
 - Connectivity between and among health care providers -- governance, policies, and network services
- ***Health Information Technology Extension Centers***
 - HIT Regional Extension Centers (RECs)
 - TA, guidance and information on best practices to support and accelerate health care providers to become **meaningful users** of EHRs



Care Providers



EHR Networks
Data Brokers



State Departments/ Agencies

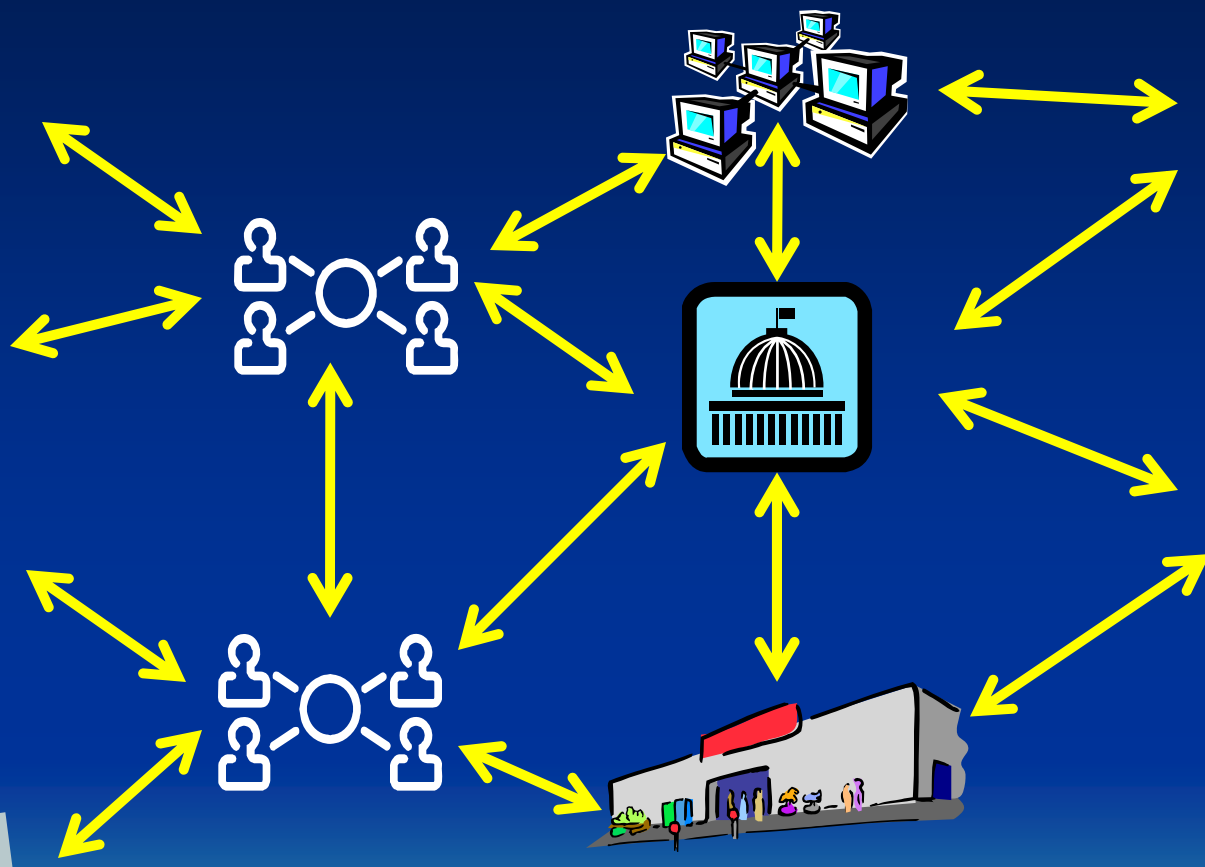


Federal Departments/ Agencies

ONC

CMS

Others



HEALTH CARE REFORM



Patient Protection and Affordable Care Act Features

- Coverage to 32 million Americans
- Adopt broad-reaching reforms in insurance industry practices
- Major new investments in public health
- Most changes go into effect 1/1/2014
- Need to begin to consider system/BPR changes now



Some of the HCR Features

- Creates state-based health insurance exchanges
- Provides Medicaid to non-elderly individuals with incomes up to 133 FPL
- Tax credits and penalties
- Insurance industry reforms
- Gradual closure of “donut hole” in seniors drug coverage under Medicare



Express Lane Eligibility under CHIPRA 2009

- The ability to help make eligibility determinations for public assistance programs based on information provided through other government programs or agencies.
- Usually three types of activities:
 - Identification
 - Information sharing
 - Deeming or auto-enrollment



HCR Electronic Interfaces

To set up electronic interfaces to obtain and confirm eligibility information for Medicaid, CHIP and the State Health Exchanges including:

- IRS (tax information)
- Treasury
- Homeland Security
- Social Security Administration



Other Potential Sources of Data States May Wish to Consider

- Veterans Administration
- SNAP (a.k.a. “Food Stamp” Program)
- Foster Care
- Child Support program
- Others



SOA FRAMEWORKS:

**Medicaid IT Architecture
(MITA)**



Medicaid IT Architecture (MITA)

- MITA's Concept of Operations – reach across silos to think strategically
- MMIS is no longer just about Medicaid; its about modernizing all aspects of member management, care management, etc.
- Modular replacements = lower risk, lower costs



Leveraging MITA Framework

- Imposition of data standards
 - Simplifies/facilitates data aggregation, correlation and analysis by Medicaid AND others
- System documentation
 - Business process, information and technical service modules
 - Especially important where workforce turnover is high



Leveraging MITA Framework

- Measurable Progress
 - State Self-Assessment
 - Transition Plan
 - Connects investment with business capability and program improvement
- Interoperability
 - MITA has already demonstrated connectivity with NHIN
 - Enables states to take advantage of HIT and HIE FFP



COLLABORATION

“... Not only in health and human services, but in all important public tasks – foreign policy, law enforcement, fighting diseases that cripple and destroy us – the paramount human task is putting disconnected pieces of programs and remedies together so they help people better than if they remained fragmented.”

