



Medi-Cal and Health Information Technology Opportunities

2016 HIE in EMS Summit

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DHCS Strategic Vision

DHCS TRANSFORMING AND INNOVATING TO ACHIEVE ITS COMMITMENTS

TO THE PUBLIC . . .

- Ensure a viable health care safety net
- Effectively engage the public and our partners
- Hold ourselves accountable for performance
- Be prudent, responsible fiscal stewards of public resources



TO THE PEOPLE WE SERVE . . .

- Improve the consumer experience with high quality health care
- Treat the whole person by coordinating and integrating care
- Improve health through effective prevention and early intervention
- Develop effective, efficient and sustainable health care delivery systems



TO OUR EMPLOYEES . . .

- Foster a healthy, positive and respectful work environment
- Focus on communication, teamwork and effective decisions
- Recognize and appreciate dedication, innovation and excellence
- Provide opportunities for professional learning and growth



Federal Agencies



State Agencies



Counties



Partners



Employers



Members



Providers



Health Plan Carriers



Social & Human Services Delivery



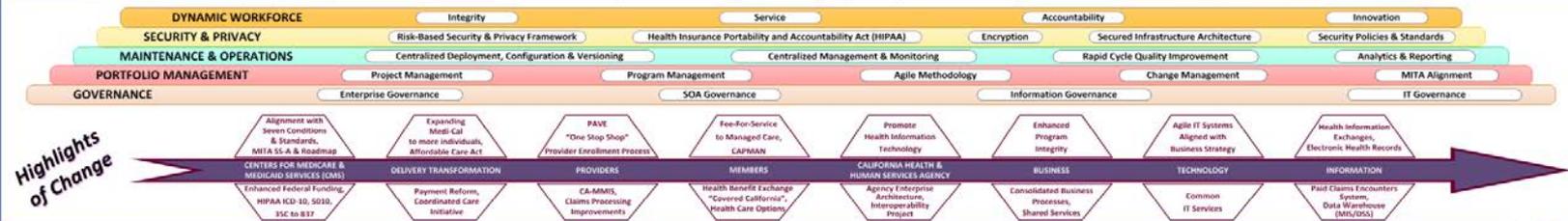
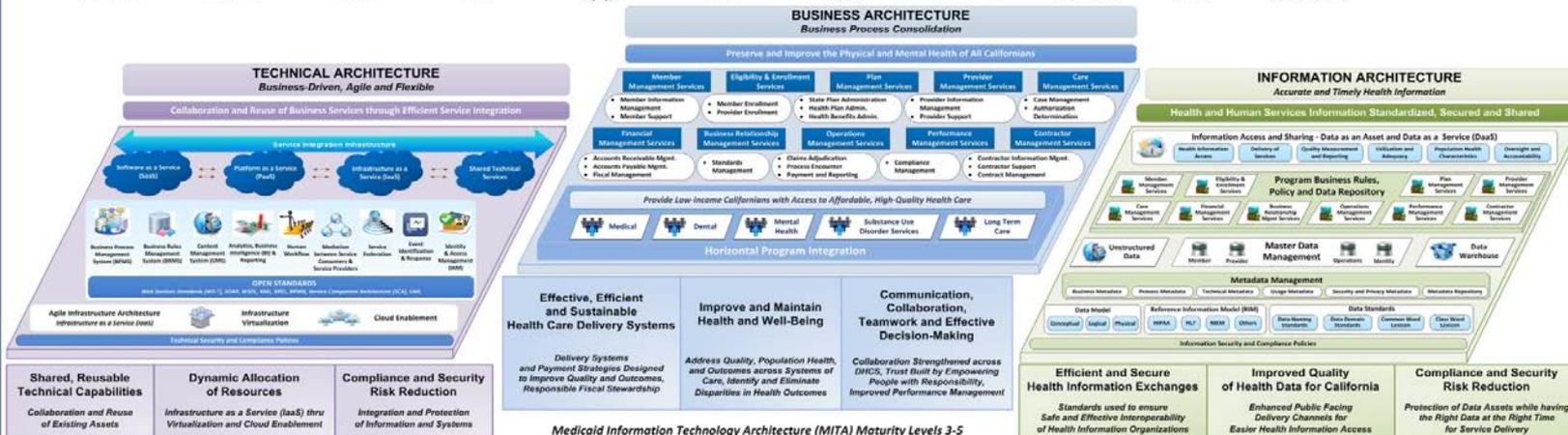
Health Care Delivery



Health Information Organizations (HIOs)



Public





DHCS Transforming & Innovating to Achieve its Commitments

- It begins with the DCCHS Strategic Plan:
 - To the Public ...
 - To the People We Serve ...
 - To our Employees ...





Built on the DHCS Quality Strategy

DHCS's Three Linked Goals		
Improve the health of all Californians		
Enhance quality, including the patient care experience, in all DHCS programs		
Reduce the Department's per capita health care program costs		



Medi-Cal 2020 Waiver

- California's 1115 Waiver Renewal, called Medi-Cal 2020, was approved by the Centers for Medicare and Medicaid Services (CMS) on Dec. 30, 2015
- Medi-Cal 2020 will guide us through the next five years as we work to transform the way Medi-Cal provides services to its 12.8 million members, and improve quality of care, access, and efficiency



<http://www.dhcs.ca.gov/provgovpart/Pages/medi-cal-2020-waiver.aspx>



PRIME

The Public Hospital Redesign and Incentives in Medi-Cal (PRIME) Pool builds upon the Bridge to Reform's DSRIP to improve the quality and value of care provided by California's safety net hospitals and hospital systems.



Global Payment Program

The GPP streamlines funding sources for care for California's remaining uninsured population and creates a value-based mechanism to increase incentives to provide primary and preventive care services and other high-value services.



Dental Transformation Initiative

The DTI provides direct incentives to providers through program domains that promote overall children's utilization of preventive services and oral health disease management, expand prevention and risk assessment models, and increase dental continuity of care.



Whole Person Care

WPC regional pilots focus on the coordination of health, behavioral health, and social services, as applicable, in a patient-centered manner with the goals of improved beneficiary health and well-being through more efficient and effective use of resources.



Continuing Authorities

Medi-Cal Managed
Care

Community-Based
Adult Services
(CBAS) program

Coordinated Care
Initiative (CCI),
including
CalMediConnect

Drug Medi-Cal
Organized Delivery
System

Uncompensated
Care for Indian
Health Service (IHS)
and tribal facilities

Low Income
Pregnant Women,
109%-138% FPL

Medi-Cal 2020 Waiver Authorities: http://www.dhcs.ca.gov/provgovpart/Documents/CA_waiver_list_FINAL_12.30.15.pdf

Medi-Cal 2020 Expenditure Authorities: http://www.dhcs.ca.gov/provgovpart/Documents/CA_FinalExp_Auth_123015.pdf



Medicaid Information Technology Architecture (MITA): A Maturity Model

Medicaid Goal	Level 1	Level 2	Level 3	Level 4	Level 5
Improve Healthcare Outcomes for Medicaid Beneficiaries	The agency focuses on payment of provider claims to encourage participation of providers and, thereby, promote access to care.	Improved healthcare outcomes are a byproduct of programs focused on managing costs, e.g., managed care and waiver programs.	The agency adopts national data standards, collaborates with other agencies, and shares business services resulting in a better base for comparing outcomes.	All stakeholders have access to clinical data resulting in a major leap forward in analysis of healthcare outcomes.	The agency has access to data nationally to compare outcomes across a broad spectrum of other agencies and states.

<http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Data-and-Systems/Downloads/mitamm.pdf>



Health Information Technology



Medi-Cal EHR Incentive Program

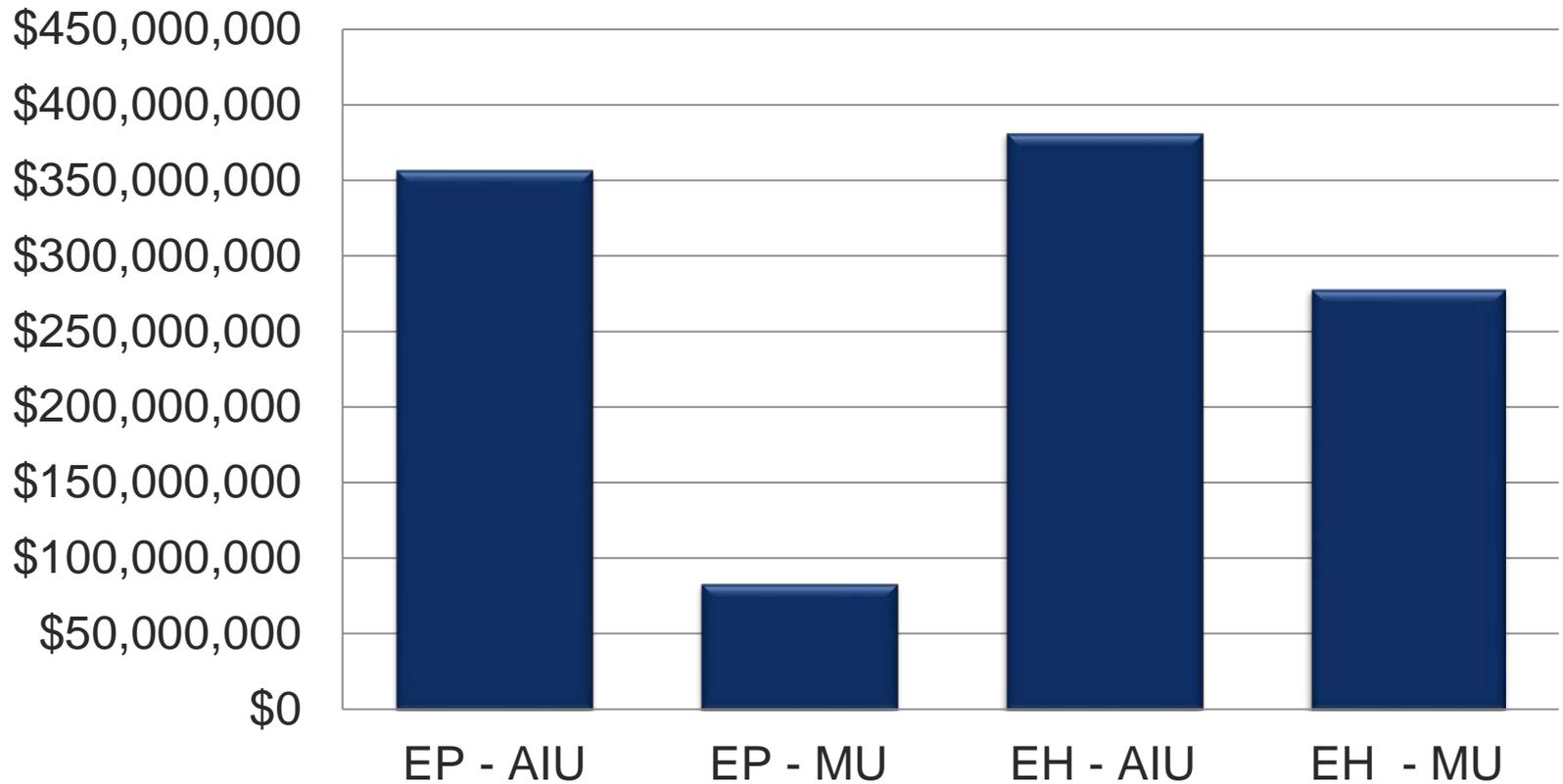
- Office of Health Information Technology (OHIT) at DHCS administers the program
- Beginning in 2011, eligible Medi-Cal professionals and hospitals received incentive payments to assist in purchasing, installing, and using electronic health records in their practices
- DHCS works closely with federal, state and local partners to coordinate the Medi-Cal EHR Incentive Program with the wider HIE efforts throughout California and the nation
- Beginning in 2015, DHCS is implementing the California Technology Assistance Program



Incentive Payments to Date

Adopt/Implement/Upgrade (AIU) & Meaningful Use (MU)

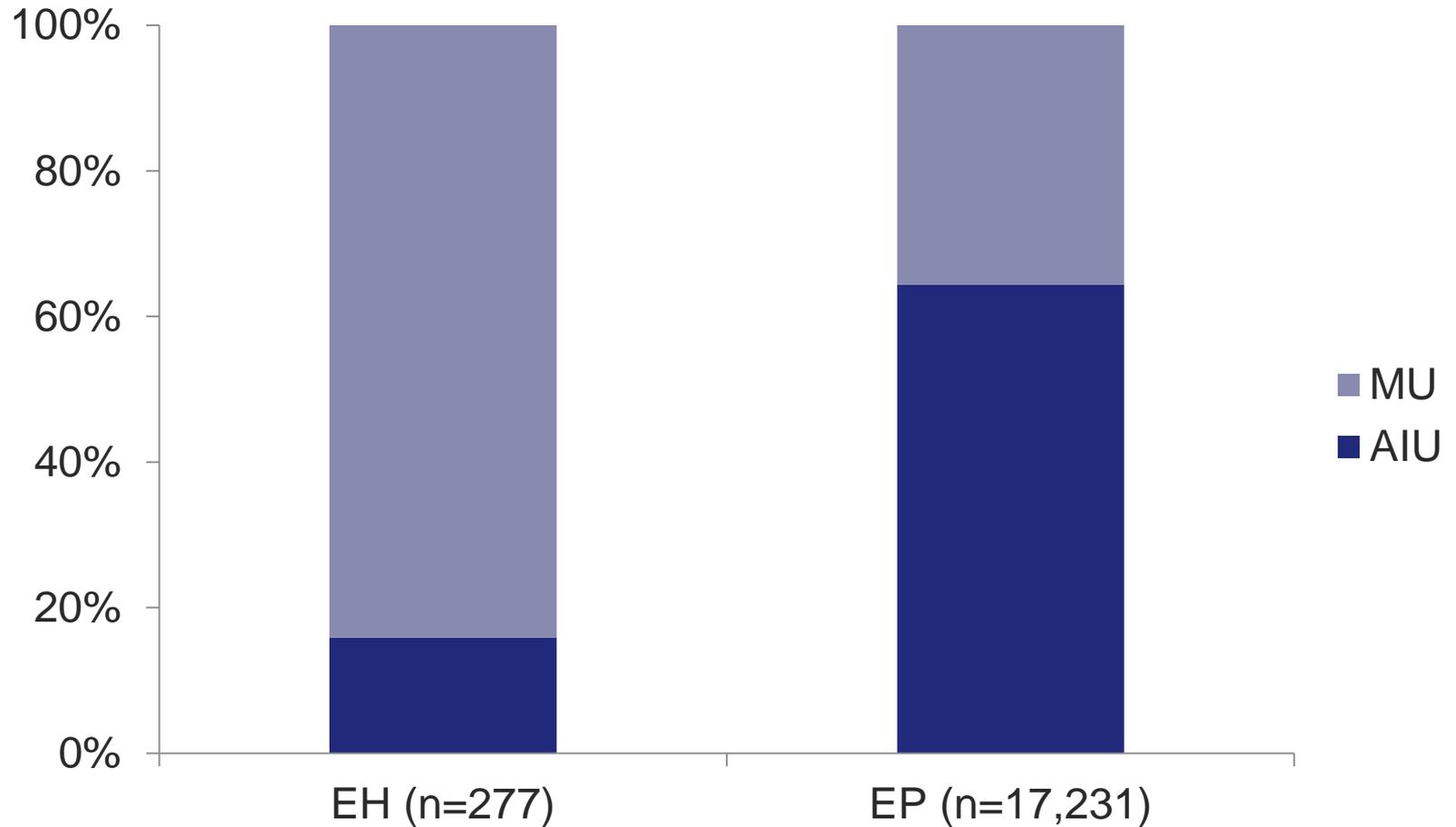
\$1.1 Billion Paid



Eligible Professionals (EP) and Eligible Hospitals (EH)



AIU/MU Attestations by Provider Type





New Guidance From CMS

- State Medicaid Director Letter (SMDL) #16-003, February 29, 2016
- Supports “*Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap Version 1.0*”
- Potential for federal funding at 90% matching rate for state expenditures on activities promoting health information exchange (HIE) that supports Eligible Providers in the EHR Incentive Program meeting Meaningful Use



Changes with SMDL #16-003

- Meaningful Use (MU) modified Stage 2 and Stage 3 require Eligible Professionals (EPs) and Eligible Hospitals (EHs) to demonstrate ability to coordinate with other providers across settings
- **Before** 90% Federal match funding was previously available only if HIE promotion was **directly** correlated to the Medicaid EHR incentive program
- **Now** States may now claim enhanced Federal funding for connecting EPs and EHs to **other** Medicaid providers
- Expanded opportunities due to increased emphasis on coordination of care and transitions of care



MU Modified Stage 2 and Stage 3 Requirement Examples

- An EP might be a physician needing to meet the MU objective for HIE when transitioning patients to another Medicaid provider such as a nursing facility or home health care provider
- An EH might need to meet the objective for Medication Reconciliation and compare records with other providers to confirm the information on patients' medications is accurate when admitting patients



“Other” Medicaid Providers as described in SMDL #16-003

- Behavioral Health Providers
- Substance Abuse Treatment Providers
- Long-Term Care Providers (including Nursing Facilities)
- Home Health Providers
- Pharmacies
- Laboratories
- Correctional Health Providers
- Emergency Medical Services Providers
- Public Health Providers
- Other Medicaid Providers
(including community-based Medicaid Providers)



Uses & Expectations for the SMDL #16-003

- Potential Uses
 - Interoperability and HIE Architecture
 - On-Boarding Medicaid Providers to HIEs or Interoperable Systems
- Expectations of Efforts
 - Promote MITA principles on scalability, reusability, modularity and interoperability
 - Medicaid Enterprise infrastructure will be designed to support these efforts and the MITA principles
 - States to leverage available federal funding for tools and guidance to help EPs demonstrate MU, including strengthening data exchange between EPs and other Medicaid providers



Pursuing Funding

- State Medi-Cal HIT Plan
- DHCS MITA State Self Assessment
- Advanced Planning Documents
 - Planning
 - Implementation
 - Updates
- Examples
 - California Immunization Registry 2.0
 - CalREDIE Technical Assistance for Lab Connectivity
 - California Technical Assistance Program (CTAP)



<http://www.dhcs.ca.gov>

<http://www.dhcs.ca.gov/services/Pages/IMD.aspx>



References

- **SMD# 16-003** *Availability of HITECH Administrative Matching Funds to Help Professionals and Hospitals Eligible for Medicaid EHR Incentive Payments Connect to Other Medicaid Providers*
<https://www.medicaid.gov/federal-policy-guidance/downloads/smd16003.pdf>
- **SMD# 10-016** *Federal Funding for Medicaid HIT Activities*
<https://downloads.cms.gov/cmsgov/archived-downloads/SMDL/downloads/SMD10016.pdf>
- **SMDL# 11-004** *Use of administrative funds to support health information exchange as part of the Medicaid EHR Incentive Program*
<https://www.medicaid.gov/Federal-Policy-Guidance/downloads/SMD11004.pdf>
- **Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap**
<https://www.healthit.gov/sites/default/files/hie-interoperability/nationwide-interoperability-roadmap-final-version-1.0.pdf>