



**Aging and Disability  
BUSINESS INSTITUTE**

*Connecting Communities and Health Care*



advocacy | action | answers on aging



Addressing CBO Technology Challenges:  
Using HITECH Act Matching Funds to Facilitate  
Communication across Medical and Non-medical  
Medicaid Providers

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Part of the Aging and Disability Business Institute Series- a  
collaboration of n4a and ASA



**Aging and Disability  
BUSINESS INSTITUTE**

## The “Business Institute”

The mission of the Aging and Disability Business Institute (Business Institute) is to successfully build and strengthen partnerships between community-based organizations (CBOs) and the health care system so older adults and people with disabilities will have access to services and supports that will enable them to live with dignity and independence in their homes and communities as long as possible.

[aginganddisabilitybusinessinstitute.org](http://aginganddisabilitybusinessinstitute.org)



## Partners and Funders

### Partners:

- National Association of Area Agencies on Aging
- Independent Living Research Utilization/National Center for Aging and Disability
- American Society on Aging
- Partners in Care Foundation
- Elder Services of the Merrimack Valley/Healthy Living Center of Excellence

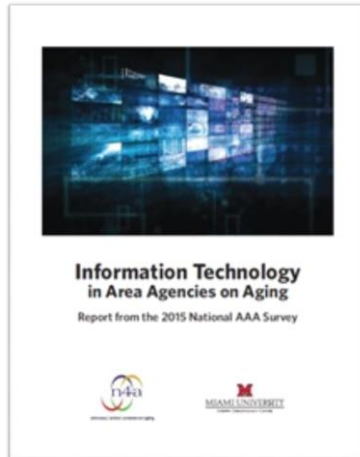
### Funders:

- Administration for Community Living
- The John A. Hartford Foundation
- The SCAN Foundation
- The Gary and Mary West Foundation
- The Colorado Health Foundation
- The Marin Community Foundation



## Information Technology in Area Agencies on Aging

*Report from a 2015 National AAA Survey*



- Purpose: Describe the capacity of Area Agencies on Aging to participate in programs that require IT and data sharing.
- Funded through the Administration for Community Living
- <http://www.n4a.org/publications>



## Why is this important?

- Increase in demand for services
- Decrease in traditional funding sources: grants and discretionary spending
- Increased opportunity for partnering and contracting with the health care system
- Increased recognition of importance of social determinants of health
- AAAs have expanded their service portfolio to include integrated care, evidence-based disease prevention and health promotion, Medicaid managed care and transitions across care settings.
- These partnership often require data, data sharing, interoperability, outcome measures



## Methods

- Key informant discussions were held to inform survey components
- Online survey with 26 questions
- Administered in summer-fall 2015
- 335 AAAs responded (55% response rate)



## Survey Topics

- Technology systems and linkages
- Sharing data with partners
- Leveraging networks
- Type of consumer information collected
- Barriers to implementing IT change
- Training and technical assistance interests



## Report Findings



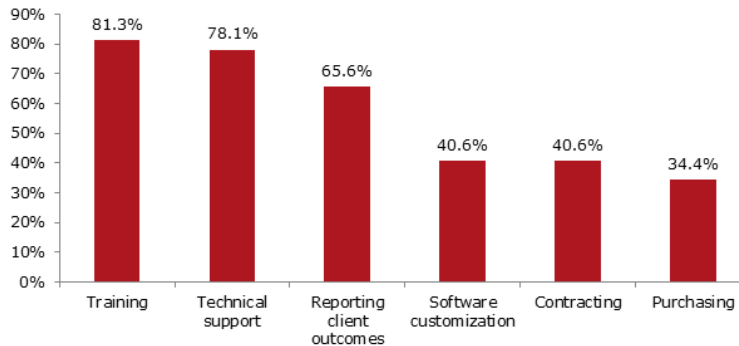
## AAAs Use Multiple Systems

- AAAs rely on multiple IT systems:
  - 2 state systems for OAA programs
  - 2 systems for administrative functions
  - 2 systems to manage clients' services and programs.
  - 2 state systems for non-OAA programs,
  - May have another system to communicate with health plans and hospitals.
- Often required by their funding streams to use multiple systems
- For AAAs partnering with multiple health care entities, these inefficiencies can be more pronounced.



## Leveraging Networks

### Statewide or Regional Network Activities



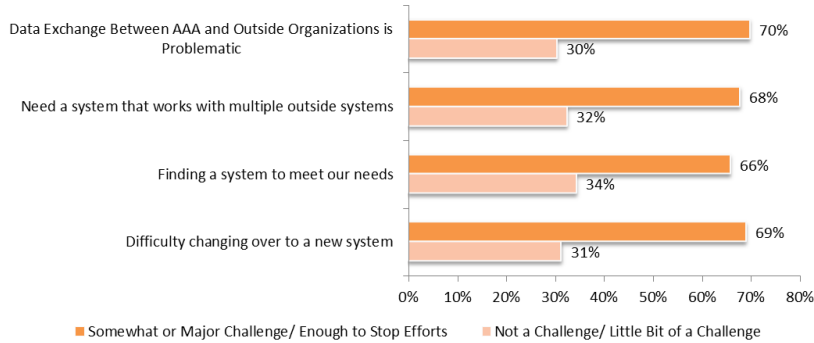
## IT Goals for AAAs

Goal	%
Track consumer preferences to provide person-centered care	66.1%
Eliminate problems with duplicate data	64.3%
Simplify quality improvement	64.3%
Reduce time required for recording consumer info, notes and records	64.1%
Eliminate paper storage	62.1%
Improve record sharing	58.2%
Improve continuity of care	57.9%



## Barriers to Implementing IT Changes

### Challenges Face by AAAs in Using IT



## Barriers to Sharing Data

- 45.6% of AAAs report there are organizations with which they would like to share IT systems or data but do not or cannot.
- Most common reasons for not being able to share IT:
  - Need for a new or upgraded system
  - Incompatible data formats
  - Concerns about sharing data



## Training & TA Needs

Training and Technical Assistance Needs	%
Training staff to use IT systems	55.7%
Understanding ways to fund IT through contracts and grants	52.6%
Safeguarding our data and cybersecurity	47.8%
Understanding the challenges faced by partners	43.9%
Understanding health IT in relation to the health care industry	41.7%
Building IT staff capability	39.9%



## Conclusion

- As AAAs increasingly work with health care systems and health plans, IT capabilities become increasingly critical
- There are challenges that need to be addressed such as data exchange and interoperability (70% face challenge here)
- Addressing these challenges will position AAAs to engage in sustainable and fruitful partnerships.





## Contact information

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Thank you!



## Bridging the Technology Gap: How Community Based Organizations Can Build Technology Capacity and Infrastructure to Facilitate Communication across Medical and Non-Medical Care Providers

**Scott Cory**

Chief Information Officer

Center for Management and Budget  
Administration for Community Living



## Transition

The ACL/n4a/Miami University Survey confirms a known issue for many community based organizations:

There are caps in capacity to use technology effectively to support provision of services and administration of home and community based services for older adults and people with disabilities

From the perspective of a technology professional, the gaps look somewhat different than they do from a human services professional's perspective



## Capacity Gaps

- Differing levels of maturity for codifying and systematizing the business process providing home and community based services
- Maturing understanding of data required to document and manage home and community based services provided to older adults and people with disabilities
- Varying capacity in CBOs to:
  - Determine what technology is needed to support their organization:
  - Contract for and manage the implementation of technology solutions
  - Integrate technology solutions with other HCBS providers and health care providers and accountable care organizations



## How can CBOs bridge these gaps?

### Best Practices/Success Stories:

- San Diego ADRC – early Beacon funded work focused on care transitions
- AAA in New York – history of partnering with HIE
- AIS in NE IN – partnership with health care entrepreneur to integrate with regional HIE
- Partners in Care – agreements with ACOs and exchange of data to support care across the HCBS-Health Care boundary



## Building Technology Capacity

### Defining Business Processes and Data required for HCBS

Our knowledge of how to work with older adults, with people with disabilities, with caregivers – and our living “person centered” practices – makes us important truth tellers in the process of establishing data standards

- Need collaborative effort to capture and refine both the business process and data required to provide HCBS
- HCBS data standards will need to harmonize with other data standards for health care, including eLTSS standards being developed by CMS and ONC



## Building Technology Capacity

### Privacy and Security Requirements for

- Personally Identifiable Information (PII),
- Personal Health Information (PHI), and
- Exchanging information with HIPPA Covered Entities

Privacy and Security of data and systems are both technical and business risks

We collectively are responsible to ensure the security of the data and systems we use to provide services to our customers



## Building Technology Capacity

### Contract for and manage technology

- Defining requirements for technology contracts
- Learning modern project management practices
  - Agile and iterative development
  - Lean Management
  - Design Thinking
- Leveraging investment in technology through
  - Collaboration with other CBOs
  - Developing sustainable funding for technology
- Providing staff training and requiring the staff use of available technology



## Contact information

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Thank you!



## Expanded Support for Medicaid Health Information Exchanges

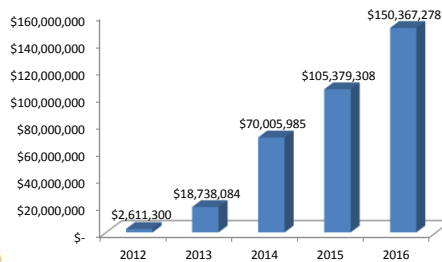
**Thomas Novak**  
Medicaid Interoperability Lead

Office of Policy  
Office of the National Coordinator for Health IT  
Medicaid Data & Systems Group  
Centers for Medicare and Medicaid Services



## Background

- Since 2012, \$350 million has been approved by CMS for Medicaid HITECH support for HIEs supporting EPs and EHs under current guidance
- Potential \$45 million increase from 2015 to 2016, though not a yearly increase that is necessarily sustainable till 2021.



## Background

- The guidance of how to allocate the matching funds for interoperability and Health Information Exchange (HIE) activities was based on the State Medicaid Director's letter of May 18, 2011\*.
- Matching funds were limited to supporting HIE for Eligible Professional and Eligible Hospitals, that is, Eligible Providers (EPs) who were eligible for EHR incentive payments – a smaller subset of Medicaid providers that excluded post-acute care, substance abuse treatment providers, home health, behavioral health, etc.
- That guidance was issued when Meaningful Use Stage 1 was in effect. Meaningful Use Stage 2 and Stage 3, however, later broadened the requirements for the electronic exchange of health information

\*<https://www.medicaid.gov/Federal-Policy-Guidance/downloads/SMD11004.pdf>



## Bridging the Healthcare Digital Divide: Improving Connectivity Among Medicaid Providers

### Connecting All Parts of the Health System

That's why today, we are announcing an initiative to bring interoperable technology to a broader universe of health care providers, including long-term care, behavioral health providers, substance abuse treatment centers, and other providers that have been slower to adopt technology. This announcement will help to bridge an information sharing gap in Medicaid by permitting states to request the 90 percent enhanced matching funds from CMS to connect a broader variety of Medicaid providers to a health information exchange than those providers who are eligible for such connections today. This additional funding will enhance the sustainability of health information exchanges and lead to increased connectivity among Medicaid providers.

Doctors and other clinicians need access to the right information at the right time in a manner they can use to make decisions that impact their patient's health. The free flow of information is hampered when not all doctors, facilities or other practice areas are able to make a complete circuit. Adding long-term care providers, behavioral health providers, and substance abuse treatment providers, for example, to statewide health information exchange systems will enable seamless sharing of a patients' health information between doctors or other clinicians when it's needed. This sharing helps create a more complete care team to collaborate on the best treatment plans and goals for Medicaid patients.

**Andy Slavitt**, Centers for Medicare & Medicaid Services (CMS) Acting Administrator,  
**Karen DeSalvo**, National Coordinator for Health Information Technology (ONC) and Acting Assistant Secretary for Health

<https://blog.cms.gov/2016/03/02/bridging-the-healthcare-digital-divide-improving-connectivity-among-medicaid-providers/>



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## State Medicaid Directors Letter 16-003\*

- The CMS Medicaid Data and Systems Group and ONC Office of Policy have partnered to update the guidance on how states may support health information exchange and interoperable systems to best support Medicaid providers in attesting to Meaningful Use Stages 2 and 3:
- This updated guidance will allow Medicaid HITECH funds to support all Medicaid providers that Eligible Providers want to coordinate care *with*.
- Medicaid HITECH funds can now support HIE onboarding and systems for behavioral health providers, long term care providers, substance abuse treatment providers, home health providers, correctional health providers, social workers, and so on.
- It may also support the HIE on-boarding of laboratory, pharmacy or public health providers.

\*<https://www.medicaid.gov/federal-policy-guidance/downloads/SMD16003.pdf>



## State Medicaid Directors Letter

The basis for this update, per the HITECH statute, the 90/10 Federal State matching funding for State Medicaid Agencies may be used for:

*“pursuing initiatives to encourage the adoption of certified EHR technology to promote health care quality and the exchange of health care information under this title, subject to applicable laws and regulations governing such exchange.”\**

\*<http://www.hhs.gov/ocr/privacy/hipaa/understanding/coveredentities/hitechact.pdf>



## How it works:

- This funding goes directly to the state Medicaid agency in the same way existing Medicaid HITECH administrative funds are distributed
  - State completes IAPD (Implementation Advanced Planning Document) to be reviewed by CMS
  - States complete Appendix D (HIE information) for IAPD as appropriate
- This funding is in place until 2021 and is a 90/10 Federal State match. The state is still responsible for providing the 10%.
- The funding is for HIE and interoperability **only**, not to provide EHRs.
- The funding is for implementation **only**, it is not for operational costs.
- The funding still must be cost allocated if other entities than the state Medicaid agency benefit
- **All providers or systems supported by this funding must connect to Medicaid EPs.**





## Possible Activities



## HIE Architecture

Several HIE modules and use cases are specifically called out for support:

- **Provider Directories**: with an emphasis on dynamic provider directories that allow for bidirectional connections to public health and that might be web-based, allowing for easy use by other Medicaid providers with low EHR adoption rates
- **Secure Messaging**: with an emphasis on partnering with DirectTrust
- **Encounter Alerting**
- **Care Plan Exchange**
- **Health Information Services Providers** (HISP) Services
- **Query Exchange**
- **Public Health Systems**

Any requested system must support Meaningful Use for a Medicaid EP in some manner. So, for example, the content in the Alerting feed or Care Plan must potentially help an EP meet an MU measure.



## HIE On-Boarding

State Medicaid Agencies may use this enhanced funding to on-board Medicaid providers who are not incentive-eligible, including public health providers, pharmacies and laboratories.

•**On-boarding:** the technical and administrative process by which a provider joins an HIE or  
 •interoperable system and secure communications are established and all appropriate Business Associate Agreements, contracts and consents are put in place. State activities related to on-boarding might include the HIE's activities involved in connecting a provider to the HIE so that the provider is able to successfully exchange data and use the HIE's services. The 90 percent HITECH match is available to cover a state's reasonable costs (e.g., interfaces and testing) to on-board providers to an HIE.

So, for example:

- Long term care providers may be on-boarded to a statewide provider directory
- Rehabilitation providers may be on-boarded to encounter alerting systems
- Pharmacies may be on-boarded to drug reconciliation systems
- Public health providers may be on-boarded to query exchanges
- EMS providers may be on-boarded to encounter alerting systems
- Medicaid social workers may be connected to care plan

Such on-boarding must connect the new Medicaid provider to an EP, and help that EP in meeting MU



## Interoperability Standards

December 4, 2015, CMS Final Rule on, “Medicaid Program; Mechanized Claims Processing and Information Retrieval Systems,” published describing “industry standards,” as aligned with ONC standards:

§433.112 FFP for design, development, installation or enhancement of mechanized processing and information retrieval systems.

\* \* \* \* \*

(b) CMS will approve the E&E or claims system described in an APD if certain conditions are met. The conditions that a system must meet are:

\* \* \* \* \*

(12) The agency ensures alignment with, and incorporation of, industry standards adopted by the Office of the National Coordinator for Health IT in accordance with 45 CFR part 170, subpart B: the HIPAA privacy, security and transaction standards; accessibility standards established under section 508 of the Rehabilitation Act, or standards that provide greater accessibility for individuals with disabilities, and compliance with Federal civil rights laws; standards adopted by the Secretary under section 1104 of the Affordable Care Act; and standards and protocols adopted by the Secretary under section 1561 of the Affordable Care Act.



## Questions

For states with questions:

- Email questions to: [CMS.AllStates@briljent.com](mailto:CMS.AllStates@briljent.com)
- Contact your Regional CMS Medicaid HITECH lead for support or see [www.medicaidhitechta.org](http://www.medicaidhitechta.org)
- ONC is a partner is supporting the HIEs as well [thomas.novak@hhs.gov](mailto:thomas.novak@hhs.gov)



**Questions & Answers:  
Please Submit Using the “Questions”  
Box**



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**“Conducting a Market Analysis for Strategic  
Decision-Making” – April 19**

Learn more and pre-register here:

<http://www.asaging.org/series/109/aging-and-disability-business-institute-series>



## Questions about the Aging and Disability Business Institute?

Visit us at:

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ASA is proud to host the comprehensive Managed Care Academy Summit on Friday, March 24 from 9:00 am to 1:00 pm during the 2017 Aging in America Conference.

The Summit will takes attendees on a journey through the readiness assessment process of preparing community-based organizations to recraft systems, and business practices to respond to shifting financial incentives.



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