
# Utah State Medicaid Health Information Technology Plan

***Version 2014 – 3.0***

***Submitted to CMS 11/01/2014***

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## SMHP Revisions Table

This page is dedicated to providing a summary of the changes made to Utah State Medicaid HIT Plan (SMHP) document.

| SMHP Section | Description of Change | Date Requested by State | Date Approved by CMS |
|---|---|---|---|
| 1.0 Original | Submission to CMS | 12/23/10 | |
| 1.1 Revised | CMS requested additional information on appeals process and hospital payments process | 1/31/11 | |
| 2.0 Original | Submission to CMS | 11/22/2013 | |
| 3.0 Original | Submission to CMS | 11/01/2014 | |
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## SMHP Introduction

### Plan Purpose

This document represents an update of Utah's State Medicaid Health Information Technology Plan (SMHP). The Utah Department of Health Division of Medicaid & Health Financing (DMHF) has assumed responsibility for administering an efficient Medicaid Electronic Health Record (EHR) Incentive Payment Program to eligible providers and hospitals, thereby encouraging the adoption of certified EHR technology to promote health care quality and the exchange of health care information.

The primary focus of our SMHP is to identify the core business processes, technology and resources that allow the Utah DMHF to efficiently administer and conduct oversight of the Medicaid EHR Incentive Payment Program in Year 2015.

### How the SMHP is Organized

Various stakeholders from our community provided input into this plan. The Utah Department of Health DMHF will continue to work with stakeholders as the incentive program progresses, thereby enabling the pursuit of specific initiatives that encourage the adoption and meaningful use of certified EHR technology for the promotion of health care quality and the electronic exchange of health information. This SMHP has been aligned with the recommended sections identified in the SMHP Overview Template OMB Approval Number: 0938-1088.

| SMHP Overview Template Items | Addressed is Utah's SMHP Section |
|---|---|
| Section A – As-Is Landscape | As-Is HIT Landscape Starts Page 12 |
| Section B – To Be Landscape | To-Be HIT Landscape Starts Page 22 |
| Section C – Activities Necessary to Administer & Oversee the Medicaid Payment Program | As-Is HIT Landscape Starts Page 12<br><br>To-Be HIT Landscape Starts Page 22 |
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| Definitions or Referenced Attachments | Attachments or Inserted Hyperlinks Page 30 |

## SMHP Plan Scope

### Detailed Activities for Implementation

Based on the requirements defined in the Federal Regulation 42 CFR Parts 412, et al. Medicare and Medicaid Programs; Electronic Health Record Incentive Program, the State Medicaid HIT Plan is to provide CMS with the critical details regarding the necessary activities, processes and timelines for continued administration of EHR incentive payments.

Utah has developed and continues to maintain the necessary systems to collect the attestations for the first year's Adopt, Implement or Upgrade (AIU) payments. Utah began accepting meaningful use attestations in December 2012 for eligible hospitals and January 2013 for eligible professionals. All of the 2013 changes to Stage I Meaningful Use that were outlined in the Stage 2 legislation have been implemented. The state is in the process of programming and reviewing updated screens to reflect the 2014 changes and to prepare for Stage 2 attestations.

The key activities for Utah's EHR Incentive Payment Program are as follows:

1. Continue to interface with CMS regarding payments made to eligible providers using their developed National Level Repository (NLR) system
2. Process payments on schedule and provide notification of approval/denial for incentive payments
3. Maintain a Web site for Provider Enrollment and FAQs
4. Develop communication materials about the EHR Incentive Program and/or EHR adoption/meaningful use
5. Conduct provider outreach activities
6. Staff a provider help-line and dedicated e-mail address/phone
7. Monitor and review current CMS policies, propose recommended changes or inclusion of new policies and procedures and develop, update FAQ's for dispute resolutions
8. Validate volume thresholds, payment calculations, meaningful use, quality measures and provider credentials throughout the life cycle of the program
9. Analyze and report on program statistics regarding payments made, meaningful use and clinical quality measures.
10. Provide financial oversight and monitoring of expenditures including expenditures related to provider enrollment procedures and for combating fraud waste and abuse in the program.

We believe that appropriate business processes, staffing, and systems support are in place to ensure continued success with these key activities.

**Pursuit of Future Initiatives**

As recognized by CMS, continued development of the SMHP is an iterative process and the Utah Department of Health DMHF is committed to updating the plan. Our plan is to continue with the successful administration of incentive payments for all stages of the program, and to support and encourage continued participation in the program in Utah's provider community.

Potential future pursuits beyond being able to make payments that remain being discussed in continuous data gathering and stakeholder meetings are as follows:

1. Encourage all providers receiving incentives to connect with the State of Utah's designated Health Information Exchange (HIE) in an effort to meet the different stages of meaningful use
2. Require all providers receiving incentives connect with public health databases in an effort to meet meaningful use (i.e. laboratories, immunization registry, etc.)
3. Develop of a Department of Health Master Patient Index
4. Initiate an independent evaluation of the EHR incentive program
5. Implement a quality assurance program for Utah's fee for service providers
6. Coordinate efforts of the State's Digital Health Services Commission who has assumed the role of the HIT Governance Consortium
7. Collaborate with other neighboring states HIE's (i.e. ID, WY, NV, AZ, CO, MT etc.)

The decision to pursue each of these initiatives is contingent upon continued coordination with our community partners and will be referenced in future iterations of Utah's SMHP & IAPD.

## SMHP Plan Background

### State HIE/HIT Governance Structure

The Utah Department of Health DMHF has worked closely and collaboratively with all of the HIT stakeholders throughout our State. This is made possible by having the Utah Department of Health Deputy Director, Dr. Bob Rolfs; serve as the State Coordinator for Health IT. He is also a member of the State's Digital Health Services Commission and a board member on Utah's Health Information Network's Clinical Health Information Exchange.

With Dr. Rolfs in this role and this structure in place, the HIT community in Utah has embraced a vision where "Utah can be a place where standard, safe and smart sharing of accurate electronic health information results in better health care, lower cost and healthier communities." The consortium prioritizes proposals, activities and funding opportunities that are HIT related, and holds its member organizations accountable to the State's goals related to health reform and improved health for all.

### Current State HIE & HIT Initiatives

While many HIT initiatives in Utah are relatively mature, we realize a great deal of work remains to advance the statewide use of HIT and clinical health information exchange. Utah created a HIE Cooperative Agreement Program Strategic and Operational Plan that details our current and planned efforts to promote a sustainable statewide HIE architecture for improved quality, efficiency and reduced health care costs. This plan is being followed by all of the Digital Health Services Commission partners and stakeholders in order to provide consumers and their health care providers with credible, secure and accurate health information at the lowest possible cost.

Utah's approach to HIT has been based on statewide cooperation and regional sharing, strong executive leadership and legislative reforms. This history, along with a relatively high penetration of EHR and Hospital Information Management Systems (HIMS), has enabled a market-driven HIE. Based on interviews conducted by HealthInsight, Utah's Medicare Quality Improvement Organization, an estimated 69% of all outpatient primary care practices in Utah have EHR systems in place, more than double the national average. However, it is uncertain whether these EHR systems will be or already are recognized as certified for all modules of meaningful use. However, certified systems have increased in Utah as evidenced by participation in the EHR Incentive Program. Utah Medicaid's EHR incentive payment program manager will continue to monitor and educate providers about the need for certification prior to making application for incentive payments.

## Current HIE/HIT Activities and Funding Sources

The State of Utah has received more than $45 million dollars in state and federal funding to support our current HIE and HIT initiatives. When the initial SMHP was written in 2010, the following tables were representative of the funding received. This table has been made current as of 2013.

**Utah Grant Funding Sources Table**

| | |
|---|---|
| Grant #1: Beacon Community Grant awarded to HealthInsight – Utah's Regional Extension Center<br><br>Funding Amount = $15,790,181 | In 2010, Utah received a Beacon Community Grant from the ONC for HIT. The focus of this grant will be to improve adult diabetes care management in Salt Lake, Summit and Tooele Counties, by increasing availability, accuracy and transparency of quality reporting, connecting providers to the State's HIE and fostering better collaboration with community partners. |
| Grant #2: ARRA Regional Extension Center Technical Assistance awarded to HealthInsight – Utah & Nevada's Regional Extension Center<br><br>Funding Amount = $6,917,783 | In 2010, as the Regional Extension Center for Nevada and Utah, HealthInsight provides federally-subsidized technical assistance on a priority basis with physician office practices to offer hands-on, one-on-one customized assistance selecting and effectively using electronic health records to improve care. |
| Grant #3: State Health Information Exchange Cooperative Agreement Program awarded to the Utah Department of Health<br><br>Funding Amount = $6,296,705 | In 2010, the Utah Department of Health received this funding to build upon existing efforts to advance regional and state-level health information exchange while moving toward nationwide interoperability. The majority of this funding was sub-contracted to UHIN, the state's designated clinical health information exchange vendor. |
| Grant #4 CHIPRA Quality Demonstration Grant awarded to the Utah Department of Health<br><br>Funding Amount = $10,277,360 | In 2010, The Utah Department of Health received this funding to use HIT to coordinate care for children in Utah & Idaho through Medical Homes and share immunization data between both States' HIE's. |
| Grant #5 HRSA Public Health Clinical Information Exchange with Providers<br><br>Funding Amount = $1,200,000 | In 2009, UHIN, the University of Utah and the Utah Department of Health collectively applied for and received funding to develop Utah's Newborn Screening Clinical Health Information Exchange which will allow users to share test results of newborn hearing and blood screenings with a child's primary care medical home. |
| Grant #6 NIH – Statewide Master Patient Index (MPI) for Health<br><br>Funding Amount = $2,000,000 | In 2009, a research grant was issued to the University of Utah, Intermountain Health Care, Utah Department of Health and UHIN to develop and pilot a better framework for a statewide MPI to enhance the current capacity of the cHIE and better support healthcare treatments, payments and public health uses. |
| Grant #7 Department of Agriculture Broadband Availability Survey<br><br>Funding Amount = $300,000 | In 2009, the Utah Department of Technology Services received funding to conduct a survey in places where broadband is unavailable and create opportunities for collaboration at a community level to use HIT and information exchange to achieve health care gains. |
| Grant #8 CMS Medicaid Meaningful Use Planning Grant<br><br>Funding Amount = $400,000 | In 2010, Utah Medicaid received a planning grant to develop the SMHP and IAPD to administer EHR incentive payments for the meaningful use of EHR's and clinical information exchange. |
| Grant #9 ONC – Health IT Workforce Development<br>Funding Amount = $3,364,798 | In 2010, Salt Lake Community College, with eight other states, received funding to develop and promote health information non-degree training opportunities for health IT professionals. |

**Other Current Complementary Activities**

The robust HIT infrastructure Utah has built will optimize our ability to access accurate information on health care quality indicators. This information supports transparency of quality and cost, which can be used for health payment reforms.

From 2010-2013 the State of Utah advanced statewide use of HIT and clinical health information exchange to improve health care quality and reform by using ARRA funds awarded through the Statewide Health Information Exchange Program (UHIN), HIT Regional Extension Center, and Beacon Community Program (HealthInsight.)

UHIN has issued over 4,000 health care providers a clinical health information exchange (cHIE) user name and password to exchange clinical health information for treatment purposes at the point of care. They have expanded cHIE services to include electronic prescribing, laboratory orders and results delivery, and medical history to support meaningful use. They have developed a sustainable governance and business model to operate the cHIE and have plans to integrate public health data exchange with clinicians thereby reducing the burden on providers, increasing timely and complete reporting for population health. As of October 2013, there were 569,058 total consented patients in the cHIE, with additional 100,000 patient consents awaiting entry.

HealthInsight is a Medicare Quality Improvement Organization (QIO), the HIT Regional Extension Center (REC) for Utah and serves as the Agency for Healthcare Research and Quality (AHRQ) Chartered Value Exchange for the state as well. They are a key partner and provide invaluable technical assistance to providers in adopting electronic health record systems and reaching meaningful use requirements which improves patient care and decreases unnecessary cost in the health care system.

Plans to use health data to support health system transformation and reduce costs will rely heavily on the Utah Department of Health All Payer Claims Database (APCD). In 2011 the APCD vendor left the market place. In 2013 a replacement vendor has been identified who will make it functional and capable of providing valuable information to policy makers, providers and the market on healthcare quality and costs.

All the contributing and necessary parties are aligned and have a common vision for how HIE and HIT are implemented throughout the state of Utah. Utah's Medicaid EHR Incentive Payment Program will continue to be built upon this solid foundation and the program manager and staff will help pursue initiatives that encourage the adoption of certified EHR technology and audit for its meaningful use.

## SMHP Plan Development

### MITA Approach

Utah assumed a Medicaid Information Technology Architecture (MITA) approach to determine the current "As-Is" and the future "To-Be" HIT landscape and has created a roadmap for the administration/oversight of the HIT incentive program. The SMHP Overview Template was followed in great detail and was critical in assisting the planning team.

| Critical Milestone | By |
|---|---|
| Initiated Internal Review of SMHP & IAPD | December 2, 2010 |
| Submitted I-APD & SMHP to CMS – Version 1.0 | December 31, 2010 |
| Hired/Designated Program & DTS Staff | January 31, 2011 |
| Created System Technical Requirements for Making Payments | February 28, 2011 |
| Received I-APD & SMHP approval from CMS | February 28, 2011 |
| Designed & Developed System for Making Payments | March 31, 2011 |
| Completed Integration Testing | May 30, 2011 |
| Completed Issue(s) Resolution | June 30, 2011 |
| Conducted Provider Outreach, Trained & Implemented Regarding the Application Process | June 30, 2011 |
| Hired/Designated Remaining Program Staff | July 31, 2011 |
| Accepted Applications for EHR Incentive Payments from Providers | September 1, 2011 |
| Made First Set of EHR Incentive Payments to Providers for AIU | November 18, 2011 |
| Made First Set of EHR Incentive Payments to Hospitals | December 16, 2011 |
| Developed System Definitions & Requirements for Meaningful Use Stage 1 | January 1, 2012 |
| Submitted Revised IAPD – Version 2 | July 1, 2012 |
| Created System Technical Requirements for Meaningful Use Stage 1 | May 15, 2012 |
| Designed & Developed System for Making Payments for Meaningful Use Stage 1 | December 7, 2012 |
| Completed Integration Testing | November 15, 2012 |
| Completed Issue(s) Resolution | November 28, 2012 |
| Submitted & Received a SMHP Amendment for Meaningful Use Stage 2 Rule Changes for 2013 (in attachments section) | January 23, 2013 |
| Made first MU incentive payments to hospitals | February 1, 2013 |
| Made first MU incentive payments to providers | March 8, 2013 |
| Submitted audit strategy and approved (in attachments section) | May 30, 2013 |
| Submit Revised I-APD – Version 2.0 | September 16, 2014 |
| Submit Revised SMHP Version 3.0 | November 1, 2014 |
| Create System Technical Requirements for Meaningful Use Stage 2 for 2014 Implementation | In Process |
| Design & Develop System for Making Payments for Meaningful Use Stage 2 | In Process |
| Complete Integration Testing | Future |
| Complete Issue(s) Resolution | Future |
| Make Stage 2 MU incentive payments to providers | Future |
| Make Stage 2 MU incentive payments to hospitals | Future |
| Replace current Oracle Solution with CNSI's HIT Incentive Product EMIPP | April 1, 2015 |

**SMHP Workgroup**

In the planning process, the following organizations routinely convened with Utah Department of Health DMHF and have been instrumental in providing feedback to develop this SMHP:

1. Association of Utah Community Health Centers (AUCH) is the primary care association for Utah whose members include Bureau of Primary Health Care (BPHC) grantees and other providers who strive to meet the needs of the medically underserved.

2. HealthInsight is a Medicare Quality Improvement Organization (QIO) and HIT Regional Extension Center (REC) for Utah and serves as the Agency for Healthcare Research and Quality (AHRQ) Chartered Value Exchange for the State as well. They host our State's HIT Task Force meetings, where grant and project managers from the State HIE program, statewide clinical health information exchange (cHIE), Beacon Community, Medicaid HIT Incentives and CHIPRA Quality Improvement Project meet monthly to coordinate overlapping issues and project interdependency.

3. *Utah Health Information Network* (UHIN) is our statewide Health Information Exchange infrastructure (HIE). A list of participating healthcare entities in UHIN's Clinical Health Information Exchange (cHIE) can be found in the Attachments section of this SMHP along with a recent cHIE update that lists UHIN's accomplishments, plans, risks and financial status.

4. Utah Hospital Association (UHA) represents member hospitals and all ten healthcare systems operating in the State of Utah.

5. *Utah Department of Health Office of Public Health Informatics*, whose mission is to coordinate and support Utah's e-health initiatives and to facilitate development of systematic applications of information, statistics, and computer technology for Utah's public health surveillance, health service and learning.

6. *Utah Department of Technology Services*, which is Utah's consolidated IT resources organization that provides technical support to our MMIS and other business operations.

**Governance Review**

The SMHP was reviewed by key Utah Department of Health and DMHF management prior to submission to CMS.

## Utah's "As-Is" HIT Landscape

### Governance Landscape

The Utah Department of Health is the single State agency for the Medicaid and CHIP programs. The Division of Medicaid and Health Financing serves as the Medicaid and CHIP administrative agency within the Department of Health. All of Utah's state level public health agencies also co-reside within Utah Department of Health.

Utah has a HIT Governance Consortium which is led by Utah Department of Health's Deputy Director, Bob Rolfs MD, who has been designated the State Health HIT Coordinator. Additionally, the State has established a HIE Cooperative Agreement Program Strategic and Operational Plan which details Utah's planned and current efforts to promote a sustainable statewide HIE architecture for improved quality, efficiency and reduced health care costs.

The following members of the HIT Governance Consortium were given an opportunity to contribute to the SMHP. Those with asterisks routinely convened with the Utah Department of Health DMHF and are acknowledged as having provided significant feedback and support on this SMHP, which enabled Utah Medicaid to develop a vision of how HIT can best be incorporated into its business processes.

| *Representing* | *Organization Names* |
|---|---|
| Government: | Utah Department of Health, including Utah Medicaid Program, Utah Department of Technology Services, Utah Department of Insurance, Office of Public Health Informatics, State Office of Education, Veterans Administration Salt Lake Medical Center, Allen Memorial Hospital, Utah Association of Local Health Officers, and Utah Digital Health Service Commission |
| Private: | Utah Health Information Network |
| Clinical/Hospital: | Intermountain Healthcare, University of Utah Health Sciences Center, HCA/MountainStar Hospitals, Central Utah Clinic, Utah Hospitals and Health Systems Association, Utah Medical Associations, ARUP Laboratories |
| Insurers: | Deseret Mutual Benefits Administrators, Public Employee Health Plans, Regence Blue Cross Blue Shield, SelectHealth, Molina Health Plans |
| Communities: | Utah Chartered Value Exchange at HealthInsight, Association for Utah Community Health, Utah Association for Home Health Care/Utah Hospice and Palliative Care Organizations, Utah Pharmacists Association, Utah Health Care Association, Utah Telehealth Network and Utah Indian Health Advisory Board |
| Education & Research: | University of Utah, Utah State University |

Utah Medicaid has participated in UHIN's governance since its founding in 1993. UHIN as previously mentioned is the State's designated HIE Vendor. They have a statewide geographic scope to support Utah Medicaid in the HIT incentive project. UHIN is governed by a board of directors and Dr. Bob Rolfs is a member of this board.

UHIN is central to the State's HIT & HIE initiatives and activities, including the exchange of billing and clinical information. The Utah MMIS receives claim data from providers via UHIN and provides Medicaid recipient data through UHIN for exchange with participating providers. At this time, UHIN is in production for laboratory results delivery and initiating a pilot for the query function. The Department of Health Office of Public Health Informatics routinely convenes with UHIN and receives monthly updates such as those found in the Attachments section of this SMHP.

In 2012, as the result of HB 141, all of Utah's Medicaid and CHIP lives were opted in to the state's HIE. This resulted in 3,913,568 cHIE patient entities and over 100 clinics are collecting patient consents.

The Utah Department of Health gateway has implemented functionality for sending medication history files through the cHIE as SFTP files. They are currently testing and validating newborn blood screening messages to be sent through the cHIE via HL7 messaging and will begin the same testing process with newborn hearing screening messages.

The UDOH gateway also developed the capability to facilitate sending immunization histories as well as test messages through the cHIE into the USIIS registry. This was intended to provide an alternate route (instead of developing a vendor-specific interface with the immunization registry) for providers or facilities that already had cHIE connectivity. Due to low demand for this functionality, it has not been moved into production at this time. The registry still has no capacity to receive immunization records from providers through the cHIE. USIIS is receiving Meaningful Use test messages from providers and hospitals and provides memos to each individual confirming the results of testing. Production interfaces have been developed with several of the major systems used in Utah's EHR community.

Our public health partners include: Lab Reporting, Syndromic Surveillance and Immunizations, have developed a joint website dedicated to Public Health Reporting for Meaningful Use. This is a starting point for eligible professionals and eligible hospitals to obtain information, technical specifications, deadlines, and to register to conduct testing or exchange with these agencies. One form will be used for all areas. This process is in collaboration with EHR Incentive Program within the Division of Medicaid and Health Finance. Note that at this time, Utah's cancer registry has opted out of accepting meaningful use submissions. However, the Utah cancer registry is currently working on accepting meaningful use submissions for 2015.

In order to support ongoing efforts towards public health reporting and Meaningful Use, the EHR Incentive program has entered into Memoranda of Understanding with the three public health partners, which will allow HIT funding to pay for our public health partner staff time which will be dedicated specifically to Meaningful Use. This is detailed in Utah's most recent IAPD. The registration process is for Utah Eligible Professionals and Eligible Hospitals intending to apply for the Medicaid and/or Medicare EHR Meaningful Use incentive programs for Stage 1 or Stage 2. The registration process is applied online and can be accessed with the following link http://health.utah.gov/meaningfuluse/

A sample letter is attached for a provider whose Stage 1 test results include submission of Meaningful Use test data to the UDOH syndromic surveillance information system.

The Utah community decided to develop a decision support system in the cHIE. This decision support system is designed to submit (with the clinician's permission) to the Utah Department of Health Bureau of Epidemiology a carbon copy of the lab results for a reportable health condition. Under the Beacon Community Grant, UHIN and the Utah Department of Health Bureau of Epidemiology developed the rules for 3 of the 75 mandatory reportable conditions. The programming is complete for these three conditions and they are in the process of generating test messages, and then will begin validation testing. At this time no progress has been made towards the 72 remaining reportable conditions.

Staffs from both the Department of Health's Office of Public Health Informatics and the DMHF are members of HealthInsight's REC Advisory Board as well. HealthInsight continues to offer expertise on HIT and meaningful use. They have provided on-site assistance to clinics and they have consulted on vendor selection and implementation. They are also providing assistance to current EHR users in workflow redesign, security training and meaningful use. They have assisted many of their clients in obtaining their first and second year payments. HealthInsight has been helpful in updating EHR program staff regarding the perspective of clinics/hospitals they work with as Utah Medicaid's EHR Incentive Payment Program evolves. They have also generated helpful resources for providers regarding meaningful use attestation audits and continue to provide educational opportunities for Utah providers.

**Provider Landscape**

The following Utah providers and hospitals have received incentive payments for either adopting, implementing or upgrading to certified EHR technology or for achieving meaningful use:

| | |
|---|---|
| Medicare EPs | 2055 (as of 8/31/13) |
| Medicare EH (dual-eligible) | 21 (as of 8/31/13) |
| Medicaid EP AIU | 506 |
| Medicaid EP MU | 105 |
| Medicaid EH AIU (dual-eligible) | 13 |
| Medicaid EH AIU (Medicaid only) | 1 |
| Medicaid EH MU | 17 |

Of the 506 EPs who received AIU incentives, 425 of these occurred in program year 2011 or 2012. These 425 providers are eligible to receive a meaningful use payment if and when the successfully attest with the State. Utah has paid year two payments to 105 providers so far, which gives the program a return rate of 24.7%. First year incentive payments have been paid to 20 Utah hospitals, and 11 of those have received a second year payment by demonstrating meaningful use. The return rate for hospitals is currently 55%. The return rate is low because Intermountain hospitals a total of 17 have yet to attest for AIU. Conversations with Intermountain have led us to believe they will be attesting starting November 2013 through early next year.

The Association for Utah Community Health (AUCH) is currently working to develop a central repository of BPHC Health Center Program grantee data to support quality improvement efforts and other data-driven initiatives. All 12 of Utah's BPHC Health Center Program grantees have adopted certified EHR technology and each one has

plans to be connected to the cHIE, one of whom is directly connected. Eleven of the 12 BPHC Health program grantees received incentive payments based on the preliminary assessment and all 12 of Utah's BPHC Health Center Program grantees continue to work toward meeting the Meaningful Use measures and objectives.

Utah's Veterans Affairs Medical Center (VAMC) in Salt Lake City is a formal organizational member of the UHIN and the cHIE project. The VAMC successfully completed a project in partnership with UHIN that allows patient summaries to be exchanged bi-directionally. The process is working well but does require two separate consents from the patient in order for data to be exchanged. They have also started a new pilot project for mammography referrals with the Department of Defense using DIRECT protocol. If a military-insured patient is referred for a mammogram, it is completed at McKay Dee Hospital and then the results are sent back to the DOD via DIRECT messaging. They hope to get a similar mammography pilot in place with the VAMC as well.

The following will serve as an update regarding the tribal participation in the EHR incentive program:

Utah Navajo Health Systems, Inc. is using NextGen as their EHR at all clinic sites and the system is integrated with all sites. Twelve eligible providers have received their AIU incentive payment and 7 providers have achieved (and been paid for) 90 days of meaningful use. These providers will be ready to attest for their year three payment in January 2014.

Fort Duchesne Indian Health Clinic providers have received AIU payments using the RPMS EHR.

Paiute Indian Tribe of Utah has received 5 AIU payments, and 3 of those providers have recently attested for 90 days of meaningful use. They also use the RPMS EHR. As of September 2013, the Paiute Indian Tribe of Utah received BPHC Health Center Program Funding to develop two new community health center clinics in Kanosh and Richfield. They anticipate being open in January 2014.

Utah has one tribal hospital, Blue Mountain Hospital, which has also received an AIU incentive payment. They use the Prognosis ChartAccess system.

The Goshute Tribe, Ute Mountain Ute Tribe, and Ute Tribe at Uinta and Ouray originally indicated that they would pursue the incentive program, but no attestations have been received from these clinics as of October 2013.

**Legislative Landscape**

Utah health policymakers acknowledge that health information technology (HIT) and health information exchange (HIE) are two driving forces to transform health systems. To ensure that health care reform leads to better health care, the Utah legislature passed the following legislation to improve efficiency and quality of health care and reduce cost since 2005. It was important to leave the bills since 2005 because of the continual impact they have. To reinforce the importance of legislative bills as it pertains to HIT and HIE, the following table is being provided:

| Bill No. & Sponsor | Bill Title | Year Passed |
|---|---|---|
| S.B. 132<br>Christensen, A. | Health Care Consumer's Report | 2005 |
| H.B. 137<br>Daw, B. | Pain Medication Management and Education | 2007 |
| H.B. 6<br>Menlove, R. | Controlled Substance Database Amendments | 2007 |
| H.B. 9<br>Morley, M. | Health Care Cost and Quality Data | 2007 |
| H.B. 133<br>Clark, D. | Health System Reform | 2008 |
| H.B. 326<br>Curtis, G. | CHIP Open-Enrollment | 2008 |
| H.B. 119<br>Daw, B. | Controlled Substance Database Amendments | 2008 |
| H.B. 24<br>Menlove, R. | Amendments to Utah Digital Health Service Commission Act | 2008 |
| H.B. 47<br>Menlove, R. | Standards for Electronic Exchange of Clinical Health Information | 2008 |
| H.B. 188<br>Clark, D. | Health System Reform – Insurance Market | 2009 |
| H.B. 106<br>Daw, B. | Controlled Substance Database Amendments | 2009 |
| H.B. 331<br>Dunnigan, J. | Health Reform--Health Insurance Coverage in State Contracts | 2009 |
| H.B. 128<br>Menlove, R. | Electronic Prescribing Act | 2009 |
| H.B. 165<br>Newbold, M. | Health Reform--Administrative Simplification | 2009 |
| H.B. 294<br>Clark, D. | Health System Reform Amendments | 2010 |
| H.B. 186<br>Menlove, R. | Controlled Substance Database Revisions | 2010 |
| H.B. 52<br>Newbold, M. | Health Reform - Uniform Electronic Standards - Insurance Information | 2010 |
| H.B. 18<br>Daw, B. | Health Reform – Cost Containment | 2011 |
| H.B. 19<br>Dunnigan, J. | Insurance Law Related Amendments | 2011 |
| H.B. 128<br>Dunnigan, J. | Health Reform Amendments | 2011 |
| H.B. 0404<br>Ipson, D. | State Health Insurance Amendments | 2011 |
| H.B. 0046<br>Menlove, R. | Electronic Personal Medical Records | 2012 |

| Bill No. & Sponsor | Bill Title | Year Passed |
|---|---|---|
| H.B. 0450<br>Dee, B. | Health Insurance Amendments | 2012 |
| H.B. 0475<br>Ray, P. | Medicaid Amendments | 2012 |
| S.B. 0085<br>Christensen, A. | Medicaid Cost Control Amendments | 2012 |
| H.B. 42<br>Valentine, J. | Repeal of Health Insurance Mandate Review | 2013 |
| H.B. 364<br>McCay, D. | Nullification of Federal Health Care Law | 2013 |
| H.C.R. 10<br>Adams, J. | Concurrent Resolution on the Patient Protection and Affordable Care Act and State Health Care Reform | 2013 |
| S.B. 213<br>Knudson, P. | Employer Association Health Plan Amendments | 2013 |
| S.B. 242<br>Hillyard, L. | Health Insurance Market Amendments | 2013 |
| S.B. 142<br>Weiler, T. | Small Employer Health Insurance Amendment | 2014 |
| H.B. 141<br>Dunnigan, J. | Health Reform Amendments | 2014 |
| S.B. 71<br>Harper, W. | Informed Consent Amendments | 2014 |
| S.B. 251<br>Shiozawa, B. | Amendments to Medicaid and Health Care | 2014 |
| S.B. 272<br>Davis, G. | Expansion of Medicaid Program | 2014 |

Clearly, the Utah legislature supports HIT initiatives in Utah. We feel that our Medicaid program and our HIT/HIE partners have received all the needed legislation to continue and move forward with our EHR Incentive Payment Program into the future. Additional supportive legislation is likely to be considered in the next session.

**Utah Medicaid Operations & Systems Support Landscape**

Utah Medicaid is committed to educating providers, promoting the EHR incentive program and working with UHIN and HealthInsight to meet the goal of an increase in numbers of medical professionals using certified EHR technology.

Utah Medicaid Bureau of Medicaid Operations has a provider training program. This program has been used to help educate providers on the Medicaid EHR Incentive Program. Additionally, Medicaid has a web site that Medicaid providers can use to find the right entity for questions about EHR, cHIE and the Medicaid EHR Incentive Program. The website has and will continue to be updated with relevant timelines, documents and materials, including final versions of the SMHP.

Utah Medicaid staff has been guest speakers at UHIN's quarterly provider fairs, to explain how to qualify for the Medicaid Incentive Program including moving forward on MU and to refer providers to HealthInsight for technical assistance related to HIT.

The Utah Medicaid EHR Incentive Program is staffed by a Health Program Manager, with two Health Program Specialists who process the provider and hospital attestations. Oversight is provided to this group from the Project Director for the Bureau of Managed Health Care. Program staff is readily available to answer the Provider Hotline, and interact with providers on a daily basis answering questions or addressing technical issues with the attestation site. This Hotline number also appears on every screen that providers/hospitals encounter when they are completing an attestation. In fiscal year 2014 a research consultant joined the program; this position will specialize in provider outreach and provide on-site assistance for providers/hospitals wishing to attest to meaningful use.

In the interest of accountability, auditing for the EHR Incentive Payment program is performed by an auditor from Utah's Office of the Inspector General. At this time he functions approximately 50% of full time doing Incentive Program audits. Audits for dually-eligible hospitals have been delegated to CMS as per the Audit Plan (see in section "Attachments and References Not Hyperlinked"). This auditor meets weekly with program leadership and participates in training sessions and CMS communities of practice related to the program.

Medicaid policy and operations staff works closely with the MMIS technical support team for all of the updates to the Medicaid Management Information System (MMIS) enterprise. Medicaid shared the statewide HIT/HIE strategic and operational plans with the MMIS Replacement Planning Project Team to develop the Planning Advance Planning Document (P-APD) document and the planning team remains a significant contributor to the Utah SMHP.

In 2013, the State of Utah selected a new MMIS replacement vendor – CNSI. CNSI has a CMS approved incentive payment product module including in their MITA MMIS product that Utah has purchased.

The MMIS replacement team is familiar with MITA, has been able to provide some guidance on MITA terminology and processes, and can help appropriately incorporate the HIT initiatives into the planning processes for new system procurement. As part of the MMIS replacement project, EHR Incentive Program staff currently participates in biweekly design sessions to ensure that the transition from our Oracle Solution to the new system will meet guidelines and business needs. We anticipate moving into the new system by 2015.

The Utah Department of Technology Services (DTS) provides a team of expert IT managers, IT program analysts, and database administrators to support the MMIS enterprise components. This DTS team not only supports the day-to-day operations and maintenance, but also new initiatives like the HIT EHR incentive project. In addition to the HIT project, the DTS support team is participating in the following Division initiatives:

- Data conversion and design of the MMIS replacement product which shall include a new HIT incentive payment attestation system
- Data warehouse upgrade (to be accomplished through replacement of MMIS)
- Ongoing platform updates and testing to facilitate HIPAA 5010
- Ongoing MMIS remediation to comply with ICD-10

The DTS resources needed for maintenance, development, testing and implementation for the HIT system are in place. Program staff works closely with DTS and now CNSI

staff for screen review at each new stage of the project, and participates in the testing process.

The following technical work is supported internally by the State of Utah's Department of Technical Support (DTS) and is considered integral solutions for an administration of the EHR Incentive Payment Program.

DTS scope of work includes:

- Developing and maintaining an Oracle database to capture provider registration information from the NLR, eligibility information from the providers (i.e. patient load and meaningful use attestation) payment requests from eligible providers, and actual payment information made to eligible providers (via the 'Special Payments' functionality in MMIS).
- Maintaining the two-way interface between the HIT record Oracle database and the NLR.
- Developing and testing user interface screens for EHR Incentive Payment Program personnel to access the HIT record database.
- Modifying and testing an existing web portal for providers to enter eligibility information (i.e. patient load and meaningful use attestation) and make payment requests/inquiries).
- Modifying and testing the MMIS 'Special Payment' functionality to handle HIT payments and generate Provider notifications (i.e. notice of eligibility, receipt of payment requests, etc.).

Cost estimates for these technology solutions maybe found in the State's current HIT IAPD. Any work that CNSI performs is being paid for by the MMIS replacement IAPD that Utah has in place.

DTS and operational staff have specific processes which are related to the provider attestation process and the calculation process for incentive payments for AIU and MU. The following business processes are agreed upon and are our current operational process. Corresponding work flow diagrams may be found in the Attachments.

After reviewing the Provider or Hospital checklist and uploaded documentation, program staff refers the provider for final review with the Health Program Manager (HPM.) If the manager determines that it is appropriate for a payment to be made; the provider status will be changed to "Eligible." Only the HPM and the Medicaid Bureau Director have access and authority to declare that a provider or hospital is eligible. If a determination is made at this time that a provider is not qualified for the payment, the HPM will update the record status to "Ineligible state" and the provider is automatically notified of this decision.

The eligible providers/hospitals are sent to CMS in a batch on Wednesdays as B7 records. On Thursday, a D16 is sent to CMS requesting permission to pay. CMS runs a final check and returns a D16 response giving approval to pay. The program relies on this final check with CMS as a guard against duplicate payment. The records that pass this check will display in the Oracle-based solution under status "CMS Check Approval." Any that are rejected at the CMS level will update to status "Ineligible Fed." Program staff work with the provider to determine the reason for CMS ineligibility, and help them make corrections if necessary.

When the D16 response is received, the MMIS Special Payment process is initiated from within the Oracle Solution. When the special payment record is created, the payment request amount is predefined based on provider type, payment year and patient volume percentage. The HPM verifies the payment amount and approves the payment. EHR Incentive Program checks are issued from the Special Payments system on Fridays. As the final step, the D18 payment record is sent to CMS on the following Tuesday, once the payment warrant number is received. These records move to a final status of "Payment Issued."

In addition to attestation, eligible providers and/or their employers must provide evidence of their certified EHR technology and/or support services of such technology. Acceptable attestation process is attached in "Applicable Road Maps & Work Flow Diagrams" section. Incentive payments for eligible providers who have a minimum of 29.5% (rounded to 30%) patient encounters paid by Medicaid, will then be eligible to receive an incentive payment of $21,250 in his/her first year payment and $8,500 in subsequent years.

For pediatricians who apply and are considered eligible they would receive up to the maximum allowable amounts of $14,167 in the first payment year and $5,667 in subsequent years. If the pediatrician is not hospital based and can demonstrate that they meet the minimum 30% threshold, they will qualify to receive the full incentive of $21,250 in his/her first year payment and $8,500 in subsequent years.

Hospitals incentive payments are calculated by program staff using the prescribed formula provided by CMS. Hospitals meeting Medicare meaningful use may be deemed eligible for Medicaid incentive payments. Eligible hospitals will receive a total gross payment over the course of four years. Their payment will consist of the $2,000,000 base plus a per discharge amount based on the Medicaid share of patients seen. Hospitals will receive fifty percent of the payment in the first year and forty percent in the second year, and five percent the last two years. In addition to requesting discharge data from the 12-month period that ends in the Federal fiscal year before the hospital's fiscal year, hospitals will have to include in their registration their full, legal business name, national provider identifier (NPI), business address/phone, tax payer identification number (TIN) and CMS certification number and certified technology. All Utah hospitals have been informed of the 2016 deadline to make their initial application for payment.

Utah Medicaid processes incentive payments for eligible providers and hospitals weekly. Utah Medicaid responds to submitted applications within 45 days after the signed application and attestation is submitted. A completed application from an eligible provider activates the incentive payment process. Once a payment has been issued to the provider, Medicaid sends that information to the NLR. Utah tracks the payments in MMIS so that payments will be reflected on the CMS 64 Report and in the Oracle database solution, in order to communicate with the NLR and ensure that no duplicate payments are made in any fiscal year.

If a provider or hospital is denied payment due to being determined ineligible, they receive written notice of the decision. Provider or hospital will have an option of an appeals process if they disagree with denied payment (see attached audit strategy). These hearings are administrative hearings and governed by the Utah Administrative Procedures Act.

The Administrative Hearing process (see attached Audit Strategy) begins when a petitioner or provider receives a denial notice for a service or payment and then requests a hearing. A written request from the provider is always required to initiate the hearing process. If someone phones and requests a hearing, a hearing request form will be mailed with a return envelope, faxed, or emailed. The hearing request and the subsequent scheduling of the hearing(s) will be tracked by the EHR Incentive Payment Program Manager and the Administrative Hearing Unit's secretary until a recommended decision is made.

A final decision letter is prepared by a judge who has reviewed the action, the issues, the findings of fact, the conclusions of law and has documented the disposition, and the reasons for the disposition in a Final Agency Order that is signed by the State

Medicaid Director (or his/her designee.) The Director may affirm, reverse, modify or remand the Recommended Decision for further findings. This Final Agency Order includes details about subsequent appeal processes to be used if the petitioner disagrees with the Final Agency Order.

After the Final Agency Order is signed by the Director, the original is sent to the petitioner or his representative by certified mail with a return receipt and copies are sent to other interested parties.

Providers may reapply for incentive payments if and when they meet the eligibility criteria previously used to deny payment. The State would verify any changes made from the initial application and process accordingly.

Utah Office of Inspector General (OIG) will continue to conduct post-payment audits for the EHR Incentive program. Each Provider that receives an EHR Incentive payment will be eligible for an audit. For each stage of the incentive program, the OIG will audit a minimum of 10% of Eligible Professionals and 10% of Eligible Hospitals who have received EHR incentive payments. Utah OIG intends to initiate post-payment audits, within four months of a provider receiving an incentive payment. All providers are notified at the time of attestation of the requirement to retain the necessary documentation for this payment and are advised that they may be required to furnish this information to the program or its representative in the event of an audit. See attached Medicaid EHR Incentive Program Audit Plan for further details.

Utah is able to track the cost of the projects by using time sheets to document the personnel costs. These time sheets are retained and can be audited. Provider incentive payments are disbursed through the MMIS and will be reported with a 100% FFP fund code. Personnel costs will be tracked at 90% FFP and will be broken down using category codes for technical development as well as program management for both the SMHP work and the IAPD work.

## Utah's "To-Be" HIT Landscape

Utah Medicaid worked directly with our stakeholders to record the "as-is" landscape and develop the "to be" landscape. We will continue with what was decided within our first iteration of the SMHP which is to continue to focus exclusively on being able to make payments to eligible providers and hospitals. With a payment mechanism established, Medicaid will then continue to partner with our established partners and work on future projects that bring us closer to our HIT/HIE goals. These goals include: providing credible information to consumers so they make informed health care decisions, reviewing provider quality data, seeing all Utah clinicians meaningfully use HIT and connecting to our State's HIE to report timely and accurate public health data to improve population health.

### Governance Landscape

Utah has appropriate HIT governance and partnerships in place as noted in the above 'As-Is' section. The State's HIT Governance consortium now includes other groups such as our public health partners from Immunizations, Syndromic Surveillance and Lab Reporting and the State's Digital Health Services Commission.

### Provider Landscape

In an effort to continue to outreach and train eligible providers and hospitals about the Medicaid EHR Incentive Payment program, educational pages and contact information will continue to be available and will be updated on our website. Utah Medicaid will continue to work with HealthInsight and UHIN in an effort to reach out to all Medicaid providers and provide education on the unique opportunity that is afforded us to improve our health care system through use of HIT. Utah Medicaid will conduct special training to help Medicaid providers meet Meaningful Use. The Utah Medicaid EHR Incentive Program is in the process of hiring a "Meaningful Use Electronic Health Record Consultant" to provide additional support through education and provide an additional resource to help eligible providers and hospitals meet meaningful use. In addition this position, the person hired will help process attestations as we continue through Stage 1 and transition to Stage 2 of MU.

Our continued message to eligible providers will mirror and reflect the communication materials of both UHIN and HealthInsight. In short it will communicate that professional health care providers will be responsible to apply for, and submit accurate information, for the Medicaid incentive payment. The provider will access the CMS National Level Registry (NLR) and register for the program. After 24 hours, the provider will confirm their status with CMS. The provider will then proceed to the Utah Medicaid web site where the provider will be able to apply and submit eligibility information, attestations and complete other required forms. Proof of purchase, adoption or upgrade along with the provider's MU report cards will be requested in upon attestation and will be retained by the program manager as part of the initial file created and housed in Utah Medicaid's EHR Incentive Payments Database, an Oracle solution design, built and supported by DTS.

The State will verify in the national registry of certified EHR technology the certification number given in attestation for the EHR system purchased. Utah Medicaid will also verify with UHIN to see if the adopted EHR has the capability to connect to the States Clinical Health Information Exchange (cHIE.) This will facilitate a more robust and sustainable HIE in our State. Providers who choose to not use the cHIE are able to exchange public health reporting measures with our public health partners

directly. A certification letter to validate HL7 submission for Meaningful Use is sent to the provider verifying acknowledgment, to validate and identify errors.

Providers who join UHIN will be able to share and view clinical information that is available to other registered providers via the use of a Master Patient Index (MPI). Additional membership benefits include the following:

- Ability to query community clinical data and have results displayed in a single report
- Receipt of clinical data directly from hospitals, labs, or other providers
- E-prescribing and medication refill management
- Creation of electronic clinic documents (i.e. encounters, memos, referrals, history, public health reporting, etc.)

Utah Medicaid will also continue consultation with Utah's Indian Health Advisory Board for updates on Utah's Tribes and with the Association for Utah's Community Health Centers, FQHC's and Rural Health Centers. If the need arises to do extra outreach to these providers then efforts will be made to help them achieve their desired outcomes.

### Legislative Landscape

As noted in the 'As-Is' section, the Utah Medicaid Program and our HIT/HIE partners have received all the needed legislation to continue to move forward with our EHR Incentive Payment Program. As Utah continues to implement the EHR Incentive Program new legislation may be required to insure broader access to medical data for professionals, hospitals, public health programs and entities in order to make informed decisions that will improve the health care outcomes for the citizens of Utah. There is speculation that another "all state" opt-in effort to our HIE will be presented in the 2014 legislative session.

### Utah Medicaid Operations Landscape

In order to continually and successfully initiate payments to eligible providers and hospitals, certain business processes and documents (i.e. attestation/registration forms) have been developed, staff hired and provider outreach and education about the program has occurred. The EHR Program Manager continually engages with stakeholders and other Utah Department of Health and Department of Technology Services (DTS) staff to produce deliverables and meet milestones so payments can continue to Utah eligible providers and hospitals.

The following table identifies the business processes that have been developed, tested and documented by the designated program manager, program support staff and DTS staff. As mentioned previously, Utah has purchased an off the shelf product from CNSI called EMIPP and will be releasing this version of the attestation and payment system in early 2015. EMIPP is just one module of ECAMS – which is the full MMIS replacement product. As of this iteration of the SHMP, the States of Washington, Michigan, Illinois and Maryland are using EMIPP to process incentive payments. Utah will join these states and contribute to an EMIPP user group when we go live with the new product. A new column has been added to our core administration activities table with expected start dates for when we will sunset our existing Oracle Solution and commence using CNSI's system for the following business processes:

**Core Administration Activities Table**

| Specific Business Process or Requirement to Making EHR Incentive Payments | CNSI Expected Start Date | Oracle Solution Status | Expected Outcomes or Products | Responsible Staff<br>• Lead<br>• Support |
|---|---|---|---|---|
| Interface with NLR & CMS regarding payments made to eligible providers | 3/1/15 | Fully functional as of 10/1/11.<br><br>Will sunset on or about 4/30/15 | A developed system that interfaces with the National Level Repository (NLR) | **Lead**<br>DTS/CNSI - Developers<br>EHR Program Manager<br>**Support**<br>Medicaid Staff |
| Verify Medicaid patient volume for all applicants, process payments on schedule & provide notification of approval/denial for incentive payments | 3/1/15 | Fully functional as of 10/1/11 | Attestation Form and NLR interfaces will be in EMIPP. The Oracle database verifies payment volume will still be used until ECAMS is fully operational (estimated 2017) | **Lead**<br>DTS/CNSI - Developers<br>EHR Program Manager<br>**Support**<br>Medicaid Staff |
| Create & maintain a Web site for Provider Enrollment & FAQs | 3/1/15 | Current site is fully operational as of 10/1/11 with continual updates throughout the life of the program<br><br>The new attestation forms will be updated to the current site on 3/1/15. | Website is running with continuous updates, will replace Oracle link to the EMIPP database when ready to deploy | **Lead**<br>DTS/CNSI - Developers<br>EHR Program Manager<br>**Support**<br>Medicaid Staff |
| Continue to develop communication materials about the EHR Incentive Program and/or EHR adoption/meaningful use | 12/1/14 | Ongoing | Communication strategy & plan that covers the new look and feel of EMIPP will begin a few months in advance of switching to EMIPP | **Lead**<br>EHR Program Manager<br>**Support**<br>HealthInsight & UHIN Staff |
| Conduct provider outreach activities | Ongoing | Ongoing | Webinars, meetings, and/or presentations conducted with targeted eligible providers & hospitals have been & will continue to be produced | **Lead**<br>EHR Program Manager<br>**Support**<br>HealthInsight & UHIN Staff |

**Core Administration Activities Table Continued**

| Specific Business Process or Requirement to Making EHR Incentive Payments | Expected Start Date | Continue or End Date | Expected Outcomes or Products | Responsible Staff<br>• Lead<br>• Support |
|---|---|---|---|---|
| Installed a provider help-line/dedicated e-mail address/phone | Ongoing | Ongoing | The EHR Program staff respond to calls, emails & correspondence regarding technical issues, program parameters, enrollment validation & disputes (not appeals) | **Lead**<br>DTS - Developers<br>EHR Program Manager<br>**Support**<br>Medicaid Staff |
| Monitor & review current CMS policies, propose recommended changes or inclusion of new policies & procedures, develop & update FAQ's for dispute resolutions | Ongoing | Ongoing | Effective business process models supported by stakeholders, plus technical system support changes as necessary & a consistently updated SMHP & IAPD | **Lead**<br>EHR Program Manager<br>**Support**<br>Utah Hospital Association, HealthInsight & UHIN Staff |
| Validate volume thresholds, payment calculations, meaningful use, quality measures & provider credentials throughout the life cycle of the program. | 3/1/15 | Ongoing | Queries to calculate patient mix capturing results will remain in Oracle database until ECAMS is fully operationa (estimated 2017) | **Lead**<br>DTS/CNSI - Developers<br>EHR Program Manager<br>**Support**<br>Medicaid Staff |
| Review of administrative activities & expenses of Medicaid provider health information technology adoption & operations; financial oversight & monitoring of expenditures including provider enrollment procedures for combating fraud waste & abuse in the program | Ongoing | Ongoing | Compliance with the following:<br>42 CFR § 495.364<br>42 CFR § 495.366<br>42 CFR § 495.368, §455.15, §455.21 | **Lead**<br>EHR Program Manager<br>**Support**<br>Utah's Office of Inspector General, Medicaid Staff & HealthInsight Staff |
| Collaboration with Public Health Partners | 10/1/2013 | Ongoing | Public health reporting for syndromic surveillance, lab reporting and Immunizations | **Lead**<br>EHR Program Manager<br>**Support**<br>Public Health Partners |

### 2014 Meaningful Use Changes

Beginning in 2014, the thresholds of existing core MU measures and the reporting of a set of clinical quality measures (CQMs) will change for all providers. EHR technology that has been certified to the 2014 Edition standards and certification criteria will have been tested for enhanced MU and CQM-related capabilities. EPs and EHs will be required to report using the new 2014 criteria regardless of whether they are participating in Stage 1 or Stage 2 of the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs.

In 2014, Utah EPs must report on 9 of the 64 approved CQMs depending on which population they serve (adults versus pediatrics) and the selected CQMs must cover at least 3 of the National Quality Strategy domains. EH's must report on 16 of 29 approved CQMs and the selected CQMs must cover at least 3 of the National Quality Strategy domains.

Utah will submit an amendment to this version of the SMHP to CMS when the Oracle solution HIT screens have been programmed to accommodate the changes required by Stage 2 Rule.

Beginning in 2015, our Medicaid EPs and EH's that are eligible only for the Medicaid EHR Incentive Program will electronically be able to report their CQM data to their state using the EMIPP System.

## Future Pursuits

Utah as mentioned, is currently working on the MMIS replacement project which will incorporate a new system throughout all of Utah Medicaid. Between 2013 and 2015, Utah will be accepting Meaningful Use attestations in the current Oracle Solution while simultaneously designing, testing and deploying the EMIPP system. The EHR Incentive program will benefit greatly from this new product and we anticipated increased efficiency, better reporting, and a vastly improved user interface.

The following other possible projects and collaborations may include:

UHIN's cHIE is the first HIE in the country to be Electronic Healthcare Network Accreditation Commission accredited. The cHIE includes a Master Patient Index (MPI) and a record locator service that collects data from a federated database of data sources. They are also the only DIRECT service provider in the state, as of the date of this SMHP. Projects using DIRECT maybe explored in order to help providers achieve Stage 2 MU.

In addition, the cHIE is designed to carry out certain registry functions. Utah's cancer registry is in negotiations with UHIN to provide these services as part of Stage 2 MU. In addition, Utah's cancer registry may not participate because of limited funding and resources. EHR Incentive program will continue to meet with Utah's cancer registry to review possible options so the cancer registry can participate.

The Utah Department of Health may supply immunization records, newborn hearing screenings, and newborn blood tests using the HL7 data exchange and possibly the cHIE.

We continue to work on a credit balance procedure which allows us to check a credit balance for an EP or EH that will receive an incentive payment. We are working with the Bureau of Medicaid Operations to ensure a proper method and correct procedure.

A specific public health gateway is currently being reviewed by Utah's EDI Security Officer for compliance with HIPAA security standards. Data Consumers will be those entities that, with patient consent, may access the supplied clinical data via an EHR.

Utah Department of Health, including Medicaid, has been developing a department-wide electronic gateway for all public health programs to exchange clinical information with the cHIE. This HIT/HIE collaboration will have positive impact on efficiently using HIT/HIE resources and

assuring system security. Medicaid may solicit funding to support the gateway's operation, upgrade, and expansion.

Utah Digital Health Service Commission Meeting will continue to facilitate and promote the adoption of the secure, effective and efficient exchange of electronic health data and services, as a means to reduce health care costs, enhance quality, increase access, and improve medical and public health services. Utah Department of Health and Utah Medicaid attend these meetings on a regular basis to provide updates and input as it pertains to HIT.

Through an iterative development process, the executive work group which is part of the State of Utah Health IT Task Force has developed proposed aims and drivers for HIT within the State of Utah. The current HIT AIMS & Drivers from the Digital Health Service Commission include:

**AIM 1:** Increase Utah stakeholder use of key HIT-enabled tools by 60% to support timely and accurate information for value-based delivery of care and payment reform by December 2016.

**Primary Driver 1:** Increase key HIT-enabled infrastructure to support timely and accurate electronic data for quality, cost and patient record sharing.

**Secondary Drivers for Primary Driver 1:**

a. Develop statewide master person index
b. Develop master provider directory for multiple uses
c. Meaningful use of HIT to meet the emerging demands of value-based payments and improve delivery of care
d. Availability of tools to support individual responsibilities for personal health through HIT (including health literacy)
e. Continue building interfaces to cHIE

**Primary Driver 2:** Provide a range of tactics that support adoption and uptake of the use of the cHIE to improve health and meet the needs of value-based payment models.

**Secondary Drivers for Primary Driver 2:**

a. Conduct training/educational campaigns on HIT-enabled health
b. Opt-in model accelerated through leveraging patient population and providers who can most benefit from coordination of care through cHIE

**Primary Driver 3:**
Provide transparent reporting and analytic capacity for Utah Stakeholders.

**Secondary Drivers for Primary Driver 3:**

a. Identify and publish cost and quality standard metrics and benchmarks
b. Improve upon current databases and analytic tools for cost and quality metrics and benchmarks
c. Invest in optimizing a consumer-facing website

**AIM 2:** Increase Utah stakeholder capacities for privacy and security from the current baseline to 80% by 2016.

**Primary Driver:**
Provide risk mitigation tools and training/education for all Utah stakeholders.

**Secondary Drivers for Primary Driver:**

a. Conduct risk analysis of current HIT infrastructure
b. Make assistance available to smaller providers to assess and improve their HIT security and privacy processes

c. Test authorization, use and termination procedures
d. Support the training/education of all stakeholders to their responsibility for HIT infrastructure security and privacy

The Utah Medicaid EHR Incentive program has a partnership with the Bureau of Health Promotion (BHP) which is also located at the Utah Department of Health. BHP developed a Health Systems Partnership Project which will help with capacity building and the EHR Incentive program provides input in a number of capacity building areas. Their road map is attached a reference.

## Applicable Road Maps & Work Flow Diagrams

BHP Road Maps.pdf

### HIT Work Flow Diagrams for Utah

Adobe Acrobat Document

## SMHP V1 Approved Amendment for 2013 Stage 2 Rule Changes

SMHP Update Utah 01152013 FINAL.doc

## Attachments & References Not Hyperlinked

### Eligible Hospital A/I/U Prepayment Checklists



Eligible Hospital A.pdf



Eligible Provider MU Attestation Prepayment Review Process.pdf



MU Attestation Prepayment Review Process for Eligible Hospitals.pdf

MU Attestation Prepayment Review Process for Eligible Hospitals.pdf

### Appeal Documentation

Appendix C Appeals Letter.pdf

### Meaningful Use Documentation from Public Health Partners & External Stakeholders



Public Health MU Letter.pdf



The IC Utah Beacon Community.pdf