



# CMS e-Health Initiatives

*Opportunities for Medicare and Medicaid  
to Play Leadership Roles*

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# CMS Vision for eHealth

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- CMS will foster the adoption and effective use of eHealth and HIT through activities that:
  - Improve patient safety and quality outcomes
  - Pay for better quality and lower costs
  - Promote the use of industry standards that create interoperability
  - Support the development of better evidence of what works
  - Enable our stakeholders to access meaningful, personalized information on the quality, effectiveness, and price of care.
- CMS will align its activities to ensure that support for the Secretary's HIT initiatives are integrated into business processes and programs.



# Key Tenets

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- Use CMS buying power to promote wide-spread HIT adoption through quality and outcome-based initiatives
- Build the technical infrastructure and policies
- Foster collaborative efforts with key government and non-government organizations
- Ensure appropriate privacy and security safeguards are in place
- As appropriate, link Medicaid to overall HIT goals and strategies



# Key Strategies

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1. Highlight the effective use of HIT to support P4P and other quality initiatives
2. Promote the use of industry standards
3. Support the development of better evidence of what works
4. Enable our stakeholders to access meaningful, personalized information
5. Support HHS E-Health Initiatives



# Key Issues

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- Data Management
- PHR Strategy and MyMedicare.Gov
- eAuthentication
- HIT Adoption
- Alignment with Departmental Initiatives
- Medicare/Medicaid Alignment on HIT

# Key CMS E-Health Initiatives

- Support for Personal Health Records
  - Potential CMS Roles
    - Make Medicare data available
    - Support PHR standards
    - Support interoperability
    - Support PHR "Certification"
    - Provide Beneficiary Education
- E-Prescribing
  - Foundation standards-January 2006
  - Pilots began – January 2006
  - Report to Congress on pilots – April 2007
  - Final standards final rule – April 2008
  - Effective Date-January 2009



# Key CMS E-Health Initiatives

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- HIPAA
  - Claims Attachment
  - ICD-10
  - Standards Modifications
  - Enforcement
  - NPI



# Medicare EDI Efforts

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- Intent is to increase EDI and reduce paper
- Real Time 270/271
  - Available for large submitters
  - Working on web based system for smaller submitters
- Reduction in Paper Remittance Advices
- Provider Portal



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# Health Information Technology & Exchange in Medicaid

# Challenges to Medicaid HIT/HIE Adoption

- **Technology/Standards**
  - MMIS claims-centric
  - Difficult to make system changes
- **Financing**
  - Provider equipment/software outside MMIS funding
  - MMIS funding not available outside state-administered architecture
  - Medicaid-only cost allocation issues
  - Medicaid program costs so large in every state winds up consuming admin/IT \$
- **Culture**
  - Clinical data not on Medicaid radar screens
  - Pay claims rather than focus on health care outcomes
  - Silo-orientation; i.e., following funding source
  - Many state legislatures have difficulty seeing HIT bang-for buck



# Opportunities within Medicaid for HIT/HIE

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- Require adoption of national standards through MMIS/MITA
- Utilize Medicaid Transformation Grants, Sec. 6081, to encourage chronic disease management and prevention, medication histories
- Link waivers with HIT/HIE opportunities
  - Florida's experience with e-Prescribing
  - Utah's real-time/enhanced access to clinical information across multiple settings
- Develop a "Medicaid Road Map to Quality"
  - Explore Medicaid role with DOQIT project
  - Look for possible participation in AQA pilots, etc.



# Additional Medicaid Opportunities

- RHIOs, Other Programs and Agencies
  - Build/support electronic bridges, common data warehouses and data marts
  - Work of Data Use Agreements
- Encourage Enterprise Architecture
  - Expand boundaries
  - Develop collaborative relationships
  - Track HIT activities and local, state and federal levels relative to opportunities for MMIS/MITA



# Contact Information

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