Matchmaker, Matchmaker Make Me a Match!

Is There Life After Your MTG Funds Are Spent?

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Medicaid Transformation Grants

Medicaid Transformation Grants

- 35 States, Puerto Rico and the District of Columbia were awarded $150 million
- Majority of the funds are being used for Health Information Technology
  - Electronic Health Records
  - E-Prescribing
  - Health Information Exchanges
  - Patient Data Hubs/Warehouses/Record Banks
  - Predictive Modeling

Variety of HIT Approaches: Scope

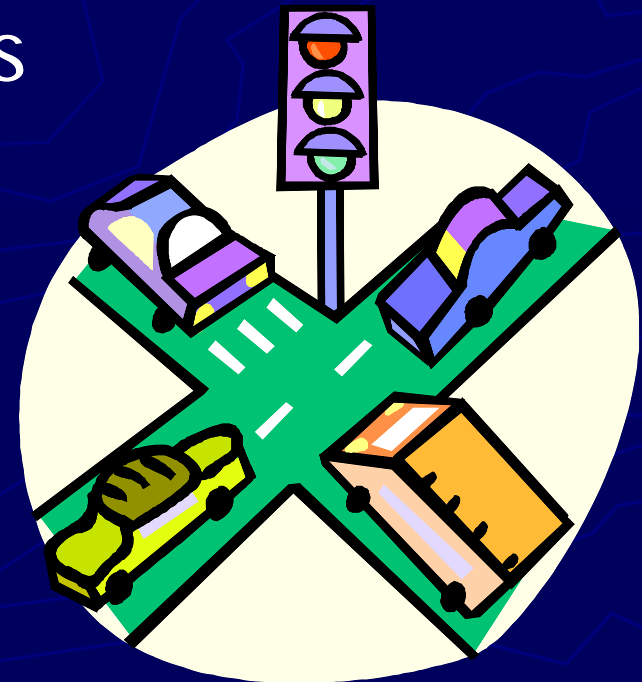
- Statewide Implementation
- Piloted in a few counties
- Focusing on particular target populations within Medicaid
  - Persons with Disabilities
  - Foster care
  - TANF recipients

Variety of HIT Approaches: Governance

- Medicaid owned and developed
- Medicaid owned and co-developed with private payers with allocated costs
- Medicaid owned and developed but accepts other payers' data and allocate costs for use
- Partnering with a RHIO, with Medicaid just one of the payers at the table & shared governance and costs

Intersection with MITA

- Emphasis on Interoperability
- Emphasis on Service-Oriented Architecture
  - Ask “What do we want to achieve?” and then ask “What technology will enable that goal?”
- Looking for shared business processes across state agencies
  - Child Welfare
  - WIC
  - Vital Statistics
  - Dept of Aging

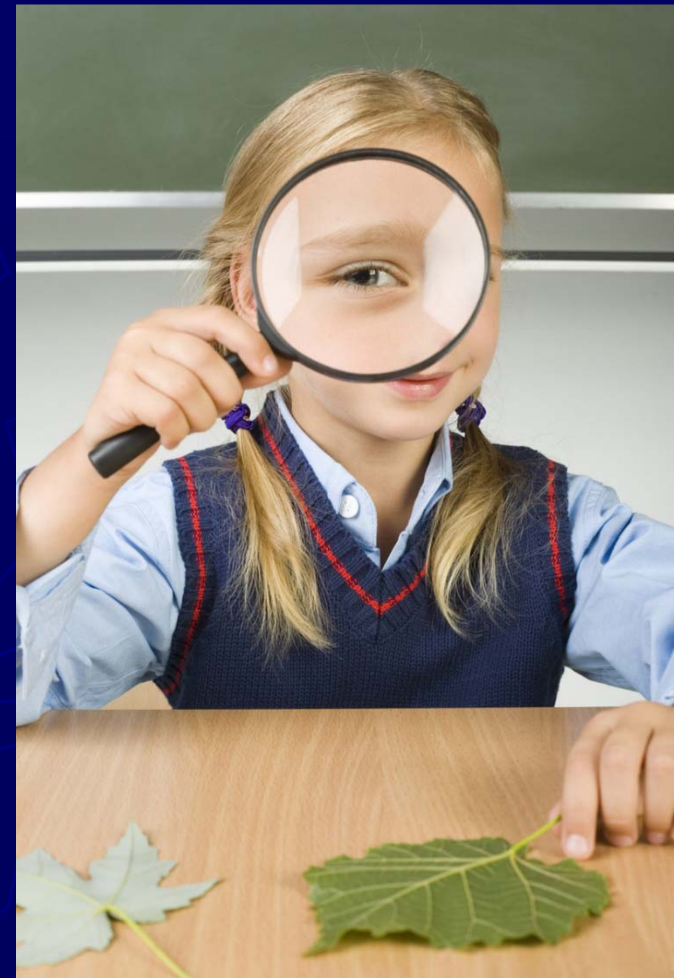


Transitioning from MTG to MMIS Funding

- MTG good for:
  - Piloting on smaller scale
  - Paying for hardware and provider training
  - Phased implementation
  - Proof of concept
  - Stakeholder involvement/grooming
- MMIS rules are less flexible on above activities

MTG Lessons Learned

1. Double your estimated timeline for the following:
   - Stakeholder involvement and buy-in (just when you think everyone agrees…)
   - Drafting and signing Data Use Agreements
   - Legal input for Privacy & Security (consents, input into the above DUAs)
   - Drafting, Issuing and Awarding IT contracts



MTG Lessons Learned

2. Coordinating IT efforts across state agencies can be fraught with conflict due to competing priorities, different perspectives on SOA, etc.

- *Hint: Use your APD to show the big picture of how your project fits in to the larger picture. Note other federal funding sources, other state funding sources, etc so it is a comprehensive blueprint just as a grant application would be.*

MTG Lessons Learned

3. Having provider involvement in the design will aid significantly adoption once its goes live.

- Find a "Physician Champion" and listen to them for ways to make the project more useful from their perspective, not just your agency's.

MMIS and MITA

Your CMS Regional Office Is the Best Place for Guidance

- Discuss your current/projected funding needs with your CMS RO
  - CMS may be able to help with <u>some</u> financial support
  - It is highly likely, however, that you will need additional sources due to the MMIS statutory limitations
- If needed for MMIS $, prepare an APD now rather than later
  - It may take 2-3 months to obtain CMS approval
  - You may need to obtain new services through competitive bidding which will add additional time delays

MMIS Funding Limitations

- MMIS funding can only be used for operation and enhancements to your MMIS
- MMIS funds can only be used on behalf of Medicaid beneficiaries
  - Some costs, such as those incurred by providers, are not eligible for any enhanced (MMIS) or IT admin (50% FFP) match

- Some, if not many, costs will need to be shared by all benefiting parties
  - DDI costs are allocated via a Cost Allocation Methodology (CAM) Toolkit found on our web site
  - Operating expenses are allocated based on standard federal cost allocation principles

If It's Not State-wide, It's NOT MMIS

- Your MMIS is not a pilot or an R&D activity; consequently, MMIS funds cannot be used for pilots or R&D
  - CMS cannot not invest MMIS funds in trials, experiments or tests of the market place
- MMIS funding can only be used for State-wide initiatives tied directly to the MMIS
  - It is acceptable to roll out the initiative in phases over a reasonable period of time
  - CMS will want to understand the timeline
  - We may reduce, stop or disallow MMIS funds for projects that do not adhere to the timelines agreed upon

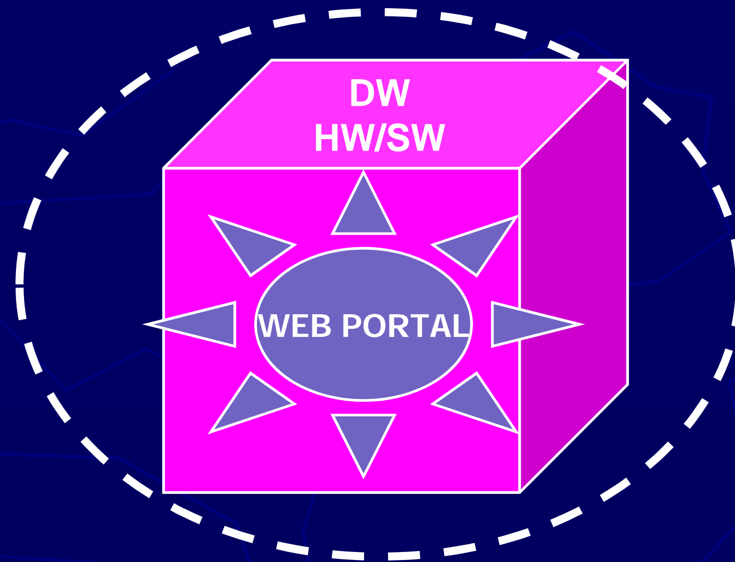
Competition

- Projects supported by MMIS funding need to be competitively bid
- MMIS funds cannot be used to sustain sole source activities develop initially under MTG support
- If you plan to utilize MMIS support, you will need to find a way to compete it

How Would We Handle Funding in a Collaborative Environment that Focuses on Interoperability?

Three Scenarios

E-Health (e.g., eRx) Schematic



Examples

- eRx
- EHR/EMR
- PHR

Note: The following discussion is a conceptual analysis of how CMS may be able to support e-Health activities using MMIS funding. While some of this thinking has been approved at various levels, final decisions will depend upon specific conditions yet to be determined

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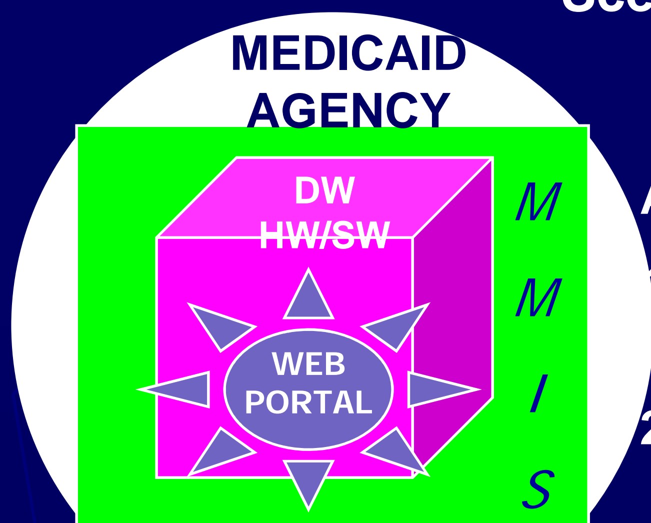
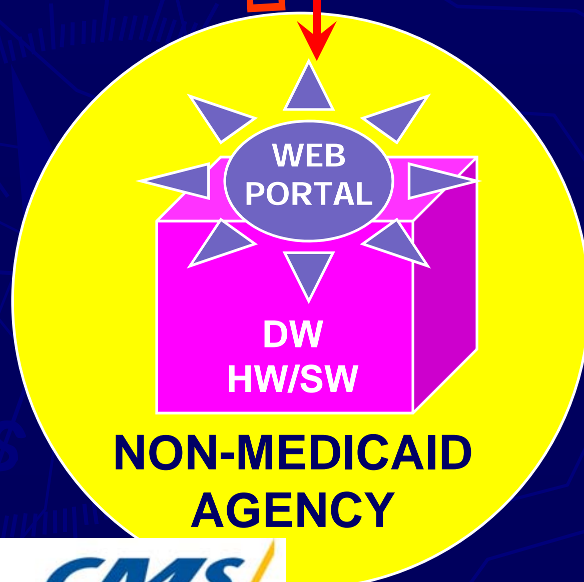
Scenario 1: Medicaid Agency and Non-Medicaid Agency Both Build Their Own E-Health Hardware/Software Facilitators



Data



ACTIONS:

1. Medicaid Agency builds a data warehouse (DW) and web portal (WP) as a part of its MMIS.
2. Non-Medicaid agency builds its own DW and WB.
3. Both parties agree to build an electronic bridge linking both DWs and WPs

CURRENT FFP AVAILABILITY:

1. Medicaid Agency receives 90% FFP to build the DW/WP, and 75% FFP to operate them
2. Non-Medicaid Agency uses own funds to build and operate DW/WP
3. Jointly built electronic bridge is paid for by both parties per Federal CAP Principles. Medicaid receives enhanced 90/75 FFP rates for its share of costs.

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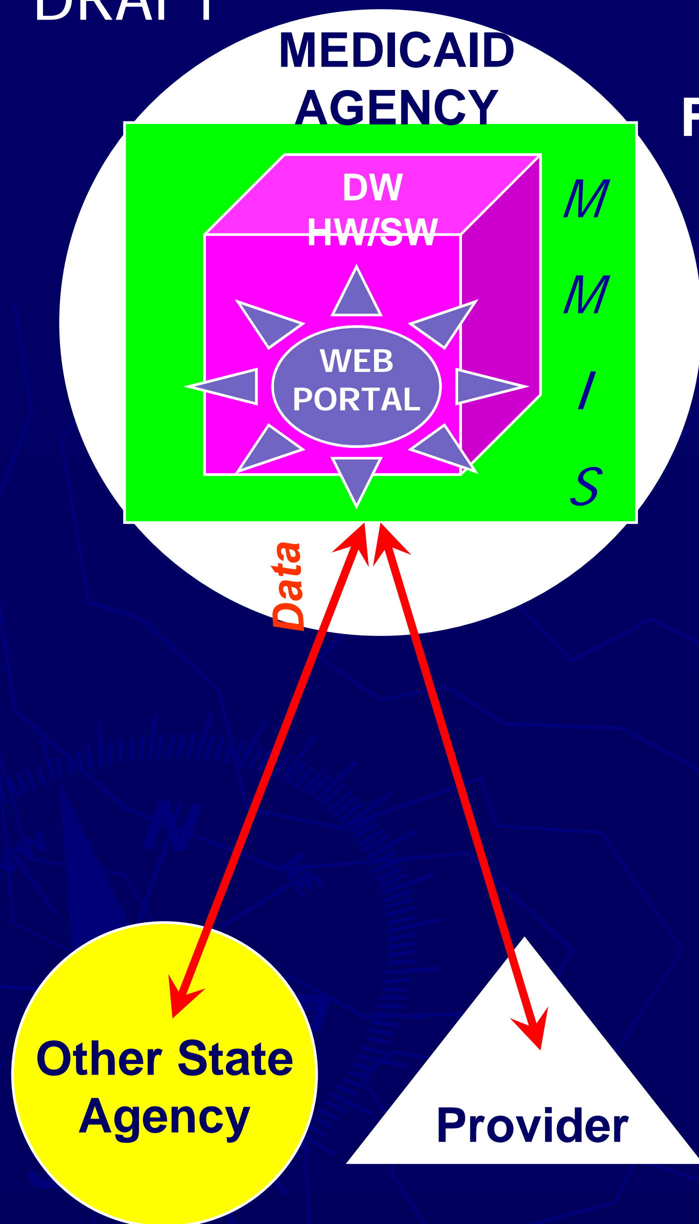
Scenario 2: Medicaid Agency Builds and Operates E-Health Hardware/Software Facilitators and Permits Access by Others



ACTIONS:

1. Medicaid Agency builds a data warehouse (DW) and web portal (WP) as a part of its MMIS.
2. Non-Medicaid agency/provider buys own equipment to access web as well as trains staff on its use.

CURRENT FFP AVAILABILITY:

1. Medicaid Agency receives 90% FFP to build the DW/WP, and 75% FFP to operate them
2. Non-Medicaid Agency/provider uses their own funds for their access ramps to DW/WP

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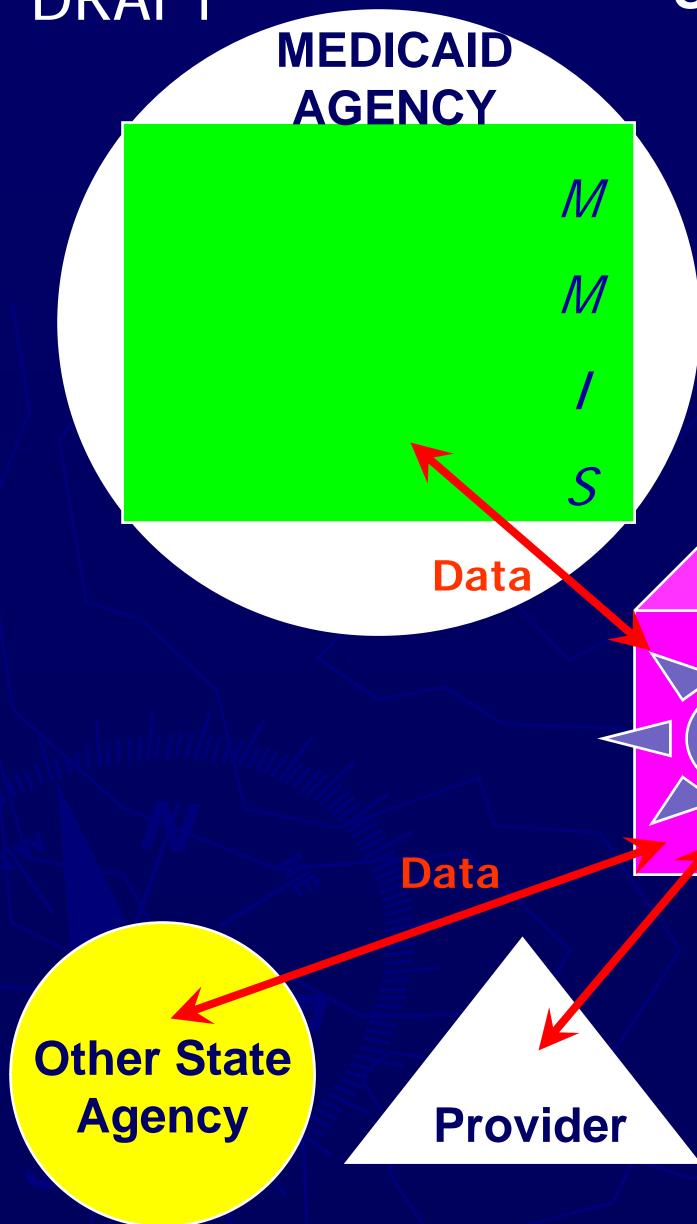
Scenario 3: Entity Not Under Medicaid Builds and Controls DW/WP



ACTIONS:

1. Medicaid Agency accesses DW/WP through its MMIS.
2. Changes/enhancements may be necessary to enhance use of DW/WP within MMIS.

CURRENT FFP AVAILABILITY:

1. Medicaid Agency receives 90% FFP to enhance, 75% FFP to operate its internal requirements with outside DW/WP
2. Changes to the outside DW/WP specific to Medicaid matched at 50% because it's not part of the MMIS
3. Provider/Other Users costs not matched with MMIS FFP