

Tip Sheet on Learning About CMS and Medicaid

Public health and Medicaid have similar missions and goals, yet what they focus on and how they go about it—including the vocabulary they use—can be quite different. Understanding what drives CMS and their state Medicaid partners, and the language they use to communicate their priorities, is foundational to creating or strengthening a relationship with them. As the Austrian-born philosopher Ludwig Wittgenstein said, “You cannot enter a world for which you do not have the language.” This module in the toolkit is designed to help you become more familiar with the language and priorities of the Medicaid program and the Centers for Medicare and Medicaid Services (CMS).

“You cannot enter a world for which you do not have the language.”

- Ludwig Wittgenstein (1889-1951)

CMS goals and communicating the value of your IIS

If you have not yet read [the Information Sheet on the CMS HITECH 90-10 Funding Program](#), this would be a good time to do so. It provides much of the basic knowledge you will need to begin thinking in terms of CMS goals and priorities for the HITECH Federal Financial Participation (FFP) program.

Recall that the criteria for including activities in an Implementation Advance Planning Document (IAPD) are that they address one or more of the following CMS goals:

- Support on-boarding of providers
- Design, development or implementation (not maintenance)
- Support for achieving Meaningful Use measures

The key is to translate how you customarily word the functions and the value of your IIS in terms of the Meaningful Use program and/or health information exchange. For example, you could re-frame “testing and deploying bi-directional exchange of immunization history and vaccine forecasting/clinical decision support” as “testing and deploying query exchange to be ready for stage 3 Meaningful Use.” [Module 4, Identifying Possible IIS Activities](#), is dedicated to identifying and framing your public health and IIS activities in terms of the Medicaid HITECH goals.

One state developed a brief overview of the project they were proposing (in simple terms, applicable to Medicaid) and then highlighted: (1) the benefit to public health; (2) the benefit to Medicaid; and (3) the benefit to Medicaid providers and connection to Meaningful Use. This helped to clearly and concretely articulate the ways in which the proposed activities were “a win” for everyone.

As important as the HITECH funding program is, your state’s Medicaid program has even broader health reform goals it is working to achieve. The more you understand these broader goals and how your IIS can support them, the more credible and valuable partner you may become to Medicaid.

The table below highlights ways in which you can communicate the value of your IIS in terms of the broad CMS goals for health system transformation, to which Meaningful Use, Medicaid Managed Care and other initiatives all contribute; that is, these are broader goals than the three HITECH goals listed above.

Broad CMS Goals	Example ways to communicate how IIS supports the goals
Data utilized to improve delivery and outcomes	<ul style="list-style-type: none"> IIS can supply valuable data regarding complete and consolidated immunization records for Medicaid patients, supporting Medicaid program and Medicaid provider goals for measurement, including HEDIS, pay-for-performance, and other initiatives. IIS use secure messaging to provide not only records, but also clinical decision support (CDS) to facilitate age-appropriate vaccination and disease prevention for Medicaid patients, thus improving outcomes. Standardized algorithms ensure forecasted vaccines are in line with ACIP recommendations, and facilitate rapid introduction of recommendations on new vaccines or changes in the vaccine schedule, benefiting Medicaid providers and ensuring a more up-to-date Medicaid population. The consolidated record also drives accurate vaccine forecasting. The IIS can produce reminders and recalls for immunizations due or past due that can be leveraged by statewide Medicaid programs or Medicaid providers.
Connect to public health	<ul style="list-style-type: none"> IIS are the most mature and robust public health information systems, designed for use in clinical settings and supporting the bridge between public health and private providers serving Medicaid patients. IIS support vaccine management through ordering and inventory for publicly-purchased vaccine, a significant portion of which is accessed by providers serving Medicaid patients.
Care coordination	<ul style="list-style-type: none"> By consolidating immunization records across private and public providers, IIS help ensure coordinated care and avoid duplicative/unnecessary vaccinations and their associated costs.
Enhance access and continuity	<ul style="list-style-type: none"> IIS accurately record, validate and consolidate vaccination information regardless of setting (e.g., Medicaid providers, pharmacies, school-based clinics and health departments). IIS ensure that the most complete immunization information is available for managing the patient in the medical home.
Patient self-management	<ul style="list-style-type: none"> IIS can provide consumer access to their immunization records or those of their children, assisting consumers/patients in driving their own care.
Support of population health	<ul style="list-style-type: none"> Assessment of up-to-date rates is often available at multiple levels, including the clinic, health plan (for HEDIS purposes), accountable care organization, county, census tract or full jurisdictional population. Data over time allow Medicaid programs to set goals for immunization attainment and to measure outcomes. Immunizations can serve as a proxy for consistency of well-child visits for Medicaid populations. In addition, many Medicaid programs have adopted the Triple Aim framework¹: Improving the patient experience of care (including quality and satisfaction), improving the health of populations and reducing the per capita cost of health care. Given how widespread this framework is, it is highly useful to be able to articulate how your IIS can contribute to each of these aims, including how it might provide data that contribute to measuring provider or health plan performance in terms of immunization coverage.

¹ <http://www.ihl.org/Engage/Initiatives/TripleAim/Pages/default.aspx>

CMS/Medicaid Terminology

Below are some of the key terms you are likely to encounter when working with your Medicaid colleagues. The more you know these terms and understand their uses in the context of CMS and Medicaid, the smoother your communications and planning are likely to be.

Terms specific to the funding application process (see also [Module 1, Learning About the 90-10 Program](#))

Advance Planning Document

- The Advance Planning Document (APD) process governs the procedure by which states obtain approval for federal financial participation (see term definition below) in the cost of acquiring automated data processing equipment and services.
- There are planning APDs and implementation APDs.
- Obtaining “enhanced funding” (i.e., at the 90% level) requires an approved APD ahead of time.

Planning Advance Planning Document

- A relatively brief document prepared by a Medicaid program for initial feedback and approval from CMS on generally large IT/automated data processing funding requests. You are more likely to be involved in developing an IAPD (see next term).

Implementation Advance Planning Document (IAPD)

- For purposes of this toolkit, sometimes referred to as a Health information Technology Implementation APD or HIT IAPD. The HIT IAPD is specifically around the goals and requirements of the HITECH Act; namely, accelerating adopting of health information technology (HIT) and secure exchange of health information for the purposes of improved care and outcomes.
- See [here](#) for the specific requirements/regulations as codified in CFR 495.338.
- IAPDS are also used for other purposes within the Medicaid program.

State Medicaid HIT Plan (SMHP)

- The SMHP outlines the state’s current (“as-is”) and future (“to-be”) HIT landscape and plan for the administration and oversight of its Medicaid EHR Incentive Program (“Meaningful Use”) in compliance with CMS regulations.
- Every state has a State HIT Coordinator who may or may not be part of the Medicaid program. If not, that person may have been more responsible for developing and administering this plan than the Medicaid program itself. If you have not already seen this plan to identify how your IIS fits in, this would be a good time to do so.

Infrastructure design, development and implementation

- For purposes of the HITECH IAPD process, the terms used by CMS to indicate that allowable expenses/activities must be related to new or expanded activities (e.g., more Medicaid providers onboarded, new interfaces developed/tested/implemented, more staff hired to reduce provider waiting time in the Meaningful Use on-boarding queue, etc.), not maintenance, which is not generally an allowable expense.

Federal Funding Participation (FFP)

- The formal term used for the federal matching fund programs. FFP is part of many CMS initiatives.

Cost Allocation

- A set of federal principles and regulations to ensure the federal share of costs is equitable and is shared by states and/or other entities. Two examples of how cost allocation can be applied are:
 - The full 90% FFP will be allowed for all costs related to onboarding Medicaid providers only.
 - If an IIS activity would benefit everyone in the state/IIS, the 90% FFP would be allowed only for that proportion of a state's population that is on Medicaid. For example, if 26% of a state's population is on Medicaid, then CMS might fund 90% of 26% of the total cost; that is, the 90-10 match is only eligible and applied to the proportion of the population that is on Medicaid.
- Be sure to ask questions to ensure you and your program and agency leadership understand how cost allocations will be applied. It is critically important that you know how much Medicaid will provide and where you need other funds to support the remainder.

Broader terms of key relevance

EHR Incentive Programs (“Meaningful Use”)

The program funded by the HITECH Act, which provide 100% federal funding participation as incentive payment to eligible providers and hospitals for adopting nationally certified electronic health records systems and using them in prescribed ways. It is administered by the state Medicaid programs, and ends in 2021.

Health Information Exchange (HIE)

- As a *noun*, Health Information Exchanges (HIE), sometimes referred to Health Information Organizations (HIO), are typically collaborative efforts designed to facilitate/act as an intermediary in the secure exchange/sharing of health information for the ultimate purpose of improving care and outcomes. They may be local, regional or statewide, and are most often non-governmental or quasi-governmental.
- As a *verb*, the secure sharing of health information, generally regardless of how it is done or for what purposes.
- When using the acronym “HIE,” it is best to be clear about which way you are using the term to avoid any confusion, especially if you have an HIE organization/entity in your jurisdiction.

Health Information Technology for Economic and Clinical Health (HITECH)

- The Act passed by Congress which established the Medicare and Medicaid EHR Incentive Programs known as “Meaningful Use” and which provides the funding for this HITECH/HIT FFP program.

Medicaid Information Technology Architecture (MITA)

- MITA is a national framework of “integrated systems that communicate effectively through interoperability and common standards” for Medicaid (see [here](#) for the MITA website).
- MITA is what governs the creation of state Medicaid Management Information Systems (MMIS), Medicaid's principal claims processing and information retrieval system. In addition to the HITECH IAPD process, there is an MMIS Federal Financial Participation mechanism which is ongoing—that is, does not expire in 2021. However, it would likely result in greater Medicaid ownership and/or control of the IIS because the IIS would need to fit under the MMIS umbrella.

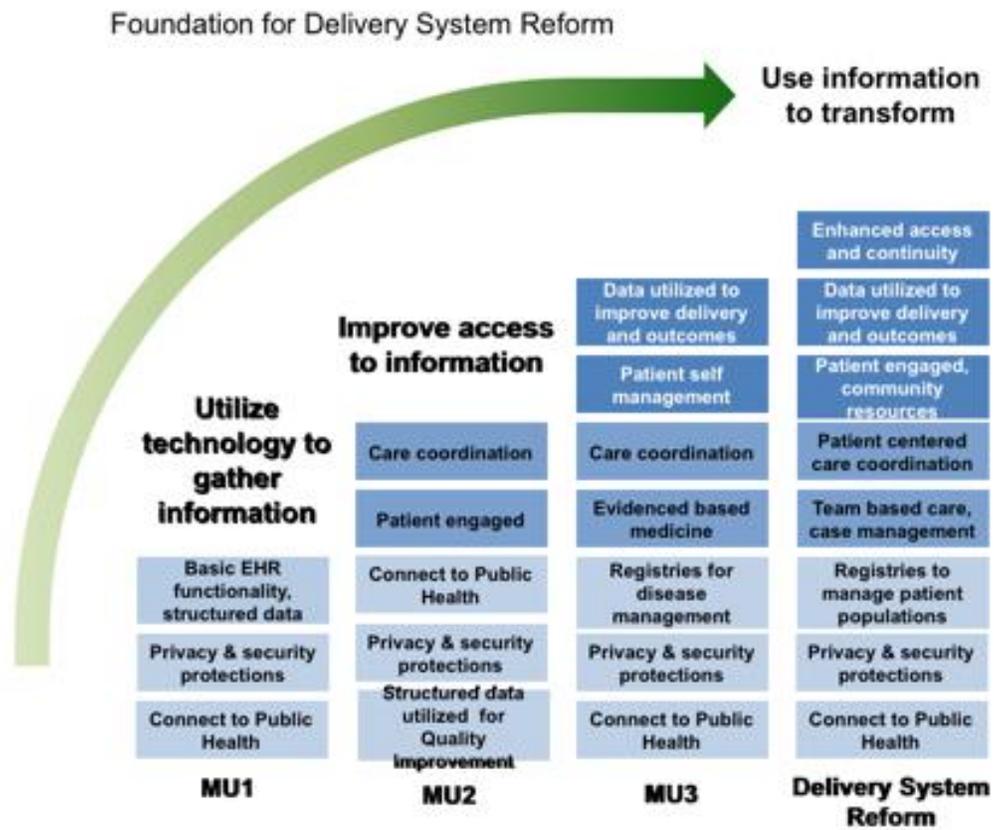
Medicaid Managed Care and Medicaid Managed Care Organizations

- Medicaid managed care provides for the delivery of Medicaid health benefits and additional services through contracted arrangements between state Medicaid agencies and managed care organizations (MCOs) that accept a set per member per month (capitation) payment for these services.
- IIS data can potentially be used to both support and improve immunization practice and levels in managed care providers, and to measure provider performance/coverage levels by the MCOs.

State Innovation Models (SIM)

- A relatively new initiative of CMS that provides financial and technical support to state innovation projects seeking to discover and test new approaches to improving provider performance, improving outcomes and savings costs.
- See [here](#) for more information on what is occurring in your state *and to identify how your IIS might participate.*

The graphic below portrays the cumulative transformations CMS intends to achieve through Meaningful Use (MU), State Innovation Models and other initiatives listed above. *As much as possible, highlight how your IIS can support the MU stage 3 and Delivery System Reform phases.*



Source: CMS, 2016

Resources

- [State Medicaid Directors letter #16-003](#) from February 2016 on “Availability of HITECH administrative matching funds to help professionals and hospitals eligible for Medicaid EHR incentive payments connect to other Medicaid providers.”
- [CMS Answers to Frequently Asked Questions](#): September 2013
- [State Medicaid Directors Letter #11-004](#) from May 2011 on “Use of administrative funds to support health information exchange as part of the Medicaid EHR Incentive Program.”
- 42 CFR 495.338 - [Health information technology implementation advance planning document requirements](#) (HIT IAPD)
- [A Step-by-Step Guide for Health Departments Seeking HIT/HIE Funding Via the 90/10 Medicaid Match](#)
- [State Innovation Model Initiative](#), CMS