Tip Sheet for Building Agency Collaborations

Three important pieces of advice came from your peers related to internal planning before approaching Medicaid:

- Engage your senior leadership to ensure their support.
- Coordinate with other programs, especially those involved in Meaningful Use.
- Learn from past health department collaborations with Medicaid.

Engage senior leadership

- The support of senior leadership could be important in at least three areas:
  - Making the initial overture to Medicaid
  - Securing state matching funds
  - Ensuring coordination across other health department programs as part of working with Medicaid
- Begin by talking with your Immunization Program Manager on how to work with and through the chain of command to eventually reach senior leadership.
  - The most appropriate person may not be the one who oversees the organizational area in which immunizations resides; it may be someone who works regularly with Medicaid on health reform, social services or other issues.
- The more senior the person making the initial overture to Medicaid, the less likely you are to receive a disappointing initial response.
  - There is likely someone in the executive levels of the health department who works routinely with the Medicaid program and will know who to initially approach.
- A key issue to discuss with senior leadership is likely to be the state matching funds (see module 1, Preparing to Access CMS 90-10 Funding for Public Health, for information on the state match). For many states who have been successful so far, that match has come from state general funds, health care or insurance surcharge or other special taxes, funds for which there is likely to be many competing priorities within the health department. Securing those funds will likely require senior leader support and even final decisions.
  - You may need to be persuasive by highlighting the significant federal dollars that can be leveraged for multiple years (until 2021), and ideally also how these IIS activities might support overall agency/administration priorities.
- Because Medicaid programs prefer to work with the health department as a whole on HITECH funding proposals (see the next section), you may need the support and authority of senior leadership to ensure such coordination happens.
  - Given the time-limited nature of these funds, you can’t afford to have delays caused by reticence to collaborate or compromise.
- In preparing to engage senior leadership through your Immunization Program Manager, draw the most salient background information from modules 1 and 2 of this toolkit, incorporating any additional “selling points” on how your IIS helps to meet current agency/administration priorities.
- Your state may also have a State HIT Coordinator, although the position could go by other names. This is a position first created by federal State HIE Cooperative Agreement funds from the ONC. Many states have kept these positions. Depending upon where within state government this position exists, you may want to go through senior leadership to inform, coordinate and to obtain support.
**Coordinate with other programs**

- Among the stronger recommendations that came out of the interviews is that Medicaid programs want to work with one health department, not multiple health department programs with different ideas and approaches.
  - For the HITECH 90-10 funding program, the obvious programs with whom to coordinate and collaborate are those also involved in Meaningful Use—that is, electronic lab reporting, syndromic surveillance, cancer registries or specialized registries within the health department.
- If your health department has a Meaningful Use Coordinator, this would be a natural person to facilitate the collaboration.
  - In some health departments, if is the agency chief informatics officer or the informatics unit that supports coordinated planning and serves as point person/gatekeeper for Medicaid.
- It will be important to have a clear agency-wide strategy, showing efficiencies wherever possible. CMS will be looking to pay for things once, so identify infrastructure and services that can be leveraged across multiple programs.
  - Examples include provider directories, on-boarding/provider management systems, connections with a Health information Exchange organization, and sharing of staff who have similar duties across programs. Each program will also have its own unique activities. See Module 4, *Identifying Possible IIS Activities*, for example activities and positions previously approved by CMS.

**Learn from past collaborations with Medicaid**

- Since the Medicaid program operates so differently than public health (see Module 2, *Learning About Medicaid*), learning from past collaborations with Medicaid can provide important insights into how to be an effective partner.
  - Any past collaborations may have been with different parts of the Medicaid program or the agency of which it is a part. However, there may still be useful lessons in areas such as inter-agency agreements for sharing funds, supporting health information exchange, or Meaningful Use communication strategies with hospitals and providers.
- Ideally, you will be able to highlight and build on these past collaborations to show that the health department has a history of being a reliable partner.
  - Not every past collaboration will have been a success, obviously, but there is always something to be learned.

**Resources**

3. *Case Study: Washington’s Experience Securing Medicaid 90/10 Match Funds*
4. *State Health IT Coordinators*, Office of the National Coordinator (ONC) for Health Information Technology.
5. *ONC Basecamp site for Medicaid 90-10 Community of Practice*: A forum that HHS and others have used to focus on specific issues or challenges and with active participation from members identify and share potential solutions.