

Identifying Possible IIS and Other Public Health Activities for CMS Funding

With all the background information you've now collected, you are in a good position to begin making informed choices about possible IIS and/or broader public health activities to potentially be funded by CMS. By way of review, the key question to ask yourself is whether your proposed activities fit one or more of these criteria:

- Supports on-boarding of providers.
- Focuses on design, development or implementation (not maintenance).
- Supports achievement of Meaningful Use measures.

The sample activities below were collected by the Association of State and Territorial Health Officers (ASTHO) through interviews¹. [This report](#) is an excellent resource and is highly recommended reading.

Example IIS Activities²

Provider onboarding

- Add staff to accelerate onboarding of providers for MU and ensuring data quality; decrease wait times in the queue.
- Expand contact management systems to better track onboarding activities.
- Design, develop and/or implement systems for registration of provider intent for MU reporting.

Interoperability

- Develop, test and deploy query-response messaging.
- Upgrade the IIS to align with HL7 2.5.1 standard.
- Support providers and/or the HIE with moving to bi-directional query-response exchanges.
- Provide technical and business support for connecting the IIS to a state or regional HIE.
- Plan for and implement the policies and rules for the HIE serving as an intermediary in immunization data exchanges.

Enhanced functionality

- Create enhancements to accommodate NDC codes for stage 3 MU.
- Implement and configure a new data quality tool to ensure more complete and accurate data.
- Develop and deploy VAERS reporting capabilities

Technical infrastructure

- Upgrade web, application and/or database servers to enhance performance and accommodate increased numbers of users due to MU.
- Upgrade backup equipment for improved auditing (in case Medicaid asks for your assistance in conducting MU audits).

Note: An activity being approved by CMS for one jurisdiction does not imply that all states will obtain approval for the same activity, since so much is dependent upon how well your proposed activities fit within your state Medicaid's Health IT and Planning-Advanced Planning Documents (P-APDs).

¹ State Experiences with HITECH Federal Financial Participation Opportunities for Public Health Related Activities, 2016, available from <http://www.astho.org/Programs/Informatics/Policy/>.

² Gathered from various sources including interviews with Immunization Program Managers and IIS Managers.

Other Sample Funded Public Health Projects (not IIS-specific)³

<p>HIE/data exchange activities⁴</p> <ul style="list-style-type: none"> • Provide technical and business support for public health and/or Medicaid’s connection to the state HIE. • Connect the state registries with an HIE and manage communications with external data providers. • Build connections to enable Medicaid providers to query public health registries. • Assess readiness of county health departments to connect to the HIE. • Provide incentives for Medicaid hospitals and providers to participate in the HIE. 	<p>Infrastructure activities</p> <ul style="list-style-type: none"> • Design, develop and/or implement systems for registration of provider intent for MU reporting. • Add staff to support onboarding and message analysis for public health programs that are Meaningful Use objectives. (Note that not every Medicaid program is open to supporting new or existing staff time.) • Modify the state laboratory information management system to receive electronic orders and transmit results. • Develop a crosswalk of local laboratory codes to LOINC codes. • Design, develop, implement and/or link to Provider Directories.
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The key in crafting candidate fundable activities is to translate how you customarily translate the functions and the value of your IIS into the concepts and terminology of Medicaid, specifically 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.”

Below are practical tips and lessons learned from your peers that may be useful as you prepare to work with Medicaid.

General tips

- Each year’s application will likely have to be focused on *new* activities/objectives; in other words, you cannot repeat an objective in a future year. For activities that will be multi-year, such as onboarding providers, make sure these are established as multi-year objectives.
- Consider setting ambitious, multi-year goals so that you are not having to re-negotiate new goals every one-to-two years or risk having the funding end. For instance, “onboard 90% of Medicaid providers and local health departments for query exchange” is likely better than “increase enrollment of Medicaid providers by 10% over the next year.”
- Provide as much detail as you can on your candidate activities; err on the side of greater detail, since that may help prevent delays in the planning process. Anticipate questions that your Medicaid colleagues might have.
 - Not all of the detail may go into the IAPD because your Medicaid colleagues may know from experience that sometimes details can hem you in once implementation constraints become apparent. But providing the detail up front to Medicaid helps ensure a shared understanding of the activities you need funded.

³ Source: Association of State and Territorial Health Officials. Used with permission.

⁴ Although early criteria for use of these funds emphasized working with and through health information exchange organizations (HIEs), later guidance broadened the allowable activities to include “other interoperable systems.” See Module 1 for more information.

Funding requests

- Verify that the non-federal match funds you identified will be available up to two years from when you start the process, since the entire CMS review and approval process can take that long (although the timeline is reportedly shortening as experience with the HITECH IAPD process grows). A one-time, “available now” funding source for the match may not a good choice, unless there is a way to “bank” those funds until needed.
- Funding requests to CMS can include money for your IIS vendor to design, develop and deploy new IIS functionality in support of HITECH/Medicaid goals.
- If you are proposing to add staff, you may need to justify them as part of a short- to medium-term “boost” to accelerate onboarding and exchange. Note, however, that some Medicaid programs have been reluctant to include costs for new or existing staff in their IAPDs.

Data on your status

- You will likely be asked for information on the current status of your IIS in terms of providers⁵ and population enrollment, the number of providers in your on-boarding queue, the average length of time it takes to on-board, etc. Become familiar with the information requested, and anticipate information requests from Medicaid where possible. Having this information on hand when you begin working with Medicaid would be prudent because it will drive establishing goals that are meaningful to both you and your Medicaid colleagues.
- Be prepared with numbers highlighting your current status, especially the number of enrolled VFC and non-VFC providers, but also long-term care and hospitals. Pharmacies may or may not be of interest to your Medicaid program, given that pharmacies are not a big part of Meaningful Use requirements.
- Note that Medicaid typically counts “Medicaid providers” as individual practitioners, not as clinic sites as most IIS programs do. Be prepared to obtain IIS participation data on the *individual practitioner level* for your planning, goal setting and IAPD proposal.
- If a Health Information Exchange/Health Information Organization (HIE/HIO) is active in your jurisdiction, document how the IIS interacts, or plans to interact, with the HIE, and how these funds might support greater IIS-HIE interactions/interoperability. (See also footnote #3 on page one.)

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.”
- HITECH, Meaningful Use, and Public Health: Funding Opportunities for State Immunization Registries, CMS, May 2011
- [State Experiences with HITECH Federal Financial Participation Opportunities for Public Health Related Activities](#), ASTHO, 2016.
- [Maximizing Public Health Partnerships with Medicaid to Improve Health toolkit](#), ASTHO, 2016.
- [Case Study: Washington’s Experience Securing Medicaid 90/10 Match Funds](#)
- Sample IIS reports for Medicaid providers and plans – State of Michigan
 - a. [Medicaid Report by Health Plan](#)
 - b. [Medicaid Report by County](#)

⁵ Medicaid typically defines “Medicaid provider” as an individual, licensed professional, while IIS tends to use “provider” to mean a clinic site/facility. If you do not yet have a way to identify/count individual providers in your IIS, you may need to do so for the sake of setting and measuring goals.

- [State Health IT Coordinators](#), Office of the National Coordinator (ONC) for Health Information Technology.
- [Public Health & HIE Toolkit](#), HIMSS, 2015.
- <https://www.hln.com/assets/pdf/HLN-IIS-HIE-White-Paper.pdf>, HLN Consulting, 2013.