

MISSOURI STATE MEDICAID HEALTH INFORMATION TECHNOLOGY PLAN UPDATE (SMHPU)



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1 EXECUTIVE SUMMARY

The Department of Social Services submitted the most recent full update to Missouri's State Medicaid Health Information Technology Plan (SMHP-U) on January 16, 2014 and received approval from the Centers for Medicare and Medicaid Services (CMS) on April 10, 2014. This update to Missouri's SMHP details the State's updated plan for implementation of Section 4201 of the American Recovery and Reinvestment Act of 2009 (ARRA) and the Health Information Technology for Economic and Clinical Health Act (HITECH). This update was prepared at the request of CMS to provide updated environmental and strategic information.

Please note that this update is not being provided in response to the request from CMS for an SMHP addendum to outline the changes anticipated in implementing the Stage 3 portion of the 2015-2017 Modifications rule, the Medicare Hospital Outpatient Prospective Payment System (OPPS) rule, and the rule creating the Medicare Quality Payment Program. Missouri, along with eight other States, is working with the State Level Registry vendor to implement the changes required by the rule and will submit the addendum separately.

The DSS has prepared this SMHP-U to inform CMS on progress made toward connection of Medicaid systems with a Health Information Network (HIN), to report on the outcome of the Missouri Electronic Health Record (EHR) Provider Incentive Program and progress made toward achieving the vision for transforming healthcare through promotion of health information exchange and adoption of EHRs, and to provide an updated strategy for Medicaid Health Information Technology in Missouri. This SMHP-U represents the planning effort at this point in time and DSS will continue to develop the plan as state and national HIT initiatives continue to evolve and progress.

1.1 Background

The Department of Social Services (DSS), MO HealthNet Division (MO HealthNet) is the state agency that administers the Missouri Medicaid program. The American Reinvestment and Recovery Act of 2009 (ARRA) included a \$19.2 billion provision entitled the Health Information Technology for Economic and Clinical Health Act (HITECH). HITECH is administered by the Office of the National Coordinator for Health Information Technology (ONC).

HITECH grants were made available to conduct activities to facilitate and expand the electronic movement and use of health information among organizations according to nationally recognized standards through activities that include promoting participation in the statewide and nationwide exchange of health information and promoting the use of electronic health records by healthcare service providers for quality improvement.

To promote participation in the exchange of health information within Missouri, the DSS connected the Medicaid Management Information System (MMIS) to the Missouri Health Connection, a Health Information Network (HIN) operating in Missouri. The DSS responds to patient queries received through from providers through the HIN with Medicaid claims data. The DSS intends to add additional functionality allowing State staff to submit patient queries to the HIN and receive clinical data from providers.



To promote the use of electronic health records by healthcare service providers for quality improvement, the State of Missouri has elected to participate in the Medicaid Electronic Health Record (EHR) Incentive program funded through HITECH. MO HealthNet recognizes that provider adoption and utilization of EHRs is an initial step toward meaningful statewide Health Information Exchange (HIE) in Missouri. Eligible Professionals (EPs) and Eligible Hospitals (EHs) must meaningfully use certified EHRs and participate in health information exchange to be eligible for incentive payments. EPs and EHs participating in the Medicaid Provider Incentive Program may qualify in their first year of participation for an incentive payment by demonstrating that they have adopted, implemented or upgraded a certified EHR or demonstrated meaningful use. Incentive payments may also be disbursed to providers who demonstrate meaningful use for an additional five years culminating in 2021.¹

The MO HealthNet has prepared this State Medicaid Health Information Technology Plan Update (SMHP-U) to inform the Centers for Medicare and Medicaid Services (CMS) on progress made toward health information exchange in Missouri, and to report on outcome of the initial years of the Missouri EHR Provider Incentive Program and progress made toward achieving the vision for transforming healthcare through promotion of health information exchange and adoption and use of certified EHRs. This SMHPU represents the planning effort at this point in time and MO HealthNet will continue to develop the plan in the coming years as the Incentive Program moves forward and state and national health information exchange efforts are realized.

1.2 Vision for Future

MO HealthNet has developed five year goals and objectives for the Medicaid program related to the utilization of health information technology. MO HealthNet's vision and ultimate goals for the State of Missouri are to improve population health outcomes and quality of healthcare for Missourians; using clinical information obtained through adoption, implementation, or upgrade of certified EHR technology, while ensuring provider and member access to health information through health information exchange.

MO HealthNet will continue to leverage the products and services offered by a HIN to improve the efficiency and effectiveness of the Missouri Medicaid Program. MO HealthNet currently shares Medicaid claims data, making it available to healthcare providers for viewing and consumption into their EHRs to improve care coordination among providers, MO HealthNet and state agencies, including the Missouri Department of Health and Senior Services (DHSS), and the Missouri Department of Mental Health (DMH). MO HealthNet is working closely with its partners in the Missouri Medicaid Enterprise (MME) to identify opportunities to improve program administration through the exchange of health information within the MME and with Medicaid providers. These opportunities include the development of HIN functionality to support key Medicaid business functions including prior authorization and pre-certification of participant services and the development of an enterprise data warehouse that will consolidate State data and exchange health information through a HIN.

¹ CMS Office of Public Affairs: 202-690-6145. CMS Proposed Requirements for the Electronic Health Records (EHR) Medicaid Incentive Payment Program. December 30, 2009.



As part of its work on health care reform, Missouri has been developing ways in which care coordination and chronic disease management efforts can be integrated into existing activities. The State has implemented a healthcare home pilot with 29 behavioral health providers targeting over 17,000 program participants with a mental health or substance abuse diagnosis and 25 primary care providers targeting over 20,000 program participants with specific chronic conditions – asthma, diabetes, and heart disease – and health risks associated with those conditions – tobacco use, weight, and blood pressure – for the purpose of preventing deterioration in existing conditions and/or development of additional conditions. In order to provide more timely encounter data and promote ongoing inter-agency coordination with DSS, MO HealthNet, DHSS has developed a mechanism to complete a secure daily file transfer to DSS/MO HealthNet that provides information on healthcare home participants who visited the emergency room from the available Electronic Surveillance System for the Early Notification of Community-based Epidemics ESSENCE syndromic surveillance data that provides patient and chief complaint data. The Healthcare Home providers will eventually access timelier provider encounter and clinical data for their participants through a HIN and significantly improve the effectiveness of the case management and coordination of care efforts.

MO HealthNet is committed to ensuring options are available to all Medicaid health care service providers for participation in a HIN for viewing/consuming clinical data (“No Provider Left Behind”). MO HealthNet objectives are to improve patient care through better clinical decision support; promoting consumer engagement in their health care; making clinical data available through health information exchange and identifying opportunities for patient education, care coordination, and the management of chronic health conditions.

Refer to Section 3 for detailed description of State of Missouri’s vision, goals, and objectives for future use of health information exchange.

1.3 EHR Incentive Program Administration

Missouri participated in the Centers for Medicare and Medicaid Services (CMS) Group One state activities to successfully complete required testing with the CMS Registration and Attestation (R&A) system. MO HealthNet implemented administrative activities to enable the State to accept provider enrollment through the CMS R&A system beginning April 2011. Milestones implementation dates are shown in Table 1.

Table 1: Milestone Dates for EHR Provider Incentive Program

Milestone Dates	Eligible Hospitals	Eligible Professionals
Interface with CMS R&A System approved	April 2011	April 2011
Launch date	April 2011	April 2011
2011 Attestation period ends	December 31, 2011	March 31, 2012
First incentive payment to providers	July 2011	July 2011
Begin collection of meaningful use stage 1 attestations	April 2012	April 2012
Begin collection of meaningful use stage 2 attestations	October 2014	June 2014



Missouri began accepting registrations and attestations for the EHR Incentive Program from eligible providers on April 4, 2011 and made its first incentive payments to providers in July 2011. MO HealthNet's original request for Federal Financial Participation (FFP) from February 1, 2010 through January 31, 2012 supported:

- The implementation of the Conduent (formerly Xerox Heritage, LLC) State Level Registry (SLR) for processing of MO HealthNet EHR Incentive Program applications for adoption, implementation and upgrade (AIU) of certified electronic health record technology, Stage 1 attestation and to initiate Provider Incentive Payments.
- Continued support for the development of detailed program policies, operational procedures and protocols for the first year of the MO HealthNet EHR Incentive Program; and
- Ongoing planning and assessment activities to ensure readiness for the State to administer the MO HealthNet EHR incentive program, facilitate successful participation of eligible MO HealthNet hospitals and professionals in the program, and encourage adoption of certified EHR technology.

The Missouri HIT Assistance Center (AC) was awarded \$8.7 million contract to serve as the Missouri Regional Extension Center. In June 2012, the AC surpassed its goal to assist priority primary care providers in meeting Milestone 1 and has made significant progress toward its goal of assisting those providers in meeting meaningful use by September 2013. The AC received an additional two year extension to continue its outreach and assistance to Missouri eligible providers.

MO HealthNet has continued to leverage its ongoing relationships with the AC, Missouri Primary Care Association, Missouri Hospital Association and Missouri State Medical Association to conduct effective outreach and to encourage eligible providers to adopt and use certified EHRs. These organizations, along with MO HealthNet, have been active supporters of statewide HIE planning activities. MO HealthNet continues to offer feedback and input, and participates in planning efforts as the AC and other stakeholders implement plans for physician training and outreach.

As of December 30, 2016 the State has disbursed \$251 million (at 100% FFP) in 7280 payments to 3687 unique participating professionals and hospitals that have implemented EHRs with specific functionalities. Of those receiving payments to date, 53% of professionals and 83% of hospitals have used their systems to demonstrate meaningful use requirements in at least one program year.

Since 2013 the State has engaged an audit contractor to provide oversight and conduct post payment audit activities for the Missouri EHR Incentive Program.

1.4 Changes in HIT Landscape

The Missouri health information technology (IT) and HIE landscape is characterized by a variety of public and private initiatives that while conceptualized and initiated separately, are increasingly moving toward more integration and collaboration.



The Missouri Health Information Organization (MHIO) became an independent entity and rebranded as Missouri Health Connection (MHC). MHC is a 501(c) 3 private non-profit organization with a Board of Directors representing health care leaders from across Missouri including members from private health care organizations, private practice physicians, professional organizations, and consumer advocacy groups. MHC operates an HIE service to which MO HealthNet currently subscribes. MO HealthNet submits claims data for Medicaid members in response to patient queries received through MHC from Missouri healthcare service providers.

The MME partners have a collaborative agreement to develop and implement Health Information Technology (HIT) for their shared client base. The departments worked with the Office of Administration Information Technology Services Division (ITSD) to develop an overall strategy for connecting the State department systems to MHC for the purposes of sharing clinical and claims data and for receiving public health information from Missouri providers.

MO HealthNet completed Phase 1 of a connection with MHC. Phase 1 focused on the sharing of Medicaid claims data through the HIN in response to patient queries received from other HIN participants. MO HealthNet has executed a participation agreement with MHC and has established the connection with the statewide HIN to support the exchange of data. MO HealthNet received and responded to over 75,000 patient queries in December, 2016.

The DHSS and DMH are making significant progress toward electronic health information exchange. In 2011 DHSS developed and currently supports the bi-directional exchange of immunization data using Health Level Seven International (HL7) and lab results and syndromic surveillance reporting are also available in HL7 formats. The DHSS has expanded the number of Missouri providers submitting public health data via HL7 interface. During 2016, the established a connection with MHC and implemented the exchange of public health information with providers through MHC.

Refer to section 2 for descriptions of each department's respective technical infrastructure and environment, identified barriers to data exchange, and plans for future health information exchange.

1.5 Medicaid Information Technology Architecture (MITA) HIT Roadmap

MO HealthNet completed a Medicaid Information Technology Architecture (MITA) 3.0 State Self-Assessment (SS-A) in 2014 and created a MITA Roadmap focused on reengineering the Medicaid Management Information System (MMIS) to create the envisioned "To Be" business and technical architecture. MO HealthNet has completed Phase I of its project to connect to a HIN and is sharing Medicaid claims data with Missouri healthcare service providers. MO HealthNet is also in the process of establishing an enterprise data warehouse and business intelligence solution. This solution will expand MO HealthNet's capabilities related to the exchange of health information with outside entities and the sharing of data within the Missouri Medicaid Enterprise. MO HealthNet has received responses to an RFP for this solution and anticipates award and start of the implementation project during 2017. This solution is one project within a larger program related to the replacement of the Missouri MMIS systems.

MO HealthNet leadership believes that HIT is vital to transforming Missouri's health care system and that MO HealthNet should take a leadership role in the promotion of HIE and adoption of



Query-Based Exchange and Directed Exchange. Key components of this transformation include supporting adoption of certified electronic health records (EHRs), the reengineered MMIS; and connecting Medicaid systems to a HIN for sharing Medicaid claims.

Refer to section 6.0 for details on MO HealthNet's planned HIT projects.

1.6 Medicaid Role in HIE

Through provider communications and education, MO HealthNet promotes the value of the products and services related to health information exchange to enable a provider in the delivery of quality and cost-effective health care services and as a means of achieving meaningful use. Additionally, MO HealthNet shares Medicaid claims data with Missouri healthcare service providers allowing them to view and/or consume this data into their certified EHRs. The DHSS promotes the exchange of public health information. DHSS receives public health information electronically from providers either through direct interface to the provider EHRs or through a HIN.

1.7 Goals for Transformation of Systems

MO HealthNet, DMH, and DHSS are actively engaged in the following projects:

- Development of an enterprise strategy and technical architecture to support the exchange of health information between the state agencies and healthcare service providers through a HIN.
- Development and implementation of a connection between MO HealthNet and MHC to support the distribution of Medicaid claims data to healthcare service providers.
- Development and implementation of a connection between DHSS and MHC to support the exchange of public health information between DHSS and Missouri healthcare service providers.

Missouri accepts meaningful use clinical quality measures in its SLR as required in the final rule for Stage 2, and has uses selected meaningful measures as part of the evaluation of our health home organizations.



2 SECTION A: MISSOURI'S "AS IS" HIT LANDSCAPE

2.1 Overview

The Missouri health information technology (IT) and health information exchange (HIE) landscape is characterized by a variety of public and private initiatives that while conceptualized and initiated separately, are increasingly moving toward more integration and collaboration. This section describes the origin of the Missouri State Medicaid Agency (MO HealthNet) and its technical environment within the Department of Social Services (DSS), as well as the environment of its two sister agencies, the Department of Health and Senior Services (DHSS) and the Department of Mental Health (DMH). Together, the three agencies are committed to a collaborative approach to supporting health IT adoption and HIE for the population of Missourians they serve. This section also describes a variety of private and public-private initiatives around the state committed to providing statewide HIE support or HIE services to a targeted region or population. These private and public-private initiatives are in relatively nascent stages of development, and limited information is being exchanged among unaffiliated providers or provider organizations in the current environment.

2.2 Missouri Medicaid: MO HealthNet

The Medicaid program was enacted by the Federal government through Title XIX of the Social Security Act in 1965 as a federal-state partnership to provide public health insurance coverage to low-income people. Approximately 60 million beneficiaries are enrolled in Medicaid nationwide. State participation in Medicaid is voluntary, though all states currently participate. Monitored by the Centers for Medicare and Medicaid Services (CMS), each state administers its respective program while receiving federal matching funds to support the program. Missouri established its Medicaid program, now called MO HealthNet, in 1967.

Administration

DSS is the single state agency charged with administration of the Missouri Medicaid program. The Governor established the Missouri Division of Medical Services (DMS) within DSS on February 27, 1985. The Missouri Health Improvement Act of 2007, effective September 1, 2007, changed the division's name to the MO HealthNet Division.

MO HealthNet is led by a director who is appointed by the Director of the Department of Social Services. The division receives professional and technical consultation from a medical care advisory committee and designated subcommittees representing the major program domains. MO HealthNet's primary purpose is to purchase and monitor health care services for low-income and vulnerable Missourians. MO HealthNet has leveraged a number of tools and resources, particularly those focused on evidence-based care, to support quality health care through service delivery systems, standards setting and enforcement, and education of providers and participants. MO HealthNet also relies on consumer engagement to help guide its approach to health care delivery.

Eligibility

MO HealthNet covers Missourians below certain income thresholds. Pregnant women and infants (under age one) with incomes up to 185 percent of the Federal Poverty Level (FPL) are



eligible. Children ages one to five are eligible at 133 percent FPL. Children ages 6 - 18 are eligible at 100 percent FPL. Uninsured children with family with incomes above Medicaid standards but below 300 percent FPL are eligible for Missouri's State Children's Health Insurance Program (SCHIP), SCHIP MO HealthNet for Kids.

Table 2: MO HealthNet Eligibility Summary

MO HealthNet Eligibility Summary	
Eligibility Category	Income Guidelines
Children (up to age 19)	<300% FPL
Parents	<= 19%FPL
Pregnant Women	<185% FPL
Disabled Individuals	<85% FPL
Age 65 & over	<85% FPL
Blind Individuals	<100% FPL
Qualified Medicare Beneficiaries	<100% FPL

Elderly, blind and disabled individuals are eligible for MO HealthNet if they meet income requirements (non-spend down income limit of 85 percent FPL). Persons who exceed this limit must incur medical expenses equal to the amount their income exceeds the limit before their Medicaid benefits would take effect. Those eligible for cash assistance through the Supplemental automatically qualify for MO HealthNet on the basis of disability.

MO HealthNet also pays for Medicare premiums, deductibles and coinsurance for Medicare Part A enrollees with income up to 100 percent FPL (also known as Qualified Medicare Beneficiaries).

Enrollment

The MO HealthNet monthly enrollment in June 2015 was 944,257 and by June 2016 reached 982,776, representing a 4.1 percent increase over 2015. Enrollment numbers for 2011 through 2016 are shown in Figure 1. Missouri has not elected to implement the Medicaid expansion allowed for by the ACA.

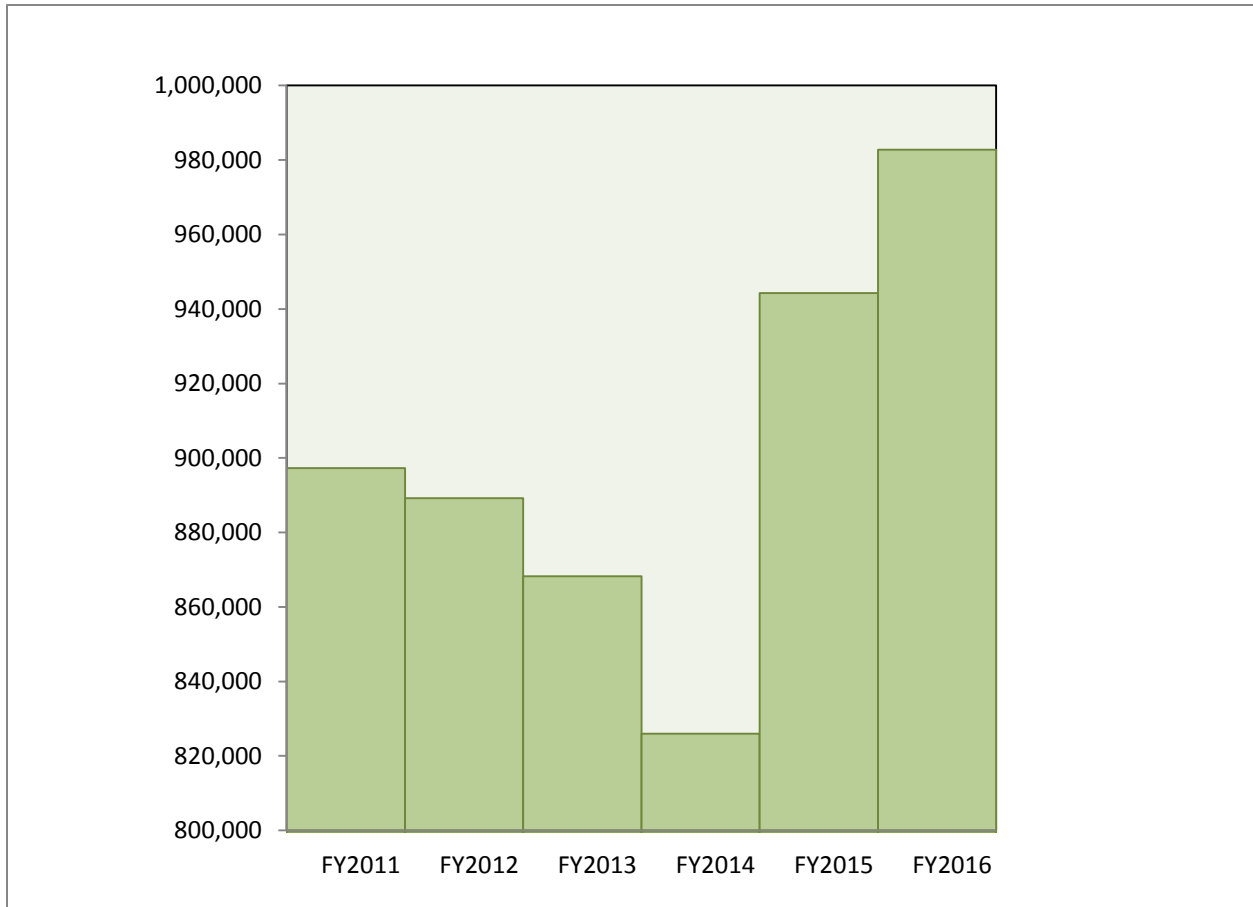


Figure 1: MO HealthNet Enrollment (2011 - 2016)

In addition to mandatory services required by the Federal government, MO HealthNet optional benefits include pharmacy services, rehabilitation and specialty services, mental health services (may be federally mandated in some instances), psychiatric care, in-home care, and dental services.

MO HealthNet is comprised of several programs. The following six cover approximately 95 percent of MO HealthNet enrollees.

- MO Health Net for the Aged, Blind or Disabled (MHABD): For eligible seniors, disabled, and/or blind persons.
- Qualified Medicare Beneficiary (QMB): Covers Medicare premiums, deductibles, and coinsurance for eligible persons enrolled in Medicare Part A with incomes up to 100 percent FPL.
- Medicaid MO HealthNet for Kids: For children up to age 19 whose family income meets Medicaid eligibility requirements



- SCHIP MO HealthNet for Kids: Funded by CHIP, Medicaid MO HealthNet benefits (excluding non-emergency medical transportation) to children whose families' income is too high to qualify for MO HealthNet for Kids but below 300 percent FPL.
- MO HealthNet for Families (MHF): For low-income families with children.
- MO HealthNet for Pregnant Women: Coverage for low-income pregnant women.

Waivers

Sections 1115 and 1915 of the Social Security Act permit the Federal government to waive certain provisions of Medicaid and CHIP statute in order to foster state innovation in health care delivery and cost containment. Missouri administers several waivers, including:

- **Department of Health and Senior Services Waivers (1915(c)):**
 - **Medically Fragile Adult Waiver:** Services for individuals age 21 and older who have serious and complex medical needs and are no longer eligible for home care services available under the Healthy Children and Youth Program.
 - **Adult Day Care Waiver:** Adult day care services for individuals 18 through 63 years of age who otherwise would be institutionalized in a nursing facility.
 - **Aged and Disabled Waiver:** In-home services (homemaker, chore, respite, adult day care, home-delivered meals, etc.) to seniors who would otherwise require nursing home care.
 - **AIDS Waiver:** In-home services to enrollees with HIV/AIDS who would otherwise require nursing home care.
 - **Independent Living Waiver:** An extension of the Consumer-Directed State Plan Personal Care program that provides additional personal care services for participants with more extensive needs above and beyond the average monthly nursing home cost cap.
- **Department of Mental Health (DMH), Division of Developmental Disabilities Waivers:** Five related 1915(c) waivers (Comprehensive, Community Support, Missouri Children with Developmental Disabilities, Autism, and Partnership for Hope Waivers) that offer services to individuals with mental retardation and/or developmental disabilities that would otherwise require placement in an Intermediate Care Facility.
- **MO HealthNet Managed Care (1915(b)) Waiver:** Health care services through a managed care delivery system. All beneficiaries residing in a managed care county are required to enroll in managed care, except individuals who receive SSI disability payments, meet the SSI disability definition, or receive adoption subsidy benefits (see [Figure 2](#) for these counties). Exempt individuals may decide whether to receive services on a fee-for-service basis or through managed care. Enrollees not in a managed care county receive benefits on a fee-for-service basis. [By the summer of 2017, Missouri's managed care system will be operated statewide. Figure 2 shows the regions currently offering managed care plans.](#)



- Women’s Health Services Program (1115):** Family planning and family planning-related services to women, ages 18 through 55, who have family income at or below 185 percent of the Federal poverty level (FPL), and assets totaling less than \$250,000, and who are not otherwise eligible for Medicaid, the Children’s Health Insurance Program (CHIP), Medicare, or health insurance coverage that provides that provides family planning services.
- Gateway to Better Health (1115):** Pilot project to provide primary and specialty care to low income, non-Medicaid, uninsured residents of St. Louis City and St. Louis County.

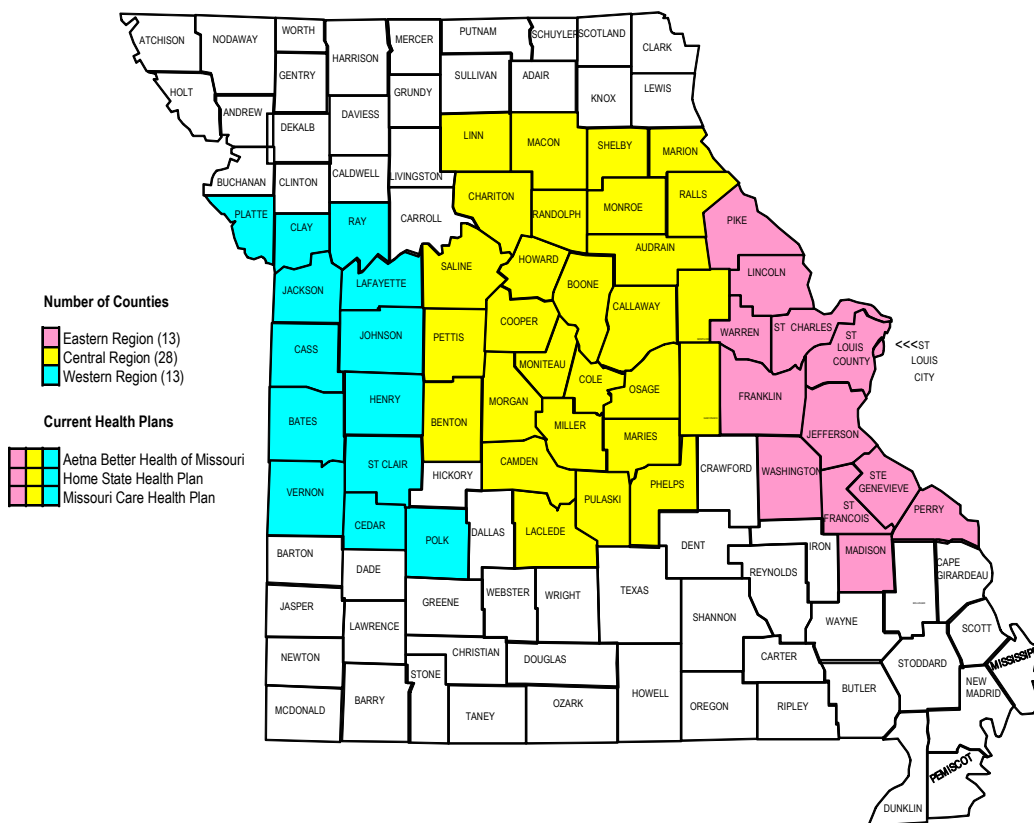


Figure 2: MO HealthNet Managed Care Regions Effective 7/01/2015

2.3 State of Missouri Technical Infrastructure & Environment Overview

The DSS MO HealthNet Division (Medicaid), DHSS, and the Department of Mental Health (DMH) have a collaborative agreement to develop and implement health IT and HIE for their shared client base. The departments worked with the Office of Administration ITSD to develop an overall strategy for connecting the State department systems to the HIE for the purpose of sharing clinical and claims data and for exchanging public health information to support State program functions including case management and coordination of care.



Below is a brief description of each department's respective technical infrastructure and environment.

2.3.1 Medicaid Technical Infrastructure & Environment

Medicaid Management Information System (MMIS)

MO HealthNet receives claims for medical services performed by fee-for-service providers and encounter data submitted by managed care health plans. The primary MMIS is a computerized claims processing system that assists the MO HealthNet staff with the claims and encounter processing, provider payment, and reporting business functions including recording, sorting, classifying, and adjudicating claims, issuing and reporting (weekly, monthly, quarterly, annually and ad-hoc). Guidance for the development and maintenance of the MMIS is provided by the Federal government's Centers for Medicare and Medicaid Services (CMS) – see <https://www.cms.gov/MMIS/> and <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Data-and-Systems/MMIS.html>.

The current primary MMIS solution was implemented in 1979 and has gone through many modifications over the past 32 years. The MMIS core is a mainframe system. The MMIS processes a wide variety of payments, including those for Medicaid managed care capitation and disproportionate share. It is also responsible for processing crossover claims. Web portals have been created to facilitate system interactions for State staff and providers.

Providers submit either electronic HIPAA-compliant Electronic Data Interchange (EDI) transactions or direct data entry through a web portal or paper claims. Approximately 99% of all claims are submitted electronically. Paper claims are scanned or manually entered into the MMIS. Once claims are in the MMIS, various batch processes and jobs are used to complete the claims adjudication payments, and other processes. On an annual basis, the current MMIS processes over 95 million claims received from over 800 claims transactions submitters representing an average of over 8,000 providers in each payment cycle. The average claims processing time from submission to processing for payment is 0.58 days.

The MMIS has been modified and enhanced numerous times to add new components and functionality. Most recently, the current MMIS contract included 19 separate enhancements to the MMIS including migration to a relational database and implementation of a rules engine. These enhancements have lengthened the useful life of the existing system but additional enhancements are needed to create a system capable of meeting conditions and requirements established by the CMS. [In October 2013, MO HealthNet completed the second phase of a project to convert from VSAM to the IBM DB2 relational database. MO HealthNet had already completed the first phase of the implementation of the Fair Isaac Blaze Rules Engine. The first phase focused on moving all business rules related to claims adjudication from code into the Rules Engine. In 2015, MO HealthNet completed the second phase which focused on pricing, Third-Party Liability \(TPL\), claim attachments, and claim history.](#)

The current Missouri MMIS Fiscal Agent is Wipro Infocrossing, Inc., who is responsible for the maintenance, operation, and development of the primary MMIS. The current Fiscal Agent contract began in 2007. The primary services provided by Wipro Infocrossing under the Fiscal Agent contract are as follows:



- Development, operation, and maintenance of the MMIS including the provider and MO HealthNet portals, claims processing, financial subsystem, and provider enrollment
- Hosting of all system hardware
- Development, operation, and maintenance of the Decision Support Systems including Ad Hoc Reporting, Surveillance & Utilization Review, and Management and Administration Reporting
- Prior Authorization and Pre-Certification of Participant Services
- Operation of the Participant Services, Provider Relations, and Clinical Authorizations (Pharmacy, Medical, Psychology) Call Centers and the MMIS Help Desk
- Managed Care Enrollment Broker
- Third Party Liability Cost Avoidance
- Issuance of Medicaid Participant Identification Cards
- Distribution of provider manuals
- Mailroom and Data Entry
- Imaging of all paper documentation
- Project Management services

The primary provider portal is referred to as eMomed. This portal supports approximately 42,000 users representing over 38,000 providers and over 20 million hits per month. While the portal is on a separate platform than the MMIS, the two are fully integrated. eMomed provides prescribers and other trained users with 24-hour web access to eligibility and claims-related data and functions, including:

- Claims and attachment entry
- Claims/eligibility batch submission
- Insurance exchange for coordination of benefits
- Real-time inquiries to send and receive HIPAA-compliant transactions, including:
 - Member eligibility inquiry
 - Claims payment status inquiry
 - Member enrollment
 - Premium payment and remittance
 - Pharmacy transactions
 - Printable remittance advices (aged and current)
 - Claim confirmations
 - Eligibility-related provider updates and confirmations

Published reports are also available from eMomed. Available information includes Medicaid manuals, claims processing schedules and instructions, and downloadable forms. Users also



have access to provider check amounts and the claims process schedule for the current fiscal year.

The eMomed portal does not currently serve as an Electronic Health Record (EHR) nor does the MMIS currently support HIE compliant interfaces or create the Continuity of Care Documents (CCD) required by the Health Information Exchange.

Clinical Management Services, Pharmacy, and Prior Authorization System (CMSP)

In 2001, MO HealthNet committed to the development of a supplemental MMIS solution referred to as the Clinical Management Services and System for Pharmacy Claims and Prior Authorization (CMSP) to automate clinical editing and prior authorizations of services provided to Medicaid participants. Subsequently, the CMSP solution was expanded to provide a web portal allowing providers to view Medicaid claims as a support to coordination of care within the Missouri Medicaid Program. The CMSP solution has also been expanded to provide a solution for managing the Missouri Medicaid EHR Incentive Program.

MO HealthNet currently contracts with Conduent (formerly Xerox Heritage, LLC) for the maintenance, operation, and development of the CMSP. The primary services provided by Conduent under the CMSP contract are as follows:

- Adjudication of claims using clinical and pharmacy edits
- Generation of clinical letters
- Automated and manual pre-certification of Optical, DME, Radiology and Psychology services
- Automated and manual pre-certification of inpatient services and determination of length of stay
- Support the internal case management and coordination of care services
- Automated and manual pre-certification of outpatient Radiology services performed on advanced imaging technologies
- Portal allowing providers access to Medicaid claims history and tools including e-prescription and medication possession ratio
- Personal Health Record portal for Medicaid participants
- Medication Therapy Management and Immunization Billing
- Home and Community Based Services portal and management tools
- Decision Support Systems

Other CMSP tools are interfaced to the Pharmacy Point of Sale (POS) system and are used in monitoring and processing pharmacy, behavioral health, and medical services requests. For example, the Plan of Care tool is used to manage Chronic Care Improvement Program (CCIP) participants; care management functions enable intensive patient tracking among Care Coordinators/Nurse Managers for ongoing support. Providers can also access the Plan of Care through CMSP web-based tools.



CMSP uses a licensed product called CyberAccessSM. Over 13,000 providers (representing 82 percent of Medicaid participants) have been trained on the CyberAccess web portal. The CyberAccess tool is currently capable of creating Continuity of Care Documents (CCDs) containing the Medicaid medical and pharmacy claims data for sharing through the HIE. Additional functionality will be added to filter the claims data to comply with restrictions in federal and state law on sharing certain types of data without additional patient consent beyond the HIPAA-defined consent required for treatment, payment, and operations. The CCDs will be available through a web-service that can be accessed by the HIE.

The CyberAccess tool will also be modified to allow users to query and retrieve clinical data through the HIE and consume the data into the CyberAccess database.

Point of Sale Pharmacy and Rebate System

The POS pharmacy and rebate system functionality are fully integrated into the MMIS. Drug claims are received from a pharmacy through a switch vendor to the MMIS; the MMIS subsequently performs participant and provider eligibility verification and forwards the claim to CMSP for clinical and fiscal edits, prospective drug utilization review (proDUR) editing, edit override functions, and prior authorization review. Following completion of any front-end edits and any necessary prior authorization review, a decision to pay or deny the claim is routed back to the MMIS. Drug claims are processed in real-time; pharmacies receive a response within an average of three seconds.

MO HealthNet's current claims processing system allows each claim to be referenced against the participant's drug claims history, medical claims history (including ICD-9-CM) and procedural data (CPT codes). In addition to claims approval/denial and reimbursement information, pharmacy providers receive prospective drug use review alert messages for an individual participant at the time the prescriptions are dispensed.

Departmental Client Number (Common Identification Number)

In the early 1980s, the DSS started assigning a Departmental Client Number (DCN) to individuals served by certain programs. Other DSS programs started using the DCN to identify clients, including Medicaid participants. An electronic common area was established on the mainframe to hold basic client information; the DCN became the unique identifier for these clients. The Women, Infants and Children (WIC) program (administered by DHSS) started using the DCN to identify clients and household members. In the early 1990s, when DHSS began to develop a client-centered integrated data delivery system, the Missouri Health Strategic Architecture and Information Cooperative (MOHSAIC), the decision was made to use the common area to look up clients for MOHSAIC. It was also decided that if a client entered into MOHSAIC did not already have a DCN, then one would immediately be assigned by DHSS and the information would be put in the common area for use by both agencies. In 1994, DHSS began assigning DCNs to every child born in Missouri. The information is stored in the common area with the proper security measures in place, allowing interoperability between data systems and enabling DSS and DHSS to share information about Missouri clients.

2.3.2 Department of Health and Senior Services Technical Infrastructure & Environment



The Missouri Department of Health and Senior Services (DHSS) is the Public Health Authority for the State of Missouri; DHSS is responsible for ensuring public health and safety and is required to have access to Protected Health Information (PHI) as defined by HIPAA to carry out their public health mission. The Division of Community and Public Health (DCPH) coordinates the department's partnership with 115 Local Public Health Agencies (LPHA's) to improve the health of all Missourians. DCPH is responsible for collecting, analyzing, and distributing data that describes the current health status, identifies emerging health problems, issues birth and death certificates. The division also provides services that focus on disease prevention and control, and performs surveillance and epidemiological services for a wide range of communicable and zoonotic diseases and environmental conditions.

The system development at DHSS is in compliance with the Public Health Information Network (PHIN) standards that provide a framework for the structure and integration of systems for disease surveillance, national health status indicators, data analysis, public health decision support, information resources and knowledge management, alerting and communications, and the management of public health response. In the early 1990's, DHSS developed a strategic plan for information systems that included a client-centered integrated data delivery system.

Missouri Health Strategic Architectures & Information Cooperative (MOHSAIC), continues to provide a statewide network, software and integrated databases that allows access to client information for providers of health services to Missourians, including for example LPHA's, private providers, and hospitals. The MOHSAIC common area is the hub of the system that includes client information, demographics, address and provider data and interoperability with DSS that allows the application to query Medicaid information and to share data on individuals served. The following applications are included in MOHSAIC: immunizations, environmental surveillance, communicable disease surveillance, service coordination, genetics and newborn screening, family care safety registry, home visiting, and child care. DHSS has continued to design, develop, and implement information systems to collect, store, and analyze data for vital records, emergency room and hospital data, emergency preparedness, and healthcare workforce registries.

A graphic depiction of MOSAIC is shown in Figure 3 on the following page.

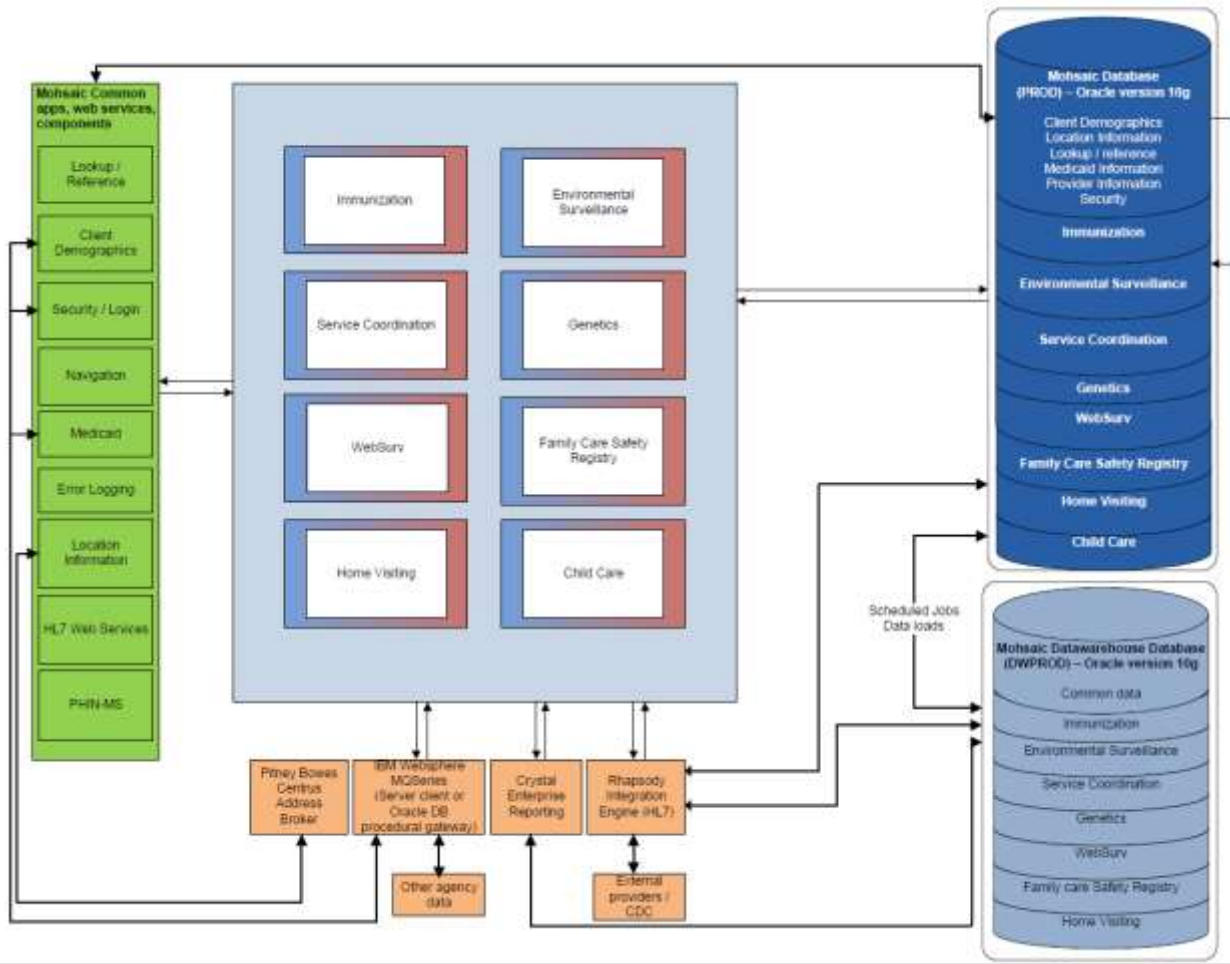


Figure 3: DHSS MOHSAIC, Common Area, Data Exchanges/Loads, Public Health Information Network and DHSS Public Health Profile Graphical Layout

Meaningful Use Activities

The public health measures included as a subset of Meaningful Use requirements have significantly increased the number of providers working toward ongoing submission of data to DHSS in compliance with state regulations and reporting standards. Leveraging OA-ITSD and program resources has strengthened the electronic reporting of public health data.

DHSS is currently able to receive and consume into DHSS applications electronic messages utilizing Health Level 7 (HL7) transactions for immunizations, electronic laboratory reporting, and syndromic surveillance as the Public Health Agency (PHA) for Missouri. Submission of data for the cancer registry and other specialized registries is under development. The status of electronic data submission in each of these areas is described below.

Immunizations – ShowMeVax, the web-based immunization registry, offers Missouri’s health care professionals the ability to manage clients, track, submit, and retrieve immunization



records and manage vaccine inventory. As of October 2016, over 42 million immunizations have been administered to over 4.7 million individuals and have been recorded in ShowMeVax through direct data entry and electronic data exchanges. Ongoing electronic submission of immunization data using HL7 messaging is currently being submitted by 4,100 sites, with an additional 200 facilities working toward an operational interface. The bi-directional immunization interface in HL7 2.3.1 has been built and is in production for ten sites. More than 60 percent of vaccine records within the immunizations registry were received through HL7 messages.

Syndromic Surveillance – 111 hospitals and urgent care clinics in Missouri, Kansas and Illinois currently report syndromic surveillance data on a real-time or daily basis. Over 100,000 HL7 messages are received and processed daily, representing an average of 10,000 emergency room visits. The data is imported into ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics), a software program that groups chief complaints from electronic ED data into ‘syndrome’ categories. This information is used to determine if the number of visits is greater than expected for that facility based on historical data. Data collected by DHSS for syndromic surveillance is also provided to the CDC Biosense 2.0 platform.

Electronic Laboratory Reporting (ELR) – Two national laboratories report electronic laboratory results in HL7 that are consumed by surveillance applications (WebSurv and EnvSurv). Private laboratories and all Missouri eligible hospitals are registered to begin the onboarding process. The data is used for disease outbreak investigation, emergency response, environmental, and communicable disease surveillance, and reporting to our federal and state partners.

In order to establish consistent policies for Meaningful Use (MU) implementation, DHSS has established a cross program/cross agency workgroup, the Missouri Public Health Information Exchange (MOPHIE). MOPHIE’s role is to coordinate the planning, implementation and communication of MU in order to decrease duplication of effort and enhance outreach efforts. A DHSS Meaningful Use website provides EHs and EPs with the ability to complete their registration of intent, and access to information on reporting requirements, implementation guides and state regulations.

2.3.3 Department of Mental Health Technical Infrastructure & Environment

Customer Information Management, Outcomes, and Reporting (CIMOR) system

DMH facilities, providers and regional offices are supported by the Customer Information Management, Outcomes, and Reporting (CIMOR) system. As the DMH corollary to MOHSAIC, CIMOR is an enterprise medical information system that collects and stores a wide range of information used in supporting the DMH business areas, including:

- **Identifiers:** Various identifiers and reporting capabilities to track general information about organizations that are part of, or do business with, DMH.
- **Consumer Information:** Demographics, Medicaid eligibility, admission and discharge information, as well as services that are collected within a given episode of care.



- **Bed Management:** Inpatient facility bed availability and billing calculations for consumers based on populating beds.
- **Billing:** For example—authorizations, encounters, vouchers, waiver—based on delivery of services or encounters for payers (e.g., Medicaid, Medicare, private insurance, etc.).
- **Fiscal Management:** Handles the distribution of state funding (e.g., appropriations, allotments, allocations).
- **Human Resources:** General staff information.
- **Consumer Banking:** Many inpatients require banking functions to pay for services or for personal items.
- **Event Management & Tracking:** Handles tracking of incidents that may result in the compromise of a consumer's safety. Details of incident investigation, individuals involved and follow on progress of the incident are logged into this area.
- **Assessments/Screenings:** Clinical information (e.g., assessments, screenings), results, follow on diagnoses, and treatment plans.

CIMOR is used extensively for processing DMH provider payments; using a scalable framework, it is the goal of the CIMOR system to integrate the various clinical, financial, and administrative data from all divisions and make it viewable by authorized users throughout the department.

In addition, integration with other Missouri departments and divisions is being addressed. For example, approximately 50 percent of DMH patients are Medicaid-eligible; data for this patient population is being integrated into CMSP, making it possible for mental health clinicians to view Medicaid and mental health services and drugs provided to patients for better care coordination. Figure represents CIMOR's interactivity with other entities.

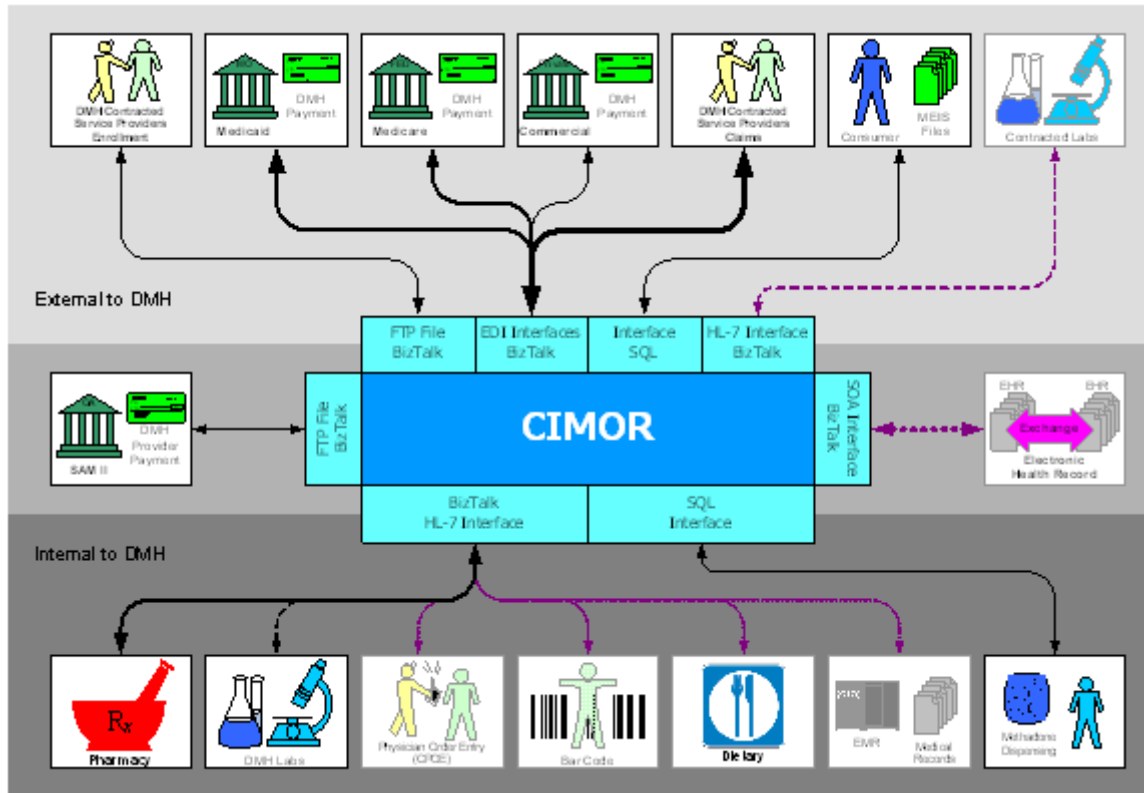


Figure 4: CIMOR Interfaces

2.4 EHR Adoption

In order to assess the status of EHR adoption among key groups of Missouri providers since the implementation of the EHR incentive programs, Missouri has compared the results from a statewide Health IT survey conducted in 2010 with current data sources.

Starting in the fall of 2015 and continuing through early 2016, Missouri's Regional Extension Center (MO HIT Assistance Center) conducted a series of surveys targeted at specific professional types, including local public health agencies, community mental health clinics, long-term and post-acute care organizations, and rural health clinics to assess EHR adoption and HIE participation among these groups.

These groups were chosen because their use of EHR systems presents significant opportunities to improve coordination of care with other healthcare providers, community organizations, and public and private insurers, in addition to public health reporting.

The following table summarizes the responses from each group:



Table 3: EHR Adoption among 2015-2016 Survey Respondents

Provider Category	EHR Adoption Rates	HIE Participation Rates
Local Public Health Agencies	24%	80%
Community Mental Health Centers	96%	22%
Long-Term and Post-Acute Care		
Adult Day Care Centers	8%	100%
Outpatient Physical Therapy & Rehabilitation Clinics	78%	14%
Home Health Agencies	90%	44%
Hospice Care	74%	15%
Long Term Care	22%	34%
Rural Health Clinics		
Group 1 – REC Clients	100%	60%
Group 2 – Not REC Clients	82%	60%

In 2010 Missouri contracted with the survey firm Adams-Gabbert to conduct a survey for the purpose of assessing the level of EHR adoption among Missouri providers. For purposes of comparison a summary of the 2010 survey results is included in Figure 5, although the provider types are not defined in exactly the same groupings.

Survey questions from the 2010 survey are included in Appendix A; survey questions from the 2015-2016 survey are shown in Appendix B. Questions for 2015-2016 surveys were customized to each group, with slight variations in wording as appropriate for each group.

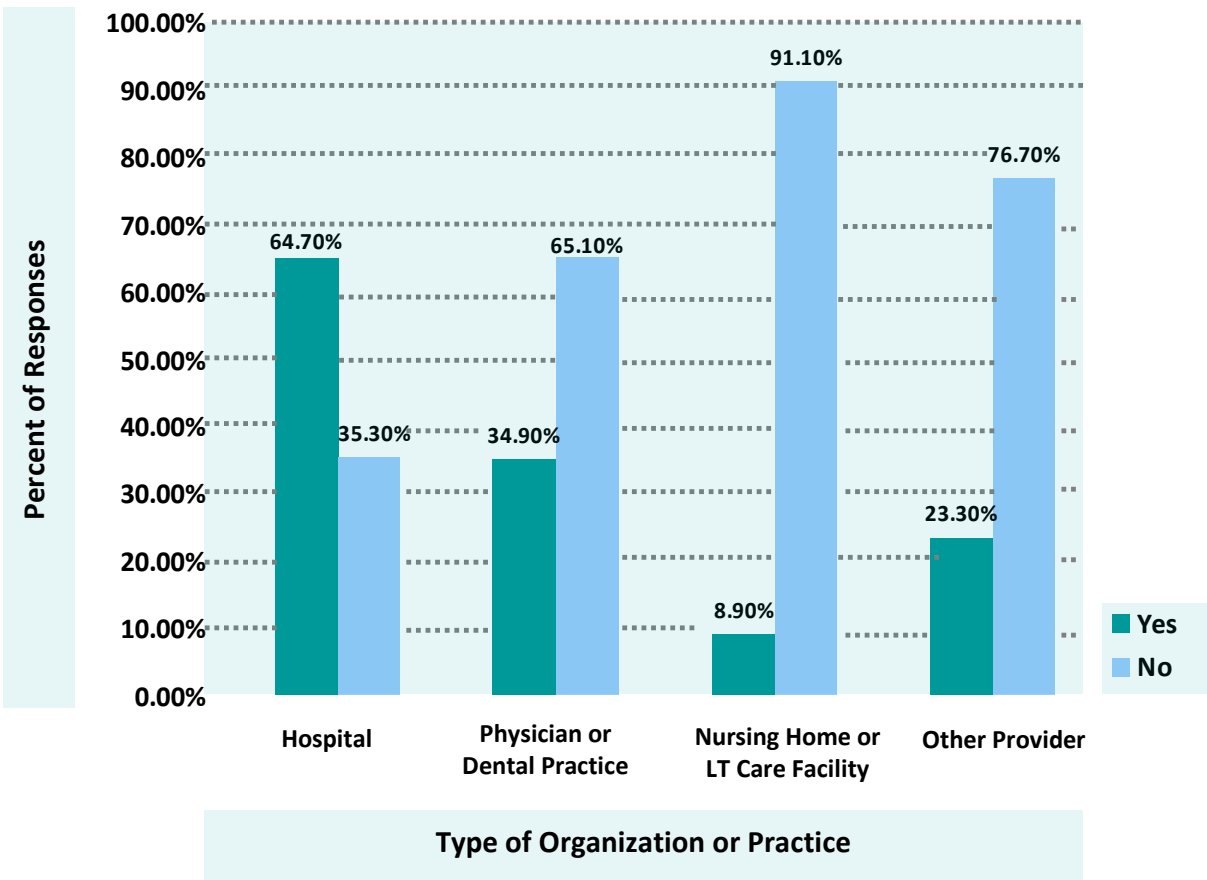


Figure 5: EHR Adoption among 2010 Survey Responses

Response rates to the current survey varied by group, with the highest from local public health agencies (86%) and community mental health clinics at (87%). Each provider type within the long-term and post-acute care organizations had a 20% response rate. Among rural health clinics, those affiliated with the MO HIT Assistance Center had a 64% response rate, while the remainder had a 27% response rate. Copies of the surveys are included in Appendix A.

In general, responses to current surveys indicate a higher percentage of providers have EHRs than reported in 2010. For example, nursing home and long term care facilities report 22% have EHRs in 2016, compared to only 9% in 2012. Rural health clinics without REC assistance report 82% with EHRs, compared to 35% of overall physicians and dentists in 2010. Community mental health centers in 2016 far exceed the 2010 rate for other providers, at 96% compared to 23%. Only local public health agencies remain close to the 2010 percentage for other providers, reporting 24% adoption in 2016 compared to 23% in 2010.

As in 2010, survey respondents who had not adopted EHRs and/or were not planning to adopt an EHR in the future were asked to identify barriers to adoption. Top barriers remain the same and are consistent across groups, including: expenses associated with EHRs, staffing



challenges associated with implementing EHRs, and lack of knowledge to select the ideal product. Specific reasons for each group are cited in their respective section below.

2.4.1 Physicians

2.4.2 Hospitals and Hospital Systems

The Missouri Hospital Association (MHA) conducts an annual survey of the state's hospitals, including critical access and rural hospitals, to assess EHR adoption and implementation. In responses to the 2015 survey, 109 hospitals reported full EHR implementation, only 21 hospitals reported partial implementation and 15 were non responsive. These responses indicate approximately 10% increase in the number of hospitals using EHRs compared to the 2010 survey results.

2.4.3 Rural Health Clinics

There are 382 rural health clinics in Missouri. Most are small and medium-size practices; over 1,500 total mid-level providers currently practice in rural health clinics. According to the most recent survey data 100% of rural health clinics that were REC clients have implemented EHRs and over 80% of those that were not clients have also implemented EHRs. This is a significant increase over the Missouri Rural Health Associations estimate in 2010 that fewer than 10 percent of rural health clinics had implemented EHRs.

2.4.4 Federally Qualified Health Centers (FQHCs)

Recent efforts by Missouri's FQHCs and their primary care association have resulted in widespread adoption of EHR technology. There are 29 FQHCs in Missouri with approximately 200 locations representing almost 500 eligible professionals. All have adopted certified EHRs, with approximately eleven unique EHR systems in use at this time.

The Missouri Primary Care Association (MPCA), with the support of state funding, has historically supported its members' acquisition of CCHIT-certified EHRs, hence the 100 percent EHR adoption among Missouri's FQHCs. Since June 2010, MPCA has also received Health Resources Services Administration (HRSA) Health Center Controlled network (HCCN) grant funding to further support health centers' adoption and implementation of EHRs and health IT.

With HCCN funding, MPCA formed Missouri Quality Improvement network (MOQuIN), a statewide network of FQHCs focused on quality and performance improvement by leveraging health information technology. All 29 FQHCs are MPCA and MOQuIN members. HCCN funding enabled MPCA to build a data warehouse with interfaces to the individual FQHCs EHR systems to collect data and facilitate reporting needs (e.g., quality reporting, population health, etc.).

MOQuin brings FQHCs together to improve selected quality measures and uses a common data aggregation solution to provide measures, registries and daily visit reminders that can be filtered, grouped and compared at multiple levels. MOQuIN assists participating FQHCs with meaningful use incentives, optimizing EHRs to improve workflows, data quality and integration of external data.



MPCA was initially awarded \$1 million to support the enhancement of its data warehouse and recently received a third round of funding for continued development and operation during the next 3 years. The grant will continue to support the enhancement of MPCA's data warehouse so that reporting capabilities and patient care initiatives can be realized. MPCA is exploring the use of the data warehouse to meet the meaningful use requirements for specialized registries.

2.5 Electronic Prescribing

Medicaid providers have access to e-prescribing and refill request capabilities through a Surescripts certified feature of CyberAccess. Formulary information and class one alerts are currently available in CyberAccess.

The rate of e-prescribing adoption and utilization among providers and pharmacies in the state has continued to grow steadily since 2008. According to an ONC analysis of annual prescription data from Surescripts Data, the percent of Missouri physicians e-prescribing through an EHR grew from 9% in December 2008 to 81% in April 2014, placing Missouri among the highest grouping for all states.² Adoption has also grown among community pharmacies, with close to 95% percent of Missouri pharmacies reported to be capable of receiving electronic prescriptions in 2014 (versus 89 percent in 2011).

2.6 Broadband Access

MoBroadbandNow, a private-public partnership, was launched in the summer of 2009 to aggressively compete for federal stimulus funds to expand broadband accessibility. When the initiative was launched, it was estimated that 79.7 percent of the population had access to broadband across the state; Governor Nixon's goal was to improve accessibility to 95 percent of the total population by the end of 2014. By April 2014 nearly 98 percent of Missourians had broadband coverage, including 92 percent of rural residents (according to a 2015 report prepared by the Missouri Office of Administration). Although improvements have been made in access to broadband, variations in access to advanced broadband exist within the state – 94 percent of urban populations having access high-speed Internet compared to 40 percent of rural populations. A 2012 public service commission report included recommendations for how to expand access to advanced broadband with increased download speeds in rural areas.

² ONC Data Brief No. 18 July 2014. E-Prescribing Trends in the United States: Missouri. Data as of April 2014.

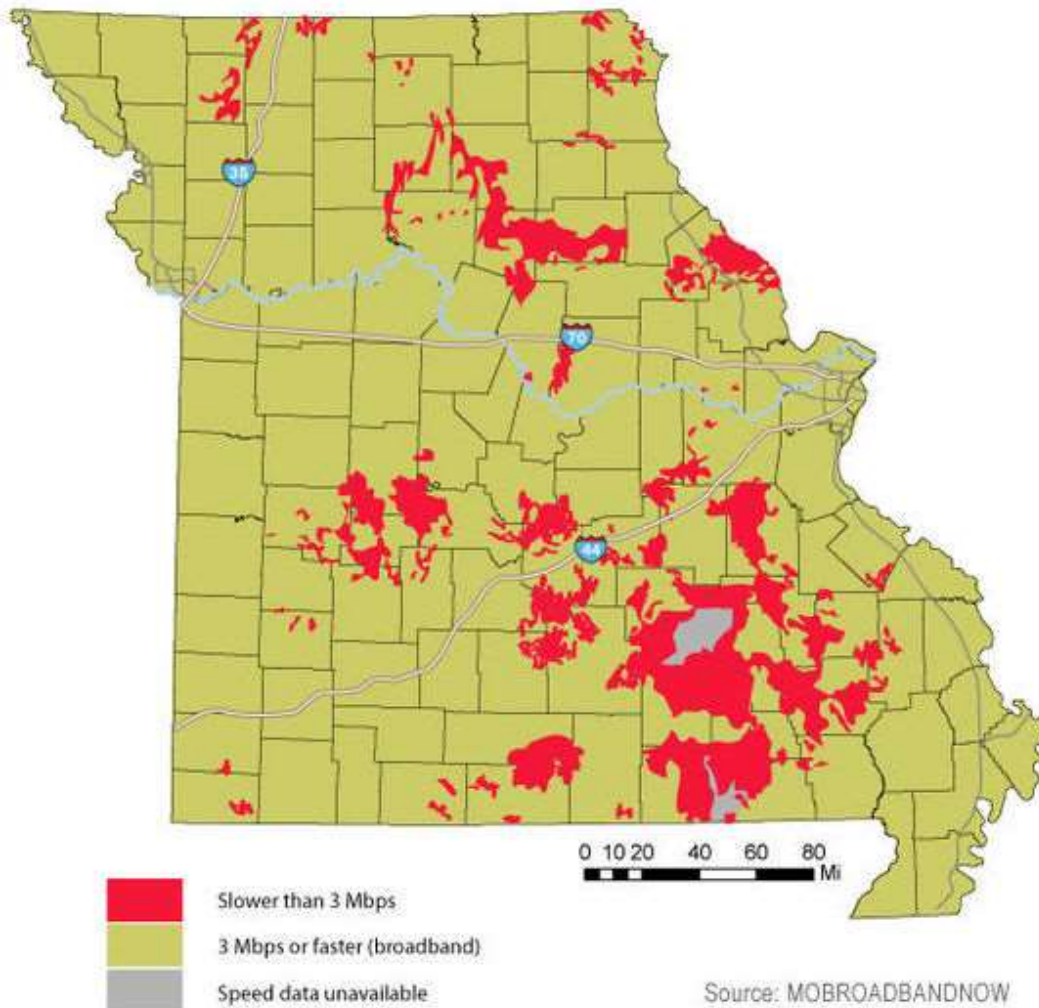


Figure 6: Missouri Broadband Access to High Speed Internet

Through the Missouri BroadbandNow initiative, Missouri worked aggressively to bring broadband grants and loans to the state and was very successful in its efforts, bringing in \$261 million in federal funding for 19 projects. These projects are substantially completed making broadband available to most of the state.

Error! Reference source not found. Figure 6 depicts the variation in broadband speeds reported by MoBroadbandNow. Maps are based on information provided by over 100 participating internet service providers (ISPs) under non-disclosure agreements. Any variation in maps between and among publishing cycles is a result of the data MoBroadbandNow receives.³

³ <http://mobroadbandnow.com/maps-and-data/maps-and-data-overview/>



2.7 Veterans Administration & Indian Health

Within Missouri, the Veterans Administration (VA) has a number of facilities. There are two Medical Centers in St. Louis; other Medical Centers are located in Columbia, Kansas City, and Poplar Bluff. In addition, there is one outpatient clinic in Branson, along with 19 community-based outpatient clinics spread throughout the state. These centers are part of the VA Heartland Network, which is also operational in Kansas and parts of Illinois, Indiana, Kentucky and Arkansas.

Health information across locations is shared via the Veterans Health Information Systems and Technology Architecture, also known as VistA. In addition to connecting sites within Missouri, the enterprise-wide system allows providers to share clinical information across VA facilities worldwide.

There are no Indian Health Service facilities, federally recognized tribes, or tribal (non-IHS) health clinics in Missouri.

2.8 Health Information Exchange

MO HealthNet currently utilizes MHC for HIE services. The MHC HIE service supports improved patient outcomes, system efficiency, robust data exchange, and accountability through exchange of clinical data with healthcare service providers. Integration of MO HealthNet into the MHC HIN has enhanced MO HealthNet's utilization of health IT for improved care and efficiency. The MHC connects public and private health care providers together with bi-directional and uni-directional service offering through its health information network, so that no health care provider is left behind in health information exchange. Representatives from MO HealthNet, the local HIE initiatives (described below), and the Missouri HIT Assistance Center have been active participants in the development of the strategy and governance of MHC's efforts.

2.8.1 Missouri Office of Health Information Technology (MO-HITECH)

Prior to the establishment of the Missouri Health Information Organization (HIO), Governor Jay Nixon created MO-HITECH in 2009 to oversee a statewide, public-private planning initiative under the State HIE Cooperative Agreement Program. The State's Health IT Coordinator and DSS Director, Ronald J. Levy and subsequently Brian Kinkade, championed the effort along with colleagues and staff at DSS. Governor Nixon also appointed an Advisory Board to oversee MO-HITECH's six workgroups and provide recommendations to the Governor's office. Figure 7 depicts the relationship among the State, MO-HITECH, the MO-HITECH Advisory Board, workgroups, and state project team during the HIE strategic and operational planning process.

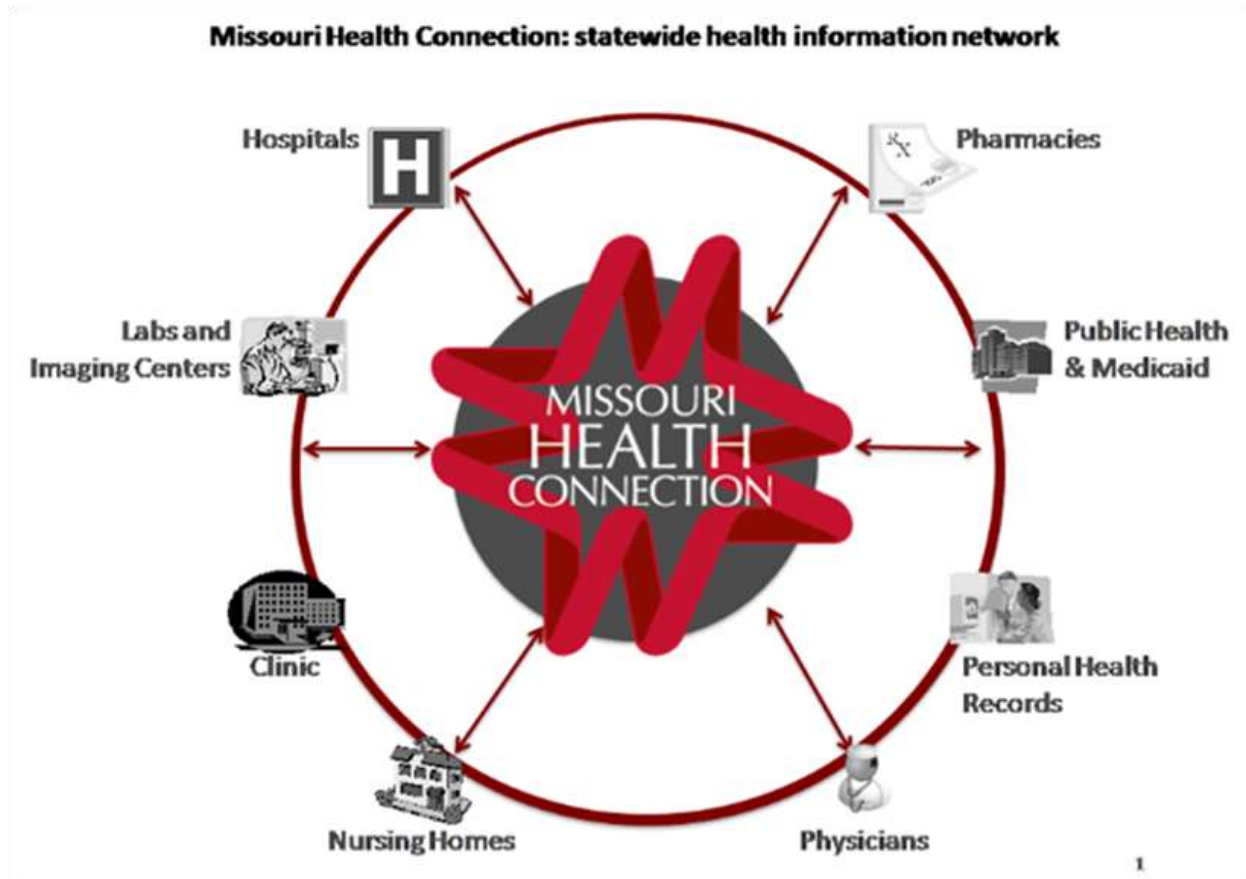


Figure 7: Missouri Health Connection's Health Information Network

MO-HITECH was created to facilitate input into the development of the state's HIE Strategic and Operational Plans for submission to the ONC. In an effort to inform these plans, the initiative convened six workgroups (displayed in Figure 8) to address the five domains outlined in the Funding Opportunity Announcement and an additional workgroup to address consumer engagement.

The workgroups met twice a month between December 2009 and June 2010 and participated directly in the drafting and revising of the State's HIE Strategic and Operational Plans. The MO-HITECH Advisory Board met monthly to review and discuss the workgroups' recommendations and ultimately to make recommendations to the Governor's Office. Initially Director Levy served as co-chair for the Advisory Board along with Barrett Toan, former CEO of ExpressScripts. Ian McCaslin, MD, Director of MO HealthNet, also served on the Board along with Margaret Donnelly, Director of DHSS, providing a strong state perspective and representation on the Advisory Board. [Dr. Joseph Parks, past MO HealthNet Director, and Peter Lyndowski, past DHSS Director, served on the board.](#)



In addition to ongoing opportunities for public comment and input via MO-HITECH Workgroup and Advisory Board meetings, the State kept stakeholders abreast of developments in a consistent and transparent manner through a public website and email listserv. Over 200 unique stakeholders participated in-person in the MO-HITECH initiative via these two channels, including representation from health plans, provider organizations, HIEs, universities, foundations, technology vendors, consumers and patient advocates. The feedback loop between stakeholders, Workgroups, the Advisory Board, and MO-HITECH is depicted in Figure .

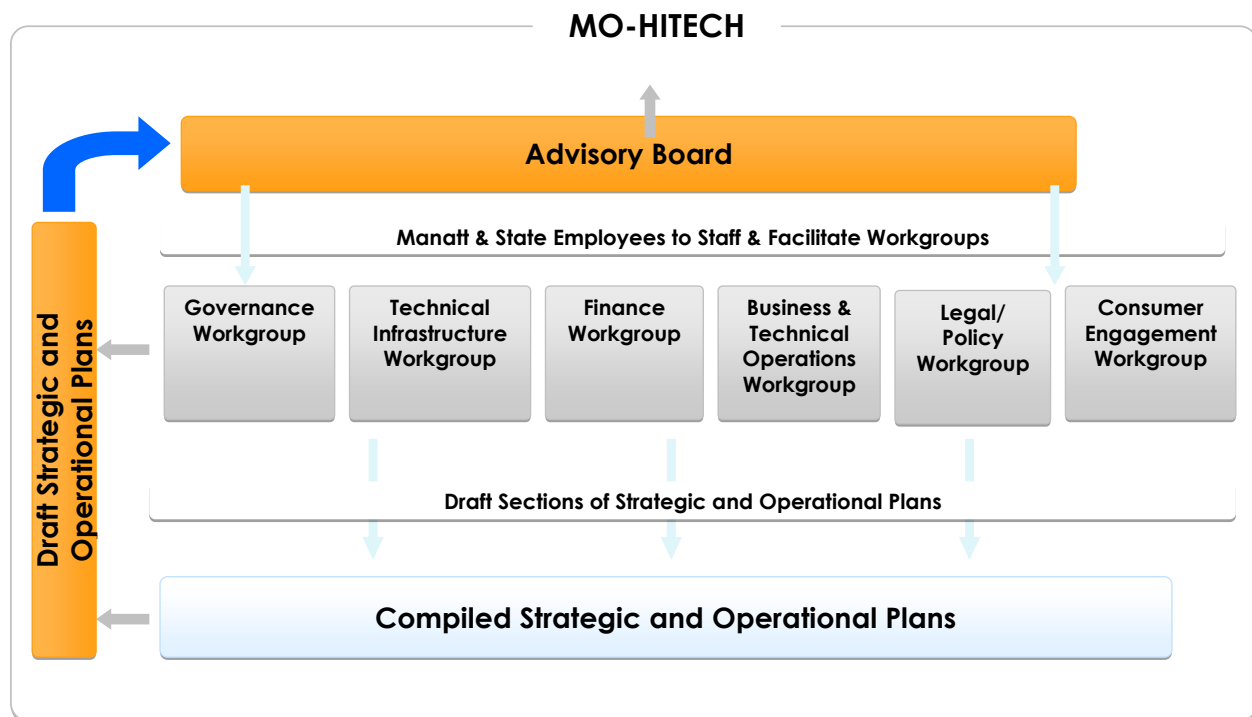


Figure 8: MO HITECH Workgroups & Advisory Board

The MO-HITECH HIE Strategic and Operational Plans included the following major recommendations relative to governance and the State's participation:

- Statewide HIE is governed by a collaborative multi-stakeholder organization; an independent, not-for-profit organization (501c3)—the Missouri Health Connections — was created and is being overseen by a diverse Board of Directors.
- The State will participate in the Missouri HIE as it has a non-delegable role as the steward of State assets and the protector of the public interest.
- The Missouri HIE will define and adopt business, technical, and operational policies that participants will comply with as members of the Missouri HIE.
- The Missouri HIE will coordinate with the Missouri's Regional Extension Center



Following the submission of the MO-HITECH HIE Strategic and Operational Plans, the MHC was incorporated to implement the plans' recommendations and fulfill requirements under the federal Statewide HIE Cooperative Agreement Program. In 2011, the MHC Board created the Missouri Health Connection (MHC) as a non-profit 501(c) (3) organization dedicated to connecting Missouri's patients and providers through a secure health information network and administering that network. The goals of the MHC are to:

- Improve the quality of medical decision-making and the coordination of care.
- Provide accountability in safeguarding the privacy and security of medical information.
- Reduce preventable medical errors and avoid duplication of treatment.
- Improve the public health.
- Enhance the affordability and value of health care; and,
- Empower Missourians to take a more active role in their own health care.

The MHC Board was transformed into the MHC public-private board of directors, featuring private practice physicians, consumer advocacy groups, representative from state government, legal experts and private health care organizations. More than 80 individuals from throughout the state have been involved in the planning process since 2009.

DSS was represented on the Board of Directors by Director Brian Kinkade, the State's Health IT Coordinator, and [Dr. Joseph Parks](#), the Director of MO HealthNet. The two Board seats were ex-officio in nature and secured in the MHC bylaws. The State's Health IT Coordinator held an ex-officio voting seat; the MO HealthNet Director held an ex-officio, non-voting seat (bylaws may be accessed online at <http://missourihealthconnect.org/resources/index>). The Missouri Department of Health and Senior Services (DHSS) was represented on the Board of Directors by [Peter Lyndowski](#). The Board of Directors met bi-monthly to oversee MHC's planning activities.

In 2012, the MHC contracted with InterSystems to establish MHC's HIE services, provide the tools necessary to manage the HIE, and work with subscribers to connect. The MO HealthNet Director of Information Systems, Darin Hackmann, participated on the InterSystems contract negotiations team to represent the interests of Missouri Medicaid and its providers and participants. A particular focus of Medicaid was ensuring the availability of low-cost EHR solutions for small Medicaid providers that can connect to MHC.

[MHC worked with InterSystems to design a phased implementation approach for MHC HIE services. Initially, the first phase was to focus on the implementation of Direct Secure Messaging \(Direct\). Missouri Medicaid would be participating in MHC's first phase by utilizing Direct. DSS and MO HealthNet have worked with DMH, DHSS, and ITSD to identify potential Direct users within the State agencies and their Direct use cases. However, a rapidly changing landscape and delays with execution of the participation agreement resulted in a change in priorities.](#)

[Missouri elected to focus initially on implementation of the patient query function and establishment of a connection between the MHC and DHSS to support public health reporting. MO HealthNet participated in MHC's patient query pilot project with the goal of sharing Medicaid claims data through the MHC network, which was accomplished in 2014. MO HealthNet intends](#)



to expand the connection with a HIN to allow for bi-directional exchange of health information to support Medicaid business functions including case management and coordination of care and prior authorization and pre-certification of participant services. DHSS has established a connection with the MHC to accept public health data submitted by providers through the HIN. DHSS implemented the connection during 2016.

MHC connected and enabled communication among unaffiliated providers and provider networks. Providers participating in MHC include hospitals, physician groups, clinics, labs, and the State of Missouri. MO HealthNet (Medicaid) is considered a vital partner in the HIN planning efforts.

2.8.2 Private HIE Initiatives

MHC focuses on engaging a variety of health care entities from around the state has more than 50 participating hospital, clinics, physician groups and behavioral health clinics. Collectively, these initial partners represent most areas of the state and care settings including rural and urban.

2.8.3 Regional Extension Center

The Missouri HIT Assistance Center (the AC) was notified that it would be awarded \$8.7 million to serve as the state's REC in April 2010 under the federal Health Information Technology Regional Extension Center Cooperative Agreement Program. An additional two year extension was received in June 2012. The AC reached its goal is to assist 1,167 priority primary care providers to achieve meaningful use by September 30, 2013. The AC, housed in the University of Missouri's Department of Health Management and Informatics and the Center for Health Policy, partnered with a number of organizations to serve as service providers under its grant, including:

- The Missouri Telehealth Network
- Primaris (Missouri's Medicare Quality Improvement Organization)
- The Missouri Primary Care Association (MPCA)
- EHR Pathway
- The Hospital Industry Data Institute (a subsidiary of the Missouri Hospital Association)

The AC and its partner organizations have been active participants in the MO-HITECH initiative; leadership from several organizations served as MO-HITECH Advisory Board members and workgroup co-chairs, and participated actively in workgroup meetings. The AC has an ex-officio, non-voting seat on the MiHC board.

The AC's strategy to satisfy ONC provider adoption targets is to leverage its partners' existing relationships with providers. For example, Primaris has relationships with providers who participated in the CMS Doctor's Office Quality - Information Technology (DOQ-IT) initiative, while the MPCA has relationships with FQHCs as a result of supporting their EHR adoption efforts.

MO HealthNet recognizes the critical role that the AC plays in promoting EHR adoption and meaningful use among small and solo primary care practice physicians, many of whom are



Medicaid providers and may be located in rural areas. MO HealthNet is committed to working with the AC to identify opportunities for collaboration, provider education, and technical assistance, among others. As such, the AC has collaborated with MO HealthNet in its planning and communications efforts related to implementing the Medicaid EHR Incentive Program.

In September 2010, the AC was awarded \$990,000 from ONC to support EHR adoption among critical access and rural hospitals within Missouri. The AC partnered with the Hospital Industry Data Institute (a subsidiary of the Missouri Hospital Association) to serve 55 critical access and rural hospitals around the state.

On November 1, 2010, the AC announced 10 EHR companies as potential vendors for negotiated group purchasing arrangements. The 10 EHR vendors include: Group 1 Cerner, eClinicalWorks, E-MDs, Greenway, McKesson, -Pulse, SuccessEHS, Group 2 NextGen, VITERA, and Group 3 Amazing Charts.

As of September 2012, the AC has enrolled 1,439 PPCPs in Milestone 1, oversubscribing by 272 its goal of 1,167. Of these, 1,006 have implemented EHRs, reaching Milestone 2. In addition, 276 have achieved meaningful use of their EHRs. The AC has also enrolled 54 of its targeted 56 hospitals; of which 19 have reached Milestone 2 and 15 have achieved Milestone 3.

Currently, the AC has recorded 348 barriers to Meaningful Use from 244 provider organizations (99 organizations have a single barrier listed, 62 have 2 barriers, 17 have 3 barriers, and 13 have 4 or more). Practice issues (financial restrictions, change in organizational leadership, provider turnover, lack of provider buy-in, and lack of corporate buy-in) are the most common barriers (170 organizations), followed by vendor issues (failed/delayed upgrades, failed reporting, and slow EHR certification). Other issues include difficulties with the attestation process and meeting meaningful use quality metrics or sample requirements.

2.8.4 Stakeholder Involvement and Review

MO HealthNet planning activities with respect to the implementation and administration of the Medicaid EHR Incentive Program have been conducted in partnership with many stakeholder groups across the state. In particular, MO HealthNet has provided regular monthly updates at the MHC Board of Directors meetings; these meetings are open to the public and the Board represents a diverse group of health care leaders. In addition, MO HealthNet shared the draft SMHP with the MO-HITECH stakeholder list that includes over 500 interested stakeholders, as well as with the Center, the Missouri Hospital Association, the Missouri Primary Care Association, the Missouri Health Advocacy Alliance, and the MHC. MO HealthNet received a number of comments from stakeholders and incorporated revisions to address questions and feedback.



3 SECTION B: MISSOURI'S "TO BE" HIT LANDSCAPE

3.1 Overview

MO HealthNet has established the following five-year goals to help Missouri's providers and patients realize the benefits of health IT and health information exchange (HIE). These goals include:

- Share Medicaid claims data with Missouri healthcare service providers allowing them to view and/or consume this data into their EHRs. The sharing of claims data is intended to improve patient care and outcomes while reducing the cost of care.
- Administer the Missouri Medicaid EHR Incentive Program to promote and encourage provider adoption of EHR technology and achieve meaningful use.
- Encourage and promote provider participation in health information exchange to ensure care coordination and use this means for achieving meaningful use.
- Ensure options are available to all Missouri Medicaid health care service providers for participation in health information exchange for sharing and viewing/consuming clinical data ("No Provider Left Behind"). MO HealthNet is encouraging the HIN to provide a free or low-cost web portal for small, Medicaid-enrolled providers to query and view clinical data.
- Engage in collaborative partnerships with organizations such as HINs, Missouri HIT Assistance Center (the AC), Missouri Primary Care Association, Missouri State Medical Association, Missouri Hospital Association, and others to promote EHR adoption and utilization and provider participation with MHC.

In addition to these goals, MO HealthNet is working toward achieving its vision for an expanded and reengineered Medicaid Management Information System (MMIS). The MMIS will be a central component of efforts to support Medicaid providers in participating in the Medicaid EHR incentive program and ultimately achieving meaningful use. In addition, MO HealthNet is actively working with its sister agencies—the DHSS and DMH—to coordinate activities and evolve a governance structure capable of program administration and oversight consistent with overall goals and objectives.

A brief description of the five-year goals and objectives is outlined in Table 4 below. MO HealthNet will work with stakeholders to develop meaningful measures to quantitatively benchmark goals and establish progress as the program matures.

3.2 Five-Year Goals

MO HealthNet recognizes that provider adoption and utilization of EHRs is a critical step toward meaningful health information exchange in Missouri. Providers must meaningfully use a certified EHR and participate in health information exchange to be eligible for incentive payments. As described in the "As-Is" Landscape (Section A), a complete picture of EHR adoption among all Missouri providers and hospitals is not available. The MO HealthNet statewide provider survey provides a foundational component in the state's efforts to effectively target provider outreach, education and other activities to stimulate continued adoption efforts.



In addition to efforts driven by survey results, MO HealthNet will continue to engage in collaborative partnerships with organizations such as Missouri HIT Assistance Center (the Center), Missouri Primary Care Association, Missouri State Medical Association, Missouri Hospital Association, and others to promote EHR adoption and utilization. MO HealthNet has historically joined with these organizations and others to support programmatic objectives and goals. These organizations also offer a direct channel of communication to the state's provider population; MO HealthNet will leverage such channels to conduct increasingly effective outreach. These organizations, along with MO HealthNet, have been active supporters of health information exchange planning activities and coordination with MO HealthNet has been a regular and important topic. MO HealthNet will offer continued feedback and input, and participate in planning efforts as the Center and other stakeholders design and implement plans for physician training and outreach.

MO HealthNet worked closely with MHC to ensure low-cost EHR solutions would be available to all Medicaid Providers. The Technical Services Partner (TSP) contract includes provisions requiring InterSystems to identify low-cost EHR solutions that are compatible with the statewide HIE, to facilitate communications between the provider and the EHR vendor, and to establish the connection between the provider's EHR and the statewide HIE. Integrating Personal Health Record (PHR) technology will be a key asset to engaging consumers and patients as active partners in their care. MO HealthNet is also monitoring Nationwide Health Information Network (NHIN) development and will ensure its efforts will be compatible with the NHIN to support nationwide HIE goals and objectives.

In 2011, Missouri Medicaid implemented a Healthcare Home demonstration program. The healthcare home pilot sites were required to have implemented an EHR solution and to capture key clinical measures to demonstrate the positive outcomes of the program. The measures data is submitted for compilation and will support statewide quality and outcomes reporting. The providers were also required to offer a PHR solution for the program participants and were given the option to utilize the PHR solution currently available through Missouri Medicaid's CyberAccess web portal.

Approximately 15 percent of Missouri's residents are currently Medicaid beneficiaries; Medicaid coverage is expected to increase under federal health care reform and this growth provides additional urgency for MO HealthNet efforts to support EHR adoption and participation in health information exchange as crucial components to managing and improving the population's health.

Table 4: MO HealthNet 5 Year Goals and Objectives

5 Year Goals	Objectives	Status
Facilitate participation in health information exchange: As a key strategic partner of the MHC, promote and facilitate the participation of Missouri health care service providers in a	Share Medicaid claims data with any participating organization for viewing and consumption into EHRs by providers.	Query Based Exchange for sharing claims data with providers was implemented in 2014.
	Promote and administer the Missouri Medicaid EHR Incentive Program to	EHR Incentive Program has been implemented



State Medicaid Health Information Technology Plan
Annual Update

5 Year Goals	Objectives	Status
<p>Health Information Network, the adoption of EHRs, and the achievement of meaningful use.</p>	<p>encourage adoption of EHR technology by providers and the achievement of meaningful use including participation with MHC.</p>	<p>and is ongoing.</p>
	<p>Ensure options are available to all Missouri Medicaid health care service providers for participation in health information exchange for sharing and viewing/consuming clinical data ("No Provider Left Behind).</p>	<p>Options are available to Missouri Medicaid providers.</p>
	<p>Engage in collaborative partnerships with organizations such as the Missouri HIT Assistance Center (AC), Missouri Primary Care Association, Missouri State Medical Association, Missouri Hospital Associations, and others to promote EHR adoption and utilization and provider participation in health information exchange.</p>	<p>Partnerships have been established. Missouri Medicaid continues to pursue opportunities to promote EHR adoption.</p>
<p>Leverage HIN Products and Services: MO HealthNet will leverage the products and services offered by a HIN to improve the efficiency and effectiveness of the Missouri Medicaid Program.</p>	<p>Implement Query Based Exchange for sharing Medicaid claims data with providers, accessing clinical data related to Medicaid members, and exchanging public health information with providers.</p>	<p>Query Based Exchange for sharing claims data with providers was implemented in 2014. Exchange of public health information through a HIN was implemented in 2016.</p>
	<p>Identify the current and future business requirements of the Missouri Medicaid Program and its key partners and align with the strategic plan for the MMIS/CMSP and the opportunities available through health information exchange.</p>	<p>MO HealthNet MITA 3.0 Roadmap was completed in 2014.</p>
	<p>Align the Medicaid Health Information Technology Plan with the HITECH goals and objectives, MITA, and the CMS Seven Conditions and Standards.</p>	<p>MO HealthNet MITA 3.0 Roadmap was completed in 2014.</p>
	<p>Participate with a HIN in the development of the products and services for Medicaid by leveraging the HIN framework, for product management which aids in the identification, submission, and consideration of value-add products.</p>	<p>Ongoing participation with the HIN.</p>
<p>Improve Patient Outcomes, Overall Member Wellness, and the Public Health: MO HealthNet is committed to improving both provider and</p>	<p>Establish processes to capture consent during the enrollment process for all Medicaid participants allowing Medicaid providers access to clinical data for their patients.</p>	<p>Modifications to the Medicaid enrollment application to capture consent have been implemented.</p>



State Medicaid Health Information Technology Plan
Annual Update

5 Year Goals	Objectives	Status
<p>patient access to health information while identifying opportunities for patient education, care coordination, and the management of chronic health conditions. MO HealthNet also has a demonstrated commitment to supporting providers as they offer high-quality and accessible care, as well as relying on the expertise and guidance of consumers as it develops policies and programs.</p>	<p>Ensure opportunities for Medicaid partner access to clinical data to improve the effectiveness of case management and coordination of care programs and support the Missouri Healthcare Home Program.</p>	<p>Query Based Exchange for sharing claims data with providers was implemented in 2014.</p>
	<p>Work with key partners including the DHSS and the DMH to help those departments achieve their goals related to public health reporting and provision of behavioral services.</p>	<p>MO HealthNet is partnering with DMH and DHSS on several related initiatives including development of enterprise strategies for a technical architecture to support health information exchange and an enterprise data warehouse and business intelligence solution. Exchange of public health information through a HIN was implemented in 2016.</p>
	<p>Promote the use of Personal Health Records by Medicaid participants. and ensure Medicaid participants have options for easily accessing their personal health information to empower them to take an increasingly active role in their health care</p>	<p>MO HealthNet is offering a PHR solution allowing Medicaid participants access to their claims information.</p>
<p>Ensure the privacy and security of patient protected health information (PHI): MO HealthNet will share administrative data in a standard agreed upon format when the data is used to promote care coordination for MO HealthNet members and/or transmitted to achieve EP or EH Meaningful Use requirements. Maintenance of the Health Insurance Portability and Accountability Act (HIPAA) and the ARRA security standards for receipt and transmission of the health information is a priority for MO HealthNet, MHC, and stakeholders participating in the statewide HIE.</p>	<p>Apply the HIPAA and ARRA security standards when sharing Medicaid claims data through the HIN.</p>	<p>MO HealthNet and DHSS work closely with the HIN to ensure secure connections to the HIN and application of HIPAA privacy and security rules to sharing of data.</p>
	<p>Ensure Medicaid and MHC policies for patient consent management are aligned with applicable state and federal laws.</p>	<p>MO HealthNet and DHSS have conducted internal reviews of patient consent and allowable data uses through the HIN.</p>
	<p>Ensure access to Medicaid claims data is logged and logs are available for review as required by HIPAA.</p>	<p>MO HealthNet and DHSS have worked with the HIN to ensure necessary logging will occur.</p>



3.3 Medicaid Technical Infrastructure & Environment

In 2006, MO HealthNet assessed the design of the MMIS and the best way to update and enhance its functionality. Consultants were engaged to review system elements and make recommendations. Activities included: a review of current functionality; a Medicaid Information Technology Architecture (MITA) State Self Assessment (SS-A); an analysis of the options; and recommendations.

Ultimately, the decision was made to reengineer the current system, based on an evaluation of risk and cost, as well as minimizing the disruption to providers.

Reengineering plans include the following components: a relational database management system; HIPAA II data exchange and code sets; centralized prior authorizations; correspondence imaging and automated workflow; browser-based end-user screens; a rules engine; increased claims history retention; audit trails; a multi-tier benefit package; enterprise service bus interface; online real-time transactions processing; web services technologies and standards for advanced applications; metadata management; EHRs; and other modules.

Ultimately, it is MO HealthNet's goal to develop a health IT architecture that also builds on federal meaningful use requirements by:

- Promoting best practices and use of medical evidence
- Promoting accrual of reporting positive health care outcomes and reporting patient outcomes
- Promoting exchange of actionable clinical data
- Promoting efficiencies in provision of services

Figure 9 represents MO HealthNet's EHR roadmap, detailing the products and project timeline included in the EHR expansion. The migration path begins in year 2010 and moves progressively toward SOA technology implementation and is aligned with the MITA business maturity model.



Year	MITA 2.01 Roadmap					MITA
2012	Multi-Tier Benefit Packages		Broader SOA Services		National Exchanges	Level 5
2011	ICD 10 Clinical Data	5010 Formats	SOA Services	Unlimited Claim Size	Regional Exchanges	Level 4
2010	Provider Web Services	Participant Web Services		Rules Engine	Broader EHR Collaboration	Level 3
2009	Workflow & Imaging	Real-time Adjudication	Browser MMIS	DB2 Solutions	ACS/EHR Exchanges	Level 3
2008	Interoperability & Standards		Modernization Applications		Modernization Infrastructure	Level 2
2007	DDI Services		IV&V Services		Modernization Planning	Level 1
2006	MITA SSA	CMS APD	State RFP	DDI Award	IV&V Award	Level 1

Figure 9: MITA Roadmap

Since 2006, MO HealthNet has successfully completed several of the MMIS system enhancements including the first phases of the relational database and rules engine implementations. In October 2013, MO HealthNet implemented the second and final phase of the relational database project. MO HealthNet implemented the second and final phase of the rules engine implementation in 2015. MO HealthNet successfully completed implementation of the version 5010 and D.O. transaction sets, the CORE Operating Rules Phases I, II, and III, and the ICD-10 code sets.

MO HealthNet completed a Medicaid Information Technology Architecture (MITA) 3.0 State Self-Assessment (SS-A) in 2014 and created a MITA Roadmap focused on reengineering the Medicaid Management Information System (MMIS) to create the envisioned “To Be” business and technical architecture. MO HealthNet has completed Phase I of its project to connect to a HIN and is sharing Medicaid claims data with Missouri healthcare service providers. MO HealthNet is also in the process of establishing an enterprise data warehouse and business intelligence solution. This solution will expand MO HealthNet’s capabilities related to the exchange of health information with outside entities and the sharing of data within the Missouri Medicaid Enterprise. MO HealthNet has received responses to an RFP for this solution and anticipates award and start of the implementation project during 2017. This solution is one project within a larger program related to the replacement of the Missouri MMIS systems.



MO HealthNet also started its MMIS procurement process and is pursuing a strategy for MMIS replacement. The information gathered during the MITA assessment related to opportunities for improvement in business functions will play a key role in determining the MMIS procurement recommendation. Missouri Medicaid participation in the HIN and support of providers achieving meaningful use have been factored into the MITA assessment and the recommended procurement strategy.

3.4 EHR Incentive Program Processing

MO HealthNet is committed to the efficient and timely administration of incentive payments and is one of 10 states using the State Level Registry (SLR), a product offered by Conduent. This secure portal allows exchange of data with the CMS R & A system; stores documentation submitted by providers and leverages the functionality within the existing MMIS to initiate provider payments.

The CMS R&A System is the primary point of entry into the Medicaid and Medicare EHR Incentive Programs. All eligible professionals (EPs) and eligible hospitals (EHs) seeking incentives must first enroll in the R&A System. MO HealthNet successfully completed testing with the R&A System and launched the Missouri EHR Incentive Program on April 4, 2011, began accepting attestations June 1, and made payments beginning in late July.

A total workflow of systems and manual processing of incentive payment requests is depicted in Figure 13 in Section 4.3.

3.5 Health Information Exchange

MO HealthNet is committed to working collaboratively with a HIN and its stakeholders—physicians, hospitals, consumers, laboratories, pharmacies, health plans, and others—to create a consensus-based HIO that facilitates the secure exchange of health information. MHC has held focus groups with hospitals, hospital systems, and individual providers to gain an understanding of their expectations for HIN products, services, and pricing. MHC leveraged the results of these sessions to refine its product and service offerings and its ultimate pricing model. See Figure 10 for the MHC value proposition and Figure 11 for the MHC value proposition to consumers.

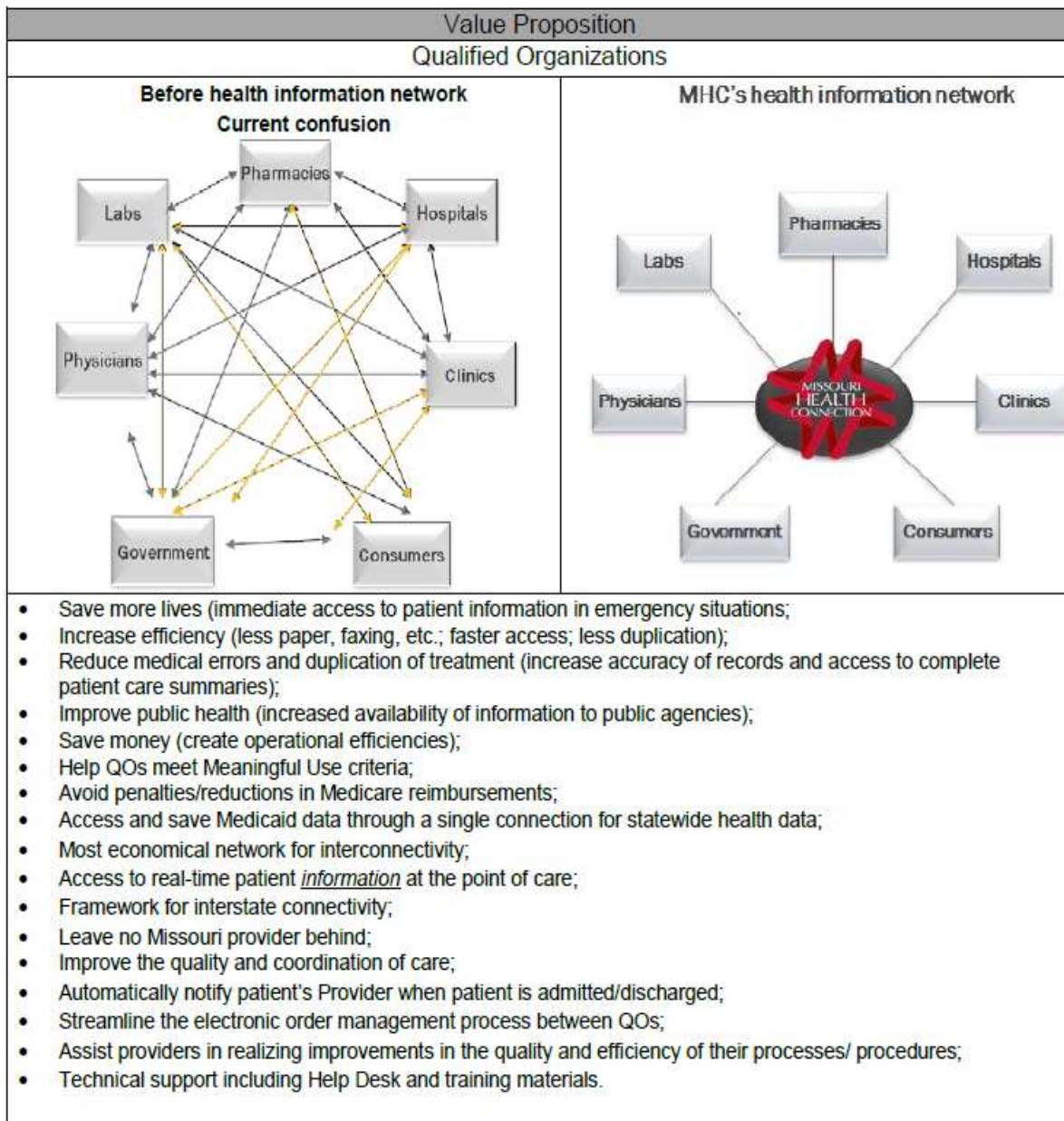


Figure 10: Value Proposition – Qualified Organizations

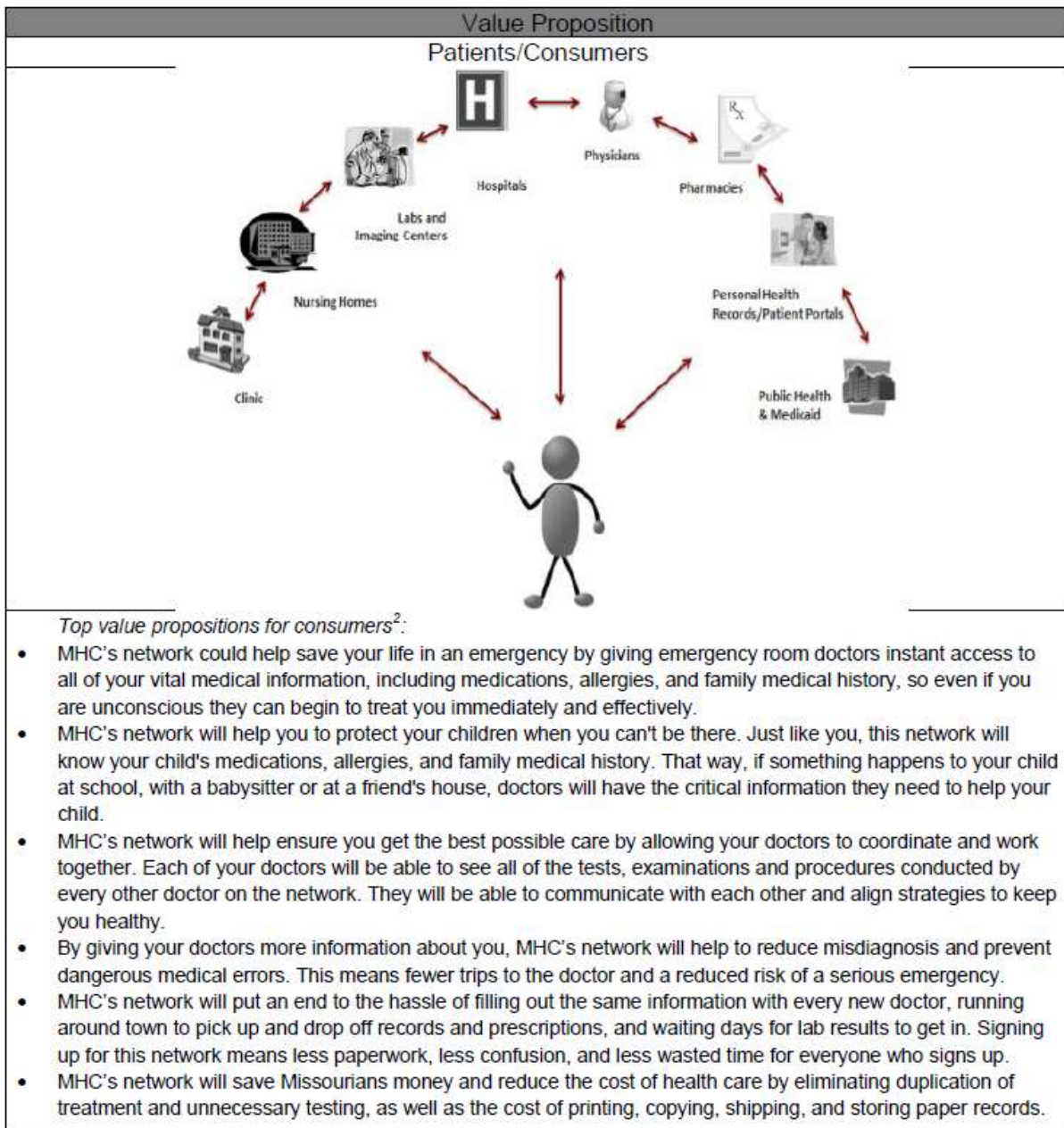


Figure 11: Value Proposition – Consumers



4 SECTION C: MISSOURI’S EHR INCENTIVE PAYMENT PROGRAM ADMINISTRATION

4.1 Overview

MO HealthNet views the federal investment in EHR adoption as an opportunity to expand its existing vision and framework for the delivery of health care to all Missourians. MO HealthNet submitted its annual Implementation-Advanced Planning Document Update (I-APDU) for FFY 2017 to CMS for review on March 29, 2016; formal approval of the IAPDU was received May 2, 2016. As with most states, resources are constrained and obtaining continued enhanced FFP is critical to MO HealthNet achieving its goals and objectives for this program.

In an effort to anticipate market demand for the Medicaid EHR Incentive Program, MO HealthNet initially reviewed provider claims information for all eligible MO HealthNet provider types to estimate the number of EPs and EHs. Original estimates for participation in the program anticipated 90 hospitals and 1100 professionals would participate.

Response to the program exceeded the initial estimates by significant numbers, as shown in the table below.

Table 5: Missouri Eligible Providers and Hospitals (unique participants)

Provider Type	Eligible Providers & Hospitals (unique counts)
Eligible Professionals (EPs)	
Physician MD or DO	2347
Nurse Practitioners	936
Certified Nurse Midwife	16
Dentists	273
Physician Assistants	6
Total	3578
Eligible Hospitals (EHs)	
Acute Care & CA Hospitals	105
Children’s Hospitals	4
Total	109

As of December 30, 2016 the State has disbursed approximately \$251 million at 100% FFP, \$104 million in 7001 payments to 3578 Eligible Professionals (EPs) and \$147 million in 279 payments to 109 Eligible Hospitals (EHs). To date, 53% of EPs and 83% of EHs have returned for meaningful use payments during at least one program year.

4.1.1 EHR Incentive Program Management Structure and Leadership Team

This section includes a high-level description and summary of how MO HealthNet has organized its staff to carry out day-to-day operations for the EHR Incentive Program. Below is an organization chart showing the different areas within MO HealthNet that are responsible for implementing and administering the program as well as the Contractors participating in program administration.

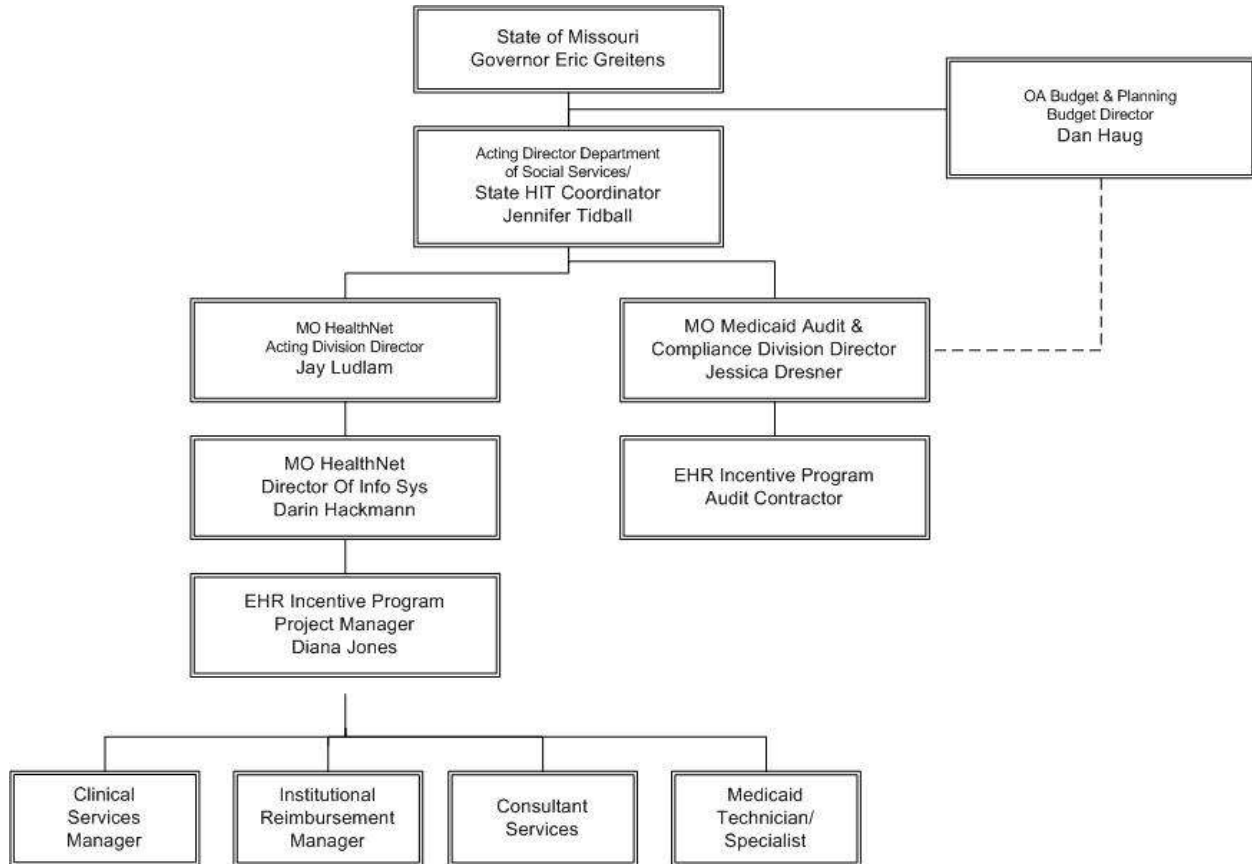


Figure 12: Medicaid EHR Incentive Program Organization Chart

MO HealthNet is utilizing a combination of internal resources and contracted staff to ensure the successful administration and program oversight. The range of implementation activities for the Medicaid EHR Incentive Program were led by staff from MO HealthNet; interface development activities were led by the ITSD in the Missouri Office of Administration; and the State Level Registry was purchased from Conduent and implemented under the direction of MO HealthNet. Project staff have been important to the program planning and implementation efforts to date and will continue to provide expert guidance during ongoing operations.

The Medicaid EHR Incentive Program is a central component of DSS and MO HealthNet efforts to advance health IT within Missouri. As with other programs and initiatives, MO HealthNet has identified a leadership and governance structure that will facilitate program administration while ensuring oversight, accountability, and transparency. This approach reflects MO HealthNet's efforts to:

- Remove barriers and create enablers for health IT adoption and widespread achievement of meaningful use
- Collaborate with stakeholders and other partners to contribute to the development and promotion of the Medicaid EHR Incentive Program in Missouri



- Leverage existing infrastructure and processes to enable efficient program operations , and
- Coordinate, as appropriate, with other Missouri departments and divisions

The Acting Director of the Missouri Department of Social Services and Missouri State HIT Coordinator Jennifer Tidball has overall responsibility for the project. The implementation and operation of the program is managed by the MO HealthNet Director of Information Systems Darin Hackmann and the MO HealthNet Project Manager Diana Jones. Darin Hackmann is responsible for developing the Missouri Medicaid strategic plan for and coordinating all Missouri Medicaid efforts related to HITECH initiatives including the Medicaid EHR Incentive Program and works closely with MHC's statewide network. Diana Jones is responsible for managing the Missouri Medicaid EHR Incentive Program in a full-time capacity.

Missouri plans to administer the program within the organization, leveraging existing MO HealthNet support units where possible. As the EHR Incentive Program activities have matured, MO HealthNet has identified additional resources that are necessary to fully support the program, including temporary staff to work a backlog of provider incentive payment requests and plans for an Audit Contractor to complete Postpayment review activities. An explanation of these staff changes is available in the HIT IAPDU.



4.2 Outreach and Provider Support

Missouri has established a variety of methods to increase awareness, provide education, and respond to questions regarding the Medicare and Medicaid EHR Incentive programs. The SLR offers a help desk service to assist providers in using the system. In addition, MO HealthNet contracts with Conduent to provide additional resources with expertise in Missouri's Medicaid and Medicaid EHR incentive programs. MO HealthNet operates a provider call center through the Medicaid Management Information System (MMIS) vendor (WiPro Infocrossing). Staff have been provided general information about the incentive programs and refer calls to the program help desk as needed.

While call center staff handle a significant volume of questions, MO HealthNet staff are responsible for handling complex inquiries. In addition to call centers, Missouri relies on a number of different channels to disseminate information and engage with the provider community. Program bulletins are sent as needed and program information is posted to the MO HealthNet web page for the EHR incentive program. MO HealthNet partners with external stakeholders to speak at their respective events (e.g., the Missouri Primary Care Association, Missouri Hospital Association, Missouri State Medical Association). These efforts are in addition to webinars and teleconferences that are directly offered to providers. Other educational partners include the Missouri Rural Health Clinic Association, the Missouri Association of Osteopathic Physicians & Surgeons, the Missouri HIT Assistance Center, etc. MO HealthNet anticipates continuing and improved use of these communication outlets to communicate with Medicaid providers about the EHR Incentive Program

As part of the planning process for the Medicaid EHR Incentive Program, MO HealthNet has engaged in a series of meetings and briefings with both internal and external partners. Such meetings have included representatives from the Missouri Primary Care Association, the Missouri HIT Assistance Center, the Missouri Hospital Association, managed care organization plan representatives and others. These meetings have focused on providing information about MO HealthNet plans for program launch and administration, as well as seeking feedback on a number of issues, including the development of the provider survey, data validation sources, coordination of communication efforts, and other program components. Information sharing efforts also include providing program updates at MHC board meetings,

MO HealthNet actively solicited stakeholder review of and comment on the draft SMHP as well as making a review copy available on the website. MO HealthNet addressed all stakeholder comments and concerns. MO HealthNet will continue to work with its partners to disseminate information about the incentive program and encourage participation among eligible providers.

MO HealthNet engages in ongoing efforts to coordinate activities with the HIT Assistance Center as appropriate. Such efforts include joint participation in speaking engagements, sharing communication materials, participation in monthly planning calls, consulting on EHR incentive programmatic questions, etc.

Finally, MO HealthNet has sent emails to its distribution list of MO HealthNet providers announcing the EHR Incentive Program and available resources; MO HealthNet plans to continue such blasts as programmatic milestones are met (e.g., program launch). Table 6 identifies major communications planning milestones met during initial program implementation.



Table 6: MO HealthNet Communications Planning Activities

Communication Activity	Month/Year
Launch MO HealthNet EHR Incentive Program website	July 2010
Release draft SMHP for stakeholder review	October 2010
Email blast with provider survey results and program update	November 2010
Open meeting to present provider survey results	November 2010
EHR Incentive Program outreach to partners	Ongoing
Develop joint communications pieces with partners	Ongoing
Interface with R&A System approved	April 2011
Provider Bulletin: Pre-Launch	April 1, 2011
EHR Incentive Program webinars for providers, stakeholders, RECs	Multiple sessions per year
Email Blast: Accepting attestations via portal	June 2011
Began issuing provider incentive payments	July 2011
Last day for EHs to submit attestations for program year 1	December 31, 2011
Last day for EPs to submit attestations for program year 1	March 31, 2012
Begin collection of Meaningful Use Attestations	April 2012

MO HealthNet maintains a Medicaid EHR Incentive Program website (<http://www.dss.mo.gov/mhd/ehr>) that includes a fact sheet, frequently asked questions, resources, and other materials. Materials and tools have been available via the website since in July 2010 and are updated regularly. The SLR outreach page links to available CMS tools (e.g., provider eligibility tool) and also contains worksheets to advise providers on what information is needed prior to beginning submission in the SLR. To facilitate interactive electronic communication, MO HealthNet has established a dedicated electronic mailbox to accept specific provider inquiries.

4.3 EHR Incentive Program Processing of Incentive Payments

Although MO HealthNet had initially planned to develop its own system for processing incentive payments, several vendor solutions were available to the State. After investigation, MO HealthNet determined the most economical and efficient solution would be to amend its contract with Conduent and to use their SLR and Medicaid Incentive Provider Portal. The providers use the portal to submit attestation documentation for the EHR program. The SLR is automated to the extent possible to support the state's eligibility verification, payment calculation, and auditing processes.

The SLR supports a number of prepayment validations for both EPs and EHs. Manual prepayment validation takes place where an automated solution is not practical.

EHR Incentive Program processing activities are grouped into the following four steps:

1. Provider registration and eligibility – This step requires the provider to register for the program at the central federal registration site and the state site, and system validations support the registration.
2. Provider attestations – This is a series of statements affirmed by the provider, further establishing eligibility in the program and includes system and manual validations that support the attestation.



3. Pre-payment verification– This is the final data validation conducted prior to issuing an incentive payment. It is important to note that in some cases weeks or months can pass between initial registration, submission of the completed attestation and validation payment.
4. Postpayment audit – This step includes both desk audit and field audit activities for ensuring providers meet all program requirements and appropriate payment was made. The audit strategy and procedures are described in Section 5 of this SMHPU and in Missouri’s detailed Audit Plan (See Appendix submitted separately to CMS.)

To streamline program administration, MO HealthNet has established a workflow for processing EPs and EHs requests for program participation and incentive payment as shown in the figure below.

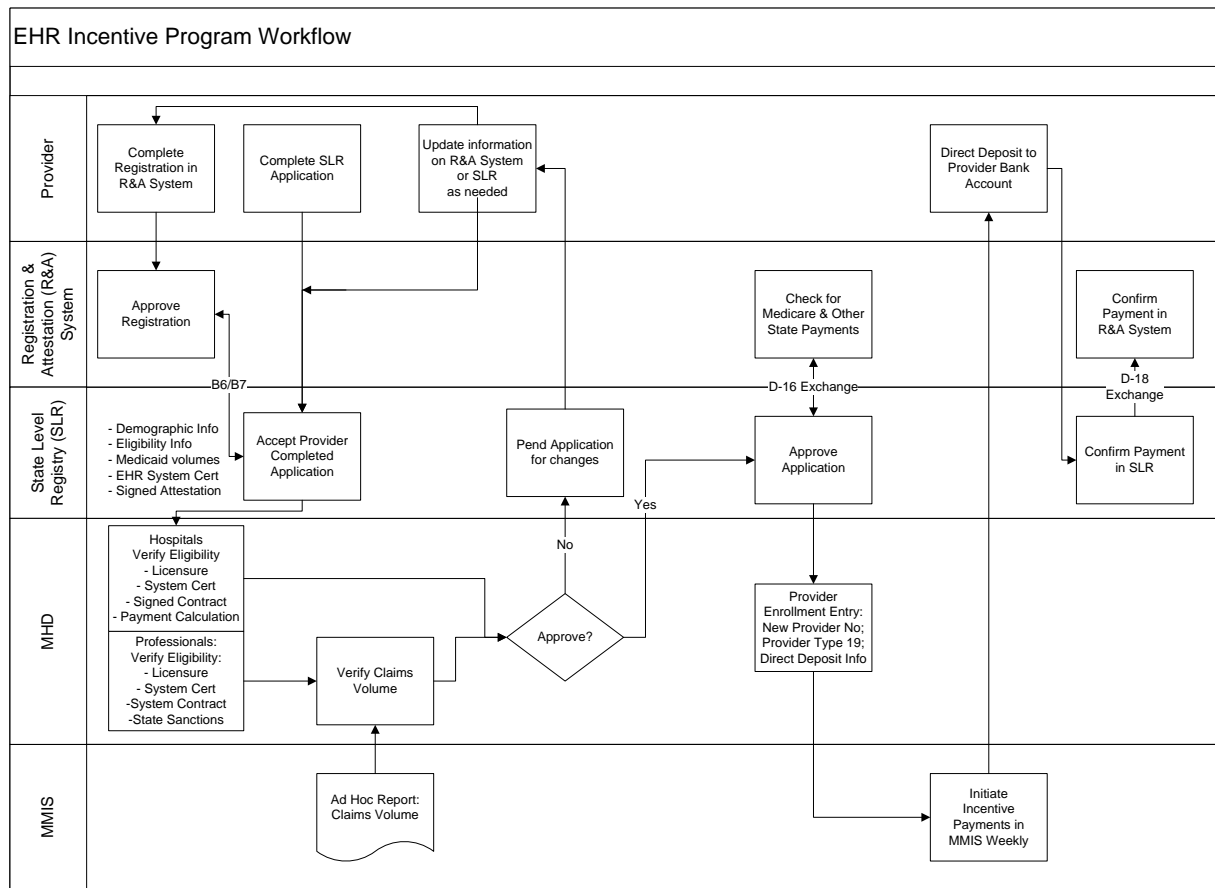


Figure 13: EHR Incentive Program Process Workflow



4.3.1 Provider Registration and Eligibility

Both MO HealthNet and potential participants must undertake a series of activities as part of the Registration and Eligibility process. The activities are sequenced as follows:

- EP or EH must register in the CMS Registration and Attestation (R&A) system to indicate interest in participating in the Missouri Medicaid EHR Incentive Program.
- The SLR receives a daily batch file transfer from the R&A system
- The EP or EH must also access the web based tool (SLR) to enter additional information (Provider Name, Address, TIN, NPI, CCN) to complete the registration with the State. If all required information matches data entered in the R&A System, a provider profile is created in SLR and provider may begin submitting attestation documentation.
- Information checked during the eligibility review includes accessing the master provider file to determine applicant status as an active Medicaid Provider. Workbooks and users manuals include additional guidance for providers (i.e., information requested, how to calculate eligibility) in order to facilitate registration.
 - Additional registration information required by MO HealthNet
 - Demographics about the practice, including patient volume
 - Information on certified EHR system used
 - Formal attestation summary signed, with payee assignment
 - All information about AIU in provider year 1 and MU Stage 1 in year 2.
- Volume information will then be verified using claims data.
 - EP volume is compared to claims and encounter data in the MMIS by running an ad hoc report for each provider that applies for the incentive payment.
 - EH volume requirements can be verified through data that reside in the MMIS, the Managed Care Encounter data, and hospital costs reports.
- Other pre-payment checks include ensuring the EP is licensed by appropriate board, not on state sanctions or investigation list, and confirms payee information.
- EH registration also includes ensuring that the EH has an active license and a CCN in the appropriate range.
- MO HealthNet will utilize information available through the Board of Healing Arts licensure database, Division of Professional Registration, and Office of the Inspector General (OIG) database,
- Verify accurate EHR certification number entered with ONC Certified Health IT Product List (CHPL) website.

Patient Volume Determination

Determining patient volume is a critical component of establishing eligibility for incentive payment Medicaid encounters that comprise patient volume are defined consistent with the final



rule and include encounters for which Medicaid paid in whole or in part, such as those within Medicaid fee-for-service and Medicaid waivers (e.g., Medicaid managed care organizations, Medicaid 1115 waiver programs, Programs of All-Inclusive Care for the Elderly, etc.). MO HealthNet will use the “encounter” option (as described in the final rule) for all eligible professionals. MO HealthNet coordinates with its border states, as needed to confirm out of state volumes reported.

Eligible Professionals (EPs)

Eligible professionals (EPs) will need to have a number of items verified, including:

- The provider is registered in the R&A System
- A valid state license and respective credentials for provider type
- Enrolled as a Medicaid provider or performing services for an entity enrolled as a Medicaid Provider (e.g., MCO, FQHC, etc.).
- Verification that the provider is not an excluded provider using data in R&A System
- Use of Medicaid claims or encounter data as a proxy to verify Medicaid volume

To ensure that statutory threshold requirements are met, MO HealthNet will require that each provider:

- Attest to meeting Medicaid (or “needy individual”) patient volume requirements, including:
 - CHIP patients funded through Title XIX and XXI Medicaid expansion programs
 - Medicaid claims and encounters, regardless of payment liability
- Attest the EP is not hospital based, excluding those that can demonstrate use of their own funds for acquisition, implementation and maintenance of certified EHR technology
- Indicate whether the volume will be met via individual eligible provider data or group practice data (for EPs only)
- Report the numerator, denominator, and 90-day representative period from either the previous calendar year or most recent 12-month period
- Attest to encounters with panel members up to 24 months

EPs who work predominantly in FQHCs or Rural Health Centers (RHCs) may meet volume requirements using a six-month period within the prior calendar year or the preceding 12 month period based on “needy individual” patient volume. Needy individuals are defined as having met one of following criteria:

- Received medical assistance from MO HealthNet or MO HealthNet for Kids (Missouri’s State Children’s Health Insurance Program); or
- Were furnished uncompensated care by the provider; or
- Were furnished services at either no cost or reduced cost based on a sliding scale determined by the individuals’ ability to pay.



Federally Qualified Health Centers (FQHCs)

FQHCs issues addressed in the planning process focused mainly on how incentives will be treated on cost reports and the physician assistant “so led” criteria. It is expected that many FQHC-employed providers will re-assign their incentive payment to their employer. MO HealthNet considers this a contracting/staffing issue between employer and employee that does not require MO HealthNet involvement. MO HealthNet is currently pursuing the appropriate action to ensure that reassigned payments would be excluded from FQHC cost reports and therefore would not need to be offset. Missouri does not allow for Physician Assistant independent practice and there are a few FQHCs that meet the “so led” requirements.

EPs practicing within FQHC/RHC must identify the representative 6 month period either from the most recent 12 months or the most recent calendar year.

Eligible Hospitals (EHs)

EHs will need to have a number of items verified, including:

- A valid state license.
- A Medicare CMS Certification Number (CCN) in the appropriate range.
- Average length of stay and Medicaid volume based on MO HealthNet data.
- A state-issued provider number.

For Acute Care and Critical Access Hospitals to meet the required 10 percent Medicaid volume, MO HealthNet allows hospitals to calculate volume based on patient discharges, including ER visits that result in inpatient stays.

[Any hospital that has a new CCN including a new facility/entity or those with a change in status or a change of ownership must have 2 years of cost report data associated with the new CCN prior to submitting an application for incentive payments as the new entity.](#)

Border States

Missouri shares a border with eight states (Iowa, Illinois, Kentucky, Tennessee, Arkansas, Oklahoma, Kansas and Nebraska). The most significant medical trading area is on the western Missouri-Kansas border, and is centered in the Kansas City metropolitan region. MO HealthNet’s approach for eligibility verification is agnostic as to the patient’s state of residence. Therefore, any patient encounter will count toward a provider’s eligibility threshold. At this time, MO HealthNet maintains contact information to the respective State Medicaid Agency. As information is available about Missouri’s border states’ administration of their respective incentive programs, MO HealthNet may adjust its approach accordingly. Regular venues to communicate with contacts in other states are available and contacts regarding specific providers occur on an as needed basis.

The sequencing and interface with CMS R&A System during the Provider Registration and Eligibility workflow is illustrated in the figure below.

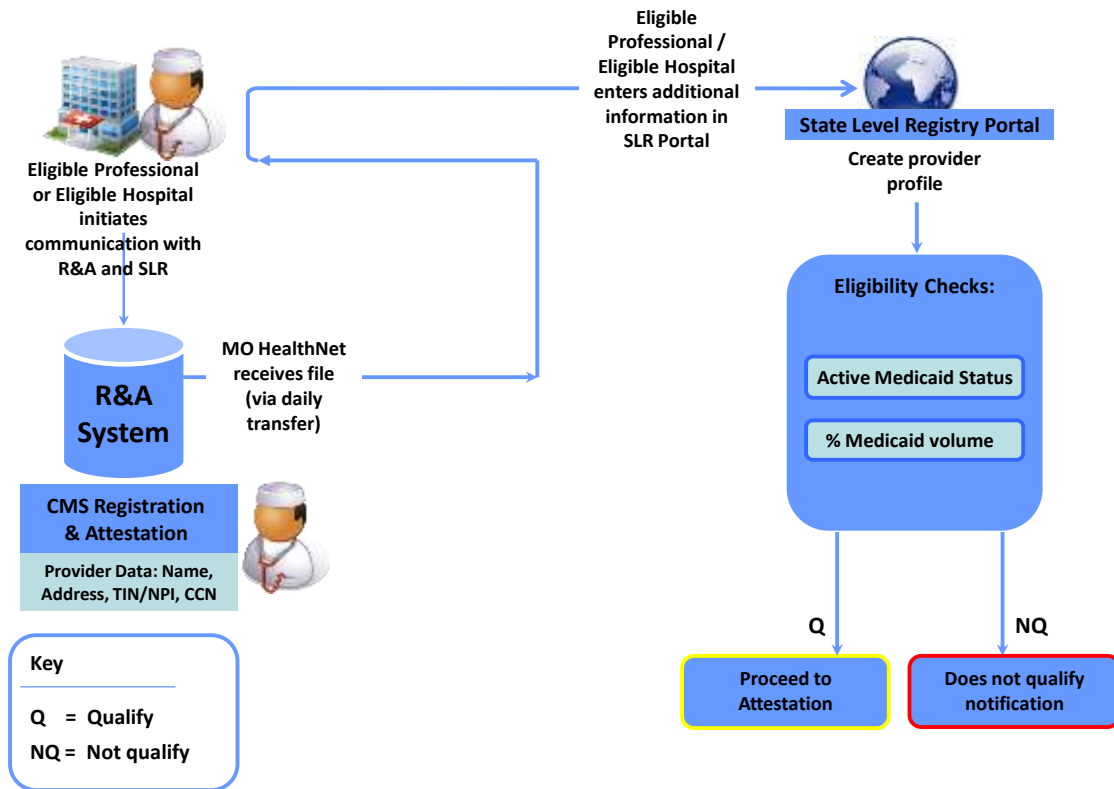


Figure 14: Provider Registration and Eligibility Workflow

4.4 Verification and Attestation AIU Process

Summary

It is the expectation that most, if not all, Missouri providers who enter the program will do so by demonstrating they have met the AIU requirement, as outlined in the meaningful use final rule. Therefore, the verification workflow process for the program's first year focuses on accepting attestations for the AIU requirement and review of the signed contract. MO HealthNet is prepared to accept meaningful use attestations for professionals and hospitals deemed to have met Medicare meaningful use requirements. The Provider Attestation and AIU Workflow process is outlined in Figure 15. Subsequent year verifications and attestations are outlined in Figure 16.

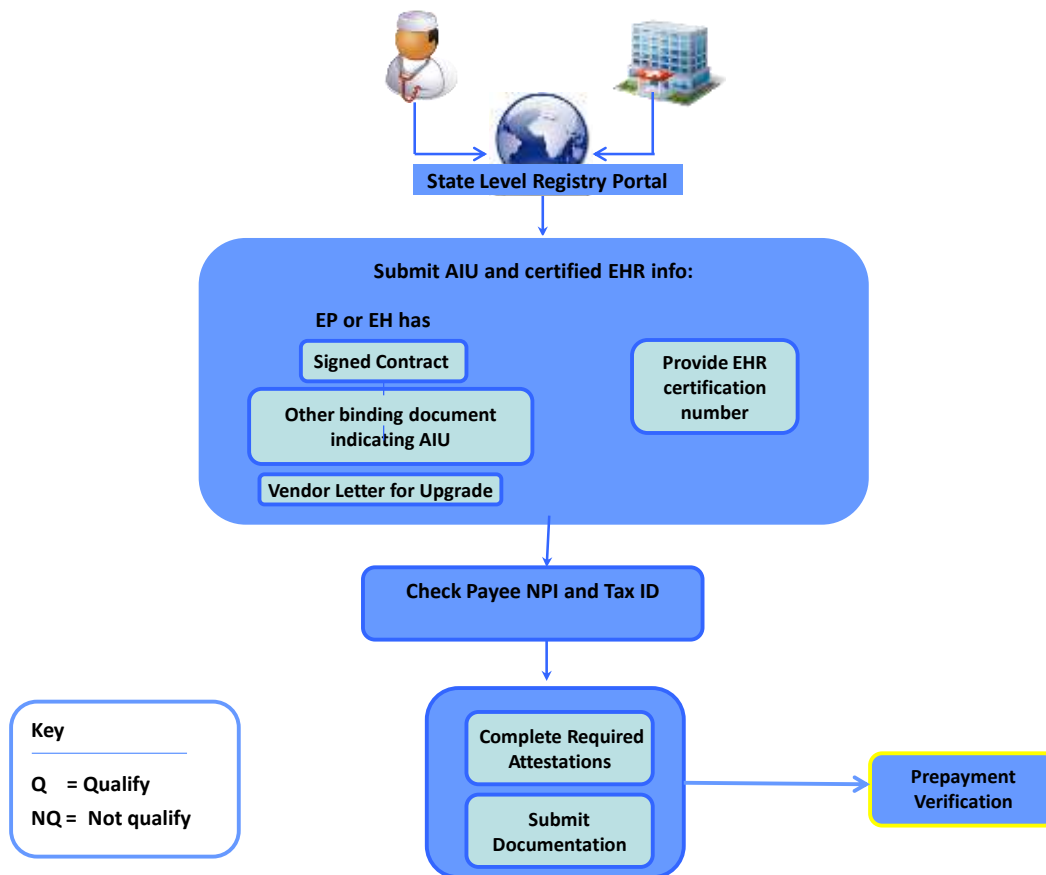


Figure 15: Verification & Attestation AIU

Verification and AIU Attestation Process Steps

The AIU verification process includes the submission of attestations and documentation, outlined below:

- Provide attestation for certified EHR technology purchase or upgrade and submit a signed copy of agreement to purchase or vendor letter for upgrade. Providers will be notified that these documents must be available for audit purposes.
- Update, as necessary, information contained in the provider profile (gathered during the Registration and Eligibility process).
- Provide the CMS EHR Certification Number, which is manually checked by MO HealthNet staff.
- If at any point a requirement is not met, the provider receives a MO HealthNet communication explaining the reasons they do not meet program requirements.



4.5 Verification & Meaningful Use Attestations

Summary

MO HealthNet has implemented a change in the workflow sequencing for participating professionals and hospitals beginning with provider year 2. This change reflects two main factors. First, because program participation is limited to six years, SLR will need to verify the number of years that provider has been enrolled and an incentive payment has been made. Second, the system must determine compliance with current stage meaningful use criteria, as outlined in the final rule. The sequencing of these activities is shown below.

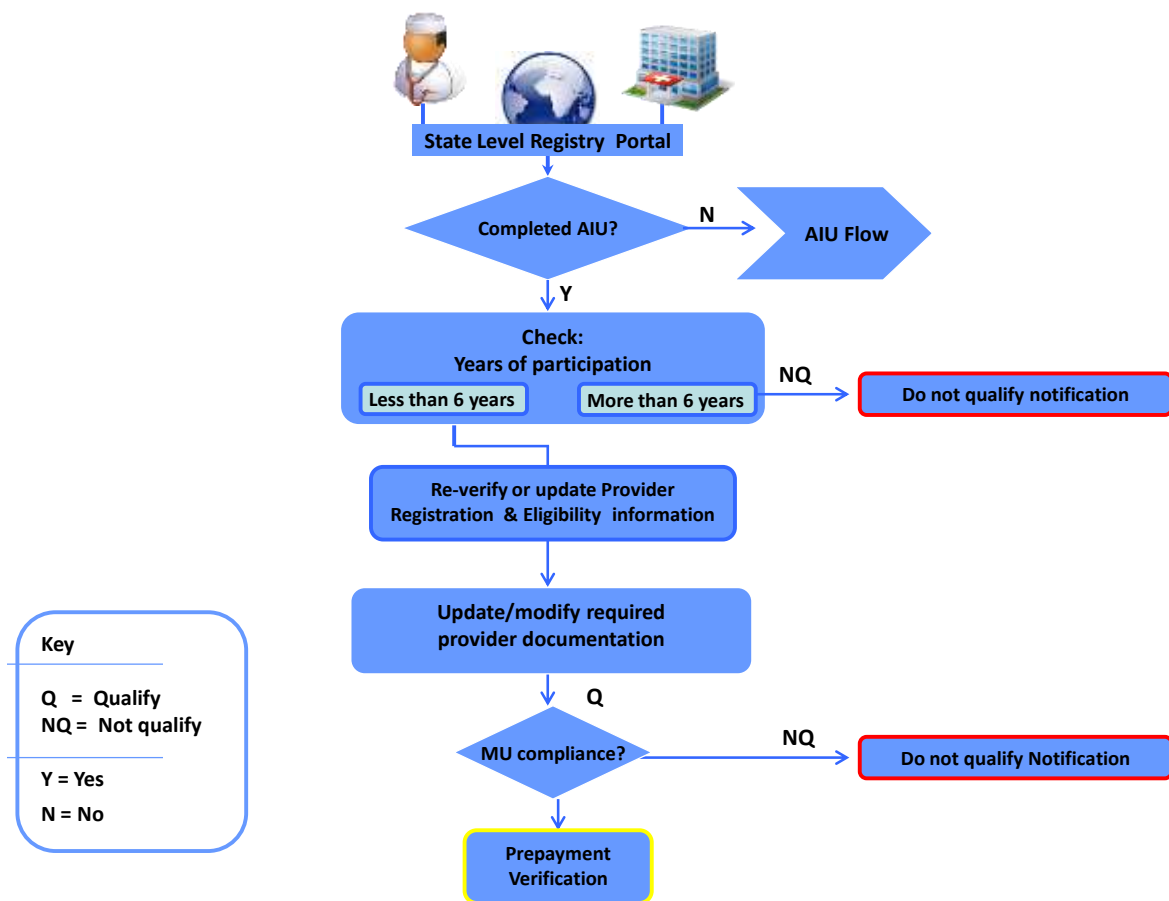


Figure 16: Verification & Attestation in Subsequent Years

Verification & Attestation (Subsequent Years) Steps

Verifying EP and EH information after provider year 1 in the program involves a number of key workflows, as outlined by the following:

- EP or EH accesses the R&A System and SLR provider portal.



- If this is the first participation year for the EP or EH, then the AIU process outlined in Figure 20 is completed.
- If it is not the first participation year for the EP or EH, then MO HealthNet will ensure that program participation has been five years or less (to comply with the six-year participation limit for Medicaid incentives).
- The EP or EH will then review their provider profile, consisting of information from the R&A System and information provided during the Registration and Eligibility process. Updates will be made as necessary; documentation will be submitted as required.
- Finally, the EP or EH will transmit the required numerator and denominator information as part of the Stage 1 meaningful use requirements. MO HealthNet will continue to work with ONC and CMS to ensure system design will be adequate to meet the requirements of future stages of meaningful use.

If at any point a requirement is not met, the provider receives a MO HealthNet communication explaining the reasons why program requirements were not met. SLR system notifications inform the provider immediately if any of the meaningful use measures requirements are not met.

CMS has indicated that dually eligible EHs will submit meaningful use attestations to CMS; once determined to fulfill this criteria for the Medicare EHR incentive program, EHs will be deemed to have also met this criteria for the Medicaid EHR incentive program. The SLR accepts the documentation in the C5 file exchange with CMS.

Medicaid Stage 1 Meaningful Use Changes

MO HealthNet recognizes that Stage 2 Final Rule will require some changes to SLR related to system attestation criteria to process Stage 1 MU attestations beginning in 2013. MO HealthNet has conducted a preliminary assessment of impact of Stage 1 changes published in the Stage 2 Final Rule. [Conduent submitted SLR screen changes for CMS approval on behalf of States using the SLR on November 1, 2012, and received CMS approval on November 15, 2013](#), prior to beginning work on the system.

In Stage 2 Final Rule, CMS finalized the ability to use a batch reporting process for meaningful use, which will allow groups to submit attestation information for all of their individual EPs in one file. MO HealthNet will investigate the feasibility of accepting batch attestations; no decision is available until this analysis is complete.

Table 6: Analysis of Meaningful Use Stage 1 Changes

Proposed Change	Comments/Status
Practicing Predominantly Calculations (RHCs and FQHCs): Allow EPs to use a six-month period within the prior calendar year or preceding 12 month period for the date of attestation for the definition of practicing predominantly (more than 50% of the encounters).	MO HealthNet will allow this option. EPs electing to use the most recent 12 month period may have approval delayed until sufficient claims are submitted for MO HealthNet to validate volume. System changes will be made to accept encounters from the most recent 12 months.
At least 50% of EP outpatient encounters used for EP patient volume is required at a location	No system change required. The existing functionality in SLR verifies 50% of encounters



State Medicaid Health Information Technology Plan
Annual Update

Proposed Change	Comments/Status
equipped with certified EHR technology during the payment year for which the EP is attesting.	are at locations with certified EHR technology.
Medicaid Enrolled Encounters: The rule expands the definition of what constitutes a Medicaid patient encounter, to include zero pay claims and encounters with patients in the Title XXI-funded Medicaid expansions but not separate CHIP programs. Numerator includes service rendered on any one day to a Medicaid-enrolled individual regardless of payment liability.	No system change required. MO will recognize the expanded definition of encounters for EPs. The existing functionality in SLR accepts total number of encounters reported. User manual, workbook and help text will be revised to include the expanded definition of encounters for EPs.
CHIP Encounters: Provider patient volume includes CHIP encounters in the numerator if part of the Title XIX expansion or part of Title XXI expansion (still cannot include CHIP stand-alone Title XXI encounters).	Missouri has a combination CHIP program and will recognize encounters for patients who are Title XIX and SSI funded Medicaid expansions for patient volume calculations.
Provider, Panel and Needy Individual Patient Volume: Add an option for providers to elect to use either a 90 day period in the previous calendar year or a 90 day period in the 12 months immediately preceding the attestation.	This is an either/or scenario. MO HealthNet will allow this option. EPs electing to use the most recent 90 day period for MU reporting may have approval delayed due to claims lag until sufficient claims are received to validate claims volume. System change is required.
Hospital Based Exclusion: EPs who can demonstrate that they fund the acquisitions, implementation, and maintenance of CEHRT, including supporting hardware and interfaces needed for meaningful use without reimbursement from an eligible hospital or CAH—and use such CEHRT at a hospital, in lieu of using the hospital's CEHRT—can be determined non-hospital based and receive an incentive payment.	Minimal impact. Conduent will submit SLR sample text for CMS approval on behalf of the States regarding SLR system changes.
Children's Hospital definition is revised to include any separately certified hospital, freestanding or hospital within a hospital that predominately treats individuals under age 21 without a CMS certification number because these facilities do not serve Medicare beneficiaries. These hospitals will be issued an alternative number by CMS to enroll in the incentive program. There is potential change to CMS interface to accept new number.	No change. All Children's Hospitals in Missouri currently have an assigned CCN and are able to participate in the EHR Incentive Program.
EH Calculation to allow use of information from the most recent continuous 12 month period.	MO HealthNet will continue to use cost reports from prior year to calculate EH payments; information on discharges within the most recent continuous 12 month period will not be allowed.
Allow Hospitals to switch States – Include capability to capture historical information from another state and use captured data to calculate the hospital incentive payment from the previous state and year to ensure the calculated amount is	Missouri currently has only one out-of-state hospital attesting and has no knowledge of other out-of-state hospitals wanting to change from another state to Missouri. If MO is contacted by a hospital in another state MO HealthNet will work



Proposed Change	Comments/Status
correct.	with the provider to accommodate this requirement.
CMS proposed MU auditing/ appeals for Medicaid only hospitals	MO HealthNet plans to allow CMS to do the EH MU auditing/appeals.
Stage 1 Computerized Physician Order Entry (CPOE) alternate objective: more than 30% of medication orders created by the EP or authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period is recorded using CPOE).	Optional for 2013 forward for providers attesting to Stage 1 of MU. Conduent will submit for CMS approval on behalf of the States regarding SLR system change.
Stage 1 ePrescribing – Add an exclusion for any EP who does not have a pharmacy within their organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the EP's practice location at the start of his/her EHR reporting period.	Required for 2013 forward for EPs attesting to Stage 1 of MU. Conduent will submit for CMS approval on behalf of the States regarding SLR system change.
<p>Stage 1 Vital Signs change – add second denominator definition with ability for EP to indicate which denominator is being used for reporting.</p> <p>More than 50% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department during the EHR reporting period have blood pressure for patients age 3 and over only and height and weight for all ages recorded as structured data. (Optional)</p>	Optional for 2013 only. Conduent will submit for CMS approval on behalf of the States regarding SLR system changes.
<p>Stage 1 Vital Signs exclusions change – Modify exclusions to allow BP to be separated from height/weight.</p> <p>Any EPs who 1) see no patients 3 years or older are excluded from recording blood pressure; 2) believe that all three vital signs of height, weight, and blood pressure have no relevance to their scope of practice are excluded from recording them; and 3) believe that height and weight are relevant to their scope of practice, but blood pressure is not, are excluded from recording blood pressure, or 4) believe that blood pressure is relevant to their scope of practice, but height and weight are not, are excluded from recording weight and weight. (Optional)</p>	Optional for 2013 only. Conduent will submit for CMS approval on behalf of the States regarding SLR system changes.
Stage 1 Test of electronic transmission of key clinical information. (Mandatory removal for 2013 and beyond)	Mandatory removal for 2013 and beyond. Conduent will submit for CMS approval on behalf of the States regarding SLR system changes.



Proposed Change	Comments/Status
Stage 1 Report ambulatory (hospital) clinical quality measures to CMS or the states (Mandatory removal for 2013 and beyond)	Mandatory removal for 2013 and beyond. Conduent will submit for CMS approval on behalf of the States regarding SLR system changes.
Stage 1 Public Health Objectives (Mandatory removal for 2013 and beyond)	Mandatory for 2013 and beyond. Conduent will submit for CMS approval on behalf of the States regarding SLR system changes.

Meaningful Use Stage 2 and 3

Conduent submitted SLR screen shots for 2014 changes to Stage 2 meaningful use measures for CMS review on behalf of States using the SLR on July 8, 2013, and received CMS approval on July 11, 2013. No additional changes to processes are required to accept attestations for 2014 at this time.

Missouri submitted an SMHP Addendum for the 2014 CEHRT Flexibility Rule in October 2014, which as approved by CMS in December 2014. This Addendum is included in Appendix C.

In December 2015, Missouri submitted an SMHP Addendum for the 2015 – 2017 Modifications and Stage 3 Final Rule, and received CMS approval in January 2016. This Addendum is included in Appendix D.

Missouri, along with eight other states, is working with our SLR vendor, Conduent (formerly Xerox), to implement system changes required by the 2015-17 Modification rule, the OPPS rule and the rule creating the Medicare Quality Payment Program. Missouri's 2017 SMHP Addendum describing will be submitted separately.

4.6 Payment Process

Summary

The payment process involves a number of important activities both to ensure appropriate stewardship of public funds as well as to leverage existing MMIS functionality. Figure 22 represents the steps in the payment process.

In order to separately track expenditures, a separate accounting code will be used. The administrative funds related to the EHR incentive program will also be associated with a separate accounting code such that all funds associated with the Medicaid EHR Incentive Program can be appropriately budgeted for and reported on as required by CMS.

At this time, MO HealthNet does not anticipate designating an entity promoting adoption such that a provider could assign their incentive payment.

Eligible Professional Payments

MO HealthNet will calculate EP incentive payments in a manner that is consistent with both statutory requirements and federal rulemaking.



The EPs will receive incentive payment not to exceed \$21,250 in the first year or maximum of \$8,500 in years 2-6. In no case shall an EP participate for longer than six years or receive payment in excess of the maximum \$63,750. Per §495.310, an EP may not begin receiving payments later than calendar year 2016. EPs may receive payments on a non-consecutive, annual basis. No payments may be made after calendar year 2021. MO HealthNet anticipates that payment calculation for EPs will be automated within the SLR.

Pediatricians attesting to a patient volume between 20% - 29% will receive 2/3 of the incentive payment amount. The Pediatrician will not receive more than \$14,167 in the first year and not more than \$5,667 for subsequent years. The total incentive payments for six years will not exceed \$42,500.

Medicaid Managed Care

MO HealthNet will process applications from EPs who participate in MO HealthNet through its managed care plans. MO HealthNet does not intend to utilize the health plans for purposes of disbursement activities for health plan enrolled EPs. Initially MO HealthNet established a process to verify managed care provider identification in order to confirm volume attestations. MO HealthNet now requires plans to submit NPIs for all participating providers, eliminating the need for additional outreach to confirm identify and associate encounters with specific professionals.

Eligible Hospital (EH) Payments

The SLR calculates the hospital payments based on CMS rules for calculation, and determines the annual amount according to MO HealthNet's-three year schedule of payments, described below.

MO HealthNet plans to disburse EH payments over a three-year period with disbursements contingent upon successful attestation. After consultation with MHA, and considering CMS payment requirements (i.e., requirements that no annual payment may exceed 50 percent of the calculation and no two-year payment can exceed 90 percent), MO HealthNet plans to disburse on the following payment schedule:

- Year 1: 50 percent of aggregate payment amount
- Year 2: 35 percent of aggregate payment amount
- Year 3: 15 percent of aggregate payment amount

This calculation will be based on hospital cost report data stored electronically including an electronic database with selected information, electronic desk review files prepared by MO HealthNet cost report auditors, specific worksheets submitted electronically as part of the application, and full cost report files (paper versions with supplemental packets). For hospitals with payment calculations made using unaudited cost reports, MO HealthNet will recalculate the payment amounts using the audited reports in the second payment year, and adjust year 2 and year 3 payments to reflect changes as necessary. Payment adjustments will be reported to CMS using the D18 exchange beginning in late 2012.

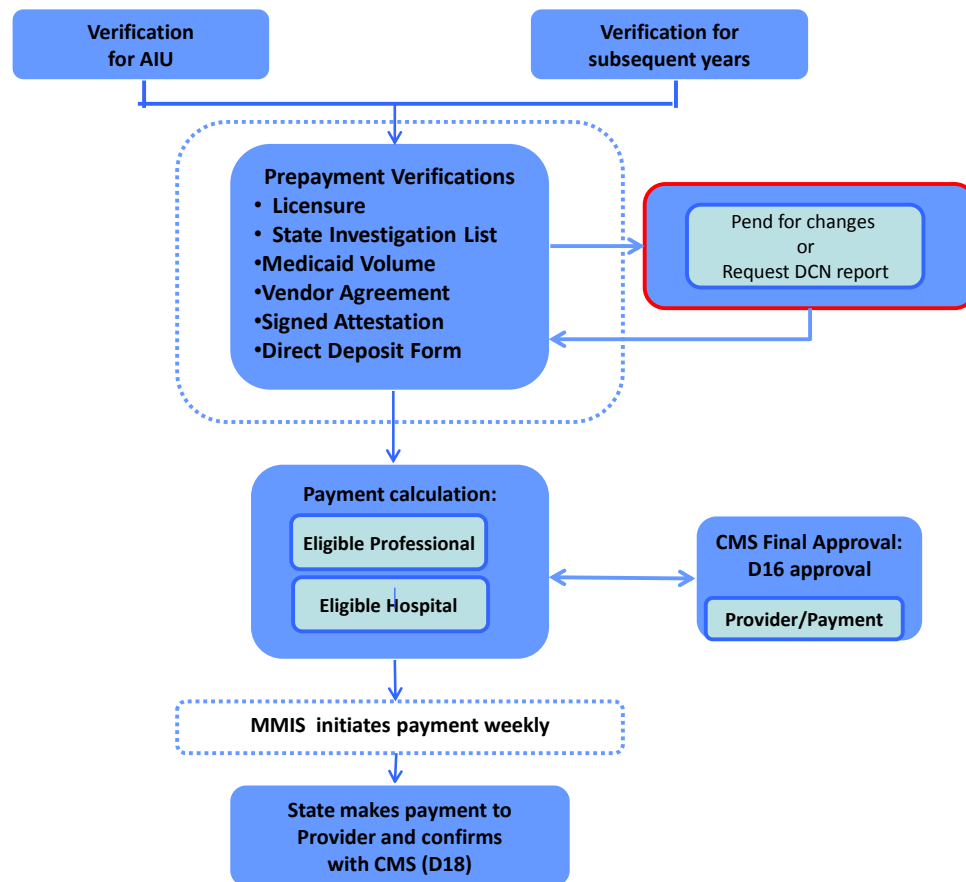


Figure 17: Process for EHR Incentive Payments

Payment Process Steps

Whether it's the first or subsequent payment years, the process follows the same general steps:

- After the verification process, MO HealthNet will use state licensing and sanction records to ensure the provider is in good standing and is licensed under the appropriate provider type. These data (e.g., licensing, disciplinary action, sanctions) are updated by the Missouri Board of Healing Arts on a daily basis
- MO HealthNet will then confirm, via the R&A System, the Office of the Inspector General (OIG) exclusion check, along with the verification that Medicare and payments from other states were not received by the EP.
- MO HealthNet has submitted a plan to address vulnerabilities previously identified in our provider enrollment and auditing processes (Addendum 2). Implementation of proposed improvements is underway within our Missouri Medicaid Audit and Compliance office.
- Once these checks are complete, a provider is deemed eligible to receive the incentive.



- Payments are calculated per the statutory guidelines and regulations included in the final rule.
- The payment amount calculated in the SLR is used to create a weekly spreadsheet, which is then entered into a weekly MMIS payment process. The state uses direct deposit for all incentive payments.
- The MO EHR Incentive Program was implemented April 1, 2011. Providers submit attestation and related information to SLR as described in section 4.4. Payment follows within 45 days of approval, per CMS prompt payment guidelines.

Federal Financial Participation Drawdown

MO HealthNet has also established a process for reimbursement as part of the Federal Financial Participation (FFP). This process is represented in Figure 18 and includes the following steps:

- MO HealthNet identifies the incentive payment amount and administrative costs.
- MO HealthNet submits these amounts to CMS and is reimbursed.

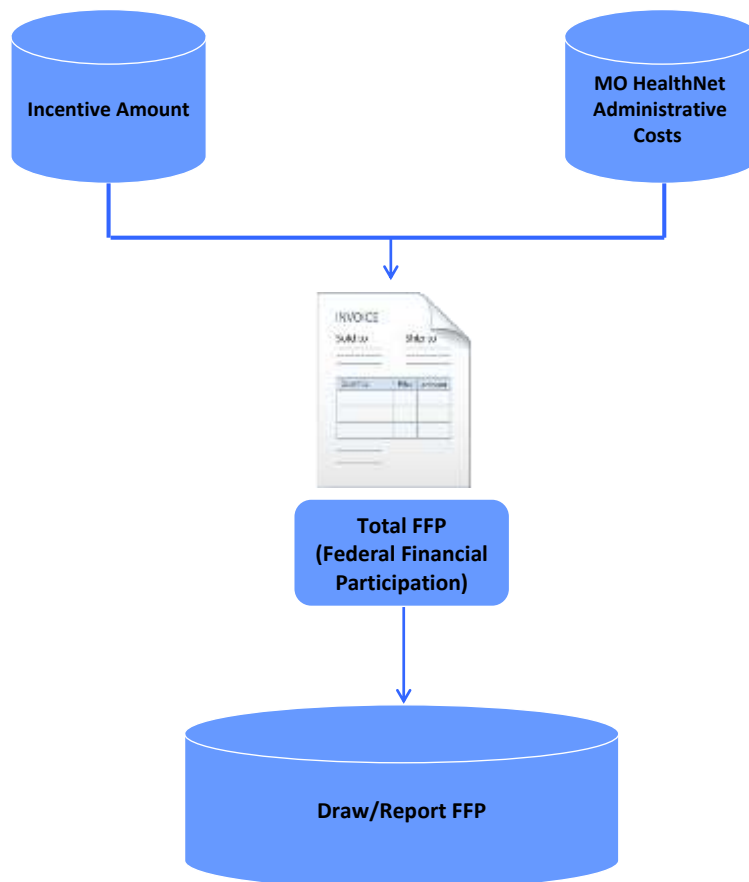


Figure 18: Federal Financial Participation



4.7 Appeals

Summary

MO HealthNet envisions the following circumstances may be raised by providers if incentive payments are denied or there is the belief that the incentive payment calculation was incorrect:

- Eligibility determination
- Patient volume threshold decisions
- Meaningful use demonstrations
- AIU attestations
- Provider location (e.g., hospital-based)
- Practicing predominantly in an FQHC or RHC
- Hospital qualification (e.g., acute care, children's hospital)

In order to most efficiently offer providers redress, MO HealthNet will take two approaches to the appeal process, as depicted in Figure 19. The first step serves as an opportunity for the provider to request additional information about the denial. Providers will send a certified letter outlining concerns related to eligibility determinations or payment amounts to MO HealthNet [or its audit contractor](#). The issue will be researched and MO HealthNet will contact the provider with the result.

The second step is the formal appeals process, currently used for Medicaid payment denials and governed by Missouri Statute (208.156). The statute indicates that any MO HealthNet service provider is entitled to a hearing before the Administrative Hearing Commission (AHC) on a final decision of the MO HealthNet Division. This step will be utilized if a provider either is not satisfied with the outcome from, or does not want to engage in, step one. If a provider is adversely affected by a denial decision, s/he can file an appeal through the AHC. The AHC has jurisdiction in statutorily specified matters including State tax, professional licensing, and Medicaid provider issues. All decisions are subject to judicial review.

The AHC also contracts with other Missouri agencies to assist in their decision-making processes. In such cases, the Commission conducts the proceedings but only makes a recommended decision to the agency. The agency makes the final decision. This process will be consistent with the requirements as outlined in §447.253(e).

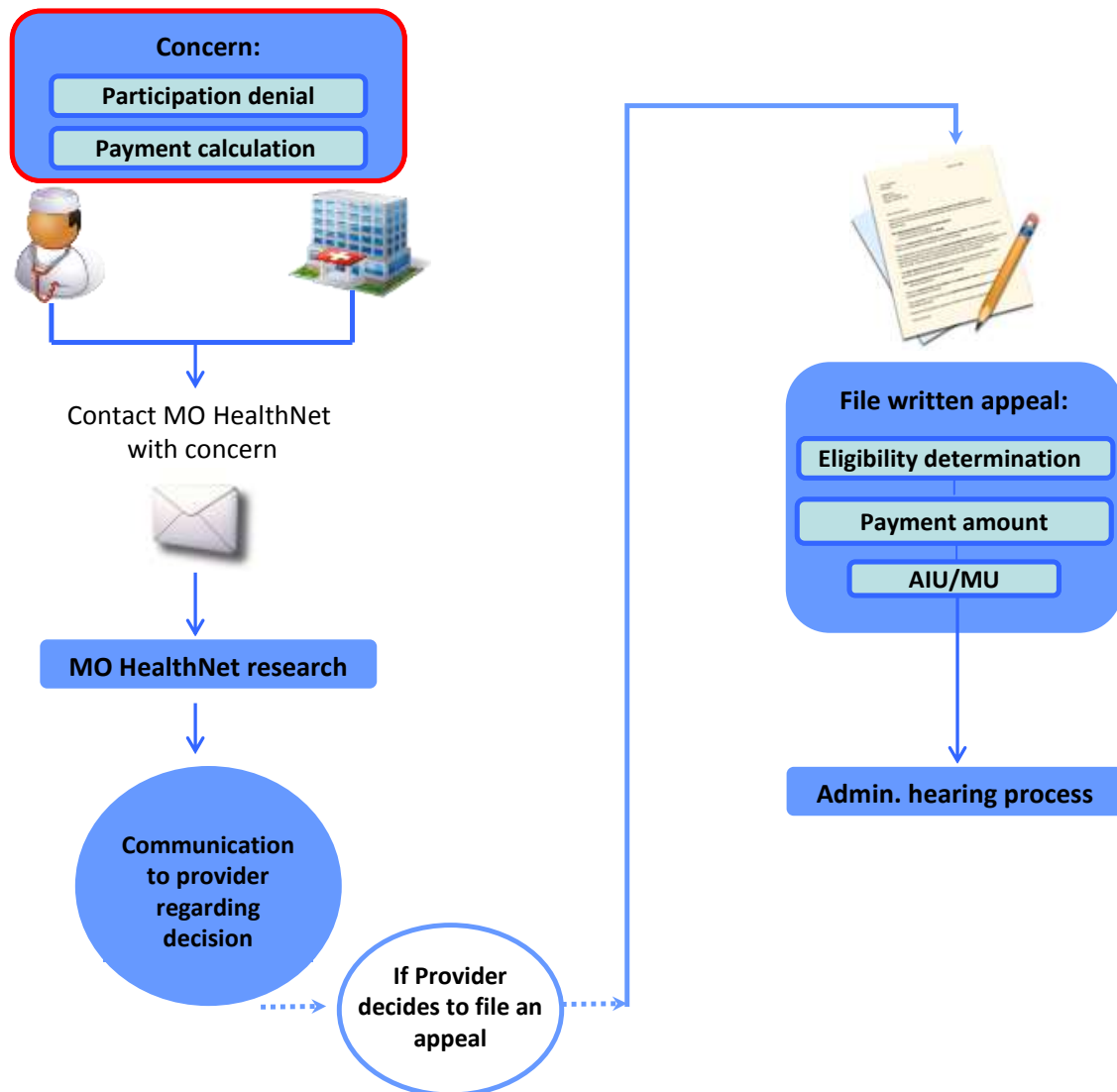


Figure 19: Appeals Process

Appeals Process Steps

- EP or EH receives a notification that they do not qualify for the Medicaid EHR Incentive Payment or there is the belief that the payment calculation is incorrect.
- The EP or EH sends a registered letter outlining concern to MO HealthNet.
- MO HealthNet researches the issue and contacts the provider with a determination.
- If EP or EH is not satisfied with the determination, they will file an appeal.
- The appeal will be processed via the Administrative Hearing Commission (AHC), as outlined above.
- The EP or EH will receive final notification via the AHC.



5 SECTION D: MISSOURI'S AUDIT STRATEGY

In collaboration with its independent audit contractor, the State has developed a detailed Audit Plan for monitoring the EHR Incentive Program. DSS leverages state and contractor resources for audits and to implement the audit program and services described in the Audit Plan Appendix. [The State received approval of the Audit Plan from CMS on October 17, 2016.](#)

5.1 Program Integrity and Oversight

In Missouri, Program integrity activities are performed within the DSS, Missouri Medicaid Audit and Compliance (MMAC) Unit. Oversight for program integrity and audit functions related to the Medicaid EHR Incentive Program will be coordinated with the MMAC Unit.

The objectives of the audit program are to verify the accuracy of providers' attestations and eligibility for the EHR Incentive Payment Program, to ensure that state and federal funds are expended appropriately, and to ensure that staff and contracted resources administer the program and apply the rules, guidelines and policies appropriately.

The Program Integrity Post Payment Audit Process Summary is described in Section 1.3 of the Audit Plan.

Post-payment audit includes both desk audit and field audit activities that will be conducted on a risk-based sample of providers.

DSS will leverage current procedures for handling suspected Medicaid fraud and abuse.

Refer to Missouri's approved Medicaid EHR Incentive Program Audit Plan for a detailed description of our audit strategy and planned monitoring activities.

5.2 Methods Used to Avoid Improper Payments

Refer to Missouri's approved Audit Plan (Table 2) for an overview of the steps DSS will take to mitigate erroneous payments, fraud, waste, and/or abuse in the determination of provider eligibility and the distribution of payments under the Medicaid EHR Incentive Program.

5.3 Data Sources

The data sources used for review during audits are described in Missouri's approved Audit Plan (Table 2).

5.4 Payment

To ensure proper payment procedures, MO HealthNet and its contractor, as appropriate, will:

- Rely upon the CMS R&A System exchange to identify duplicate payments between Medicare and Medicaid or other state programs,
- Rely upon the SLR to ensure EP payments are made at the required payment amount, and



- Rely on pre-payment validation to ensure that hospital payments are consistent with funding schedules.

Payments will be initiated and tracked through existing functionality within the MMIS.

5.5 Payment Recovery

MO HealthNet payment recovery activities will model and leverage existing processes using the process as described in the Audit Plan Section 2.4. When overpayments are detected via the audit process, DSS will initiate the appropriate recovery action in a timely manner.

5.6 Reduce Burden to Providers

In developing the audit strategy, consideration was given to developing an audit plan that would reduce provider burden (e.g., by leveraging existing data sources such as the SLR data when appropriate) and maintain integrity and efficiency of the oversight process.



6 SECTION E: MISSOURI'S HIT ROADMAP

6.1 Overview

MO HealthNet leadership believes that health IT is crucial to transforming Missouri's health care system and that MO HealthNet should take a leadership role in the promotion of HIE and adoption of Query Based Exchange and Directed Exchange Services. Key components of this transformation include supporting adoption of electronic health records (EHRs), a reengineered Medicaid Management Information System (MMIS); adoption of direct secure messaging services by MO HealthNet and its partner State Agencies, DMH and DHSS, and connecting Missouri Medicaid to a HIN for sharing Medicaid claims. MO HealthNet has been sharing Medicaid claims data with Medicaid providers through the CyberAccess web portal for several years to support key Medicaid business functions, including the prior authorization and pre-certification of services, case management and for care coordination. At the provider level, CyberAccess offers patient-specific histories, risks, gaps-in-care, reporting, and treatment alerts at the point of care. The goal is to provide a clear understanding of the patient's previous care and indicators to encourage potential quality of care improvements among all connected partners. MO HealthNet has furthered this effort by sharing Medicaid medical and pharmacy claims data through MHC for consumption into participating provider EHRs. Combined, these activities have dramatically increased the amount of data available in electronic format among and across settings. This section outlines how MO HealthNet will progress from its current state to the proposed goal state over the next five years. Figure 20 reflects the activities and services that will be provided through a HIN that the state is seeking to accomplish.

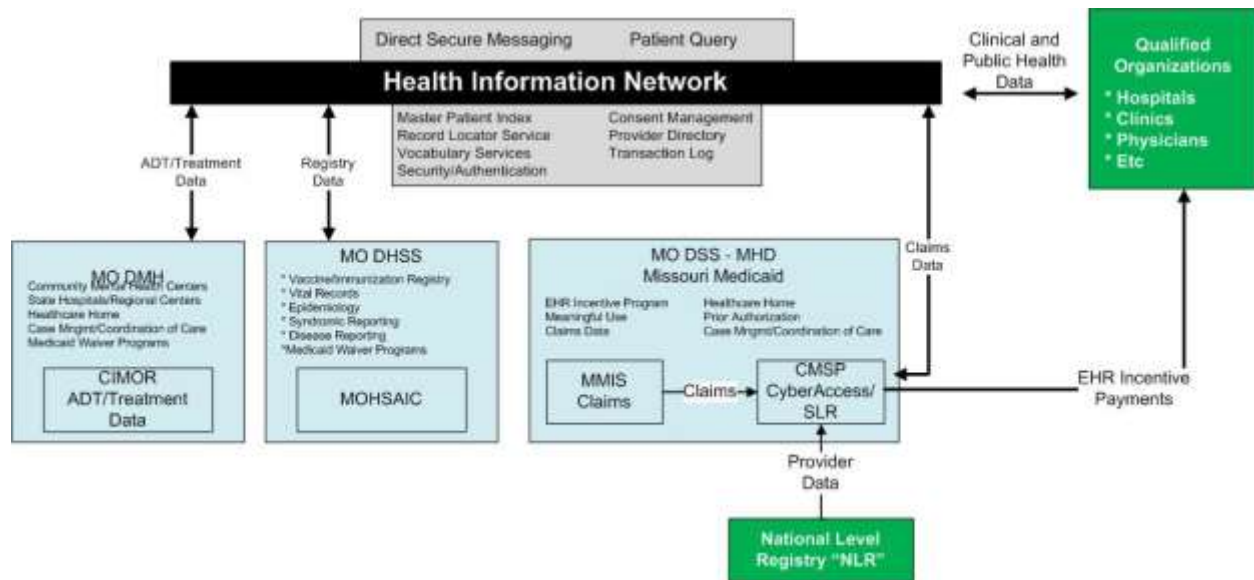


Figure 20: MO HealthNet Approach to Health Information Exchange

6.2 Support EHR Adoption



Adoption of EHRs by Missouri’s providers is a cornerstone of an efficient health care delivery system that is able to leverage health information to improve the quality of medical decision-making and care coordination. MO HealthNet is taking an active role in supporting this adoption in a number of ways. For example, MO HealthNet is collaborating with the Missouri Primary Care Association to make the best use of its Health Resources and Services Administration grants and facilitate full participation by FQHC-employed physicians in the incentive program. MO HealthNet is also committed to making a low-cost EHR technology available to providers; as a partner in HIN planning efforts, MO HealthNet will ensure that all of its providers have access to CyberAccess or a certified EHR. Combined with promotion of the Medicaid EHR Incentive Program, MO HealthNet believes these activities will facilitate adoption and ultimately improve the landscape for both providers and patients.

Administer Medicaid EHR Incentive Program

MO HealthNet recognizes the effort and resources required to administer the Medicaid Electronic EHR Incentive Program as described in the previous sections, and utilizes a combination of internal and contracted resources to support the program. MO HealthNet monitors provider participation, and uses historical return rates to set program participation goals. Return rates for the first four program years are shown in Table 7; these are updated annually to reflect the most recent program year and used to project payments for annual budgets. The historical trend shows that beginning with the second year of the program, when meaningful use must be demonstrated, participation decline over time. Since hospital incentives are significantly larger than those for professionals, higher return rates occur with eligible hospitals.

Table 7: Medicaid EHR Incentive Program Return Rates

Provider Type	EPs & EHs (PY 2011 – 2014)	EPs & EHs Return Rates
Eligible Professionals		
Year 1 (AIU)	2970	
Year 2 (MU)	1830	61%
Year 3 (MU)	890	49%
Year 4 (MU)	258	29%
Year 5 (MU)	-	
Year 6 (MU)	-	
Total	5948 Payments	
Eligible Hospitals		
Year 1	109	
Year 2	91	83%
Year 3	79	86%
Total	279 Payments	

MO HealthNet implemented the Conduent State Level Repository as its EHR Incentive Program system solution. Table 8 outlines the milestone dates met to launch the MO HealthNet EHR Incentive Program.

Table 8: Medicaid EHR Program Timeline



State Medicaid Health Information Technology Plan
Annual Update

Deliverable	Start Date	End Date
Program Implementation		
Submit Draft SMHP for CMS Review	9/01/2010	09/30/2010
Test State-Federal NLR interfaces (completed)	10/21/2010	11/30/2010
Receive Provider Survey Results	11/01/2010	11/30/2010
Submit SMHP and IAPD for CMS Approval	11/30/2010	11/30/2010
Submit Revised IAPD and SMHP Addendum for CMS Approval	1/30/2011	3/01/2011
Launch Program	04/01/2011	05/31/2011
Email blasts: announce program launch	04/11/2011	04/11/2011
Begin Accepting Attestations	06/01/2011	06/01/2011
Begin Issuing EHR Incentive Payments	07/26/2011	8/29/2011
Continued EHR Incentive Payments (A/I/U)	8/30/2011	Ongoing
Coordinate Provider Incentive Payment Program Year 2012 Implementation		
Define Meaningful Use Requirements	6/1/2011	8/30/2011
CMS Review & Approval MU Screens	9/27/2011	12/22/2011
SLR MU User Acceptance testing	2/1/2012	2/29/2012
Receive Provider Year 2 (MU) Attestations	4/5/2012	Ongoing
Continue Processing AIU and MU EHR Incentive Payments		Ongoing
Provider Webinars	6/30/2012	Ongoing
Submit IAPD U for CMS Approval	8/17/2012	6/06/2013
Submit SMHP Audit Plan Appendix for CMS Approval	9/05/2012	10/23/2012
Submit Audit Contract for CMS Approval	10/02/2012	11/26/2012
Submit SMHP U for CMS Approval	11/15/2012	1/17/2013
Retain Audit Contractor for Post Payment Audits	12/15/2012	12/15/2012
Coordinate Provider Incentive Payment Program Year 2013 Implementation		
Define Meaningful Use Requirements for 2013	07/15/2012	9/30/2012
CMS Review & Approval MU Screens	11/01/2012	11/15/2012
SLR MU User Acceptance testing	11/22/2012	2/14/2013
Implement Meaningful Use Attestation data collection solution for 2013 changes	4/01/2013	Ongoing
Receive Provider Year 2 (MU) Attestations	4/5/2013	Ongoing
Continue Processing AIU and MU EHR Incentive Payments		Ongoing
Conduct Post Payment Audits (PY 2011)	3/26/2013	9/30/2013
Coordinate Provider Incentive Payment Program Year 2014 Implementation		
Define Meaningful Use Requirements for 2014	07/15/2013	9/30/2013
CMS Review & Approval MU Screens	7/08/2013	7/11/2013



Deliverable	Start Date	End Date
SLR MU User Acceptance testing	12/10/2013	12/18/2013
Coordinate Provider Incentive Payment Program Year 2015 Implementation		
CMS Review & Approval MU Screens	11/20/2015	1/27/2016
Receive EP Attestations	4/29/2016	7/29/2016
Receive EH Attestations	9/1/2016	1/30/2017
Coordinate Provider Incentive Payment Program Year 2016 Implementation		
CMS Review & Approval MU Screens	3/28/2016	3/28/2016
Receive EP Attestations	9/1/2016	3/31/2017
Receive EH Attestations	TBA	TBA

6.3 MMIS Reengineering

Several MMIS enhancements have been implemented over the past six years. As MO HealthNet moves forward with an MMIS replacement strategy, MMIS modules will be implemented over the next five years. These deliverables, with associated implementation dates, are outlined in Table 9.

Table 9: MMIS Schedule of Deliverables

MMIS Component (selected)	Purpose/Benefit	Implementation Date
Centralized Prior Authorization	Automated a manual process to improve care reduce duplicate services	Implemented in 2009
Correspondence Imaging and Automated Workflow	Automation of workflow/document handling for efficiency and accountability	Implemented in 2009
Browser-Based End User Screens	Graphical user interfaces to improve user productivity	Implemented in 2010
Audit Trails	Records online and batch transaction processing activity	Implemented in 2010
Enterprise Service Bus Interface	Provides a means to capture, interpret, transport and exchange data	Implemented in 2010
Online Real-Time Transactions Processing	Eliminates nightly batch processing and improves MMIS responsiveness	Implemented October 2013
Web Services Technologies	Allows for migration toward advanced generations of application software	Implemented in 2010
Meta-Data Management	Centralized repository for MMIS transaction data	Ad Hoc/SUR: Implemented in July 2011;
Relational database	MMIS to industry standard for data	Phase 1: Implemented



MMIS Component (selected)	Purpose/Benefit	Implementation Date
management	storage and retrieval	July 2011 Phase 2: Implemented October 2013
Rules Engine	MMIS operational efficiency	Phase 1: Implemented July 2011 Phase 2: Implemented October 2015
HIPAA II Data Exchange and Code Sets	Nationally mandated data exchange standards compliance	January 2012 (ICD-10: October 2015)
Enterprise Data Warehouse and Business Intelligence Solution	Implementation of a new data warehouse and business intelligence tools to support the Missouri Medicaid Enterprise.	Planned for Implementation in 2019
Program Integrity Solution	Implementation of a replacement fraud and abuse detection system and a program integrity case management solution	Planned for implementation in 2019
Provider Enrollment Solution	Implementation of a modular provider enrollment solution to support provider management business functions	Planned for implementation in 2019

CyberAccess Rollout

MO HealthNet has completed implementation of CyberAccess for Medicaid providers to support the following functions:

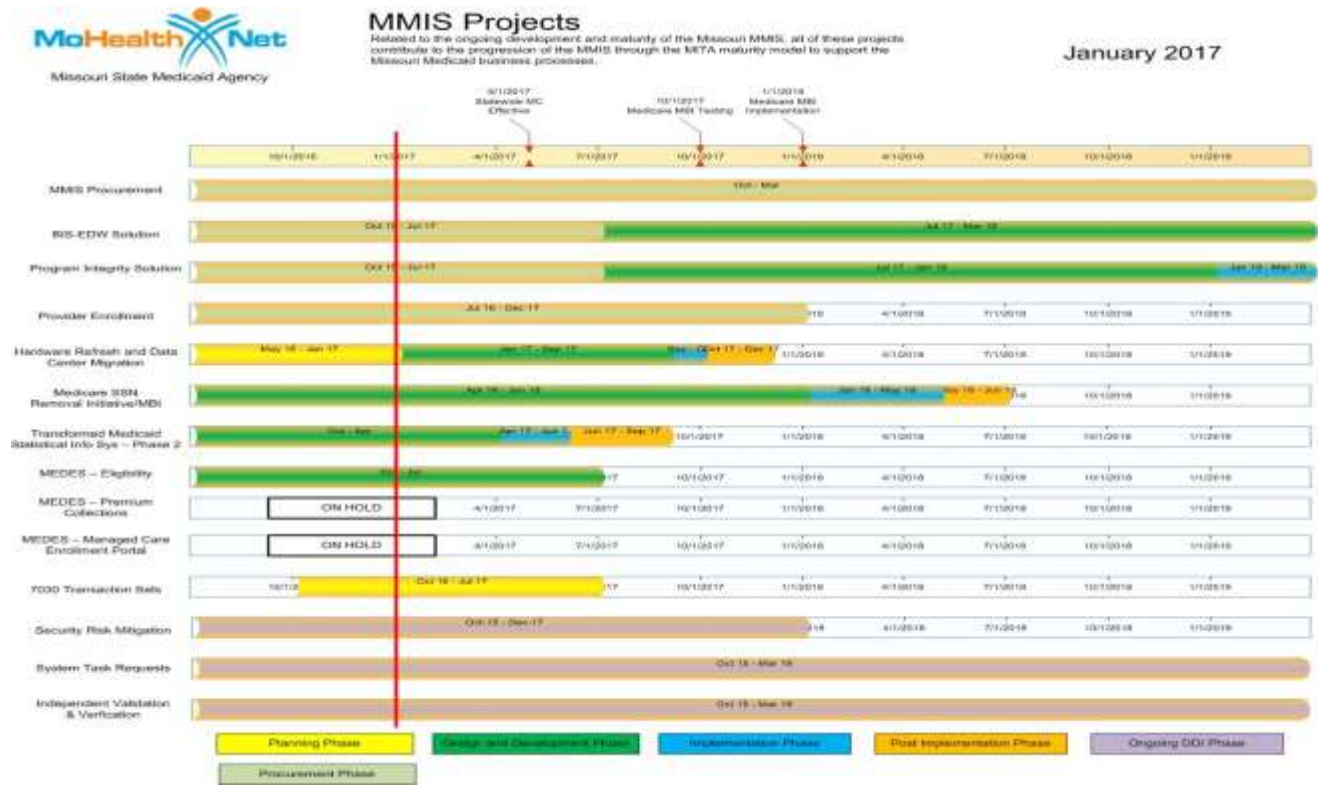
- Accessing MO HealthNet information and data;
- Transmitting prescriptions and approving refill requests electronically;
- Receiving and viewing structured lab results electronically;
- Submitting claims;
- Obtaining real-time member eligibility information;
- Conducting quality and public health reporting; and
- Accessing patient immunization history information.

MO HealthNet is committed to ensuring that CyberAccess will protect the integrity and security of all personal health information. As an active partner in the development of statewide privacy and security guidance, MO HealthNet will ensure that proper policies and procedures are in place to safeguard both provider and patient privacy.



MO HealthNet Roadmap

The Roadmap is divided into sections, those relating to MMIS and those related to federal initiatives, those needed for new programs and to provide enhanced capabilities to existing program system users.





State Medicaid Health Information Technology Plan Annual Update



Program Projects

January 2017

Missouri State Medicaid Agency

Related to implementation of national healthcare initiatives, new program development, and enhancement of existing programs.





Related to the ongoing and development and maturity of the Missouri MMIS, all of the MMIS Projects identified within the Roadmap contribute to the progression of the MMIS through the MITA maturity model to support the Missouri Medicaid business processes. The second group of projects relate to implementation of national healthcare initiatives, new program development and enhancement of system functionality supporting existing programs. Both MMIS and Federal Mandates and Other Systems projects promote interoperability between systems.

6.4 Support Health Information Exchange

MO HealthNet is currently working with MHC to improve the HIN and to connect providers, hospitals, and other health care organizations to critical medical record information to improve patient care and increase efficiency. Our common efforts will achieve:

- Improving the quality of medical decision-making
- Provide accountability in safeguarding the privacy and security of medical information
- Reduce preventable medical errors and avoid duplication of treatment
- Improve the public health
- Enhance the affordability and value of health care
- Empower Missourians to take an active role in their own health care

MO HealthNet is committed to supporting the further development of health information exchange.

MO HealthNet, DMH, and DHSS are actively engaged in the following projects:

- Development of an enterprise strategy and technical architecture to support the exchange of health information between the state agencies and healthcare service providers through a HIN.
- Development and implementation of a connection between MO HealthNet and MHC to support the distribution of Medicaid claims data to healthcare service providers.
- Development and implementation of a connection between DHSS and MHC to support the exchange of public health information between DHSS and Missouri healthcare service providers.
-

6.5 Support Medical Homes

Implemented in 2012, the Healthcare Homes project is considered an excellent opportunity for healthcare home providers to access more timely provider encounter and clinical data for their participants through the HIE and significantly improve the effectiveness of the case management and coordination of care efforts.

The project's goals include:



1. Coordinate care for high-risk MO HealthNet enrollees in order to improve outcomes. High-risk enrollees are defined as those with at least two chronic conditions, one chronic condition with a risk of another, or one serious and persistent chronic condition (e.g., mental health, asthma, obesity, diabetes, heart disease, etc.)
2. Promote the adoption of Personal Health Records (PHR) by Medicaid participants.
3. Support outcome measures based on administrative data and potentially include HEDIS or HEDIS-like measures.

All providers enrolled in the Healthcare Homes are required to adopt and meaningfully use certified EHRs. To help achieve meaningful use, these providers committed to: 1) maintaining an updated problem list of current and active diagnoses and an active medication list and 2) recording and charting all changes in vital signs. The healthcare home providers will also be expected to subscribe a HIN and access clinical data related to their program participants electronically. It is anticipated that the healthcare home provider staff will eventually be able to receive real-time alerts through a HIN when program participants present at emergency departments in Missouri hospitals.

Another goal of the healthcare home program is to promote the adoption of Personal Health Records (PHR) by Medicaid participants to encourage management of their health and to assist with collection of quality measures data. The Missouri Medicaid CMSP system includes a PHR application available for use by Medicaid participants. Medicaid participants are able to access their claims data through the PHR web portal. Healthcare home providers are encouraged to promote this PHR solution to their program participants or provide their own PHR solution. A quality measure selecting for monitoring for overall success of the healthcare home program is the rate of PHR adoption by the program participants.

Capture Quality Measures Data

MO HealthNet will have an increasingly expanded quality data set as planned quality assurance activities progress over the next 12 months. Specifically, staff have been hired to conduct more robust comparative analyses of data sets, such as those related to Children's Health Insurance Program Reauthorization Act (CHIPRA), HEDIS and HEDIS-like measures for the fee-for-service population.

DMH Quality Reporting

In addition, MO HealthNet is working with the DMH to use clinical quality measures in the management of those with high-risk mental health disorders. The goal is to eventually automate this process.

Healthcare Home Pilot Quality Initiatives

A key aspect to determining the overall success of MO HealthNet's **Healthcare Home program** is the quality measures captured in the providers' EHRs and submitted to MO HealthNet for analysis. As a condition of program participation, all healthcare home providers were required to have implemented an EHR, and to commit to achieving Stage 1 meaningful use. The providers also commit to obtaining and submitting quality data to MO HealthNet on a monthly basis. Below are examples of the submitted quality measures:



- Percentage of patients 18–75 years of age with diabetes (type 1 or type 2) who had HbA1c <8.0%
- Percentage of patients aged 18 years and older with a diagnosis of hypertension with a blood pressure <140/90 mm Hg OR patients with a blood pressure \geq 140/90 mm Hg and prescribed 2 or more anti-hypertensive medications during the most recent office visit within a 12 month period
- Percentage of patients 5-17 years of age who were identified as having persistent asthma and were appropriately prescribed medication (controller medication) during the measurement period
- Percentage of patients aged 18 years and older identified as tobacco users within the past 24 months and have been seen for at least 2 office visits, who received cessation intervention

Phase 2 options for Home Healthcare program collection of meaningful use data and clinical quality measures will be evaluated, including the option of receiving the data in the SLR.

Leveraging CHIPRA Measures

A comparison of meaningful use measures with CHIPRA measures will be conducted. At this time CHIPRA measures are reported by managed care plans only. Since meaningful use requires reporting at the individual professional level, the evaluation will focus on consistency of measures. Both professionals and managed care plans are expected to have ongoing obligations to report measures in future years. MO HealthNet will assess whether or not one submission would meet the needs of both the CHIPRA and EHR Incentive programs.

Medicaid EHR Incentive Program Measures

The State of Missouri proposes no change to meaningful use definition in Final Regulation or alternative measures at this time.



APPENDIX A: 2010 MISSOURI HIT PROVIDER SURVEY

1. What best describes your organization or practice type?* (Select one option)

- Hospital
- Physician or Dental Practice
- Nursing Home
- Other
- Retired (**Note: not required to complete survey**)

2. What best describes your organization or practice?* (Select one option)

- Hospital
 - General Acute Care Hospital - Non Critical Access Hospital
 - General Acute Care Hospital - Critical Access Hospital
 - Specialty Acute Care Hospital
 - Children's Hospital
 - Academic Medical Center
 - Hospital-based physician (**note: not required to complete survey**)
 - Other (please specify)
- Physician or Dental Practice
 - Solo primary care practice
 - Solo specialty care practice
 - Primary care group or partnership
 - Single specialty group or partnership
 - Multi-specialty group or partnership
 - Dental practice
 - Hospital-based physician (**note: not required to complete survey**)
- Other Organization
 - Federally Qualified Health Center or Community Health Center
 - FQHC Look-A-Like
 - Rural Health Clinic
 - Community Mental Health Center
 - Mental Health Center
 - Public Health Department



3a. Demographics*

- First Name*:
- Last Name*:
- Organization:
- Mailing Address*:
- City*:
- State*:
- Zip Code*:
- NPI # for Primary Location:
- E-mail Address*:
- Phone*: xxx-xxx-xxxx

3b. Demographics

- Respondent First Name:
- Respondent Last Name:
- Respondents Title:
- Respondent Email Address:
- Respondent Phone: xxx-xxx-xxxx

3c. Demographics

- Technology Contact First Name:
- Technology Contact Last Name:
- Technology Contact Email:
- Technology Contact Phone: xxx-xxx-xxxx

4. Do you plan to apply for provider incentives for implementing Electronic Health Record (EHR) technology?*

- Yes
- No (Go to 6)
- Unsure (Go to 6)

5. Will you seek incentives for EHR implementation from Medicare or Medicaid? Please check all that apply.*

- Yes – Medicare (Go to 7)
- Yes – Medicaid (Go to 7)
- No (Go to 7)
- Unsure (Go to 7)



6. What are the reasons for not seeking stimulus funding or incentives through Medicare or Medicaid?

- Need further information about these opportunities
- Stimulus funding available is less than the cost of a new system
- Unsure of what EHR system to purchase
- Connectivity (slow or no internet connection)
- Security and Privacy Requirements
- Inadequate training/lack of preparedness to implement
- Workflow Management
- Implementation Guidelines/Requirements
- Clinical Relevance
- Limited access to capital funding
- Do not serve Medicare or Medicaid patients
- Plan to retire in next few years

10. Please provide the following information about your organization or practice.*

	None	< 1	1-5	6-10	11-25	26-50	51-100	100+
How many physicians are there in your organization or practice?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How many midlevel practitioners such as ARNP's, PA's and nurse midwives are there in your organization or practice?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How many physicians or midlevel practitioners in your organization or practice will access clinical information at the individual patient level?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How many midlevel practitioners in your organization or practice have prescriptive privileges?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. Does your organization currently use an EHR system?*

- Yes (go to 13 and skip 27, 28, 30)
- No (go to 27)

13. What is the name of your current EHR vendor company?

- Allscripts
- Aprima
- Athena
- Cerner
- CPSI
- eClinicalWorks
- Eclipsys
- EHSMed
- eMDs



- EPIC Systems
- GE Healthcare
- Greenway Medical Technologies
- Healthland
- HealthMEDX
- Ingenix
- McKesson Provider Technologies
- MedAppz
- MedNotes
- MediSoft
- Meditech
- NextGen Healthcare Information Systems
- PDS
- Pulse System
- Sage Software
- Siemens
- Other (please specify)

14. Do you receive regular updates from your vendor?

- Yes
- No
- Unsure

15. What year did you implement your EHR system?

Enter 4 digit year (YYYY):

16. Describe how your organization's EHR system is hosted:*

- Onsite (in-house)
- At an affiliate hospital or other practice (remote server)
- At a third party reseller vendor site (remote server)
- Over the internet with an EHR vendor (remote server)
- Other (please specify)
- Unknown

17. The following question focuses on your organization's use of EHR functionality. Indicate if your organization has a computerized system for each of the following features.*



	Yes	No	Unsure
ePrescribing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient Allergy Lists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient Medication Lists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical Decision Support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical Documentation/Notes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical History	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Follow up notes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient Problem Lists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient-Specific Care Plans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient registry for grouping by chronic disease (e.g. diabetes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reminders for guideline-based interventions and/or screening tests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Computerized Provider Order Entry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discharge Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electronically sending orders for laboratory tests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electronic receipt of lab tests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Out-of-range lab results levels highlighted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electronically sending orders for radiology/imaging tests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electronically receiving radiology/imaging results	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Viewing electronic images of radiology tests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public Health Reporting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electronically sending notifiable disease notifications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reporting quality measures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exchange with other system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provider-to-provider secure messaging	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provider-to-patient secure messaging	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. The following question focuses on your organization's use of electronic prescribing functionality. Indicate if your organization has a computerized system for each of the following features. *



	Yes	No	Unsure
Medication history for scripts prescribed by your practice's prescribers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medication history for scripts prescribed by prescribers outside your practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug to drug interactions or contraindication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug to allergy check	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug to formulary check	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electronic (not fax) transmission of permissible prescriptions to pharmacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electronic (not fax) refill requests from pharmacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescriptions faxed to Pharmacy via system (i.e. Fax Server)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medication reconciliation during transitions of care to avoid potential medication errors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. Does your organization currently provide a means for patients to electronically access their personal health information?* (Please check all that apply)

- Do not currently provide patient access
- Provide secure electronic communications
- Provide access for scheduling and payments only
- Provide secure access to clinical records
- Other (please specify)
- Unknown

20. Is your EHR connected to any of the following? (Please check all that apply)

- None
- Another physical location owned by this organization
- A hospital that owns this organization
- Pharmacy
- Other clinics
- Other hospitals
- Health system
- Laboratory(s)
- Other (please specify)

21. Is your EHR hardware provided by your EHR software vendor?

- Yes
- No
- Unsure



22. How satisfied are you with your current EHR system?

- Very Satisfied
- Somewhat Satisfied
- Somewhat Dissatisfied
- Very Dissatisfied

Reason for Dissatisfaction:

27. How seriously have you considered an EHR for your organization?*

- Seriously
- Casually
- Not at all
- Considered but rejected

28. What is the degree of Electronic Health Record implementation readiness in your organization?*

- Implementation is not planned within the next 2 years
- Implementation is planned in the next 3 months
- Implementation is planned in the next 3 - 6 months
- Implementation is planned in the next 6 - 9 months
- Implementation is planned in the next 9 - 12 months
- Implementation is planned in the next 1 - 2 years
- Other (please specify)

Worksheet Note:

- *If the response to Question 28 is "Implementation is not planned within the next 2 years" then answer question 30 otherwise go to 31.*

30. Please check the main reasons your organization does not expect to invest in electronic health records (EHR) in the foreseeable future.* (Check all that apply)

- Too expensive
- Confusing number of EHR choices
- No currently available EHR product satisfies our needs
- Staff does not have the expertise or technical capacity to use an EHR
- EHRs lack interoperability with other information systems resulting in high interface costs
- Decreased productivity during implementation resulting in decreased revenue
- Concern that EHR choice will quickly become obsolete
- Staff is satisfied with paper-based records system



- Privacy and security concerns, including HIPAA
- Limited resources
- Limited broadband access
- Fear of Transition
- Other (please specify)

31. Does your organization participate in a Health Information Exchange (HIE)?*

- Yes (go to 32)
- No (go to 33)

32. Please provide the name of the HIE: _____ (go to 34)

33. What barriers do you face in participating in a Health Information Exchange (HIE)?* (Check all that apply) (go to 36)

- Limited funds
- Limited resources
- Product does not support HIE
- Vendor does not support HIE
- Limited broadband access
- No barriers
- Legal, privacy and security concerns, including HIPAA
- Other (please specify)

34. Of the following external health organizations, please indicate the ones where you have experienced problems sending or receiving clinical information.* (Please check all that apply)

- Do not have problems sending or receiving data
- Immunization registries
- Other state-operated registries (e.g., cancer, organ donation, etc.)
- Laboratories
- Public health agencies (for required reporting)
- Pharmacies
- Other (please describe)

36. Does your organization utilize Electronic Data Interface (EDI) capabilities?

- Yes (go to 36a)
- No (go to 37)



36a. Please identify all Electronic Data Interface (EDI) capabilities your organization currently uses.*

Do you currently:	Submit primary insurance claims electronically through either a practice management system vendor or a clearinghouse application?	Submit secondary insurance claims electronically through either a practice management system vendor or a clearinghouse application?	Submit claims through website provided by the payer?	Verify insurance eligibility electronically through either a practice management system vendor or a clearinghouse application?	Verify insurance eligibility through a website provided by the payer?
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid (MO HealthNet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kansas Medicaid (HMO or PPO)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aetna Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anthem Blue Cross & Blue Shield	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arcadian Health Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blue-Advantage Plus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blue-Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children's Mercy's Family Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CIGNA Kansas/Missouri	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CIGNA St. Louis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Health Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coventry Health Care Kansas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cox Health Systems HMO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Essence Healthcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group Health Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Harmony Health Plan Missouri	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthcare USA Missouri	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthlink HMO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Humana Health Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mercy Health Plans Missouri	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Missouri Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Molina Healthcare Missouri	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UnitedHealthcare Midwest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

37. Please identify all transactions you process electronically:

Do you currently:	Remittance Advice	Claims Status Request	Claims Attachments	Electronic Funds Transfer (EFT)
Conduct the following types of transactions electronically through either a practice management system vendor or a clearinghouse application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct the following transactions through a website provided by the payer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

38. Does your organization have an onsite lab?*

- Yes (go to 39)
- No (go to 41)



39. Does your onsite lab provide results to external entities?*

- Yes (go to 40)
- No (go to 41)

40. Does your lab have the capability to*:

Receive orders electronically

- Yes
- No

Send results electronically

- Yes
- No

41. What type of internet access do you have at the point of care, in your location or locations (check more than one if multiple locations and differences apply)?

- Do not have internet access (Go to 43)
- Dial Up
- Cable
- Satellite
- T-1
- Fiber Optic Cable/FiOS
- Wireless (WiMax/WiFi/3G/4G/Microwave)
- DSL
- Other (please specify)

42. What is the name of your internet provider?

43. Are you interested in receiving information or assistance in any of the following areas?* (Please check all that apply)

- Do not want to receive information or assistance (Go to 44)
- Federal Medicare EHR incentives
- Federal Medicaid EHR incentives
- Missouri HIE development
- Interfacing with the Missouri HIE
- Quality indicator reporting
- Lab reporting
- Electronic prescribing
- Clinical Data
- Assessment of your current organization readiness
- Assistance with vendor selection and contracting
- Workflow redesign
- Project management during EHR implementation



- Software configuration and data pre-load
- Optimization of your EHR utilization after go-live
- IT Services
- Data Center Hosting
- Security and Privacy Compliance (HIPAA)

45. What is your preferred method of contact?

- Phone
- Email _____
- US Mail

44. Does your organization have more than one location?

- Yes (Go to 47b)
- No (Survey Complete)

47b. Please list each location for your organization or practice and for each location, please indicate whether EHR is available at the location.

If the response has been pre-populated, please verify the data and update or delete locations as necessary.

	Address	City	State	Zip	EHR Available?	
					Yes	No
1.			<input type="text" value=""/>		<input type="radio"/>	<input type="radio"/>
2.			<input type="text" value=""/>		<input type="radio"/>	<input type="radio"/>
3.			<input type="text" value=""/>		<input type="radio"/>	<input type="radio"/>
4.			<input type="text" value=""/>		<input type="radio"/>	<input type="radio"/>
5.			<input type="text" value=""/>		<input type="radio"/>	<input type="radio"/>
6.			<input type="text" value=""/>		<input type="radio"/>	<input type="radio"/>
7.			<input type="text" value=""/>		<input type="radio"/>	<input type="radio"/>
8.			<input type="text" value=""/>		<input type="radio"/>	<input type="radio"/>
9.			<input type="text" value=""/>		<input type="radio"/>	<input type="radio"/>
10.			<input type="text" value=""/>		<input type="radio"/>	<input type="radio"/>

APPENDIX B: 2015-2016 MISSOURI HIT SURVEY

An electronic health record (EHR) is a digital version of a patient's paper chart. EHRs are real-time, patient-centered records that make health information available instantly and securely to authorized users.

1. Is your facility part of a multi-site organization?
 Yes
 No

2. Does your facility currently have an EHR?
 Yes
 No (please go to question 5)

3. If you are part of an organization with multiple locations or sites, are they all using the same EHR?
 Yes
 No
 Don't know

4. What software application(s) are you currently using for your EHR? Include all used.
 ADS Data Systems - EHR
 AmeraCare Systems Clinical Records
 Answers™ Certified EHR
 CareVoyant EHR
 COMET
 eMAR Platform
 Hi-Tech Software - eMAR
 Home Care Clinical
 Home Care Software
 IHN Suite, Clinical Management Module
 MatrixCare
 OneMAR
 Optimum NetSolutions
 Optimus EMR
 Performance & Care Logistics - Homecare
 PioneerACMS
 PointClickCare EHR
 PowerChart LTC
 ResCare EHR
 Senior Care Software Inc
 Vision
 Other _____

Health Information Exchange (HIE) is the mobilization of healthcare information electronically across organizations. HIE may also refer to the organization that facilitates the exchange.

5. Are you currently using a health information exchange (HIE)?



- Yes
- No (please go to question 8)

6. If yes, for what are you using it? Check all that apply.

- Direct Message of Continuity of Care Document (**CCD**)
- Sharing patient information with primary care facility
- Public Health & Other Reporting
- Receiving Lab Results
- Care Transitions with Other Facilities
- Care Alerts with Other Facilities
- VA Blue Button
- Other _____

7. If yes, which HIE do you use?

- Missouri Health Connection
- LACIE (Lewis and Clark Information Exchange)
- Tiger Institute
- Other _____

8. If your facility does not currently use an HIE, why?

9. If your facility doesn't currently use an HIE, do you plan to use a health information exchange in the future?

- Yes
- No (please go to question 11)

10. If yes, for what would you like to use it? Check all that apply.

- Direct Message of Continuity of Care Document (**CCD**)
- Sharing patient information with primary care facility
- Public Health & Other Reporting
- Receiving Lab Results
- Care Transitions with Other Facilities
- Care Alerts with Other Facilities
- VA Blue Button
- Other _____

11. With which type of health care organizations in your community would you like to coordinate care electronically? Check all that apply.

- Other Long-Term or Post-Acute Care Facilities
- Behavioral Health Professionals
- Community Health Centers
- Department of Corrections



State Medicaid Health Information Technology Plan
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- Department of Mental Health
- Diagnostics Centers
- Dialysis Centers
- Home Health Care Agencies
- Hospice Services
- Hospitals
- Independent Living Organizations
- Intermediate Care Facilities
- Laboratories
- Medicaid
- Pharmacies
- Primary Care Providers
- Rehabilitation Hospitals
- Rehabilitation Outpatient Facilities
- Rural Health Clinics
- Specialty Providers
- Other _____

12. What are your current challenges to the use of an EHR in your facility? Check all that apply.

- Concerns about privacy issues
- Concerns about security issues
- Current workflow and processes
- Funding for hardware
- Funding for software
- Funding for continued maintenance cost of system
- Funding for implementation services
- Inadequate knowledge/training about selection of software
- Internal staffing challenges to manage implementation
- Internal staff attitude with effective use
- Lack of continued training on the system
- Lack of technical support
- Leadership does not see value, return on investment
- Loss of productivity during initial use
- Other _____



APPENDIX C: SMHP 2014 ADDENDUM

MISSOURI STATE MEDICAID HEALTH INFORMATION TECHNOLOGY PLAN (SMHP)

ADDENDUM

2014 CEHRT FLEXIBILITY RULE





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1 EXECUTIVE OVERVIEW

1.1 Background

In August 2014, Centers for Medicare & Medicaid Services (CMS) released a final rule that grants flexibility to providers who are unable to fully implement 2014 Edition certified electronic health record technology (CEHRT). This final rule changes the meaningful use stage timeline and the definition of CEHRT to allow options in the use of CEHRT for the Electronic Health Record (EHR) reporting period in 2014. It also sets the requirements for reporting on meaningful use objectives and measures as well as clinical quality measures (CQMs) in 2014 for providers who use one of the CEHRT options finalized in this rule for their EHR reporting period in 2014.

In addition, it finalized revisions to the Medicare and Medicaid EHR Incentive Programs to adopt an alternate measure for the Stage 2 meaningful use objective for hospitals to provide structured electronic laboratory results to ambulatory providers; to correct the regulation text for the measures associated with the objective for hospitals to provide patients the ability to view online, download, and transmit information about a hospital admission; and to set a case number threshold exemption for CQM reporting applicable for eligible hospitals and critical access hospitals (CAHs) beginning with FY 2013.

Finally, this rule finalized the provisionally adopted replacement of the Data Element Catalog (DEC) and the Quality Reporting Document Architecture (QRDA) Category III standards with updates versions of these standards.

Providers scheduled to demonstrate Stage 2 of meaningful use for an EHR reporting period in 2014 that have not fully implemented 2014 Edition CEHRT can:

- Demonstrate 2013 Stage 1 objectives and 2013 CQMs with 2011 Edition CEHRT or a combination of 2011 and 2014 Edition CEHRT
- Demonstrate 2014 Stage 1 objectives and 2014 CQMs with 2014 Edition CEHRT or a combination of 2011 and 2014 Edition CEHRT
- Demonstrate Stage 2 objectives and 2014 CQMs with 2014 Edition CEHRT or a combination of 2011 and 2014 Edition CEHRT

2 SYSTEM CHANGES RELATED TO FLEXIBILITY RULE

2.1 Changes to EP Workflow

2.1.1 Changes at Login/Attestation Creation

At login for PY2014, the Eligible Professional (EP) is presented with a page where the EHR Certification ID is entered. Once the ID is entered, the EP is presented with a set of attestation options based on the CEHRT edition associated with the ID entered. Validation is done as follows:

- If characters 3-5 of the number entered are 14E, the system displays options for 2014 CEHRT
- If characters 3-5 of the number entered are H13, the system displays options for 2011/2014 combined CEHRT
- If characters 3-5 of the number entered are any combination OTHER than 14E or D13, the system shall display 2011 CEHRT options.



2.1.1.1 2011 CEHRT Entered

If the EP enters a 2011 CEHRT ID, the system displays a single attestation statement:

I attest that I am reporting using a 2011 Edition CEHRT as I am unable to fully implement 2014 Edition CEHRT because of issues related to CEHRT availability delays. I understand I will be attesting to the meaningful use objectives and associated measures for Stage 1 that were applicable for the 2013 payment year. I attest that fewer than 50% of my encounters for the EHR reporting period take place in locations with fully implemented 2014 Edition CEHRT.

For Eligible Professionals who practice in multiple locations: if over 50% of the EP's patient encounters during the EHR reporting period occur at locations equipped with 2014 Edition CEHRT which has been fully implemented, the EP is not eligible to use the flexibility options in this final rule and must attest to 2014 objectives and measures, and must limit their denominators to only those patient encounters in locations equipped with fully implemented 2014 Edition CEHRT.

The system displays both a cancel and log out function and a save and continue function.

- If cancel is selected, the user is logged out and no attestation record is created.
- Save and continue is not active until the provider has checked the attestation statement.
- When save and continue is selected, the system displays a confirmation message for the provider:

Confirmation - Please read carefully!

You have chosen to attest using:

CEHRT Edition / Stage / Year

When you select the Continue button below, your attestation will be created with the correct set of Meaningful Use Objectives and Measures as defined in the Final Rule pertaining to 2014 attestations. If you determine later that you have selected the incorrect CEHRT Edition, Stage or Year on the previous page, you will need to contact the SLR Help Desk to request that your attestation be deleted so that you can start over and make another selection.

By selecting "Continue", you indicate your understanding of this information.

The confirmation message displays both a cancel function and a continue function.

- If cancel is selected, the user is redirected to the CEHRT selection page.
- If continue is selected, an attestation record is created using the 2013 Stage 1 objectives and measures, including CQMs.

2.1.1.2 2011/2014 Combined CEHRT Entered

If the EP enters a 2011/2014 Combined CEHRT ID, the system displays a single attestation statement:



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I attest that I am reporting using a combination of 2011 Edition CEHRT and 2014 Edition CEHRT as I am unable to fully implement 2014 Edition CEHRT because of issues related to CEHRT availability delays. I understand that I may choose to attest to either the meaningful use objectives and associated measures for Stage 1 that were applicable for the 2013 payment year, the 2014 Stage 1 objectives and measures or the Stage 2 objectives and measures if I am eligible for Stage 2. I attest that fewer than 50% of my encounters for the EHR reporting period take place in locations with fully implemented 2014 Edition CEHRT.

For Eligible Professionals who practice in multiple locations: if over 50% of the EP's patient encounters during the EHR reporting period occur at locations equipped with 2014 Edition CEHRT which has been fully implemented, the EP is not eligible to use the flexibility options in this final rule and must attest to 2014 objectives and measures, and must limit their denominators to only those patient encounters in locations equipped with fully implemented 2014 Edition CEHRT.

When the attestation statement is selected, the system displays 2 additional selection options:

- Stage 1 (first 2 years of meaningful use)
 - *If Stage 1 is selected, the system displays two additional selection options:*
- Stage 2 (third and fourth years of meaningful use)

If Stage 1 is selected, the system displays two additional selection options:

- I want to attest to the 2013 Stage 1 objectives and measures
- I want to attest to the 2014 Stage 1 objectives and measures

The system displays both a cancel and log out function and a save and continue function.

- If cancel is selected, the user is logged out and no attestation record is created.
- Save and continue is not active until one of the following conditions is met:
 - *The attestation statement is checked and Stage 2 is checked.*
 - *The attestation statement is checked, Stage 1 is checked and 2013 is checked.*
 - *The attestation statement is checked, Stage 1 is checked and 2014 is checked.*
- When save and continue is selected, the system displays a confirmation message for the provider:

Confirmation - Please read carefully!

You have chosen to attest using:

CEHRT Edition / Stage / Year

When you select the Continue button below, your attestation will be created with the correct set of Meaningful Use Objectives and Measures as defined in the Final Rule pertaining to 2014 attestations. If you determine later that you have selected the incorrect CEHRT Edition, Stage or Year on the previous page, you will need to contact the SLR Help Desk to request that your attestation be deleted so that you can start over and make another selection.



By selecting "Continue", you indicate your understanding of this information.

The confirmation message displays both a cancel function and a continue function.

- If cancel is selected, the user is redirected to the CEHRT selection page.
- If continue is selected, an attestation record is created using the selected combination of Stage and Year options as follows:
 - *Stage 1 + 2013 creates attestation for 2013 Stage 1 objectives and 2013 CQMs*
 - *Stage 1 + 2014 creates attestation for 2014 Stage 1 objectives and 2014 CQMs*
 - *Stage 2 creates attestation for 2014 Stage 2 objectives and 2014 CQMs*

2.1.1.3 2014 Combined CEHRT Entered

If the EP enters a 2014 Combined CEHRT ID, the system displays three attestation statements:

- Statement 1

I attest that I am reporting using 2014 Edition CEHRT and am unable to fully implement 2014 Edition CEHRT because of issues related to CEHRT availability delays. I understand that I may choose to attest to either the meaningful use objectives and associated measures for Stage 1 that are applicable for the 2014 payment year or the Stage 2 objectives and measures if I am eligible for Stage 2. I attest that fewer than 50% of my encounters for the EHR reporting period take place in locations with fully implemented 2014 Edition CEHRT.

For Eligible Professionals who practice in multiple locations: if over 50% of the EP's patient encounters during the EHR reporting period occur at locations equipped with 2014 Edition CEHRT which has been fully implemented, the EP is not eligible to use the flexibility options in this final rule and must attest to 2014 objectives and measures, and must limit their denominators to only those patient encounters in locations equipped with fully implemented 2014 Edition CEHRT.

Providers who do not meet the threshold for the Stage 2 summary of care measure because the recipients of the transitions or referrals were impacted by issues related to 2014 Edition CEHRT availability delays and therefore could not implement the functionality required to receive the electronic summary of care document should select the option to attest to Stage 1 2014 objectives and measures.

- Statement 2

I attest that I am reporting using 2014 Edition CEHRT and have fully implemented the technology. I will attest to Meaningful Use.

- Statement 3

I attest that I am reporting using 2014 Edition CEHRT and will attest to Adopt, Implement or Upgrade (AIU).

- When attestation statement 1 is selected, the system displays 2 additional selection options:



- Stage 1 (first 2 years of meaningful use)
- Stage 2 (third and fourth years of meaningful use)
- When attestation statement 2 is selected, the save and continue function is enabled.
- When attestation statement 3 is selected, the save and continue function is enabled.
- The system displays both a cancel and log out function and a save and continue function.
 - If cancel is selected, the user is redirected to the CEHRT selection page.
 - Save and continue is not active until one of the following conditions is met:
 - *Attestation statement 1 is checked and Stage 1 is checked.*
 - *Attestation statement 1 is checked and Stage 2 is checked.*
 - *Attestation statement 2 is checked.*
 - *Attestation statement 3 is checked.*
 - When save and continue is selected, the system displays a confirmation message for the provider:

Confirmation - Please read carefully!

You have chosen to attest using:

CEHRT Edition / Stage / Year

When you select the Continue button below, your attestation will be created with the correct set of Meaningful Use Objectives and Measures as defined in the Final Rule pertaining to 2014 attestations. If you determine later that you have selected the incorrect CEHRT Edition, Stage or Year on the previous page, you will need to contact the SLR Help Desk to request that your attestation be deleted so that you can start over and make another selection.

By selecting "Continue", you indicate your understanding of this information.

- The confirmation message displays both a cancel function and a continue function.
 - If cancel is selected, the user is logged out and no attestation record is created.
 - If continue is selected, an attestation record is created using the selected combination of Stage and Year options as follows:
 - *Statement 1 + Stage 1 creates attestation for 2014 Stage 1 objectives and 2014 CQMs*
 - *Statement 1 + Stage 2 creates attestation for 2014 Stage 2 objectives and 2014 CQMs*
 - *Statement 2 creates attestation for 2014 based on stage provider should be attesting to based on previous attestations*
 - *Statement 3 creates AIU attestation for 2014*

2.1.1.4 Invalid CEHRT ID Entered

If the EP enters a number that does not match the format of the EHR Certification ID, the system displays the following error message:



You have entered a number that does not match the EHR Certification ID format from the ONC CHPL. Please check the number you are entering to ensure it is correct.

No attestation record is created and the provider may not continue until a valid number has been entered.

2.1.2 Changes to EHR Certification Page

The EHR is displayed and providers are required to confirm that is the correct ID. If it is not, the provider may change the number. Upon save, the system validates that the ID entered matches the criteria for the attestation created at login (i.e. the provider can't enter a 2011 CEHRT edition number at login and get a 2013 attestation, then change to a 2014 CEHRT edition number).

- If a valid ID is entered that matches the attestation that has been created, the provider is allowed to continue on to the objectives and measures.
- If an invalid ID is entered that does not match the CEHRT edition initially specified, the system displays the following error and the provider is not allowed to continue:

The EHR Certification ID you entered does not match the CEHRT Edition you specified when you started your attestation. You must enter an EHR Certification ID that reflects the correct CEHRT Edition (2011, 2011/2014 combination, or 2014) to proceed. Please enter a valid EHR Certification ID.

2.1.3 Changes to EHR Reporting Period Page

The system displays a check box to allow providers to indicate if they are reporting CQMs for a different reporting period than the core and menu objectives.

- If selected, the system displays fields for the start date and end date for the CQM reporting period.

2.2 Changes to Medicaid Only EH Workflow

2.2.1 Changes at Login/Attestation Creation

At login for PY2014, the Eligible Hospital (EH) is presented with a page where the EHR Certification ID is entered. Once the ID is entered, the EH is presented with a set of attestation options based on the CEHRT edition associated with the ID entered. Validation is done as follows:

- If characters 3-5 of the number entered are 14E, the system displays options for 2014 CEHRT
- If characters 3-5 of the number entered are H13, the system displays options for 2011/2014 combined CEHRT
- If characters 3-5 of the number entered are any combination OTHER than 14E or D13, the system shall display 2011 CEHRT options.

2.2.1.1 2011 CEHRT Entered

If the EH enters a 2011 CEHRT ID, the system displays a single attestation statement:



I attest that I am reporting using a 2011 Edition CEHRT as I am unable to fully implement 2014 Edition CEHRT because of issues related to CEHRT availability delays. I understand I will be attesting to the meaningful use objectives and associated measures for Stage 1 that were applicable for the 2013 payment year.

The system displays both a cancel and log out function and a save and continue function.

- If cancel is selected, the user is logged out and no attestation record is created.
- Save and continue is not active until the provider has checked the attestation statement.
- When save and continue is selected, the system displays a confirmation message for the provider:

Confirmation - Please read carefully!

You have chosen to attest using:

CEHRT Edition / Stage / Year

When you select the Continue button below, your attestation will be created with the correct set of Meaningful Use Objectives and Measures as defined in the Final Rule pertaining to 2014 attestations. If you determine later that you have selected the incorrect CEHRT Edition, Stage or Year on the previous page, you will need to contact the SLR Help Desk to request that your attestation be deleted so that you can start over and make another selection.

By selecting "Continue", you indicate your understanding of this information.

The confirmation message displays both a cancel function and a continue function.

- If cancel is selected, the user is redirected to the CEHRT selection page.
- If continue is selected, an attestation record is created using the 2013 Stage 1 objectives and measures, including CQMs.

2.2.1.2 2011/2014 Combined CEHRT Entered

If the EH enters a 2011/2014 Combined CEHRT ID, the system displays a single attestation statement:

I attest that I am reporting using a combination of 2011 Edition CEHRT and 2014 Edition CEHRT as I am unable to fully implement 2014 Edition CEHRT because of issues related to CEHRT availability delays. I understand that I may choose to attest to either the meaningful use objectives and associated measures for Stage 1 that were applicable for the 2013 payment year, the 2014 Stage 1 objectives and measures or the Stage 2 objectives and measures if I am eligible for Stage 2.

When the attestation statement is selected, the system displays 2 additional selection options:

- Stage 1 (first 2 years of meaningful use)
 - *If Stage 1 is selected, the system displays two additional selection options:*
- Stage 2 (third and fourth years of meaningful use)



If Stage 1 is selected, the system displays two additional selection options:

- I want to attest to the 2013 Stage 1 objectives and measures
- I want to attest to the 2014 Stage 1 objectives and measures

The system displays both a cancel and log out function and a save and continue function.

- If cancel is selected, the user is logged out and no attestation record is created.
- Save and continue is not active until one of the following conditions is met:
 - *The attestation statement is checked and Stage 2 is checked.*
 - *The attestation statement is checked, Stage 1 is checked and 2013 is checked.*
 - *The attestation statement is checked, Stage 1 is checked and 2014 is checked.*
- When save and continue is selected, the system displays a confirmation message for the provider:

Confirmation - Please read carefully!

You have chosen to attest using:

CEHRT Edition / Stage / Year

When you select the Continue button below, your attestation will be created with the correct set of Meaningful Use Objectives and Measures as defined in the Final Rule pertaining to 2014 attestations. If you determine later that you have selected the incorrect CEHRT Edition, Stage or Year on the previous page, you will need to contact the SLR Help Desk to request that your attestation be deleted so that you can start over and make another selection.

By selecting "Continue", you indicate your understanding of this information.

The confirmation message displays both a cancel function and a continue function.

- If cancel is selected, the user is redirected to the CEHRT selection page.
- If continue is selected, an attestation record is created using the selected combination of Stage and Year options as follows:
 - *Stage 1 + 2013 creates attestation for 2013 Stage 1 objectives and 2013 CQMs*
 - *Stage 1 + 2014 creates attestation for 2014 Stage 1 objectives and 2014 CQMs*
 - *Stage 2 creates attestation for 2014 Stage 2 objectives and 2014 CQMs*

2.2.1.3 2014 CEHRT Entered

If the EH enters a 2014 Combined CEHRT ID, the system displays three attestation statements:

- Statement 1

I attest that I am reporting using 2014 Edition CEHRT and am unable to fully implement 2014 Edition CEHRT because of issues related to CEHRT availability delays. I understand that I may choose to attest to either the meaningful use objectives and associated measures for Stage 1 that are applicable for the 2014 payment year or the Stage 2 objectives and measures if I am eligible for Stage 2.



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Providers who do not meet the threshold for the Stage 2 summary of care measure because the recipients of the transitions or referrals were impacted by issues related to 2014 Edition CEHRT availability delays and therefore could not implement the functionality required to receive the electronic summary of care document should select the option to attest to Stage 1 2014 objectives and measures.

- Statement 2

I attest that I am reporting using 2014 Edition CEHRT and have fully implemented the technology. I will attest to Meaningful Use.

- Statement 3

I attest that I am reporting using 2014 Edition CEHRT and will attest to Adopt, Implement or Upgrade (AIU).

When attestation statement 1 is selected, the system displays 2 additional selection options:

- Stage 1 (first 2 years of meaningful use)
- Stage 2 (third and fourth years of meaningful use)

When attestation statement 2 is selected, the save and continue function is enabled.

When attestation statement 3 is selected, the save and continue function is enabled.

The system displays both a cancel and log out function and a save and continue function.

- If cancel is selected, the user is logged out and no attestation record is created.
- Save and continue is not active until one of the following conditions is met:
 - *Attestation statement 1 is checked and Stage 1 is checked.*
 - *Attestation statement 1 is checked and Stage 2 is checked.*
 - *Attestation statement 2 is checked.*
 - *Attestation statement 3 is checked.*
- When save and continue is selected, the system displays a confirmation message for the provider:

Confirmation - Please read carefully!

You have chosen to attest using:

CEHRT Edition / Stage / Year

When you select the Continue button below, your attestation will be created with the correct set of Meaningful Use Objectives and Measures as defined in the Final Rule pertaining to 2014 attestations. If you determine later that you have selected the incorrect CEHRT Edition, Stage or Year on the previous page, you will need to contact the SLR Help Desk to request that your attestation be deleted so that you can start over and make another selection.

By selecting "Continue", you indicate your understanding of this information.



The confirmation message displays both a cancel function and a continue function.

- If cancel is selected, the user is redirected to the CEHRT selection page.
- If continue is selected, an attestation record is created using the selected combination of Stage and Year options as follows:
 - *Statement 1 + Stage 1 creates attestation for 2014 Stage 1 objectives and 2014 CQMs*
 - *Statement 1 + Stage 2 creates attestation for 2014 Stage 2 objectives and 2014 CQMs*
 - *Statement 2 creates attestation for 2014 based on stage provider should be attesting to based on previous attestations*
 - *Statement 3 creates AIU attestation for 2014*

2.2.1.4 Invalid CEHRT ID Entered

If the EH enters a number that does not match the format of the EHR Certification ID, the system displays the following error message:

You have entered a number that does not match the EHR Certification ID format from the ONC CHPL. Please check the number you are entering to ensure it is correct.

No attestation record is created and the provider may not continue until a valid number has been entered.

2.2.2 Changes to EHR Certification Page

The EHR is displayed and providers are required to confirm that is the correct ID. If it is not, the provider may change the number. Upon save, the system validates that the ID entered matches the criteria for the attestation created at login (i.e. the provider can't enter a 2011 CEHRT edition number at login and get a 2013 attestation, then change to a 2014 CEHRT edition number).

- If a valid ID is entered that matches the attestation that has been created, the provider is allowed to continue on to the objectives and measures.
- If an invalid ID is entered that does not match the CEHRT edition initially specified, the system displays the following error and the provider is not allowed to continue:

The EHR Certification ID you entered does not match the CEHRT Edition you specified when you started your attestation. You must enter an EHR Certification ID that reflects the correct CEHRT Edition (2011, 2011/2014 combination, or 2014) to proceed. Please enter a valid EHR Certification ID.

2.3 Changes to Dually Eligible EH Workflow

There are no changes to the workflow for dually eligible hospitals in this release.

2.4 Changes to Group Administrator Workflow

The ability for a group administrator to enter a single EHR Certification ID to be inherited by all providers in the group will be temporarily disabled for 2014.



The system may be modified to reflect that an attestation record is not created for the provider immediately on adding them to the group to ensure the correct attestation type must be selected for each EP.

3 PROGRAM CHANGES RELATED TO FLEXIBILITY RULE

3.1 Extension of Grace Period

Due to the new Flexibility Rule Missouri will not be able to implement all the necessary system changes to our State Level Registry until December 31, 2014. Missouri will extend the grace period for both EHs and EPs for the 2014 Program Year to 120 days, to allow additional time for attestations under this new rule.

The Program Year 2014 Grace Period for EHs will be January 30, 2015. The Program Year 2014 Grace Period for EPs will be April 30, 2015.

The grace period will resume to 90 days as outlined in Missouri's approved SMHP for Program Year 2015 going forward.

3.2 Program Changes to EHR Certification Page

State Level Registry will be modified to require the EP/EH to upload documentation that shows providers inability to fully implement a 2014 Certified Edition.

3.3 Program Changes to Pre-Payment Validation Steps

Prepayment validation steps will be outlined for each of the additional options created in the new rule. Since the new version of the State Level Registry will have automated checks to assure the CEHRT products match the options on the Certified HI Technology Product list, the new prepayment validation processes will focus on assuring documentation of vendor contracts for multiple products consistent with those identified in the provider's SLR attestation.

4 AUDIT STRATEGY CHANGES RELATED TO FLEXIBILITY RULE

Missouri will be updating the audit strategy to incorporate the flexibility options into the post payment criteria of the strategy. Missouri will submit its revised audit strategy to CMS separate from this SMHP Addendum.



APPENDIX D: SMHP 2015 ADDENDUM

MISSOURI STATE MEDICAID HEALTH INFORMATION TECHNOLOGY PLAN (SMHP)

ADDENDUM

2015 – 2017 MODIFICATIONS AND STAGE 3

CMS FINAL RULE





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5 EXECUTIVE OVERVIEW

5.1 Background

In October 2015, Centers for Medicare & Medicaid Services (CMS) released a final rule that specifies the meaningful use (MU) objectives that eligible professionals (EPs), eligible hospitals (EHs), and critical access hospitals (CAHs) must meet in order to continue to participate in the Medicare and Medicaid Electronic Health Record (EHR) Incentive programs. The final rule's provisions encompass EHR Incentive Programs in 2015 through 2017 (Modified Stage 2) as well as Stage 3 in 2018 and beyond.

The new rule encompasses these key concepts:

- Restructures Stage 1 and Stage 2 objectives and measures to align with Stage 3
 - 10 objectives for EPs, including one consolidated public health reporting objective with measure options
 - 9 objectives for EHs and CAHs, including one consolidated public health reporting objective with measure options
- Aligns the EHR reporting period with the calendar year for all providers starting in 2015
- Changes the EHR reporting period in 2015 to 90 days to accommodate modifications to meaningful use
- Modifies Stage 2 patient engagement objectives that require "patient action"
- Streamlines the program by removing redundant, duplicative, and topped out measures
- Retains CQM reporting for both EPs and EH/CAH as previously finalized

In order to reduce complexity, provide flexibility and create a clear framework for providers in the EHR Incentive Program, meaningful use requirements will shift to a single set of objectives and measures which are aligned with the Stage 3 objectives and measures. These revised measures are in effect beginning in 2015 and continue through 2017 in Modified Stage 2.

Adjustments to certain measures have been made in the form of Alternative Exclusions and Measures to accommodate providers who have already begun working toward meeting meaningful use in 2015. These include retaining the different specifications between Stage 1 and Stage 2. In general, the Alternative Exclusions and Measures:

- Allow providers who were previously scheduled to be in a Stage 1 EHR reporting period for 2015 to use a lower threshold for certain measures
- Allow providers to exclude Modified Stage 2 measures in 2015 for which there is no Stage 1 equivalent

The purpose of this addendum is to describe Missouri's plan for implementing the new rule for Program Year 2015. No changes are required in Missouri's IAPD to implement this new rule.

5.2 Policy Considerations

Additional supporting documentation for three of the meaningful use measures will be required starting in Program Year 2015 for prepayment verification. These include a summary document



for the Security Risk Assessment, the summary MU reports generated by certified EHR systems, and written confirmation from the State's Public Health Agency to demonstrate active engagement and/or qualification for exclusions.

The internal document for prepayment validation will be updated as we go through user testing, prior to implementing the system changes for 2015 Modified Stage 2.

5.3 System and Infrastructure Changes

The Conduent State Level Registry (SLR) User Group Community has reviewed all CMS requirements with the Conduent team to assure changes to the portal will accommodate the requirements of the new rule.

SLR workflow will be modified for program year 2015 to consolidate the core and menu objectives into a single list of objectives, and to remove the objectives that are eliminated under the new definition of meaningful use.

Additionally, logic will be added to determine the stage of MU the provider would have been attesting to prior to this rule change, to determine if the alternate measures or exclusions should display for the provider. The changes to the public health reporting require selection of measures or exclusion, how the provider is engaging with the public health agency, and ensuring that the provider meets the defined requirements for claiming measures or exclusions for the measures.

Screen shots for both EPs and EHs, shown separately for those in Stage 1 and those in Stage 2 are included in Appendix A of this document. In addition, the 4.1 Prototype we submitted to CMS for approval on Friday, November 20, 2015 – the state of Alaska submitted this on behalf of the entire Conduent SLR User Group, including Missouri.

The workflow for eligible professionals and eligible hospitals will be updated to allow the provider to report using an EHR reporting period of any consecutive 90-day period in calendar year 2015, regardless of prior attestations, while retaining the standard reporting period requirements for subsequent years. Additionally, the eligible hospitals program year dates will be realigned to the calendar year instead of the federal fiscal year allowing an extended reporting period of 15 months in 2015.

Missouri requested its grace period be amended to allow for Program Year 2015 attestations based on the new rule on December 14 in an email to our Regional Program Contact. Our SLR will be ready for Eligible Professionals (EPs) attestations in April 2016 and remain open through June 30 2016. For Eligible Hospitals (EHs), Program Year attestations will be accepted in September 2016 and remain open through November 2016.

This will allow adequate time to implement and test system changes, and also time for providers to complete their attestations.

5.4 Provider Outreach & Stakeholder Engagement/Collaboration



MO HealthNet has prepared a summary document, noting changes in the new rule for Modified Stage 2 in Program Year 2015, and providing links to CMS summaries, tip sheets and online resources.

Stakeholder organizations are distributing information to their members, including Missouri's Regional Extension Center, MO HIT AC (the Assistance Center), Missouri's Primary Care Association, Missouri's QIO (Primaris) and Missouri's Hospital Association.

The Assistance Center is sponsoring a webinar in December 2015 to review this information with participants and answer questions as they prepare for Program Year 2015. A central email address is offered for follow up questions to both participants and associations or consulting organizations. Additional webinars will be scheduled as needed prior to accepting attestations.

The Assistance Center is also posting the summary document and a recording of the webinar on its website for easy access to all providers. MO HealthNet is in the process of updating its webpage as well.

5.5 Provider Support

Missouri's Tier II Help Desk is available to conduct training, field both phone and email questions from providers. A full tracking system of inquiries, including content, timing and process issues is already in place and will be used during implementation.

5.6 Fiscal Services and Audit Procedures

MO HealthNet will continue to use existing payment procedures and appeals processes for Program Year 2015. No changes are required to address overpayments or underpayments, or respond to appeals processes for this new rule.

Missouri will update its post payment audit procedures to incorporate requirements and updated risk profiles for the 2015-2017 MU Modification rule in a future update of the Audit Plan.

5.7 State Based Performance Measures

The SLR system will have capability to track and report EPs and EHs that are using alternate exclusions or measures.



APPENDIX E: LIST OF ACRONYMS

The following acronyms are used throughout this document:

Acronym	Definition
AC	Missouri HIT Assistance Center
AIU	Adopt/Implement/Upgrade
ABP	American Board of Pediatrics
ACA	Affordable Care Act
ACS	Affiliated Computer Systems
AHC	Administrative Hearing Commission
AHS	Automated Health Systems
AHRQ	Agency for Healthcare Research and Quality
ARRA	American Recovery and Reinvestment Act of 2009
AVRS	Automated Voice Response System
CAH	Critical Access Hospital
CCD	Continuity of Care Document
CCIP	Chronic Care Improvement Program
CCN	(Federal) CMS Certification Number
CDC	Centers for Disease Control and Prevention
CEHRT	Certified Electronic Health Record Technology
CEO	Chief Executive Officer
CFR	Code of Federal Regulation
CHIPRA	Children's Health Insurance Program Reauthorization Act
CHPL	Certified HIT Product
CIMOR	Client Information Management Outcomes Reporting
CLIA	Clinical Laboratory Improvement Amendments
CMS	Centers of Medicare & Medicaid Services
CMSP	Clinical Management Services Pharmacy and Prior Authorization system
CoP	Community of Practice
CPOE	Computerized Provider Order Entry
CQM	Clinical Quality Measure
DCN	Department Client Number
DHSS	Department of Health and Senior Services
DMH	Department of Mental Health
DO	Doctor Of Osteopathic Medicine
DOQ-IT	Doctor Office Quality- Information Technology
DSS	Department of Social Services
ECC	Electronic Claims Capture
ECP	Electronic Claims Processing
EDI	Electronic Data Interchange
EFT	Electronic Funds Transfer
EH	Eligible Hospital



Acronym	Definition
EHR	Electronic Health Record
EMR	Electronic Medical Record
EP	Eligible Professional
ER	Emergency Room
FFP	Federal Financial Participation
FFS	Fee For Service
FPL	Federal Poverty Level
FQHC	Federally Qualified Health Center
FTP	File Transfer Protocol
HIE	Health Information Exchange
HIN	Health Information Network
HIO	Health Information Organization
HIPAA	Health Insurance Portability and Accountability Act
HISPC	Health Information Security and Privacy Collaboration
HIT	Health Information Technology
HITEC	Health Information Technology Extension Center
HITECH	Health Information Technology Economic and Clinical Health Act
HL7	Health Level 7
HMO	Health Maintenance Organization
HRSA	Health Resources and Services Administration
IAPD	Implementation Advanced Planning Document
IAPDU	Implementation Advanced Planning Document Update
ICD-10-CM	International Classification of Diseases, 10th Revision, Clinical Modification
ICD-10-PCS	International Classification of Diseases, 10th Revision, Procedural Coding System
ID	Identification
IRS	Internal Revenue Service
IT	Information Technology
ITSD	Information Technology Services Division
LAN	Local Area Network
LOINC	Logical Observation Identifiers Names and Codes
LPHAS	Local Public Health Agencies
LTC	Long Term Care
MAFP	Missouri Academy of Family Practice
MAR	Management and Administrative Reporting
MARS	Management and Administrative Reporting Subsystem
MCO	Managed Care Organization
MCPHC	Missouri Coalition for Primary Health Care
MD	Medical Doctor
MDS	Minimum Data Set
MFCU	Medicaid Fraud Control Unit
MHA	Missouri Hospital Association
MHABD	MO HealthNet for the Aged, Blind or Disabled



Acronym	Definition
MHC	Missouri Health Connection
MHF	MO HealthNet for Families
MITA	Medicaid Information Technology Architecture
MME	Missouri Medicaid Enterprise
MMIS	Medicaid Management Information System
MOHSAIC	MO HealthNet Strategic Architecture and Information Cooperative
MO-HITECH	Missouri Health Information Technology Economic and Clinical Health
MSIS	Medicaid Statistical Information System
MTA	Medical Trading Area
MTG	Medicaid Transformation Grant
MU	Meaningful Use
NAMCS	National Ambulatory Medical Care Service
NCPDP	National Council for Prescription Drug Programs
NHIN	Nationwide Health Information Network
NLR	National Level Repository
NPI	National Provider Identifier
NTIA	National Telecommunications and Information Administration
OIG	Office of the Inspector General
OIS	Office of Information Systems
ONC	Office of the National Coordinator for Health Information
PA	Physician Assistant
PHI	Protected Health Information
PHIN	Public Health Information Network
PHR	Personal Health Record
PHSA	Public Health Services Act
PIP	Provider Incentive Payment
POS	Place of Service
PPCP	Primary Care Physicians
QMB	Qualified Medicare Beneficiary
QO	Qualified Organization
PQRS	Physician Quality Reporting System
R&A	CMS Registration and Attestation System
REC	Regional Extension Center
REV	Recipient Eligibility Verification
RHC	Rural Health Clinics
ROI	Return on Investment
RUS	Rural Utility Service
SCHIP	State Children's Health Insurance Program
SHIECAP	State Health Information Exchange Cooperative Agreement Program
SLR	State Level Registry
SMA	State Medicaid Agency
SMD	State Medicaid Director
SMHP	State Medicaid Health Information Technology Plan



Acronym	Definition
SMHPU	State Medicaid Health Information Technology Plan Update
SNOMED	Systematized Nomenclature of Medicine-Clinical Terms
SS-A	State Self Assessment
SUR	Surveillance and Utilization Review
TIN	Taxpayer Identification Number
TPL	Third-Party Liability
TSP	Technical Services Partner
US DHHS	United States Department of Health and Human Services
USDA	United States Department of Agriculture
VA	Veterans' Administration
VistA	Veteran's Health Information Systems and Technology Architecture
WIC	Women Infants and Children Program
XML	Extensible Markup Language