STATE OF MISSOURI
DEPARTMENT OF SOCIAL SERVICES
MO HEALTHNET DIVISION

IMPLEMENTATION ADVANCE PLANNING DOCUMENT UPDATE

(IAPDU)

State Medicaid HIT Plan IAPDU #3

For

Federal Fiscal Year 2016

Version 1.0
March 6, 2015

REVISION HISTORY

Version Number	Date	Reviewer	Comments
1.0	March 6, 2015	CMS	Initial CMS submission for Federal Fiscal Year 2016 (FFY16) funding.

The general outline of this IAPDU has been modified to be consistent with the IAPD Template provided by the Centers for Medicare and Medicaid Services and the requirements outlined in Code of Federal Regulation (CFR) §495.342. Modified content is reflected in **BLUE text** within the document.

Material changes to the content of the IAPDU#3 are included in the table below.

IAPDU #3 Changes

Page	Section	Description
		None – Initial submission for FFY16.

CMS Information Page

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Version #: IAPDU #3 v1.0

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1   EXECUTIVE SUMMARY

1.1   Program Overview

The American Recovery and Reinvestment Act (ARRA) of 2009 authorized incentive payments to certain eligible Medicaid providers and hospitals for the adoption and meaningful use of electronic health records (EHRs). ARRA Section 4201 provides 100 percent federal financial participation (FFP) for incentive payments and 90 percent FFP for State administrative activities, including those for both planning and implementation of the Medicaid EHR Incentive Program. The Missouri Department of Social Services (DSS), MO HealthNet Division (MHD) is the single state agency that administers the Missouri Medicaid program. MO HealthNet has developed a plan for administering the EHR adoption incentives. This Implementation Advance Planning Document Update (IAPDU) is a request by the State of Missouri to the Centers for Medicare and Medicaid Services (CMS) for funding to support its implementation plan. It details the component activities that comprise this plan, as based on Missouri's State Medicaid Health Information Technology Plan (SMHP) for which the State is requesting 90 percent FFP.

Consistent with Missouri's five year goals related to health information technology (HIT) and health information exchange (HIE) activities, three principles guided MO HealthNet EHR Incentive Program design:

1. Increase provider adoption and utilization of electronic health records and participation in HIE activities

2. Improve MO HealthNet operating efficiency and increase accountability in program administration

3. Improve patient outcomes, overall member wellness, and the public health

1.2   IAPDU Purpose

The State of Missouri is requesting approval from CMS for project funding for FFY16 to support operation of the Medicaid EHR Incentive Program including State staff, contractor costs, and expenses associated with provider training and outreach. Related system modifications reimbursable under the Section 4201 of the American Recovery and Reinvestment Act (ARRA) and related HIT project costs are included as well. The State is requesting approval for total project costs of $1,709,485 (federal share $1,538,537 at 90% FFP) for FFY16. This IAPD also provides an update on the success of the State's Medicaid EHR Incentive Program and program and administrative costs. The State expects to submit future updates as additional projects are identified, as the details of those projects become known or as required, and/or as required for the annual updates to the IAPD.

Missouri has been executing the plan as outlined in the approved SMHP to support the EHR Incentive Program. As of February 28, 2015, the State has disbursed $207,609,791 at 100% FFP, $134,368,076 to 102 Eligible Hospitals (EHs) in 102 Year 1 payments, 84 Year 2 payments, and 36 Year 3 payments and $73,241,715 to 2,801 Eligible Professionals (EPs) in 2,801 Year 1 payments, 1241 Year 2 payments, and 459 Year 3 payments. The State also engages an audit contractor to provide oversight and conduct post payment audit activities for the Missouri EHR Incentive Program. MO HealthNet is in the process of finalizing audits conducted of selected payments made in Program Year 2012.

As the program is further defined by CMS, the tools are refined by the Office of the National Coordinator for Health Information Technology (ONC), and the State's HIE is implemented, the State's SMHP will be updated with changes in policy and process, and this IAPD will be updated to include costs as necessary. As the Missouri Health Information Technology (HIT) Strategic and Operations Plans are further developed and approved, the SMHP will continue to be aligned with these plans. At a minimum, the IAPD will be updated annually.

2 RESULTS OF ACTIVITIES INCLUDED IN THE PLANNING ADVANCED PLANNING DOCUMENT (P-APD) AND SMHP

The P-APD previously approved was requested to be closed out to the IAPD in December 2011 via an approval letter.

All planning activities approved under the Planning Advanced Planning Document (P-APD) have been completed. Table 1 below identifies the approved amounts from the P-APD and the expenses incurred through the close out of the P-APD. In December 2011, MO HealthNet requested the P-APD be closed and the Health Information Technology (HIT) Implementation Advanced Planning Document (IAPD) opened.

Table 1: P-APD Expenditures through Close

	Approved P-APD			Funds Expended through Close Out			P-APD Close Date
	Federal	State	Total	Federal	State	Total	
Total Budget	$1,525,500	$169,500	$1,695,000	$1,053,631	$117,070	$1,170,701	Dec-11

2.1 IAPD Funding Milestones and Expenditures

The primary focus of the activities in this IAPD is the operation of the EHR Provider Incentive Payment Program. MO HealthNet will utilize enhanced Medicaid Management Information System (MMIS) funding for connection of the MMIS to the Missouri statewide Health Information Network (HIN) requested through the MMIS APD process. MO HealthNet anticipates implementing the first phase of the MMIS connection to the HIN in second quarter 2014 including sharing Medicaid claims data with HIN participants. MO HealthNet is starting the second phase which will allow MMIS users to query the HIN and view clinical data on Medicaid participants.

MO HealthNet contracted with Xerox Heritage, LLC to provide the State Level Registry (SLR), which is shared with several other State Medicaid Agencies. The agreement with Xerox to develop and implement the SLR included both the Adopt/Implement/Upgrade (A/I/U) attestation support as well as the Meaningful Use (MU) attestation support.

This document represents additional needs to support the EHR Incentive Program.

A summary of the HIT IAPD funding milestones is included in Table 2 below.

Table 2: IAPD Funding Milestones

Date	Action	Period Covered	Approval/Request Amount
3/1/2011	IAPD Approval	2/1/2011 – 12/31/2012	$5,540,000 Request Approved
2/28/2012	IAPD Extension Approved through 3/31/2012	12/31/2012 – 3/31/2012	No additional funding requested/approved
3/13/2012	IAPD Extension Approved through 6/30/2012	3/31/2012 – 6/30/2012	No additional funding requested/approved
5/10/2012	IAPD Extension Approved through 9/30/2012	3/31/2012 – 9/30/2012	No additional funding requested/approved
8/8/2012	IAPD Extension Requested through 12/31/2012	9/30/2012 – 12/31/2012	No additional funding requested/approved
7/11/2012	IAPDU #1 v1.0 Submission	10/1/2012 – 9/30/2014	Requested funding for FFY 2013 & 2014
9/5/2012	IAPDU #1 v1.0 Approval	10/1/2012 – 9/30/2014	CMS approval for $4,176,207 ($3,758,586 FFP)
4/5/2013	IAPDU #1 v1.4 Submission	10/1/2012 – 9/30/2014	Requested additional funding for audit services contract
6/5/2013	IAPDU #1 v1.4 Approval	10/1/2013 – 9/30/2014	CMS approval for $2,127,169 ($1,914,453 FFP)
11/22/2013	IAPDU #1 v.15 Submission	10/1/2013 – 9/30/2014	Requested approval for execution of audit services contract and additional funding for program consulting services
1/21/2014	IAPDU #1 v1.5 Approval	10/1/2013 – 9/30/2014	CMS approval for $2,122,613 ($1,910,351 FFP)
3/13/14	IAPDU #1 v1.6 Submission	10/1/2013 – 9/30/2014	Requested approval for modification to funding for audit services contract arising from timing differences
4/4/2014	IAPDU #1 v1.6 Approval	10/1/2013 – 9/30/2014	CMS approval for $2,185,973 ($1,967,375 FFP)
4/16/2014	IAPDU #2 v1.0 Submitted	10/1/2014 – 9/31/2015	Requested funding for FFY 2015
6/2/2014	IAPDU#2 v1.0 Approval	10/1/2014 – 9/31/2015	CMS approval for $2,053,031 ($1,847,728 FFP)

Missouri has been part of CMS Group One state activities. As such, it has successfully completed required testing with the National Level Repository (NLR) interface. Missouri has also

implemented administrative activities to enable the State to accept NLR provider enrollment by April 2011.Missouri began accepting attestations on June 1, 2011 and began making payments in July 2011. MO HealthNet's original request for FFP from February 1, 2010 through January 31, 2012 supported:

1. Detailed design, development and build of the MO HealthNet EHR Incentive Program System described in MO HealthNet's Version 1.0 SMHP.

2. Continued support for the development of detailed program policies, operational procedures and protocols for the first year of the MO HealthNet EHR Incentive Program.

3. Ongoing planning and assessment activities to ensure readiness for the State to administer the MO HealthNet EHR incentive program in April 2011, facilitate successful participation of eligible MO HealthNet hospitals and professionals in the program, and encourage adoption of certified EHR technology.

4. Ongoing administration of provider attestations, verification and distribution of EHR Incentive Payments.

Table 3 reflects the previous IAPD approval for FFY 2014 and expenditures through September 30, 2014 against that amount; with total expenditures of $1,524,232 (federal share $1,371,811 at 90% FFP) and resulting in the remaining, unspent IAPD amount of $661,741 (federal share $595,564 at 90% FFP).

The actual FFY14 administrative expenditures are detailed in the Table 3 IAPDU Expenditures – FFY14.

Table 3: IAPDU Expenditures – FFY14

Activity Description	Approved IAPD Federal	State	Total	Funds Expended through 12/31/13 Federal	State	Total	Funds Expended through 03/31/2014 Federal	State	Total	Funds Expended through 6/30/2014 Federal	State	Total	Funds Expended through 9/30/2014 Federal	State	Total	Total Funds Expended FFY 2014 Federal	State	Total	Funds Remaining Federal	State	Total
HIT Implementation and Operational Costs: In-House Activities																					
State Operational Staff	257,002	28,556	$285,558	45,585	5,065	$50,650	47,347	5,261	$52,608	40,024	4,447	$44,471	20,697	2,299	$22,996	153,653	17,072	170,725	103,349	11,484	114,833
Training & Outreach	5,940	660	$6,600	1,083	120	$1,203	0	0	$0	0	0	$0	1,323	147	$1,470	2,406	267	2,673	3,534	393	3,927
Conferences & Travel	15,300	1,700	$17,000	0	0	$0	0	0	$0	452	50	$502	0	0	$0	452	50	502	14,848	1,650	16,498
Equipment & Supplies	0	0	$0	0	0	$0	0	0	$0	0	0	$0	0	0	$0	0	0	0	0	0	0
Hardware/Software & Licensing	0	0	$0	0	0	$0	0	0	$0	0	0	$0	0	0	$0	0	0	0	0	0	0
Administrative Operations	500,253	55,584	$555,837	1,555	173	$1,728	1,613	179	$1,792	1,850	206	$2,056	6,976	775	$7,751	11,994	1,333	13,327	488,259	54,251	542,510
Miscellaneous	0	0	$0	0	0	$0	0	0	$0	0	0	$0	0	0	$0	0	0	0	0	0	0
Total HIT In-House Activities	$778,495	$86,500	$864,995	$48,223	$5,358	$53,581	$48,960	$5,440	$54,400	$42,326	$4,703	$47,029	$28,996	$3,221	$32,217	$168,505	$18,722	$187,227	$609,990	$67,778	$677,768
HIT Implementation and Operational Costs: Private Contractors																					
Contracted Services:																					
Xerox Monthly Maintenance	270,000	30,000	$300,000	90,000	10,000	$100,000	67,500	7,500	$75,000	90,000	10,000	$100,000	67,500	7,500	$75,000	315,000	35,000	350,000	-45,000	-5,000	-50,000
Xerox SLR Help Desk	562,660	62,518	$625,178	150,831	16,759	$167,590	106,430	11,825	$118,255	155,471	17,274	$172,745	119,354	13,261	$132,615	532,086	59,119	591,205	30,574	3,399	33,973
Audit Services Contractor	356,220	39,580	$395,800	342,720	38,080	$380,800	0	0	$0	0	0	$0	13,500	1,500	$15,000	356,220	39,580	395,800	0	0	0
Total HIT Contracted Services	$1,188,880	$132,098	$1,320,978	$583,551	$64,839	$648,390	$173,930	$19,325	$193,255	$245,471	$27,274	$272,745	$200,354	$22,261	$222,615	$1,203,306	$133,699	$1,337,005	-$14,426	-$1,601	-$16,027
Total IAPDU Budget	$1,967,375	$218,598	$2,185,973	$631,774	$70,197	$701,971	$222,890	$24,765	$247,655	$287,797	$31,977	$319,774	$229,350	$25,482	$254,832	$1,371,811	$152,421	$1,524,232	$595,564	$66,177	$661,741

In the IAPDU#2, the State of Missouri received approval of funding for FFY15 of $2,053,031 (federal share $1,847,728 at 90% FFP) as defined in the Table 4 FFY15 IAPDU Approved Budget.

Table 4: IAPDU FFY15 APPROVED BUDGET					
	FFY 2015				
	Qtr 1	**Qtr 2**	**Qtr 3**	**Qtr 4**	**Total**
	Actual $s	**Estimate**	**Estimate**	**Estimate**	
	Oct-Dec	**Jan-Mar**	**Apr-Jun**	**July-Sept**	
Enhanced Federal Funds - 90%					
HIT Implementation and Operation Costs - Inhouse	157,558	157,558	157,558	167,997	$640,671
HIT Implementation and Operation Costs - Private Contractors	512,661	226,966	226,965	240,465	$1,207,057
Total Enhanced Federal Funds	**$670,219**	**$384,524**	**$384,523**	**$408,462**	**$1,847,728**
MO HealthNet Share Funding - 10%					
HIT Implementation and Operation Costs - Inhouse	17,506	17,506	17,507	18,667	$71,186
HIT Implementation and Operation Costs - Private Contractors	56,962	25,218	25,218	26,719	$134,117
Total MO HealthNet Share Funding	**$74,468**	**$42,724**	**$42,725**	**$45,386**	**$205,303**
Total Federal Funds & MO HealthNet Share	**$744,687**	**$427,248**	**$427,248**	**$453,848**	**$2,053,031**

3   STATEMENT OF NEEDS AND OBJECTIVES

3.1   Needs

This section provides a summary of project needs, objectives and the anticipated benefits of the proposed activities.

MO HealthNet has identified the following needs to support the EHR Incentive Payment Program administration. These requirements were described in the SMHP approved by CMS on January 17, 2013.

Generally, the project activities include:

- State staff and contracted staff to perform the required program activities as described in the SMHP.
- Other administrative tasks to support the program such as provider outreach and education, prepayment validations and auditing
- Customization and maintenance of the SLR solution.

The detailed resources and costs are described in the section below and in Section 7 of this document.

3.2   Additional Resources to Support EHR Incentive Payment Program

This IAPDU includes the estimated ongoing expenses to administer the EHR Incentive program including State staff, travel and conferences, equipment and supplies, and other administrative cost, as well as contracted resources to administer the program including SMHP and IAPD updates, SLR maintenance, attestation reviews and audit services.

This IAPDU requests CMS Enhanced Federal Funds for support of the EHR Incentive program

3.3   Missouri State Level Repository (SLR)

In 2011, Missouri selected the SLR solution developed by Xerox Heritage (formerly ACS) for a number of states as the mechanism to support the EHR Incentive program. The Xerox Heritage SLR includes the following key features:

1. Allows the state to accept and respond to the CMS Registration and Attestation (R&A) system interface data.
2. Allows the providers to attest to compliance with program eligibility requirements.
3. Allows the providers to submit additional information necessary for the SLR to calculate Medicaid patient volume and upload supporting documentation.
4. Allows providers and hospitals completing MU attestation to enter core objectives, menu set objectives and clinical quality criteria.
5. Allows provider groups to enter shared information efficiently as a group with individual attestation.
6. Integrates Medicaid provider enrollment information.

7. Provides EHR Incentive program reporting.

This IAPDU requests CMS Enhanced Federal Funding to assist in the payment of the ongoing quarterly maintenance fees for the MO SLR.

4   STATEMENT OF ALTERNATIVE CONSIDERATIONS

Describe any alternatives that the State Medicaid Agency considered regarding implementing the EHR Incentive Program (such as contract modifications vs. fully competitive procurement, etc). Where differing alternatives and approaches are possible, a brief description should be provided of each option, and a justification should be provided for the approach/option that was ultimately selected.

Section 4 Statement of Alternatives Considered, page 5 IAPD, dated January 28, 2011 outlines the alternative analysis previously conducted.

Additional updates to alternate considerations are not necessary at this time.

5   PERSONNEL RESOURCE STATEMENT

This section includes an estimate of total staffing requirements and costs.

MO HealthNet will utilize 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 Information Technology Services Division (ITSD) in the Missouri Office of Administration; and the State Level Registry was purchased from ACS Heritage, Inc. (now Xerox Heritage, LLC) and implemented under the direction of MO HealthNet. Project staff (represented in Figure 1 and detailed in Table 6 have been important to the program planning and implementation efforts to date and will continue to provide expert guidance during program operations.

Figure 1 MO HealthNet EHR Incentive Program Management Structure: Leadership Team
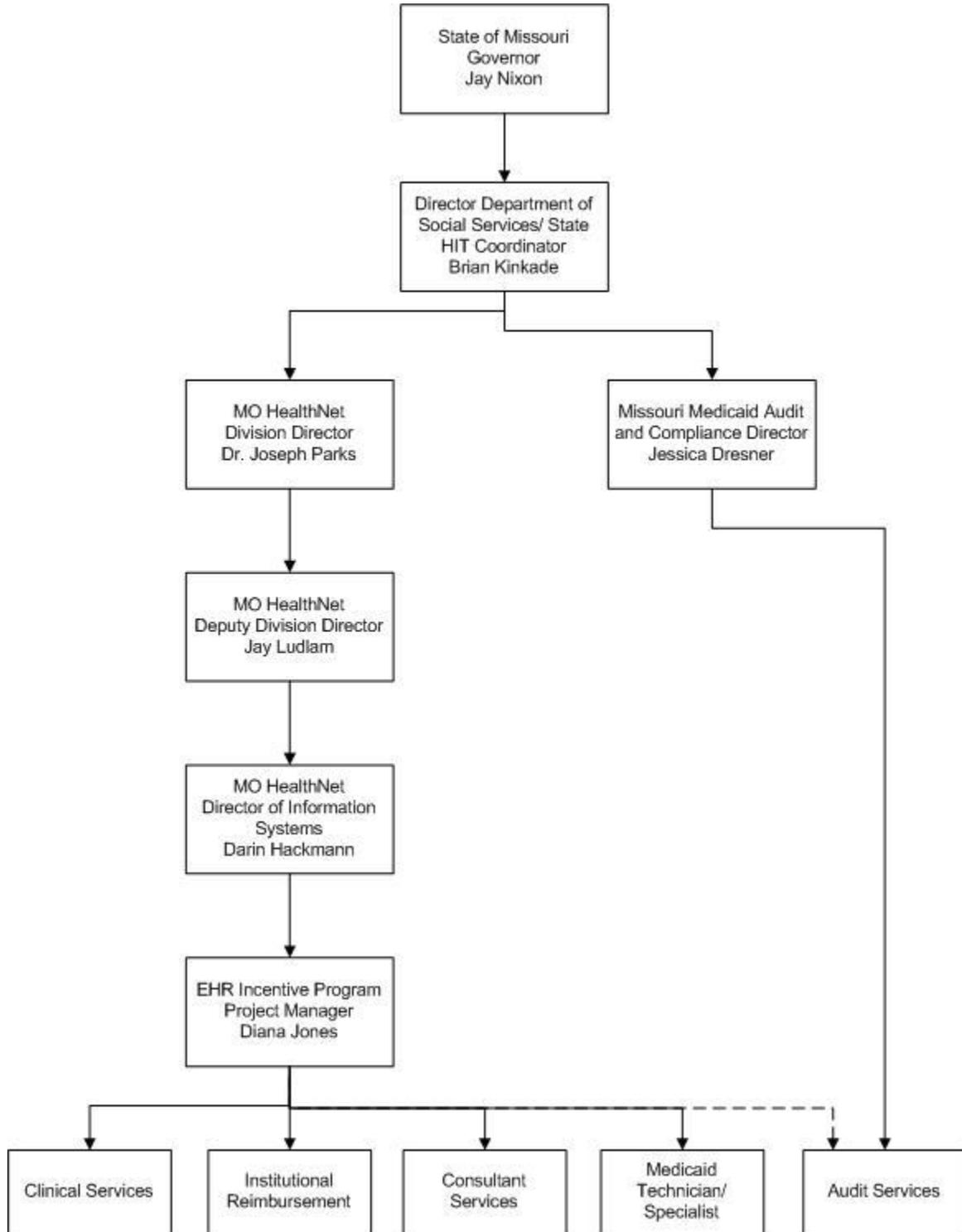
The Director of the Missouri Department of Social Services and Missouri State HIT Coordinator Brian Kinkade has overall responsibility for the project. The implementation and operation of the program is managed by the MO HealthNet Director of Information Systems Darin Hackmann and the MO HealthNet Project Manager Diana Jones. Darin Hackmann is responsible for developing the Missouri Medicaid strategic plan and coordinating all Missouri Medicaid efforts related to HITECH initiatives including the Medicaid EHR Incentive Program and the statewide Health Information Exchange. Diana Jones is responsible for managing the Missouri Medicaid EHR Incentive Program in a full-time capacity. The Missouri Medicaid Audit and Compliance Division is responsible for the EHR incentive audit function.

Missouri is administering the program within the organization, leveraging existing MO HealthNet support units where possible. The State staff positions listed in Table 5, which includes position descriptions and responsibilities, as well as level of effort and annual salaries for each position relative to EHR Incentive Payment Program.

Table 5: State Resources to Support the EHR Incentive Payment Program for FFY16

Position	Responsibilities	Cost with Benefits*	Level of Effort	Project Hours per Year	Notes
Project Manager	Total project oversight of team members to ensure timelines, deliverable and budget requirements are met. Support interactions with the Missouri Health Information Organization (HIO) work groups and DSS Executive Team.	$81,178	100%	2,080	
Auditor – Institutional Reimbursement Unit	Review payment calculation data for eligible hospital attestations. Work with the hospital to correct if needed. Facilitate hospital attestation review and payments with other program staff.	$20,295	25%	520	
Manager – Clinical Services	Support provider email inquiries regarding payments, approvals, types of providers, length of time between submission and approval. Approve provider records for payment in the SLR. Review each application to ensure documents are attached and provider passes volume threshold. Manage provider payment records.	$40,589	50%	1,040	
Medicaid Specialist	Run Ad Hoc reports; verify patient volume, work with providers with less than 30% Medicaid patient volume, and review provider supplied documentation. Create provider entries in the Provider Master File; create & maintain spreadsheets to initiate and track approved payments; create various reports on a routine basis; review direct deposit applications for completeness and key routing & account information.	$81,178	100%	2,080	
Total Costs		$223,240			

*Cost with Benefits reflects an average salary plus benefit rate for all Agency positions of $81,178 per year. The costs per position cover the period October 2015 through September 2016.

Contracted Resources are requested for certain services as listed in Table 6 IAPD Contracted Resources. The individual contracts identify the types and costs of the resources and services required to support the program.

Table 6: FFY16 IAPDU Contracted Resources*

Contracted Activity	Contractor	Contract Value	Comments
On-going SLR and Program Support	Xerox Heritage, LLC. (formerly ACS)	$300,000 SLR maintenance $730,002 program support	MO HealthNet executes annual contracts with one year renewal periods, the current annual projections are shown for system maintenance and program staff to assist professionals and hospitals with their attestations and conduct prepayment reviews.
Audit Services for October 1, 2015 Through September 30, 2016	Brown Smith Wallace LLC	$315,820 $15,000	Award RFP #B321314 to contract for audit services. MO expects to renew this contract for FFY 2016 for a total contract award of $330,820. MO HealthNet will expend $15,000 for an updated audit guide in FFY16 and the remaining balance for audit services provided in FFY 15 will be paid in the first quarter of FFY16.
Total Contract Values		$1,360,822	

*This table reflects annual contract values

6 PROPOSED ACTIVITY SCHEDULE

The tasks and subtasks required to complete the HIT objectives are provided in Table 7 Proposed Activity Schedule. This table represents the overall schedule of tasks, including those completed; those in-progress and those scheduled to begin. EHR Incentive Program Operations described as "Ongoing" represent day-to-day operations. This section of the HIT IAPDU will be updated as new projects are identified and details are known.

Table 7: Proposed Activity Schedule

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

Activity	Start Date	End Date	Status
Coordinate Provider Incentive Payment Program Year 2013 Implementation			
Define Meaningful Use Requirements for 2013	07/15/2012	9/30/2012	Complete
CMS Review & Approval MU Screens	11/01/2012	11/15/2021	Complete
SLR MU User Acceptance testing	11/22/2012	2/14/2013	Complete
Implement Meaningful Use Attestation data collection solution for 2013 changes	4/01/2013	Ongoing	Complete
Receive Provider Year 2 (MU) Attestations	4/5/2013	Ongoing	Ongoing
Continue Processing AIU and MU EHR Incentive Payments		Ongoing	Ongoing
Conduct Post Payment Audits (PY 2011)	3/26/2013	9/30/2013	Ongoing
Coordinate Provider Incentive Payment Program Year 2014 Implementation			
Define Meaningful Use Requirements for 2014	07/15/2013	9/30/2013	Complete
CMS Review & Approval MU Screens	7/08/2013	7/11/2013	Complete
SLR MU User Acceptance testing	12/10/2013	12/18/2013	Complete
Implement Meaningful Use Attestation data collection solution for 2014 Stage 2 for EPs	6/26/2014	Ongoing	Complete
Define System Requirements for CMS 2014 Flex Rule for SLR Version 3.3	09/01/2014	10/31/2014	Complete
Implement Meaningful Use Attestation data collection solution for 2014 Stage 2 for EHs	10/28/2014	Ongoing	Complete
CMS Review & Approval of 2014 Flex Rule Addendum to SMHP	10/21/2014	12/23/2014	Complete
SLR Version 3.3 User Acceptance Testing	12/03/2014	12/18/2014	Complete
Implement 2014 Flex Rule Attestation data collection solution for EPs and EHs	12/24/2014	Ongoing	Complete

6.1   Project Tasks

6.1.1   Tasks Completed to Date

This section will list activities that have been completed in support of the EHR Incentive Payment Program.

The planning tasks completed to date in support of the Missouri EHR Provider Incentive Payment Program are listed below:

- Completed As Is, To Be, Gap Analysis, and Roadmap
- Identified and evaluated future business needs
- Identified and evaluated current business needs not met by current systems

- Identified and evaluated technological needs

- Submitted SMHP and IAPD to CMS received approval March 2011.

- Developed Policies and Procedures required to support the Missouri EHR Provider Incentive Payment Program

- Developed Policy and defined system requirements for the State Level Registry (SLR), working with the vendor

- Defined State Meaningful Use criteria, identified Meaningful Use data collection requirements and implemented Meaningful Use data collection solution as outlined in the Stage 2 Rule for 2014 attestations.

- Conducted post payment reviews of selected providers for Program Year 2011 and 2012.

6.2   Tasks Underway at This Time

Coordinate Provider Incentive Payment Program Implementation Year 2

- Ongoing outreach and communications to support EHR Incentive Payment Program awareness in provider community to clarify program requirements.

- Accepting EP attestations for Program Year 2014 through April 30, 2015.

- Requesting approval to renew contract with audit contractor and begin planning post payment audits for program year 2013 payments

- Requesting approval to renew contract with Xerox for staff to provide consultation to providers on the SLR process and conduct pre-payment validations

- Requesting funding for FFY2016.

6.3   Tasks to Be Undertaken

EHR Provider Incentive Payment Program Implementation

- Submit revised SMHP to CMS for approval as necessary throughout the administration of the EHR Provider Incentive Payment Program; latest version approved April 10, 2014.

- Submit an updated Audit Appendix, as requested by CMS.

- Conduct a new environmental assessment, scope defined by CMS.

- Submit IAPDU as necessary throughout the implementation and administration of the EHR Provider Incentive Payment Program, at a minimum annually.

7   PROPOSED BUDGET

MO HealthNet expects to update the IAPDU at least annually; and if any project costs increase $100,000 or more, a schedule extension of more than 60 days for major milestones is needed, a significant change in planning, implementation or scope occurs beyond the HIT IAPD approval, or there is a change to the approved cost allocation methodology.

7.1   Proposed IAPDU #3 v1.0 Budget

This IAPDU #3 requests Enhanced FFP at 90% to continue the administration of the EHR Incentive program from October 1, 2015 through September 30, 2016.

7.2   Budget Narrative

This section will describe the MO HealthNet understanding of the resources needed and where they will be represented under CMS's budgeting structure articulated in final regulations.

7.2.1   Costs to Implement and Administer Incentive Payments:

7.2.1.1   State Personnel

$223,240 ($200,916 Federal Share at 90% FFP): As under the planning phase, key State staff will continue to be utilized. Program staff are detailed in Table 6. Responsibilities include: management and support of necessary implementation activities; certifying policies and procedures to implement the Medicaid EHR Incentive Program; conducting outreach and education to key stakeholders and the provider community; overseeing audit activities; monitoring program activities; coordinating with CMS, etc. In addition, State staff will continue close coordination with health information exchange (HIE) planning and implementation efforts. State personnel expenses reflect wages and fringe benefits.

7.2.2   Contractor Services

Consultant services will be retained to assist State personnel and support business processes and activities necessary to implement the EHR Incentive Program, including functions to support enrollment and audit activities.

7.2.2.1   Administrative Systems Design, Development, Testing and Implementation

$300,000 ($270,000 Federal Share at 90% FFP): The State will utilize consulting and contractor services to develop and maintain the necessary interfaces and modules to support the exchange of information with the NLR. MO HealthNet was able to leverage the services of Xerox Heritage, LLC for the development, testing and implementation of the SLR. MO HealthNet participates with seven other states working with Xerox Heritage to develop a common SLR solution that is minimally customized (through configuration settings) to support the Missouri EHR Incentive Payment Program. The maintenance fee

includes ongoing SLR system enhancements for program updates such as MU attestations, payment adjustments and audit tracking.

7.2.2.2   Auditing

$330,820 ($297,738 Federal Share at 90% FFP): The State will supplement current auditing capacity with an experienced contractor to complete the required EHR Incentive Program audits. The State has contracted with Brown Smith and Wallace to provide auditing services for FFY14 and FFY15. The State anticipates payment to Brown Smith and Wallace of $315,820 for audit services and $15,000 for an updated audit guide during FFY16.

7.2.2.3   Contracted EHR Incentive Payment Program Support

$730,002 ($657,002 Federal Share at 90% FFP): MO HealthNet anticipates that the ongoing demands of the EHR incentive payment program will continue to exceed the initial estimates for provider and hospital participation. MO HealthNet will enlist the support of contracted resources familiar with the current Medicaid program operations to provide much of the program support. The temporary services maybe leveraged where necessary to ensure that the program needs are met and payments are disbursed in a timely manner. This line item includes Xerox SLR Help Desk support as presented in Table 6 above.

7.2.3   Training and Outreach

$6,600 ($5,940 Federal Share at 90% FFP): State staff will attend targeted meetings and trainings as part of these collaborations as well as those hosted by CMS, ONC, and national support organizations that are designated to assist in effective planning and implementation of the EHR incentive program. The State will continue to expand and intensify communication, outreach, and education activities with providers and other stakeholders. Costs include: development and production of paper and electronic educational materials, mailing of materials, and hosting or participation in meetings and conference calls as a central component of the state's communication plan.

7.2.4   Conferences & Travel

$9,000 ($8,100 Federal Share at 90% FFP): State staff will incur travel costs to attend training and collaboration meetings and conduct outreach and education activities. Staff plan to attend the annual MMIS conference and other meetings/events for state grantees under the EHR Incentive Program and related activities.

7.2.5   Administrative Operations

$109,823 ($98,841 Federal Share at 90% FFP): The State will incur costs for telephone, fax, and internet services; administrative activities to retain dedicated project staff, and related standard administrative functions. These include indirect costs estimated at approximately 4.4% of state personnel, consistent with state practice. The State estimates contingency amount of $100,000.

7.3   Budget Tabulation

The Proposed Budget table below lists the administrative and contracted costs required to support these requests.

Table 8: Total IAPDU #3 Proposed Budget October 2015 through September 2016

Cost Descriptions	90% FFP	10% State	IAPDU # 2 Total
Total Proposed Budget			
State Personnel:			
7.2.1.1 Designated Project Staff	200,916	22,324	223,240
Total State Personnel	$200,916	$22,324	$223,240
Administrative Costs:			
7.2.3 Training and Outreach	5,940	660	6,600
7.2.4 Conferences & Travel	8,100	900	9,000
7.2.5 Administrative Operations	98,841	10,982	109,823
Total Administrative Costs	112,881	12,542	125,423
Total Operation Staff & Admin Costs	$313,797	$34,866	$348,663
Contractor Services:			
7.2.2.1 Admin Systems DDI	270,000	30,000	300,000
7.2.2.3 EHR Incentive Program Support	657,002	73,000	730,002
7.2.2.2 Auditing	297,738	33,082	330,820
Total Contracted Services	$1,224,740	136,082	$1,360,822
TOTAL COSTS	$1,538,537	$170,948	$1,709,485

Table 9 below identifies the enhanced FFP and associated MO HealthNet Share requested by the State of Missouri for in-house and private contractor expenses associated with administration of the EHR Provider Incentive Program by Federal Fiscal Year Quarter for the period from October 2015 through September 2016. This table aligns with funds shown in Total Budget, Table 8 above.

Table 9: Estimated Quarterly Costs to Administer Program by Federal Fiscal Quarter

Table 9: Estimated Quarterly Costs to Administer Program by Federal Fiscal Quarter					
	FFY 2016				
	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total
	Estimate	Estimate	Estimate	Estimate	
	Oct-Dec	Jan-Mar	Apr-Jun	July-Sept	
Enhanced Federal Funds - 90%					
HIT Implementation and Operation Costs - Inhouse	78,449	78,449	78,449	78,450	$313,797
HIT Implementation and Operation Costs - Private Contractors	515,988	231,750	245,250	231,753	$1,224,740
Total Enhanced Federal Funds	$594,437	$310,199	$323,699	$310,203	$1,538,537
MO HealthNet Share Funding - 10%					
HIT Implementation and Operation Costs - Inhouse	8,717	8,717	8,717	8,715	$34,866
HIT Implementation and Operation Costs - Private Contractors	57,332	25,750	27,250	25,750	$136,082
Total MO HealthNet Share Funding	$66,049	$34,467	$35,967	$34,465	$170,948
Total Federal Funds & MO HealthNet Share	$660,486	$344,666	$359,666	$344,668	$1,709,485

Assumptions:

1. As required by the Final Rule, costs shown by Federal Fiscal Year (FFY) and Quarter include: contractor cost to conduct develop future SMHP and IAPD updates, equipment and supplies; training and outreach; travel; personnel for administrative operations, and administrative expenses.

2. Report estimated costs in IAPD per CMS 37 reporting formats to allow alignment of estimated to actual costs.

8   COST ALLOCATION PLAN FOR IMPLEMENTATION ACTIVITIES

This IAPDU #3 request is supported by Federal Enhanced Funding, and State General Funds. At this time no additional grant or other funding sources are supporting the activities described in this IAPDU #3.

9 ASSURANCES, SECURITY, INTERFACE REQUIREMENTS, AND DISASTER RECOVERY PROCEDURES

MO HealthNet makes the following assurances in regards to this request for enhanced federal funding for the implementation and administration of the EHR Incentive Payment Program, including system modifications necessary to support the program.

Procurement Standards (Competition / Sole Source)
42 CFR Part 495.348   ☑Yes ☐No
SMM Section 11267   ☑Yes ☐No
45 CFR Part 95.615   ☑Yes ☐No
45 CFR Part 92.36   ☑Yes ☐No

Access to Records, Reporting and Agency Attestations
42 CFR Part 495.350   ☑Yes ☐No
42 CFR Part 495.352   ☑Yes ☐No
42 CFR Part 495.346   ☑Yes ☐No
42 CFR Part 433.112(b)(5) – (9)   ☑Yes ☐No
45 CFR Part 95.615   ☑Yes ☐No
SMM Section 11267   ☑Yes ☐No

Software & Ownership Rights, Federal Licenses, Information Safeguarding, HIPAA Compliance, and Progress Reports
42 CFR Part 495.360   ☑Yes ☐No
45 CFR Part 95.617   ☑Yes ☐No
42 CFR Part 431.300   ☑Yes ☐No
42 CFR Part 433.112   ☑Yes ☐No

Security and interface requirements to be employed for all State HIT systems.
45 CFR 164 Securities and Privacy   ☑Yes ☐No

10 CONCLUSION

MO HealthNet's objective in preparing this IAPD is to provide CMS:

- A comprehensive description of the needs and objectives
- The project scope
- The project schedule
- The requirements analysis and alternative considerations
- The required resources
- The proposed budget and cost distribution

MO HealthNet will be diligent in keeping CMS informed and involved throughout the EHR Incentive Program Implementation and all related subsequent activities. MO HealthNet will seek CMS's approval of all documents and activities as required. This document includes all information required by CMS and the appropriate federal regulations. MO HealthNet has taken care to ensure this project is:

- Well-planned and technically sound, and will be managed effectively.
- Consistent with CMS' goals such as promoting common business processes leveraging the MITA framework, fostering Medicaid provider satisfaction, and satisfying Health Insurance Portability and Accountability Act (HIPAA) and ARRA legislation.
- Cost effective.
- Compliant with all federal and state procurement requirements.

Therefore, the State is requesting CMS Regional Office's approval of this IAPDU #3 v1.0 and enhanced funding at 90 percent for this EHR Incentive Payment Program implementation project of $1,709,485 ($1,538,537 Federal share at 90% FFP) for FFY2016.

APPENDIX A – MMIS FFP

This section contains a breakout of allowable expenditures for MMIS FFP, if any, and how they will be integrated in the project. See State Medicaid Director Letter 10-016 for examples and other guidance regarding appropriate MMIS expenditures.

MO HealthNet does not intend to leverage MMIS FFP in the implementation of the EHR Incentive Program.

APPENDIX B – ESTIMATED PROVIDER INCENTIVE PAYMENTS

This section contains the number of providers that have participated in the program by program year for FFY 2011 through 2014 and the first part of FFY 2015, through February 28, 2015.

Provider Type	Number of EHR Payments per FFY											
	2011		2012		2013		2014			2015		
Eligible Professionals	Year 1	Year 2	Year 1	Year 2	Year 1	Year 2	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3
Physician	36	0	987	8	553	520	238	322	296	85	76	48
Nurse Practitioner	6	0	317	2	204	173	118	110	101	35	13	13
Certified Nurse Midwife	0	0	11	0	3	3	1	1	0	0	0	0
Dentist	1	0	112	0	60	0	16	10	0	13	1	0
Physician Assistant	0	0	3	0	1	1	0	1	0	1	0	1
Subtotal	**43**	**0**	**1430**	**10**	**821**	**697**	**373**	**444**	**397**	**134**	**90**	**62**
Total Professionals	**43**		**1440**		**1518**		**1214**			**286**		
Eligible Hospitals												
Acute Care Hospitals	13	0	55	0	21	23	9	57	24	0	3	9
Children's Hospitals	0	0	3	0	0	0	1	2	0	0	0	2
Subtotal	**13**	**0**	**58**	**0**	**21**	**23**	**10**	**59**	**24**	**0**	**3**	**11**
Total Hospitals	**13**		**58**		**44**		**93**			**14**		

As of February 28, 2015, the State has disbursed $207,609,791 at 100% FFP. Of the total amount, $73,241,715 was paid to 2801 unique Eligible Professionals (EPs) and $134,368,076 was paid to 102 Eligible Hospitals (EHs).

The table below provides estimated EHR Incentive Payments to Eligible Professionals and Eligible Hospitals at 100% FFP. Note that these estimates will be updated periodically based upon program experience and registration by EPs and EHs in Missouri's EHR Incentive Payment Program. The quarterly projections are included in the CMS 37 report and actual expenses are reported quarterly in the CMS 64 report.

EHR Incentive Payment Program Estimates FFY 2016 – FFY 2017

	FFY 2016					FFY 2017				
	QTR 1 QE 12/31/15	QTR 2 QE 3/31/16	QTR 3 QE 6/30/16	QTR 4 QE 9/30/16	TOTAL	QTR 1 QE 12/31/16	QTR 2 QE 3/31/17	QTR 3 QE 6/30/17	QTR 4 QE 9/30/17	TOTAL
Eligible Professionals	$5,000,000	$4,500,000	$4,500,000	$4,500,000	$18,500,000	$4,500,000	$3,375,000	$3,375,000	$3,375,000	$14,625,000
Eligible Hospitals	$16,250,000	$10,500,000	$10,500,000	$10,500,000	$47,750,000	$10,500,000	$7,875,000	$7,875,000	$7,875,000	$34,125,000
Totals	$21,250,000	$15,000,000	$15,000,000	$15,000,000	$66,250,000	$15,000,000	$11,250,000	$11,250,000	$11,250,000	$48,750,000

APPENDIX C – ADDITIONAL FUNDING

This section contains information about any grants, State or local funds, or other funding sources that are available to the State and that will contribute to the costs of activities for which the State is requesting HITECH matching funds. See State Medicaid Director Letter 10-016 for examples and other guidance.

No additional grant, state or local funds are expected to be contributed at this time.

APPENDIX D – HIE CHECKLIST

This appendix contains information required per State Medicaid Director Letter 11-004 to support requests for FFP for activities related to health information exchange. The letter requires States to provide justification for their HIE approach, details regarding other payer and provider contributions and cost allocation.
Appendix D Checklist: Please ensure that all of the questions below are addressed in Appendix D if seeking FFP for HIE – related expenditures

HIE related expenditures are not requested in this IAPDU.

Question/Issue	Y/N	Appendix Section Number
Description of the HIE approach (statewide, sub-state HIOs, etc) ; discussion of anticipated risks and mitigation strategies; linkages to meaningful use of certified EHR technology; plans for collection of clinical quality measures and/or public health interfaces as appropriate; the short and long-term value-proposition to providers; role of State government in governance and policy-setting and a description of the exchange standards and policies and how they align with Federal guidance		
Description of proportional investments by other payers/providers than Medicaid; including market share and projected transactional volume		
Annual benchmarks and performance goals (Year 1, Year 2 of funding, etc)		
Description of (including copies) of legal agreements with other payers/providers regarding their contributions to HIE costs and governance (including scope, timing and budget)		
Discussion of how the State will handle early investor benefits and reallocation of costs as other payers/providers join		
Description of the transition from HIE infrastructure development for core services to on-going operations (including timeline, benchmarks and proposed sustainability strategy for on-going operations)		
Description of the cost allocation methodology and data sources by activity and by funding stream (e.g. MMIS vs. HITECH)		

APPENDIX E – ALIGNMENT WITH SEVEN CONDITIONS AND STANDARDS

This appendix contains information about how the system plans supported **under this HIT IAPD** are aligned with the Seven Conditions and Standards in 42 CFR Part 433. The table below describes how the proposed IT solutions will meet each of the Seven Conditions and Standards and how the state will ensure that the HIT-related systems are integrated within the total Medicaid IT enterprise, as appropriate, rather than being a stand-alone system.

	Condition/Standard	CMS Description of Condition/Standard	Missouri Description
1.	Modularity	This condition requires the use of a modular, flexible approach to systems development, including the use of open interfaces and exposed application programming interfaces (API); the separation of business rules from core programming; and the availability of business rules in both human and machine-readable formats. The commitment to formal system development methodology and open, reusable system architecture is extremely important in order to ensure that states can more easily change and maintain systems, as well as integrate and interoperate with a clinical and administrative ecosystem designed to deliver person-centric services and benefits.	The Missouri SLR is programmed to use the same User Interface (UI) that has been developed for other states managed by the fiscal agent. The SLR is integrated with the Master Provider File (MPF).

MO HealthNet works with ACS, to ensure that a robust SDLC and associated artifacts and processes are applied to all software development, configuration and implementation. |

	Condition/Standard	CMS Description of Condition/Standard	Missouri Description
2.	MITA Condition	This condition requires states to align to and advance increasingly in MITA maturity for business, architecture, and data. CMS expects the states to complete and continue to make measurable progress in implementing their MITA roadmaps. Already the MITA investments by federal, state, and private partners have allowed us to make important incremental improvements to share data and reuse business models, applications, and components. CMS strives, however, to build on and accelerate the modernization of the Medicaid enterprise that has thus far been achieved.	The implementation of an automated SLR, allowing for the Provider attestation to A/I/U and MU improves the automation of provider enrollment activities.
3.	Industry Standards	States must ensure alignment with, and incorporation of, industry standards: the Health Insurance Portability and Accountability Act of 1996 (HIPAA) security, privacy and transaction standards; accessibility standards established under section 508 of the Rehabilitation Act, or standards that provide greater accessibility for individuals with disabilities, and compliance with federal civil rights laws; standards adopted by the Secretary under section 1104 of the Affordable Care Act; and standards and protocols adopted by the Secretary under section 1561 of the Affordable Care Act. CMS must ensure that Medicaid infrastructure and information system investments are made with the assurance that timely and reliable adoption of	Missouri Medicaid solutions comply with all HIPAA requirements for security and privacy, accessibility standards and federal civil rights laws. In particular, funds approved under this IAPD and requested in IAPDU #1 are using national and industry standards. The SLR is using standard interface formats to exchange data with the National Level Repository (NLR) and the Certified HIT Product List (CHPL) interface. Additionally these interfaces use the national standards established for NPI and TIN.

	Condition/Standard	CMS Description of Condition/Standard	Missouri Description
		industry standards and productive use of those standards are part of the investments. Industry standards promote reuse, data exchange, and reduction of administrative burden on patients, providers, and applicants.	
4.	Leverage Condition	State solutions should promote sharing, leverage, and reuse of Medicaid technologies and systems within and among states. • Multi-state • Available for reuse • Identification of open source, cloud-based and commercial products • Customization • Transition and retirement plans	The SLR is a multi state solution. Missouri's Fiscal Agent Affiliated Computer Systems (ACS), a Xerox Company, has developed the SLR to support multiple state EHR Incentive Payment programs. The states have worked together to ensure that the solution supports the federal and state-specific requirements of each participating state.
5.	Business Results Condition	Systems should support accurate and timely processing of claims (including claims of eligibility), adjudications, and effective communications with providers, beneficiaries, and the public. • Degree of automation • Customer Service • Performance standards and testing	Portals provide additional automation to support providers and facilitate the required program attestations. Increased automation within SLR system will decrease manual effort of MO HealthNet staff in enrolling and paying EPs and EHs, producing a desired business outcome. MO HealthNet identifies performance standards for each software product as applicable. A pattern of System Testing, and User Acceptance Testing is applied to each implementation in an iterative manner until the software can be accepted.

	Condition/Standard	CMS Description of Condition/Standard	Missouri Description
6.	Reporting Condition	Solutions should produce transaction data, reports, and performance information that would contribute to program evaluation, continuous improvement in business operations, and transparency and accountability.	Modifications to the system will promote interoperability with NLR and foster standardized reporting for enrolled providers. Data from the SLR system, including attestations and meaningful use, will be stored and available for reporting, analysis of trends, assess compliance, determine performance measures and support analysis of state health outcomes.
7.	Interoperability	Systems must ensure seamless coordination and integration with the Exchange (whether run by the state or federal government), and allow interoperability with health information exchanges, public health agencies, human services programs, and community organizations providing outreach and enrollment assistance services.	The solutions funded under this IAPD and requested additional funding in the IAPDU #1 increases the interoperability of the Medicaid system solutions. The SLR and the NLR communications decrease staff manual efforts and reduce provider data entry duplication.

APPENDIX F – ANNUAL HIT IAPD CHECKLIST

Each State's annual HIT IAPD is due 60 days from the HIT IAPD approved anniversary date and must contain the following:

§495.342 Section	Requirement	IAPDU #2 Section
a	A reference to the approved HIT P-APD/IAPD and all approved changes.	IAPD Changes Executive Summary Section 2
b	A project activity status which reports the status of the past year's major project tasks and milestones, addressing the degree of completion and tasks/milestones remaining to be completed and discusses past and anticipated problems or delays in meeting target dates in the approved HIT technology P-APD/IAPD and approved changes to it.	Section 2 Section 7
c	A report of all project deliverables completed in the past year and degree of completion for unfinished products.	Section 2 Section 7
d	A project activity schedule for the remainder of the project.	Section 6
e	A project expenditure status which consists of a detailed accounting of all expenditures for project development over the past year and an explanation of the differences between projected expenses in the approved HIT IAPD past year.	Section 7
f	A report of any approved or anticipated changes to the allocation basis in the advance planning document's approved cost methodology	None

APPENDIX G- ACRONYMS

The following acronyms are used throughout this document:

Acronym	Definition
ACS	Affiliated Computer Services
A/I/U	Adopt/Implement/Upgrade
ARRA	American Recovery and Reinvestment Act
CFR	Code of Federal Regulations
CHPL	Certified Health Information Technology Product List
CMS	Centers for Medicare & Medicaid Services
COTS	Commercially available Off-the Shelf
DDI	Design Development Implementation
EH	Eligible Hospitals
EHR	Electronic Health Record
EP	Eligible Professional
FA	Fiscal Agent
FFP	Federal Financial Participation
FFY	Federal Fiscal Year
FTE	Full Time Equivalent
HIO	Health Information Organization
HIPAA	Health Insurance Portability and Accountability Act
HIT	Health Information Technology
HITECH	Health Information Technology for Economic and Clinical Health Act
HRSA	Health Resources and Services Administration
IAPD	Implementation Advance Planning Document
IAPDU	Implementation Advance Planning Document Update
IT	Information Technology
MITA	Medicaid Information Technology Architecture
MMIS	Medicaid Management Information System
MU	Meaningful Use
NLR	National Level Repository
NPI	National Provider Index
ONC	Office of the National Coordinator for Information Technology
P-APD	Planning Advance Planning Document
PAQ	Project Assessment Quotation
SFY	State Fiscal Year
SLR	State Level Repository
SMHP	State Medicaid Health Information Technology Plan
SMM	State Medicaid Manual
TIN	Taxpayer Identification Number
TSP	Technical Services Partner