THE AMERICAN RECOVERY AND REINVESTMENT ACT OF 2009: ROLES AND RESPONSIBILITIES OF CMSO AND THE STATE TO ADMINISTER AND IMPLEMENT HIT INCENTIVE PAYMENTS

The national initiative for the widespread adoption of Electronic Health Records (EHRs) is predicated upon the successful establishment of an interoperable Health Information Technology (HIT) infrastructure among Medicaid stakeholders. To achieve success, this initiative will require time, direct ongoing leadership, and technical resources of Medicaid programs at both the State and Federal level.

The Center for Medicaid and State Operations (CMSO) and State Medicaid agencies must work collaboratively with other significant players involved with HIT adoption, including, but not limited to the Office of the National Coordinator for Health Information Technology (ONC), providers, other State and Federal agencies, Federal advisory boards authorized under the Federal Advisory Committee Act, universities, foundations, and associations of Medicaid stakeholders. This will require new organizational leadership competencies and technical capabilities at all levels. Finally, we believe there are significant returns on investment that can accrue when qualified EHR technology is implemented. In order to achieve the goal for the widespread adoption of certified EHR's we see the following roles as critical to the success of this national initiative.

CMSO Role. We believe CMSO's role in this regard is to:

1. Set expectations for public accountability and transparency.

2. Develop a Medicaid Roadmap and Strategic Framework for wide-spread adoption of EHR technology in Medicaid, including integration with the Agency for Healthcare Research and Quality (AHRQ), Centers for Disease Control and Prevention (CDC), Health Resources and Services Administration (HRSA), Indian Health Services (IHS), Substance Abuse and Mental Health Services Administration (SAMHSA), and the Veterans Health Administration (VHA), among others.

3. Set overall performance expectations for State Medicaid programs.

4. In concert with ONC and others, establish the policy and HIT standards for Medicaid programs.

5. Provide evaluation and dissemination of best practices.

6. Participate in national policy and voluntary consensus standard bodies as provided for in the National Technology Transfer and Advancement Act.

7. Leverage successful HIT Medicaid Transformation grantee initiatives and provide continued support, where feasible, via MMIS support and other sources.

8. Support the work of the Multi-State Collaborative for Medicaid Transformation and others.

9. Provide adequate technical support for Medicaid programs and Medicaid providers, where appropriate.

State Medicaid Agency Role. While each State will approach these provisions within the context of their own programs and resource availability, we believe a number of critically important tasks should be undertaken by all States. Note that inclusion of activities below does not guarantee they are eligible for Recovery Act HIT administrative FFP. All planning and implementation activities should be approved by CMS. Key tasks include:

1. Participation in the development of a specific State roadmap for HIT adoption and use as it relates to Medicaid as well as the State's overall plan for electronic health information exchange as specified under section 3013 of the Public Health Service Act.

2. Set Medicaid-specific performance goals related to EHR technology adoption, use, and expected outcomes.

3. Establish leadership accountability for assuring return on investment and provider public reporting on clinical quality outcomes.

4. Arrange or provide technical assistance and training of Medicaid providers in the planning, adoption and use of EHRs, and inform providers about other resources such as the Regional Extension Centers.

5. Provide forums and opportunities for input from stakeholders, including advocacy organizations, other public social service agencies, and safety net providers.

6. Collaborate and coordinate with other HIT initiatives in the public and private sector, such as those being conducted by a State designated entity, community health centers, safety net hospitals, public health, behavioral health, VHA, DoD, CDC, IHS, HRSA, AHRQ, SAMHSA, and other States (where appropriate).

7. Continue to bring successful Medicaid Transformation Grant initiatives and projects to scale.

8. Initiate, where appropriate, State legislation as necessary to create the legal and regulatory authorities for Health Information Exchange/EHR.

9. Ensure that existing quality reporting processes are aligned (e.g., Managed Care external demonstration evaluation reporting).