



Medicaid and Public Health Community of Practice

Jointly supported by the Centers for Disease Control and Prevention and the Office of the National Coordinator for Health IT

February 22, 2019



- The slides will be available after the webinar.
- Please submit questions during the presentation via the chat function.
- In addition, at the end of the presentation, we will provide an opportunity for participants to raise their hands to ask questions during the Q&A.
- This webinar is **NOT** being recorded.

CoP Meaningful Use Website

- <http://www.cdc.gov/ehrmeaningfuluse/cop.html>

The screenshot shows a web browser window displaying the CDC Meaningful Use Community of Practice (CoP) website. The address bar shows the URL <http://www.cdc.gov/ehrmeaningfuluse/cop.html>. The page has a navigation menu on the left with items like Introduction, Calendar, Connect with Others, CDC Meaningful Use ListServ, Meaningful Use Community, Public Health - EHR Vendors Collaboration Initiative, Joint Public Health Forum & CDC Nationwide, Meaningful Use (MU) Public Health (PH) Reporting Requirements Task Force, Community of Practice (CoP), ELR Task Force, Jurisdiction Meaningful Use Websites, S & I Framework, Reportable Conditions Knowledge Management System, External Links, Frequently Asked Questions, Public Health Options, and Resources. The main content area features a header with a word cloud containing terms like 'EHR', 'incentive', 'payments', 'hospitals', 'eligible', 'Medicaid', 'Medicare', 'rule', 'section', 'measures', 'clinical', 'year', 'EPs', 'annual', 'ruffed', 'maternal', 'sporting', 'quality', 'patient', 'hospital', 'program', 'incentive', 'payments', 'hospitals', 'eligible', 'Medicaid', 'Medicare', 'rule', 'section', 'measures', 'clinical', 'year', 'EPs', 'annual', 'ruffed', 'maternal', 'sporting', 'quality', 'patient', 'hospital'. Below the header is the title 'Meaningful Use' and a breadcrumb trail: 'CDC > Meaningful Use > Connect with Others > Meaningful Use Community'. The main heading is 'Community of Practice (CoP)' with social media icons for Facebook, Twitter, and a plus sign. The text describes the CoP's purpose: 'The Office of the National Coordinator for Health Information Technology (ONC), in collaboration with Centers for Disease Control & Prevention (CDC) have revived the Community of Practice (CoP) focused on leveraging Federal financial participation (FFP), including the 90 percent FFP State administrative match (a.k.a. 90/10) for Medicaid Health Information Technology (HIT) activities. The proposed participants in this CoP will include representatives from public health agencies (e.g., MU Coordinators, HIT Coordinators), state Medicaid offices and national public health associations. This CoP will provide a collaborative forum for public health agencies (PHAs) to:'. A bulleted list follows: 'Identify common barriers and challenges to obtaining FFP for public health related HIT activities', 'Share successful models and approaches used to obtain FFP', 'Establish best practices to identify and coordinate intra-agency initiatives and projects that may qualify for funding', 'Develop guidance for HIT Implementation Advance Planning Documents (IAPD)', 'Identify key aspects for successful communications and planning with State Medicaid agencies', and 'Share the latest updates and opportunities for PHAs'. Below this is a paragraph: 'This CoP will meet using the GoToWebinar tool on a bi-weekly basis starting August 12, 2016. Pre-registration is required to join these meetings.' The next section is 'Webinar Information' with a bulleted list: 'GoToWebinar will now be used for these webinars and pre-registration for this event is required. Please follow the registration instructions listed below to receive instructions on how to join this webinar.', 'Your registration will be valid for the all of the currently scheduled monthly meetings.', 'The instructions you receive will include a link to add these recurring meetings to your calendar.', and 'You are advised to test your GoToWebinar connectivity prior to the meeting by following the instructions provided below.' The final section is 'Webinar Registration Instructions'.

How to submit or ask questions for the panel members?

Submit or Ask Questions

- **Submit your text question and comments using the Question Panel**
- **Please raise your hand to be unmuted for verbal questions.**

Agenda

- Housekeeping/Introductions
- Experiences from Indiana's Immunization Information System (IIS) on Receiving 90/10
 - » Vijay Pathangi, Registry Manager, Indiana State Department of Health
- Q&A
- Next Steps/Homework

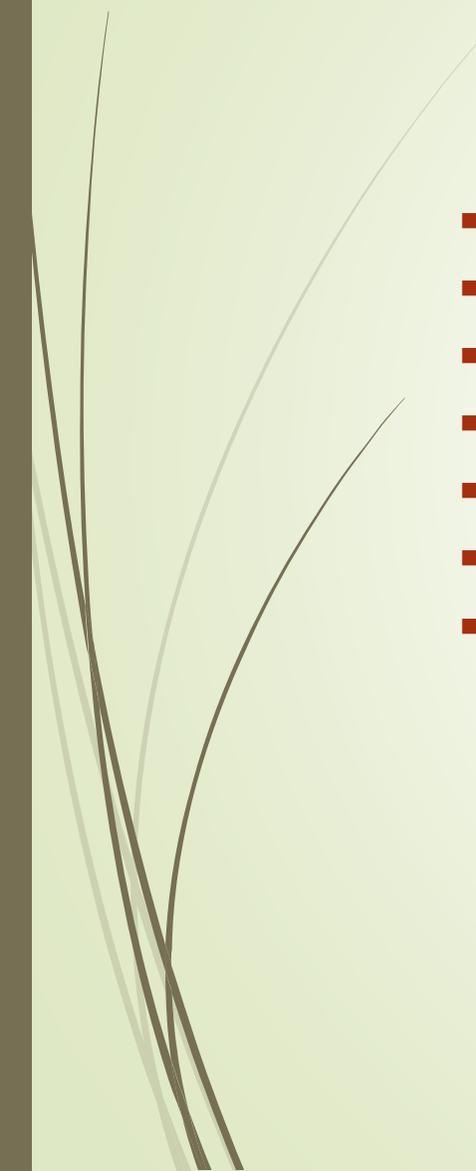


Indiana IIS 90/10 funding Project

Vijay Pathangi, Registry Manager
Indiana State Department of Health
22nd February, 2019



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Indiana IIS-CHIRP

- ▶ **CHIRP** is Indiana's State Immunization Registry
- ▶ It has been in existence since **2002**
- ▶ CHIRP is vendor based product from STC
- ▶ IN also uses another product from STC called PHC-Hub for **Interoperability** (submission and querying of immunization info)
- ▶ Over **80%** of the data submitted to CHIRP is done electronically
- ▶ CHIRP/PHC-Hub supports **bidirectional** data exchange of HL-7 messages



CHIRP Stats

- ▶ **CHIRP Registry Stats**

- ▶ Over 15,800 active users!
- ▶ **8M** patients
- ▶ **87M** vaccinations

- ▶ **2018 Statistics**

- ▶ ~2900 new Users added
- ▶ ~80,000 new patient records
- ▶ VXU Messages - **7,439,345**
- ▶ QBP Messages- Over **12 M**
- ▶ ~980 new facilities in 2018
- ▶ ~790 VFC providers



CHIRP related legislations

- ▶ As of **July 1, 2015** (Senate Bill 415) IN State requires mandatory reporting of all administered doses by providers to the State Registry for patients **0-18** years of age within **7 days** of administration
- ▶ All Pharmacies are required to report all doses administered to all patients to the State Registry
- ▶ Reporting requirements include reporting of the following info either **electronically** or via **manual** enter (thru the CHIRP web application).
 - ▶ Patient demographic info (Name, DOB, Gender, Race, address etc.)
 - ▶ Vaccine level info (Vaccine type, Vaccine Date, Lot Number, Vaccine expiration date etc.)



90/10 Project

▶ Time lines

- ▶ Initial project grant submission to IN State Medicaid- **Jan 2016**
- ▶ The following 3 Programs applied for funding
 - ▶ **Immunization**
 - ▶ Maternal and Child Health
 - ▶ Office of Technology and Compliance
- ▶ IN Medicaid needed to create the over-arching State IT plan
- ▶ ISDH made **multiple** updates to projects in our grant proposal between 2016 and 2018
- ▶ ISDH got approval of our 90/10 funding grant application from IN FSSA sometime in **Jun 2018**

Immunization 90/10 Grant

90/10 Grant Project Cost Overall	
Budget Area	CHIRP
Resource Cost	\$923,307.55
Hardware and Software	\$526,887.42
Project Total	\$1,450,194.98

➤ Total 90/10 Immunizations Grant approved: ~1.45 M *

➤ * including the 10% State funds



IIS Grant Details

- ▶ Our funding request included resources, hardware and software.
 - ▶ **MU Coordinator**- We currently have only a part time MU Coordinator. The MU coordinator to work with CHIRP facilities to provide technical assistance, provider education and help with audit review related questions and clarifications on Stage 2 and Stage 3 attestments.
 - ▶ Purchase and Implementation of **Business Intelligence software** to identify, inform, and improve the quality of data submitted to the Immunization Registry.
 - ▶ Review of onboarding process and review of existing HL-7 import accounts
 - ▶ **Address validation and GIS mapping**- Integration of Smarty Streets with the IIS DB. Review and update existing patient address info with the IIS



Grant Details (Cont.)

- ▶ **Meaningful Use Training and Outreach**-This project is focused on training and providing outreach to facilities throughout the state. Training and outreach will be delivered through web-based training, topic-driven conference calls, and when needed on-site visits to assist facilities in meeting MU objectives as quickly and easily as possible.



Current Status

- ▶ Funding was requested for a period of **18-21 Months**
- ▶ FSSA is splitting this into **7 Quarters**.
- ▶ Currently the final ISDH-FSSA **MOU** has been signed off by ISDH and is currently with FSSA. Once signed off, funds are to be made available immediately
- ▶ 2 Quarters have already past from the date of initial approval (June 18). However since we haven't received any funding yet ISDH has requested the funding cycle start the moment the 1st pot of money is made available to ISDH. We are waiting to hear back on this.
 - ▶ Initial Project dates – **June 18- Mar-19**
 - ▶ Initial Project dates – **Mar 19- Dec -20**
- ▶ We are hoping to have funding before the end of this month.



About the 10% Match

- ▶ IN FSSA has indicated that 10% can be a combination of **both** State funds and in-kind funds
- ▶ ISDH is looking into use as much in-kind funding as possible
- ▶ Having in kind match can affect your project \$



Challenges and Lessons Learned

- ▶ It took a long time (**2.5 years**) for our grant to be approved from the time we made our first grant submission
- ▶ State Medicaid had certain requirements that needed to meet from their side to apply for the grant
- ▶ Our grant proposal had to be revised several times because some of the projects listed were time sensitive and were either completed or had to be shelved.
- ▶ Staffing changes affects your project.



Challenges and Lessons Learned (Cont)

- ▶ Agency needs to be ready to **jump start** their projects **as soon** as they receive word of the funding approval. This will help avoid complications with respect to funding availability and use.
- ▶ **Plan well ahead** on how you will come up with the 10% match
- ▶ Using in-kind match can affect your overall allocation of funding since you only get 90% from CMS. If part of the 10% is in-kind then this funding cannot be used to **hardware or software** purchase.



Future Outlook

- ▶ 90/10 is definitely a great opportunity for making a variety improvements to your IIS System that can greatly improve or enhance processes and processes.
- ▶ Most of ours projects do not extend beyond 18 months
- ▶ For those that need continued funding we hope to look at the **50-50** or **75-25** match funding that some States are already taking advantage of

Questions and Discussions



THANK YOU!



The Office of the National Coordinator for
Health Information Technology

Q&A/Discussion



 @ONC_HealthIT

 @HHSOHC

HealthIT.gov 

Next Steps/Homework

- Next Call: Scheduled for March 22, 2019 2-3PM EST.
- We are no longer using Basecamp, we are working to post the resources from there to CDC's Meaningful use website (<https://www.cdc.gov/ehrmeaningfuluse/>).
- Send topics/ideas/questions for future CoP meetings to meaningfuluse@cdc.gov or post them to Basecamp.
- **ONC's Notice of Proposed Rulemaking:** To Improve the Interoperability of Health Information: <https://www.healthit.gov/topic/laws-regulation-and-policy/notice-proposed-rulemaking-improve-interoperability-health>
- **CMS's Notice of Proposed Rulemaking:** Interoperability and Patient Access: <https://www.cms.gov/Center/Special-Topic/Interoperability-Center.html> and <https://www.cms.gov/newsroom/fact-sheets/cms-advances-interoperability-patient-access-health-data-through-new-proposals>