

Alabama's Health IT Partnerships

Medicaid & Public Health Community of Practice
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*Alabama Medicaid Agency & Alabama Dept. of Public Health
Partners in Care Collaboration*

Presented by: Gary D. Parker, Chief Data Officer
Director, Data Governance and Health IT
Alabama Medicaid Agency

Today's Presentation Agenda

- ▶ Alabama State HHS Organizational Structure
- ▶ Medicaid and ADPH Health System
- ▶ Alabama's 90/10 Funding for ADPH Projects
 - ▶ Project Determination
 - ▶ IAPD-U Methodology
- ▶ Opportunities to Excel (Now and Later)
- ▶ Lessons Learned (a.k.a. overcoming impediments)
- ▶ Questions and Discussion

Alabama's State HHS Structure - Overview

- ▶ Six (6) separate Agencies - not a single overarching umbrella with separate departments:
 1. Four (4) have Commissioner's appointed by the Governor & are Cabinet posts.
 - a) Alabama Medicaid Agency (AMA)
 - b) Alabama Department of Mental Health (ADMH)
 - c) Alabama Department of Senior Services (ADSS)
 - d) Alabama Department of Human Resources (ADHR)
 2. Two (2) have individuals selected by a separate Board of Directors.
 - a. Alabama Department of Public Health (ADPH)
 - i. State Health Officer - reports to the State Board of Health via the State Committee of Public Health
 - b. Alabama Department of Rehabilitation Services - Children's Rehab Services (ADRS-CRS).
 1. Commissioner -selected and reports to the Board of Rehab Services

Medicaid and ADPH Health System

- **Alabama Medicaid Agency - State Insurance Payer**
 1. 11 District Offices located in various cities across the State
 2. Currently serves 1.2 Million people (25% of population; 50% of the children)
 3. Alabama Coordinated Health Network (MCO initiative) - 10/2019
 4. A funding source to support other State HHS agencies for program and services.
 5. FY 2018-19 - \$6.8B Corporation (CMS and State tax dollars)
- **Alabama's Department(s) of Public Health (Care delivery)**
 1. Alabama Department of Public Health (State Agency)
 - a. 65 County Health Departments - 67 Counties
 - b. *State Health Administrator*
 - c. *Some State Dollars in annual budget, Grants, etc.*
 2. **Jefferson County Public Health Department (Birmingham area)**
 3. **Mobile County Public Health Department (FQHC)**
 - a. *Both have their own State Health Officer*

Medicaid's 90/10 HITECH Funding to support ADPH

- ▶ Project Determination (Factors)
- ▶ What is the “win-win” benefit?
 - ▶ Does it promote Interoperability in care delivery, measuring outcomes, and data management(collection, sharing, quality, etc.)?
 - ▶ How does it support the utilization of Alabama’s Health IT infrastructure?
 - ▶ Is it cost effective and efficient? (Can it re-allocation of current resources/funds to other implementations)
 - ▶ Is an project that is with the scope of HITECH, SMD letters, Support Act, NPRM, etc.
- ▶ IAPD-U Methodology
 - ▶ Project must be support the objectives in the SMHP.
 - ▶ Budget neutral to Medicaid. (ADPH pays the match).
 - ▶ Statement of Work (SOW) that outlines the projects task, goals and costs.
 - ▶ Include the project as a separate line item in the IAPD-U.
 - ▶ Be conscious of your project timing vs CMS approvals.

Opportunities to Excel

Medicaid and ADPH Partnership Efforts

Today

- ▶ ADPH's CureMD EHR (2015 MU CERHT - EHR Incentive Payment) *Created 72 Statewide connections for the State HIE, Alabama One Health Record - ALOHR.*
- ▶ Children's Health Insurance Plan (CHIP) claims interface into ALOHR.
- ▶ ADPH MU Program Support for Public Health Registries and Reporting for EP participation. (*This includes program efforts to improve data quality in the reporting process*)

Tomorrow

1. Hospital Reporting to the ADPH via the Alabama One Health Record. (*IMZ and ELR program - recruiting pilots*).
2. State Lab interface into Medicaid for Recipient Lab results (*eCQM's*).
3. Prescription Drug Monitoring Program (PDMP) - *Proposal made, No decision yet.*
4. Emergency Management Services (EMS & First Responders) - (*Part of our initiative to expand the PHI exchange onsite/in-transit and disaster prep plan*)
5. Telemedicine & Telehealth - Re-engaging to support Rural populations.
6. ADRS-CRS, Sister Agency - Connecting to ALOHR (*14 facilities and their network*)
7. More expansive data sharing and collaborative analytics (State HHS Agencies)

Lessons Learned

1. Its all about “**Relationships**”, particularly with your PH Peers.
2. Not every project is about money, it’s about understanding the purpose of the effort.
3. But...90/10 money helps..!
4. There are still programs or areas that still operate within a “silo” ...
5.so, there are times when you have to go down deeper into a rabbit hole to get to the right audience and a source of a decision.
6. Investigate sister Agencies contact and tap into their relationship to Public Health Agency or Department.
7. There are times when people feel that changes resulting in the migration to a more open, data sharing environment as needed by HITECH threatens their job, responsibility, etc...
8. ...So clarity of the purpose of the project is an absolute.
9. Be very mindful of federal funds double dipping.....

- ▶ Questions or Comments