

Health IT Plan: Workbook in Word Format

Driver Diagram: Health IT Support for Data and Information to achieve state-wide health transformation

Table 1: Health IT Support for Data/Information for Driver Diagram (Workbook Tab 1)

<p>Metric: What data will be used to track progress (how much and by when)?</p> <p><i>(copy from Operational Plan Driver Diagram-Tab 1)</i></p>	<p>Who needs the data? (1) state (2) HC delivery systems/managed care entity (3) providers (4) patients/enrollees</p>	<p>What Health IT is needed to support data collection, retention, aggregation, analysis, dissemination? (what and by when)</p>	<p>What Health IT policy (P), technical assistance (TA), technology (IT), or business operation (O) changes are required and by when?</p>	<p>Identify and explain policy levers that will be used (if applicable): (1)statutory/regulatory (2) Leveraging State Purchasing - Medicaid (managed care contracting/MMIS/MU Program) (3) Leveraging State Purchasing - State Employees (4)Leveraging Private Financing</p>	<p>Identify challenges & additional clarifications regarding Health IT Policy (P), TA, technology (IT) or business operation (O) changes required by item</p>
<p><i>Examples: clinical data from the EHR; claims data from the APCD; payment data from the MMIS; etc.</i></p>	<p><i>Examples: state - for reporting to state legislature; delivery system- to determine if a change in benefits required; provider - care team for delivery of care; patient – compliance with treatment plan; etc.</i></p>	<p><i>Examples: Collection – connectivity between BH, PH and medical providers, Retention - Data Repository, Aggregation – patient matching; Analysis - Data Analytic capability; Dissemination – HIE; etc.</i></p>	<p><i>Examples: TA -TA to providers regarding specifications; IT - data analytic software at the state; P - data sharing agreement; O- policies and procedures; etc.</i></p>	<p><i>Examples: amendment to state law; contract language in managed care contract; condition of participation; direct or indirect payment; etc.</i></p>	<p><i>Examples: P – legislative action; TA – funding; IT – procurement; O – timelines; etc.</i></p>
<p>1.a.1</p>					
<p>1.a.2</p>					

Metric: What data will be used to track progress (how much and by when)? <i>(copy from Operational Plan Driver Diagram-Tab 1)</i>	Who needs the data? (1) state (2) HC delivery systems/managed care entity (3) providers (4) patients/enrollees	What Health IT is needed to support data collection, retention, aggregation, analysis, dissemination? (what and by when)	What Health IT policy (P), technical assistance (TA), technology (IT), or business operation (O) changes are required and by when?	Identify and explain policy levers that will be used (if applicable): (1)statutory/regulatory (2) Leveraging State Purchasing - Medicaid (managed care contracting/MMIS/MU Program) (3) Leveraging State Purchasing - State Employees (4)Leveraging Private Financing	Identify challenges & additional clarifications regarding Health IT Policy (P), TA, technology (IT) or business operation (O) changes required by item
1.b.1					
1.b.2					
2.a.1					
2.a.2					

Domains of the Health Information Technology Plan

A. Governance

ORGANIZATIONAL STRUCTURE AND DECISION-MAKING AUTHORITY RELATED TO HEALTH IT

Table 2: Organizational Structure(s) related to Health IT (Workbook Tab 10)

(May include diagram(s) and/or narrative)

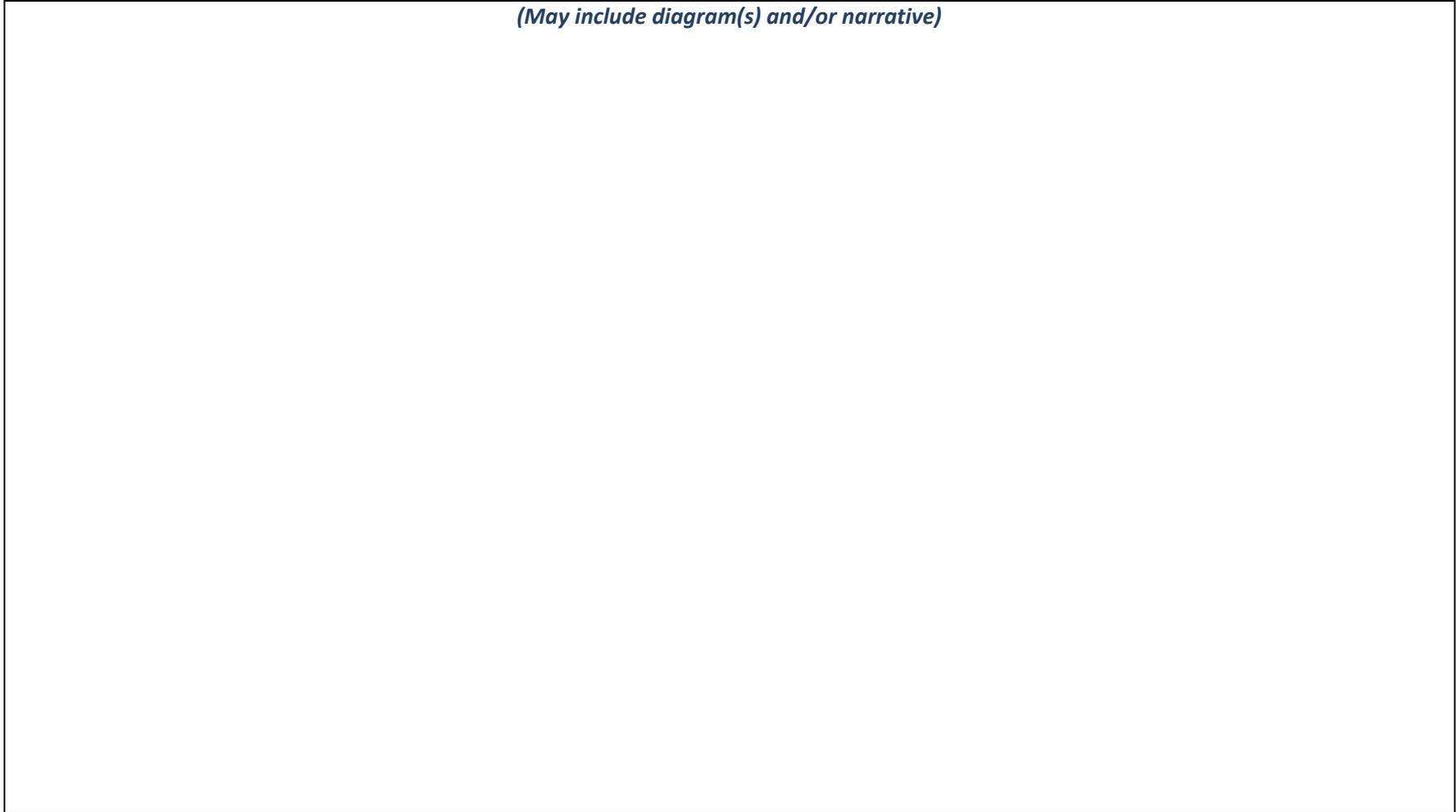


Table 3: Health IT Related Positions (Workbook Tab 6)

HIT Lead					Contact Information	
Health IT Activity	Position/Title (including Government Agency)	State Appointed Staff (AS), State Hired Staff (HS), Contracted (C), Appointed (A)	First Name	Last Name	Phone Number	Email Address
<i>Examples: HIE Infrastructure for Driver X; Health IT Data Repository; Identity Management; Privacy and Security; etc.</i>	<i>Examples: Health IT Coordinator in the Governor's Office; Director MMIS in the Medicaid Agency</i>	<i>Examples: AS; HS; C; A</i>	<i>John</i>	<i>Rancourt</i>	<i>555-555-5555</i>	<i>John.rancourt@hhs.gov</i>

Table 4: Description of How Health IT Organizational Structure(s) Incorporated into Overall Organizational Chart
(May include diagram(s) and/or narrative- Workbook Tab 10)

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HEALTH IT ORGANIZATIONAL CAPACITY

Table 5: Health IT Organizational Capacity –Staffing (Workbook Tab 6)

HIT Activity <i>(Repeat this column from first column in previous table)</i>	Staffing Resources & Roles <i>(beyond “lead” which is identified in previous table)</i>		Recruitment Mechanisms <i>(narrative if any special efforts or N/A)</i>	Training <i>(indicate staff (S) or contractor (C) or both (B)) (indicate new (N) existing (E) or both (B)) (Indicate if mandatory training (M) or optional training(O) & if training type/content)</i>			
	Number	Roles		S/C/B	N/E/B	M/O	Type/Content
<i>Examples: HIE Infrastructure for Driver X; Health IT Data Repository; Identity Management; Privacy and Security; etc.</i>	<i>Examples: actual or estimated number</i>	<i>Examples: technical; managing contracts; business analysts; policy; etc.</i>	<i>Examples: link to community colleges; special newspaper advertising; special training; etc.</i>				<i>Examples: web; one-on-one; classroom internal; community college training; etc.</i>

Table 6: Health IT Organizational Capacity –Project Management
Relationship of Health IT Project Management to Overall SIM Project Management (Workbook Tab 11)

Individual Health IT Project Management by HIT Activity <i>(Repeat this column from first column in previous table)</i>	Project Management by Individual Health IT Activity Currently Exists (Y), Being Developed (D) Does not exist (N)	Document (Attach and Indicate Attached)	Additional Comments & Clarifications
<i>Examples: HIE Infrastructure for Driver X; Health IT Data Repository; Identity Management; Privacy and Security; etc.</i>	<i>Examples: for Driver x – Y; for data repository – N; for privacy and security - D</i>	<i>Examples: Attached and identified as Attachment X</i>	
Overall Health IT Project Management	Yes/No	If Yes Document (Attach and Indicate Attached)	Additional Comments & Clarifications
HIT activities to support a specific SIM effort are included in the related SIM Project Management Plan			
HIT Overall Project Management Plan that combines Individual HIT Project Plans into Comprehensive HIT Project Management Plan			

Table 7: Health IT Organizational Capacity –Project Management
Health IT by SIM Component/Project Implementation Gantt chart (Workbook Tab 11)

SIM Component/Project Area <i>(Repeat from Column A from SHSIP Tab 3 Master Timeline)</i>	Health IT Activity Supporting the SIM Component/Project Area <i>(If more than one list each one separately)</i>	Year 1				Year 2				Year 3				Milestone(s) with Due Dates <i>(1) State HIT Operational Plan Completed and Item Identified in State HIT Plan (2) RFP/RFI Release Date (3) Contract Awarded (4) Project/Activity Initiated (5) Contract Milestones as Identified in Contract Completed (6) Other - explain</i>
		Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	
<i>Repeat from Column A from SHSIP Tab 3 Master Timeline</i>	<i>Examples: Technology- EHR, Data Repository, system integrator, etc.; TA-to BH providers or substance use providers; other-explain</i>													<i>Examples: State HIT - 12/1/15; RFP for systems integrator – 3-1-16; Contract award for systems integrator – 5-1-16; first milestone of systems integrator contract – 6-1-16; other – explain; etc.</i>
1														
2														
3														
4														

SIM Component/Project Area <i>(Repeat from Column A from SHSIP Tab 3 Master Timeline)</i>	Health IT Activity Supporting the SIM Component/Project Area <i>(If more than one list each one separately)</i>	Year 1				Year 2				Year 3				Milestone(s) with Due Dates <i>(1) State HIT Operational Plan Completed and Item Identified in State HIT Plan (2) RFP/RFI Release Date (3) Contract Awarded (4) Project/Activity Initiated (5) Contract Milestones as Identified in Contract Completed (6) Other - explain</i>
		Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	
5														
6														
7														
8														
9.														
10.														

Table 8: Health IT Organizational Capacity –Project Management Budget Support (Workbook Tab 4)

Health IT Activity/Budget Item <i>(From the overall budget, separate out the Health IT budget items)</i>	Description of Health IT Activities Budgeted	Vendor <i>(If applicable and name vendor if known)</i>	Expected Expenditures <i>(If Health IT Component is funded by non-SIM funds indicate funding source)</i>
<i>Examples: From SIM budget for new payment methodology - the budget that is for the health IT for the state to support the payment methodology; for the quality metrics – the budget for the health IT to support quality metrics; etc.)</i>	<i>Examples: payment - data analytics software, technical staffing, necessary interfaces; quality – data repository, interfaces, technical and operational staffing, eCQM open source tools; etc.</i>	<i>Examples: payment – vendor x; quality – vendor TBD; etc.)</i>	<i>Examples: pay - \$XXXXXX (all SIM funding); quality - \$XXXXXX (Medicaid \$XXXXXX – SIM \$XXXXXX – Other \$XXXXX)</i>

Table 9: Mechanisms to Coordinate Private and Public Health IT Efforts and Alignment with Health IT Legislative/Executive Authority (Workbook Tab 12)

Health IT Activity <i>(Repeat this column from 1st column in Table 5)</i>	Related Private Health IT Efforts <i>(Name and Explain or indicate N/A)</i>	Related Public Health IT Efforts <i>(Name and Explain or indicate N/A)</i>	Mechanisms to Coordinate SIM Health IT Activity with Related Private/Public Health IT Efforts	Statutory/Regulatory/ Executive Authority for Health IT Activity <i>(Current authority exists thru statute or regulation – Y; Needed and being pursued –P; Not Addressed –N)</i>
<i>Examples: HIE Infrastructure for Driver X; Health IT Data Repository; Identity Management; Privacy and Security; etc.</i>	<i>Examples: Large employer engagement with HIE; managed care entity/health system own HIE; etc.</i>	<i>Examples: APCD; Medicaid Data Repository; etc.</i>	<i>Examples: cross-representation on boards, joint meetings, etc.</i>	<i>Examples: authority to collect non-Medicaid data – P; clarifications on consent - Y; governance – N)</i>

HEALTH IT STAKEHOLDER ENGAGEMENT

Table 10: Health IT Stakeholder Engagement (Workbook Tab 6)

Health IT Activity <i>(Repeat this column from first column in table above)</i>	Stakeholders <i>(name of the individual, organization, agency, non-profit or practice)</i>	Entity Type <i>(State Government/Fed. Government/ Local Government/HC Care System/ Commercial Purchaser/ Physical Health Provider/LTPAC-LTSS Provider/ BH Provider/PH Provider/Community/ Consumer/Tribal/REC/Other-Name)</i>	How Stakeholder will be Engaged <i>(Steering Committee/ Workgroup/ Other-Explain)</i>	Stakeholder Role <i>(Member/ SME/ Other-Name)</i>	Timeframe for Engagement	Potential Risk to Success if not Engaged
<i>Examples: HIE Infrastructure for Driver X; Health IT Data Repository; Identity Management; Privacy and Security; etc.</i>	<i>Examples: HIE Ex Director or Dept. of Health or xxx BH clinic or xxx FQHC or xxx Tribe</i>	<i>Examples: HIE, state government, BH provider, physical health provider, tribal, etc.</i>	<i>Examples: steering committee, workgroup xxxx, consultant to workgroup xxxx, other-explain</i>		<i>Examples: appointment for one year; appointment for duration of SIM award; etc.</i>	<i>Examples: limitations not understood; data for specific population(s) not available; etc.</i>

Table 11: Health IT Stakeholder Engagement Process (Workbook Tab 6)

Process		Describe the Process <i>(If meetings, how often & location, how input is incorporated into decision making, etc.)</i>
Outreach Process	<i>Examples: newspaper notices, community meetings, etc.</i>	
Steering Committee Process	<i>Examples: Meetings monthly at location xx with public notice; agendas on the web;</i>	
Work Group Process, if applicable	<i>Examples: Meetings monthly at location xx with public notice; agendas on the web;</i>	
Ongoing Engagement Process	<i>Examples: listservs, newsletters, social media, phone calls</i>	
Other: _____		
Other: _____		
Other: _____		

Table 12: Health IT Stakeholder Priorities/Requests (Workbook Tab 6)

Priority and/or Request Area	Explain Purpose or SIM Need	Health IT Stakeholder Group Making Request	Level Where Health IT is Needed: State, Community, Provider	Funded through SIM Grant (Y/N)	Date Needed by	Additional Information & Clarifications
	<i>Examples: HIE-to transport eQMs to state data repository; analytics – to analyze eQMs; TA- guidance so standardized, etc.</i>	<i>Examples: Purchasers, Providers, HIEs, Tribes, Consumers, across stakeholder groups</i>	<i>Examples: state level/statewide HIE needed and connectivity needed at community and provider level; etc.</i>			
HIE						
Data Warehouse Analytics						
TA & Policy Clarification						
e-Measurement Support						
Financing						
Other: Explain						

LEVERAGING EXISTING ASSETS TO ALIGN WITH FEDERALLY-FUNDED PROGRAMS AND STATE ENTERPRISE IT SYSTEMS

Table 13: Current State of Health IT for the Key Care Delivery Transformation and Payment Reform SIM Commitments (Workbook Tab 7)

(* For Table 13 State Government is defined by state as a state system even if state has contractor operating)

Focus: HIE and EHR Use in State

Health IT Item	Detail		If Y in Detail: Operational (O) Planned (P)	Total Number or Unknown	As of Date	Clarifying Comments/Further Explanation
HIE and EHR Use in State						
Statewide HIE	State Government*	Query: DIRECT: Both:	Y/N Y/N Y/N			
	Non-State Government: Name of entity _____	Query: DIRECT: Both:	Y/N Y/N Y/N			
Less-than-statewide HIEs	State Government*:	Query: DIRECT: Both:	Y/N Y/N Y/N			
	Non-State Government: Name of entity: _____	Query: DIRECT: Both:	Y/N Y/N Y/N			
The total number of Medicaid MU-EPs who have received a payment exchanging information through an HIE						
Total number of Medicaid MU-EPs who have received a payment with 2014 Certified System						

Health IT Item	Detail	If Y in Detail: Operational (O) Planned (P)	Total Number or Unknown	As of Date	Clarifying Comments/Further Explanation
HIE and EHR Use in State					
Total number of Medicaid MU-EHs who have received a payment with 2014 Certified System					
The total number of Medicaid MU-EHs who have received a payment exchanging information through an HIE					
Total number of Medicaid LTPAC/LTSS providers with EHR (certified or not)					
The total number of Medicaid LTPAC/LTSS providers exchanging information through an HIE					
The total number of Medicaid MH providers exchanging information through an HIE					
Total number of Medicaid MH provider with EHR (certified or not)					

Health IT Item	Detail	If Y in Detail: Operational (O) Planned (P)	Total Number or Unknown	As of Date	Clarifying Comments/Further Explanation
HIE and EHR Use in State					
Total number of Medicaid substance use providers exchanging information through an HIE					
Total number of Medicaid substance use providers with an EHR (certified or not)					

Table 13- continued: Current State of Health IT for the Key Care Delivery Transformation and Payment Reform SIM Commitments (Workbook Tab 7)
Focus Health-IT Infrastructure in State

Health IT Item	Detail	For Detail indicate: Operational (O) Planned (P)	Total Number or Unknown	As of Date	Clarifying Comments/Further Explanation
Health-IT Infrastructure in State					
All Payers Claims System (Name if applicable _____)	Access to Data	HPs/CCOs/ACOs :			
		State:			
		Providers:			
	Types of Data	Encounter:			
		Medical Claims:			
		Eligibility:			
		Dental:			
	Sources of Data	Pharmacy:			
		Medicaid :			

Health IT Item	Detail		For Detail indicate: Operational (O) Planned (P)	Total Number or Unknown	As of Date	Clarifying Comments/Further Explanation
Health-IT Infrastructure in State						
			Medicare:			
			Medicaid Encounter:			
			Third Party Administrators/ Self-Funded:			
			Commercial Payer:			
Data Repository, excluding APCD that is listed above Name (if applicable):	State Gov.* Operated: Claims and Clinical (CCO)					
	State Gov.* Operated: Claims Only (C)					
	State Gov.* Operated : Clinical Only (CO)					
	Non-State Operated: Claims and Clinical (CCO)					
	Non-State Operated: Claims Only (C)					
	Non-State Operated: Clinical Only (CO)					

Health IT Item	Detail	For Detail indicate: Operational (O) Planned (P)	Total Number or Unknown	As of Date	Clarifying Comments/Further Explanation
Health-IT Infrastructure in State					
PopHealth Use					
Statewide Provider Directory	e-addresses				
	Attribution of patient to provider				
	Attribution of provider to clinic				
	Attribution of clinic to plan				
	Other:				
Patient Matching	State Government*				
	State government and non-state government				
Statewide Clinical Notification System	ADT Notification to _____ from hospital				
	ADT Notification to _____ from hospital				
	ADT Notification to _____ from hospital				

Health IT Item	Detail	For Detail indicate: Operational (O) Planned (P)	Total Number or Unknown	As of Date	Clarifying Comments/Further Explanation
Health-IT Infrastructure in State					
Community Level Clinical Notification System	ADT Notification to _____ from hospital				
	ADT Notification to _____ from hospital				
	ADT Notification to _____ from hospital				
Plan Level Clinical Notification System	ADT Notification to _____ from hospital				
	ADT Notification to _____ from hospital				
	ADT Notification to _____ from hospital				
Shared-Care Plans	Statewide Shared Care Plans:				
	Community Level Shared Care Plans: <i>(Define 1)community (2) shared care plan)</i>				
	ACO/MCO Level Shared Care Plans: <i>(Define 1)community (2) shared care plan)</i>				
Care Summary Exchange					

Health IT Item	Detail	For Detail indicate: Operational (O) Planned (P)	Total Number or Unknown	As of Date	Clarifying Comments/Further Explanation
Health-IT Infrastructure in State					
Access to clinical information by non-MU providers	Provider Type: MH/SU/LTPAC/LTSS/ Other (specify) (<i>Indicate which provider types</i>)				Specific type and what clinical information accessible
Data Aggregation & Analytics	Statewide Capacity to Collect: needed data sources identified				Specific tool/capability, specific data sources, additional clarifications:
	Statewide Capacity to Collect: interfaces with needed data sources				Specific interface capability (web/VPN/HIE) by data sources, vendor, additional clarifications:
	State Gov. *Capacity to Retain: Data Warehouse/Data Repository				Specific data (claims/clinical/other) by vendor, additional clarifications such as how often refreshed, "source of truth", elements included, etc.:
	State Gov.* Capacity to Analyze: Analytic tools (name tool: _____)				Specific interface capability (web/VPN/HIE) by data sources, vendor, additional clarifications:
	State Gov.* Capacity to Share with Providers				Specific interface capability (web/VPN/HIE) by data sources, vendor, additional clarifications:

Health IT Item	Detail			For Detail indicate: Operational (O) Planned (P)	Total Number or Unknown	As of Date	Clarifying Comments/Further Explanation
Health-IT Infrastructure in State							
Clinical Registries: non-Public Health							
Public Health Reporting through HIE (Each is separate interface so respond by "detail item")	PH System	Connects to same HIE(s) as all the other PH Systems	Connects to HIE(s) but not same as other PH Systems	Operational (OY/ON) Planned (PY/PN) by Detail Level	Total Number or Unknown	As of Date	Clarifying Comments/Further Explanation
	Immunization: Adult & Children						
	Immunization: Children Only						
	Syndromic Surveillance						
	Cancer Registry						
	Other Registry:						
	Other:						

Table 14: Relationship of SIM related Health IT to MITA/Medicaid/HITECH and State Enterprise IT Systems (Workbook Tab 13)

Medicaid System	Relationship to SIM <i>(if relationships explain – if none indicate none)</i>	I-APD Status <i>(submitted to CMS, approved by CMS, not submitted to CMS, not required,)</i>	Related Contract <i>(submitted to CMS, approved by CMS, not submitted to CMS, not required)</i>	MITA /7 Standards & Conditions <i>(meets the requirements (Y); to be determined (TBD); not required (N/A))</i>	State HIT Plan <i>(included in approved SMHP (A); in process (P); needs to be added (TBD); not required (N/A))</i>
	<i>Examples: SIM APCD project will interface with the MMIS and draw data from the MMIS-claims system; SIM clinical quality metrics will use 3 of the MU eCQMs and the infrastructure that is in place for MU eCQMs; etc.</i>	<i>Examples: I-APD submitted to CMS for funding for interfaces; MU I-APD not submitted; etc.</i>	<i>Examples: related contracts for APCD interfaces submitted to CMS; related contracts for MU not submitted to CMS but expected to be submitted xx/xx/xx</i>	<i>Examples: APCD-Y; MU-TBD</i>	<i>Examples: APCD includes sin SMHP in Section xx Page xx; MU not included in SMHP and will be included at next update; etc.</i>
MMIS-claims					
MMIS-program integrity					
Medicaid-eligibility (member management)					
Medicaid-MU Program					
Medicaid –managed care					
Medicaid-other (name):					
Medicaid-other (name):					

LEVERAGING AND EXPANDING EXISTING PUBLIC/PRIVATE HEALTH INFORMATION EXCHANGES

Table 15: Role and Expansion of Public/Private HIEs (Workbook Tab 13)

(narrative addressing role of current public/private HIEs and any plans for expansion of HIEs through the SIM initiative)

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B. Policy

POLICY LEVERS

Table 16: Health IT Policy Levers for the Key Care Delivery Transformation and Payment Reform SIM Commitments (Workbook Tab 8)
(Focus Statutory or Regulatory Authority)

Health IT Policy Lever	Detail		Policy Lever Operational by Detail Level Yes/No (OY/ON) Planned Yes/No (PY/PN)	If Operational or Planned As of Date	Clarifying Comments/Further Explanation <i>(If language, copy and paste language in this column)</i>
Statutory or Regulatory Authority					
Statutory or Regulatory authority related to privacy and security	1. related to Mental Health providers:	1a. Medicaid			Specifics on language:
		1.b State Funded non-Medicaid			Specifics on language:
		1.c. Commercial /Private			Specifics on language:
	2. related to Substance Use Providers (42 CFR Part 2)	2a. Medicaid			Specifics on language:
		2.b State Funded non-Medicaid			Specifics on language:
		2.c. Commercial /Private			Specifics on language:
	3. related to HIEs:	3a. Medicaid			Specifics on language:

Health IT Policy Lever	Detail	Policy Lever Operational by Detail Level Yes/No (OY/ON) Planned Yes/No (PY/PN)	If Operational or Planned As of Date	Clarifying Comments/Further Explanation <i>(If language, copy and paste language in this column)</i>		
Statutory or Regulatory Authority						
		3.b State Funded non-Medicaid			Specifics on language:	
		3.c Commercial /Private			Specifics on language:	
	4. related to Health IT, excluding HIEs:	4a. Medicaid			Specifics on language:	
		4.b State Funded non-Medicaid			Specifics on language:	
		4.c Commercial /Private			Specifics on language:	
	5. related to other: explain	5a. Medicaid			Specifics on language:	
		5.b State Funded non-Medicaid			Specifics on language:	
		5.c Commercial /Private			Specifics on language:	
	Statutory or Regulatory authority related to governance	1. Statutory or Regulatory authority related to	1a. Medicaid			Specifics on language:
			1.b State Funded non-Medicaid			Specifics on language:

Health IT Policy Lever	Detail		Policy Lever Operational by Detail Level Yes/No (OY/ON) Planned Yes/No (PY/PN)	If Operational or Planned As of Date	Clarifying Comments/Further Explanation (If language, copy and paste language in this column)
Statutory or Regulatory Authority					
	HIEs	1.c. Commercial /Private			Specifics on language:
	2. related to Health IT beyond HIEs	2a. Medicaid			Specifics on language:
		2.b State Funded non-Medicaid			Specifics on language:
		2.c. Commercial /Private			Specifics on language:
Regulatory/ Statutory Authority related to Data Governance	Topic of statutory/ regulatory language	a. Medicaid			Specifics on language:
		b State Funded non-Medicaid			Specifics on language:
		c. Commercial /Private			Specifics on language:
Regulatory/ Statutory Authority	statutory/ regulatory (topic):	a. Medicaid			Specifics on language:

Health IT Policy Lever	Detail		Policy Lever Operational by Detail Level Yes/No (OY/ON) Planned Yes/No (PY/PN)	If Operational or Planned As of Date	Clarifying Comments/Further Explanation <i>(If language, copy and paste language in this column)</i>
Statutory or Regulatory Authority					
related to the Exchange of Information		b State Funded non-Medicaid			Specifics on language:
		c. Commercial /Private			Specifics on language:

Table 16-continued: Health IT Policy Levers for the Key Care Delivery Transformation and Payment Reform SIM Commitments (Workbook Tab 8)
(Focus Contractual/Participation)

Health IT Policy Lever	Detail		Policy Lever Operational by Detail Level Yes/No (OY/ON) Planned Yes/No (PY/PN)	If Operational or Planned As of Date	Clarifying Comments/Further Explanation <i>(If language, copy and paste language in this column)</i>
Contractual/ Participation Requirements					
Contractual Requirements related to Data Governance	contract language in MCO/ACO <i>(topic)</i> :	a. Medicaid			Specifics on language:
		b State Funded non-Medicaid			Specifics on language:
		c. Commercial /Private			Specifics on language:
Data Governance Participation	conditions of participation <i>(provider/</i>	a. Medicaid			Specifics on language:

Health IT Policy Lever	Detail		Policy Lever Operational by Detail Level Yes/No (OY/ON) Planned Yes/No (PY/PN)	If Operational or Planned As of Date	Clarifying Comments/Further Explanation (If language, copy and paste language in this column)
Contractual/ Participation Requirements					
Requirements	<i>entity type):</i>	b State Funded non-Medicaid			Specifics on language:
		c. Commercial /Private			Specifics on language:
Contractual Requirements for Exchange of Information		contract language in MCO/ACO <i>(topic/scope)</i>	a. Medicaid		
	b State Funded non-Medicaid				Specifics on language:
	c. Commercial /Private				Specifics on language:
Participation Requirements for Exchange of Information	conditions of participation language <i>(provider /entity type)</i>	a. Medicaid			Specifics on language:
		b State Funded non-Medicaid			Specifics on language:

Table 16-continued: Health IT Policy Levers for the Key Care Delivery Transformation and Payment Reform SIM Commitments (Workbook Tab 8)
(Focus Payment and Service Delivery Levers)

Health IT Policy Lever	Detail	Policy Lever Operational by Detail Level Yes/No (OY/ON) Planned Yes/No (PY/PN)	If Operational or Planned As of Date	Clarifying Comments/Further Explanation <i>(If language, copy and paste language in this column)</i>	
Payment and Service Delivery					
Payment Incentives for HIT	to whom & for what <i>(provider/patient - how much incentive and for doing what)</i>	a. Medicaid			Specifics:
		b State Funded non-Medicaid			Specifics:
Service Delivery Models <i>(examples: PCCM/Shared Risk/etc.)</i>	Approach: <i>(examples: requirement for HIT activity; incentive payment for activity)</i>	a. Medicaid			Specifics:
		b State Funded non-Medicaid			Specifics:
		c. Commercial /Private			Specifics:

Table 16-continued: Health IT Policy Levers for the Key Care Delivery Transformation and Payment Reform SIM Commitments (Workbook Tab 8)
(Focus State Autonomous & Other Levers)

Health IT Policy Lever	Detail		Policy Lever Operational by Detail Level Yes/No (OY/ON) Planned Yes/No (PY/PN)	If Operational or Planned As of Date	Clarifying Comments/Further Explanation (If language, copy and paste language in this column)
State-Autonomous and Other Actions					
State-Autonomous Actions <i>(impacts public/private)</i> <i>(examples: licensure, requirement to connect to HIE, financing-grants)</i>	Approach:	a. Medicaid			Specifics:
		b. State Funded non-Medicaid			Specifics:
		c. Commercial /Private			Specifics:
Other: explain	Approach:	a. Medicaid			Specifics:
		b State Funded non-Medicaid			Specifics:
		c. Commercial /Private			Specifics:

1115 MEDICAID WAIVERS

Table 17: Waiver Process/Approval for Medicaid Health IT Component (If applicable) (Workbook Tab 9)

Key Medicaid Waiver Components with Health IT that are Relevant to the Success of the SIM Initiative(s) <i>(both direct Health IT or requires Health IT for support)</i>	Submitted to CMS (Y/N)	Approved by CMS <i>(Y/N and (date if yes)</i>	Key Technical Architecture Component(s)	Amount of Funding for Key Technical Architecture Component <i>(if applicable)</i>	Additional Clarifications & Comments
<i>Examples: Medicaid participation in all payer value based payments; Medicaid participation in statewide quality metrics; etc.</i>			<i>Examples: changes to MMIS to accommodate payment methodology; interfaces for quality metrics; etc.</i>	<i>\$xxxx.xx</i>	

SIM HEALTH IT ALIGNMENT WITH OTHER STATE, FEDERAL AND EXTERNAL HEALTH IT EFFORTS

Table 18: SIM Health IT Alignment with other State, Federal and External Health IT Efforts (Workbook Tab 9)

Existing State Health IT Initiatives	Existing State Health IT Initiatives Detail	Funding Source (Medicaid MU, ONC, Foundation, State)	Efforts to Coordinate & Build Upon Health IT Effort	Explain How State will avoid Duplication of Activities and/or Funding
<i>Examples: HIE; Standardize quality metrics</i>	<i>HIE- statewide HIE or regional HIEs Public-Private statewide initiative to standardize quality metrics for managed care entities; etc.</i>	<i>HIE- combination Medicaid & private; Quality Metrics- foundation; etc.</i>	<i>HIE – utilize HIE to transport clinical and claims data for quality and/or all payers approaches Quality Metrics-use process and data definitions as starting place</i>	<i>HIE – Medicaid funding any SIM funding will be tracked explicitly and separately Quality Metrics – state plans to utilize the completed work to build off of</i>

METHODS TO IMPROVE TRANSPARENCY AND ENCOURAGE INNOVATIVE USES OF DATA

Table 19: State Methods to Improve Transparency (Workbook Tab 15)

Focus Area	Method/Process	Expected Outcome/Goal (including time period for results)
<i>Example: Total cost of care</i>	<i>Example: Provider, Plan and Consumer view into the methodology, data and cost of care through web-based access to information</i>	<i>Example: Metrics for consumer and provider access and use of information for identified time period</i>

Table 20: State Methods to Encourage Innovative Uses of Data (Workbook Tab 15)

State Health IT Area	Methods Planned or Operational
Collecting, securing, and providing the necessary Medicaid data, private payer data and/or Medicare data (e.g. identifiers)	
Providing data for all patients covered by the SIM program (public, and commercial), including baseline and historical data for three years prior to the Project Period	
Providing CMS and its contractor(s) with identifying and contact information for beneficiaries who receive services under the model.	

PROMOTION OF PATIENT ENGAGEMENT AND SHARED-DECISION MAKING

Table 21: Patient Engagement and Shared-Decision Making (Workbook Tab 15)

Information Shared	Health IT Tool	Focus <i>(Individual/Caregiver (I) or Population Group (P))</i>	Implementation Level <i>(Provider, managed care entity, state, other-name)</i>	Patient Cost Implication <i>(Charge, reduction of co-pay if used, other-name)</i>
<i>Examples: individual clinical data, individual claims data, administrative information, disease specific information, etc.</i>	<i>Examples: patient portal, PHR, use of CCDA, use of social media for education, and Other-name</i>	<i>Examples: patient portal – individual/caregiver focus; PHE – individual/caregiver focus; etc.</i>	<i>Examples: patient portal – state level or provider level; use of social media for education – managed care entity, provider or state; etc.</i>	<i>Examples: patient portal – reduction of co-pay if used; use of social media – free; etc.)</i>

PROPOSE MULTI-PAYER STRATEGIES TO ENABLE AND EXPAND THE USE OF HEALTH IT

Table 22: Multi-payer Strategies to enable and Expand Use of Health IT (Workbook Tab 15)

Multi-payer Health IT Strategy	Payers	By Payer Status: (Planned, Engaged or Currently Participating)	Implementation Date (Indicate if expected date or actual date)
<i>Examples: APCD; multi-payer quality initiative; etc.</i>	<i>Examples: APCD- xxx private employer, xxx ACO, state for state employees and Medicaid; etc.</i>	<i>Examples: APCD - xxx private employer, xxx ACO and Medicaid currently;</i>	<i>Example: APCD – actual xx/xx/xx</i>

C. Infrastructure

ANALYTICAL TOOLS, DATA-DRIVEN, EVIDENCE-BASED APPROACHES, TELE-HEALTH AND REMOTE PATIENT MONITORING

Table 23: State Implementation of Health-IT Tools to Coordinate Care (Workbook Tab 15)

Health IT Tools	Purpose of Analytical Tools (Identification and assessment-indicate type, coordination of care, decision support, other-name)	Status (Planned, designed, implemented, operational and indicate as of date)
<i>Examples: CCDA, ADT, Predictive Modeling Software, PopHealth</i>	<i>Examples: CCDA – transitions of care; ADT –notifications to improve primary care engagement; PopHealth – quality metrics</i>	<i>Examples: CCDA – implemented xx/xx/xx; ADT – operational as of xx/xx/xx; etc.</i>

Table 24: Tele-health and Remote Patient Monitoring (Workbook Tab 15)

Category	Use Case (Population, geographic location, other-specify)	Status (Planned, designed, implemented, operational - indicate as of date)	Barriers Identified (Legal/Regulatory, funding, interest, other-specify)
Tele-health			
Remote Patient Monitoring			

PLANS TO USE STANDARDS-BASED HEALTH IT TO ENABLE ELECTRONIC QUALITY REPORTING

Table 25: e-Measurement Capacity (Workbook Tab 2)

e-Measurement Focus Area	Detail	Y/N	Funded through SIM \$ (Y/N)	Part of Federal Initiative (SIM, CPCI, MU)	Clarifying Comments/Further Explanation	As of Date
e-Measurement Reporting Capacity	State: Medicaid					
	Commercial Payer					
	Provider					
	Medicare					
	State: non-Medicaid					
e-Measurement Results Reported By State	State: Medicaid					
	Commercial Payer					
	Provider					

e-Measurement Focus Area	Detail	Y/N	Funded through SIM \$ (Y/N)	Part of Federal Initiative (SIM, CPCI, MU)	Clarifying Comments/Further Explanation	As of Date
	Medicare					
	State: non-Medicaid					
State Reported Dashboard	Statewide Information (identify if information is segmented by county or less than state level)					
	Plan Level					
	Provider Level					

PUBLIC HEALTH IT SYSTEMS INTEGRATION AND ELECTRONIC DATA TO DRIVE QUALITY IMPROVEMENT AT THE POINT OF CARE

Table 26: Public Health IT Systems Integration (Workbook Tab 2)

Public Health IT System	State PH Interface with County/Local Public Health	State PH Interface with Providers	Data flowing bi-directional through an HIE from/to State PH – Yes/No <i>(if Y-name the HIE)</i>	As of Date
<i>Examples: immunization registry, cancer registry, etc.</i>	<i>Examples: interfacing-portal, VPN, HIE, etc.</i>	<i>Examples: interfacing-portal, VPN, HIE, etc.)</i>		

Table 27: Percentage of Provider Organizations Enabled for HIE (Workbook Tab 2)

Measure Element	Define and Identify Data Source
Target Goal by Project Period	Specify Goal:
Baseline	Define baseline:
Number of provider organizations enabled for health information exchange.	Define Provider Organizations: Define “enabled”: Data Source:

Measure Element	Define and Identify Data Source
Total number of provider organizations in the state that are targeted for health information exchange.	Define Provider Organizations: Define “targeted”: Data Source:

HEALTH IT TO SUPPORT FRAUD AND ABUSE PREVENTION, DETECTION AND CORRECTION

Table 28: Health IT to Support Fraud and Abuse Prevention, Detection and Correction (Workbook Tab 2)

(narrative)

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C. Technical Assistance

TA TO PROVIDERS

Table 29: State Health IT TA to Providers (Workbook Tab 5)

Targeted Provider Type	Health IT TA Provided	How Health IT TA Delivered <i>(examples: web-based, on site, initial or ongoing, other-explain)</i>	SIM Funded (Yes/No)	TA Status <i>(Planned, Implemented, Operational)</i>
<i>Examples: LTPAC/LTSS; BH providers; etc.</i>	<i>Examples: on-boarding to LTPAC/LTSS providers; technical assistance to behavioral health providers of HIPAA and 42 CFR Part 2; etc.</i>	<i>Examples: on-boarding – on site; BH TA – web-based ongoing; etc.</i>		

Table 30: Non-eligible MU Providers (Workbook Tab 5)

<p><i>(narrative explanation of planned efforts to extend resources to ineligible MU incentive payment providers, such as LTPAC/LTSS providers and BH providers)</i></p>
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