DEPARTMENT OF HEALTH
AND HOSPITALS
Medicaid

LOUISIANA STATE MEDICAID HIT PLAN

(LaSMHP)

Version 1.2

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1.0 Introduction

This document describes the method by which the Louisiana Department of Health and Hospitals (DHH), Bureau of Health Services Financing, will implement Section 4201- Medicaid Provision of the American Recovery and Reinvestment Act (ARRA) of 2009, for providing incentive payments to Eligible Professionals (EPs) and Eligible Hospitals (EHs) participating in Medicaid and Medicare, for the adoption and meaningful use of certified Electronic Health Record (EHR) technology.

1.1 Purpose of Louisiana State Medicaid Health Information Technology Plan (LaSMHP)

The purpose of this Louisiana State Medicaid Health Information Technology Plan (LaSMHP) is to describe Louisiana's strategic vision for State Health Information Technology (HIT) transformation. The LaSMHP enables Louisiana Medicaid to achieve this vision by providing a roadmap to follow on our path toward provider adoption and meaningful use of electronic health records (EHRs) and a statewide exchange of patient health information. The events of hurricane Katrina and Rita in 2005 highlighted the urgency for the adoption of HIT to enable secure access to this information when needed.

The overall goals of widespread HIT adoption are to: 1.) enhance care coordination and patient safety; 2.) reduce paperwork and improve efficiencies; 3.) facilitate electronic information sharing across providers, payers, and state lines; 4.) enable data sharing using state Health Information Exchanges (HIE) and the National Health Information Network (NHIN). Achieving these goals will improve health outcomes, facilitate access, simplify care and reduce costs of health care nationwide.

The LaSMHP will include a comprehensive HIT strategic plan for moving from the current "As-Is" HIT Environment to the "To-Be" Vision over the next five years. In addition, this LaSMHP describes the implementation activities of the Medicaid provider incentive payment program. Those activities include, but are not limited to administering the incentive payments to providers, ensuring their proper payments, auditing and monitoring of such payments, and participating in statewide efforts to promote interoperability and meaningful use of electronic health records (EHRs).

Louisiana Medicaid will work closely with our federal and state partners to ensure the Medicaid EHR incentive payment program fits into the overall strategic plan for the Louisiana State Medicaid HIE Plan thereby advancing national goals or health information exchange.

1.2 Planning – Advance Planning Document (P-APD)

On March 23, 2010, CMS awarded Louisiana $1,847,836.00 in funding through the approval of Louisiana Medicaid's Planning – Advance Planning Document (P-APD) to initiate the planning phase of this project. Due to the timeline constraints and the lengthy procurement process, the State relied on internal resources for the planning activities related to provisions of the HITECH Act including the development of the LaSMHP v1.0.

1.3 LaSMHP v1.0

Version 1.0 of Louisiana's SMHP will contain the "As-Is" HIT Landscape describing existing State HIT assets and activities as they relate to HIT and HIE, and detail Medicaid's EHR Incentive Payment Plan. V1.0 will be submitted to CMS along with the Implementation – Advance Planning Document (I-APD) for review and approval. The remaining sections of the LaSMHP ("To-Be" HIT Landscape and the Roadmap) will be submitted to CMS as an addendum to this document by November 21, 2010.

1.4 Background

On December 30, 2009 the Centers for Medicare & Medicaid Services (CMS) released the notice of proposed rulemaking (NPRM) provisions of the American Recovery and Reinvestment Act of 2009 (ARRA) that provide incentive payments to eligible professionals (EPs), eligible hospitals (EHs), and critical access hospitals (CAHs) participating in Medicare and Medicaid programs that are meaningful users of certified EHR technology. The incentive payments are not a reimbursement but are made to incent eligible professionals and hospitals to adopt, implement, or upgrade certified EHR technology, and subsequently achieve meaningful use of the technology. EPs and EHs participating in the Medicaid incentive program may qualify in their first year of participation for an incentive payment by demonstrating any of the following: meaningful use in the first year of participation, or that they have adopted (acquired and

installed), implemented (trained staff, deployed tools, exchanged data) or upgraded (expanded functionality or interoperability) a certified EHR. Incentive payments may also be dispensed to providers who demonstrate meaningful use for an additional five years culminating in 2021.

1.5 Coordination with the State Designated Entity (SDE)

To create this draft document, Louisiana Medicaid has received input from The Louisiana Health Care Quality Forum (LHCQF), the State Designated Entity (SDE). LHCQF was awarded the $10.583 Million Statewide Health Information Exchange Grant as part of the State HIT Planning and Implementation Grant Program in March 2010 and the Regional Extension Center Grant (REC) for $6,207,802 in April 2010 from the Office of the National Coordinator (ONC).

Through HIE strategic and operational planning sessions coordinated by the LHCQF, we received stakeholder input regarding HIT and HIE. This coordination and the resulting information gained, assisted both Medicaid in gathering material for the LaSMHP draft and LHCQF in putting together the State HIE Plan.

Because the Medicaid meaningful use provider incentive payment system and LHCQF's HIE efforts are so interrelated and interdependent on each other, efforts will also focus on the integration of marketing, outreach, and education for both initiatives. It will be made clear to providers across the state that Medicaid and LHCQF are working together for common goals and a shared vision and the messaging will be coordinated and consistent.

1.6 The Louisiana Health Information Technology Coordinator

Louisiana has been in the process of interviewing applicants for the Louisiana Health Information Technology Coordinator position. It was recently announced that Bruce Greenstein, formerly Microsoft's managing director over health-care technology, will be replacing the current DHH Secretary in September 2010. Mr. Greenstein will be overseeing the selection process. It is expected that the position be filled by the end of September 2010.

The Health Information Technology Coordinator will report to the DHH Secretary and serve as his key advisor on issues related to health information technology and exchange. The Coordinator will work cooperatively with multiple stakeholders including health care providers,

health plans, health profession schools, consumers, technology vendors, public health agencies, and health care purchasers to identify and leverage existing resources, determine needs, commonalities of interest, priorities, and provide recommendations to facilitate and expand the electronic movement and use of health information among organizations, consistent with the both state and federal health information technology objectives.

The Coordinator will work in collaboration with the LHCQF supported by its committees and other stakeholder work groups to:

- Assist with the planning, development, and over site of the Medicaid EHR Incentive Payment System and related activities;
- Assist with the development of the Louisiana Health Information Exchange (LaHIE) strategic and operational plans in alignment with HITECH requirements for approval by ONC;
- Assist with the implementation the LaHIE and support expansion of statewide health information exchange;
- Maintain relationships with public and private partners/stakeholders for the purpose of insuring coordination of electronic information systems planning, development, implementation and exchange of information that meets national privacy and security standards, policies, timelines and fits within the Office of the National Coordinator (ONC), National Health Information Network (NHIN) strategic plan;
- Identify improvements in the management, availability and use of public health and health care data to assess and improve the health status of Louisiana citizens;
- Assess the readiness of healthcare entities to meet the 'meaningful EHR user' status (defined by ONC) and provide direction and assistance with achieving the required level of adoption necessary to participate in HIE;
- Oversee the state loan and/or grant program to facilitate the planning, implementation and adoption of HIT/HIE;
- Engage, inform, and educate consumers about the use, benefits, and limitations of HIT/HIE;

- Identify new grant/funding opportunities, serve as principle investigator (PI) as needed for grants and assist with the preparation of grant applications for long term sustainability of HIT/HIE projects;
- Act as the State lead for HIT/HIE and participate in state, regional and national health/scientific meetings focused on HIT/HIE;
- Coordinate HIT/HIE activities across state and federal agencies, including Medicaid and public health;
- Assure coordination of other ARRA programs in Louisiana (i.e. regional extension centers, broadband, and workforce)
- Execute financing strategies to secure additional funding needs and enable sustainability
- Coordinate statewide activities related to the implementation of HIT/HIE in Louisiana in order to improve the efficiency and effectiveness of health data collection, analysis and use to improve the health of individuals and their communities;
- Coordinate resources and activities to assist with readiness assessments of public and private health care entities to implement electronic information systems that meet federal and state requirements and fit within the state HIE strategic and operational plan;
- Foster pilot projects and coordinate HIE-related activities in collaboration with the LHCQF, public and private healthcare providers and health plans;
- Collaborate with federal standards and policy committees to develop common data reporting formats and methods of transmission within Louisiana and across state borders for all pertinent health data; and
- Maintain relationships with public and private partners/stakeholders for the purpose of ensuring coordination of all electronic health information systems planning, development, implementation and interoperability.

1.7 Contractor Services

As Louisiana Medicaid moves forward with the development of the LaSMHP v1.0, Louisiana Medicaid is pursuing a contract amendment with Maximus to assist in developing the remaining components of the LaSMHP document and producing a final version to submit to CMS. This anticipated contract amendment will be funded through previously approved P-APD funding for existing contract amendments. Maximus is currently under contract with Louisiana Medicaid to

develop Independent Verification and Validation Facility (IV&V) services for procurement and implementation of an upgrade to the current LMMIS system. Maximus recently completed the "As-Is" and "To-Be" MITA assessments for the LMMIS. With the "As-Is" and "To-Be" MITA assessments being an integral component of the LaSMHP, this understanding of Louisiana's current LMMIS will make Maximus a valuable partner in this effort.

2.0 State "As-Is" HIT Landscape

This section will describe existing resources available and how the state will leverage these existing resources already devoted to HIT. The HIT landscape will include an assessment of current rates of EHR adoption and establish a baseline for "As-Is" state of environment.

The purpose of the "As-Is" HIT Landscape in the LaSMHP is to describe existing State IT assets and activities as they relate to HIT and HIE.

2.1 Current Medicaid Systems

Currently, Louisiana Medicaid is planning for modernization of both its LMMIS and Eligibility Systems. This section describes the current systems status.

2.1.1 LMMIS/MITA

The purpose of the Medicaid Information Technology Architecture (MITA) initiative of the Center for Medicaid and State Operations (CMSO) is to support improved systems development and health care management for the Medicaid enterprise. MITA is intended to foster nationally integrated business and IT transformation. It establishes national guidelines for technologies and business processes to enable improved program administration for State Medicaid enterprises. Collectively, State Medicaid enterprises share common goals and objectives for the outcomes of the Medicaid program. The MITA initiative includes a framework, processes, and planning guidelines for enabling State Medicaid enterprises to meet common objectives within the MITA Framework, while supporting unique local needs.

The goal of the evolution of LMMIS is to improve health, empower patients, and enable virtual healthcare delivery where people are able to focus more squarely on the services they need and

health outcomes; and the systems will deliver these services rather than dictate the services offered.

As requested by CMS, in 2008 Louisiana conducted a State Self-Assessment (SS-A) to determine its business capabilities and document plans for transformation to achieve higher levels of maturity. The SS-A asks States to align their business processes to those in the MITA Business Process Model and examine the Business Capability Matrix to assess their current level of capability. Louisiana submitted an APD with a Request for Proposals (RFP) which was approved by CMS. This RFP resulted in awarding a contract to MAXIMUS to map the current LMMIS business processes and technical capabilities and to facilitate gap analysis of those processes. MAXIMUS was also utilized to help the State prioritize capabilities and develop a unique MITA implementation plan which resulted in the RFP for the new LMMIS.

The mapping of the Medicaid business processes and cross-referencing to the MITA business areas and Medicaid staff revealed that Louisiana currently has business process models and workflows for each of the business processes associated with each of the eight (8) MITA business process areas. This information was used to identify existing challenges in the "As-Is" environment in order to move toward a more integrated and robust LMMIS and identify areas in which Louisiana can improve and integrate our existing processes in order to improve the administration of our Medicaid program.

The result of the MITA "As-Is" SS-A was to document Medicaid's current business processes and workflows. This effort formed the foundation for a common understanding of the business processes across sections and the basis for identifying future changes that should be explored. Louisiana mapped 79 business processes to the MITA Business Process Model and determined the current capability level of each process. The MITA scale of 1 to 5 assesses the degree of automation, standardization and integration. The highest level of capability for all 147 business processes was at level 2, so no level 3 - 5 capabilities were demonstrated.

An LMMIS system replacement is currently scheduled to bring Louisiana's LMMIS into compliance with MITA requirements. The DDI phase of the project is planned for April of 2011 and the replacement is expected to be complete in 2014.

Although the planned features of the EHR Incentive Payment System described in this document will include interfaces with the current LMMIS via querying the provider file and through the use of the Standard Payment System (SPS) for payment distribution and tracking, its development is not considered an enhancement to the current LMMIS and will be performed solely through HITECH funding.

2.1.2 Medicaid Eligibility

Determining recipient eligibility for programs such as Medicaid involves a myriad of eligibility factors and program-specific rules. Many different factors are used to determine participant eligibility. Information relating to these factors must be obtained, evaluated, and verified by the State for applicants and enrollees. Manually performing these steps is a time-consuming, inefficient, and error-prone process. Louisiana has already taken proactive steps to improve the current automated eligibility systems to facilitate the eligibility and verification process.

2.1.2.1 Medicaid Eligibility Data System (MEDS)

The Medicaid Eligibility Data System (MEDS) is the system responsible for capturing, maintaining and transmitting Medicaid eligibility to the Department's Fiscal Intermediary (LMMIS) on a daily basis. This ensures that providers of Medicaid services can bill and receive payment for services performed. MEDS is also responsible for providing data necessary to produce true and accurate reports for management of the Medicaid Program. MEDS is a mainframe system which utilizes the State's Department of Social Services mainframe. The system is vital to the Department of Health and Hospitals to ensure established Medicaid eligibility is available for clients to receive services in a timely manner. MEDS is a stand-alone Medicaid/LaCHIP eligibility system.

The State of Louisiana provides numerous services through state and federally supported programs which rely on an accurate establishment of Medicaid eligibility. The process begins with the recording of the Medicaid application for assistance on the MEDS system. Applications

are either approved or rejected after the analyst reviews all potential types of assistance for which an applicant may be eligible. While the actual determination of eligibility is a function performed by the Medicaid analyst rather than the system, the system records the results of the determination and provides assistance in making the income eligibility determination using budget worksheets.

The MEDS system houses current person and case demographic and financial information as well as provides history of the system events for all current Medicaid and LaCHIP programs. MEDS contains approximately 1,000,000 active recipients at any given time and maintains over 2,000,000 person records.

MEDS maintains many required interfaces which allow the transmittal and receipt of information regarding applicant/recipients from other state and federal agencies. MEDS currently interfaces with the following: Social Security Administration (SSA), Centers for Medicare and Medicaid Services (CMS), Department of Social Services (DSS), Health Management Systems (HMS) Office of Group Benefits (OGB) and Molina (Fiscal Intermediary).

2.1.2.2 Electronic Medicaid Eligibility Verification System (eMEVS) Application

Louisiana Medicaid's Electronic Medicaid Eligibility Verification System (eMEVS) Web Application provides a secure web-based tool for low-volume providers who do not work with a switch vendor to verify Medicaid eligibility information.

Louisiana intends to assess how best to leverage current eligibility verification capabilities and facilitate future electronic eligibility determination by EPs and EHs via the HIE.

2.1.2.3 Maximizing Enrollment for Kids

In February 2009, Louisiana was selected as one of eight grantees of the Robert Wood Johnson Foundation's (RWJF) Maximizing Enrollment for Kids Program, with the goal of helping states to improve the enrollment and retention of eligible children in Medicaid and the Children's Health Insurance Program (CHIP). Maximizing Enrollment for Kids program, a $15 million initiative of the Robert Wood Johnson Foundation (RWJF) to increase enrollment and retention

of children who are eligible for public health coverage programs like Medicaid and the Children's Health Insurance Program (CHIP) but not enrolled. Under the direction of the National Academy for State Health Policy (NASHP), which serves as the national program office, Maximizing Enrollment for Kids aims to help states improve their systems, policies and procedures to increase the proportion of eligible children enrolled and retained in these programs.

2.2 DHH HIT Initiatives

Louisiana is currently engaged in several HIT efforts to improve the health delivery in the State.

2.2.1 Louisiana Immunization Network for Kids Statewide (LINKS)

The Office of Public Health (OPH) has implemented Scientific Technologies Corporation's (STC) IWeb immunization registry that allows Medicaid enrolled providers to conveniently enter and search for patients in the LINKS Central Registry and to view the patients' vaccination record. In addition, authorized users can add and edit patient records and vaccination records, as well as maintain facility, physician, and lot number data.

This immunization registry, referred to as Louisiana Immunization Network for Kids Statewide (LINKS), sends and receives HL7 immunization queries and updates, allowing it to connect to private providers, other state registries, hospitals, and other state health systems. The messages sent and accepted by LINKS conform to HL7 specification version 2.3 and in the case of immunization specific messages, CDC's Implementation Guide for Immunization Transactions version 2.1.

Louisiana Medicaid implemented an immunization pay-for-performance (P4P) initiative which includes supplemental payments to providers who meet department-defined immunization performance criteria. This initiative was implemented to promote up-to-date immunizations of Louisiana Medicaid eligible children and to increase the number of providers utilizing the LINKS immunization registry.

Louisiana intends to assess how best to leverage this current capability and facilitate integration between this system and the EHRs of the EPs and EHs for the purpose of reporting clinical quality measures as required for MU in 2012.

2.2.2 Public Health Surveillance

Louisiana Public Health Information Exchange (LAPHIE) is a collaborative project between the Louisiana State University public hospital system and the Louisiana Office of Public Health. The programs have connected a public health information system with the registration system and electronic medical record (EMR) of seven LSU hospitals (emergency departments, inpatient units and outpatient clinics). The purpose of the exchange is to provide clinicians with critical information to identify out of care patients with HIV, syphilis and tuberculosis in order to facilitate entry/re-entry into treatment.
http://apha.confex.com/apha/138am/webprogram/Paper221944.html

2.2.3 Vital Records

The Vital Records division of the Office of Public Health is undergoing a re-engineering to expedite collection and dissemination of vital records in the State of Louisiana. The re-engineering entails the development of a web-based integrated vital records application, Louisiana Electronic Event Registration System (LEERS), which will replace the manual OPH processes currently in place for the Louisiana Vital Records Registry, including birth, death, fetal death, marriage, divorce and induced termination of pregnancy data. It includes a business system and also an imaging module to scan and save approximately 10 million archived birth, death and Orleans Parish marriage records onsite at OPH and associate the images with the corresponding data record. The application will be made available statewide to designated users and will be utilized by data providers such as OPH, hospitals, issuance offices, funeral homes, parish Clerks of Court, physicians, coroners and additional remote sites located throughout the State. The re-engineering is geared towards implementing electronic registration of vital events, expanding the number of locations where information is available, allowing remote sites to process and issue certified copies of certificates, integrating various software systems used by Vital Records (Mainframe, Encounter and CARS), reducing request processing time, reducing paperwork and keypunching, and improving reporting capabilities.

http://www.dhh.louisiana.gov/offices/publications/pubs-81/Current_Initiatives.pdf

2.2.4 e-Prescribing

In 2008 Louisiana Medicaid implemented an integrated drug information system to enable providers to access patients' drug histories and current Medicaid Preferred drug list (PDL) information. This program, through a contract with Gold Standard, provides select Medicaid providers the EMPOWERx e-prescribing tool, offering patient prescription histories, interaction checking, and the secure transmission of scripts directly to the pharmacy. Through access to e-prescribing technology, the providers' ability to quickly access their medication history and critical drug information at the point of care should ultimately result in a reduced risk of medication errors and/or adverse events. This project has resulted in the deployment of this technology to approximately 700 Medicaid providers throughout the State. The number of participating providers represents only a fraction of the total Medicaid prescribing population (approximately 20 K) primarily due to a limited State operating budget of $1 Million for the program. This contract is currently due to expire in 2010 and a new contract will require a web interface to the application enabling increased access to the e-prescribing tool for the Medicaid provider population. http://www.empowerx.com/product_overview.html

2.2.5 Louisiana Medicaid Clinical Data Inquiry (eCDI)

Louisiana Medicaid has implemented a web based **Clinical Data Inquiry (eCDI)** web based application to provide most Medicaid enrolled providers (physicians, pharmacies, hospitals, clinics, specialists, psychologists, etc.) with patient-centric clinical information that is organized by type or place of service (drugs, physician visits, outpatient setting, inpatient setting, ancillary services, etc.). The patient services data presented is derived from paid claims data received and processed by the Louisiana Medicaid's LMMIS system. Pharmacy (drug) claims data is refreshed every night, 7 days per week where as all other claims data is refreshed weekly each Sunday evening. The web application uses SSL (secured sockets layer) at 128-bit cipher strength and all databases are encrypted; VB programs perform decryption in DLL.

The eCDI system contains a **Decision Support Tool (DST)** that has two web-based components: an alert component that functions with the e-CDI application, and a stand-alone web application

that is PCP-centric, whereby a PCP in the State's CommunityCARE PCCM program can view claims history utilization information for their assigned Medicaid recipients, as well as a quality profile of their patients that are indicated to have specific disease states. Disease state measures are established using current HEDIS guidelines and are coded and administered by the Office of Outcomes Research & Evaluation at the University of Louisiana at Monroe (ULM). Implemented disease states on the alert application are diabetes, male, and female preventive measures.

The Alert Application is tightly integrated with e-CDI so that when a provider inquires into a patient's clinical data, if the patient is indicated with one of the implemented disease states, a clinical alert will "pop-up" in front of the e-CDI screen. If the recipient has been identified (using HEDIS guidelines) as a diabetic, then this alert page will "pop-up" on the e-CDI main menu after the provider looks up a recipient.

2.2.6 Office of Mental Health – Integrated Information System (OMH-IIS)

The Office of Mental Health has developed the Office of Mental Health – Integrated Information System (OMH-IIS) which moves OMH closer to providing its patients with a full electronic behavioral health client record. The OMH-IIS has replaced some previously used hard-copy forms but most of the service data previously collected remains for longitudinal reference. Features such as an electronic treatment session progress note are also included. This system was implemented on July 1, 2009 and the electronic service ticket and progress notes currently serve as the official client record replacing the current paper based documents.

2.2.7 The Louisiana Addictive Disorders Data System (LADDS)

The Office for Addictive Disorders has designed a system called LADDS to provide essential management and clinical information relating to all client-centered treatment activities in programs sponsored by the Office for Addictive Disorders (OAD) are engaged. LADDS is used by programs directly operated by OAD as well as all OAD contracted treatment programs throughout the State. LADDS is designed to link the entire network of OAD-sponsored treatment programs into a single integrated treatment environment to provide users with an intuitive web-based interface that will require only an internet browser and an internet account (and the appropriate authorizations) for access. The system is designed for direct entry of most

data elements so that most paper data entry documents can be eliminated. The aim is to provide the clinician with a complete history of the client's contacts with all components of the OAD system of care.

LADDS is also designed to facilitate tracking of outcomes and costs of treatment. Data relating to several outcome indicators are collected at the beginning of a each modality of treatment, at the completion of the client's experience in a each modality and quarterly during the client's stay in each modality. Indicators include employment status, legal status, income, drug use frequency, and housing status. Clients may receive care in several modalities during a single episode of treatment, so LADDS marks the case records of such related treatment experiences with a single Episode ID so that outcome (and costs) can be measured over the whole episode.

2.3 Planned Medicaid Initiatives

On January 15, 2009, the U.S. Department of Health and Human Services (HHS) released two final rules supporting the continued transformation of the U.S. healthcare system toward a comprehensive electronic data exchange environment. These two rules represent the transaction code set components of the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

Louisiana Medicaid is currently moving forward with the adoption of Version 5010 transaction code set 5010 and ICD-10-CM diagnosis coding standardization. From this transition, benefits such as more accurately defined patient services, more specific diagnosis and treatment information, more comprehensive reporting of quality data, and more accurate payments for new procedures with fewer rejected claims should result.

2.3.1 HIPPA 5010

One rule addresses adoption of the Accredited Standards Committee (ASC) X12 005010 Technical Report Type 3s (TR3s) for healthcare transactions and the National Council for Prescription Drug Programs (NCPDP) Version D.0 for pharmacy transactions (ASC X12 5010/D.0.). This replaces the current Version 4010A1 standard and promotes greater use of

electronic data transactions. The ASC X12 5010/D.0 compliance date is January 1, 2012. Small health plans have until January 2013 for Version 3.0 compliance.

The current Louisiana Medicaid target for completion of the 5010 Phase 1 (internal testing) is the end of 2010 and Phase 2 (Trading Partner Testing) should be complete by the end of 2011.

2.3.2 International Classification of Diseases, Tenth Revision, (ICD-10)

The other rule addresses the adoption of the ICD-10 Clinical Modifications for diagnosis coding and the ICD-10 Procedure Coding System for in-patient hospital procedure coding. This replaces the current ICD-9 versions which were developed nearly 30 years ago. The ICD-10-CM and ICD-10-PCS (ICD-10) compliance date is October 1, 2013.

Electronic transaction code sets are used in the physical transmission of healthcare data. For example, ICD-10 is the code set and/or collection of code sets used to identify specific diagnoses and clinical procedures in claim billing, related transactions and clinical reporting. The X12 Version 5010 (Version 5010) transaction code set is a prerequisite for the implementation of ICD-10. The move to ICD-10 is a critical step for the healthcare industry in facilitating electronic data exchange due to the limitations of ICD-9.

The current Louisiana Medicaid target for completion of the ICD10 Implementation is October 2013.

2.3.3 Coordinated Care Networks (CCNs)

Louisiana is currently developing Coordinated Care Networks (CCN) that will consist of an integrated system of public and/or private primary care providers, specialty care groups, and hospital providers to provide a patient-centered medical home for specific eligibility categories within Medicaid. CCNs will assist providers in transitioning to the NCQA definition of a medical home and implement electronic health records, report quality, satisfaction and efficiency data on the CCN's performance.

2.4 Stakeholder Assessment

2.4.1 Provider and Hospital Survey

The LHCQF surveyed the Louisiana hospital and provider communities to assess the current state of HIT adoption and HIE participation. The detailed results are in Appendix A. Response rates were 27% of hospitals and 15% of providers surveyed. Hospital respondents were more likely to be larger and not-for-profit than non-respondents, but were otherwise similar. The unit of analysis for the provider survey was the practice. The majority of practices responding were freestanding medical offices or group medical practices. Practice size averaged 7.5 physicians (median = 2). Definitive data on the actual number and size of practices in Louisiana is not available, making it difficult to determine how these numbers compare to non-responders. The data does suggest that the vast majority of physician practices in the state are small (<5 physicians), which also suggests respondents to the survey are over-represented by larger practices. Given that both the hospital and provider surveys were completed by larger facilities, the results around HIT adoption and HIE participation are probably skewed somewhat upward of the true numbers.

2.4.1.1 Stakeholder HIT Adoption

A majority of provider practices are filing claims electronically (93%), and have a practice management system (67%). A much smaller number have fully adopted an electronic medical record (EMR) system (18%). Forty percent of practices indicated that they had plans to install a new EMR or to upgrade their current EMR within the next two or three years. Thirty-five percent of practices have and use an e-prescribing system, either stand-alone or integrated into their EMR. The majority of practices (54%) said they had assessed the impact of ARRA incentives, and (32%) indicated they were planning to pursue incentives through Medicare (6%) or Medicaid (26%). Practices indicated that the largest single barrier to EMR implementation was a lack of capital.

The majority of hospitals in Louisiana has some type of management information system (92%), either stand-alone (41%) or integrated with an EMR (51%). Only 15% of hospitals indicated they had implemented an EMR and that it was working well. Another 10% indicated they had implemented an EMR, but that it was not working as expected. These numbers suggest that the

overall EMR adoption rate among hospitals in Louisiana is 25%. The majority of hospitals (72%) said they had assessed the impact of ARRA incentives, and 90% indicated they were planning to pursue incentives through Medicare (50%), Medicaid (40%), or both (X%). Two-thirds of hospitals indicated that upgrading their current EMR would be a major financial burden, even factoring in potential incentive payments. Hospitals indicated that the costs of initial EMR implementation and recurring costs of the EMR were the largest barriers to EMR implementation (77%), followed by a lack of staff expertise with EMRs (67%) and disruptions in productivity (57%).

2.4.1.2 Stakeholder HIE Participation

Provider practice participation in HIE is limited and mostly taking place within systems rather than with other providers outside of the system. About one-third of practices are exchanging with other practices, hospitals, pharmacies, and imaging providers within their system, and one-half are exchanging with laboratories within their system. Those numbers drop to 25% for other practices, hospitals, pharmacies, and imaging providers, and one-third of laboratories outside of their system. Practices also indicated that they placed a higher priority on exchanging within their systems than they did on exchanging outside of their systems.

The majority of hospitals do not participate in any regional arrangements for electronic health information exchange (47%), while 40% do participate within Louisiana. Hospitals that participated in exchange indicated they exchanged patient demographics, clinical care records, lab results, medication histories, and radiology reports. Exchange partners were limited to other hospitals and physicians.

2.4.1.3 HIT Strategies

The estimates of HIT adoption rates of 15% for providers and 25% for hospitals are likely to be higher than actual. It is difficult to determine the exact margin of error given the survey methodology, but it appears reasonable and consistent with other regional and national estimates that the true adoption rates are between 8 – 12% of provider practices and 18 – 22% of hospitals (approximately 10% of providers and 20% of hospitals). In approximate numbers, that leads to an estimation of 2,900 physician practices and 200 hospitals in Louisiana that have not yet

adopted EMRs. Using similar assumptions, a little less than 100 practices and around 15 – 20 hospitals are participating in HIE.

These numbers indicate a large gap in both HIT adoption and HIE participation. Given that adoption must precede exchange, the strategies for addressing these gaps are two-fold. The first is to promote HIT adoption among provider practices and hospitals. This strategy aligns perfectly with the LHCQFs Regional Extension Center grant. The survey results around provider practices can serve to help identify practices in Louisiana and to target those that need and are ready to adopt EHRs. The second strategy is to prepare the necessary technical and organizational infrastructure to facilitate sustainable statewide HIE. This strategy also aligns perfectly with the LHCQF's HIE Cooperative Agreement.

Both the Extension Center and HIE programs have secured grant funds from the Office of the National Coordinator (ONC) for start-up, but it is clear that other funding sources are required for sustainability of these efforts. The LHCQF has outlined sustainability plans for both programs (as it was required to do for the grant submissions), but it is clear the Forum will need to explore every additional opportunity for achieving sustainability if these initiatives are to be ultimately successful.

2.4.2 Indian Health Services (IHS)

There are 4 Federally recognized Indian tribes in Louisiana: the Chitimacha Tribe of Louisiana, the Coushatta Tribe of Louisiana, the Jenna Band of Choctaw Indians, and the Tunica-Biloxi Tribe. Of these 4 tribes, two operate IHS medical clinics (Chitimacha Tribe of Louisiana and the Coushatta Tribe of Louisiana) that service their members. The other two tribes do not offer direct healthcare services and contract with local providers for health services. The IHS medical clinics operated by the Coushatta and Chitimacha Tribes utilize a clinical information system called the Resource and Patient Management System (RPMS) to capture clinical and public health data. This system, developed 30 years ago by the VA, offers facilities access to decades of personal health information and epidemiological data on local populations. The primary clinical component of RPMS, Patient Care Component (PCC), was launched in 1984. This system

utilizes paper based clinical forms that are entered into the RPMS by a data entry clerk after the office visit.

Louisiana's State Regional Extension Center (REC) has included contact with the national IHS REC to offer assistance with provider outreach and education in the provider outreach and education plan. Based on the needs and assistance requested through this contact, our State REC will then reach out to the Indian tribes as needed.

2.4.3 Department of Defense (DOD) and Veteran Affairs (VA) Medical Clinics

The DOD and the VA operate medical clinics in Louisiana. All DOD Installations and VA sites worldwide (including those at Barksdale and NOLA) use the military's electronic health record (EHR) system AHLTA. AHLTA is an enterprise-wide medical and dental information management system that provides secure online access to Military Health System (MHS) beneficiary's records. It is used by medical clinicians in all fixed and deployed Military Treatment Facilities (MTFs) worldwide. This centralized EHR allows health care personnel worldwide to access complete, accurate health data to make informed patient care decisions - at the point of care - anytime, anywhere. AHLTA is the first system to allow for the central storage of standardized electronic health record (EHR) data that is available for worldwide sharing of patient information. http://dhims.health.mil/userSupport/ahlta/about.aspx

2.4.4 Federally Qualified Health Centers (FQHC)/Regional Health Centers (RHC)

There are 25 Federally Qualified Community Health Centers (FQHCs) operating 73 sites throughout Louisiana. The goals of these organizations are to expand access to health care services to the underserved and to work towards the elimination of health disparities. The majority of FQHCs and RHCs utilize paper based practice management methods.

These clinics have benefited from a $100 million dollar Primary Care Access and Stabilization Grant (PCASG) grant awarded to the Louisiana Department of Health and Hospitals (DHH) and the Louisiana Public Health Institute (LPHI). This grant was designed to meet the increasing demand for healthcare services in the four-parish Greater New Orleans area (Jefferson, Orleans, Plaquemines and St. Bernard parishes), provide high quality primary and behavioral health care at the community level, and decrease reliance on emergency rooms for conditions more

appropriately treated in an outpatient setting. The funds assist the State FQHCs in stabilizing, improving, and expanding services through methods including opening satellite clinics, extending hours of operation and hiring additional qualified medical staff. The participating organizations provide affordable services to everyone, without regard to ability to pay. Practices benefiting from PSASG funding were not allowed to utilize the grant funds to procure HIT.

According to the HRSA website, no Rural Health Grants have been awarded at this time. http://hrsa.gov/grants/index.html

2.5 State Health Information Exchange (HIE) Projects

While Louisiana is not a National Health Information Network (NHIN) site, it is heavily involved in health information exchange (HIE) activities. In the summer of 2005, the Louisiana Department of Health and Hospitals (DHH) submitted a request for proposal for an NHIN prototype. Shortly after the 2005 hurricanes, the DHH contracted with the US Department of Health and Human Services (HHS) for the NHIN prototype, and the contract was expanded to an initiative known as the Gulf Coast Digital Health Recovery.

2.5.1 LAHIE - Louisiana Health Information Exchange

In response to Katrina, DHH instituted the Louisiana Health Information Exchange (LaHIE) pilot project, involving a broad and impressive panel of stakeholders in the New Orleans and Baton Rouge markets. Specific objectives of the LaHIE prototype included: (1) improving the quality of care of the residents of Louisiana, (2) facilitating the adoption of electronic health records by providing full access to a patient's health information independent of where the data is housed, and (3) simplifying access to aggregated patient information from multiple systems. The LaHIE prototype included development of a centralized architecture including a master patient index and record locator service. This architecture was developed in a test environment and was not transitioned into production. In the end the project did not work efficiently from a technological aspect and was deemed un-scalable to the entire state. Subsequently, a LaHIE task force was formed that developed recommendations for future LaHIE implementation. Those recommendations served as an integral input to the Health Information Exchange (HIE) strategic

planning process, and many of the task force members also participated in the strategic and operational planning sessions.

2.5.2 LARHIX - Louisiana Rural Health Information Exchange

Housed at the Louisiana State University Health Science Center in Shreveport, LARHIX is a functional HIE that connects rural hospitals in the northern part of the state to specialists in other areas for remote consultations. Approximately $30 million of state funds were appropriated for LARHIX, with approximately $6 million dedicated to HIE infrastructure, hardware and software. The Louisiana Rural Health Information Exchange (LARHIX) is successfully sharing health information between rural hospitals in Northern Louisiana with LSUHSC Shreveport. The exchange was implemented in 2007 and currently has 24 hospitals with telemedicine connectivity to LSUHSC Shreveport. Fourteen rural hospitals have been provided with complete Hospital Information Systems to enable them to electronically connect and share patient data. A real-time physician portal has been implemented that provides physicians with the ability to access patient records throughout the LSUHSC-Shreveport and rural hospital community. The architecture is delivered as a "Web Service" via the Internet and provides enterprise security and privacy, identity management, and single sign on.

The LARHIX HIE is built on 3 basic services: 1. Enterprise security, identity management, directory services and auditing from Computer Associates (CA); 2. Enterprise Master Patient Index from Initiate Systems and, 3. Real-time IBM Websphere-based web portal from Carefx. Patient identity is handled on the backend from standard HL7 feeds between the Initiate Identity Hub & the hospital's local system. Portal credentialing & validation, as well as site security (reverse proxy server, route masking, click auditing, etc) are all automated process provided through CA's security suite that's built around the SiteMinder product. SiteMinder has also been customized to be CCOW aware which provides the SSO capabilities between the portal and any CCOW aware application.

LARHIX operates with data use and business associate agreements, vendor contracts, privacy policies and procedures, governance documents, and employee policies and procedures. Additionally, LARHIX includes support activities such as procurement, functionality

development, project management, help desk, systems maintenance, change control, program evaluation, and reporting. Moreover, LARHIX has HIPAA-compliant privacy and security features built into the architecture. This ensures an added layer of protection beyond policy measures. LARHIX employs a secure aggregation solution that enables composite views of information between and among the connected systems even though no actual data are transferred. As Louisiana moves forward with the development of a statewide exchange, this model will be evaluated to determine effectiveness as well as compliance with the meaningful use requirements.

2.5.3 Bayou Teche Community Health Network (ByNet)

The Bayou Teche Community Health Network in Franklin, Louisiana has instituted a service called ByNet to improve health care access in South Louisiana. Initially funded through an AHRQ grant, ByNet is a non-profit, rural health network comprised of community health centers, local and regional hospitals, a social service agency, a tribal health clinic, a regional State of Louisiana Office of Public Health and a coalition of over seventy St. Mary Parish organizations. The ByNet Information Integration system was built upon the overall goal of sharing patient demographics, history, laboratory data, and pharmacological history. The basic EHE platform was created with a functional master patient index (MPI) and basic chronic disease reporting system (CDRS). Login functionality includes secure sockets layer (SSL) protocols used to access the system. Patient data query is possible through secure web interfaces and demographic and visit data updates are secured from sites. This allows for reporting on disease by region, race and age groups (including maps). These capabilities allow for basic analysis on aggregated data and GIS analysis. The ability to track patients across safety-net providers and have access to patient data results in higher quality, cost efficiency and a patient-centered system creating improved patient safety, quality assurance, and patient awareness of chronic diseases leading to improvements in population health.

2.5.4 The Louisiana Southwest Health Information Exchange (LaSWIX)

LaSWIX is another initiative on which a statewide exchange will build. It began following Hurricane Rita in 2005 as a regional effort focused on southwest Louisiana. After initial planning and formation of LaSWIX, an emphasis on statewide rather than regional exchanges emerged.

Since then, LaSWIX stakeholders have participated with the LHCQF in its development of a statewide HIE.

2.5.5 Pointe Coupee Parish HRSA Initiative

The DHH Bureau of Primary Care and Rural Health received a grant from the Health Resources and Services Administration (HRSA) to implement a network of interoperable health records in rural Pointe Coupee parish, northwest of Baton Rouge. The Pointe Coupee Parish Health Information Technology Partnership (Pointe Coupee HIT Network) is an unincorporated association of rural health care providers and health care organizations in southeast Louisiana's Pointe Coupee Parish, whose principal purpose is to coordinate organizational and community-wide implementation of health information technology for the improvement of patient safety, cost, and quality of health care. The Pointe Coupee HIT Network includes Pointe Coupee General Hospital, a 25 bed critical access hospital (CAH), the CAH's transfer tertiary hospital Our Lady of the Lake Regional Medical Center (the Lake) and four local rural health clinics managed by the Lake, an FQHC with two sites in the parish, one local community clinic, two private practice primary care clinics and one home health agency. The network members make up the backbone of the health care delivery system in the Pointe Coupee area. These network members have a long history of working collaboratively to improve the health care delivery system of Pointe Coupee Parish and have proven to be innovators in rural network development. The project resulted in the implementation of interoperable Electronic Health Records (EHRs) in the local 25-bed critical access hospital, community physician's offices, federally qualified health centers, and a home health clinic.

2.6 State IT Infrastructure

The ability to transmit patient information is the key element of the process of HIE. Any sharing of patient information among providers requires that the providers be linked over a network. While it would be feasible to transmit patient data over a slow network such as dial-up, the expectation of the industry is that high-speed, reliable, secure connections be available. While many physician offices in the State use DSL (digital subscriber line) connections with fast download speeds, typically 1.5 mbps, and slower upload speeds, faster T-1 connections, typically with 1.5 mbps download and upload speeds is preferred. Reasonable response times require

these high-speed connections. Slower communication speeds would present a disincentive to use linked systems, thereby discouraging providers from attempting to retrieve linked data over the network.

One of the realities of current connectivity is that high-speed networking may be readily available in urban areas, but may not be available in semi-rural and rural areas, which comprise much of the geography of Louisiana. Broadband coverage is spreading in Louisiana but there are still gaps in rural areas, particularly in the northern part of the state. One of the goals for the LaHIE project is to ensure that health care facilities will have the ability to connect via high-speed networks.

In an effort to modernize the networking environment, State entities are applying for and receiving funding for broadband assessment and deployment.

2.6.1 State Broadband Mapping Grant

The Louisiana Division of Administration recently received a $1.2M grant for State broadband data mapping as well as $500K for broadband planning activities over the next five years.

2.5.2 National Telecommunications and Information Administration (NTIA) Grant

The NTIA awarded an $80 million broadband stimulus grant to the Louisiana Broadband Alliance to help bridge the technological divide, boost economic growth, create jobs, and improve education and healthcare. The grant will bring high-speed Internet access to more than 80 community anchor institutions – including universities, K-12 schools, libraries, healthcare facilities – and lay the groundwork for bringing affordable broadband service to thousands of homes and businesses in the region.

NTIA also awarded an $8,797,668 grant to the Louisiana State Library as part of the “Louisiana Libraries Connecting People to their Potential” project, designed to expand broadband infrastructure and training in all of Louisiana’s public libraries. This project will develop public computing centers and provide training to improve computer literacy. The Deaf Action Center of Louisiana also received $1.4M in grants under this program.

2.6.3 Crescent City Beacon Community (CCBC)

The Louisiana Public Health Institute (LPHI) in New Orleans put forth a winning application on behalf of local partners Ochsner, Tulane Medical Center, Interim LSU Public Hospital and 504 HealthNetfor a federally funded pilot "Beacon Site" program for achieving meaningful use of electronic medical records and showing measurable improvements in quality through health information technology. The focus of the program, known locally as the Crescent City Beacon Community (CCBC), is to improve population health in Orleans and Jefferson Parishes. These parishes sustained significant damage after Hurricane Katrina and in its aftermath made concerted efforts to ensure that the lack of patient data and coordination of care in the future would not be a hazard for the citizens of the area. Through this grant, the Beacon Community will will build on recent clinical HIT investments to achieve higher quality, more efficient, patient-focused health care thereby improving population health.. The award was for $13.5 Million in Federal funds in May 2010.

The existing EHR and patient tracking and care delivery systems in the Greater New Orleans area are extensive but fragmented. Interoperability of these systems is currently limited, preventing optimal patient centered care and population health improvement. The Beacon funding envisions connectivity across provider systems initially in the Orleans and Jefferson parish geographic region to achieve the goals.

The overarching primary goal of the ONC funded Beacon Communities program is to demonstrate how HIT and HIE can promote and facilitate the improvement of health care quality and outcomes.

2.6.4 Federal Communications Commission (FCC) Grants

In an effort to modernize the networking environment, the Federal Communications Commission (FCC) and the U.S. Department of Agriculture (USDA) oversee programs that provide funding for broadband deployment in rural areas. The LaHIE project will also leverage an existing FCC grant administered by the Louisiana DHH that will provide broadband connectivity to 160 health care facilities statewide. The overall FCC grant is funded for

$15,925,270. Collaborating with the FCC sites allows this project to build on the infrastructure provided by the FCC grant.

3.0 State "To-Be" HIT Landscape

To be determined

4.0 State Medicaid EHR Incentive Payment Plan

Provide a description of the processes the SMA will employ to ensure that eligible professional and eligible hospital have met Federal and State statutory and regulatory requirements for the EHR Incentive Payments.

4.1 Introduction

The objective in this section is to describe Louisiana Medicaid's plan to develop a web-based registry and attestation application for an EHR Incentive Payment Program. This program is based on provisions of the American Recovery and Reinvestment Act of 2009 (ARRA) intended to provide incentive payments to eligible professionals (EPs) and eligible hospitals participating in Medicaid who adopt and meaningfully use electronic health record (EHR) technology.

4.2 Background

In order to successfully participate in providing patient data to an HIE, healthcare providers must face the challenge of implementing a longitudinal EHR. Such challenges have traditionally been tied to the difficulties relating to institutional adoption and investment commitments required to achieve clinical interoperability with other organizations. One step towards creating an electronic health record requires that individual organizations first implement their own electronic medical records. With ARRA, hospitals and physicians will receive incentives to automate their patient records.

4.3 Medicaid's Plan

What will be the role of existing SMA contractors in implementing the EHR Incentive Program – such as LMMIS, fiscal agent, et cetera

Louisiana Medicaid explored options such as changing the existing LMMIS system, the possible procurement of a COTS system that could perform the registration and attestation functions, or the possible modification of existing pay-for-performance (P4P) system. It was determined that the modification of the P4P system would be the best option. Moving in this direction would offer the State a low-cost strategy (developed under the scope of the current fiscal agent contract) based on already proven technology framework that could be developed in a considerably shorter timeline.

Louisiana Medicaid's proposed web-based registry and attestation application for EHR Incentive Payments is modeled after an existing fully-functional Medicaid pay-for-performance (P4P) immunization program. The proposed system will share some of the existing P4P immunization program features such as:

- secure web portal accessed through the existing LA Medicaid web site;
- front-end registration and attestation capabilities for eligible Medicaid providers requesting to participate and demonstrate that they meet the criteria to receive payments;
- back-end payment calculation and provider reimbursement capabilities that will be performed at a DHH specified frequency; and
- administrative reporting capabilities for tracking, assessment, and forecasting.

The proposed EHR incentive payment system will have the added feature of interacting with the National Level Repository (NLR) to exchange data related to registered providers and hospitals. By modeling our proposed system using the "backbone" of an already tested P4P system, we hope to benefit from a solution that is secure, stable, low-cost, and can be developed under a tight implementation schedule.

Louisiana Medicaid's goal is to be included in the list of Group 1 Testing States and begin system connection to the NLR in September-October 2010, depending on the readiness of the NLR and CMS approval of Louisiana Medicaid's SMHP v1.0 and I-APD documents..

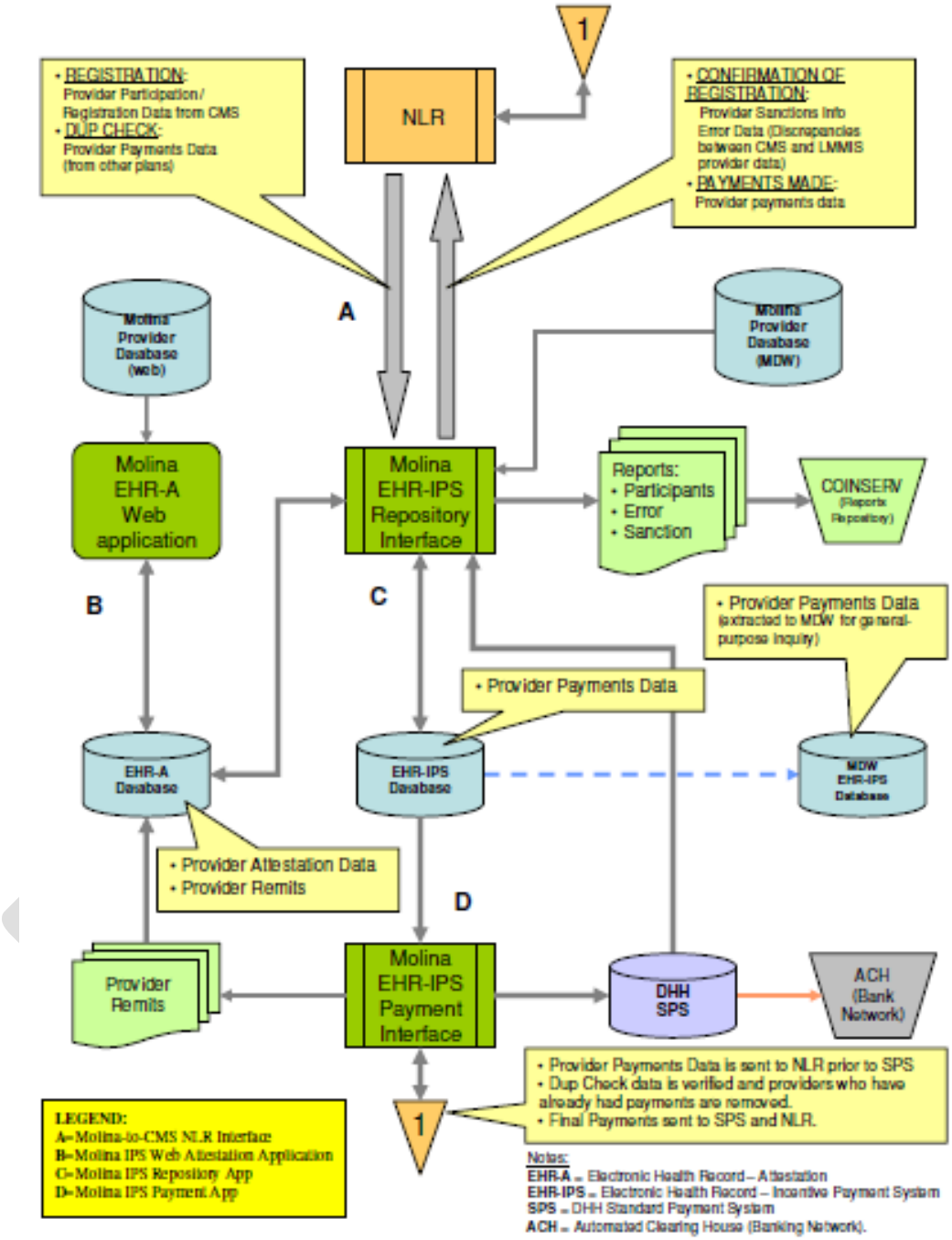
Accomplishing this, Louisiana Medicaid intends to be well-positioned to begin registering eligible professionals (EPs) and eligible hospitals (EHs) for incentive payments in early January 2011.

Louisiana's plan includes the following general features:

1. Creation of a web application for the Medicaid providers to attest to their Medicaid patient volume and use of a qualified EHR system in a way specified by CMS through the Final Rule;
2. Ability to calculate whether the EP or EH meets the required patient volume criteria based on information provided through attestation. A patient volume percentage will be calculated from a ratio where the numerator is the total number of Medicaid patient encounters (or needy individuals) treated in any 90-day period in the previous calendar year and the denominator is all patient encounters over the same period.
3. Ability to communicate with the registrants via email addresses collected during the provider enrollment process;
4. Ability to generate a web-based registrant confirmation and the ability to request additional information from the registrant as needed;
5. Creation of an intranet web application for DHH to view these attestations;
6. Ability of the system to receive/download a file from the NLR of registered providers and hospitals detailing provider participation data, including payments made by other plans (Medicare, other state Medicaid);
7. Ability to verify that the registrants are an eligible provider type, not sanctioned or deceased, have the appropriate Medicaid patient volume and have adopted, implemented, or upgraded certified EHR technology based on the requirements of the Final Rule.
8. Ability to capture an alphanumeric code associated with the certified EHR product provided by the registrant and have the ability to verify that the product is certified via interface (API) to the ONC-hosted web-service;
9. Ability to capture data from the registrants regarding the 15% of the net average allowable costs of EHRs for which the EP is responsible;

10. Ability to upload a list of errors to the NLR for resolution;
11. Ability to calculate incentive payment amount based on CMS formula;
12. Ability to process incentive payments on a monthly basis dependent on the files received containing registrant information from the NLR;
13. Ability to issue an annual incentive payment by DHH's Standard Payment System (SPS) by electronic funds transfer (EFT) to the bank account captured during the provider enrollment process and authorized by the eligible EP or hospital; and
14. Ability to upload payment data to the NLR at an increment and format specified by CMS.

Figure 1. Conceptual diagram of the proposed EHR Incentive Payment System



A

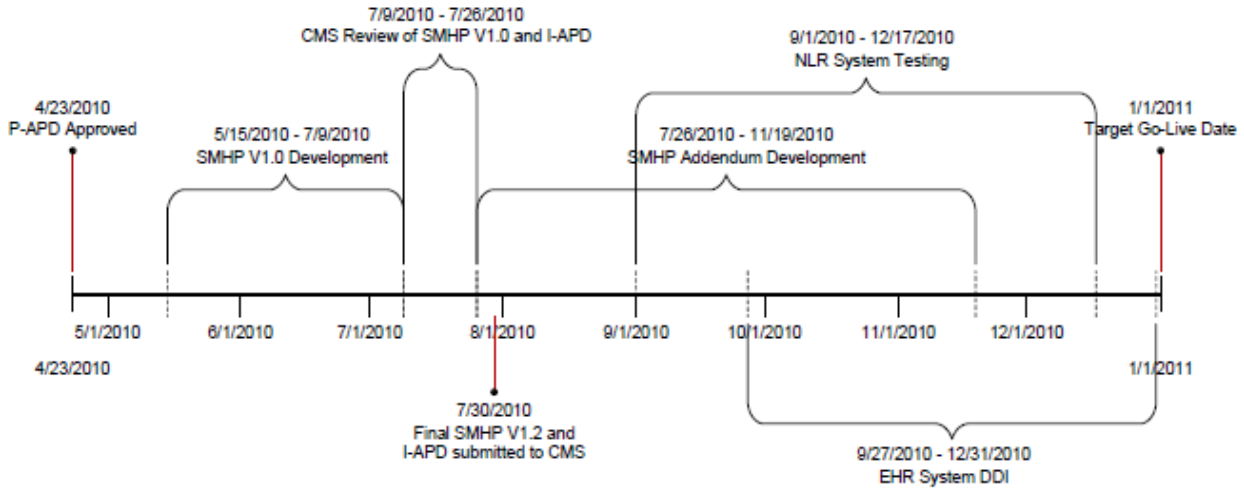
4.4 Project Timeline

After review of the State Medicaid Director's letter and addendums released by CMS in September 2009 providing early guidance to States regarding implementation of the HITECH provisions, Louisiana Medicaid submitted a Planning-Advance Planning Document to CMS in December 2009. After responding to comments from CMS, this document was approved in April 2010 for $1,847,836.00 in Federal funds for planning activities related to the development of the State Medicaid Health Information Technology Plan (SMHP).

Louisiana commenced development efforts and the SMHP v1.0 was submitted as draft to CMS the week of June 12 for expedited review and returned with comments on 7/26/2010. Louisiana will submit the final SMHP V1.2 document to CMS along with the I-APD the week of August 2nd. Upon, approval of SMHP v1.2 and I-APD, we will begin Design, Development, and Implementation (DDI) of the planned EHR incentive payment system in preparation for NLR system testing in the fall and a go-live date in January 2011.

In the meantime, Medicaid The State is currently pursuing a contract amendment with Maximus, Inc. for assistance with development of additional SMHP components (section 1.5) to begin in July 2010 and conclude in November 2010 with the submission of the final LaSMHP document to CMS.

Figure 2. Project Timeline



4.5 Provider appeals process

Louisiana Medicaid will establish a process for the initiation, investigation, and settlement of appeals by EPs and hospitals based on denial of participation eligibility. This provider appeal process will relate to: a) the incentive payments, b) provider eligibility determinations, and c) demonstration of efforts to adopt, implement or upgrade and meaningful use certified EHR technology.

4.6 Audit process

The State's Audit Strategy: Provide a description of the audit, controls and oversight strategy for the State's EHR Incentive Payment Program.

Louisiana Medicaid will establish an audit strategy to ensure that the correct EHR incentive payment is made to the correct entity. The planned system will generate a check register detailing payee, amount paid, category (EP or hospital) and payment date will be compared to a list of eligible participants for the given payment cycle. Louisiana Medicaid intends to work closely with the State REC to develop an audit strategy to ensure EHR adoption and meaningful use by providers who attest to meeting such criteria.

4.7 Communication Plan

Louisiana Medicaid is currently collaborating with the LHCQF, the awardee of the REC and HIE grants, to developa Communication Plan to keep internal and external stakeholders informed of progress made toward providing EHR incentives and other HIT efforts. (QF to sent draft of communication plan by COB 7/8/10)

4.7 Call Center Assessment

Expecting a significant increase in call volume related to the EHR Incentive Payment Program, a call center assessment is planned to provide recommendations and a necessary staffing support to address the anticipated need. This assessment will include a review of existing fiscal agent call center operations and determination of whether an approach to leveraging the existing function is feasible.

5.0 State HIT Roadmap

Annual Measureable targets Tied to Goals

To be determined