



Roderick L. Bremby, Commissioner

Effective Date: December 1, 2016

TO: Hospitals and FQHCs

RE: Provider Enrollment Agreement for Project Notify and Health IT Initiatives

Introduction

Since 2011, the Department of Social Services has been involved in transformational change in its Health Information Technology (IT) infrastructure as part of the federal Affordable Care Act (ACA), the Health Information Technology for Economic and Clinical Health (HITECH) Act, which was enacted as part of the American Recovery and Reinvestment Act (ARRA) of 2009, and modernization of the Medicaid program. The HITECH Act aims to “improve health care and make it patient-centric through the creation of a secure, interoperable nationwide information network. **A key premise is that information should follow the patient, and artificial obstacles – technical, bureaucratic, or business related – should not be a barrier to the seamless exchange of information.**”

One of the goals of the HITECH Act is to

increase the use of Health IT to improve quality, safety and efficiency of health care, while reducing disparities, engaging patients and families, improving care coordination, ensuring adequate privacy and security protections for personal health information and improving population and public health. **As of August 2016, the State of Connecticut had received a little over \$366 million in federal funding through the Medicare and Medicaid Electronic Health Records (EHR) incentive programs.** Almost 6,519 eligible professionals (including physicians, dentists, and other practitioners who are eligible to participate in the program), as well as all hospitals in Connecticut, have received payments for adoption of certified EHRs and

many have attested to achieving Meaningful Use Stage 1, which means that they have agreed to comply with EHR Incentive Program requirements that are designed to ensure that EHRs are used in a meaningful way.

As explained below, the Department is moving forward with several Health IT initiatives, all of which are designed to improve the care coordination, quality, and care experience for Medicaid members. In order to move forward on these improvements, all hospitals and Federally Qualified Health Centers (FQHCs) should review, sign, and return the attached Addendum to Provider Enrollment Agreement for Providers Participating in Project Notify and Other Health IT Initiatives in order to implement one of the Department’s core HIT strategies, Project Notify¹.

¹ Technical Solution:

Notification messages originate from hospitals as admission, discharge, transfer (ADT) messages in the HL7 format and can be delivered to subscribers in their format of choice (PDF, XML, TXT, ADT).

Secure Exchange SES Notify solution offers two mechanisms for enrolling providers and attributing patients or members to providers:

- Provider enrollment – a hospital or health plan or PCP/specialist subscribes to the service by enrolling a group of providers or other participating entities. Providers can be identified using a unique ID (for example, EHR ID).
- Patient enrollment – a provider or other participating entity subscribes to the service and provides a patient or member roster.

SES Notify generates notifications for subscribers and subscribed entities as follows:

Project Notify

As part of Project Notify, relevant providers will receive an alert notification when a Medicaid patient is either discharged or admitted into a hospital. After the member is admitted and/or discharged, the member's PCP (primary care provider) will receive a notification of the discharge and/or admit event within their practice EHR.

It is estimated that approximately 80% of serious medical errors involve miscommunication during patient transfers or hand-offs. Automated notifications support providers' ability to care for their patients and have been proven to improve care coordination and help contain healthcare costs. Below are some key details about the objectives, goals, and business use case for Project Notify:

Objectives:

- Improve patient care coordination and outcomes

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- Secure Exchange captures encounter data through ADTs
 - ADT messages are parsed to determine the patient, provider and event details
 - The Notify Rules Engine identifies the patient in the ADT, and all subscribed providers
 - Secure Exchange locates the provider's delivery information and preferences in the Enrollment Service
 - Secure Exchange sends the Notification to the provider in the preferred format
 - The provider receives the ADT notification instantly
 - a. Through ADT feed in existing system
 - b. Through Direct email via their EHR workflows
 - c. Secure Exchange webmail portal or other HISP webmail portal
 - d. Mobile device, or an email client such as Outlook.

- Facilitate improved communications with the patient and/or care manager within days of discharge
- Facilitate coordination of social services
- Enhance medical decision making with scheduled in-person visits when needed
- Optimize transitional care management and notify home health and case managers of ED and inpatient visits.

Business Goals:

- Reduce preventable readmissions
- Improve coordination of care
- Engage provider community
- Loop in care manager

Business Use Case:

- Implement an automated real-time standard distribution and routing for ADT health alerts to Connecticut Medicaid providers and case managers
- Provide Alert Notifications using standard model to PCPs and specialists for Inpatient & ED Admit / Discharges
- Provide Admit Alerts using standard model to other groups, such as home health providers

Provider Requirements for Project Notify

Provider requirements for transmitting and receiving health information (including applicable standards) as part of Project Notify and related Health IT initiatives are documented in the attached Addendum to Provider Enrollment Agreement, which was released on November 18, 2016 by DSS. Providers who are transmitting information as part of Project Notify are being added in phases, starting with hospitals and FQHCs in Phase I, followed by large physician and other specified provider groups in Phase II and small physician and other specified practices in Phase III. A copy of the Addendum is

attached to this Policy Transmittal and can also be found at www.ctdssmap.com, 'Publications', 'Provider Enrollment / Maintenance Forms', 'Provider Agreement Addendum for Project Notify and Other Health IT Initiatives'.

If a provider is unable to meet one or more of the requirements set forth in the Addendum, the provider should still sign the Addendum, but should also send DSS a letter explaining in detail which requirement(s) the provider is unable to meet, the reason(s) for the provider's inability to meet the requirement(s), and, to the full extent possible, a detailed plan to develop the ability to comply in the future.

Providers should send signed copies of the Addendum and any related correspondence by email to Minakshi Tikoo at: minakshi.tikoo@ct.gov. Providers should sign and send the Addendum (and any related correspondence) no later than **December 31, 2016. ****Contact information has been updated on June 8, 2018.****

Additional DSS Health IT Initiatives

Medicaid Electronic Health Records (EHR) Incentive Program

DSS launched the Medicaid EHR Incentive Program in July 2011, and the first incentive payments to eligible providers were issued in September 2011. As of August 2016, 2,297 eligible professionals (EPs) and 27 eligible hospitals (EHs) have been paid under the Medicaid EHR Incentive Program. This incentive program also supports the collection of electronic clinical quality measures and the infrastructure for Direct Secure Messaging.

Direct Secure Messaging (DSM)

In April 2014, DSS established a Health

Information Service Provider (HISP) to provide Direct messaging mailboxes for eligible professionals (EPs) participating in the Medicaid EHR Incentive Program. DSS is promoting the use of Direct Secure

Messaging (DSM) protocol to send messages between providers and/or systems to enhance care coordination for an array of program services (e.g., long-term post-acute care provider network, durable medical equipment providers, and others) by ensuring secure exchange of documents (e.g., discharge summary, assessments, orders and continuity of care documents, and others). DSM is a simple, secure, scalable, and a standards-based way for participants to send authenticated, encrypted health information directly to known, trusted recipients over the internet. DSM complies with the Health Insurance Portability and Accountability Act (HIPAA), and does not require the provider to have or use an EHR.

Electronic Clinical Quality Measures (eCQMs)

DSS is working with healthcare providers to explore ways of using defined standards, such as Quality Reporting Document Architecture (QRDA) Category I and III, CCDAs, etc. to report and measure clinical quality; ensure timely access to data for reporting and audits.

DSS has purchased Zato Health Platform, a data indexing technology,² as an option to collect eCQMs as they relate to the Medicaid EHR incentive program³. This technology uses indices and edge servers to allow users to query data from multiple distributed sources simultaneously without the need for a central data repository.

Integrated Eligibility System

In October 2016, DSS deployed ImpaCT, a new integrated eligibility system for DSS. This new eligibility management system replaces an antiquated legacy system.

² Annual licensing agreement; current contracted vendor is Zato Health (www.zatohealth.com)

³ CMS Meaningful Use Measures available at: http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Meaningful_Use.html

Health IT Assets

Enterprise Master Patient Index and Provider Registry

The DSS, implemented the EMPI in March 2016 for initial use with ImpaCT and DSS is in the process of implementing the Provider Registry⁴. Both of these assets were previously procured by HITE-CT and are available as a shared service for enterprise use by state and non-state agencies at a cost assessed based on the fair-share principle.

Personal Health Records (PHRs)

The DSS is the recipient of a four-year grant from CMS (2014-2018), Testing Experience and Functional Assessment Tools (TEFT). This four-year initiative is comprised of four components, of which two are related to Health IT: (1) testing the use of PHRs in the long-term services and supports (LTSS) community and (2) aiding the development and testing of the eLTSS content and transport standard. In 2017, DSS plans to implement the PHR among people and transport standard. In 2017, DSS plans to implement the PHR among individuals participating in the Money Follows the Person (MFP) program and a web-based self-directed care plan process for individuals receiving services through the Community First Choice (CFC) Program.

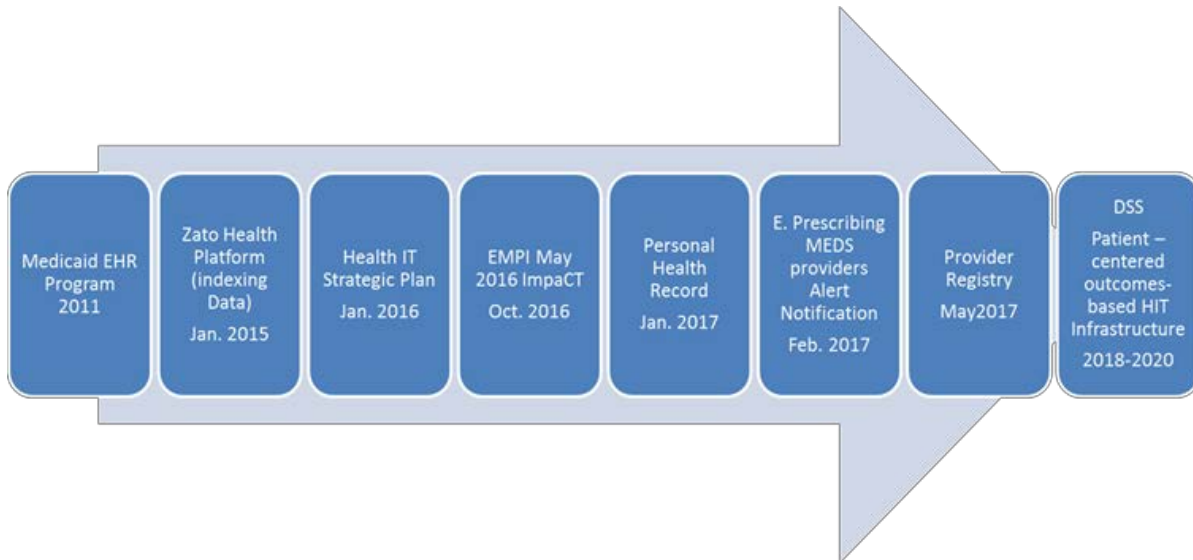
The first iteration of the PHR will provide consumers with access to their aggregated medical history. The aim is to combine clinical information, directly from providers, with claims data to form a single view of a person's healthcare journey. Subsequent versions will address many of the limitations of current PHR solutions:

- Ability to participate seamlessly in the context of the current and evolving HIT landscape

- Be conversational by providing verbal questions and response that help personalize the user experience
- Utilize advanced natural language processing to adapt the user experience to the context of the task being performed
- Provide a flexible security model that will allow users to easily configure ad-hoc sharing relationships that are secure, can be put in place for specific time periods, and engaged without advanced provisioning
- Allow DSS to develop a personalized content delivery channel that is based on consumer preferences (amazon like) and conditions

Timeline for DSS Implementation of Health IT Initiatives

(future dates are based on current projections)



Posting Instructions: Policy transmittals can be downloaded from the web site at www.ctdssmap.com

Distribution: This policy transmittal is being distributed to providers of the Connecticut Medical Assistance Program by Hewlett Packard Enterprise.

Responsible Unit: DSS, Division of Health Services, Health IT Unit, Andrea Schroeter.

For questions and further information regarding Project Notify, please contact Minakshi Tikoo, Project Lead, at (860) 424-5209 or email Minakshi.tikoo@ct.gov

Date Issued: November 2016

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
Division of Health Services

**Addendum to Provider Enrollment Agreement for
Providers Participating in Project Notify and Other Health IT Initiatives**

The Connecticut Medical Assistance Program (“CMAP”), including Medicaid, is administered by the State of Connecticut Department of Social Services (“DSS”). The Provider is a CMAP-enrolled provider that is participating in the DSS Project Notify and other Health IT initiatives, as determined by DSS (collectively, “Project Health IT”). Project Health IT is intended to improve care coordination and improve delivery of care resulting in better health outcomes. Except as otherwise specifically provided in this Addendum to Provider Enrollment Agreement (the “Addendum”), all provisions of the Provider Enrollment Agreement (the “Agreement”) remain in full force and effect. This Addendum is incorporated by reference into the Agreement as if fully set forth therein and DSS may enforce this Addendum pursuant to all applicable authority, including, but not limited to, all authority specified in the Agreement. In addition to all representations and agreements made in the Agreement, the Provider also represents and agrees as follows:

1. **Transmitting Admission, Discharge, and Transfer (“ADT”) Messages.** To the full extent applicable to the Provider and in accordance with DSS standards for Project Health IT, as amended from time to time, the Provider agrees to transmit admission, discharge, and transfer (“ADT”) messages and any other health alert notifications specified by DSS in the following manner: (a) to DSS or its designee, (b) for all applicable health and other services performed by the Provider for CMAP members, (c) in real time, (d) in the manner and format required by DSS, and (e) using the version of Health Level 7 specified by DSS (“HL7”) and/or other message transport protocol(s) specified by DSS.
2. **Transmitting Care Summaries.** To the full extent applicable to the Provider and in accordance with DSS standards for Project Health IT, as amended from time to time, the Provider agrees to transmit care summaries and any other related health information as specified by DSS, in the following manner: (a) to DSS or its designee, (b) for all applicable health and other goods and services performed by the Provider for CMAP members, and (c) in real time, and (d) in the manner and format required by DSS, including, but not limited to, use of Direct messaging, use of HL7 Consolidated Clinical Document Architecture, and/or other standards specified by DSS.
3. **Transmitting Other Health Information.** To the full extent applicable to the Provider and in accordance with DSS standards for Project Health IT, as amended from time to time, the Provider agrees to transmit specified laboratory results performed by the Provider and any additional health information required by DSS other than the information specified in paragraphs 1 and 2 of this Agreement regarding CMAP members served by the Provider, in the time, manner, and format required by DSS.
4. **Receiving Health Information.** To the full extent applicable to the Provider and in accordance with DSS standards for Project notify, as amended from time to time, the Provider agrees to receive, in the time, manner, and format required by DSS, all of the health information described in paragraphs 1, 2, and 3 of this Addendum that DSS or its designee sends to the Provider.
5. **Use of Health Information Under Project Notify.** In connection with receiving the health information pursuant to paragraph 4 of this Addendum, the Provider agrees to perform all actions required by DSS, such as any applicable care coordination activities that require the use of such information.
6. **Compliance with Requirements.** The Provider agrees to comply with all federal and state requirements, as amended from time to time, which apply to its participation in Project Health IT and its performance of the actions described in this Addendum, including, but not limited to, as applicable: Conn. Gen. Stat. § 17b-90; 42

Department of Social Services – Addendum to Provider Enrollment Agreement
Providers Participating in Project Notify and Other Health IT Initiatives

U.S.C. §§ 1320d to 1320d-9, inclusive; 45 C.F.R. Parts 160 and 164; 42 U.S.C. § 1396a(a)(7); 42 C.F.R. Part 431, Subpart F; 42 U.S.C. § 290dd-2; and 42 C.F.R. Part 2.

7. **Required Notice to DSS.** The Provider agrees to notify DSS promptly in writing as soon as possible and not later than 7 business days after learning that it is or may become unable to meet any requirement of Project Health IT or of this Addendum.

THE UNDERSIGNED, HAVING THE SPECIFIC AUTHORITY TO BIND THE PROVIDER TO THE TERMS OF THIS ADDENDUM TO PROVIDER ENROLLMENT AGREEMENT, AND HAVING READ THIS ADDENDUM AND UNDERSTANDING IT IN ITS ENTIRETY, DOES HEREBY AGREE, BOTH INDIVIDUALLY AND ON BEHALF OF THE PROVIDER AS A BUSINESS ENTITY, TO ABIDE BY AND COMPLY WITH ALL OF THE STIPULATIONS, CONDITIONS, AND TERMS SET FORTH HEREIN.

Provider Entity Name (doing business as)

Name of Provider or Authorized Representative (type/print name)

Signature of Provider or Authorized Representative