

**State of Nevada**  
**Division of Health Care Financing & Policy**  
**Health Information Technology**  
**Planning – Advanced Planning Document**



January 28, 2010

**Nevada DHCFP HIT P-APD  
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# 1 Statement of Needs and Objectives

## 1.1 Statement of Purpose

The purpose of this Planning-Advance Planning Document (P-APD) is to describe the State of Nevada, Division of Health Care Financing & Policy's (DHCFP) planning activities that will lead to the development of a Nevada State Medicaid Health Information Technology Plan (SMHP). The SMHP will serve as the Medicaid strategic vision by moving from the current As-Is Health Information Technology (HIT) landscape to the desired To-Be HIT Landscape, including a comprehensive HIT Road Map and strategic plan over the next 5 years.

## 1.2 Statement of Needs and Objectives

### 1.2.1 Statement of Needs

DHCFP is requesting federal funding for the planning processes that will lead to the development of the SMHP. The SMHP will not only encompass the Provider Incentive Payment Program, in accordance to provisions for States in Section 4201 of the American Recovery and Reinvestment Act of 2009 (ARRA), but also the Medicaid Strategic Vision for HIT in concert with the larger health care system in the State of Nevada. As required by the Office of the National Coordinator (ONC), DHCFP will collaborate with the statewide HIT and Health Information Exchange (HIE) efforts that are being managed through the Office of Health Information Technology (OHIT) in Nevada, which is described in further detail in subsequent sections.

### 1.2.2 Statement of Objectives

DHCFP is planning to complete the following key objectives as part of the HIT planning phase:

- **Conduct As-Is Environmental Scan:** In collaboration with the State's OHIT and various key stakeholders, DHCFP will conduct a HIT environmental scan and inventory to assess the adoption of HIT by health care providers in relation to meaningful use criteria. Detailed tasks and activities associated with this objective are described in section 2.1.2.
- **Develop To-Be Vision:** In collaboration with the State's OHIT and various key stakeholders, including a wide range of providers, payers, and other public sector agencies, DHCFP will develop the To-Be

HIT vision. Detailed tasks and activities of this objective are described in section 2.1.3.

- **Develop HIT Road Map:** In collaboration with the State's OHIT and various key stakeholders, DHCFFP will develop a detailed HIT Road Map for implementing the comprehensive To-Be Vision for HIT. The HIT Road Map is the strategic directive which will require facilitated discussions among stakeholders to ensure a common understanding of the necessary tasks and activities to achieve the overall HIT *and* HIE vision. Detailed tasks and activities associated with this objective are described in section 2.1.4.
- **Develop Provider Incentive Payment Program:** DHCFFP will design and develop the Provider Incentive Payment Program, including the use of systems, stakeholder communications and outreach, tracking of meaningful use, and necessary oversight. Detailed tasks and activities associated with this objective are described in Section 2.1.5.
- **Develop State Medicaid HIT Plan:** The SMHP will be the comprehensive plan that will incorporate the above objectives as well as the design of performance measurements to gauge progress of implementation against the Road Map. It will address the approach for quality assurance management, alignment with the MITA framework, and alignment with the future MMIS Re-procurement. Detailed tasks and activities associated with this objective are described in section 2.1.6.

### 1.3 Nevada HIT and HIE Vision

#### 1.3.1 Description of Current Nevada HIT & HIE Efforts

Within the past year, the State of Nevada has taken a more proactive leadership role in overseeing strategic HIT and HIE development in Nevada, engaging stakeholders in collaborative efforts, and planning for the deployment of a Health Information Exchange solution. Responsibility for State-level efforts has been granted to the Nevada Department of Health and Human Services (DHHS). Under DHHS, the Office of Health Information Technology (OHIT) is responsible for administering the ARRA Health Information Exchange Cooperative Agreement, facilitating the core infrastructure and capacity that will enable statewide HIE, and coordinating related HIT initiatives.

##### 1.3.1.1 *Collaboration between State-level Efforts and DHCFFP*

DHCFFP administers the Medicaid program under the Nevada Department of Health and Human Services, which is the Single State Agency for Medicaid. As a part of DHHS, DHCFFP will be able to collaborate with State of Nevada Division of Health Care Financing and Policy

DHHS for State-level efforts, including the planning and development of statewide HIE Operational and Strategic Plans. Therefore, HIT planning efforts taken on by DHCFFP are in alignment with State-level efforts.

While OHIT is focusing current planning efforts on developing the necessary Operational and Strategic plans through the HIE Cooperative Agreement, the HIT efforts being taken on by DHCFFP will include development of the SMHP, including the To-Be Vision, Road Map and approach for passing through funds to Medicaid Providers.

### **1.3.1.2 Formation of HIT Workgroups**

While the State of Nevada has made some achievements towards the adoption of HIT, a formal strategic plan has never been developed. The Governor of Nevada, Jim Gibbons, recently issued two Executive Orders to support cohesive and coordinated activities for HIT and HIE adoption. First, the Nevada Broadband Task Force was established to ensure broadband accessibility, availability, affordability, and reliability across the State. Second, the Nevada Health Information Technology Blue Ribbon Task Force was formed to provide oversight and guidance on the planning and adoption of a statewide health information exchange. The Broadband Task Force and the HIT Blue Ribbon Task Force, which are critical initiatives for supporting statewide HIT and HIE efforts, are discussed in section 1.4. In addition, various other workgroups described in section 1.4 will also aid in supporting State-level efforts.

### **1.3.2 DHCFFP Strategy and Goals**

DHCFFP, as part of the upcoming MMIS Takeover procurement, is requesting the successful proposer to provide a scalable health information exchange solution that may also serve as the DHHS platform. Initially, DHCFFP is looking to utilize this HIE solution for sharing claims data and Centers for Health Information Analytics data with EHRs of Nevada Medicaid and Check Up providers who use certified EHR technology meeting the standards put forth by the Office of National Coordinator (ONC) for Health Information Technology. The Nevada MMIS Takeover RFP is scheduled for release in February 2010, with an Intent to Award issuance scheduled for May 2010.

The purpose of this strategy is two-fold:

1. Currently, there is limited HIT and HIE infrastructure in Nevada. It is believed the HIE solution will assist Medicaid providers in meeting

the “meaningful use” criteria required in the ARRA to obtain incentive payments for EHR adoption; and

2. Allow the State to establish its own HIE infrastructure, enabling the exchange of data with providers, agencies, and other organizations in an HIE “marketplace” approach.

### **1.3.3 DHHS Vision**

DHCFP’s strategy and goals for HIE and HIT is in alignment with the broader DHHS vision for HIE and HIT. DHHS anticipates building an HIE infrastructure for the State, potentially leveraging DHCFP’s scalable HIE solution being sought as part of the MMIS Takeover procurement, which provides for economies of scale. Below is the HIT and HIE Vision for DHHS:

- Foster an environment that encourages adoption and use of HIE technology by the Medicaid community.
- Implement a DHHS enterprise-wide data warehouse to support full knowledge and exchange of commonly understood demographic, clinical and financial information comprising each person’s EHR aggregated across all authoritative sources.
- Real time processing between every provider’s individual computer with 24/7/365 access to data.
- A standardized system across the state.
- A set of standardized assessment tools that can be viewed by all practitioners. For example, Division of Welfare and Supportive Services (DWSS), Division of Mental Health and Developmental Services (MHDS), and Division of Child and Family Services (DCFS) could all visualize the assessment of the child.
- Better information at the point of care.
- Improve the quality of care by reducing medical errors and improving patient safety.
- Reduce costs by eliminating unnecessary or duplicative procedures (such as additional lab tests or imaging exams).
- Assist in controlling health care costs for the state by enhancing epidemiological surveillance and aggregating population and public health statistics.
- Enable emerging health care trends such as Medical Home and Comparative Evaluations.
- Create an environment that fosters innovation for 21<sup>st</sup> Century health care.
- Support consumers and providers in their roles in improving health and managing costs.
- Support the privacy and security of health information.

### **1.3.4 The MMIS & MITA Alignment**

DHCFP plans to use MITA Principles as part of the approach for developing the State Medicaid HIT Plan. In February 2009, DHCFP completed a MITA self-assessment that provided a snapshot of the current MITA landscape. The MITA self-assessment assisted in identifying gaps in attainment of desired MITA levels for the MMIS and supporting operations. As part of the long-term vision for MITA, DHCFP is seeking to re-procure the MMIS to obtain a MITA-aligned and HIPAA compliant system, which will aid in exchanging and managing electronic health information. DHCFP intends to initiate planning activities for the MMIS re-procurement in 2012. In the interim, as part of the current MMIS Takeover procurement, DHCFP is seeking peripheral systems and tools to increase alignment with MITA. This includes the potential for a new Decision Support System, an HIE Solution, and an e-prescribing tool, which is discussed in the subsequent subsection 1.3.5.

### **1.3.5 E-Prescribing Tool**

Nevada was an early adopter of e-prescribing technology. The e-prescribing tool aids in promoting electronic exchange of health information between DHCFP and providers.

Use of an e-prescribing tool allows for timely data sharing and managing prescriptions for recipients more efficiently. Information available through the software includes:

- Recipient pharmacy claims history.
- Eligibility data.
- Indication of the need for prior authorization.

DHCFP plans for growing use of an e-prescribing tool, which will facilitate sharing of electronic health information.

## **1.4 Current State Initiatives and Workgroups**

### **1.4.1 HIE Cooperative Agreement**

The State of Nevada has applied for ARRA HIE cooperative agreement funds to develop the necessary Strategic and Operational Plans to facilitate the core infrastructure and capacity for enabling the statewide electronic movement and utilization of health information by health care providers, according to nationally recognized standards. The OHIT will be responsible

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for managing development of the Plans, promoting HIE adoption, and engaging stakeholders, including health systems and providers, public health, insurance, payers, the university system, and consumers.

#### **1.4.2 HIT Blue Ribbon Task Force**

The Governor of Nevada issued an executive order creating the 20-member Nevada Health Information Technology Blue Ribbon Task Force (HIT Task Force) in September of 2009 to provide oversight and guidance on the planning and adoption of a statewide HIE. Comprised of key stakeholders and industry leaders, the Task Force began meeting on October 9, 2009 and is working with the Nevada Department of Health and Human Services to develop and implement Nevada's HIE Strategic and Operational Plans. The Task Force members appointed by the Governor represent a diverse group that includes health systems and providers, public health, insurance, payers, the university system, and consumers. Charles Duarte, the State Medicaid Director, is an appointed member of the Task Force.

The Nevada Blue Ribbon Task Force is charged with:

- Guiding and overseeing legislative and regulatory actions.
- Encouraging coordinated efforts in the private health care sector.
- Maximizing public and private partnerships for the development of a sustainable statewide health information infrastructure.
- Maximizing federal financial participation to support the goal of adoption of a sustainable e-health information infrastructure.
- Developing and measuring performance metrics to evaluate success of HIT implementation and adoption.
- Steering the implementation of Health Information Technology in the State of Nevada.

#### **1.4.3 Nevada Broadband Task Force**

The 12-member Nevada Broadband Task Force was created by Executive Order on July 15, 2009, and began meeting on September 29, 2009. The Nevada Broadband Task Force serves to identify and remove barriers to broadband access and identify opportunities for increased broadband applications and adoption in unserved and underserved areas of Nevada. The Broadband Task Force is charged with overseeing all necessary duties and responsibilities to reach the goal to expand broadband technology including the application of federal funding/grants, grant compliance, mapping, and data management.

The Nevada HIT Blue Ribbon Task Force will work in collaboration with the Nevada Broadband Task Force on overlapping priorities and goals.

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#### **1.4.4 Nevada Information Community Health Exchange**

The Nevada Information Community Health Exchange (NICHE) is an entity that will be focused on the interest of the public in creating an inclusive health information sharing community. NICHE submitted a Letter of Intent to participate in the State Grants to Promote Health Information Technology Planning and Implementation Projects in September of 2009 and plans to participate in various workgroups and initiatives. As a public representative, DHCFP and DHHS will need to collaborate and communicate with NICHE. Some of key objectives of NICHE are the following:

- Improve the efficiency of health care delivery by allowing providers to make informed decisions based on more effective information access.
- Improve patient safety through informed decisions based on patient's medical history.
- Improve the quality of patient care providing information on evidence-based patient information.
- Help reduce the costs of services delivery by increasing the effectiveness of health care delivery in Nevada.

## **2 Project Management Plan**

### **2.1 Description of Project Management Plan**

#### **2.1.1 Overview**

The Project Management Plan approach for the HIT planning efforts includes the key tasks listed below, which are described in further detail in subsections 2.1.2 through 2.1.6:

- Conduct Environmental Scan
- Develop To-Be HIT Vision
- Develop HIT Road Map
- Develop Provider Incentive Payment Program
- Develop State Medicaid HIT Plan

Key deliverables associated with these tasks will ultimately be incorporated into the State Medicaid HIT Plan. The Project Management Plan associated with the SMHP tasks, key deliverables, and schedules are provided in section 2.2.

#### **2.1.2 Environmental Scan**

The State of Nevada, through the OHIT, will be conducting an environmental scan and inventory to assess the adoption of HIE by health care providers. Leveraging State efforts to scan the HIE landscape, DHCFP is planning to participate in statewide efforts with an emphasis on assessing EHR adoption, eligibility of Medicaid providers for provider incentives, and status of providers for use and adoption of EHRs compared to meaningful use criteria. DHCFP anticipates synchronizing the scanning efforts and methodology with the State-level efforts to limit duplication. Based on this, DHCFP anticipates sharing costs for completing the environmental scan. Areas of focus for the HIT adoption component of the environmental scan may include, but may not be limited to:

- Determine the existing level of HIT and HIE adoption by health care providers.
- Estimate ongoing and future HIT and HIE adoption rates by health care providers.
- Conduct an inventory of vendor EHRs utilized by the provider community.
- Determine how providers use vendors' EHRs and satisfaction with the products.

- Assess the current HIT and HIE resources that could be expanded or leveraged.
- Identify current barriers to adoption of HIT (for example, hardware, software, broadband, and interfaces).
- Assess the eligibility and status of provider readiness for use of EHRs compared to meaningful use criteria, as required at by Federal regulations and planned for implementation at the State-level.
- Assess opportunities to leverage DHCFP's potential HIE solution.
- Determine relevant HIT and HIE infrastructure and collaborative effort opportunities already established.
- Assess readiness of HIE implementation statewide (task to be conducted at State-level).

### 2.1.3 HIT To-Be Vision

In collaboration with the OHIT, the HIT Task Force, and other key HIT stakeholders, DHCFP will develop the HIT To-Be Vision. The State of Nevada has already started collaborative planning efforts with stakeholders throughout the State, including providers, payers, and public sector organizations. As part of development of the HIE Strategic and Operational Plans through the OHIT, HIT adoption will be addressed to ensure a more comprehensive approach. The Strategic and Operational plans will also include the interdependencies and integration with the Medicaid HIE and HIT efforts as well as meaningful use. The OHIT is planning to complete the Strategic and Operational plans in September of 2010, as currently required by the HIE Cooperative Agreement.

**Working in tandem with DHHS and other State agencies on strategic planning will ensure a more synchronized approach for formulating the To-Be HIT Vision, which will be incorporated into the SMHP. Facilitated discussions with key HIT and HIE stakeholders through the HIT Task Force and the Broadband Task Force will be integral to the larger statewide vision. This collaborative approach will enable the State Medicaid agency to develop a common vision of the HIT landscape in 2014 and how Nevada's Provider Incentive Payment Program will operate in concert with the larger statewide HIT efforts.**

Key tasks associated with developing the HIT To-Be Vision include:

- Conduct facilitated strategic planning sessions.
- Participate in the HIT Task Force, the Broadband Task Force, and other task forces as needed.
- Document HIT and HIE Strategic Vision in collaboration with

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OHIT.

- Communicate Vision with stakeholders.

#### **2.1.4 HIT Road Map**

DHCFP will develop a detailed HIT Road Map for implementing the comprehensive To-Be HIT Vision. The HIT Road Map will require facilitated discussions with stakeholders to ensure a common understanding of the specific tasks and activities that will be necessary to achieve the overall HIT *and* HIE vision. Since development of the HIT Road Map will coincide with development of the Strategic and Operational Plans through the OHIT, coordinated tasks and activities for the Plans and the Road Map must be constructed. DHCFP may be leading certain efforts in strategic planning and may also be following the lead of OHIT and other stakeholders in determining the To-Be Vision. Based on this, DHCFP anticipates sharing costs for developing the HIT Road Map and will optimize efficiencies as much as possible.

As a result of executing the needed steps defined in the Road Map, DHCFP anticipates an improvement in health care service delivery in 5 years. The HIT Road Map may include, but may not be limited to:

- The necessary tasks, activities, and timeframes to meet the To-Be Vision in 5 years (*in essence, the “heart” of the strategic plan*).
- Work breakdown structures, process maps, or other diagrams to manage the tasks, activities, and processes for the 5-year plan into manageable pieces.
- The appropriate stakeholder involvement for executing the Road Map.
- An approach for gauging progress and reporting to CMS and State stakeholders on tasks outlined in the Road Map.
- The approach for overseeing the provider incentive payments.
- Identification of appropriate entities for coordination and collaboration to promote and facilitate the exchange of secure health information between provider groups, organizations, and agencies.
- Plan for coordination with technical assistance efforts through the Regional Extension Center for eligible providers on needed assistance for adopting EHRs and leveraging HIE.
- Identification of existing applications that support the build of Medicaid data for analysis and establish coordination to facilitate the exchange of information.

#### **2.1.5 Provider Incentive Payment Program**

The Provider Incentive Payment Program plan will include specific actions that DHCFP plans to take in order to implement the Provider EHR

incentive payments according to meaningful use criteria. This component of the State Medicaid HIT Plan will describe the detailed design and implementation tasks for the Provider Incentive Payment Program, as part of the larger HIT To-Be landscape. While CMS recently provided further details through rulemaking regarding eligibility for incentive payments and on coordinating with the Medicare program to prevent duplicate payments, DHCFP will provide preliminary details regarding the actions it believes will be necessary for these activities at the State-level.

As part of the Provider Incentive Payment Program plan, DHCFP may include, but may not be limited to, the following:

- Comprehensive approach, tasks, and activities for implementing the Provider Incentive Payments.
- Preliminary views regarding specific actions in defining eligibility for the incentive payments, meaningful use and preventing duplicate payments.
- State interpretation of meaningful use criteria applicable for Nevada Medicaid providers.
- Methodology and systems for processing provider payments.
- Engagement of providers in meeting and validating meaningful use.
- Approach to track and measure meaningful use for EHRs of the provider community.
- Approach to oversight for provider payments.
- Strategy for Provider Communications, Education, Outreach, and Training.
- Communication protocols and outreach for key stakeholders.
- Approach to developing reporting process to stakeholders and CMS regarding incentive payments.
- Collaboration with key workgroups and Regional Extension Centers to encourage EHR adoption.

#### **2.1.6 State Medicaid HIT Plan**

The description of the project tasks and activities in subsections 2.1.2 through 2.1.5 will result in development the key components of the State Medicaid HIT Plan. The following will be inclusive in the SMHP:

- The HIT Strategic Vision.
- The State coordinated Road Map, including strategic and tactical steps for meeting the To-Be HIT Vision.

- The design of the Provider Incentive Payment Program.
- Participation and level of involvement in future federal, State, and regional collaborative HIE efforts.
- Approach to advancing HIE and HIT efforts at the State-level.
- Needed changes to the MMIS.
- Alignment with the MITA framework.
- Alignment with the MMIS Re-procurement.
- Approach to quality assurance management.
- Approach for ongoing oversight of meaningful use for EHRs of the provider community.
- Approach for ongoing auditing of provider incentive payments.
- Address privacy and security policies and procedures as HIT and HIE are adopted.

## 2.2 Project Management Plan – Tasks, Deliverables, & Schedule

Task	Deliverable	Start date	Completion Date
<b>Project Governance</b>			
Complete HIT P-APD and Submit it to CMS	HIT P-APD CMS Approval	January 2010	March 2010
Conduct DHCFP budget planning	Internal budget reports	February 2010	Ongoing
Hire DHCFP Vacant HIT positions	Filled positions (no tangible deliverable)	February 2010	April 2010
Develop detailed project plan	Project Plan	March 2010	March 2010
Coordinate with the Nevada Health Information Technology Office for Statewide HIE Cooperative Agreement	Blue Ribbon Task Force Meeting Minutes (ongoing) Input to Operational and Strategic Plans Input received for SMHP	January 2010	Ongoing
Conduct project reporting	Monthly project status reports	February 2010	Ongoing
Establish stakeholder communication management strategy	Communication Protocols	March 2010	Ongoing
<b>Planning Efforts for Developing SMHP</b>			
Develop Environmental Scan	Environmental Scan RFP	February 2010	April 2010

requirements and RFP			
Develop Environmental Scan Proposal Evaluation Plan	Environmental Scan Proposal Evaluation Plan	April 2010	May 2010
Environmental Scan Contract Signed	Environmental Scan Executed Contract	May 2010	May 2010
Conduct Environmental Scan	Environmental Scan Results Report	May 2010	July 2010
Develop SMHP Outline	SMHP Outline	May 2010	July 2010
Facilitate To-Be HIT Vision with input from stakeholders	Documented To-Be Vision (component of State Medicaid HIT Plan)	May 2010	May 2010
Communicate with DHHS on HIE Solution status (through the MMIS Takeover procurement)	Determination of DHCFP HIE Solution	May 2010	July 2010
Develop requirements and RFP for development of Provider Incentive Payment Program	Provider Incentive Payment Program RFP	March 2010	May 2010
Develop Proposal Evaluation Plan for Provider Incentive Payment Program	Proposal Evaluation Plan	May 2010	June 2010
Contract signed for Provider Incentive Payment Program	Provider Incentive Payment Program Executed Contract	July 2010	July 2010
Develop Provider Incentive Payment Program	Provider Incentive Payment Program Plan (as part of the SMHP)	July 2010	August 2010
Develop requirements and RFP for Road Map/ SMHP Assistance, as needed	Road Map/SMHP Assistance RFP	May 2010	June 2010

Develop Proposal Evaluation Plan for SMHP RFP	Road Map/SMHP Proposal Evaluation Plan	June 2010	July 2010
Contract signed for Road Map/SMHP Assistance	Executed SMHP Contract	July 2010	September 2010
Conduct Strategic Planning in collaboration with OHIT and input from stakeholders (with help from the SMHP Contractor)	HIT Road Map and Strategic Plan (component of State Medicaid HIT Plan)	July 2010	September 2010
Draft of SMHP	Draft of SMHP	September 2010	September 2010
Finalize SMHP	Finalized SMHP	September 2010	October 2010

## 2.3 HIT Planning Organization

### 2.3.1 HIT Planning Project Organization

#### DHCFP Level Organization

To support planning efforts for developing the SMHP and corresponding project management tasks as well as collaborating with DHHS and statewide efforts, DHCFP will formulate a DHCFP (“Division”) HIT Project Office. The Division HIT Project Office will be responsible for participating in statewide initiatives and workgroups, collaborating with Medicaid stakeholders, overseeing any contracted work associated with the SMHP planning tasks, establishing appropriate communication strategies and protocols, and other responsibilities as described in subsection 2.3.3. The DHCFP Project Office will report to the Project Director. The Organization Chart for DHCFP HIT Project Office can be found in the following subsection 2.3.2.

#### State-level Organization

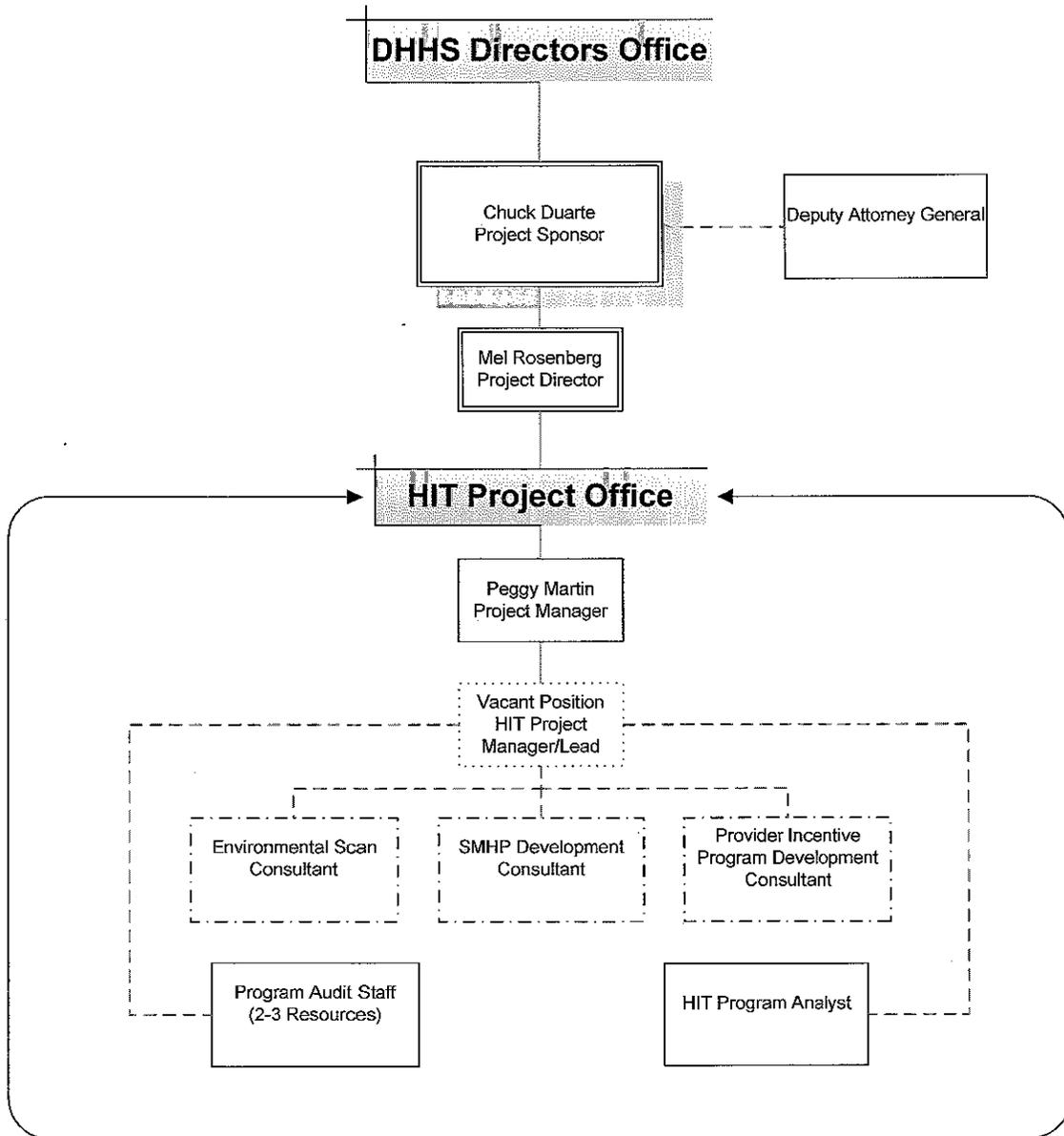
As mentioned above, DHHS is leading statewide efforts through the Office of Health Information Technology. Lynn O’Mara is the HIT Project Manager for DHHS. She is responsible for the day-to-day State-level tasks, including project leadership, overseeing the HIE Cooperative Agreement, monitoring the HIT project’s progress, serving as a member of the Blue Ribbon Task Force, and communicating with stakeholders, workgroups, and the ONC.

Ms. O'Mara reports directly to Michael J. Willden, the Director of the Department of Health and Human Services and the project authority designated by the Governor. Charles Duarte, DHCFP's Project Sponsor, and the State Medicaid Director, will report to the DHHS Director's Office and collaborate with Michael J. Willden and Lynn O'Mara on HIT and HIE efforts.

### **2.3.2 Organization Chart**

See Next Page.

# Organization Chart: Nevada Division of Health Care Financing & Policy Health Information Technology Project Office



### **2.3.3 DHCFP HIT Planning Roles and Responsibilities**

DHCFP will be responsible for coordinating Medicaid HIT adoption efforts and collaborating with statewide efforts. DHCFP will also have a HIT Project Office that will be the unit responsible for the day-to-day project tasks. Responsibilities for key DHCFP staff include, but are not limited to the following:

1. Participate in statewide vision sessions and strategic planning.
2. Participate in statewide HIE Strategic and Operational Plans development.
3. Coordinate with the DHHS OHIT on the environmental scan.
4. Collaborate with DHHS and the HIT Task Force regarding the status of DHCFP HIE solution, if obtained through the MMIS Takeover procurement.
5. Identify, communicate with, and collaborate with HIT and Medicaid stakeholders.
6. Participate in the HIT Task Force and other workgroups and task forces, as needed.
7. Make necessary changes to Division policies and procedures.
8. Develop RFPs and Proposal Evaluation Plans associated with development of the State Medicaid HIT Plan.
9. Establish appropriate requirements for tracking, oversight, and auditing of EHR adoption and meaningful use (such requirements will be included in the Provider Incentive Payment Program Plan).
10. Establish appropriate environmental scan requirements for input to execute the environmental scan.
11. Oversee contractor staff, including tasks and deliverables associated with development of the SMHP.
12. Establish performance measurements and goals for EHR adoption.
13. Arrange for provider technical assistance and/or provider outreach, training, and communications. (Longer-term technical assistance will be provided through the Regional Extension Center.)
14. Collaborate with the Regional Extension Center.
15. Develop communication strategies and protocols, as part of the State Medicaid HIT Plan.
16. Ensure adherence to privacy and security rules and regulations. In addition, prepare to develop additional security and privacy plans for implementation efforts.

### **2.3.4 HIT Key Personnel Roles and Responsibilities**

Below are descriptions of key project staff responsibilities within DHCFP:

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#### **2.3.4.1 HIT Project Sponsor**

**Charles Duarte, the Medicaid State Agent, will be the HIT Project Sponsor for DHCFP.** As a member of the Blue Ribbon Task Force, Chuck will not only be able to funnel strategic level information to DHCFP, he will be able to help guide strategic directives at the State-level. Key responsibilities of the HIT Project Sponsor include, but are not limited to the following:

1. Ensure appropriate authority is given to DHCFP HIT Office.
2. Make decisions on overall HIT/HIE strategic direction for DHCFP.
3. Participate in facilitated discussions to determine HIT To-Be Vision and Road Map.
4. Report to the DHHS Director's Office as needed.
5. Participate in HIT Task Force and assist with making State-level strategic HIT and HIE decisions.
6. Communicate to the HIT Task Force, the Legislature, and the Governor's Office regarding the status of DHCFP's HIT directives.
7. Provide strategic input to development of the SMHP.
8. Communicate with key stakeholders regarding DHCFP's HIT and HIE strategic vision and Road Map.
9. Ensure appropriate funding for HIT and HIE is available for DHCFP.
10. Make key policy decisions, as escalated by the DHCFP HIT Project Office.

#### **2.3.4.2 HIT Project Director**

**Mel Rosenberg, IT Manager, will be the HIT Project Director.** Reporting directly to the HIT Project Sponsor, Mel will help make strategic HIT decisions impacting DHCFP and will also oversee system needs and changes. Some of the HIT Project Director's key responsibilities include, but are not limited to, the following:

1. Make technical and system decisions for DHCFP.
2. Oversee HIE Solution being sought through the MMIS Takeover Procurement.
3. Oversee systems and tools associated with the MMIS and needed changes to the MMIS to support the HIE Solution and Provider Incentive Payment Program.
4. Assist in determining technical requirements for future HIT system requirements.
5. Assist in managing risks identified and communicated by project staff.
6. Make day-to-day project decisions, as escalated by the DHCFP Project Manager and HIT Project Manager.
7. Participate in Project Steering Committee.

8. Assist in overseeing contractors being utilized for HIT planning purposes.
9. Make key decisions regarding oversight and auditing of provider incentive payments.

#### **2.3.4.3 DHCFP Project Manager**

**Peggy Martin, IS Analyst, will be the Project Manager.** Peggy will be responsible for overseeing project tasks being managed by the HIT Project Manager as well as any contractors being utilized for HIT planning efforts. Key responsibilities for the DHCFP Project Manager, include, but area not limited to the following:

1. Serve as liaison between HIT Project Office and other concurrent DHCFP IT projects.
2. Coordinate HIT planning efforts with the MMIS Takeover Procurement and MITA alignment efforts.
3. Oversee contractors being utilized for HIT planning purposes.
4. Oversee development of HIT To-Be Vision, HIT Road Map, Provider Incentive Payment Program Plan, and SMHP.
5. Oversee day-to-day HIT Project efforts being managed by the HIT Project Manager.
6. Ensure collaboration between DHCFP and State-level efforts.
7. Assist in developing stakeholder communication strategies and protocols.
8. Assist in defining and implementing provider communication, outreach, and training.
9. Coordinate system change management, as needed.
10. Oversee changes to policies and procedures.
11. Coordinate communication and training efforts with Provider Incentive Payment Program Plan contractor.
12. Measure success of provider outreach and communication efforts relating to adoption/ongoing use of EHR/HIT.
13. Coordinate in Regional Extension Center planning efforts.

#### **2.3.4.4 HIT Project Manager**

**The HIT Project Manager is a Vacant DHCFP Position at the time of development of this P-APD.** The HIT Project Manager will manage day-to-day decisions and tasks of the HIT planning project. Key responsibilities include, but are not limited to, the following:

1. Oversee day-to-day project tasks completed by staff and contractors for planning efforts.

2. Oversee and direct HIT Project Office staff.
3. Collaborate and coordinate with OHIT, DHHS, and other stakeholders for HIT/HIE decisions, environmental scan, and Strategic Planning.
4. Ensure adherence to privacy and security rules and regulations and make necessary privacy and security policy changes.
5. Participate in discussions for determining the HIT To-Be Vision and Road Map.
6. Oversee development of the Provider Incentive Payment Program Plan, including methodology and approach for tracking EHR adoption and meaningful use.
7. Oversee development of the State Medicaid HIT Plan.
8. Communicate project status and conduct status reporting.
10. Direct HIT Project Office resources.
11. Make key policy decisions.
12. Ensure adherence to privacy and security rules and regulations.
13. Oversee development of the Provider Incentive Payment Program Plan, including methodology and approach for tracking EHR adoption and meaningful use.
14. Oversee development of the State Medicaid HIT Plan.

#### **2.3.4.5 Program Audit Staff**

**The Program Audit Staff are currently vacant DHCFP positions.** The Program Audit Staff will be responsible for planning tasks associated with tracking, providing oversight, and auditing of meaningful use of EHR adoption.

1. Coordinate budget/expenditure reporting and tracking.
2. Provide input to the requirements for the Provider Incentive Payment Program Plan.
3. Establish appropriate mechanisms for tracking, providing oversight, and auditing of meaningful use of EHR adoption.
4. Establish provider incentive performance measurements.
5. Work with Provider Incentive Payment Program Plan contractor to design and develop Plan.
6. Establish appropriate policies and procedures for design and implementation of the Provider Incentive Payment Program Plan.
7. Plan for implementation of the Provider Incentive payment Program Plan.
8. Work with DHCFP Financial Staff to ensure appropriate budget tracking of incentive payments.
9. Prepare project-related reports for ARRA, CMS, Nevada Legislature, and DHHS/DHCFP executives.

#### **2.3.4.6 HIT Program Analyst**

**The HIT Program Analyst is currently a vacant DHCFP position.** The HIT Program Analyst will serve as a HIT and HIE subject matter expert and will act as a liaison with the statewide efforts at the project level. Key responsibilities of the HIT Program Analyst include, but are not limited to the following:

1. Act as subject matter expert in HIT and HIE.
2. Collaborate with DHHS on State-level day-to-day project tasks, as needed.
3. Identify and communicate risks.
4. Assist with needed policy and procedure changes.
5. Participate in requirements for environmental scan.
6. Work with contractor to develop and execute environmental scan.
7. Assist with design and implementation of HIT Project Status Reporting.

#### **2.3.4.7 Deputy Attorney General**

**Amy Crowe, is DHCFP's Deputy Attorney General (DAG) and will be assigned to the HIT project.** Key responsibilities of the DAG include, but are not limited to, the following:

1. Act as a liaison between HIT Project Office and Attorney General's Office.
2. Advise DHCFP on legal and policy-related issues.
3. Advise DHCFP on adherence to privacy and security rules and regulations.
4. Serve as a Subject Matter Expert on legal issues/challenges relating to HIT and HIPAA.

#### **2.3.4.8 Division HIT Point-of-Contact**

The HIT Project Manager, will be the DHCFP Point-of-Contact for DHCFP HIT Planning activities and tasks described in this P-APD.

#### **2.3.5 Contractor Resources & Procurement Activities**

Given budget constraints and current workloads on current Staff, DHCFP anticipates utilizing contractors for particular planning tasks that require subject matter expertise. *Please note that the Contractor responsibilities are subject to change if DHCFP has made the determination that in-house resources have the capacity to complete certain tasks, which may result in budget savings.*

State of Nevada Division of Health Care Financing and Policy

- **Environmental Scan:** A contractor may be employed to conduct the environmental scan as described in section 2.1.2 of this P-APD. The environmental scan will be conducted in accordance with requirements established by DHCFP, but the exact scan methodology is not known at this time. An RFP is anticipated for release in April of 2010 to procure a contractor.
- **Development of the Medicaid Incentive Payment Program:** The services of a contractor may be employed to assist with the design and development of the Medicaid Incentive Payment Program as described in section 2.1.5 of this P-APD. Design and development of the Medicaid Incentive Payment Program will be done in accordance with DHCFP requirements. An RFP is anticipated for release in May of 2010 to procure a contractor.
- **Development of Road Map & SMHP:** Contracted resources may be utilized to provide assistance in the development of the Road Map and State Medicaid HIT Plan as described in sections 2.1.4 and 2.1.6 of this P-APD. Since the environmental scan and Provider Incentive Payment Program may be procured separately, the SMHP Contractor would mainly assist facilitating and collaborating with stakeholders for strategic planning, developing the Road Map, communication planning, quality assurance management, approach for managing MMIS changes, strategically planning for MITA Alignment and other federal initiatives, planning for future level involvement in federal, regional, and State HIT and HIE initiatives, and cohesively compiling the different SMHP components into a centralized plan. The SMHP will be developed according to DHCFP requirements. An RFP is anticipated for release in June of 2010 to procure a contractor.

### 3 Proposed Project Budget

#### 3.1 Proposed Project Budget Table

Table 3.1.1 below represents the projected costs for the SMHP Planning Efforts based upon the schedule provided in Section 2.2. Due to the compressed schedule and inherent unknowns of implementation efforts for new technologies in a statewide collaborative planning project, the costs included below represent projected estimates. DHCFP will use a “not-to-exceed” methodology.

DHCFP is planning to share costs with other State agencies, specifically, the OHIT. The Cost Allocation between DHCFP and the OHIT is provided in Table 3.2.1 of Section 3.2.

Table 3.1.1 – Proposed Project Budget

	Federal Share <sup>2</sup>	State Share	Total
<b>DHCFP Resources<sup>1</sup></b>			
HIT Project Sponsor - 20%	24,165	2,685	26,850
HIT Project Director - 20%	18,836	2,093	20,929
Project Manager - 40%	32,554	3,617	36,171
HIT Project Manager/Lead - 100%	71,986	7,998	79,984
Program Audit Staff - 100%	64,154	7,128	71,282
Program Audit Staff - 100%	61,454	6,828	68,282
Program Audit Staff - 100%	61,454	6,828	68,282
HIT Program Analyst - 100%	71,986	7,998	79,984
<b>Total DHCFP Resources</b>	<b>\$406,588</b>	<b>\$45,176</b>	<b>\$451,764</b>
<b>Contractor Resources</b>			
Environmental Scan Contractor	117,000	13,000	130,000
SMHP Development Contractor	220,500	24,500	245,000
Provider Incentive Payment Program Contractor	270,000	30,000	300,000
<b>Total, Contractor Resources</b>	<b>\$607,500</b>	<b>\$67,500</b>	<b>\$675,000</b>
<b>Other Expenses</b>			
NASMD Dues	7,200	800	8,000
Travel <sup>3</sup>	4,500	500	5,000
Operating Expenses	1,634	182	1,816
Equipment	11,869	1,319	13,188
Information Services	1,331	148	1,479
Other Misc. Overhead <sup>4</sup>	13,500	1,500	15,000

<b>Total, Other Expenses</b>	<b>\$40,035</b>	<b>\$4,448</b>	<b>\$44,483</b>
<b>TOTALS</b>	<b>\$1,054,122</b>	<b>\$117,125</b>	<b>\$1,171,247</b>

<sup>1</sup>Resource staffing costs for vacant positions are based on an average for the position.

<sup>2</sup>Federal Share is being requested at 90% match for this funding request.

<sup>3</sup>Travel includes conference attendance for 1-2 persons at the Second Annual Multi-State Health IT Collaborative for E-Health Conference.

<sup>4</sup>Other Miscellaneous Overhead is intended to cover miscellaneous expenses such as communication material development, meetings, or other unanticipated expenses that may arise.

### 3.2 Supporting Narrative & Cost Allocation

Funding being requested is solely for planning purposes, including collaboration, in completing an environmental scan, developing the To-Be HIT Vision, developing the HIT Road Map, constructing the Provider Incentive Payment Program, and completing and compiling the SMHP. DHCFP resource estimates are based on projected levels of involvement of each team member in the project. In summary, the Total Costs, Federal Funding Request, and State Funding Share is presented in Table 3.2.1 below:

Table 3.2.1 – Total Planning Costs

<b>TOTAL COSTS</b>	<b>Federal Funding Request</b>	<b>State Funding Share</b>
<b>\$1,171,247</b>	<b>\$1,054,122</b>	<b>\$117,125</b>

DHCFP will be sharing costs with efforts at the State-level (specifically, OHIT) for contracting with vendors to complete the environmental scan. We estimated that 65% of the Nevada’s providers are Medicaid providers, and therefore 65% of the costs for the scan will be allocated to DHCFP, and 35% of the costs at the State-level. As for utilizing a Contractor for developing the Strategic and Operational plans as part of the HIT Road Map and SMHP, a larger portion, 65% of the costs will be allocated to the State-level efforts, and 35% of the costs to DHCFP. Table 3.2.2 below is the planned cost allocation between DHCFP and OHIT:

Table 3.2.2 – Cost Allocation Between DHCFP and OHIT

State-level Cost Allocation Plan					
Task	Total Estimated Cost	State-level Allocation %	State-level Cost	DHCFP Allocation %	DHCFP Cost
Environmental Scan	\$200,000	35%	\$70,000	65%	\$130,000
Strategic and Operation Plans/Road Map (inc. k components of SMHP)	\$700,000	65%	\$455,000	35%	\$245,000
<b>Total</b>	<b>\$900,000</b>	<b>100%</b>	<b>\$525,000</b>	<b>100%</b>	<b>\$375,000</b>

As mentioned above, the Total Cost, Federal Funding Request, and State Cost included in Tables 3.1.1 already factor in the appropriate allocation of funds anticipated for OHIT.

## 4 Assurances

Nevada DHCFP makes the following assurances, by adhering to the following CFR's:

	<u>Yes</u>	<u>No</u>
45 CFR Section 95.613	√	
45 CFR Section 95.617	√	
42 CFR Section 431.300	√	
45 CFR Section 164	√	

## Nevada DHCFP Response to:

### CMS Regional Office Review Team Comments on Nevada HIT PAPD, 02/03/2010

#### General Questions on the HIT PAPD

- 1) CMS is interested in better understanding the methodology by which the contractor, assuming DHCFP intends to procure one, will conduct the landscape assessment. At this point, is there a Request for Proposal (RFP) that the State can share with CMS that lays out the requirements for the contractor? As a note, CMS will need to prior-approve (ie., prior to execution) any contracts that DHCFP decides to procure under this project/PAPD.

#### DHCFP Response:

Based on the schedule presented in the HIT P-APD, DHCFP does not anticipate having a completed RFP until April 2010. DHCFP is planning to initiate development of an RFP this month (February 2010).

In addition, DCHFP has explored developing and releasing a "mini-RFP" through a Master Services Agreement vendor list. DCHFP has received approval from Nevada's Purchasing Division to utilize a Master Services Agreement List for requesting bids from 3 vendors. As described in the HIT P-APD, DHCFP intends to coordinate with OHIT for procuring a vendor to complete the environmental scan. The State has not received funding yet for the HIE Cooperative Agreement Grant, but expects funding approval in early to mid-February.

DHCFP understands that prior-approval from CMS is required for any contract that is procured under the HIT Planning project.

- 2) Section 1.3.5 E-Prescribing Tool (Page 7) – since the implementation of DHCFP's existing e-prescribing functionality was initially funded through MMIS funding, at this point could DHCFP provide any further details as to the types of future capabilities potentially envisioned that would not already be eligible for MMIS or MITA funding?

#### DHCFP Response:

The description of DHCFP's E-prescribing Tool was provided to demonstrate the overall efforts DHCFP is taking to share electronic health information with providers and other organizations, only. This information, as well as descriptions of the MMIS, MMIS Re-procurement planning tasks, and MITA alignment, is not included for funding request

purposes. The requirements of the P-APD include describing the current inter-relationships between HIT and the MMIS as well as leveraging MITA principles and tools. Where possible, DHCFP would like to take advantage of opportunities to expand use of e-prescribing tool through MMIS funding or other appropriate funding streams, but does not intend to request funding through the HIT P-APD.

#### Questions on HIT PAPD Budget

- 3) Projected State share of \$117,125 total computable in Table 3.2.1 – Could DHCFP provide a description of how the non-Federal share of the proposed payments will be funded? For instance, describe whether the non-Federal/state share will be derived directly from appropriations from the Nevada legislature to the Medicaid agency, through intergovernmental transfer agreements (IGTs), certified public expenditures (CPEs), donations, provider taxes, or any other mechanism used by the State to provide the non-Federal/state share. If IGTs or CPEs, then please identify each agency to which the funds are appropriated and the amounts transferred or certified by each agency. We request that DHCFP be as specific as possible.

DHCFP Response:

Through the Governor's Blue Ribbon Task Force, DHCFP and other Nevada agencies are exploring all available funding sources for HIT and HIE planning efforts. Should other funding sources be available, the Blue Ribbon Task Force, as well as DCHFP, will ask for appropriations from the Legislature. Any funding from the Legislature for DHCFP-specific planning efforts will be appropriated directly to DHCFP.

If there are any funds that are appropriated to both OHIT and DCHFP, it is believed the agencies will need an IGT to allow distribution of appropriate funds between OHIT.

- 4) "NASMD Dues" in Table 3.1.1 – Could DHCFP provide further clarification on: 1) what these costs represent; 2) how they directly support this planning project; and 3) whether this represents a one-time cost or recurring costs?

DHCFP Response:

With the passage of the Health Information Technology for Economic and Clinical Health Act (HITECH) as part of the American Recovery and Reinvestment Act of 2009 (ARRA), the Multi-State Collaborative has refocused its efforts related to the deployment and adoption of electronic health record (EHR) systems and the exchange of health information. The Collaborative intends to address topics such as maximizing ARRA funding,

preparing for HIT incentive payments, implementing the meaningful use of EHRs, developing strategic plans for the implementation of HIT, and assessing the implication of incentive programs.

DHCFP believes NASMD is an invaluable source and plans to leverage information gleaned through the Multi-State Collaborative, including information on different State HIE/HIT models, approach to provider incentive payments, strategic plan development, and implementation of incentive programs, to support Nevada's HIT and HIE efforts.

The NASMD fees will cover Multi-State Collaborative activities for the period of February 1, 2010 through January 31, 2011. This is a one-time cost, but additional costs may be incurred by DHCFP at a future date for continued involvement.

- 5) Do the costs projected for DHCFP Resources in Table 3.1.1 represent both salary and benefits, or just salaries?

DHCFP Response:

The costs included in Table 3.1.1 represent both salary and fringe benefits.

- 6) Section 2.3.4.7 Deputy Attorney General (page 23) – Could DHCFP clarify whether the costs associated with the activities of this state personnel resource is included in the budget?

DHCFP Response:

DHCFP did not include costs associated with the Deputy Attorney General in the budget. This results in an additional \$12,186 (10,967, FFP) being requested by DHCFP.

Questions on Cost Allocation Between DHCFP and OHIT (Page 27)

- 7) Does the \$525,000 in total computable costs projected for OHIT in Table 3.2.2 represent the total (or part of the total) amount that was requested for grant funding under the Office of National Coordinator (ONC) Section 3013 HIE cooperative grant opportunity (as mentioned in Section 1.4.1 on page 8)? In other words, does DHCFP know whether all of the \$525,000 in total computable costs was included in the ONC HIE cooperative grant application? Also, does DHCFP know if OHIT has received approval of the Section 3013 grant funding?

DHCFP Response:

The \$525,000 in costs for OHIT represents only a portion of the grant funding requested under ONC. The \$525,000 was not specifically included in the grant application since the cost allocation was not determined until completion of the P-APD.

OHIT is anticipating approval of the grant funding in early to mid-February.

- 8) Would DHCFP be able to provide assurances to CMS that no Federal matching funding under the Medicaid program will be used to support the activities of OHIT as proposed in this PAPD?

DHCFP Response:

Yes