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STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF MEDICAID SERVICES

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Jeffrey A. Meyers  
Commissioner

Henry Lipman  
Interim Director

November 20, 2017

The Honorable Neal M. Kurk, Chairman  
Fiscal Committee of the General Court, and

His Excellency, Governor Christopher T. Sununu  
and the Honorable Council  
State House  
Concord, New Hampshire 03301

*[Signature]*  
Approved by Fiscal Committee Date 12/25/17

REQUESTED ACTION

Pursuant RSA 14:30-a, VI Additional Revenues, authorize the Department of Health and Human Services, Office of Medicaid Services to accept and expend additional federal funds from the Centers for Medicare and Medicaid Services in the amount of \$1,251,093 effective upon approval by the Fiscal Committee and Governor and Council through June 30, 2019, and further authorize the allocation of these funds in the accounts below.

SFY 2018

05-95-47-470010-7945, HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF HHS: OFC OF MEDICAID & BUS PLCY, OFF. OF MEDICAID & BUS POLICY, EHR INCENTIVE PAYMENTS

Class/Account	Class Title	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
<b>SFY 2018</b>				
000-403978	Federal Funds	\$2,787,745	\$664,418	\$3,452,163
	General Funds	\$124,036	\$0	\$124,036
<b>Total Revenue</b>		<b>\$2,911,781</b>	<b>\$664,418</b>	<b>\$3,576,199</b>
041-500801	Audit Set Aside	\$2,470	\$664	\$3,134
101-500729	Medical Payments to Providers	\$1,668,944	\$663,754	\$2,332,698
102-500731	Contracts for Program Services	\$1,240,367	\$0	\$1,240,367
<b>Total Expense</b>		<b>\$2,911,781</b>	<b>\$664,418</b>	<b>\$3,576,199</b>

Class/Account	Class Title	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
<b>SFY 2019</b>				
000-403978	Federal Funds	\$2,472,199	\$586,675	\$3,058,874
	General Funds	\$88,976	\$0	\$88,976
<b>Total Revenue</b>		<b>\$2,561,175</b>	<b>\$586,675</b>	<b>\$3,147,850</b>
041-500801	Audit Set Aside	\$2,470	\$586	\$3,056
101-500729	Medical Payments to Providers	\$1,668,944	\$586,089	\$2,255,033
102-500731	Contracts for Program Services	\$889,761	\$0	\$889,761
<b>Total Expense</b>		<b>\$2,561,175</b>	<b>\$586,675</b>	<b>\$3,147,850</b>

**EXPLANATION**

This request is to accept and expend federal funds to provide incentive payments to eligible health care providers as part of the New Hampshire Medicaid Electronic Health Records Incentive Program. Current program funding requirements were submitted to the Centers for Medicare and Medicaid Services in an Implementation Advance Planning Document that was approved by the Centers for Medicare and Medicaid Services on June 28, 2017 (see Attachment B).

The Implementation Advance Planning Document Plan describes New Hampshire Department of Health and Human Services, Office of Medicaid Services' operation of its Medicaid Electronic Health Records Incentive Program for New Hampshire's eligible providers. The Electronic Health Record Incentive Program provides incentive payments to eligible professionals and hospitals that are users of certified electronic health records for their efforts to adopt, implement, upgrade, or meaningfully use certified electronic health record technology.

The State Fiscal Year 2018 and 2019 budget anticipated incentive payments of \$1,668,944 each year. The recent projections included in the Implementation Advance Planning Document that was approved by the Centers for Medicare and Medicaid Services on June 28, 2017 were \$2,332,698.00 for State Fiscal Year 2018 and \$2,255,033.34 for State Fiscal Year 2019 and are outlined in the attached Fiscal Situation table (see Attachment A).

Funds are being budgeted in Class 041 – Audit Set Aside to comply with RSA 124:16 that require all agencies which receive federal funds to set aside a percentage (0.1%) of the federal revenue amount received to pay for financial and compliance audits.

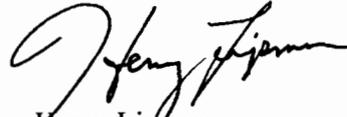
Funds are being budgeted in Class 101 – Medical Payments to Providers for incentive payments to eligible professionals and hospitals promote and adopt certified electronic health record technology to facilitate the exchange of health information.

Geographic area served: Statewide.

Source of Funds: This request is 100% federal funds.

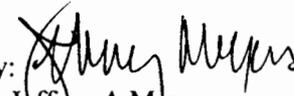
The Honorable Neal M. Kurk, Chairman  
His Excellency, Governor Christopher T. Sununu  
November 20, 2017  
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Respectfully submitted,



Henry Lipman  
Interim Medicaid Director

Approved by:



Jeffrey A Meyers  
Commissioner

Attachment A: Fiscal Situation table

Attachment B: NH Medicaid EHR Implementation Advanced Planning Document v6, June 6, 2017

Attachment A

Office Medicaid Services  
Electronic Health Incentive Payment  
Fiscal Situation  
10-047-79450000-500729

Class 101 Medical Payments to Providers:

*Federal Fiscal Year 2018	\$2,255,033.34
Amount Converted to State Fiscal Year 2018	\$2,332,698.00
*Page 29: NH Medicaid E.H.R Implementation Advance Planning Document	

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State Fiscal Year 2018 Appropriation 79450000	\$ 2,911,781.00
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Balance to Accept:

Class 041 Audit set-aside	\$ 664.00
Class101 Medical Payments to Providers for incentive payments	\$ <u>663,754.00</u>
Total Accept and Expend	\$ 664,418.00
Revised Modified Budget	\$ 3,576,199.00

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Class 101 Medical Payments to Providers:

*Federal Fiscal Year 2019	\$2,255,033.34
Amount Converted to State Fiscal Year 2019	\$2,255,033.34
*Page 29: NH Medicaid E.H.R Implementation Advance Planning Document	

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State Fiscal Year 2019 Appropriation 79450000	\$2,561,175.00
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Balance to Accept:

Class 041 Audit set-aside	\$ 586.00
Class101 Medical Payments to Providers for incentive payments	\$ <u>586,089.00</u>
Total Accept and expend	\$ 586,675.00
Revised Modified Budget	\$3,147,850.00

# Attachment B

## NH Medicaid Health Information Technology

### Health Information Technology Implementation Advanced Planning Document (HIT IAPD)

Name of State	New Hampshire
Name of State Medicaid Agency	Department of Health and Human Services, Office of Medicaid Services
Name of Contacts at State Medicaid Agency	Andrew Chalsma <a href="mailto:AChalsma@dhhs.state.nh.us">AChalsma@dhhs.state.nh.us</a> (603) 271-9425  Eve Fralick <a href="mailto:Eve.Fralick@unh.edu">Eve.Fralick@unh.edu</a> (603) 271-9440
Date of Submission to CMS Regional HITECH Point of Contact	June 6, 2017
Version #	6
Summary of Changes:	
Page Number	Change
Entire IAPD	FFY 2016 budget data removed; FFY 2018 budget data added
Pages 18-19	Revised the 'Contractor Personnel Resources' section to reflect the status of vendor contracts that are under negotiation
Page 32-33	Revised 'Appendix D: Health Information Exchange Funding'
Page 34-35	Revised the 'MITA Condition' section

**New Hampshire  
Medicaid EHR  
Implementation  
Advanced  
Planning  
Document**

June 6

**2017**

*Describes New Hampshire's Department of Health and Human Services (NH DHHS) request to the Centers for Medicare and Medicaid Services for enhanced Federal Financial Participation at 90 percent to reimburse and support the NH DHHS Office of Medicaid Services in administering the Electronic Health Record incentive program and 100 percent reimbursement for eligible provider incentive payments as authorized under section 4201 of the American Reinvestment and Recovery Act.*

**IAPD Version 6**

**Authors:**

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New Hampshire Institute on Health Policy and Practice

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**Revision History**

<b>SMHP Version</b>	<b>Submitted to CMS</b>	<b>CMS Action</b>
<b>Version 1 (original)</b>	<b>August 30, 2011</b>	<b>Approved (October 4, 2011)</b>
<b>Version 2</b>	<b>January 9, 2013</b>	<b>Feedback (January 15, 2013)</b>
<b>Version 2 (update #1 – NH feedback responses)</b>	<b>February 7, 2013</b>	<b>Approved (February 26, 2013)</b>
<b>Version 3</b>	<b>March 26, 2014</b>	<b>Feedback (April 10, 2014)</b>
<b>Version 3.1 (update #1 – NH feedback responses)</b>	<b>April 24, 2014</b>	<b>Approved (May 15, 2014)</b>
<b>Version 4</b>	<b>February 11, 2015</b>	<b>Feedback (March 17, 2015)</b>
<b>Version 4.1 (update #1 – NH feedback responses)</b>	<b>March 18, 2015</b>	<b>Approved (April 22, 2015)</b>
<b>Version 5</b>	<b>February 5, 2016</b>	<b>Approved (March 31, 2016)</b>
<b>Version 6</b>	<b>June 6, 2017</b>	

**Glossary of Acronyms**

<b>Acronym</b>	<b>Stands For...</b>
<b>ARRA</b>	<b>American Recovery and Reinvestment Act</b>
<b>CFR</b>	<b>Code of Federal Regulation</b>
<b>CMS</b>	<b>Centers for Medicare and Medicaid Services</b>
<b>DoIT</b>	<b>Department of Information Technology</b>
<b>EHR</b>	<b>Electronic Health Record</b>
<b>ePIP</b>	<b>Electronic Provider Incentive Payment System</b>
<b>FFP</b>	<b>Federal Financial Participation</b>
<b>FFY</b>	<b>Federal Fiscal Year</b>
<b>HIE</b>	<b>Health Information Exchange</b>
<b>HIEPI</b>	<b>Health Information Exchange Planning and Implementation Project</b>
<b>HIT</b>	<b>Health Information Technology</b>
<b>HIPAA</b>	<b>Health Insurance Portability and Accountability Act</b>
<b>HITECH</b>	<b>Health Information Technology for Economic and Clinical Health</b>
<b>IAPD</b>	<b>Implementation Advanced Planning Document</b>
<b>IHPP</b>	<b>Institute for Health Policy and Practice</b>
<b>MITA</b>	<b>Medicaid Information Technology Architecture</b>
<b>MMIS</b>	<b>Medicaid Management Information System</b>
<b>MU</b>	<b>Meaningful Use</b>
<b>NASMD</b>	<b>National Association of State Medicaid Directors</b>
<b>NH DHHS</b>	<b>New Hampshire Department of Health and Human Services</b>
<b>NHHIO</b>	<b>New Hampshire Health Information Organization, Inc.</b>

## NH Medicaid Health Information Technology

Acronym	Stands For...
<b>NLR</b>	National Level Repository
<b>NR&amp;A</b>	National Registration and Attestation System
<b>OMS</b>	Office of Medicaid Services
<b>OII</b>	Office of Improvement and Integrity
<b>PAPD</b>	Planning Advanced Planning Document
<b>RCC</b>	Research Computing Center
<b>RSA</b>	Revised Statutes Annotated
<b>SFY</b>	State Fiscal Year
<b>SMA</b>	State Medicaid Agency
<b>SMHP</b>	State Medicaid HIT Plan
<b>SMM</b>	State Medicaid Manual
<b>SR&amp;A</b>	State Registration and Attestation System
<b>UNH</b>	University of New Hampshire

## NH Medicaid Health Information Technology

### Table of Tables

Table	Name
1	<u>Status of PAPD Planning Activities</u>
2	<u>Medicaid EHR Incentive Program Requirements</u>
3	<u>State Personnel Resource Statements for FFYs 2017 and 2018</u>
4	<u>Medicaid EHR Incentive Program FFYs 2017 and 2018 Activity Schedule</u>
5	<u>State Proposed Budget for FFYs 2017 and 2018</u>
6	<u>Contractors for FFYs 2017 and 2018</u>
7	<u>New Hampshire Cost Allocation Plan for FFY 2017</u>
8	<u>New Hampshire Cost Allocation Plan for FFY 2018</u>
9	<u>Medicaid EHR Incentive Program Costs for FFY 2017 and 2018 by Quarters</u>
10	<u>MMIS/Payment System Interface Expenses for FFYs 2017 and 2018</u>
11	<u>Provider Incentive Payments by FFY Quarter</u>

### Executive Summary: New Hampshire Implementation Advanced Planning Document

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This section provides a summary of New Hampshire's Implementation Advanced Planning Document (IAPD) request for enhanced Federal Financial Participation at 90 percent to support the development and administration of the Medicaid Electronic Health Record (EHR) Incentive Program and 100 percent federal reimbursement for provider incentive payments. New Hampshire's IAPD was written in accordance with the requirements outlined in the federal statute under 42 CFR §495.338.

#### Purpose

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The New Hampshire IAPD was written by the New Hampshire Department of Health and Human Services (NH DHHS) Office of Medicaid Services (OMS). This document, in conjunction with an accompanying State Medicaid Health Information Technology Plan (SMHP), was a deliverable to the Centers for Medicare and Medicaid Services (CMS) as a planning component for the Medicaid EHR Incentive Program. Upon CMS approval of the SMHP and IAPD in 2011, OMS initiated actions to obtain state approval from the New Hampshire Governor and Executive Council to develop, and implement, the incentive program for New Hampshire's eligible healthcare professionals and hospitals. State approval was received in December 2011. NH DHHS opened its Medicaid EHR Incentive Program to accept provider registrations and attestations on October 1, 2012.

The IAPD serves as OMS's strategic Health Information Technology (HIT) budgeting and task management tool in support of the activities outlined in the SMHP as required to develop and administer the Medicaid EHR Incentive Program in New Hampshire. It includes services, tasks, and hardware and software equipment required for implementation. OMS will revise the IAPD as required under 42 Code of Federal Regulation (CFR) §495.340 and §495.342.

In this IAPD Update, OMS is requesting funding approval of \$1,627,523 (\$814,316 in Federal Fiscal Year (FFY) 2017 and \$813,207 in FFY 2018) to continue to develop, implement, and administer New Hampshire's Medicaid EHR Incentive Program in FFYs 2017 and 2018. Of this amount, OMS is requesting enhanced FFP at 90 percent of \$732,884 in FFY 2017 and \$731,886 in FFY 2018 for a two year total of \$1,464,771.

#### Background

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The Health Information Technology for Economic and Clinical Health (HITECH) Act was enacted as the healthcare component of the American Recovery and Reinvestment Act of 2009 (ARRA). A key HITECH goal is to create technical infrastructure to facilitate intra-state, interstate, and national exchange of health information. HITECH establishes the framework for states to provide incentive payments to eligible Medicare and

## **NH Medicaid Health Information Technology Program**

Medicaid professionals and hospitals to promote the adoption and meaningful use of certified EHR technology that will help to facilitate the exchange of health information.

As defined by ARRA, an EHR is an electronic record of health-related information for an individual that includes patient demographic and clinical health information such as medical histories and problem lists and has the capacity to provide clinical decision support, support physician order entry, capture and query information relevant to health care quality, and exchange health information with, and integrate information from, other sources.

The HITECH Act establishes a 90 percent Federal Financial Participation rate to states for administrative and operational program expenditures related to carrying out the substantive requirements associated with providing Medicaid EHR incentive payments. CMS reimburses states for 100 percent of provider incentive payments.

## Section II: Results of Activities Included in the Planning Advanced Planning Document and SMHP

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This section provides information on New Hampshire's planning activities and budget that were included in the Planning Advanced Planning Document (PAPD).

### Overview

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OMS submitted an HIT PAPD to CMS on March 19, 2010. Its purpose was to request approval for enhanced funding for assessment and planning activities related to the creation of an SMHP and an IAPD in support of the Medicaid EHR Incentive Program.

CMS approved New Hampshire's PAPD on June 15, 2010 to fund planning efforts at a cost of \$372,766. Of this amount, OMS was authorized to claim FFP of 90 percent not to exceed \$335,489 in personnel, vendor, and administrative costs.

### Support for Planning Activities

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The University of New Hampshire's Institute for Health Policy and Practice provided project management support to OMS in its PAPD planning efforts. Services included:

- SMHP development;
- IAPD development;
- Website development and maintenance;
- Development and administration of a Medicaid provider environmental scan to assess EHR penetration in New Hampshire;
- Outreach to New Hampshire providers and professional healthcare associations regarding the Medicaid EHR Incentive Program;
- Participation in National Association of State Medicaid Directors (NASMD) Multi-State Collaborative efforts;
- Coordination with the Regional Extension Center of New Hampshire;
- Participation on Health Information Exchange Planning and Implementation Project (HIEPI) committees;
- Coordination with internal NH DHHS departments including the Public Health Division and Department of Information Technology;
- Participation in CMS-sponsored conferences, webinars, and conference calls;
- Research and coordination with other states to identify best practices as related to New Hampshire Medicaid EHR Incentive Program operations;
- Research to identify development options and vendors for an SR&A; and
- Monthly program status updates.

# NH Medicaid Health Information Technology

## Status of Planning Activities

The PAPD defined seven major planning activities. Table 1 identifies and describes each activity.

**Table 1: Status of PAPD Planning Activities**

Activity	Deliverables	Status
Research and document NH's 'As Is' Medicaid HIT landscape	<ul style="list-style-type: none"> <li>• Develop provider environmental evaluation assessment tool</li> <li>• Conduct provider assessment</li> <li>• Conduct MMIS and HIE assessments</li> <li>• Draft 'As Is' report for SMHP</li> </ul>	Completed
Educate key stakeholder groups to increase awareness of the Medicaid EHR Incentive Program	<ul style="list-style-type: none"> <li>• Develop education materials</li> <li>• Conduct initial outreach</li> </ul>	Completed
Research and document NH's 'To Be' Medicaid HIT landscape	<ul style="list-style-type: none"> <li>• Conduct planning discussions with the NH HIT coordinator and HIE stakeholders</li> <li>• Research best practices from other Medicaid HIT implementations</li> <li>• Draft 'To Be' vision for SMHP</li> </ul>	Completed
Develop NH HIT 'road map'	<ul style="list-style-type: none"> <li>• Conduct gap analysis</li> <li>• Draft 'road map' milestone document for SMHP</li> </ul>	Completed
Write State Medicaid HIT Plan	<ul style="list-style-type: none"> <li>• Establish goals, objectives, owners and timeframes</li> <li>• Evaluate policies, procedures, and system changes</li> <li>• Draft SMHP for submission to CMS</li> </ul>	Completed
Coordinate on State HIEPI efforts	<ul style="list-style-type: none"> <li>• Participate on project leadership team and workgroups</li> </ul>	Completed
Write Implementation Advanced Planning Document	<ul style="list-style-type: none"> <li>• Identify the staffing and budget requirements to administer the Medicaid EHR Incentive Program</li> <li>• Draft IAPD for submission to CMS</li> </ul>	Completed

## NH Medicaid Health Information Technology

Although all defined preliminary planning activities had been completed, OMS (via UNH IHPP) continued with several related planning activities while awaiting approval of the SMHP and the initial IAPD. These included:

- Initiating discussions to identify, and obtain, State approvals required to contract with an IT vendor to develop a New Hampshire SR&A and interface with the CMS NR&; hire a Program Administrator; and accept and allocate incentive program funds;
- Continuing discussions with a 'donor' state to obtain SR&A code;
- Participating on the HIEPI core leadership team and communications workgroup;
- Continuing to conduct outreach to New Hampshire providers and professional associations to promote the Medicaid EHR Incentive Program;
- Maintaining New Hampshire's Medicaid HIT website;
- Participating in NASMD multi-state collaborative efforts;
- Participating in CMS-sponsored conferences, webinars, and conference calls;
- Responding to provider inquiries regarding the Medicaid EHR Incentive Program;
- Coordinating with internal NH DHHS departments on HIT and the Medicaid EHR Incentive Program;
- Researching and coordinating with other states to identify best practices as related to New Hampshire's Medicaid EHR Incentive Program operations; and
- Assisting with preparation of CMS monthly progress reports.

### Budget

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The PAPD budget encompassed funding for Medicaid EHR planning activities through CMS approval of the initial IAPD. Planning costs were initially estimated at \$372,766 with a 90 percent FFP reimbursement to New Hampshire of \$335,489. New Hampshire's share of the remaining 10 percent was \$37,277.

### PAPD Status

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Upon CMS approval of New Hampshire's SMHP and IAPD, OMS re-aligned certain PAPD planning activities as implementation tasks under the IAPD and requested associated funding for these activities in the IAPD budget. Examples included ongoing provider outreach; continued participation on the HIEPI project; UNH IHPP program management support; etc.

All defined PAPD planning activities were completed. OMS formally notified CMS in writing to close the PAPD in December 2011.

**Section III: Statement of Needs and Objectives**

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This section summarizes New Hampshire's needs, objectives, and anticipated benefits for developing and implementing the Medicaid EHR Incentive Program.

**Needs Assessment**

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OMS requests enhanced FFP at 90 percent for activities and staff to continue to develop and administer the Medicaid EHR Incentive Program. Table 2 lists the program requirements with associated objectives and benefits.

# NH Medicaid Health Information Technology

**Table 2: Medicaid EHR Incentive Program Requirements**

Need	Objectives	Benefits
Maintain an SR&A and interface with the CMS NR&A and DoIT	<ul style="list-style-type: none"> <li>Provide day-to-day support to ensure operational effectiveness</li> </ul>	<ul style="list-style-type: none"> <li>Facilitate provider registration and attestation requests</li> </ul>
Incorporate Modified Stage 2 and Stage 3 meaningful use criteria into the SR&A	<ul style="list-style-type: none"> <li>Develop, and implement, code to conform to CMS and NH specifications</li> </ul>	<ul style="list-style-type: none"> <li>Allow providers to attest for Medicaid EHR incentive payments</li> </ul>
Update user guide documentation reflective of each program year	<ul style="list-style-type: none"> <li>Design documentation that outlines providers' eligibility and attestation requirements</li> </ul>	<ul style="list-style-type: none"> <li>Enhance provider understanding of program requirements</li> </ul>
Maintain a help desk support function to respond to provider inquiries	<ul style="list-style-type: none"> <li>Answer provider inquiries in a timely and comprehensive manner</li> </ul>	<ul style="list-style-type: none"> <li>Assist providers during the attestation process</li> </ul>
Coordinate with DoIT and MMIS vendor to maintain interface between the SR&A and the MMIS	<ul style="list-style-type: none"> <li>Implement a daily file feed with NH Medicaid provider data</li> </ul>	<ul style="list-style-type: none"> <li>Obtain data to validate provider registrations and facilitate pre-payment verifications</li> </ul>
Communicate with Eligible Professionals (EPs) and Eligible Hospitals (EHs) to promote the Medicaid EHR Incentive Program	<ul style="list-style-type: none"> <li>Ensure providers are knowledgeable of the incentive program and attestation criteria and procedures</li> </ul>	<ul style="list-style-type: none"> <li>Facilitate provider transitions to EHR; HIE; and HIT technologies</li> </ul>
Coordinate with NH Division of Public Health Services and NH Health Information Organization to promote EHR; Health Information Exchange; and Health Information Technology	<ul style="list-style-type: none"> <li>Assist in identifying and collecting data required to achieve state goals and benefit Medicaid recipients</li> </ul>	<ul style="list-style-type: none"> <li>Promote public health-related policies and procedures and potentially offer greater transparency across Medicaid providers that could result in healthcare cost savings</li> </ul>
Maintain, and update, the Medicaid EHR Incentive Program website	<ul style="list-style-type: none"> <li>Ensure up-to-date, pertinent content, documentation and links are available</li> </ul>	<ul style="list-style-type: none"> <li>Facilitate access to important Medicaid EHR Incentive Program information</li> </ul>
Provide post-payment support to Office of Improvement and Integrity (OII) and contracted auditor	<ul style="list-style-type: none"> <li>Conduct post-payment audits of provider attestation data</li> </ul>	<ul style="list-style-type: none"> <li>Ensure provider attestations meet federal statutory requirements</li> </ul>
Coordinate with DoIT on status of MITA plan in relation to MMIS	<ul style="list-style-type: none"> <li>Ensure the State Medicaid HIT Plan and EHR components are included in, and in compliance with, the MITA plan</li> </ul>	<ul style="list-style-type: none"> <li>Long-term Medicaid HIT goals may be enhanced with an enterprise-level view of the State's business processes</li> </ul>

## **Section IV: Statement of Alternative Considerations**

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This section provides information on alternatives that OMS considered, and will continue to consider, regarding the implementation and administration of New Hampshire's Medicaid EHR Incentive Program.

### **Budget Authorization to Administer Program**

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NH DHHS is contributing a 10 percent share of funding for administration of the Medicaid EHR incentive program. If this funding is not authorized at any future time, New Hampshire will cease implementation of the Medicaid EHR Incentive Program.

### **Revenue Acceptance Authorization**

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The NH DHHS Fiscal Committee and New Hampshire's Governor and Executive Council approvals were initially received in December 2011 authorizing OMS to accept and allocate new revenue sources. Future approvals are required in each State biennial budget. If future approvals for new revenue sources are not granted, New Hampshire will cease the implementation of the Medicaid EHR Incentive Program.

### **Staffing Authorization**

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As a result of State hiring freezes and other fiscal constraints, OMS implemented a model that engages NH DHHS staff for project leadership and oversight for program implementation and audits while employing contractors to perform day-to-day program administration and conduct post-payment audits.

Existing OMS staff provide overall project leadership and direction; support for Medicaid Management Information Systems (MMIS) claims queries; and provider payment processing. OMS contracts with the University of New Hampshire (UNH) Institute for Health Policy and Practice (IHPP) to manage, and perform, day-to-day program operations and provide direct oversight of system development. Similarly, for post-payment audit functions, the NH DHHS Office of Improvement and Integrity maintains oversight and review functions while Myers and Stauffer LC (an auditing firm contracted through a competitive bid process) conducts audits.

### **SR&A Development**

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OMS evaluated several options for development and implementation of the SR&A and NR&A interface solutions and determined that the most cost-effective model that would meet program timelines was to contract with a vendor to customize, maintain, and upgrade code developed by the State of Arizona Medicaid Office and host provider data. Because of timeline and resource constraints within the New Hampshire Department of Information Technology (the agency supporting OMS), OMS (through its UNH IHPP

## **NH Medicaid Health Information Technology**

contract) sub-contracted with the UNH Research and Computing Center (RCC) for this development project.

Following the first year of the New Hampshire Medicaid EHR Incentive Program, it was determined that the software modifications needed to continue to implement the Arizona program code in New Hampshire were extensive and significant. As a result, RCC staff have since been coding their own software updates (specific to New Hampshire Medicaid requirements) to modify the SR&A.

### **MMIS and Payment System Interfaces**

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New Hampshire researched whether the Medicaid EHR Incentive Program solution could be integrated with the State's MMIS and payment system to automate pre-payment verifications and payment transactions. Due to the overlap in the launch dates between the State's new MMIS and the Medicaid EHR Incentive Program, OMS determined that integration between the SR&A and MMIS would be feasible as a component of the initial launch. However, integration between the SR&A and payment system would not be possible at the onset of the program as DoIT and the MMIS vendor (ACS Corporation) would not have staff resources or technical expertise available to support the project.

As a result of the implementation of New Hampshire's new MMIS during the same time period as the projected launch of the New Hampshire Medicaid EHR Incentive Program, OMS determined that it would not be feasible to initially fully integrate with the MMIS or payment system.

Prior to launch, RCC created an interface between the SR&A and MMIS to obtain a daily data feed with provider verification information. This is currently still in use.

A similar payment system interface was proposed for post-launch development. However, in the interim, RCC and OMS developed a manual process to issue payments. This process has worked effectively without burden, and, as a result, has obviated the needed for an automated payment system interface.

**Section V: Personnel Resource Statement**

New Hampshire employs state personnel and contractors to implement the Medicaid EHR Incentive Program. This section provides an overview of the staffing requirements, role responsibilities, and projected costs to develop and administer the program.

**State Personnel Resources**

The New Hampshire Medicaid Director serves as the executive sponsor for the Medicaid EHR Incentive Program. She represents the program to NH DHHS executive staff.

OMS has oversight and accountability for the development and administration of the Medicaid EHR Incentive Program to ensure that program objectives are accomplished on schedule and within budget and comply with federal provisions. Table 3 identifies projected staffing and resource requirements for State personnel for FFYs 2017 and 2018.

**Table 3: State Personnel Resource Statements for FFYs 2017 and 2018**

State Staff Titles	Percentage of Time	Annual Project Hours	FFY 2017 Costs (including Benefits & Indirect)	FFY 2018 Costs (including Benefits & Indirect)	Description of Responsibilities
<b>OMS</b>					
OMS Manager (existing staff)	5	100	\$7,069	\$7,069	<ul style="list-style-type: none"> <li>Provide project oversight and payment approval authority</li> </ul>
OMS Business Analyst	5	100	\$5,134	\$4,475	<ul style="list-style-type: none"> <li>Research complex claims issues; back-up for primary analyst</li> </ul>
OMS Business Analyst	50	1,000	\$0	\$44,755	<ul style="list-style-type: none"> <li>Prepare MMIS pre-payment verification reports; investigate claims variances; generate CMS Business Intelligence Tools reports</li> </ul>
Travel (including materials and supplies)	-	-	\$2,750	\$2,750	<ul style="list-style-type: none"> <li>Provide project outreach and education; attend CMS and regional conferences; engage in interstate program coordination</li> </ul>
<b>Grand Total</b>	<b>60</b>	<b>1,200</b>	<b>\$14,953</b>	<b>\$59,049</b>	-

**Contractor Personnel Resources**

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OMS is requesting a total of \$1,553,521 (\$799,363 in FFY 2017 and \$754,158 in FFY 2018) to contract with IHPP and Myers and Stauffer LC.

OMS continues its partnership with IHPP to provide project management support in overseeing and administering the Medicaid EHR Incentive Program. OMS is requesting IAPD funding approval of \$1,331,318 to contract with IHPP to develop, implement, and administer New Hampshire's Medicaid EHR Incentive Program (\$686,890 in FFY 2017 and \$644,428 in FFY 2018). Of this amount, OMS is requesting enhanced FFP at 90 percent for \$1,198,186 for both years (\$618,201 in FFY 2017 and \$579,985 in FFY 2018).

IHPP will assist in:

- Developing program policies and procedures;
- Providing operational oversight and support via two full-time, term program staff (a Project Director and Program Administrator);
- Overseeing sub-contractor efforts in support of the program;
- Implementing day-to-day operations (i.e., responding to Help Desk inquiries; conducting pre-payment verifications; processing payments; revising ePIP content modifications; creating user documents; etc.);
- Providing outreach to New Hampshire's healthcare providers and professional medical associations;
- Updating and maintaining the New Hampshire Medicaid EHR Incentive Program website;
- Conducting environmental scans and gap analyses;
- Analyzing provider EHR adoption; incentive program participation; and attainment of meaningful use criteria;
- Providing SMHP and IAPD updates and reports to CMS;
- Providing monthly dashboard reports for OMS submission to the New Hampshire Medicaid senior management team;
- Attending EHR conferences and stakeholder meetings; and
- Researching, developing, and implementing other key program components as required by OMS or CMS.

New Hampshire State contracts are based on a state fiscal year that extends from July 1 through June 30 and are typically approved by the New Hampshire Governor and Executive Council for a two-year period. The State of New Hampshire Governor and Executive Council amended an existing agreement with the University of New Hampshire in 2015 to extend its contract for HITECH-related work for two years through June 30, 2017. The contract amount for the extension was \$1,552,726. (CMS subsequently approved the contract.)

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Hence, the current State contracts that are in place extend through June 30, 2017. Upon State approval of a proposed contract amendment to extend funding for HITECH-related work for SFY 2018 and SFY 2019, the contract will be forwarded to CMS for approval.

OMS proposed that the auditor position be independently aligned under the Office of Improvement and Integrity to realize efficiencies with other State audits that they are conducting with Medicaid providers and ensure a separation from OMS to preclude any perception of 'conflict of interest.' Based on a competitive bid process, OII received CMS approval to contract with Myers and Stauffer LC to provide post-payment auditing support to conduct retrospective reviews of provider registration and attestation information and ensure the integrity of incentive payments.

The State of New Hampshire Governor and Executive Council approved a contract extension that allowed OII to engage Myers and Stauffer LC to conduct HITECH-related audits through the end of SFY 2017 (June 30, 2017). CMS subsequently approved the contract on June 19, 2015. Upon State approval of a proposed contract amendment to extend funding for HITECH-related work for SFY 2018 and SFY 2019, the contract will be forwarded to CMS for approval.

For the auditor contract, OMS is requesting IAPD funding approval of \$222,203 (\$112,473 in FFY 2017 and \$109,730 in FFY 2018). Of this amount, OMS is requesting enhanced FFP at 90 percent for \$199,983 for both years (\$101,226 in FFY 2017 and \$98,757 in FFY 2018).

**Section VI: Proposed Activity Schedule**

This section provides a schedule of tasks and subtasks required to develop, administer, manage, and provide oversight, and program integrity, for the Medicaid EHR Incentive Program.

**Pre-Launch Tasks**

OHS undertook a number of activities to launch its program in New Hampshire. The SR&A began accepting registrations and attestations on October 1, 2012. (For a complete list of pre-launch tasks, please refer to this section in New Hampshire's IAPD versions 1 and 2.

**Post-launch Tasks**

Since the October 1, 2012 launch, OHS has implemented a number of post-launch activities. (For a complete list of post-launch activities completed to date, please refer to this section in New Hampshire's prior IAPD versions.)

Table 4 outlines the tasks and subtasks that OHS anticipates will be addressed during 2017 and 2018.

*Table 4: Medicaid EHR Incentive Program FFYs 2017 and 2018 Activity Schedule*

Task	Subtasks	Responsible Office	Estimated Start Date	Estimated Completion Date
Conduct pre- and post-payment audits	<ul style="list-style-type: none"> <li>Update Modified Stage 2 and Stage 3 MU audit plan and submit for CMS approval</li> </ul>	<ul style="list-style-type: none"> <li>OII</li> <li>Myers and Stauffer LC</li> <li>IHPP</li> </ul>	<ul style="list-style-type: none"> <li>September 2017</li> </ul>	<ul style="list-style-type: none"> <li>March 2018</li> </ul>
Update website	<ul style="list-style-type: none"> <li>Add/revise content</li> </ul>	<ul style="list-style-type: none"> <li>IHPP</li> <li>NH DHHS</li> </ul>	<ul style="list-style-type: none"> <li>September 2017</li> </ul>	<ul style="list-style-type: none"> <li>November 2017</li> </ul>
Implement training	<ul style="list-style-type: none"> <li>Develop provider user tools and training materials and post on website</li> </ul>	<ul style="list-style-type: none"> <li>IHPP</li> <li>OHS</li> </ul>	<ul style="list-style-type: none"> <li>September 2017</li> </ul>	<ul style="list-style-type: none"> <li>November 2017</li> </ul>
Implement SR&A updates	<ul style="list-style-type: none"> <li>Coordinate with NH DHHS Division of Public Health on public health-related MU criteria</li> <li>Develop program code and conduct user interface and beta testing</li> </ul>	<ul style="list-style-type: none"> <li>IHPP</li> <li>NH DPHS</li> <li>RCC</li> </ul>	<ul style="list-style-type: none"> <li>March 2017</li> </ul>	<ul style="list-style-type: none"> <li>September 2017</li> </ul>

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Task	Subtasks	Responsible Office	Estimated Start Date	Estimated Completion Date
Conduct provider outreach	<ul style="list-style-type: none"> <li>Publish e-newsletters with program information</li> </ul>	<ul style="list-style-type: none"> <li>IHPP</li> <li>OMS</li> </ul>	<ul style="list-style-type: none"> <li>On-going</li> </ul>	<ul style="list-style-type: none"> <li>On-going</li> </ul>
Process Medicare Penalty Adjustment Files	<ul style="list-style-type: none"> <li>Identify EPs that were meaningful users and transmit file to CMS</li> <li>Update file periodically as new users attest or EPs are deemed non-meaningful users</li> </ul>	<ul style="list-style-type: none"> <li>IHPP</li> <li>OMS</li> </ul>	<ul style="list-style-type: none"> <li>On-going</li> </ul>	<ul style="list-style-type: none"> <li>Upon completion of 2017 post-payment audits</li> </ul>
Complete CMS and State administrative requirements	<ul style="list-style-type: none"> <li>Submit monthly/quarterly/annual reports</li> </ul>	<ul style="list-style-type: none"> <li>IHPP</li> <li>OMS</li> </ul>	<ul style="list-style-type: none"> <li>On-going</li> </ul>	<ul style="list-style-type: none"> <li>On-going</li> </ul>
Identify, and plan for, potential future projects	<ul style="list-style-type: none"> <li>Develop HIE interface and process for providers to report Medicaid EHR Incentive Program MU criteria on HIE (90 percent FFP)</li> <li>Develop interfaces with laboratories, immunization registry, and public health portals (90 percent FFP)</li> <li>Conduct Medicaid HIT planning and analysis (to potentially include clinical quality decision support system; clinical data warehouse; clinical data portal; consumer quality decision support system; master patient index; and provider directory)</li> </ul>	<ul style="list-style-type: none"> <li>TBD</li> </ul>	<ul style="list-style-type: none"> <li>TBD</li> </ul>	<ul style="list-style-type: none"> <li>TBD</li> </ul>

## NH Medicaid Health Information Technology Program

### Section VII: Proposed Budget

This section presents the total costs projected for New Hampshire's Medicaid EHR Incentive Program and FFP funding request. OMS is requesting IAPD funding approval of \$1,627,513 (\$814,316 in FFY 2017 and \$813,207 in FFY 2018) to develop, implement, and administer New Hampshire's Medicaid EHR Incentive Program in FFYs 2017 and 2018. Of this amount, OMS is requesting enhanced FFP at 90 percent of \$732,884 in FFY 2017 and \$731,886 in FFY 2018 for a two year total of \$1,464,771.

#### State Proposed Budget

Table 5 outlines the expected costs for State of New Hampshire staff to implement the Medicaid EHR Incentive Program during FFYs 2017 and 2018. These costs are subdivided by the proposed federal and state cost share amounts.

*Table 5: State Proposed Budget for FFYs 2017 and 2018*

State Cost Category	FFY 2017 90% Federal Share	FFY 2017 10% State Share	FFY 2017 Total	FFY 2018 90% Federal Share	FFY 2018 10% State Share	FFY 2018 Total
State Personnel	\$10,983	\$1,220	\$12,203	\$50,669	\$5,630	\$56,299
Travel	\$2,250	\$250	\$2500	\$2,250	\$250	\$2500
Materials and Supplies	\$225	\$25	\$250	\$225	\$25	\$250
Grand Total	\$13,458	\$1,495	\$14,953	\$53,144	\$5,905	\$59,049

#### Contractor Proposed Budget

NH DHHS contracts with two vendors, IHPP (through the University of New Hampshire) and Myers and Stauffer LC, to administer/audit the New Hampshire Medicaid EHR Incentive Program. The State contracts are based on a State Fiscal Year that extends from July 1 through June 30 and are approved by the New Hampshire Governor and Executive Council for a two-year period.

The current State contracts extend through June 30, 2017. CMS previously approved both State contracts [i.e., a contract extension between the State of New Hampshire and the University of New Hampshire (on behalf of IHPP) on October 5, 2015 and a contract extension between the State of New Hampshire and Myers and Stauffer LC on June 19, 2015]. Amendments to extend these contracts for two additional years (i.e.,

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SFY 2018 and SFY 2019 through June 30, 2019) are being negotiated and will be sent to CMS for approval following execution by the New Hampshire Governor and Executive Council.

In this IAPD, the State has projected its Medicaid EHR Incentive Program budget through the end of FFY 2018 (i.e., September 30, 2018). Table 6 provides the projected contractor costs to implement/audit the program for FFY 2017 and FFY 2018.

**Table 6: Contractor Proposed Budgets for FFYs 2017 and 2018**

Contractor Cost Category	Vendor	Total Contract Cost	Description of Services / CMS Status	HITECH, MMIS, or HIE	Term of Contract
Contractor (FFY 2017)	University of New Hampshire (Institute for Health Policy and Practice)	Projecting \$686,890	Program administration including personnel; travel; materials and supplies; and sub-contracts	HITECH	CMS approved a State contract through June 30, 2017. The State contract for July 1, 2017 through September 30, 2018 is under negotiation and will be sent to CMS for approval upon execution.
Contractor (FFY 2018)	University of New Hampshire (Institute for Health Policy and Practice)	Projecting \$644,428	Program administration including personnel; travel; materials and supplies; and sub-contracts	HITECH	None at this time; currently under negotiation; will be sent to CMS for approval upon State execution.
Consultant Services (FFY 2017)	Myers and Stauffer LC	Projecting \$112,473	Post-payment audit	HITECH	CMS approved a State contract through June 30, 2017. The State contract for July 1, 2017 through September 30, 2018 is under negotiation and will be sent to CMS for approval upon execution.
Consultant Services (FFY 2018)	Myers and Stauffer LC	Projecting \$109,730	Post-payment audit	HITECH	None at this time; currently under negotiation; will be sent to CMS for approval upon State execution.
Grand Total	-	Projected: \$1,553,521	-	-	-

**Section VIII: Cost Allocation Plan for Implementation Activities**

This section identifies the cost allocation plan for the Medicaid EHR Incentive Program. This includes the costs for program development, implementation, administration, and enhanced FFP.

**Cost Allocation Plan**

Tables 7 and 8 describe the Medicaid EHR Incentive Program cost allocation plan as related to Medicaid, federal, and state funding shares for FFYs 2017 and 2018. Aside from the Medicaid EHR Incentive Program, OMS is not currently engaged in any other programs related to this IAPD that require FFP cost allocation. However, with the potential advent of new HIT and HIE innovations in the future, OMS will revise the IAPD in accordance with statutory requirements should FFP funding be needed/requested.

*Table 7: New Hampshire Cost Allocation Plan for FFY 2017*

Federal/ State Program	Medicaid Share (100%)	Federal Share (90%)	State Share (10%)	FFY 2017 Total Program Cost
Medicaid EHR Incentive Program	\$814,316	\$732,884	\$81,432	\$814,316
Non-Medicaid cost allocated programs	\$0	\$0	\$0	\$0
Grand Total	\$814,316	\$732,884	\$81,432	\$814,316

*Table 8: New Hampshire Cost Allocation Plan for FFY 2018*

Federal/ State Program	Medicaid Share (100%)	Federal Share (90%)	State Share (10%)	FFY 2018 Total Program Cost
Medicaid EHR Incentive Program	\$813,207	\$731,886	\$81,321	\$813,207
Non-Medicaid cost allocated programs	\$0	\$0	\$0	\$0
Grand Total	\$813,207	\$731,886	\$81,321	\$813,207

**Medicaid EHR Incentive Program Quarterly Costs by Federal Fiscal Year**

Table 9 provides a quarterly summary of State and contractor projected costs required to implement and administer the Medicaid EHR Incentive Program during FFYs 2017 and 2018.

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**Table 9: Medicaid EHR Incentive Quarterly Program Costs for FFYs 2017 and 2018**

Cost Description	FFY 2017					FFY 2018					Total 2017/2018
	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Total 2017	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Total 2018	
State Costs	\$3,738.25	\$3,738.25	\$3,738.25	\$3,738.25	\$14,953.00	\$14,762.25	\$14,762.25	\$14,762.25	\$14,762.25	\$59,049.00	\$74,002.00
Contractor Costs	\$199,840.72	\$199,840.72	\$199,840.72	\$199,840.72	\$799,362.88 = \$799,363	\$188,539.51	\$188,539.51	\$188,539.51	\$188,539.51	\$754,158.04 = \$754,158	\$1,553,520.92 = \$1,553,521
Total Costs	\$203,578.97	\$203,578.97	\$203,578.97	\$203,578.97	\$814,315.88 = \$814,316	\$203,301.76	\$203,301.76	\$203,301.75	\$203,301.75	\$813,207.02 = \$813,207	\$1,627,522.90 = \$1,627,523
Total Incurred	\$183,221.07	\$183,221.07	\$183,221.07	\$183,221.07	\$732,884.29 = \$732,884	\$182,971.58	\$182,971.58	\$182,971.58	\$182,971.58	\$731,886.32 = \$731,886	\$1,464,770.60 = \$1,464,771

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### Section IX: Assurances, Security, Interface Requirements, and Disaster Recovery Procedures

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This section provides OMS assurances that New Hampshire will comply with Code of Federal Regulation and State Medicaid Manual (SMM) citations.

#### Procurement Standards

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OMS will comply with competition and sole source procurement standards as outlined in the following regulations.

- 42 CFR Part 495.348                      X Yes       No
- SMM Section 11267                      X Yes       No
- 45 CFR Part 95.615                      X Yes       No
- 45 CFR Part 92.36                      X Yes       No

#### Access to Records, Reporting and Agency Attestations

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OMS will comply with standards related to access, reporting, and agency attestations as outlined in the following regulations:

- 42 CFR Part 495.350                      X Yes       No
- 42 CFR Part 495.352                      X Yes       No
- 42 CFR Part 495.346                      X Yes       No
- 42 CFR Part 433.112(b)(5) – (9)      X Yes       No
- 45 CFR Part 95.615                      X Yes       No
- SMM Section 11267                      X Yes       No

#### Software & Ownership Rights, Federal Licenses, Information Safeguarding, HIPAA Compliance, and Progress Reports

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OMS will comply with standards related to software and ownership rights, federal licenses, information safeguarding, HIPAA compliance, and progress reports as outlined in the following regulations:

- 42 CFR Part 495.360                      X Yes       No
- 45 CFR Part 95.617                      X Yes       No
- 42 CFR Part 431.300                      X Yes       No
- 42 CFR Part 433.112                      X Yes       No

#### Security and Interface Requirements for State HIT Systems

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OMS will comply with standards related to security and interface requirements to be employed for all state HIT systems as outlined in the following regulations:

- 45 CFR 164 Securities and Privacy    X Yes       No

**Appendix A: MMIS Allowable Expenditures**

New Hampshire implemented a new MMIS in 2013. It was projected that an interface would be developed in 2014 between the SR&A and MMIS to automate the incentive payment process. In the interim, OMS created a procedure to manually process payments. Because this procedure has proven to be effective, it has since been decided that the payment process will not be automated.

There are currently no other MMIS-related projects planned as denoted in Table 10.

*Table 10: MMIS/Payment System Interface Expenses in FFYs 2017 and 2018*

Vendor	FFY 2017 90% Federal Share	FFY 2017 10% State Share	FFY 2017 Total	FFY 2018 90% Federal Share	FFY 2018 10% State Share	FFY 2018 Total
Grand Total	\$0	\$0	\$0	\$0	\$0	\$0

**Appendix B: Estimate of Provider Incentive Payments**

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There are 26 hospitals that were potentially eligible to attest for Medicaid EHR incentive payments in New Hampshire. From October 1, 2012 through March 31, 2017, New Hampshire disbursed 45 payments to Eligible Hospitals for program years 1, 2, and 3 totaling \$8,290,309.47. This includes:

- 11 Eligible Hospitals (EHs) that received payments for three years and completed the program in New Hampshire;
- 2 EHs that received two incentive payments and must attest for one additional payment year to complete the program;
- 1 EH that received one incentive payment and must attest for two additional payment years to complete the program;
- 1 EH that recently attested and is in progress to receive its first payment; it must then attest for two additional payment years to complete the program.
- 3 EHs that attested in Vermont and completed the program;
- 2 EHs that attested in Massachusetts and completed the program; and
- 6 hospitals that did not attest and are no longer eligible.

During this same time period, the State disbursed 445 incentive payments to Eligible Professionals for program years 1, 2, 3, and 4 totaling \$6,995,510. In addition, 667 New Hampshire EPs received payments from Vermont totaling \$8,188,354, and 49 New Hampshire EPs received payments from Maine totaling \$824,500.

OMS estimates that EHs could potentially attest for an additional \$1,045,011.08 (\$138,861.07 per quarter for FFY 2017 and \$61,195.85 per quarter for FFY 2018 and FFY 2019) in incentive payments throughout the remainder of the program while EPs could potentially attest for \$10,051,250 (\$502,562.50 per quarter) in incentive payments throughout the remainder of the program. Table 11 provides an estimate of projections expected for future incentive payments displayed by FFY quarter. (This analysis assumes that eligible hospitals and professionals will attest in consecutive years without any drop out).

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**Table 11: Provider Incentive Payments by FFY Quarter**

Provider Types	FFY 2017				FFY 2018				FFY 2019			
	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep
Hospitals	\$138,861.07	\$138,861.07	\$138,861.07	\$138,861.07	\$61,195.85	\$61,195.85	\$61,195.85	\$61,195.85	\$61,195.85	\$61,195.85	\$61,195.85	\$61,195.85
Eligible Professionals	\$502,562.50	\$502,562.50	\$502,562.50	\$502,562.50	\$502,562.50	\$502,562.50	\$502,562.50	\$502,562.50	\$502,562.50	\$502,562.50	\$502,562.50	\$502,562.50
<b>Grand Total</b>	<b>\$641423.57</b>	<b>\$641423.57</b>	<b>\$641423.57</b>	<b>\$641423.57</b>	<b>\$563758.35</b>							

Incentive Payments	FFY 2020				FFY 2021				FFY 2022			
	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep
Hospitals	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Eligible Professionals	\$502,562.50	\$502,562.50	\$502,562.50	\$502,562.50	\$502,562.50	\$502,562.50	\$502,562.50	\$502,562.50	\$0	\$0	\$0	\$0
<b>Grand Total</b>	<b>\$502562.50</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>							

**Appendix C: Additional Funding Sources**

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New Hampshire does not have additional funding sources to augment its Medicaid EHR Incentive Program.

**Appendix D: Health Information Exchange FFP Funding**

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On July 5, 2011, New Hampshire House Bill 489 passed into law creating the New Hampshire Health Information Organization, Inc. (NHHIO), a 501(c)(3) Charitable Trust organization, to launch and operate the technical infrastructure and services for the statewide exchange of health information. The NHHIO is governed by a 17-member, multi-stakeholder Board of Directors made up of healthcare providers, consumers, employers, state agencies, and others.

NHHIO's challenges continue with the statutory operational restrictions of New Hampshire Revised Statutes Annotated (RSA) 332:1 that deviate from the standards of the Health Insurance Portability and Accountability Act (HIPAA) used by neighboring states and which do not impede for-profit competitors. These restrictions on the use of NHHIO have driven many potential members towards the use of commercial organizations that lack the governance and public oversight of the NHHIO. With the growing needs for data sharing, population management, and accountable care activities, this trend is expected to increase over the next several years.

NHHIO continues to concentrate on the implementation of a strategic road map focusing on the integration, adoption, and expansion of its electronic network across New Hampshire. Its mission centers on securely connecting healthcare communities to share patient health information needed for informed care decisions and Federal and State mandatory reporting to the New Hampshire Division of Public Health Services. Its goal is to collaborate with hospitals, physicians, community health centers, long-term care providers, home care providers, and other clinicians involved in the delivery of healthcare to continue to be New Hampshire's trusted resource for health information exchange; by doing so, it is anticipated that quality, efficiency, and patient safety will be improved while healthcare costs will be reduced.

The ongoing widespread adoption of electronic health records in New Hampshire, and the continued financial support of the Medicare and Medicaid EHR Incentive Programs have helped drive the provider community to expand their capabilities to exchange Protected Health Information in an electronic format. NHHIO's secure, encrypted network has given many providers the expanded access needed to comply with the EHR incentive program objectives and afforded them greater security and auditability when transmitting PHI. With the Division of Public Health Services actively participating on the network, the majority of hospital organizations continue to submit requisite public health data through the NHHIO. Today, over 500,000 public health transactions are being sent, and over 20,000 electronic transactions are occurring directly between providers, each month using the NHHIO's network to enhance patient.

Over the past year, the NHHIO Board of Directors conducted a broad analysis and needs assessment of the HIT environment across the State. The results show that the maturity of HIT vendors has significantly reduced the barriers to interoperability and drastically reduced the costs associated with the use of Direct Messaging. Trust requirements have

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been streamlined using Direct Trust, as well as the expansion and integration of CommonWell and Carequality, allowing for greater flexibility and options for the sharing and retrieving of protected health information.

NHHIO will discontinue its Health Information Service Provider services at the end of 2017 and focus solely on its web-based secure email product as well as its role as an advocate for the expansion of health information exchange across the state.

OMS is not currently requesting funding to support HIE initiatives. The IAPD will be revised accordingly should future funding requests be required.

## Appendix E: Seven Conditions and Standards

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OMS has kept DoIT abreast on its planning efforts related to the Medicaid EHR Incentive Program to ensure that HIT development aligns with the State's objectives and goals related to the seven conditions and standards.

### Modularity Standard

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New Hampshire built an SR&A (Electronic Provider Incentive Payment System or 'ePIP') that is a modular system divided into two main code trees: one for the public-facing website and another for internal administrative use. An additional sub-division comprised of 15 modules is divided across the two code trees.

ePIP uses services to send and receive data to and from the New Hampshire state databases and the National Level Repository (NLR) in support of the following transfer processes associated with the Medicaid EHR Incentive Program:

- Operational files with CMS (such as the B-6, B-7, D-16, and D-18);
- Daily provider information files from the New Hampshire Medicaid provider database within the MMIS; and
- EHR Certified ID verification numbers from a salesforce.com web service.

The New Hampshire Medicaid EHR Incentive Program technical team implemented, and will continue to implement, a separate systems development lifecycle methodology for each of the major phases of the program (Adopt, Implement, Upgrade; Stage 1 Meaningful Use; Stage 2 Meaningful Use; Modified Stage 2 Meaningful Use; and Stage 3 Meaningful Use). Microsoft Project is used as the tool to develop, and maintain, an information technology project plan for each phase to provide structure and ensure key timelines are met on schedule. The ePIP software adheres to the data file format and business rule specifications defined in the NLR documentation.

### MITA Condition

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The State's Department of Information Technology recognizes the federal Medicaid Information Technology Architecture (MITA) requirement and importance of having an enterprise-level view of its business processes to understand how IT systems could be developed, consolidated, or enhanced as a solution to better accomplish Medicaid IT goals.

On January 21, 2016, New Hampshire submitted an Advanced Planning Document to CMS to conduct the MITA State Self-Assessment (SS-A). As was documented in the NH MITA APD, NH has joined a multi-state collaborative with the Massachusetts and Rhode Island to procure a common vendor to complete the SS-A for each State. Requests for proposals were evaluated, a vendor was selected, and contract negotiations across the

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States are underway. It is anticipated that NH's MITA SS-A will be completed by July 2018. The Medicaid EHR Incentive Program systems will be reviewed as a component of the NH MITA SS-A

### Industry Standards

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ePIP was developed based on industry standards. The system is built on the Microsoft .Net API Framework. It is primarily coded in the C# programming language. Data is stored in Microsoft SQL server databases. Data file transfers use industry-standard formats (such as XML and CSV data file).

The data center that houses the ePIP servers use a security plan based on National Institute of Standards and Technology standards 800-53a. The secure and public networks upon which ePIP resides are monitored and periodically scanned for security threats. A comprehensive security plan has been created to outline the measures that will be taken should a security breach occur.

In addition to following a system develop lifecycle, each phase of development includes a testing component based on industry best practice standards. ePIP testing is both automated and manual. It is conducted internally by the information technology team as well as externally by users based on a defined user acceptance testing framework.

### Leverage Condition

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New Hampshire's ePIP software was initially based on code developed by the State of Arizona for its Medicaid EHR Incentive Program's state registration and attestation system. As a result of multiple customizations required to accommodate New Hampshire-unique requirements, the New Hampshire Medicaid EHR Incentive Program technical team customized the software code base so that it is now unique from Arizona's system. Both states continue to periodically remain in contact as needed to discuss functionality and security questions.

### Business Results Condition

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ePIP uses automated Windows services to execute a large portion of the daily processing activities required by the Medicaid EHR Incentive Program. The remaining operational functions are manually executed by the Medicaid EHR Incentive Program technical.

The ePip software has been designed to facilitate provider attestations and collect and house data needed by program staff to ascertain whether provider incentive payment eligibility requirements have been met. The Medicaid EHR Incentive Program operational team uses a central administrative portal to maintain verification documentation; pertinent notes and emails; and incentive payment data (including amounts paid; payee information; and payment dates). Following attestation, ePIP alerts providers to the status of their payment (i.e., whether the attestation is awaiting

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pre-payment verification; CMS approval for payment; or processing by the New Hampshire Medicaid Office).

### **Reporting Condition**

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ePiP produces daily, monthly, and on-demand reports to assist Medicaid EHR Incentive Program operational staff in administering program requirements and monitoring overall program status and incentive payments. Reports are produced in Microsoft Excel format to facilitate analyses.

### **Interoperability Condition**

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ePiP is an interoperable system that engages in the communications needed to administer the New Hampshire Medicaid EHR Incentive Program. File transfer protocols have been established to transfer daily or 'as needed' files with the NLR. Likewise, daily and weekly file feeds have been operationalized to obtain Medicaid provider information from the New Hampshire Medicaid Management Information System.

The web-based component of ePiP permits eligible professionals and eligible hospitals to register and attest for a Medicaid EHR Incentive Program payment and upload supporting documentation. The system was designed to support documentation uploaded from a myriad of sources without having to employ pre-defined format requirements.