January 17, 2019

Eli Greenfield
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Center for Medicaid and CHIP Services
State Demonstrations Group, Division of System Reform Demonstrations

Dear Mr. Greenfield:

Subject: SUD HIT Plan: Report to CMS on Task A - Financial Map for SUD HIT Plan

Background
CMS granted the Health Care Authority (HCA) an IMD Waiver as an amendment to its
Medicaid Transformation Program. A required element of the IMD Waiver is a Substance Use
Disorder Health Information Technology (SUD Health IT) Plan.

CMS required Tasks B - I in the SUD Health IT plan. In recognition that Tasks B - I in the SUD
Health IT are unfunded and implementation is contingent on the availability of funds, HCA
added Task A: Develop a Financial Map for the SUD HIT Plan with a deliverable date of three to
six months following approval of the IMD Waiver. CMS approved the SUD Health IT Plan
retroactive to the date of the approval of the IMD Waiver (i.e., July 17, 2018).

This report is the deliverable to CMS for Task A in the SUD Health IT Plan.

SUD HIT Plan: Task A Report
The Task A in the SUD Health IT Plan requires that the HCA, in collaboration with the
Department of Health (DoH), develop a financial map identifying potential funding sources that
could be used to support the implementation of Tasks B – I in the SUD Health IT Plan.

We recognize that the tasks in the SUD HIT Plan are needed to successfully implement the
SUD/IMD Waiver. As stated, completing these tasks is contingent on HCA securing funds from
the federal government and, to the extent required, state matching funds.

- Since CMS approval of the Washington State IMD Waiver and the SUD HIT Plan: HCA
  and DoH staff met several times over the last several months to: (i) operationalize the
  Tasks that CMS required, and (ii) identify potential funding sources that could be used to
  support implementation of these Tasks. As presented in Table 1 below, these discussions:
    - Operationalized each of the tasks; and

- o Identified several potential funding sources that could be used to support implementation of the tasks.
- In addition, HCA and DoH developed and collaborated on the HCA and DoH 2019- 2021 Biennial Budget Decision Packages. The agencies' Decision Packages included funding to support the tasks in the SUD Health IT Plan. The Governor's budget package included $100,000 of general funds state appropriation in DoH's budget to "improve the prescription drug system project" (Sections 216(8) and (10)[1]). Funding requested by HCA to support tasks in the SUD Health IT plan were not included in the Governor's budget. The final biennial budget for July 1, 2019, through June 30, 2021, is pending enactment by the state legislature in 2019.

Next Steps
- Securing HCA direction on use of Medicaid (MMIS) matching funds for PDMP activities.
- Securing HCA direction on leveraging 100% Federal Medicaid Matching Percentage (FMAP) funds for PDMP, and patient and provider matching tasks.
- Verify the need for and if needed, secure legislative authority for federal appropriations.
- Monitoring the availability of any additional funds that could be used to support activities in the SUD Health IT Plan (e.g., CDC Opioid Grants that may be announced pursuant to Section 7162 of the Support Act).
- Securing funds and executing tasks.

Table 1 below presents:
- Tasks: The tasks that CMS required and Task A which was added by HCA and approved by CMS.
- Timeline: CMS specified timelines (the timeline for Task A timeline was included by HCA and approved by CMS).
- Operational details: The operationalization of each Task as agreed to by HCA and DoH.
- Funding options: The potential funding sources that could be used to support the implementation of the specific task. Securing funds from these sources (or other sources) will be needed to implement each of the tasks in the SUD Health IT Plan.

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[1] https://ofm.wa.gov/sites/default/files/public/budget/statebudget/2019-21biennial/bills/2019-21OperatingZ-0333.3.pdf

Table 1. SUD HIT Plan: Financial Map by Task and Funding Options

Tasks	Timelines	Operational Details/Task Specification	Funding Options/Notes
Task A. Financial map for SUD HIT Plan	3-6 months	HCA in collaboration with Department of Health (DoH) will develop a financial map that identifies sources of funds (e.g., The Support Act, MMIS, CDC grants, DoH Budget) to execute the activities in this SUD HIT Plan in the IMD Waiver. Note: Timeline reflects when deliverable is due to CMS. HCA anticipates financial mapping will be an ongoing activity.	Funding is needed to support the design, development, operation, and/or maintenance of each of the tasks described below in the SUD HIT Plan. Contingent on the availability of funds, the HCA, in collaboration with the DoH, will: - Explore options for funding the Prescription Drug Monitoring Program (PDMP) enhancements (as described in the activities below) and the use of the PDMP by clinicians on behalf of Medicaid and non-Medicaid patients; and - Develop a financial mapping tool that identifies sources of funds (e.g., HITECH, MMIS, grants, private sector funds) that could be used to execute the activities in this SUD HIT Plan on behalf of Medicaid and non-Medicaid patients and their treating providers. For example, the ability to accurately match patients who are prescribed opioids with patients in the PDMP, and match patients in the PDMP with other data sources is critically important for most tasks in the SUD Health IT Plan. Activities F and I below describe the need to explore options to enable patient matching. The financial mapping tool will identify funding sources that will be used to implement these activities.

Tasks	Timelines	Operational Details/Task Specification	Funding Options/Notes
Task B. Enhanced interstate data sharing in order to better track patient specific prescription data	12-24 months	DoH will integrate (Prescription Drug Monitoring Program (PDMP) data with the Federal RxCheck Hub. If HCA decides to leverage the 100% FMAP, HCA and DoH (will as required in Section 5042 of the Support Act) enter into a process to establish agreements with contiguous states (OR and ID) to support the sharing of data through a qualified PDMP.	**Funding sources: Options:** **1. DoH/DOJ grant.** Grant received. Will need additional funding for Maintenance and Operations (M&O). **2. Medicaid Fraud Penalty Account**. Funds currently support M&O for PDMP. **3. DoH Decision package**. A portion approved by the Governor. Governor's budget for DoH includes $100,000 to "improve the prescription drug system project" (Sections 216(8) and (10)). Pending legislative approval. **4. 90/10 enhanced match under MMIS or HITECH** (pending HCA approval on use of Medicaid enhanced federal funds, IAPD approval by CMS, and availability of state matching funds. Source of state funding not yet determined). **5. 75/25 enhanced match under MMIS** for an allocated share of the M&O (pending HCA approval on use of MMIS enhanced federal funds, IAPD approval by CMS, and availability of state matching funds. Source of state funding not yet determined). **6. 100% FMAP.** Time limited, 100% federal funding available under Section 5042 of the Support Act (pending HCA approval and IAPD approval by CMS).

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Task C. Enhanced "ease of use" for prescribers and other state and federal stakeholders	12-24 months	Contingent on the availability of funds, HCA and DoH will support the "ease of use" of the PDMP by: (i) enhancing the usability of the PDMP web portal (e.g., reduce the number of clicks, improve navigation, show patients at risk (e.g., those with concurrent opioid and sedative prescriptions)); and (ii) entering into the process to establish interstate PDMP data sharing agreements. Enhancements to the PDMP will include: o Using Single Sign On (SSO) (in lieu of Secure Access Washington (SAW) o Upgrading current and/or new PDMP to support the use of new standards (i.e., NCPDP SCRIPT standards)	**Funding sources: Options:** **1. DoH/DOJ grant**. Grant received. Will need additional funding for Maintenance and Operations (M&O). **2. Medicaid Fraud Penalty Account**. Funds currently support M&O for PDMP. **3. DoH Decision package**. A portion approved by the Governor. Governor's budget for DoH includes $100,000 to "improve the prescription drug system project" (Sections 216(8) and (10)). Pending legislative approval. **4. 90/10 enhanced match under MMIS or HITECH** (pending HCA approval on use of Medicaid enhanced federal funds, IAPD approval by CMS, and availability of state matching funds. Source of state funding not yet determined). **5. 75/25 enhanced match under MMIS** for an allocated share of the M&O (pending HCA approval on use of MMIS enhanced federal funds, IAPD approval by CMS, and availability of state matching funds. Source of state funding not yet determined). **6. 100% FMAP.** Time limited, 100% federal funding available under Section 5042 of the Support Act (pending HCA approval and IAPD approval by CMS).
Task D. Enhanced connectivity between the state's PDMP and any statewide,	24 months	1. DOH will work to reintroduce legislation (ESHB 2489) during the 2019 legislative session. 2. DoH will solicit proposals and secure new vendor to develop an API (that meets required HIT	**Funding sources: Options:** **1. DoH/DOJ grant.** Grant received. Will need additional funding for Maintenance and Operations (M&O). **2. Medicaid Fraud Penalty Account.** Funds currently support M&O for PDMP.

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regional or local health information exchange		standards (NCPDP SCRIPT V. 2017-071)) for PDMP / HIE connections, including interstate data sharing of PDMP data; 3. Contingent on the availability of funds, HCA and DoH will: o Work with OHP to upgrade the HIE to comply w/ current standards (NCPDP SCRIPT V. 2017-071) o Work with current PDMP vendor to use current standards (NCPDP SCRIPT V. 2017-071) o Secure the state funds needed for DoH staff to support increased PDMP work (e.g., work with vendor, onboarding SUD providers) o Support providers ease of use of the PDMP by enabling access through the CDR portal • Comments: o DBHR conducting BHA survey. Includes questions on use of EHR/Certified EHR Technology o SUD providers are small entities and will require greater	**3. DoH Decision package**. A portion approved by the Governor. Governor's budget for DoH includes $100,000 to "improve the prescription drug system project" (Sections 216(8) and (10)). Pending legislative approval. **4. 90/10 enhanced match under MMIS or HITECH** (pending HCA approval on use of Medicaid enhanced federal funds, IAPD approval by CMS, and availability of state matching funds. Source of state funding not yet determined). **5. 75/25 enhanced match under MMIS** for M&O (pending HCA approval on use of Medicaid enhanced federal funds, IAPD approval by CMS, and availability of state matching funds. Source of state funding not yet determined). **6. 100% FMAP.** Time limited, 100% federal funding available under Section 5042 of the Support Act (pending HCA approval and IAPD approval by CMS). **7. Potential CDC grants** under Section 7162 of the Support Act (e.g., could support on-boarding costs for SUD providers). **8. Behavioral Health (BH) Provider EHR Incentive Payments** included in Section 6001 of the Support Act (if CMS chooses to implement the provision) could support: • SUD providers' EHR adoption and use and connectivity with the state's PDMP and statewide, regional or local health information exchanges; and • Consent management solution needed for Indian Health Care Providers' EHR

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		technical assistance (TA). Need: • HIT 101 • Qualis support •Indian Health Care Providers (IHCP) will need onboarding support to HIE/PDMP. (Given sensitivity/need for enhanced protection of tribal data, IHCP CDR access will follow Consent Management solution)	adoption and use and connectivity with the state's PDMP and statewide, regional or local health information exchanges. **9. SAMHSA State Targeted Response to the Opioid Crisis (STR) Grants, State Opioid Response (SOR) Grants.** Expansions to STR and/or SOR grants could support BH providers in use of EHRs, TA regarding the HIE/PDMP. **10. SAMHSA Substance Abuse Block Grant (SABG)** could support BH providers in use of EHRs, TA regarding the HIE/PDMP.
Task E. Enhance identification of long-term opioid use correlated to clinician prescribing patterns	12-24 months	On a quarterly basis, DoH will provide reports to CMOs of group practices on the opioid prescribing practices for all subordinates. The reports are intended to support quality improvements and drive adoption of prescribing guidelines. Reports include comparative information on each prescriber's opioid prescribing practice in comparison to prescribing practice in their specialty (e.g. percent of patients with chronic opioid prescriptions, percent of patients with high dose chronic opioid prescriptions).	**Funding Sources: Options:** **1. SAMHSA Substance Abuse Block Grant (SABG) and State Targeted Response Grant (STR)** funds pay to support 4 staff positions to support the creation of these reports. **2. 50% Federal Financial Participation (FFP)** under MMIS could be used for on-going operational costs (pending HCA approval on use of Medicaid enhanced federal funds and availability of state matching funds. Source of state funding not yet determined).
Task F. Facilitate the	12- 24 months	Contingent on the availability of funds, in	**Funding Sources: Options:**

Tasks	Timelines	Operational Details/Task Specification	Funding Options/Notes
state's ability to properly match patients receiving opioid prescriptions with patients in the PDMP (i.e. the state's master patient index (MPI) strategy with regard to PDMP query		2019, work with Health and Human Services multi-agency Enterprise Governance (EG) process (e.g., HCA, DoH, Department of Social and Health Services (DSHS), Department of Children, Youth, and Families (DCYF), Health Benefits Exchange (HBE)) to: • Q1: Draft a project scope that facilitates patient/provider matching. • Q2: Present draft scope to EG Exec. Sponsors • Q3: Upon project approval (and contingent on funding) proceed with implementation	**1. 100% FMAP**. Time limited, 100% federal funding available under Section 5042 of the Support Act (pending HCA approval and IAPD approval by CMS). **2. 90/10 enhanced match under MMIS** (pending HCA approval on use of Medicaid enhanced federal funds, IAPD approval by CMS, and availability of state matching funds. Source of state funding not yet determined). **3. 75/25 enhanced match under MMIS** for M&O (pending HCA approval on use of Medicaid enhanced federal funds, IAPD approval by CMS, and availability of state matching funds. Source of state funding not yet determined).
Task G: Develop enhanced provider workflow / business processes to better support clinicians' access to the PDMP prior to prescribing an opioid or other controlled substance	12-24 months	Contingent on the availability of funds, HCA and DoH will convene a clinical workgroup of EMR users (including PH and BH/SUD providers) to describe the desired workflow for accessing the PDMP via the CDR prior to prescribing opioids/other controlled substances.	**Funding Sources: Options:** **1. 90/10 enhanced match under MMIS or HITECH** (pending HCA approval on use of Medicaid enhanced federal funds, IAPD approval by CMS, and availability of state matching funds. Source of state funding not yet determined). **2. 75/25 enhanced match under MMIS** for M&O (pending HCA approval on use of Medicaid enhanced federal funds, IAPD approval by CMS, and availability of state matching funds. Source of state funding not yet determined). **3. 100% FMAP**. Time limited, 100% federal funding available under Section 5042 of the Support Act (pending HCA approval and IAPD approval by CMS).

Tasks	Timelines	Operational Details/Task Specification	Funding Options/Notes
			4. SAMHSA State Targeted Response to the Opioid Crisis (STR) Grants, State Opioid Response (SOR) Grants. Expansions to STR and/or SOR grants could support this task. **5. SAMHSA Substance Abuse Block Grant (SABG)** could support this task.
Task H: Develop enhanced supports for clinician review of the patients' history of controlled substance prescriptions through the PMP— prior to the issuance of an opioid prescription	24+ months	Contingent on the availability of funds, HCA and DoH will develop a function to allow providers within the Clinical Data Repository (CDR) clinical portal to access the DOH-operated PDMP, including enabling the integration of PDMP data into providers' EHRs. This will involve efforts to establish patient/provider matching and shared user authentication across the systems. In addition, this will require development of (i) an interface between the CDR and the HIE/PDMP and (ii) an open-source interface between the CDR and Certified EHR Technologies.	**Funding Sources: Options:** **1. 90/10 enhanced match under MMIS or HITECH** (pending HCA approval on use of Medicaid enhanced federal funds, IAPD approval by CMS, and availability of state matching funds. Source of state funding not yet determined). **2. 75/25 enhanced match under MMIS** for M&O (pending HCA approval on use of Medicaid enhanced federal funds, IAPD approval by CMS, and availability of state matching funds. Source of state funding not yet determined). **3. 100% FMAP**. Time limited, 100% federal funding available under Section 5042 of the Support Act (pending HCA approval and IAPD approval by CMS). **4. BH Provider EHR Incentive Payments** included in Section 6001 of the Support Act (if CMS chooses to implement the provision) could support BH providers: • EHR adoption and use; • Connectivity to the statewide health information exchange and the state's PDMP; and • Connectivity to the CDR.

Tasks	Timelines	Operational Details/Task Specification	Funding Options/Notes
Task I: Enhance MPI (or master data management service, etc.) in support of SUD care delivery	12 -24 months	Contingent on the availability of funds, in 2019, work with Health and Human Services multi-agency EG process (e.g., HCA, DoH, DSHS, DCYF, HBE) to: • Q1: Draft a project scope that facilitates patient/provider matching. • Q2: Present draft scope to EG Exec. Sponsors • Q3: Upon project approval (and contingent on funding) proceed with implementation	**Funding Sources: Options:** **1. 100% FMAP**. Time limited, 100% federal funding available under Section 5042 of the Support Act (pending HCA approval and IAPD approval by CMS). **2. 90/10 enhanced match under MMIS** (pending HCA approval on use of Medicaid enhanced federal funds, IAPD approval by CMS, and availability of state matching funds. Source of state funding not yet determined). **3. 75/25 enhanced match under MMIS** for M&O (pending HCA approval on use of Medicaid enhanced federal funds, IAPD approval by CMS, and availability of state matching funds. Source of state funding not yet determined).

Sincerely,

Shaun Wilhelm
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