State of Connecticut
Department of Social Services

Division of Health Services

Health Information Exchange
Medicaid Enterprise System
Operational Advance Planning Document
for FFY 2024 and FFY 2025

Version: 2.0
Date: June 2023

Name of State Medicaid Agency (SMA):	Department of Social Services
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Version #:	2.0

Version Record			
Version Number	**Date**	**Reviewer**	**Comments**
1.0	06/09/22	CMS	Initial OAPD for MES funding for Health IT and Health Information Exchange for FFYs 22 and 23. Transition APD following HITECH IAPDs.
2.0	O6/__/23	CMS	OAPD-U for FFYs 24 and 25

Contents

Executive Summary

In accordance with 45 CFR Part 95.610, the State of Connecticut Department of Social Services (Department or DSS) submits this Operational Advanced Planning Document Update (OAPD-U) for Health Information Exchange (HIE) functionality for Medicaid Enterprise System (MES) funding– HIE MES OAPD.

The Connecticut HIE, Connie, is being deployed using a phased implementation approach. The Table below provides a roadmap listing the HIE Use Case Service (UCS) and Supporting Function (SF) and the Federal Fiscal Year (FFY) they went live or the FFY they are targeted to go live.

Table 1. Connie Phased Implementation Roadmap

Implementation FFY	Use Case Service	Supporting Function
2021	Empanelment and Encounter Alerts	MPI
2022	Provider Portals, Provider Directory, eReferrals	Clinical data, PMP Access, BPMH, Image Exchange
2023	---	Advanced Health Care Directives (AHCD), Immunizations, Provider Mediated eConsent, Emergent Imaging, Dental Health Records, Connie Patient Access API
2024	Connie Patient Portal	Connie Encounters Worklist, Referral Enhancement – Health Related Social Needs/Social Determinants of Health (HRSN/ SDOH) referrals[1] Provider Portal Enhancements • Problem List Filters • Allergy Lists • BPMH – Pharmacy data • Electronic Test Order and Results (ETOR) Consent Enhancements – Continuity of Care Document (CCD) Sensitive Data Filters – Provider Mediated Affirmative (PrMA)

[1] Formerly referred to as SDOH (screening, referral, resource directory analytics)

The Empanelment and Encounter Alerts Use Case Service (EAS) was certified by the Centers for Medicare and Medicaid Services (CMS) on March 22, 2022 effective October 1, 2021. (See CMS 3-22-22 Approval Letter included as Appendix 1.) Three additional use cases (Provider Portals, Provider Directory, and eReferrals) were deemed to be already certified by CMS as they are operational in other states using the CRISP shared services platform. Six SFs became or will become operational in FFY 23 but do not require certification. One additional UCS and related SFs are expected to become operational in FFY 24.

Medicaid Detailed Budget Tables

The total Federal share requested in this APD for FFYs 24 and 25 is $2,114,855 and the State share is $945,895. There is also a total of $3,616,876 not allocated to Medicaid.

Table 2: Certified HIE Functionality Budget

FFY	Total Operations Costs	Costs Allocated to Medicaid	75% Federal Share	25% State Share	50% Federal Share	50% State Share	Federal Share Total	State Share Total	Costs Not Allocated to Medicaid
2024	$ 2,834,667	$ 1,408,277	$ 800,091	$ 266,697	$ 170,744	$ 170,744	$ 970,836	$ 437,441	$ 1,426,390
2025*	$ 3,842,959	$ 1,652,472	$ 953,348	$ 317,783	$ 190,671	$ 190,671	$ 1,144,019	$ 508,453	$ 2,190,486
Total	**$ 6,677,626**	**$ 3,060,749**	**$ 1,753,439**	**$ 584,480**	**$ 361,415**	**$ 361,415**	**$ 2,114,855**	**$ 945,895**	**$ 3,616,876**

* DSS will only draw down 50/50 FFP for Patient Portal in FFY 25 until certified - inclued at 75/25 in this summary.

To ensure that Medicaid pays only its appropriate share, DSS is cost allocating HIE activities that are not exclusively for Medicaid patients. On February 23, 2022, DSS received approval of a 40% Cost Allocation Percentage (CAP) for HIE activities effective January 1, 2022. DSS is requesting the same cost allocation methodology with an updated cost allocation percentage of 43% in this OAPD. (See CMS 2-23-22 Approval Letter attached as Appendix 2 and companion IAPDU.**) The Patient Portal UCS is scheduled to go live on 10-1-24 and will need to undergo certification. Operational costs for the Patient Portal are included at 75/25 FFP for FFY 25 but DSS will only draw down 50/50 FFP until certification is received.**

Acquisition of Service

DSS oversees the provision of Medicaid-related HIE services through a Memorandum of Agreement (MOA) with the Connecticut Office of Health Strategy (OHS), the state agency responsible for establishing a statewide HIE in Connecticut. MOAs are a standard practice for inter-agency contractual arrangements. See MOA history in Table 2.1 below.

Table 3: DSS-OHS MOA related to EAS and other operational functionality

MOA version	Date signed	Date approved by CMS	Contract Period	Purpose
Original	9/30/2021	12/8/2021	10/1/2021 -9/30/2022	DSS has a Memorandum of Agreement with OHS to transfer approved Federal dollars. OHS is responsible for the remainder of the budget.
		11/16/2022	10/1/2022 – 9/30/2023	DSS has a Memorandum of Agreement with OHS to transfer approved Federal dollars. OHS is responsible for the remainder of the budget.

Summary of Activities Included in this OAPD

This OAPD seeks continued funding for the EAS, Provider Portals, Provider Directory, and eReferrals use cases along with related operational SFs. The two components of this service, empanelment and alerts, are briefly described here. Substantial documentation related to this use case service was submitted as part of the certification review held on August 24, 2021. The results of that certification review are reflected in the Certification Approval Letter dated March 22, 2022 attached as Appendix 1 to this OAPD. Outcomes based metrics are attached as Appendix 3.

1. Empanelment and Encounter Alerts has two components: Provider/Patient Empanelment and Alert Notifications
2. Provider Portals (InContext EHR app or LogOnce web-based portal) and related SFs:
   - SF 01 Clinical Data
   - SF 02 PMP Access
   - SF 03 Best Possible Medication History (BPMH)
   - SF08 Image Exchange
3. eReferrals
4. Provider Directory

Patient Portal (UCS 11) (NEW in FFY 25)

NOTE: The anticipated go live date of the Patient Portal is 10-1-24. FFY 25 operational costs for the Patient Portal are includes in the FFY 25 budget at 75/25 FFP but DSS will only draw down 50/50 FFP until the Patient Portal receives certification.

A patient portal is a secure online website that gives patients, convenient, 24-hour access to personal health information from anywhere with an internet connection. Just making a portal available to patients will not ensure that they will use it. A portal should be engaging, user-friendly,

and support patient-centered outcomes. It should also enable a patient to understand the information available about their provider, their health, support a patient's need to have a single source of information about their health and healthcare, assist a patient in identifying information discrepancies and directing a patient to where they can address inaccuracies and manage the information they have consented to sharing including the permitted purposes.

Connie's Patient Access Principles Policy articulates that Connie will provide patients timely and direct access to their electronic health information within Connie to (a) align with federal and state information blocking and interoperability rules, and (b) to strive to attain the Patient Access goals of the State-wide Health Information Exchange as describe in Connecticut State Statute **Sec. 17b-59d:**

(1) Allow real-time, secure access to patient health information and complete medical records across all health care provider settings;
(2) Provide patients with secure electronic access to their health information;
(3) Allow voluntary participation by patients to access their health information at no cost; and
(4) Promote the highest level of interoperability.

To begin to meet these expectations, in FY 2024 Connie will develop an initial iteration of the Patient Portal. Using a secure username and password, with patient ID validation, patients will be able to view their health information available within Connie. Connie will work towards a complete display of patient clinical data that could include patient demographics, care team, encounters, lab results, medications, noted problems, immunizations, health related social needs recorded, and referrals to CT healthcare consumers through the Connie Patient Portal. Future enhancements will include interactive features, including but not limited to Patient consent management.

Value Proposition:

- Empowering patients in the healthcare decision making, supporting value-based healthcare systems
- Medicaid members will have more timely access to more detailed clinical information in support of goals of the CMS Interoperability and Patient Access final rule (CMS-9115-F)

Proposed Patient Portal Outcome:

CT Medicaid attests Medicaid providers and Medicaid beneficiaries use of the HIE patient portal technical investments will improve health outcomes by allowing them to be more active participants in their health care.

Proposed Patient Portal Metrics:

• # of unique patients accessing the portal

• # of unique Medicaid members accessing the portal

Rationale for Proposed Patient Portal Outcome and Metrics:

The Patient Portal gives patients 24/7 electronic access to their health information, allowing them to be active participants in their health care which has been shown through studies to: reduce anxiety, positively impact consultations, better doctor-patient relationship, increase awareness and adherence to medication, and improve patient outcomes (e.g., improving blood pressure and glycemic control in a range of study populations). In addition, patient access to their health information was found to improve self-reported levels of engagement or activation related to self-management, enhanced knowledge, and improve recovery scores, and organizational efficiencies in a tertiary level mental health care facility.

The scope of work covered under this OAPD includes operating and maintaining all services and critical supportive infrastructure, including, but not limited to, a master patient index, master provider registry, and underlying databases, interface engines, and API infrastructure. The API infrastructure will support all internal (e.g. patient portals) and external access to data for all authorized purposes. All licensing, vendor and hosting costs are included. Efforts related to compliance with privacy, disaster recovery, and security protocols, overall maintenance and support, system fixes and updates, and change management oversight are also included. Personnel costs including technical support staff to serve as the front line for operational inquiries, first tier support, and configuration changes, analyzing and improving data quality, assisting users, and performing system change management are also included. General management oversight, program and technical personnel work related to management of applicable use cases and producing internal reports to provide insight into the performance, growth, and general health of the system are included as well.

OHS HIE Operating Costs

OHS dedicates State personnel for HIE planning and oversight responsibilities identified in the Connecticut General Statutes. Personnel and contract resources will be used by OHS to:

- Chair the HIE Board of Directors and administratively oversee the HIE:
- Chair and support the HITAC (and its subcommittees) as an advisory body;
- Develop initial high-level functional needs for HIE use cases that are not fully defined;
- Develop policies for statewide race, ethnicity, and language data collection for state agencies and for providers participating in the HIE as required by P.A. 21-35
- Follow up the 5-year Statewide Health IT Plan currently being developed to begin planning and develop recommendations;
- Continued coordination of statewide HIT efforts as required by the general statutes
- Prepare and submit an Annual Health IT report to the legislature;
- Set standards as defined in the general statutes regarding HIE, including in the areas of
    - Security
    - Privacy

- Data content
- Structures and format
- Vocabulary
- Transmission protocols

In FFY 25, OHS will begin allocating part of OHS staff time to HIE operations as indicated in the OHS State Personnel Resources Table below.

Table 4: OHS State Personnel Resources for HIE Operations in FFYs 24 and 25

Connecticut Office of Health Strategy Staff Title	FFY 2024			FFY 2025			Description of Responsibilities
	% of Time	Project Hours	Prorated Cost with Benefits	% of Time	Project Hours	Prorated Cost with Benefits	
N&O 1: State Staff							
Health Information Technology Officer (HITO)	0%	0	$ -	10%	198	$ 33,869	Health Information Technology Officer- responsible for the overall success of the State's HIE strategy. Resides as Chair of the Health Information Alliance Board. Continues Administrative oversight on all HIE related projects.
HIE Program Manager	0%	0	$ -	10%	198	$ 18,088	Responsible for the HIE portfolio. Responsible for the HIE service solution - vendor analysis, procurement, implementation & roll-out. Reports to the HITO.
HIT Planning Manager 1*	0%	0	$ -	4%	83	$ 7,616	Responsible for implementing systems to improve health equity and address social determinants of health. Responsible for the strategic planning, stakeholder engagement, statewide councils, inter-agency planning and data governance. Reports to the HITO.
HIT Planning Manager 2*	0%	0	$ -	3%	52	$ 4,760	Responsible for HIE sustainability and utilization and public health data exchange, for interagency data sharing with state-operated data systems, and making Connie infrastructure a shared public utility service. Measures and assesses how providers utilize HIE at the point of care to improve care quality, care coordination, and drive better health outcomes for individual patients and communities. Reports to the HITO.
HIT Project Manager*	0%	0	$ -	4%	83	$ 10,082	Responsible for HHS interagency data sharing & coordination and establishing electronic data standards. Supports behavioral health (BH) providers with adoption to EHR and HIE, enabling improved coordination between BH providers, and integration between primary care and BH care. Supports the HITO in the planning, developing, and implementation of a financial incentive program for BH providers with TA and training. Reports to the HITO.
Consumer Information Representative	0%	0	$ -	23%	468	$ 39,226	Responsible for all scheduling, filing, office administration and duties to support the HIT Unit. Reports to the HITO.
OHS Administrative Assistant	0%	0	$ -	13%	260	$ 20,724	Develops all HIT PMO marketing materials, outside communications (emails, newsletters, signage/banners) and coordinates stakeholder engagement, outreach efforts.
Communication Manager	0%	0	$ -	8%	156	$ 15,466	Supports the fiscal and contractual administration of the HIT and HIE portfolio and will oversee the audit functions. Reports to Fiscal Administrative Supervisor.
Fiscal Administrator Supervisor*	0%	0	$ -	3%	52	$ 6,185	Supports the fiscal and contractual administration of the HIT and HIE portfolio and will oversee the audit functions.
Fiscal Administrative Officer	0%	0	$ -	23%	468	$ 40,543	Supports the fiscal and contractual administration of the HIT and HIE portfolio and will oversee the audit functions.
Grants and Contracts Specialist*	0%	0	$ -	3%	52	$ 5,833	Administrator of all OHS contracts. Contract communication liaison with OPM and Attorney General. Assigned to research, prepare, communicate and ensure execution of all HIE related contract compliance activities and justifications. Reports to Fiscal Administrative Supervisor.
Supervising Attorney*	0%	0	$ -	3%	52	$ 8,424	Lead counsel for OHS. Supervises, modifies and approves staff attorney's work product.
Staff Attorney*	0%	0	$ -	5%	104	$ 10,345	OHS attorney who oversees the HIT and HIE legal portfolio including HIE contracts, legal communications and HIE regulations. Reports to the Supervisory Attorney.
Total:			$ -			$ 221,161	

** denotes new positions for FFY 24 & FFY 25*

Connie operational costs for the HIE in FFYs 24 and 25 is summarized in the following table while Connie costs are broken out by Use Case Service (UCS) in the next section.

Table 5: OHS Contract Resources for HIE Operations in FFYs 24 and 25

OHS Contract Resources	FFY 2024 Total	FFY 2025 Total	Description of Responsibilities
Connie Resources			
Core Infrastructure Contracts	$ 1,632,160	$ 1,608,825	
Connie Operations Personnel	$ 515,137	$ 1,213,425	
Connie Administrative Personnel	$ 198,914	$ 341,958	
Connie Administrative Costs	$ 488,455	$ 354,991	
Connie Contracted Professional Services	$ -	$ 100,000	
OHS Operations Contract Total	**$ 2,834,667**	**$ 3,619,198**	

The table below shows the total OHS budget for HIE operations for FFYs 24 and 25 by state cost category.

Table 6: Summary of OHS State Costs for HIE Operations in FFYs 24 and 25

State Cost Category	FFY 24	FFY 25
State Personnel	$ -	$ 221,161
Hardware/Software	$ -	$ 400
Equipment/Supplies	$ -	$ 700
Out of state travel and conference costs	$ -	$ 1,500
Contract Resources (Connie)	$ 2,834,667	$ 3,619,198
OHS Total Operations	**$ 2,834,667**	**$ 3,842,959**

Connie Operating Costs by Use Case Service

FFY24 and FFY25 operational costs for the certified use cases are shown below. As noted above, the Patient Portal UCS is expected to go live on 10-1-24 and is included in the FFY 25 operational budget at 75/25 FFP but DSS will only draw down 50/50 FFP until the Patient Portal receives certification.

Table 7: Connie Operations Costs by Use Case for FFY 24 and FFY 25

Connie Operations Costs by Use Case	FFY 24	FFY 25
Connie Empanelment and Encounter Alert Service		
Personnel - Eligible for Enhanced Funding	$ 241,500	$ 531,483
Personnel - Not Eligible for Enhanced Funding	$ 93,253	$ 153,003
Administrative Costs	$ 228,991	$ 154,918
Core Infrastructure	$ 765,170	$ 683,909
Total Empanelment and Encounter Alert Service	**$ 1,328,914**	**$ 1,523,312**
Connie Connect Portal Service		
Personnel - Eligible for Enhanced Funding	$ 176,819	$ 389,135
Personnel - Not Eligible for Enhanced Funding	$ 68,277	$ 112,024
Administrative Costs	$ 167,661	$ 113,426
Core Infrastructure (CRISP)	$ 560,233	$ 500,736
Total Connie Connect Portal	**$ 972,989**	**$ 1,115,320**
eReferral Service		
Personnel - Eligible for Enhanced Funding	$ 49,146	$ 108,158
Personnel - Not Eligible for Enhanced Funding	$ 18,977	$ 31,137
Administrative Costs	$ 46,601	$ 31,526
Core Infrastructure (CRISP)	$ 155,714	$ 139,178
Total eReferral Service	**$ 270,438**	**$ 309,999**
Provider Directory Service		
Personnel - Eligible for Enhanced Funding	$ 47,672	$ 104,914
Personnel - Not Eligible for Enhanced Funding	$ 18,408	$ 30,203
Administrative Costs	$ 45,203	$ 30,581
Core Infrastructure (CRISP)	$ 151,044	$ 135,003
Total Provider Directory Service	**$ 262,326**	**$ 300,700**
Patient Portal (not yet certified)		
Personnel - Eligible for Enhanced Funding		$ 79,734
Personnel - Not Eligible for Enhanced Funding		$ 15,593
Administrative Costs		$ 24,540
Core Infrastructure		$ 150,000
Contracted Professional Services		$ 100,000
Total Provider Directory Service	**$ -**	**$ 369,867**
Total Connie Operations Costs by FFY	**$ 2,834,667**	**$ 3,619,198**

Cost Allocation

The Empanelment and Encounter Alert Service (EAS) was initiated by DSS as Project Notify, using SES technology, before Connie was incorporated. Once Connie was established as the state designated entity, the Service was transferred to Connie for operations and support. The Empanelment and Encounter Alert Service, through SES, is only available for Medicaid members. Beginning January 1, 2024, the EAS service will be provided by PROMPT within the CRISP technology stack and will be offered for all patients regardless of insurance coverage. Therefore, the cost allocation percentage requested for the first quarter of FFY 24 is 100% Medicaid and will be cost allocated at 43% beginning with the second quarter of FFY 24 and ongoing.

Three additional operational use cases are open to all providers and all patients regardless of payer source as well as a fourth use case, Patient Portal, that is going live on 10-1-24 and is included in the FFY 25 budget. On February 23, 2022, DSS received CMS approval on an HIE-transactional cost allocation methodology for DDI activities for these use cases at a Medicaid CAP of 40%. Connecticut requests operational funding at 43% in this OAPDU using the same recently approved cost allocation methodology with an updated CAP based on the 2022 Connecticut population. (See CMS 2-23-22 Approval Letter attached as Appendix 3 and companion IAPDU.)

Table : HIE Operational Budget with Cost Allocation

FFY 24	Cost Allocation			Federal and State Participation			Portion Not Allocated to Medicaid
	Total Project Costs	Medicaid Percentage	Costs Allocated to Medicaid	FFP	Federal Share	State Share	
OHS Costs*							
Enhanced	$ -	43%	$ -	75%	$ -	$ -	$ -
Administrative	$ -	43%	$ -	50%	$ -	$ -	$ -
HIE Costs							
Enhanced**	$ 251,667	100%	$ 251,667	75%	$ 188,751	$ 62,917	$ -
Administrative**	$ 80,561	100%	$ 80,561	50%	$ 40,280	$ 40,280	$ -
Enhanced	$ 1,895,630	43%	$ 815,121	75%	$ 611,341	$ 203,780	$ 1,080,509
Administrative	$ 606,809	43%	$ 260,928	50%	$ 130,464	$ 130,464	$ 345,881
Total Project Costs	$ 2,834,667		$ 1,408,277		$ 970,836	$ 437,441	$ 1,426,390

FFY 25	Cost Allocation			Federal and State Participation			Portion Not Allocated to Medicaid
	Total Project Costs	Medicaid Percentage	Costs Allocated to Medicaid	FFP	Federal Share*	State Share	
OHS Costs*							
Enhanced	$ 33,869	43%	$ 14,564	75%	$ 10,923	$ 3,641	$ 19,305
Administrative	$ 189,892	43%	$ 81,653	50%	$ 40,827	$ 40,827	$ 108,238
HIE Costs							
Enhanced***	$ 2,922,249	43%	$ 1,256,567	75%	$ 942,425	$ 314,142	$ 1,665,682
Administrative	$ 696,949	43%	$ 299,688	50%	$ 149,844	$ 149,844	$ 397,261
Total Project Costs	$ 3,842,959		$ 1,652,472		$ 1,144,019	$ 508,453	$ 2,190,486

* OHS costs do not include HIE costs which are presented separately.

** The EAS Use Case Service (UCS) is 100% Medicaid for the first quarter of FFY 24 and is cost allocated thereafter. All other UCS are cost allocated.

*** The Patient Portal UCS is expected to go live on 10-1-24 and is inlcuded at 75/25 FFP but DSS will only daw down 50/50 FFP until the Patient Portal receives certifcation.

Appendix 1: CMS 3-22-22 Approval Letter

CT Empanelment and Encounter Alert Service, retroactive to 10/1/2021

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-22-16
Baltimore, Maryland 21244-1850

March 22, 2022

Kate McEvoy
State Medicaid Director
Connecticut Department of Social Services
Director of Division of Health Services
55 Farmington Avenue
Hartford, CT 06105

Dear Director McEvoy:

The Connecticut Department of Social Services (DSS) has requested certification of the Connecticut Health Information Exchange (HIE) system, Connie, retroactive to October 1, 2021.

In response to the state's request, the Centers for Medicare & Medicaid Services (CMS) performed a comprehensive review and assessment of the Connecticut's Connie system on August 24, 2021. This was an assessment of information technology system functionality and does not reflect a comprehensive determination of state compliance with all federal Medicaid policy regulations.

DECISION

In accordance with 42 Code of Federal Regulations (CFR) 433.116, and based on this review, CMS approves the state's request for certification of the Connie module retroactive to October 1, 2021. As a result, Connecticut is eligible to request 75 percent Federal Financial Participation (FFP) retroactive to the first day in the calendar quarter following the implementation date of January 1, 2021.

This decision is based upon CMS's comprehensive review of Connecticut's Connie HIE system, on August 24, 2021, including all documentation provided by Connecticut, discussions with Connecticut and vendor staff, and observations prior to, during, and after the CMS review. CMS issued Connecticut a request for a Corrective Action Plan (CAP) following the review to address findings related to 508 compliance testing and disaster recovery testing. The state subsequently provided a CAP to address the identified findings and provided CMS with the necessary evidence on February 24, 2022.

To formally request approval to claim funds associated with the operation of the Connie module, the state must submit an Advance Planning Document (APD) along with this certification letter. Should the state need to claim FFP beyond the two-year timely filing limit, the state must submit this certification letter with a good cause waiver for approval before requesting the funds beyond the two-year limit.

Additionally, 45 CFR 95.631 requires that operational costs incurred be identified and assigned by the State to funding sources in accordance with the approved cost allocation plan required by 45

CFR 95 Subpart E. 45 CFR 95.517 provides states a means to claim FFP based on a proposed cost allocation plan. If a State claims costs based on a proposed cost allocation plan that is subsequently not approved by the Director, DCA, the State shall be required to retroactively adjust its claiming accordingly. In addition, you are reminded 45 CFR 95.611 requires that the State provide an APD-U when there is a change to the approved cost methodology.

Please note that this system must continue to function in compliance with all applicable federal regulations and sub-regulatory requirements to continue to qualify for enhanced FFP for operations expenditures for this system. CMS reserves the right to request data pertaining to system operations at any time, per 42 CFR 433.119, to validate that the systems remain compliant.

BACKGROUND

Connie, Connecticut's state-designated Health Information Exchange (HIE), was established in 2019 to promote and oversee the exchange of health information in the State of Connecticut. Connie is an independent, not-for-profit, neutral, and trusted organization authorized by state statute whose purpose is to provide a set of services to support health care delivery, quality, and value-based payment models for Connecticut health care organizations, providers, and consumers. Health systems and hospitals are required by the State to participate in Connie. Connie leverages technology partners to operate the HIE including the Chesapeake Regional Information System for Our Patients (CRISP) and Secure Exchange Solutions (SES).

On January 1, 2021, DSS implemented Empanelment and Encounter Alert Services functionalities into the Connie system. On July 23, 2021, DSS officially requested CMS to certify Connie to receive enhanced federal financial participation (FFP) for maintenance and operations beginning October 1, 2021.

The scope of this review focused on the Connie Empanelment and Encounter Alert Service. The Connie Empanelment and Encounter Alert Service supports the delivery of real-time admission, discharge, and transfer (ADT) alerts to treating providers and care coordinators whenever a Medicaid beneficiary has a hospital encounter. Currently, this service sends secure alerts based on a panel of patients with whom the provider/care coordinator has an active treatment relationship.

In response to the State's request for CMS certification, the CMS Certification Team reviewed the Connie system and relevant artifacts/materials during a certification review conducted on August 24, 2021. CMS reviewed additional documentation provided by Connecticut on February 24, 2022 which addressed the findings in the issued CAP.

The following certification team performed the review virtually.

Table 1. CMS Certification Team

Role	Reviewer Name	Organization
CMS Medicaid Enterprise Systems (MES) Certification Lead	Eugene Gabriyelov	CMS
CMS MES CT State Officer	Alberta Pratt-Sensie	CMS
Certification Team Lead	Kathleen Prince	MITRE
Certification Analyst	Ernest Mensah	MITRE

Role	Reviewer Name	Organization
Certification Analyst	Wallace Watson	MITRE
HIE Subject Matter Expert	Alisa Ray	MITRE
Privacy and Security Subject Matter Expert	Susan Prince	MITRE

The criteria and information used as a basis for the certification pre-visit, virtual reviews, and subsequent evaluations were sourced from:

- 42 CFR Part 433, Subpart C
- Parts 2, 3, and 11 of the State Medicaid Manual
- 42 CFR Part 447
- Current legislation and CMS policies
- Conditions for Enhanced Funding evidence
- State-Based Outcomes and metrics supporting the outcomes
- Advance Planning Documents (APDs), Requests for Proposal, and contracts for the original procurement

We wish to extend our special thanks to Connecticut's Medicaid leadership, staff, and contractor staff, who prepared for the review and provided technical assistance and insight during the certification process. The cooperation your staff extended to each member of the certification team is very much appreciated.

Sincerely,

2022.03.22 08:12:19 -04'00'

Edward Dolly
Director, Division of State Systems

Enclosure:

- CT HIE Intake Form

Appendix 2: CMS 2-23-22 Approval Letter re: CAM

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-22-16
Baltimore, Maryland 21244-1850

CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

February 23, 2022

Commissioner Deidre Gifford
State of Connecticut
Department of Social Services
55 Farmington Avenue
Hartford, CT 06105-3725

RE: CT-2021-12-29-MMIS-HIE-MES-IAPDU

Dear Ms. Gifford:

This letter is in response to Connecticut's submission dated December 29, 2021, requesting that the Centers for Medicare & Medicaid Services (CMS) review and approve the State's Implementation Advance Planning Document (IAPD) in support its Health information Exchange (HIE) program.

CT-2021-07-30-MMIS-IAPD-HIE (21-008M) was approved using an interim population-based cost allocation methodology on January 21, 2022. This IAPDU requests to change the interim methodology (26%), to a HIE-transactional allocation (40%). There are no changes to the scope or focus, however a higher cost allocation to Medicaid increased the budget amounts in Federal Fiscal Year (FFY) 2022 and FFY 2023.

Connecticut's APD requests authorization for $10,382,840 in Medicaid Management Information System (MMIS) funding, including the enhanced Federal financial participation (FFP) outlined in Appendix A. The requested funding will support the continued development of the State's HIE service offerings, enabling infrastructure, and overarching governance structures. Priority initiatives for the HIE include a provider portal, e-referral functionality, and a statewide provider directory. This APD includes a specific focus of providing data and technical services to improve care coordination and reduce the number of patients lost to follow-ups

CMS approves Connecticut's APD effective December 29, 2021, in accordance with Section 1903(a)(3) of the Social Security Act, 42 CFR 433, Subpart C, 45 CFR 95, Subpart F, and the State Medicaid Manual, Part 11. CMS is authorizing expenditures under this APD, in an amount not to exceed the approved Project Medicaid Detailed Budget Table (MDBT) in Appendix A. Authorization of federal funding for this project will expire on September 30, 2023. This approval letter supersedes any prior HIE APD for the Federal fiscal years (FFYs) approved within Appendix A.

Please note: CMS is approving this state Medicaid IT project and the associated funding; however, this APD approval does not constitute approval of any Medicaid program policies. Medicaid program policies must be reviewed and approved through the appropriate state plan amendment or waiver processes.

Page 2 – Ms. Gifford

Per regulations at 42 CFR 433.116, FFP is available at 75 percent of expenditures for operation of a Medicaid Enterprise System (MES) module or solution approved by CMS in accordance with CMS' MES certification requirements. The State can claim 75 percent FFP from the first day of the calendar quarter after the date the system met the conditions of initial approval, as established by CMS. This may include a retroactive adjustment of FFP if necessary to provide the 75 percent rate beginning on the first day of that calendar quarter. As outlined in the State Medicaid Manual (SMM), Section 11255, FFP for the operation of a non-certified MES is at 50 percent, pending system certification and CMS approval of retroactive operational funding.

If the State's project deviates from the CMS approved APD, FFP for project activities could be suspended and/or disallowed as provided for in federal regulations at 45 CFR 95.611(c)(3) and 95.612.

CMS' Consolidated MDBT in Appendix B includes approved funding for all MMIS Planning, Implementation, and Operational APDs for the listed FFYs.

This project is subject to all the requirements specified under Appendix C, which includes federal regulations and additional information about the State's responsibilities concerning activities described in the APD. The funding and scope of work approved in the APD are subject to these requirements. **Failure to comply with the federal requirements and State responsibilities in Appendix C is subject to FFP disallowance.**

The State must submit monthly status reports for the project. These reports should measure progress against the approved APD. Status reports must be submitted to the MES State Officer by the last day of each month, continuing through project completion.

Transformed Medicaid Statistical Information System (T-MSIS) Compliance
On August 10, 2018, CMS issued State Health Official (SHO) Letter 18-008, outlining T-MSIS data reporting requirements for state Medicaid and CHIP programs (https://www.medicaid.gov/Federal-Policy-Guidance/downloads/SHO18008.pdf). As discussed in the CMCS Informational Bulletin (CIB) dated March 18, 2019 (https://www.medicaid.gov/federal-policy-guidance/downloads/cib031819.pdf) and subsequent T-MSIS guidance, Connecticut is required to maintain monthly production submissions of T-MSIS data files and continue to resolve T-MSIS data issues.

As of the October 2021 T-MSIS reporting period, Connecticut is compliant with T-MSIS requirements. Specifically, Connecticut has data quality issues in 1 T-MSIS Priority Items (TPIs), which meets the requirement to reduce data quality issues to no more than two TPI categories.

Timely, accurate, and complete T-MSIS data submission continues to be a CMS priority and is even more critical to national analyses of Medicaid and CHIP services, activities, and expenditures during the COVID-19 Public Health Emergency. To comply with T-MSIS Data Quality Assessment criteria, CMS requests that States continue to submit monthly T-MSIS data and continue, as much as possible, to work towards the recommended timelines for resolving TPIs. CMS will continue to measure and report on T-MSIS data quality issues, and provide ongoing technical assistance to states. Please review Appendix C (T-MSIS) of this APD response, which further details ongoing requirements for T-MSIS Data Quality compliance.

Page 3 – Ms. Gifford

The State must obtain CMS' prior approval for APDs, Requests for Proposals (RFPs), contracts, and contract amendments as specified in regulations at 45 CFR 95.611. Per 45 CFR 95.611(d), CMS has 60 days to review and respond to a state's APD submission. Failure to submit an Annual APD or APD Update in a timely manner may put the State at risk of having a gap in approved FFP. The State is reminded that funding for each FFY expires on September 30 of the corresponding FFY. An Annual APD or APD Update can be submitted at any time, however it must be approved by CMS before the funding expires to ensure there is no gap in approved FFP.

Formal submissions of future MMIS APDs, RFPs and contract actions should be sent to the CMS dedicated MMIS electronic mailbox: MedicaidMMIS@cms.hhs.gov with a cover letter addressed to Dzung Hoang, Director, Division of HITECH and MMIS.

If you have any questions, please contact your Medicaid Enterprise Systems (MES) State Officer, Alberta Pratt-Sensie, at 410-786-0251 or Alberta.Pratt-Sensie@cms.hhs.gov.

Sincerely,

Dzung Hoang, Director
Division of HITECH and MMIS

CC:
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Appendix 3: Outcomes Data for Certified Functionality

NOTE: All metrics are included in a separate excel spreadsheet embedded here and also sent as a separate document.

Metrics

Overview of Connie

Established in 2019, Connie is the State-designated Health Information Exchange (HIE) for Connecticut. Connie is an independent, not-for-profit, neutral and trusted organization authorized by State statute whose purpose is to provide a set of services to support health care delivery, quality, and value-based payment models for Connecticut health care organizations, providers, and consumers.

Use Case 1: Connie Empanelment and Encounter Alert Service

Overview

Connie supports the delivery of real-time admission, discharge, and transfer (ADT) alerts to treating providers and care coordinators whenever a Medicaid beneficiary has a hospital encounter. Currently, this service sends secure alerts based on a panel of patients with whom the provider/care coordinator has an active treatment relationship. This enables the provider/care coordinator to know when a hospital related event occurs and whether further care coordination or follow-up is necessary to provide the best care to the patient and keep healthcare costs down. The two functions of creating panels of patients to provider/care coordinators and routing hospital encounter alerts based on this information constitute the Connie Empanelment and Encounter Alert Service.

The Empanelment and Encounter Alert Service will be enhanced over time to process additional alerts (e.g., other healthcare ADT encounters and trigger events, such as positive lab results) as well as enable providers to identify other providers who are part of the patient's care team. This will support continuous improvement of outreach and communication aimed at improved care coordination. Medicaid can also understand movement of care of their beneficiaries and which beneficiaries are being cared for by multiple providers.

This service will also support future use cases that require an understanding of patient panels and clinical events and conditions. Services under active planning and development in this regard include eConsults/eReferrals and Medication Reconciliation.

Outcomes and Metrics

DSS is presenting the following outcomes and metrics to demonstrate that the system is meeting requirements.

- Outcome 1: CT Medicaid attests Medicaid providers and Medicaid beneficiaries use of the HIE care coordination technical investments will improve health outcomes including:
    - The Empanelment and Encounter Alert Service triggers alerts and flags patients who present to the hospital, allowing for improved outreach and care coordination across care team members aimed at improved care as seen by reducing future Emergency Department visits and hospital readmissions.

Proposed Metric Supporting the Identified Outcome for Empanelment and Encounter Alert Service (EAS) technical investment

Proposed Metric Supporting Outcome	Rationale for Proposed Metric
EAS Use Case Metric 1: Number and percent of unique Medicaid beneficiaries empaneled each month	Empanelment is a foundational function that is utilized to support alerts. It will be enhanced in the future to provide visibility to a patient's care team, enhancing referrals and care coordination. It will also support future services such as eReferrals/eConsults and Medication Reconciliation.
EAS Use Case Metric 2: Number of Medicaid beneficiary ADT alerts sent to providers and care coordinators for Medicaid beneficiaries each month.	Capturing the volume of alerts demonstrates the opportunities that providers have to follow up with Medicaid beneficiaries in an effort to reduce future hospital utilizations and ED visits and improve care coordination.

To demonstrate that the EAS functionality is operational, data supporting EAS metrics is presented in the embedded and accompanying metrics spreadsheet.

Use Case 2: Connie Provider Portal Services

Web-Based Portal (LogOnce Technology)

InContext App (Single Sign On via a SMART on FHIR Portal embedded in the EHR)

Overview

CRISP has two "provider portals" to access the stores of information accessible through CRISP's infrastructure: The HIE InContext app and a web-based portal.

The HIE InContext app leverages SMART on FHIR technology[2] and relies upon industry standards to enable access within a user's workflow. It is accessible directly from the electronic health record (EHR). From the EHR, a user can click the CRISP (Connie) button and the app will

[2] SMART on FHIR (smarthealthit.org)

load. For users working with in Epic, Cerner, or Athena EHRs, the HIE InContext app loads automatically for the patient whose record is being accessed. HIE InContext also supports SAML integration and can therefore be embedded as a link that launches the app in the same manner as using single sign-on. In this case, the user needs to do a patient search within the app because the patient context from the EHR would not be available. HIE InContext allows a user to see a comprehensive medical view for a patient, including all data accessible in the CRISP environment about a patient from the different data contributing sources and systems.

The web-based provider portal relies on LogOnce technology and serves as a wrap around the services offered to authorized users. Users logged into the provider portal can access multi-patient services (such as reporting or notifications) and perform patient searches to view clinical data within the SMART on FHIR HIE InContext app, which can be iFramed within the provider portal.

The C-CDA is an example of a clinical document type that may be available in the provider portal or the HIE InContext app.

The data viewable within both the web-based provider portal and the HIE InContext app largely originates from FHIR-based repositories within CRISP's Azure infrastructure. Both the app and the provider portal rely upon accessing the underlying clinical data contributed by participants through a single point of entry for security purposes (API Gateway) and pulling all relevant patient data together for the user to view from the FHIR repositories as well as other stores of data accessible via APIs.

Proposed Outcome

Providers can access a comprehensive medical view of patient data via HIE InContext or the web-based provider portal improving diagnostic and treatment decisions, reducing Emergency Department utilization and hospital readmission, avoiding duplicative or unnecessary labs and images, and reducing provider burden by improving access to critical health information on their patients. This will improve health outcomes. This use case aligns with the work being done by the Department's Administrative Service Organizations (ASO). Through the ASOs, Medicaid is focused on Intensive Care Management (ICM). A provider portal will be beneficial to the ICM interventions which include transitional care, notifications, reduction of emergency room usage, integration of behavioral health and medical health, etc.

Proposed Metrics and Data to be Collected

Proposed Metrics Supporting the Identified Outcome for Connie Connect Provider Portal Service technical investment.

Proposed Metric Supporting Outcome	Rationale for Proposed Metric
Metric 1. The number of ADTs, labs, radiology reports and transcribed notes submitted via HL7 into the HIE.	The number of patient clinical data submissions to Connie impacts clinicians' access to real-time patient health information and provides an opportunity to improve health outcomes throughout the continuum of care.
Metric 2. The total number of CCDs contributed and queried	The more clinical information exchanged, the more patient information clinicians can utilize. Connie collects and exchanges episodic and summary CCDs. Episodic CCDs contain information from a single patient encounter, whereas summary CCDs combine all information available in Connie for an individual patient.
Metric 3. Use of the Connie provider portals.	The Connie provider portals are being established to provide extended access for providers to a number of support functions and data sources. Basic utilization of the provider portal as measured by access events will be an effective measure of progress for this use case service.
Metric 4: Number of times core and emergent images are accessed by providers.	The more accessible the image data are by providers, the higher the likelihood that management of the patient's care will improve. The number of Image Exchange queries reflects the increased likelihood the provider has an opportunity to avoid a duplicate test or improve clinical decision making around next steps for the patient's care, whether through ordering an image study or alternative course of treatment.

To demonstrate the functionality is operational, data supporting the provider portal metrics is presented in the embedded and accompanying metrics spreadsheet.

Use Case/Functionality 3: eReferral

Overview

Timely access to specialty care is critical to achieve better health outcomes and reduce healthcare costs for patients and the health system. Communication of patient health information between primary care providers and specialists is a key factor in correct diagnosis, treatment, and positive patient outcomes. Inadequate communication can result in duplicate testing, missing information, higher costs, and increased patient risk.

The eReferral service will be accessible from both the web-based portal and the InContext app. The service is driven by a Program Directory which maintains contact information and details about the program/consult.

Proposed Outcome

Electronic referrals improve care coordination and targeted follow-up to improve health outcomes for Medicaid beneficiaries through closed loop referrals between primary care physicians (PCPs) and key programs. This use case aligns with the work being done by the Department's Administrative Service Organizations (ASO). Through the ASOs, Medicaid is focused on Intensive Care Management (ICM). Electronic referrals will benefit the ICM interventions related to providing transitional care from hospital to home and the integration of behavioral health and medical services. Electronic referrals will also benefit all Medicaid beneficiaries by reducing patient and clinical risk, reduce duplicate referrals and referral processing time, increase the legibility, relevance, and accuracy of information. All of these benefits will help to improve health outcomes for the beneficiary.

This also aligns with Connecticut's PI (Promoting Interoperability) initiatives within the State Medicaid Information Technology Plan objectives per Public Act 15-146; providing integrated data and technical services improving coordinated care and increasing access for Medicaid beneficiaries to primary care and additional provider types. Providers participating in the PI Program will continue to utilize their EHR technology and demonstrate the meaningful use standards that were set forth by the program.

Proposed Metrics and Data to be Collected

Proposed Metrics Supporting the Identified Outcome for **eReferral** Service technical investment.

Proposed Metric Supporting Outcome	Rationale for Proposed Metric
eReferral Metric 1: The number of referrals sent per month.	The eReferral tool metrics demonstrate that providers and CBOs are utilizing this tool to address their patient's social needs and

eReferral Metric 2: The number of referrals fulfilled per month	address underlying causes of poor health outcomes. By fulfilling or closing the loop/completing referrals within the eReferral tool, providers and CBOs are improving quality of care on an ongoing basis for patients.

To demonstrate the functionality is operational, data supporting eReferral metrics is presented in the metrics spreadsheet.

Use Case/Functionality 4: Provider Directory

Overview

Provider Directories can serve multiple purposes: publishing DSM addresses or other electronic contact information for provider-to-provider communication; indicating specialty, location, network participation, etc. to support care coordination and referrals; and may include additional information such as languages spoken or whether the provider is accepting new patients.

Proposed Outcome

A provider directory allows providers to look up other providers to enable referrals and improve transitions of care for their patients. This use case aligns with the work being done by the Department's Administrative Service Organizations (ASO). Through the ASOs, Medicaid is focused on Intensive Care Management (ICM). A provider directory works hand in hand with the e-referral use case in supporting the ICM work related to providing transitional care from hospital to home, integration of behavioral health and medical services, and referring Medicaid beneficiaries to Medicaid providers quicker and with more accuracy.

This also aligns with Connecticut's PI (Promoting Interoperability) initiatives within the State Medicaid Information Technology Plan objectives per Public Act 15- 146; improving managing case information business processes by connecting Medicaid providers to Medicaid patients improving service planning, coordination, and monitoring of services for need and cost effectiveness. Providers participating in the PI Program will continue to utilize their EHR technology and demonstrate the meaningful use standards that were set forth by the program.

Proposed Metrics and Data to be Collected

Proposed Metrics Supporting the Identified Outcome for Provider Directory Service technical investment.

Proposed Metrics Supporting Outcome	Rationale for Proposed Metric
Provider Directory Metric 1: Number of times a provider launched the Provider Directory within Connie Connect and searched for another provider.	The more providers that are accessible in the Provider Directory ensure the higher likelihood of utilization and improved transitions of care for the patient.
Provider Directory Metric 2: The number of providers listed in the directory that are searchable either by a structured search or a free text search.	The growth in the number of searchable providers in the Provider Directory shows added value to end users and the ability to identify providers and contact information for them to assist with transitions of care.

To demonstrate the functionality is operational, data supporting provider directory metrics is presented in the embedded and accompanying metrics spreadsheet.