

State of Colorado HIT News Bulletin

June 30, 2011



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“I have never seen such a broad-based coalition of support for a piece of health care legislation. I appreciate how business groups, consumer advocates, insurers and health care providers came together to support this uniquely Colorado solution to help individuals and small businesses purchase health coverage. Also, I want to thank Governor Hickenlooper for his leadership on this issue.”

*Senate President Pro-tem
Betty Boyd, D-Lakewood*

Front Page News

On June 1, 2011 Governor John Hickenlooper signed Senate Bill 11-200, making Colorado one of seven states to create its own health insurance exchange and the only one to do so with bipartisan legislative approval. The bill establishes a voluntary, competitive insurance marketplace and authority for the Colorado Health Benefits Exchange where individuals and small businesses may choose from easy-to-compare affordable health care options. The nine-person governing board has been appointed with five appointments made by the Governor and one each by the house and senate majority and minority leaders. The inaugural meeting for the newly appointed members will be held on July 11, 2011 and they will swiftly be tasked to develop policies and by-laws, review the budget, begin an executive search to appoint a permanent CEO, and ultimately lead the design and implementation of the benefit exchanges for Colorado. The governing board will be supported by the Colorado Health Insurance Exchange (COHIEX) planning grant team led by Executive Director, Joan Henneberry, and four workgroups staffed with over 70 volunteers to advise and assist with planning and operational needs of the Health Benefit Exchanges. The workgroups are: Small Employer Workgroup for small business health options program (SHOP), Eligibility Verification Enrollment (EVE) Workgroup, Data Advisory Workgroup, and the Marketing, Outreach & Enrollment Workgroup. A professional board facilitator has also been hired to assist the board in getting established quickly in order to meet the deadline for submitting the Level One grant for the implementation and operations funding for the exchange due September 30, 2011. The State Health Care Reform [website](#) has information about each of the COHIEX workgroups, including meeting announcements, agendas, minutes, and documents and will be updated as additional information comes available with the governing board. For other information or questions please contact Joan Henneberry at henneberryj@coloradohealthinstitute.org.

Message from the State HIT Program Director and Coordinator



We have headed into summer continuing agency collaboration and developing business scenarios for information sharing in the state's health-related departments. We are also very close to completing the first three milestones and corresponding deliverables for the HIT Technical Architecture engagement that began in February of this year. Since the engagement kicked off, we promptly established a viable governance model and information sharing process framework to follow, and enabled agency collaboration to develop business scenarios and begin system and application architectural assessments for how we can more effectively and efficiently share information to meet shared needs. The third and final set of

deliverables for the engagement include additional business scenarios for CORHIO, Public Health and Medicaid, an Information Architecture Classification Maturity Model, and Information Architecture Assessment and Integration templates. The classification model is intended for use as a guideline to identify the current level of information exchange occurring at a department or in a system, and to set realistic goals to prioritize for future information sharing using the business scenarios that have been and will continue to be identified. The assessment and integration templates will be used *(continued on page 2)*

The Center for Improving Value in Health Care (CIVHC) completes the transition from government entity to an independent non-profit organization!

Governor Hickenlooper signed an Executive Order transitioning all of CIVHC's responsibilities as a government entity to an independent 501 (c)(3) non-profit organization effective June 1, 2011. The Center for Improving Value in Health Care, otherwise known as CIVHC, was created in 2008 as an entity within the state's Department of Health Care Policy and Financing (HCPF). CIVHC was originally founded upon recommendations from a bipartisan Blue Ribbon Commission for Health Care Reform to create a multi-disciplinary group to identify and advance strategies for a healthier Colorado through promoting higher quality, lower cost health care. Since its inception, CIVHC has established a diverse board of directors and leadership team, secured funding from foundations, and has committed to identifying and advancing initiatives across Colorado that enhance consumers' health care experiences, contain costs and improve the health of Coloradans by creating an efficient, high quality and transparent health care system, including the creation of an all payer claims database, pursuant to HB 10-1330, to provide consumers and businesses with comparative data on quality and cost of care. When the bill went into effect in August 2010, an advisory committee was created to guide the process of development and use of the database for CIVHC to administer and ensure it operates securely and in accordance with the legislation. In order to establish the basis for the submission of medical and pharmacy claims and eligibility and provider data to the Colorado All-Payer Claims Database (APCD), the Executive Director of t (HCPF) will be promulgating rules to that effect. There will be an Administrative Rule Hearing to review this rule on July 12, 2011 at 8:30 a.m. Please visit the CIVHC website to view a draft of the rule that will be presented, along with the Colorado APCD Submissions Guide, or for additional information.

<http://www.civhc.org/CIVHC-Initiatives/Data-and-Transparency/All-Payer-Claims-Database.aspx>

Message *(cont'd from cover page)*

to carry forward the momentum and agency collaboration to complete several objectives detailed here. The first objective is to complete an agency-level system and application inventory to identify the technology platforms in place supporting the 43+ HIT-related systems identified in the State HIT program's Phase I Current State Assessment (CSA), as well as document the vendor that supports the application or system, and identify what other applications or systems use or are connected to the application or systems inventoried. Once applications and systems are identified we will use the assessment template to build an information-base on application and data source interfaces to determine which already have installed adapters or other interfaces and the reusability of each. Next the integration matrix template will be used to identify and inventory all integrated applications or major data stores and connector information and provide a unified view of the current and future system or application dependencies and the business reasons behind them. As these system and application assessment and integration inventory templates are completed, the State HIT Program will continue agency collaboration and exploring additional opportunities for developing additional information sharing business scenarios. Please continue to check the State HIT Program website for future updates and information on the progress being made [here](#).

CORHIO and CO-REC News

CORHIO

CORHIO announced this month that Centura Health, Colorado's largest health system, has signed an agreement to participate in CORHIO's health information exchange network (HIE). The agreement includes the addition of 12 hospitals across the state in the Centura Health system that serve hundreds of thousands of patients. CORHIO's secure HIE network allows medical professionals access to critical patient information, including lab test and pathology results, x-ray, MRI and other imaging reports and physician transcription reports. Real-time access to this information allows hospitals, physicians and medical clinics to provide better, more integrated care between inpatient and outpatient care settings. Later this year, the network is scheduled to be upgraded to include patient medication lists, allergies and immunizations as well as lab and imaging orders. The data available to medical professionals about each patient in the network will grow each time they visit their physician and additional information is recorded electronically. With the addition of Centura, CORHIO now has 25 hospitals, 5 mental health centers and more than 250 office-based physicians committed to participating in the HIE. An updated list of participants with signed agreements with CORHIO can be found [here](#). Physicians and other outpatient care providers with an electronic health record (EHR) systems can receive their patient data from the HIE seamlessly into their system, and those who do not have an EHR can access the data with an easy-to-use, Web-based portal offered by CORHIO.

More information about [CORHIO HIE services can be found here](#), or you can [contact CORHIO online](#) or by phone at (720) 285-3200.

CO-REC

CO-REC has signed up more than 2,090 providers for no-cost services, which is 90 percent of its goal. There is only space for about 200 more providers before the program reaches capacity which is anticipated before the end of July 2011, just one year after offering the program to eligible providers. Seven providers have already received their Medicare Attestation checks. 24 of the 28 Critical Access Hospitals are actively pursuing Meaningful Use through the work with CO-REC as well.

Primary care providers interested in using CO-REC's free services can check their eligibility online at www.co-rec.org or may contact Robyn Leone, director of CO-REC, at (720) 285-3245, or via email at rleone@corhio.org.

State HIT Portfolio Profile: Key Initiatives Update

Key Strategic Initiative	Description	Status
State Medicaid Health Information Technology Plan (SMHP)	<p>The SMHP includes:</p> <ul style="list-style-type: none"> • Implementation plan for the administration and oversight of electronic health record incentive payments to eligible Medicaid providers, • Current State assessment of the Medicaid HIT “As-Is” landscape • Future “To-Be” HIT landscape • Implementation roadmap for Medicaid HIT. 	<p>The Department of Health Care Policy and Financing has contracted with CORHIO to assist in developing this document. The Department submitted an initial SMHP to the Centers for Medicare and Medicaid Services (CMS) on March 3, 2011. Development of the SMHP should be considered as an iterative process. The initial submission will allow the Department to contract with its Fiscal Agent (ACS) to begin implementation of the attestation solution. An updated SMHP will be submitted to CMS by August 2011. This document will more clearly develop the “To Be” HIT landscape and the implementation roadmap. HCPF has received initial comments from CMS and is expecting approval in June 2011</p>
Meaningful Use EHR Incentive Program	<p>This outlines how Medicaid incentive payments are to be issued to fund Meaningful Use of certified EHR technology by eligible professionals or hospitals.</p>	<p>This is part of the SMHP (and the I-APD utilized to request funding). HCPF anticipates being able to accept provider attestations to Adopting, Implementing and Upgrading EHR technology by November 2011.</p>
MMIS MITA	<p>The Medicaid Information Technology Architecture (MITA) framework provides a roadmap for states to transform their Medicaid Management Information System (MMIS) environments. MITA is a CMS initiative that requires each state Medicaid agency to complete a state self-assessment. Based on a maturity model concept, MITA is intended to foster integrated business and IT transformation across the Medicaid enterprise to improve the administration of the Medicaid program</p>	<p>The Department of Health Care Policy and Financing intends to complete and submit the state self-assessment to CMS in December 2011. RFP was issued in early May, responses are due mid July.</p>
Pharmacy Automatic Prior Authorization (PA)	<p>Automatic PA will reduce the decision time for approving all pharmacy and physical/dental services requiring prior authorization.</p>	<p>The contractor has selected and is expected to be implemented by September 2011. This is being implemented by the Department's Fiscal Agent (ACS). Date of implementation has been changed to the Fall of 2011.</p>
HCPF Web Portal Re-Procurement	<p>Procure a maintenance and operations contract for the Provider web portal for Medicaid.</p>	<p>HCPF has submitted an APD to CMS for approval to extend the current contract with CGI. This will allow the HIPAA 5010 implementation to begin sooner. HCPF is anticipating CMS approval to extend in the Summer of 2011.</p>

Accountable Care Collaborative	Designed to transform the current fee-for-service business model to a managed care model using Regional Care Collaborative structure.	The intent to award has been released and the procurement process is close to completion. The first phase is expected to be operational by May 2011. Second Phase implemented by 7/1/11.
Statewide Data Analytics Contractor (SDAC)	Analytical entity for the Accountable Care Collaborative that will provide detailed analytical reporting and support to reduce costs and improve outcomes.	Responses to the RFP issued in November have been reviewed and a vendor announced. The contractor is expected to be operational by Summer 2011. Awarded to Treo.
HRSA Interfaces (Eligibility Modernization)	Creation of interfaces to Department of Revenue, Income and Eligibility Verification System (IEVS), and Social Security Administration.	IEVS implementation planned for Spring 2011. Other interface requirements are being defined.
Eligibility Verification & Enrollment (EVE) Coordination for COHIEX	The coordination for EVE is funded by The Colorado Health Foundation (TCHF), and will identify options for improving health enrollment metrics; including various options for auto-enrollment, f and other potential options.	The EVE workgroup met twice in June and reviewed drafts of the horizontal and vertical integration papers.
Colorado Health Care Affordability Act (HCAA)	HCAA implemented a Hospital Provider Fee that provides funding to expand Medicaid coverage for an additional 100,000 Coloradans. Relevant legislation: HB 09-1293 (Colorado HCAA)	First phase completed. To date, the HCAA expansions have allowed 27,000 Medicaid parents, 3,300 CHP+ children, and 230 CHP+ pregnant women to enroll in health care coverage. Additional expansion populations are scheduled as follows: <ul style="list-style-type: none"> • Buy-In Programs for People with Disabilities: Summer 2011 • Benefits for Adults without Dependent Children: Early 2012
Southern Institute (SI) Business Process Improvement Collaborative Study	Third-party business process collaborative for improving eligibility site application processes, specifically designed to identify best practices and streamline enrollment and case management business processes.	The collaborative began in 2010. The first learning collaborative with eligibility sites was conducted in September 2010. NCCI received \$500,000 to implement and 15 counties signed up to participate. HRSA may fund the next round and this project may be on-going until all 64 counties are signed up and using the BPO.
National Correct Coding Initiative (NCCI)	Implementation of the National Correct Coding Initiative into the MMIS in accordance with federal legislation. Relevant legislation: Patient Protection and Affordable Care Act (PPACA)	The Department submitted an Advanced Planning Document (APD) to CMS on February 28, 2011 providing a list of edits for deactivation. This list of deactivated edits is updated to CMS quarterly.

HIPAA 5010 Compliance	Modification of current ANSI X12N and NCPDP HIPAA transactions to the newest versions, as mandated by federal regulation. Relevant legislation: HIPAA 5010	The Department's Fiscal Agent (ACS) is currently developing a gap analysis and remediation plan. Implementation date is January 1, 2012.
HIPAA ICD-10 Compliance	Implementation of a new diagnosis and hospital procedure code set, as mandated by federal regulation. Relevant legislation: HIPAA ICD-10	The Department's Fiscal Agent is currently developing a gap analysis and remediation plan. Implementation date is October 1, 2013.
Interagency Health Care Reform Board	Meets monthly to address grants and implementation issues. The meeting schedule can be located at the website	<p>The Board met on June 13, 2011. Joan Henneberry provided updates on the health insurance exchange planning grant, and updates on grant opportunities were provided by CDPHE, HCPF. A new master update on all grant opportunities is being developed and will be available in July 2011.</p> <p>The SB11-200 Health Benefit Exchange legislation passed and over 70+ applications to serve the governing board were received and are being reviewed for appointments by the Governor and legislature no later than July 1, 2011. The Health Benefit Exchange governing board will have its first meeting on July 11, 2011. A board facilitator has been hired to provide the board with assistance developing structure, policies, bylaws, reviewing of the budget, appoint a permanent CEO, and complete level one grant for exchange implementation funding by September 30, 2011.</p> <p>The implementation plan, <i>Implementing Health Care Reform: A Roadmap for Colorado</i> was completed and published in December 2010. Find it at: www.colorado.gov/healthreform</p>

All Payer Claims Database (APCD)	<p>Compile data from public and private insurance to better understand how health care money is being spent so that Colorado can move towards payment reform.</p> <p>Relevant legislation: HB 10-1330 (Creation of an All-Payer Database) through the Center for Improving Value in Health Care (CIVHC).</p>	<p>CIVHC and the APCD Advisory Committee submitted report to legislature and governor in March 2011 and is planning to release an RFP to procure a vendor to implement the APCD by next month. The Executive Director of HCPF is also in the process of promulgating a rule to establish the basis for the submission of medical and pharmacy claims and eligibility and provider data to the Colorado All-Payer Claims Database (APCD). An Administrative Review Hearing for that rule has been set for July 12th. APCD expected to be operational by the end of 2011.</p>
Network Bandwidth Capacity Improvements for Health Care Affordability Act (HCAA)	Improvement of bandwidth between the Department's Fiscal Agent (ACS) and HCPF for daily operations and data analysis.	Pricing options to increase the bandwidth are complete. The Department is finalizing an APD to seek CMS approval for this upgrade. CMS approval is expected in March 2011. CMS granted approval in May 2011.
CBMS Program Eligibility and Application Kit (PEAK) Phase 2	Expansion of the self-service web portal that will allow application submission for CBMS programs as well as the ability for clients to manage their information.	<p>PEAK Phase 1 was operational in October 2009.</p> <p>PEAK Phase 2 was operational in May 2011 with the launch of two additional modules for citizens to apply for benefits and report changes to their eligibility application information.</p>
CBMS Intelligent Data Entry (IDE) (CBMS Web)	This project improves the caseworker interface and has a positive business case for application processing improvements by reducing the amount of time and effort required to process applications.	The rollout to the last set of counties is scheduled for April 30, 2011. Rollout to the last of the counties occurred at the end of April. Phase 2 development has been completed.
CHP+ Enrollment Spans Migration	This improves how data from CHP+ spans is shared between the CBMS and MMIS systems.	The Department of Health Care Policy and Financing is finalizing an APD to seek CMS approval for this project, which is still pending. Implementation is scheduled for early 2012.

Vital Statistics Pilot (COVIS – Colorado Vital Information System)	A pilot between Health Care Policy and Financing and Public Health and Environment to use vital statistics data to meet federal citizenship requirements and simplify medical eligibility processing.	The pilot has been in operation for five months. Twenty processors at five different sites have used the capability. Of 3,000 applicants seen by the processors in the pilot, access to vital statistics data was used for 10% of the applicants. Half of those applicants were approved for eligibility. HCPF and CDPHE have decided to extend the pilot an additional six months. By the end of the six months, the agencies must find a funding source to pay for the scale-up to full operations.
Colorado Immunization Information System (CIIS)	This program upgrades the immunization system for CDPHE.	The pilot for the new system has completed. The third round of system changes is complete. The new system is scheduled to go live by the end of summer 2011.
Women, Infants and Children (WIC) Regional Program	Multi-state special Supplemental Nutrition Program for Women, Infants and Children.	The first two pilot sites began operation in February. Rollout to the remaining sites begins in July and will be complete by October 2011.
ARIES – Alcohol and Drug Abuse with HIV Infection	Implementation of this registry to provide alcohol and drug abuse information with HIV infection.	System implementation is in progress with deployment expected in Summer 2011.
Rehabilitation Information System for Employment (RISE) Implementation (CSI Aware)	Upgrade of Rehabilitation System for client medical record and case management.	System implementation in progress with a deployment date of September 2012. The project is on schedule and budget.
Encounter System	System is housed within the Department of Corrections database of all offenders (PCDIS) and keeps all offender health information (mental health, physical health problem list, dental records, medication history, etc.).	Encounter System is controlled by use access controls and offender information is coded by level of care needed. DOC is making progress towards several goals with policy development that will protect HIT. The first policy being finalized will require all staff to sign a confidentiality agreement. Once that policy is signed, we will work with the remaining issues around HIPAA compliance.

DOC-CHP (Correctional Health Partners) Interface	This interface is being developed to enable electronic exchange of offender consults to CHP for all coding and authorizations of services.	The interface is very close to completion and testing is underway for encrypted message exchange between DOC and Correctional Health Partners (CHP) with offender health record and care approval. The completion date for the data transfer is July 1, 2011.
ORILE (Offender Release of Information to Law Enforcement) System	Portal for county jails to login and access offender information. Saves time and reduces fax transmissions.	The portal is operational except for health information screens. Health information screens will be implemented when HIPAA compliance policies mentioned above are completed.
DORA CAVU Implementation (Licensing System Replacement)	<p>The purpose of replacing the State licensing system is to respond to the current vendor no longer offering this type of software and not offering a future version for maintenance or enhancement of the system. The new system will improve overall service and support approximately 175,000 licenses annually that comprise over 40 occupations.</p> <p>Of the 40 occupations, approximately 21 are health professions. The State HIT Program and CORHIO are in discussions with DORA about the new CAVU license system and HPPP licensed medical professional profiling application teams to determine the capability of developing an interface or web service functionality to build a provider directory for CORHIO to use as an authoritative source to onboard providers to the statewide HIE, assign access permissions, and enable secure routing of messages or patient care documents across care settings on health provider license, certification, demographic, and other information.</p>	<p>The State HIT Program completed a high-level architectural assessment of DORA's CAVU e-license system and HPPP profiling application, and the CORHIO Medicity HIE technology.</p> <p>The findings were encouraging in that the future HIE platform will be capable to support web-services integration from CAVU, and the CAVU system has capability to integrate web services to build a provider directory. The HIE platform however does not yet have a timeline on its availability to interface; therefore a 2-phase approach to enable this information exchange is planned.</p> <p>Phase I : Receive, Extract and Populate (automated) Phase II : Integrate web-services, receive data and populate (automated + real-time)</p>

Upcoming Events

Independence Day Holiday- State Offices Closed	Jul 4
Health Care Reform Implementation Board Meeting	Jul 11
HIT Program Status Report Due (3 rd Fri of mo.)	Jul 15
State HIT Advisory Group Meeting	Jul 20
CORHIO Board Meeting	Jul 21
SAMHSA 2011 HIT Regional Forum - San Francisco	Jul 21-22
2011 ONC/NGA Regional Meeting - Minneapolis, MN	Aug 1-4
Health Care Reform Implementation Board Meeting	Aug 8
The Future of Healthcare Information Exchange Conference, Chicago IL	Aug 11
HIT Program Status Report Due (3 rd Fri of mo.)	Aug 19
State HIT Advisory Group Meeting	Aug 17
CORHIO Board Meeting	Aug 18

Recurring Events

HIT Advisory Group Meeting
Third Wednesday of each month from 1:30pm-3:00pm 601 E. 18th Ave Denver, CO 80203 Confluence Park Conference Room at OIT
CORHIO Board Meeting
Third Thursday of each month from 9:30am-11:30am See CORHIO website for location details
Health Care Reform Implementation Board Meeting
Second Monday of each month, 3-4pm Health Care Policy and Financing 225 E. 16th Avenue, 1st floor Denver, Colorado 80203

CALENDAR OF EVENTS

JULY 2011

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AUGUST 2011

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Want to join the monthly HIT News Bulletin listserv?

You may do so by clicking to the following link:
http://mailman.state.co.us/mailman/listinfo/colorado_health_it_program.

Also, if you ever have an event, accomplishment, or topic suggestion you would like added to the HIT News Bulletin I would like to hear from you!

Please email information to: COHIT@state.co.us.

Need More Information?

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