



Alaska Department of  
**Health and Social Services**

Health Information Infrastructure Plan

Workgroup Session #3

September 19, 2017





# Agenda

- Role Call
- Review Parking Lot Items
- Brief Overview of Session Goals
- Workgroup Discussion
  - Care Management
  - Registries
  - Telehealth
- Review Updated Project Plan and Project Status
- Next Steps

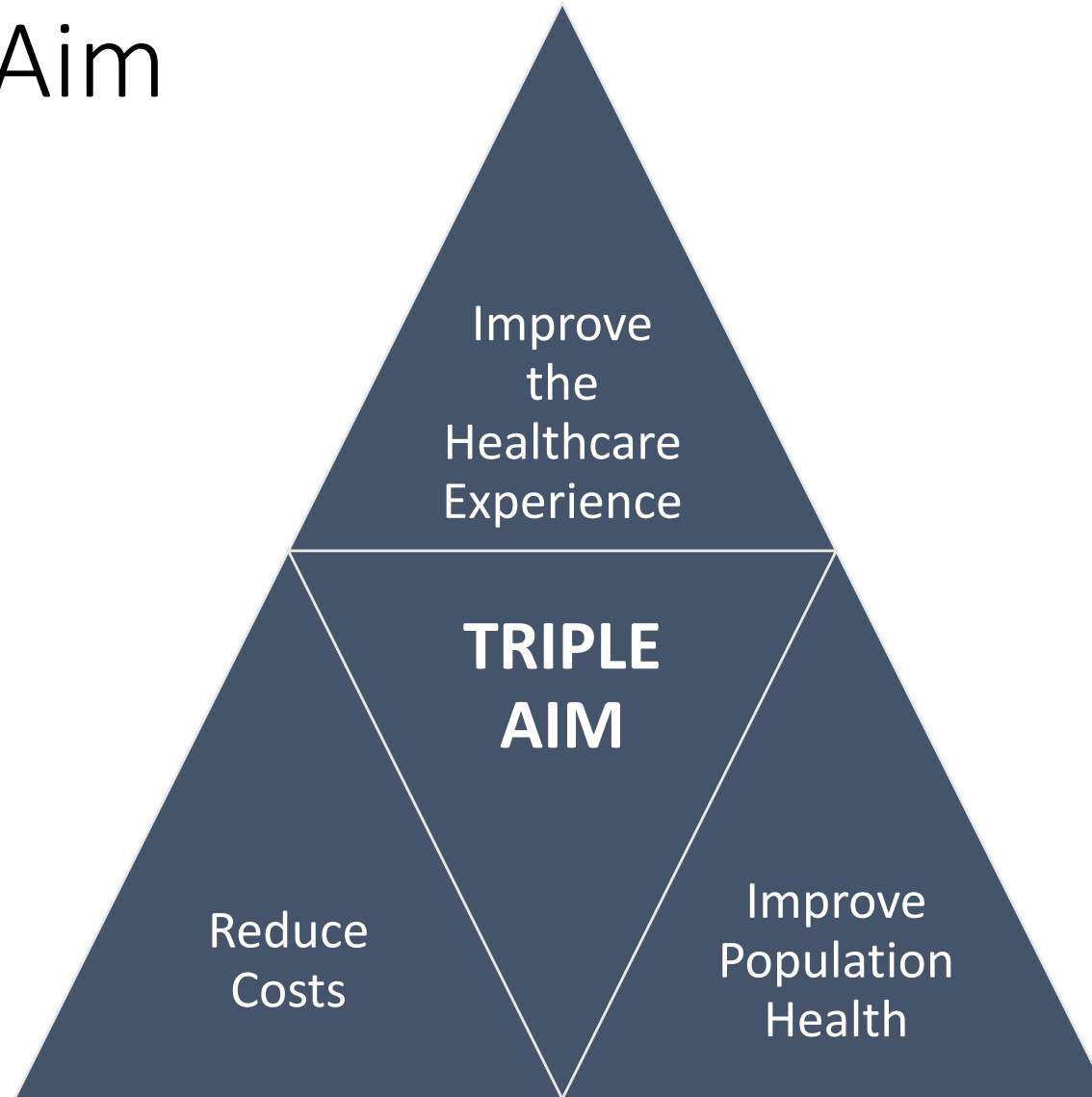
# Purpose

- Development of the DHSS Health Information Infrastructure Plan to transform the health care system in Alaska by providing:
  - The data required by health care providers for care coordination and quality improvement
  - The information support required by DHSS and health care providers to enable development and implementation of Senate Bill 74 – Medicaid Redesign initiatives
- Development of the Health Information Infrastructure Plan includes **six** stakeholder work group sessions to determine areas of necessary infrastructure improvement and to capture use cases for the implementation

# Measures of success of the Plan

- Measurable health infrastructure outcomes based on SB 74
- Alignment of state technology standards and identified critical areas where standards are needed
- Leveraging of existing and emerging technologies with a resultant HIPAA compliant framework
- Recommend a streamlined approach to a complex technology environment
- Methods to measure compliance with the plan developed
- The plan is implemented with a phased and scalable approach

# The Triple Aim



# Approach

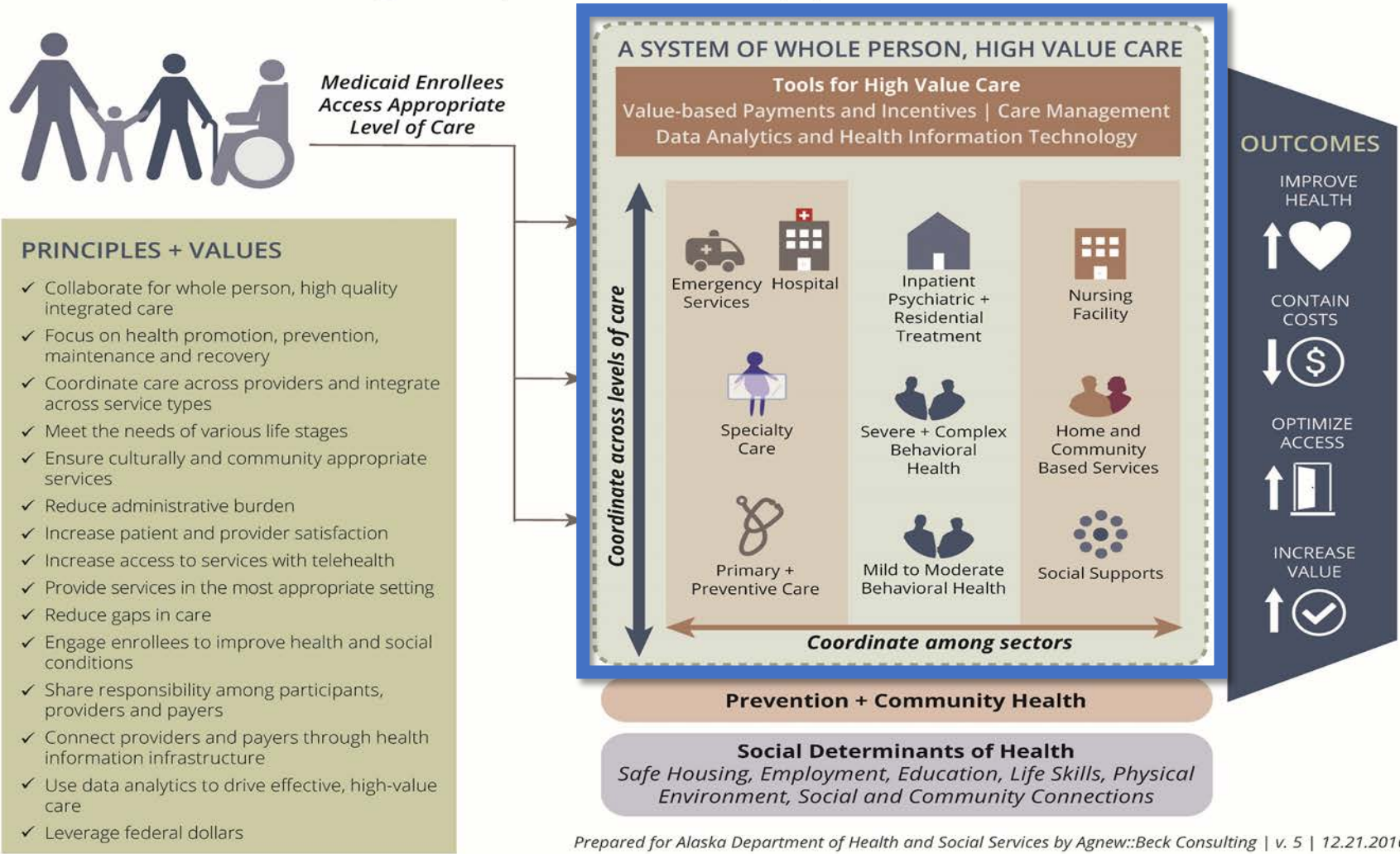
- Series of workgroup discussions, which use a functional approach to delivering services:
- **Workgroup 1 – March 6, 2017**
  - **FFS Claims and Adjudication** – topics include payment models; DRG, electronic EOBs to recipients; claim processing
  - **Pharmacy** – including PDMP; pharmacy prior authorization, formularies
  - **Program Integrity** – address Fraud and Abuse, and Third party Liability (TPL)
- **Workgroup 2 May 12, 2017**
  - **Member Enrollment**– including CRM, waivers, Behavioral Health, IHS and Veterans
  - **Provider Management** – including – provider enrollment, provider credentialing, CQM generation, and payment models
- **Workgroup 3-September 19, 2017**
  - **Care Management**-including medical Prior Authorization, Advanced Directives, Emergency Department Utilization
  - **Public Health Registries**-including Public Health and Behavioral Health
  - **Telehealth**

# Approach (con't)

- **Workgroup 4-11/14/2017 (tentative)**
  - **Data Management** – including the Triple Aim, Data Warehouse, data governance/data management strategy, and Technical Management strategy
  - **Interfaces** – existing and gaps
- **Workgroup 5-TBD**
  - **Health Information Exchange**
- **Workgroup 6-TBD**
  - **Coordinated Care Demonstration Project**
  - **Accountable Service Organization**
  - **Relating To-Be Outcome/HIIP to Other Medicaid Redesign Initiatives**

# Vision for Medicaid Redesign

The Alaska Medicaid Program improves health and pays for value.





# Workgroup 3 - Questions

- **Care Management**– including medical Prior Authorization, Advanced Directives, Emergency Department Utilization
  - What tools are currently used for predictive risk modeling or care gap analysis?
  - Are there currently universal screening tools used for various levels of need assessment?
  - How robust is the system currently supporting case management? Can it support growth to included entities beyond Division of Public Assistance to allow for referrals for community services?
  - Can a member self-refer to career and education services?
  - How do you visualize maintaining a directory of external providers to facilitate communication?
  - Is there a method of monitoring enrollee's adherence to a care plan?
  - How are services pre-authorized? Do you conduct retro reviews?
  - How are Advanced Directives stored? Can they be accessed in a centralized location?

# Workgroup 3 - Questions

- **Telehealth**

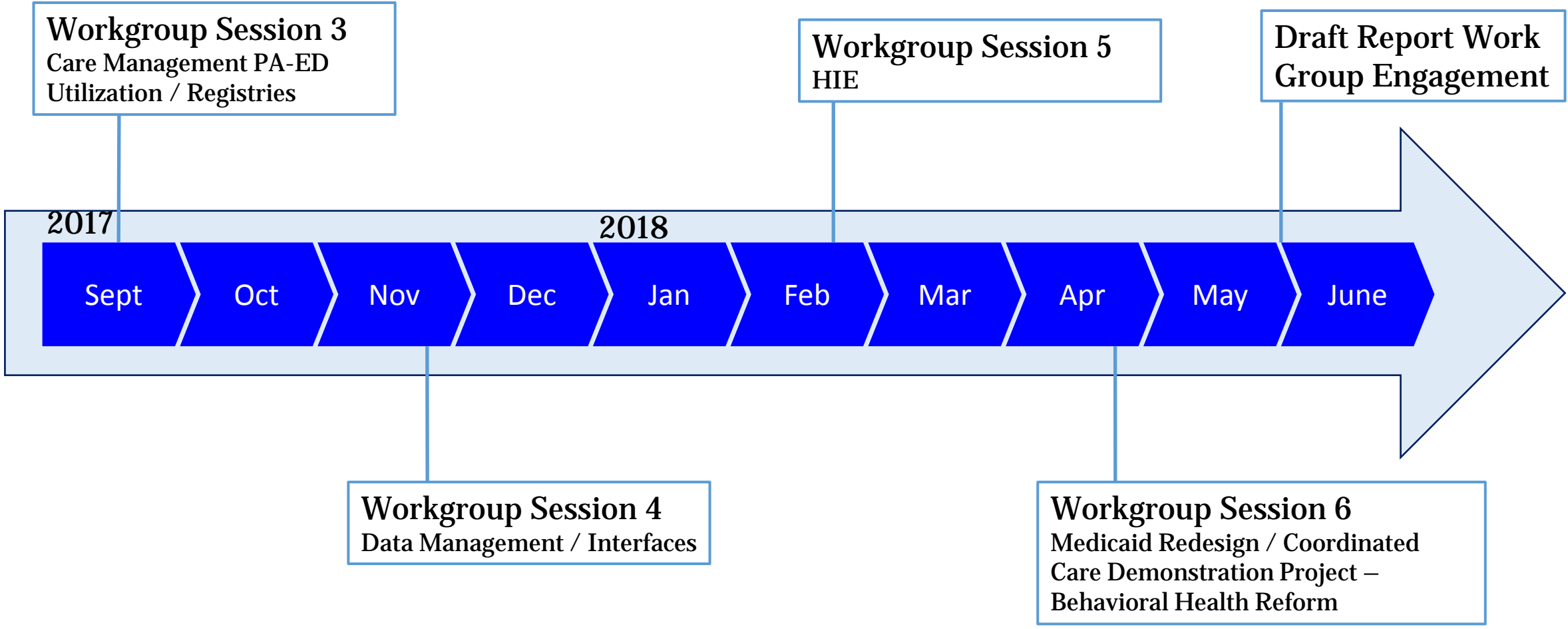
- How do you envision using telehealth? Describe a use case.
- What is your telehealth technology platform?
- What issues are you experiencing utilizing telehealth?
- In our last workgroup we heard that providers had mixed understandings and utilization, is there any information being provided when onboarding new physicians?
- What is the most common services provided by telehealth, and what services would you like to see provided by telehealth? Would this include out-of-state providers?
- How would you place a referral for a telehealth service?
- What type of patient and claims data would be useful to receive after a telehealth visit is completed?
- Are you aware of any issues related to Telehealth providers enrollment, claims submission, or reimbursement processes?

# Workgroup 3 - Questions

## Health Registries

- Which public health or behavioral health registry do you commonly submit data to?
- Are there any roadblocks preventing you from submitting to the registries?
- How is that data exchanged? Do you have any suggestions around streamlining the data submission process?
- Which registry's data do you find useful?
- How do you currently use registry data? Do you use registry data for clinical improvement programs or as a supplemental data set?
- What are the chief complaints from your providers regarding their participation in registries?

# Updated Project Timeline



# Next Steps and Conclusion