

Important Information State Medicaid Agencies (SMAs) and Health Information Organizations (HIOs) need to know about recent guidance on the compliance and use of Provider Directories from The Centers for Medicare and Medicaid Services (CMS).

The Centers for Medicare and Medicaid Services (CMS) have addressed a number of interoperability and Medicaid technology reuse topics, most of which will have an impact on health information organizations (HIOs) and/or State Medicaid Agencies (SMAs). This guidance highlights information from CMS recommended approaches to maintaining compliance with the 21st Century Cures Act and public facing provider directories.¹ While historically, provider directories have been a function of HIOs, Medicaid HITECH funding (and now Medicaid IT funding) can be leveraged to support provider directory functions. Additionally, with the modularization of the Medicaid Enterprise Technology, states have an advantage when leveraging community-based attribution processes and technology, as these services tend to be more robust and complete. Even then, these services and technology, which historically "sit outside" of Medicaid, can now be deemed a module of the Medicaid enterprise and thereby, receive enhanced federal funding support for operational costs if certified by CMS.

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SECTION 5006 of the 21st CENTURY CURES ACT

This section of the Cures Act² amends part of the Social Security Act requiring that each state that provides Medicaid assistance under a state plan, fee-for-service waiver, or through a primary care case-management system to publicly publish a provider directory, and continually update the directory on an annual basis (at least). Those states with only Medicaid members enrolled in managed care plans do not need to adhere to this requirement. CMS acknowledges that provider directories can support several other program goals, including but not limited to:

- Objectives of MyHealthEData³ Initiative;
- Greater access and promoting the sharing of health data;
- Attributions across multiple care settings;
- Access to care for beneficiaries;
- Coordination with a master person or master client index to coordinate care and coordinate exchanging clinical data;
- Network adequacy review;
- Bi-directional connections to public health;
- Revenue cycle management initiatives;
- Promoting modularity in the advancement and development of a modern Medicaid operations;
- Linking identity proofing technologies to further assist patients in directing how their data is shared;
- Identity management solutions to support integration of Medicaid technology across the enterprise, across other human service organizations (within State government), and other community-based entities exchanging Medicaid data (clinical, financial, administrative, etc.).

¹ <https://www.medicare.gov/federal-policy-guidance/downloads/smd18007.pdf>

² <https://www.congress.gov/bills/114/congress/house-bill/34/>

³ <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2018-Press-releases-items/2018-03-06.html>

We expect that CMS will work with States on state-by-state basis for identifying the most opportune pathway for provider directories to support a number of Medicaid and CMS program goals.

MEDICAID INFORMATION TECHNOLOGY ARCHITECTURE (MITA)

CMS encourages states to review previous SMD letters regarding the importance of reuse and leveraging Medicaid HIT Funding (Click here for [information](#) focused on technology to combat the Opioid Crisis; Click here for [information](#), which is focused on technology reuse; or click here for [information](#), on CMS funding requests.). Further, provider directories that are part of HIOs may provide the data to support this requirement and should be considered by States, especially those that have previously leveraged Medicaid HIT funds.

MITA maturity also aligns provider directories with case management business processes and establish business relationship processes. Such that those business processes are supported, technology providing support is eligible for federal Medicaid IT funding at the enhanced levels. As with all shared services - both within government and other human service organizations or outside of government - cost allocation and fair share principles still apply (Medicaid can only pay for Medicaid's portion of the service).

PROVIDER DIRECTORY DATA ELEMENTS

Section 5006 of the Cures Act lists certain pieces of information that such public facing provider directories should render. Each State's care management approach will dictate the minimum data elements that must support a provider directory. We offer excerpts from CMS guidance on the right of the page:

A reminder that these are the minimum data required to support compliance with the 21st Century Cures Act. At State discretion, a State can elect to provide more public information. Provider directories can serve a number of Medicaid operational business needs and those needs should be accounted for when deciding on what data should be made public.

Data Element	Fee for Service Physician	Fee for Service Other Provider	Primary Care Case Management System Physician	Primary Care Case Management System Other Provider
1. The name of the physician or provider	Required	At State Option <i>CMS Recommends</i>	Required	At State Option <i>CMS Recommends</i>
2. The specialty of the physician or provider	Required	At State Option <i>CMS Recommends</i>	Required	At State Option <i>CMS Recommends</i>
3. The address at which the physician or provider provides services	Required	At State Option <i>CMS Recommends</i>	Required	At State Option <i>CMS Recommends</i>
4. The telephone number of the physician or provider	Required	At State Option <i>CMS Recommends</i>	Required	At State Option <i>CMS Recommends</i>
5. Whether the physician or provider is accepting as new patients individuals who receive assistance under this title	At State Option <i>CMS Recommends</i>	At State Option <i>CMS Recommends</i>	Required	At State Option <i>CMS Recommends</i>
6. The physician's or provider cultural and linguistic capabilities, including the languages spoken by the physician or provider or by the skilled medical interpreter providing interpretation	Not Specified <i>CMS Recommends</i>	Not Specified <i>CMS Recommends</i>	Required	At State Option <i>CMS Recommends</i>
7. The internet website of such physician or provider	At State Option <i>CMS Recommends</i>	At State Option <i>CMS Recommends</i>	At State Option <i>CMS Recommends</i>	At State Option <i>CMS Recommends</i>



KEY TOPICS AND OPPORTUNITIES FOR STAKEHOLDERS

The above CMS guidance offers opportunity for states and other stakeholders to explore enhanced funding. Specifically;

- How does the 90/10 opportunity help with strategic objectives?
- How does the reusable infrastructure benefit the broader ecosystem?
- How can the stakeholders contribute and participate in the HIT ecosystem strategy and capabilities?
- How can states finance the state share component?
- How can data from multiple sources be brought together to provide better patient care.

ABOUT AUDACIOUS INQUIRY AND OUR CONSULTANTS

Audacious Inquiry (Ai) is a health information technology (Health IT) and policy company that is making healthcare more connected. We facilitate the exchange of health information to deliver care coordination solutions. Our software is designed to be efficient and cost-effective, our nationally-recognized team-members provide tactful strategic consulting, and our services rethink how health information is shared, managed, leveraged, and protected.

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