Obtaining Federal Funding for Public Health Immunization Registry Reporting

This document provides an overview of how public health and state Medicaid agencies may jointly request and gain federal approval for increased federal dollars for reporting immunization data.

Background

Health care providers will be required to meet Stage 3 Meaningful Use (MU) in 2019. This means they will be required to meet at least two of the available five measure options from the Public Health Reporting Objectives, such as immunization registry reporting. In 2018, as part of Modified Stage 2 Objectives and Measures, providers need to meet Objective 10 related to immunization registry reporting. This objective contains a measure that ensures that the eligible professional is actively engaged with a public health agency to submit immunization data.

CMS allows states to submit funding requests to obtain 90 percent Federal Financial Participation (FFP) to plan, design, develop, and implement (DDI) immunization information systems (IISs) that connect health care providers to a state's public health immunization registry, if a 10 percent match is allocated from non-federal funds. Health Information Technology for Economic and Clinical Health (HITECH) funding is available at the 90 percent match FFP rate for the DDI of technologies or programs that support Medicaid through 2021.

Implementation Advance Planning Document

Implementation Advance Planning documents (IAPDs) are funding requests for the projects states decide to pursue. CMS approval is required before any solicitation or agreement can be made. IAPDs describe the project's history and planning activities, along with estimated resources and IT costs.

Additional IAPD requirements include:
- Submission of Medicaid Information Technology Architecture (MITA) 3.0 self-assessment documents
- Confirmation and description of how the proposed project meets the CMS Enhanced Funding Requirements: Conditions and Standards
- A project mitigation plan, which is part of cost benefit analysis and is a living document that must be updated
- Identification of key staff

For more information:
CMS Guidance on Availability of Federal Funding at the 90 Percent Matching Rate for State Expenditures on Activities to Promote Health Information Exchange (Feb. 29, 2016): www.medicaid.gov/federal-policy-guidance/downloads/smd16003.pdf

90/10 Medicaid Match: Quick Facts for State Public Health Agencies

The IAPD process can be used for IIS activities to aid providers in meeting MU, including onboarding and

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implementing bidirectional exchange for Stage 3 MU. States are responsible for providing the 10 percent state match. IAPDs must be updated at least annually, due 60 days prior to the expiration of FFP.

Eligible Onboarding Activities for IIS
- State and vendor staffing for provider onboarding
- Provider education and training on IIS participation
- Onboarding and technical assistance for an Eligible Professional (EP) or Eligible Hospital (EH) to connect to an IIS directly or via a Health Information Exchange (HIE)
- Onboarding Medicaid providers, even those who are not MU-eligible, including public health providers, pharmacies, and laboratories, for purposes of exchanging data with EPs and EHs

Design, Development, and Implementation
- State and vendor staffing for initial infrastructure build
- HIE infrastructure components, including updating current HIE infrastructure to meet Stage 3 MU standards
- Updating current HIE and IIS standards to meet bidirectional exchange for Stage 3 MU

Note: HITECH funding is not available for maintenance and operations after the implementation phase is completed. The term "implementation phase" does not mean the date on which the first provider is onboarded to the system. It is a time by which the state and CMS agree the project is substantially completed. It may vary from state to state based on specific needs and projects.

IAPD Contents
Sections Relevant to Immunization Specialty Registries
Section III: Statement of Needs and Objectives
Must relate projects back to MU measures (HITECH funding must be tied to EPs/EHs meeting MU and those providers who assist them in meeting MU). Instructions:
- Use one or two sentences to describe the goal of the initiative, followed by a sentence describing the project. Tie them to the mission of the state, its Medicaid agency, and health outcome goals.
- List anticipated objectives and benefits to state and federal agency and MU providers.
- List the needs (resources, staff, technology procurement) and tie them back to how they will help the state meet its mission and goals.

Section V: Personnel Resource Statement
- Includes state and contractor personnel (separate tables)
- Tables for state staff should include the staff title (e.g., data analyst, public health nurse, IT, etc.), percent of time spent on IAPD-related activities, number of hours spent on activities, fully-burdened rate (cost per hour/salary plus benefits), and a brief description of responsibilities.
- Contractor tables include the name of the company, costs, and responsibilities. Contracts must be submitted to CMS for review. If a contractor has already been identified, send the contract with the IAPD. If not, send the contract when negotiation is completed.

Section VI: Proposed Activity Schedule
- List all activities going back to when the prior IAPDs were approved, including a start and end date and the status of the project.
- Include the projects and initiatives that are currently being requested.
- Provide a historical view and a future view of the HIT program and activities funded by CMS.

Sample Activity Schedule:

EHR Incentive Payment Program Implementation Preparation			
System Modifications	12/1/2010	12/31/2010	Complete
Test NLR Transactions with CMS	11/10/2010	12/15/2010	Complete
Policy and Procedure Revisions	10/15/2010	01/15/2010	Complete
EHR Incentive Provider Manual	11/15/2010	12/15/2010	Complete

Schedule VII: Proposed Budget[i]
- Presents the total project cost and overall request for FFP
- Provides a comprehensive two-year budget request
- Provides quarterly breakdown of proposed budget by FFY (CMS-37)

Sample budget:

State Cost Category	90% Federal Share	75% Federal Share	50% Federal Share	10% State Share	Total
State Personnel	$418,500	0	0	$46,500	$465,000
System Hardware	0	0	0	0	0
System Software	0	0	0	0	0
Training	0	0	0	0	0
Supplies	0	0	0	0	0
Grand Total	$418,500	0	0	$46,500	$465,000

Section VIII: Cost Allocation Plan[i]
- If applicable, a cost allocation plan identifies how costs will be allocated for cost sharing of non-Medicaid activities and non-Medicaid participants.

Section IX: Assurances, Security, and Interface Requirements[i]
- A yes/no response to questions regarding compliance with 42 CFR and citations in the State Medicaid Manual.

Submitting an IAPD[i]

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[i] These are sections for which states may benefit from contacting CMS, CDC, ASTHO, or other vendors, in addition to the state Medicaid agencies. Since some federal programs have match rates (75% or 50% depending on the phase and type of project), assistance is needed to properly complete funding requests. If a state plans to have providers submit immunization data through an HIE, Appendix D must also be completed.

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- Only state Medicaid agencies are permitted to submit the IAPD.
- It is beneficial to discuss IAPD issues and seek comments from CMS prior to officially submitting an IAPD to CMS for approval.
- If a preliminary document is sent for CMS review, adequately note that it is a draft document.
- CMS may issue a Request for Additional Information, if applicable, and the IAPD cannot be approved until the state responds and CMS accepts the state's response. The more complete an IAPD is, the less likely CMS is to issue such a request.

75/25 Medicaid Match: Quick Facts for State Public Health Agencies

FFP is available at 75 percent of expenditures for operation of a mechanized claims processing and information retrieval system approved by CMS (i.e., maintenance and operation of a Medicaid Management Information System [MMIS]). Systems must meet federal requirements (State Medicaid Manual Part 11) and pass "certification" by CMS for a state to qualify for enhanced funding for operations and maintenance costs.

This enhanced MMIS funding:
- Cannot be used for infrastructure outside the MMIS environment
  - If systems and functionality are outside the state Medicaid agency's purview, then MMIS funding cannot support them.
  - The CMS Conditions and Standards and MITA have broadened the scope of state Medicaid agencies' control to include "Software as a Service" and other forms of cloud computing.
- Cannot be used for local systems (not statewide in scope)

Example:

If the immunization registry is controlled by the state Medicaid agency and integrated with the MMIS, the state can request:
- 90 percent MMIS FFP for development and enhancements
- 75 percent MMIS FFP for operations

If the immunization registry sits in another state agency (e.g., Department of Public Health), but will assist EPs to meet relevant MU objectives, the state can request:
- 90 percent HITECH FFP for development (with cost allocation)
- 50 percent FFP for operations

50/50 Medicaid Match: Quick Facts for State Public Health Agencies

FFP is available at 50 percent of expenditures that cannot be specifically identified with the development or operation of an MMIS.

Activities that can be considered for the 50/50 match include:
- Outreach services to eligible or potentially eligible individuals to enroll in the IIS
- Staff assisting in design, development, and implementation (DDI) of the IIS
- Enrollment in the IIS registry can be covered under the administrative costs

States do not need to include a specific funding request within the IAPD. However, states are required to include the approved administrative amounts in the IAPD budget table indicating the sources of funding that will support the project. Since this type of FFP does not require approval for administrative costs matched at 50 percent, they will not be included in the IAPD approval letter that is returned from CMS.