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COVID-19

Strategies for Supporting and Strengthening Medicaid Information Technology During the COVID-19 Crisis

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As states face the extraordinary challenges of the COVID-19 crisis, information technology (IT) is an essential tool to support access to health coverage and the safe and effective evaluation, testing, and treatment of patients nationwide. Under the current statutory and regulatory framework, state Medicaid agencies are authorized to receive federal funding for Medicaid IT and associated activities, and much of it at an enhanced federal matching level (75% or 90% federal match).[1] Medicaid IT and associated activities eligible for support comprise the development, implementation and operations of states' vast Medicaid program administrative systems and state Medicaid agency activities to facilitate adoption of electronic health records (EHR) and exchange of health information by health care providers.

This issue brief outlines potential IT investments in responding to COVID-19 and strategies for states to support these investments, and to secure current and look to future IT investments that enable ongoing Medicaid program operations and advance health information exchange. This issue brief highlights the Medicaid authorities and the provisions that may allow states more expeditious access and flexible use of these funds during the ongoing public health emergency and in retooling the Medicaid delivery system in this new era of pandemic.

Longstanding federal statute and regulations authorize federal matching funds for automated data processing (ADP) systems for the state administration of Medicaid, the Children's Health Insurance Program (CHIP), and human services programs, and establish the rules and process for states to request federal support of these ADP systems.[2] Additional federal statute and regulations govern Medicaid ADP systems—providing enhanced federal matching funds to state Medicaid agencies for Medicaid program administrative systems—and authorize enhanced federal matching funds to state Medicaid agencies for activities facilitating health care

[1] Social Security Act (SSA) § 1903; 42 C.F.R. Part 433, Subpart C; 42 C.F.R. Part 495.
[2] SSA §§ 422; 430; 454A; 471; 1102 and 1902(a); 45 C.F.R. Part 95.

providers' use and adoption of electronic health records (EHR) and exchange of health information.[3] The combination of these authorities may enable states to secure funding quickly for IT activities responding to COVID-19.

Recent information shared on Centers for Medicare and Medicaid Services' (CMS) calls with state Medicaid and CHIP agencies and Frequently Asked Questions (FAQs) highlight CMS's intent and appetite to exercise flexibility and expeditious approvals to best support states' COVID-19 efforts.[4] CMS has expressed that the guiding principle it applies in reviewing IT expenditures is whether those expenditures support economic and efficient operation of a state's Medicaid program.

Review of Current Authorities

Medicaid Enterprise Systems (MES)

Section 1903(a)(3) of the Social Security Act allows states to receive enhanced federal funding for activities related to their Mechanized Claims Processing and Information Retrieval Systems—the IT that supports eligibility and enrollment (E&E system) and the array of Medicaid program management and administration such as encounter data processing, interoperability, claims adjudication and payment, provider management, clinical decision support, care management, plan management, program integrity, and registries (Medicaid Management Information Systems, or MMIS).[5] These systems are collectively referred to as a state's MES. Under this authority, states may receive a 90 percent federal match for the design, development, installation, or enhancement of these systems[6] and a 75 percent federal match for their maintenance and operation.

Examples of design, development, and installation expenditures eligible for the 90 percent federal match include: planning activities (impact assessments, functional requirements analyses, etc.) and the state personnel directly engaged in them; software product development; interfaces and establishing connectivity; and *initial* software leasing or licensing.[7]

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[3] SSA §§ 1903(a)(3), 1903(r), and 1903(t).
[4] CMS, COVID-19 Frequently Asked Questions (FAQs) for State Medicaid and Children's Health Insurance Program (CHIP) Agencies (Apr. 2, 2020), https://www.medicaid.gov/state-resource-center/downloads/covid-19-faqs.pdf.
[5] 42 C.F.R. 433.111(b)(1) An E&E system is the system used to process applications from Medicaid/CHIP applicants and beneficiaries to determine program eligibility, as well as change in circumstance updates and renewals. MMIS is used to process claims for Medicaid payment from providers and to perform other functions necessary for economic and efficient operations, management, monitoring, and administration of the Medicaid program. 42 C.F.R. 433.111(b)(2)(ii).
[6] *See* 42 C.F.R. 433.112 and 433.116.
[7] *See* State Medicaid Directors Letter (SMDL): Center for Medicaid and CHIP Services (CMCS), SMDL #16-004 RE: Mechanized Claims Processing and Information Retrieval Systems-Enhanced Funding (Mar. 31, 206), https://www.medicaid.gov/sites/default/files/federal-policy-guidance/downloads/SMD16004.pdf. For definitions of activities that constitute "design, development, installation, and enhancement" and "maintenance and operations," see CMS, State Medicaid Manual § 11276, https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Paper-Based-Manuals-Items/CMS021927.

Examples of maintenance and operations expenditures eligible for the 75 percent federal match include: hardware update purchase or leasing; web-based portal or systems maintenance and operations; *ongoing* software leasing or licensing; training of personnel directly engaged in system operation [including workers processing claims or determining eligibility; case maintenance for eligibility determinations; and certain customer service activities (e.g., those related to eligibility determinations or on-going case maintenance].Notably, funds through this authority can also be used to support health information exchanges (HIEs). For example, CMS guidance has noted that building a portal between a state MMIS and a clinical data repository or an immunization registry may be more appropriately funded by MMIS funding than Health Information Technology for Economic and Clinical Health (HITECH).[8] States may also potentially use this authority to support the implementation of application programming interfaces that allow patients to access their Medicaid claims and encounter information.[9]

Health Information Exchange

Section 1903(a)(3) of the Social Security Act also allows states to receive enhanced federal funding for the administration of the Medicaid electronic health record (EHR) incentive program. States must demonstrate compliance with criteria articulated under the American Recovery and Reinvestment Act in order to qualify for these funds, including a requirement to pursue initiatives that encourage the adoption and "meaningful use" of certified EHR and the electronic exchange of health information. [10] In subsequent guidance, CMS has specifically called out states' abilities to access 90 percent federal match for EHR and HIE promotion efforts with the caveats that state activities should be developmental and time-limited and that Medicaid should not be the sole or primary source of start-up or operational funding. [11][12] This funding opportunity is available through 2021.[13]

Examples of EHR and HIE promotion expenditures eligible for the 90 percent federal match include: design, development, or implementation of tools to connect to HIEs; secure messaging gateways; provider directories; privacy and governance policies and procedures; master patient indexes; public health infrastructure (i.e., facilitating electronic lab reporting, connecting immunization registries, cancer registries, or other specialized registries to HIEs); all-payer clinical/claims data warehouses; technical bridges between Medicaid and HIEs; technologies to authenticate providers and beneficiaries; the connecting or "on-boarding" providers to HIEs to facilitate the exchange of data.[14]

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[8] https://www.medicaid.gov/sites/default/files/Federal-Policy-Guidance/downloads/SMD10016.pdf
[9] https://www.cms.gov/newsroom/fact-sheets/interoperability-and-patient-access-fact-sheet
[10] Pub. L. 111-5, adding Social Security Act § 1903(a)(3)(F) and 1903(t).
[11] https://www.medicaid.gov/sites/default/files/Federal-Policy-Guidance/downloads/SMD11004.pdf. Administrative costs associated with maintenance and operations are matched at a 50% FFP for HITECH.
[12] https://www.medicaid.gov/sites/default/files/Federal-Policy-Guidance/downloads/SMD10016.pdf
[13] https://www.medicaid.gov/sites/default/files/Federal-Policy-Guidance/downloads/SMD10016.pdf; https://www.medicaid.gov/sites/default/files/Federal-Policy-Guidance/downloads/SMD11004.pdf
[14] https://www.medicaid.gov/sites/default/files/Federal-Policy-Guidance/downloads/SMD10016.pdf; https://www.medicaid.gov/sites/default/files/federal-policy-guidance/downloads/SMD16003.pdf; https://www.medicaid.gov/sites/default/files/Federal-Policy-Guidance/downloads/FAQ-09-10-2013.pdf

How States Access Federal Funding

Generally, to receive (regular or enhanced) federal funding for IT systems or equipment for MES or HITECH initiatives, states must receive federal approval by submitting Advance Planning Documents (APDs) to CMS.[15] These documents describe a state's proposed use of federal dollars for Medicaid IT projects and demonstrate a system's compliance with regulatory conditions and standards. Within approved APDs, before making a major expenditure for IT equipment and services (defined by dollar thresholds), states must submit acquisition documents (such as requests for proposals or contracts) to CMS for prior approval.[16] Without approval, states may spend (in total state and federal dollars) up to $500,000 and receive enhanced federal match, and up to $5,000,000 and receive regular match. States may use the APD process to amend their budgets or timelines for implementation, and may request expedited federal approval of funding requests.

Notably, states have the ability to seek expedited approval of federal funding for IT equipment and services in emergency situations through a significantly streamlined process (as discussed further below). [17] CMS guidance has expressly encouraged states to take advantage of this emergency approval authority.[18] To qualify as an emergency, states must demonstrate an immediate need to acquire the IT equipment and services in order to continue the operation of their Medicaid or CHIP programs and respond to the COVID-19 crisis. States must also clearly document that the need could not have been anticipated or planned for, and that they were prevented from following federal prior approval requirements.[19] Specific requirements for requesting emergency approval are discussed below.

Using Medicaid IT to Address the COVID-19 Crisis

Medicaid IT has a critical role to play in helping providers address the COVID-19 crisis (and in fact, some states are already pursuing innovative approaches). In April, CMS issued FAQs identifying certain strategies states could consider to enhance their IT capabilities and give providers the tools they need on the ground.[20] Below are Medicaid IT solutions that states could explore with CMS and for which they could potentially leverage enhanced funding.

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[15] 45 C.F.R. Part 95, Subpart F; 42 C.F.R. 433.112.
[16] 45 C.F.R. 95.611(a)(2), (b)(2), (c)(2) (defining thresholds for an enhanced federal match); 95.611(a)(1), (b)(1), (c)(1) (defining thresholds for a regular federal match). *See also* https://www.medicaid.gov/sites/default/files/federal-policy-guidance/downloads/smd16009.pdf
[17] 45 C.F.R. 95.624.
[18] CMS, COVID-19 Frequently Asked Questions (FAQs) for State Medicaid and Children's Health Insurance Program (CHIP) Agencies (Apr. 2, 2020), https://www.medicaid.gov/state-resource-center/downloads/covid-19-faqs.pdf.
[19] 45 C.F.R. 95.605.
[20] CMS, COVID-19 Frequently Asked Questions (FAQs) for State Medicaid and Children's Health Insurance Program (CHIP) Agencies (Apr. 2, 2020), https://www.medicaid.gov/state-resource-center/downloads/covid-19-faqs.pdf

Several of these solutions have been funded under existing E&E, MMIS, and HITECH APDs while other solutions will require exploration with CMS. In exploring these opportunities with CMS, states should aim to articulate the "value proposition" for the economic and efficient operation of the Medicaid program and the measurability of outcomes.

- **Update E&E systems and support state workforce**. In response to the Families First Coronavirus Response Act, states may pursue changes to their E&E systems that would be eligible for enhanced federal funds for MES systems. States may need to enhance or update their systems in order to ensure the retention of covered individuals who were enrolled as of March 18, 2020 (a condition of receiving an increased federal match for most Medicaid expenditures for the emergency period).[21] States also may need to update their forms, interfaces, and system mechanisms if they elect to enroll uninsured individuals in coverage for COVID-19 testing and related services. Under both scenarios, states will also need to make plans to "undo" these E&E system changes and return their systems to standard operations, since the enhanced federal match and the authority for the optional eligibility group expire at the end of the public health emergency period. In addition, states could use enhanced federal funds to expand call center capacity to support an increasing volume of those seeking coverage or provide laptops or other technology to support remote working by state personnel.

- **Enhance and rapidly scale state telehealth technologies and infrastructure**. States could leverage enhanced funding to procure new or upgrade existing hardware or software programs for telehealth. Enhanced federal match may be available for developing telehealth-enabling technology, including patient-facing technology, to be used by Medicaid providers for coordinating beneficiaries' care.[22] Massachusetts has deployed an app and online tool that enables state residents experiencing potential COVID-19 symptoms to participate in a triage process and receive guidance for seeking care.[23] The tool will also include a real-time interface with the state's eligibility system so that the telehealth subcontractors can assess Medicaid eligibility. Massachusetts secured enhanced Medicaid IT funding for the development of the app and online tool and enhancements to its eligibility system. CMS has also indicated openness to considering purchase of telehealth-enabling equipment for provider use, so long as the equipment is loaned and eventually recovered by the state. Building on these areas, other potential avenues to explore with CMS are purchasing telehealth-enabling equipment for loan to Medicaid beneficiaries, expanding medical screening and triage tools to include screening for social interventions that support medically vulnerable individuals, or investing in technology infrastructure for connecting Medicaid program,

[21] Sections 6004 and 6008 of Families First, Pub. L. No. 116-127 (2020).
[22] https://www.medicaid.gov/sites/default/files/federal-policy-guidance/downloads/smd18006.pdf
[23] https://www.mass.gov/how-to/check-your-symptoms-for-covid-19-online

providers, and beneficiaries to community- based organizations for social service referrals. All of these areas could be anticipated to increase access to appropriate health care and reduce the need for more costly interventions supported by Medicaid, ultimately leading to the economic and efficient operation of the Medicaid program.

- **Deploy light EHR clinical documentation and reporting tools**. Some states are rapidly building out temporary triage and testing facilities, tents, and overflow sites. Many of these are being staffed by volunteers and individuals that won't have access to an electronic medical record. States may deploy lightweight clinical documentation tools that can be used to triage residents to a COVID-19 testing site, document symptoms, order and report tests to a central county, state or health care agency. CMS guidance suggests that enhanced funding could support the incorporation of app-based technologies to help providers use EHRs.[24]

- **Expand information exchange capabilities**. Many states are struggling to acquire and aggregate timely COVID lab testing and results reporting information. These data are necessary to accurately track the spread of the disease, identify hotspots, and will ultimately be helpful in detecting when virus transmission may be dissipating in communities. States could consider seeking enhanced federal funding for: electronic lab results reporting to Medicaid and public health institutions; real-time alerts and notifications from hospital emergency departments to identify visits and admissions attributed to COVID-19; syndromic surveillance registries to help to detect emerging health issues and monitor the health of the community in real time; connecting providers to important patient data through HIEs, including immunization records.[25] Supporting access to these records will be critical once vaccination efforts are underway, particularly for providers that treat adults (who are less likely to have access to up-to-date vaccination information), as highlighted in CMS guidance.[26]

- **Implement the Patient Unified Lookup System for Emergencies (PULSE) System**. Initially developed in California and deployed for wildfire response, PULSE allows emergency health care workers to have direct access to patient information from all connected health care organizations. PULSE is a nonproprietary, open-source software solution designed to be expandable to all parts of the country. CMS announced that a COVID-19 iteration of PULSE (PULSE-COVID) supporting some immediate use cases is now available.[27]

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[24] https://www.medicaid.gov/sites/default/files/federal-policy-guidance/downloads/smd18006.pdf
[25] https://www.medicaid.gov/sites/default/files/Federal-Policy-Guidance/downloads/SMD10016.pdf
[26] CMS, COVID-19 Frequently Asked Questions (FAQs) for State Medicaid and Children's Health Insurance Program (CHIP) Agencies (Apr. 2, 2020), https://www.medicaid.gov/state-resource-center/downloads/covid-19-faqs.pdf.
[27] CMS, COVID-19 Frequently Asked Questions (FAQs) for State Medicaid and Children's Health Insurance Program (CHIP) Agencies (Apr. 2, 2020), https://www.medicaid.gov/state-resource-center/downloads/covid-19-faqs.pdf.

- **Data integration analytics and reporting**. State agencies building COVID-19 dashboards may access enhanced federal funding to integrate administrative claims and encounter data with lab results and clinical data. Indiana's HIE is deploying a visual data dashboard for the state department of health and public health departments to track COVID-19's impact; the state department of health receives real-time updates of COVID-19 testing results.[28] Claims data from state-supported all payer claims and decision support services databases can provide a rich repository of resident medical history. These can be used to identify and target high-risk individuals for interventions that deliver services to the home – supporting them while they shelter in place. Predictive analytics services can also identify potential future hotspots and upwards and downward disease transmission trends. Enhanced funding could also be available to acquire or lease needed software for MMIS.

How States Can Seek Funding and Flexibility for these Medicaid IT Solutions

States are in active dialogue with CMS to seek and exercise various flexibilities in Medicaid program policies and operations in responding to COVID-19. States will want to ensure this dialogue includes flexibilities and considerations for Medicaid IT systems and services. A state's MES Project Officer will be an important point of contact as CMS is actively working through these requests.

Immediate Implementation Steps

- **Leverage flexibility for immediate spending under <u>current</u> APD.** As highlighted above, within an approved APD, states have the ability to spend up to $500,000 (total computable) and up to $5,000,000 (total computable) and receive enhanced and regular match, respectively, for IT investments and activities without first seeking federal approval. This may serve as a "bridge" for immediate IT investments states have needed to make. States will want to review their current E&E, MMIS, and HITECH APDs to identify immediate modifications that should or could be made to current activities to support responding to COVID-19. For example, states will want to exercise this ability under existing APDs for E&E systems to modify them to accommodate eligibility changes under federal legislation, streamline eligibility determination processes, or expand call center capacity to support an increasing volume of those seeking coverage. Given current circumstances, it may also be prudent for states to affirm CMS will exercise its flexibility to waive any reductions in federal match for failure to comply with federal E&E and MMIS performance standards and conditions.

[28] https://www.hcinnovationgroup.com/interoperability-hie/health-information-exchange-hie/article/21130588/some-hies-stepping-up-to-play-key-role-in-covid19-response, citing https://coronavirus.in.gov/

- **Submit an As-Needed Update for approved APD requests**. States will want to review current system funding, assess impact, and request additional funding or project extensions for an approved APD project whose implementation is underway by submitting an As-Needed APD Update to CMS. This document may be submitted as a stand-alone funding/project continuation request, or as part of the Annual APD required of ongoing projects. If a state has incurred, or is anticipating, any of these changes as a result of COVID-19, it must submit an As-Needed APD Update to the federal government:
    - Projected cost increase of $300,000 or 10 percent of the project cost, whichever is less
    - Schedule extension of more than 60 days for major milestones
    - Significant change in the procurement approach or scope of procurement activities
    - Change in system concept or scope of the project
    - Change to the approved cost methodology
    - Change of more than 10 percent of estimated cost benefits[29]

    Though states generally must submit As-Needed APD Update no later than 60 days after a project change occurs, states receiving enhanced FFP must seek federal approval before the execution of a contract amendment that involves cost increases over $500,000 or time extensions of more than 60 days.

- **Seek emergency expedited federal approval for near-term IT priorities.** States will want to afford themselves the opportunity of the expedited and streamlined approval of federal funding for IT equipment and services in emergency situations.[30] In their request, states should:

    1) Demonstrate an *immediate* need to acquire the IT equipment and/or services in order to respond to the COVID-19 emergency. States should document that this need could not have been anticipated, and explain why they were prevented from following normal prior approval requirements.[31] States should also describe the harm that would arise if they do not immediately acquire the equipment and services.[32]

[29] 45 C.F.R. 95.611(c)(2)(ii).
[30] 45 C.F.R. 95.624.
[31] 45 C.F.R. 95.605.
[32] 45 C.F.R. 95.624(a).

2) Describe the equipment and services to be acquired and an estimate of their costs.[33] States should provide explanation for the requested amount and basis for the costs.[34]
3) Demonstrate that the funds could be reasonably spent within the duration of the emergency. CMS has indicated it uses a proxy of 90 days.[35]

It is important that the state not acquire the IT equipment and services before approval or risk reimbursement; however, the state could position itself to acquire the IT equipment and services within 14 days of submission, when CMS is obligated by regulation to respond. If CMS approves the request, FFP will be available from the date the state acquires the equipment or services.[36] If a state request is approved, the state must submit a formal request for approval within 90 days of its initial request.[37]

Thinking Ahead: Future Implementation Steps

Secure current IT investments. States have myriad Medicaid IT investments underway to enable and strengthen Medicaid program operations and advance health information exchange.[38] As they look beyond the COVID-19 pandemic, states will want to ensure that they protect these investments and their access to enhanced federal funding. States will want to submit As-Needed APD updates as necessary to acquire any needed federal approvals. In addition, if states are experiencing significant challenges in meeting MES performance standards and conditions, states may consider exploring with CMS compliance waivers to not jeopardize access to an enhanced federal match.[39]CMS has the discretion to waive FFP reductions that it may impose on noncompliant states if it determines that good cause existed, or that there were circumstances beyond the state's control.[40]

[33] 45 C.FR. 95 624.
[34] CMS Medicaid and CHIP All-State Call, April 14, 2020, accessible at: https://www.cms.gov/files/zip/covid19allstatecall04172020.zip
[35] CMS Medicaid and CHIP All-State Call, April 14, 2020, accessible at: https://www.cms.gov/files/zip/covid19allstatecall04172020.zip
[36] 45 C.F.R. 95.624(c).
[37] 45 C.F.R. 95.624(b).
[38] See, e.g., Texas and Maine above; California received approval last year for the California Health Information Exchange Onboarding Program (Cal-HOP), which will provide funding to assist Medi-Cal providers with accessing and using HIE technology to improve the quality and effectiveness of care for Medi-Cal beneficiaries. https://www.hcinnovationgroup.com/interoperability-hie/health-information-exchange-hie/article/21076440/california-program-to-help-fund-hie-connections-for-medicaid-providers
[39] *See* 42 C.F.R. 433.131; 433.112(b).

- **Evaluate COVID-19 investments.** Some Medicaid IT changes states have pursued may be permanent changes while others changes may be temporary in responding to COVID-19. As states look ahead, they will want to evaluate these IT changes, considering which are permanent versus temporary and, for those that are temporary, designing the transition plan and securing the appropriate federal Medicaid IT funding for returning to pre-COVID-19, or standard operations. This evaluation will require engagement and planning across Medicaid policy, operational, and systems staff.

- **Secure new IT investments for the future.** States will need to adapt to a post-COVID-19 landscape that may require significant changes to their Medicaid IT approach. States could leverage the APD process to assess the needs of their health systems, providers, and residents and design a plan for Medicaid IT transformation that helps fill gaps in care and adopts innovative IT strategies.

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Appendix of Relevant Guidance

- CMS, COVID-19 Frequently Asked Questions (FAQ) for State Medicaid and Children's Health Insurance Program (CHIP) Agencies (May 5, 2020), https://www.medicaid.gov/state-resource-center/Downloads/covid-19-faqs.pdf

- CMCS, Medicaid and CHIP Frequently Asked Questions (FAQs) Advanced Planning Documents (APD) for System Development Associated with 1115 Demonstrations (Jun. 13, 2019), https://www.medicaid.gov/sites/default/files/Federal-Policy-Guidance/Downloads/faq061319.pdf

- CMCS, SMD # 18-006, RE: Leveraging Medicaid Technology to Address the Opioid Crisis (Jun. 11, 2018), https://www.medicaid.gov/sites/default/files/federal-policy-guidance/downloads/smd18006.pdf

- CMCS, SMDL #18-005, RE: CMS-2392-F Mechanized Claims Processing and Information Retrieval Systems – Reuse (Apr. 18, 2018), https://www.medicaid.gov/sites/default/files/federal-policy-guidance/downloads/smd18005.pdf

Defining Automated Data Processing Equipment and Services

ADP equipment or hardware is automatic equipment that accepts and stores data, performs calculations and other processing steps, and produces information. This includes: electronic digital computers; peripheral or auxiliary equipment used in support of electronic computers; data transmission or communications equipment; and data input equipment.

ADP services are those used to operate ADP equipment by a state agency or by state or local organizations. ADP services also include the following provided by private sources, state employees, or state and local organizations: feasibility studies, system studies, system design efforts, development of system specifications, system analysis, programming, system conversion and system implementation. Examples of such services are: systems training, systems development, site preparation, data entry, and personal services related to automated systems development and operations that are specifically identified in a Planning Advance Planning Document (PAPD) or an Implementation Advance Planning Document (IAPD).

- CMCS, SMDL #16-010, RE: CMS-2392-F Mechanized Claims Processing and Information Retrieval Systems – Modularity (Aug. 16, 2016), https://www.medicaid.gov/sites/default/files/federal-policy-guidance/downloads/smd16010.pdf

- CMCS, SMDL #16-009, RE: Mechanized Claims Processing and Information Retrieval Systems – APD Requirements (Jun. 27, 2016), https://www.medicaid.gov/sites/default/files/federal-policy-guidance/downloads/smd16009.pdf

- CMCS, SMDL #16-004, RE: Mechanized Claims Processing and Information Retrieval Systems-Enhanced Funding (Mar. 31, 2016), https://www.medicaid.gov/sites/default/files/federal-policy-guidance/downloads/SMD16004.pdf

- CMCS, SMDL #16-003 RE: Availability of HITECH Administrative Matching Funds to Help Professionals and Hospitals Eligible for Medicaid EHR Incentive Payments Connect to Other Medicaid Providers (Feb. 29, 2016), https://www.medicaid.gov/sites/default/files/federal-policy-guidance/downloads/SMD16003.pdf