PROGRAM DESCRIPTION

Department: Social Services   HB Section(s): 11.630
Program Name: Hospital Information Technology (HIT)
Program is found in the following core budget(s): Hospital Information Technology (HIT)

1a. What strategic priority does this program address?

Reimbursement for Health Information Technology Investments

1b. What does this program do?

This program reimburses the allowable costs of health information technology investments of hospitals and their affiliated information networks, or health information technology providers that have been authorized under a CMS-approved implementation advance planning document amendment submitted by the MO HealthNet Division.

2a.   Provide an activity measure(s) for the program.

Missouri Hospital Association (MHA) will measure and report project measures of Admission Discharge Transfer (ADT) Connectivity, Message Volume and Patient Watchlist Activity as follows:

- Connectivity measures will include the number of ADT connected hospitals and new syndromic connections in production (connected, tested and routinely submitting ADT data), testing (connected and undergoing ADT stream testing/validation) and targeted for onboarding in the next 30 days (not yet connected).
- Message Volume measures will include total and average daily volume of messages processed by the submitting hospital or system
- Patient Watchlist Activity measures will include total active patient watchlists as well as number of patient watchlists added, updated and deleted in the last 30 days by the submitting hospital or system

2b. Provide a measure(s) of the program's quality.

Project quality measures will include the total and percentage of system availability, excluding planned maintenance during the last 30 days, as well as the volume of system support incidents, both overall and by type (inbound message processing, notification timeliness, portal outage, etc.)

2c.   Provide a measure(s) of the program's impact.

MHA will tabulate and report the number of unique patients identified across active patient watchlists, and 30-day ADT alert volumes associated with active patient watchlists. Additionally, MHA will work with system users to define, measure and evaluate the impact on select patient outcome measures (i.e Emergency Department (ED) utilization volumes, 30-day readmissions) for select patient cohorts of interest.

2d. Provide a measure(s) of the program's efficiency.

MHA will track and report the minimum, median and maximum time in minutes, from inbound ADT message receipt to ADT notification content transmission to the Hospital Industry Data Institute (HIDI) Notification Portal during the past 30 days.
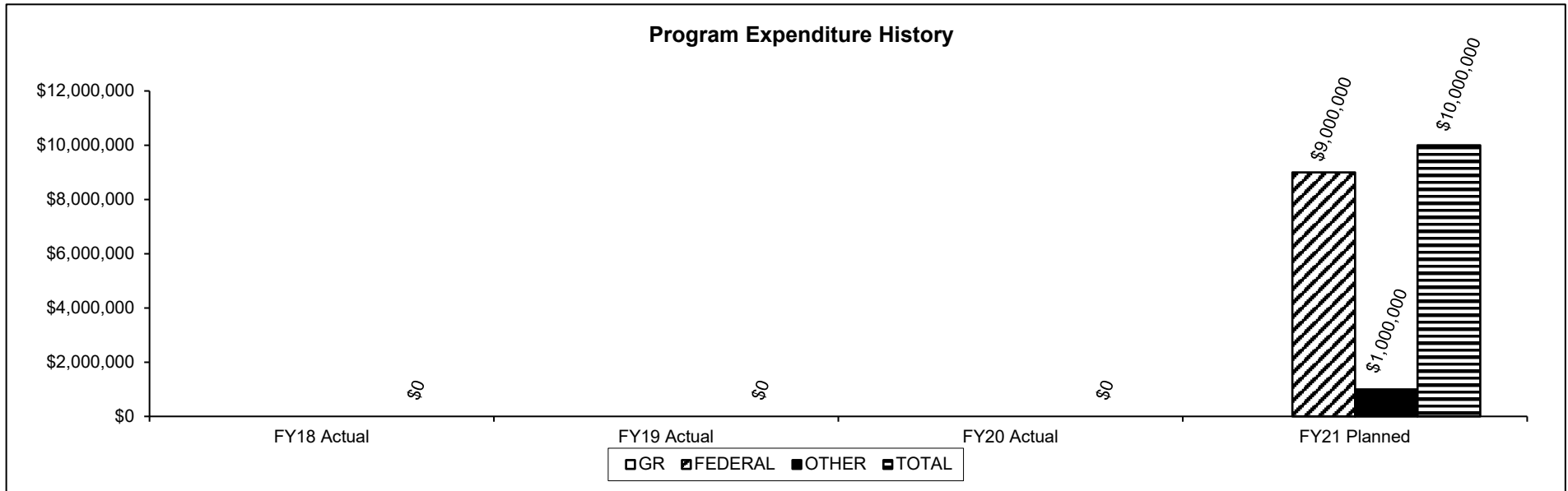
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3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (*Note: Amounts do not include fringe benefit costs.*)

Program Expenditure History

Planned FY 2021 expenditures are net of reverted and reserves.

4. What are the sources of the "Other " funds?

Federal Reimbursement Allowance Fund (0142)

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

N/A

6. Are there federal matching requirements? If yes, please explain.

Expenditures earn a 90% federal and require a 10% state match.

7. Is this a federally mandated program? If yes, please explain.

No.