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Final Copy of Case Study

Status:

Laureate

Year:

2013

Organization Name:

Commonwealth of Pennsylvania, Department of Public Welfare

Organization URL:

www.dpw.state.pa.us

Project Name:

Medical Assistance Provider Incentive Repository

Please select the category in which you are submitting your entry:

Human Services

Please provide an overview of the nominated project. Describe the problem it was intended to solve, the technology or approach used, how it was innovative and any technical or other challenges that had to be overcome for successful implementation and adoption. (In 300 words or less.)

As part of the 2009 American Recovery and Reinvestment (ARRA) Act, the Health Information Technology for Economic and Clinical Health Act (HITECH Act) established Medicare and Medicaid Electronic Health Records (EHR) Incentive Programs to promote the adoption and meaningful use of interoperable health information technology (HIT) and qualified electronic health records (EHRs). The incentive program began January 1, 2011. This voluntary program allowed states to use federal funds to encourage Medical Assistance physicians and hospitals that meet certain eligibility criteria to use certified EHR systems, and use the EHR software in a meaningful way to receive incentive payments on an annual basis for a predetermined period of time. The ultimate goal is to

improve health care outcomes for Medicaid patients and improve efficiency of the health care system. Given the tough economic conditions including shrinking state budgets, the Office of Medical Assistance Programs within the Commonwealth of Pennsylvania in conjunction with HP Enterprise Services (HPES) led a multi-state collaborative comprised of 12 states to share in the design, development and implementation of the Medical Assistance Provider Incentive Repository (MAPIR). This web-based application utilized open source technology and is integrated with currently existing state Medicaid Management Information Systems (MMIS) leveraging state and federal investments. It allows eligible Medicaid providers to enter via a currently existing secured web portal, complete an application for the incentive payments, and if eligible, receive payments through the state's currently existing financial system. The 13 state collaborative consisting of Arkansas, Connecticut, Delaware, Florida, Georgia, Indiana, Kansas, Oregon, Pennsylvania, Massachusetts, Rhode Island, Vermont, and Wisconsin were committed to putting aside the individual needs of their states in order to recognize a financial advantage as well as the opportunity to discuss and develop best practices in the administration of the EHR incentive payment program.

When was this project implemented or last updated? (Please specify month and year.) Has it incorporated new technologies and/or other innovations since its initial deployment? (In 300 words or less.)

The MAPIR system was first implemented by Pennsylvania in June 2011. Other states implemented MAPIR in concert with the launch of their individual state EHR Incentive program. All states were launched by December 2011. MAPIR has realized 5 major releases since that time, mostly due to annual changes and enhancements to the EHR incentive program.

Is implementation of the project complete? If no, please describe the project's phases and which phase the project is now in. (In 300 words or less.)

The initial implementation is complete and currently has major releases that primarily encompass annual changes to the EHR Incentive program requirements. Minor releases address enhancements to improve reporting and productivity.

Please provide at least one example of how the technology project has benefited a specific individual or organization. Feel free to include personal quotes from individuals who have directly benefited from the work. (In 300 words or less.)

The MAPIR system has benefited the Medical Assistance EHR Incentive program in 13 states. Both from an organizational perspective in terms of the sharing of best practices but also from a financial perspective. In a letter to the National Governor's Association to nominate HPES (and MAPIR) for the 2012 NGA Public-Private Partnership Award, Pennsylvania Governor Tom Corbett states: "In a time when government is frequently criticized for poor financial management and wasteful spending, the MAPIR project is an example to the contrary. As a result of HP Enterprise Service's partnership with the Pennsylvania Department of Public Welfare, Office of Medical Assistance Programs and 12 other state Medicaid programs, state government is recognizing savings, gaining the shared knowledge and best practices from other programs throughout the country, and working to effectively promote the use of certified EHR technology." MAPIR won the award.

Would this project be considered an innovation, a best practice or other notable advancement that could be adopted by or tailored for other organizations and uses? If yes, please describe that here. (In 300 words or less.)

The concept of multiple states coming together and jointly designing and implementing a highly customizable, open source system is a notable advancement in the government arena. This is not a system that was solely developed by a vendor and sold to multiple states. It is a system that was developed via a partnership of 13 states and a single vendor. This concept of developing open systems that are able to be used in multiple states is an example of the goals of the Medicaid Information Technology Architecture being developed by the Center for Medicare and Medicaid Services (CMS).

If there are any other details that the judges should know about this project, please note them here. (In 300 words or less.)

While the initial reason for the establishment of the MAPIR multi-state collaborative was to jointly develop the MAPIR system and recognize substantial financial savings, the collaborative members are also able to recognize several other benefits including: Collaborative members change their approach from a "me" to "us," recognizing the benefits of true teamwork. Shared knowledge, best practices, and experience of participants from 13 Medicaid programs enhances the development process. Due to the fact that the MAPIR application utilizes Service Oriented Architecture (SOA) and used federal funding for the



development cost, each MAPIR collaborative states owns the application and any state can obtain the MAPIR system and run it on their own at no additional cost. Member states collaborate to make sure the MAPIR system meets statutory and regulatory requirements and is implemented in a manner that minimizes the potential for waste, fraud, and abuse. Cindy Mann, Director of CMS, stated at the beginning of the EHR incentive program: "CMS strongly encourages states to collaborate with other state-level and local partners in the design, development, and even procurement of systems needed to administer the EHR incentive payment programs. Doing so would make more effective use of CMS's and states' share of the costs and would shorten the timeline for actually dispersing incentive payment to providers." The MAPIR system and associated state collaborative members are a perfect example of the CMS vision.