DISTRICT OF COLUMBIA HEALTH INFORMATION EXCHANGE POLICY BOARD MEETING

DHCF
Department of Health Care Finance

July 24, 2025 | 3:00 PM – 5:00 PM

THIS MEETING IS BEING RECORDED

Department of Health Care Finance | Remote Meeting

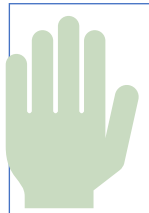
Virtual Meeting Processes

To increase engagement, turn on your video

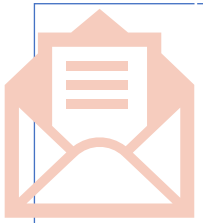
Mute your microphone upon entry, and until you have been called on to speak

Use the chat function to introduce yourself: ***Name, Title, Organization***

Putting your phone on hold, due to an incoming call, may disrupt the meeting

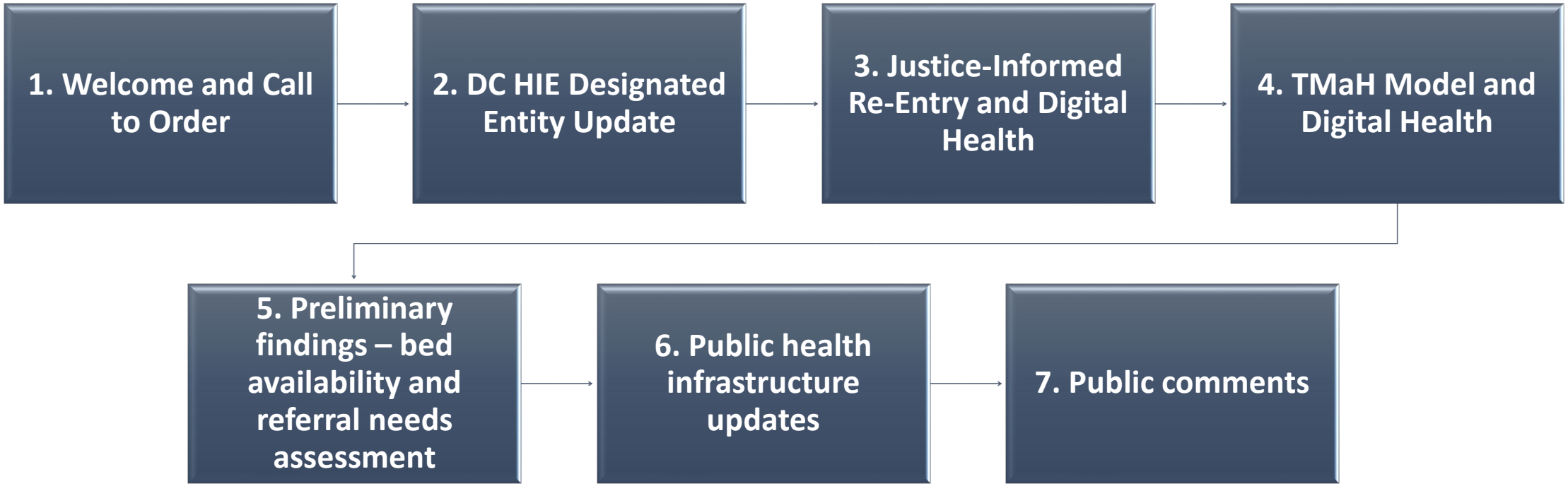


If you have comments or questions, please use the '***Raise Hand***' feature and speak clearly



Voting on a recommendation will require you to say: **Your name followed by either 'aye', 'nay', or 'abstain'**

Agenda


1. Welcome and Call to Order
2. DC HIE Designated Entity Update
3. Justice-Informed Re-Entry and Digital Health
4. TMaH Model and Digital Health
5. Preliminary findings – bed availability and referral needs assessment
6. Public health infrastructure updates
7. Public comments

Roll Call and Announcement of Quorum

HIE Policy Board Announcements

CRISP DC

Dr. Maryan Zirkle, HIE Director, CRISP DC

Ms. Nichole Sweeney, General Counsel, CRISP DC

Allocated Time: 3:15 – 3:35 PM (20 mins.)

Connecting Care CRISP DC

Designated HIE Updates

July 24, 2025

Nichole Sweeney, General Counsel
Maryan Zirkle, HIE Director

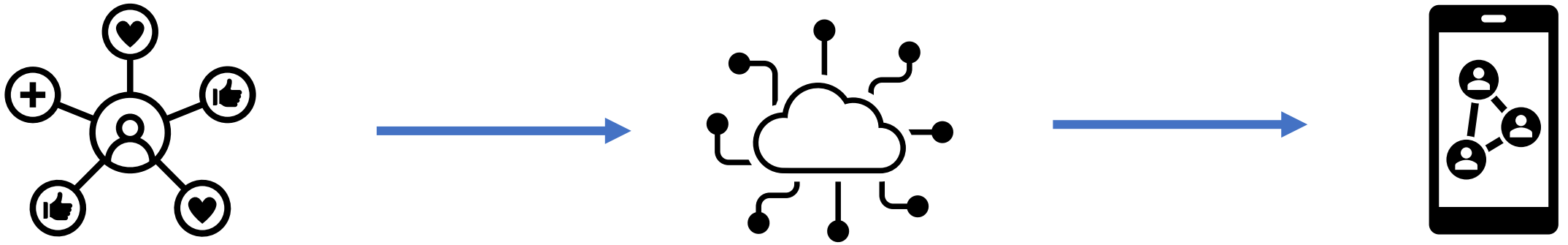
CRISP DC Patient Access Through Carequality

What: By partnering with Carequality, CRISP DC can securely exchange data with other healthcare networks and organizations across different states and platforms.

Why: Patients using applications or services connected via Carequality-approved networks can retrieve their health information from CRISP DC-participating providers. Carequality acts as a facilitator for exchanging patient's clinical data, making it seamless to pull record sets from multiple care settings into patient-preferred apps or portals. Carequality promotes standards-based information exchange using recognized formats such as C-CDA and FHIR.

How: CRISP DC will leverage these standards to ensure patients and patient-designated apps can consistently and securely access their healthcare data, regardless of the originating source. Through Carequality's governance and technical guidelines, CRISP DC helps maintain compliant, consistent patient consent processes, simplifying data-sharing authorizations and enabling smoother patient-controlled data access.

CRISP DC Patient Access Through CarEquality

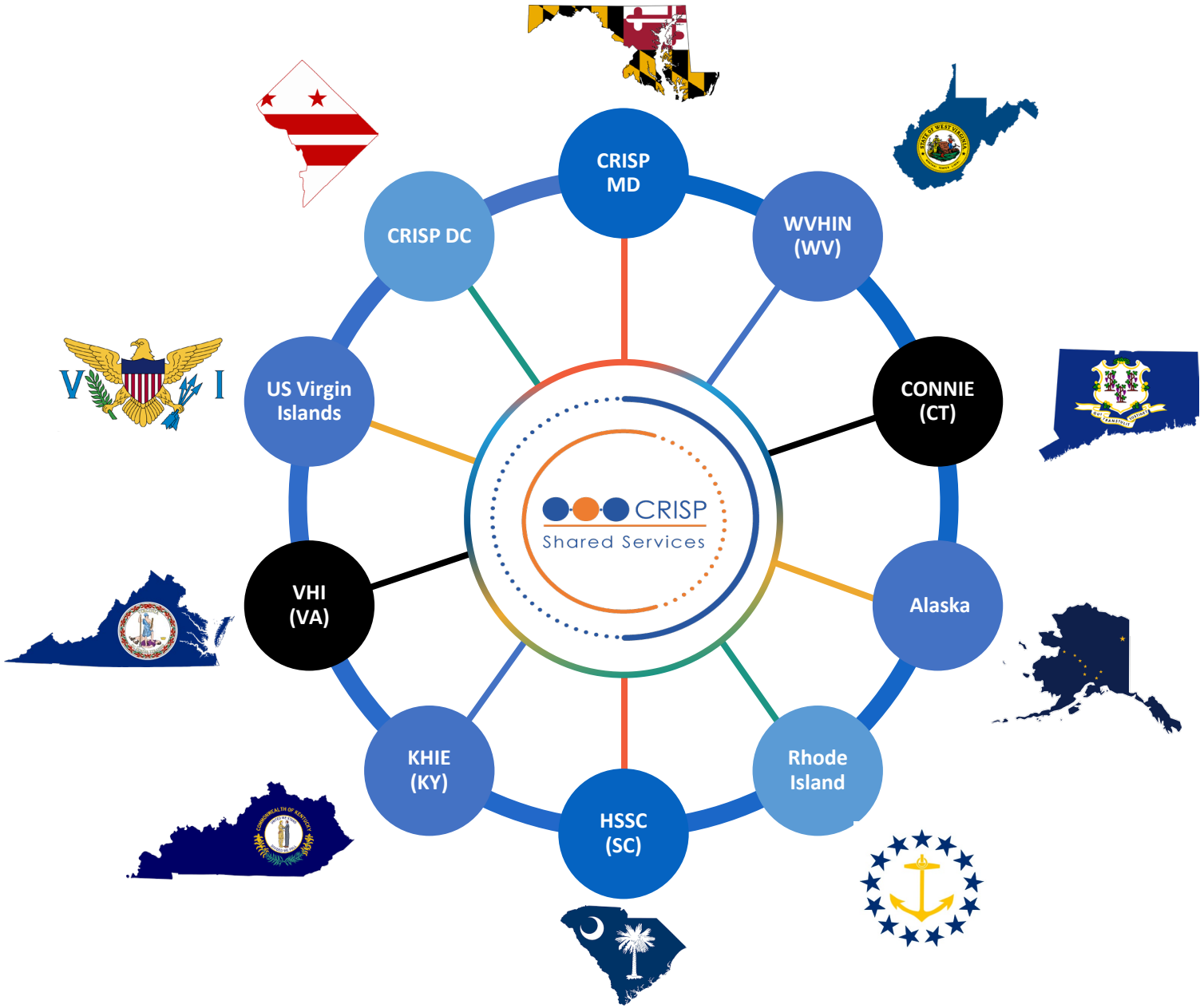


CRISP DC Shares Data to CarEquality

CarEquality is a National Network with Data from Many Health Care Sources that hosts an API for Patient Access

Patient's Choose an Application that Interacts with CarEquality to Access their Data

CRISP Shared Services Areas Served



* Contract recently awarded to CSS for HIE services in Florida.

Federal & National Landscape: CRISP HIE Shout Out

Dr. Thomas Keane is the **new ASTP/ONC National Coordinator for Health IT**. This is the role in the federal government that oversees all Health IT policy.

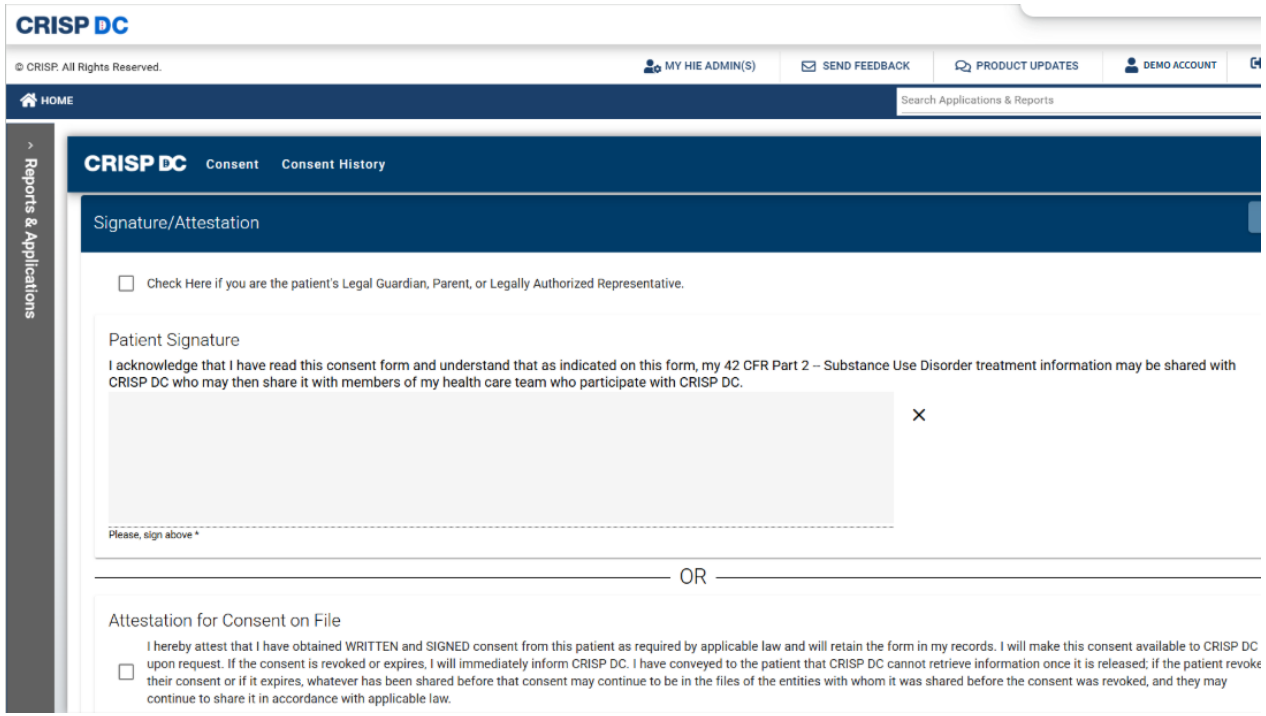
In his **public introductory webinar**, the new National Coordinator, Dr. Keane, talks about the **value of the CRISP Shared Services Regional Network**.

Until his appointment, no one on the leadership team knew Dr. Keane, talked to Dr. Keane, and he never participated in any of our governance. His comments here are totally unprompted and based only on his personal experience working with what we built as a **provider in the DMV**.

42 CFR Part II / Substance Use Disorder Data Sharing

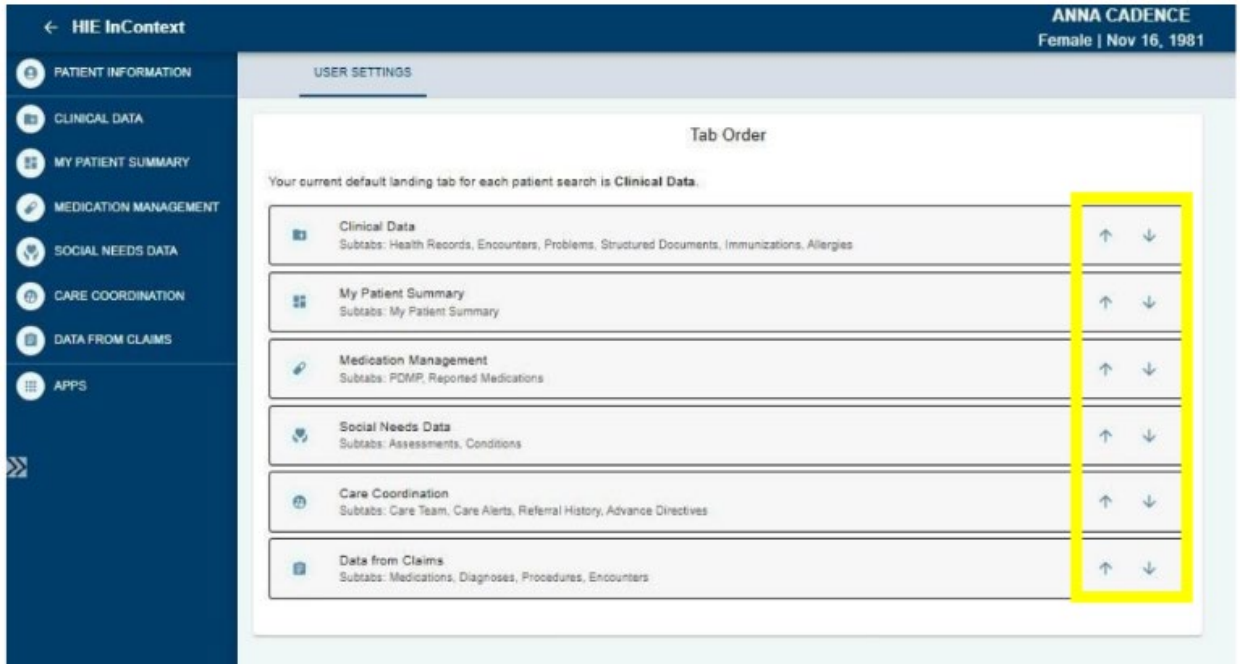
- **On January 6, 2025**, CRISP DC launched the treatment, payment and operations 42CFR Part II consent tool

- As of July, **889 consents** have been registered across the District



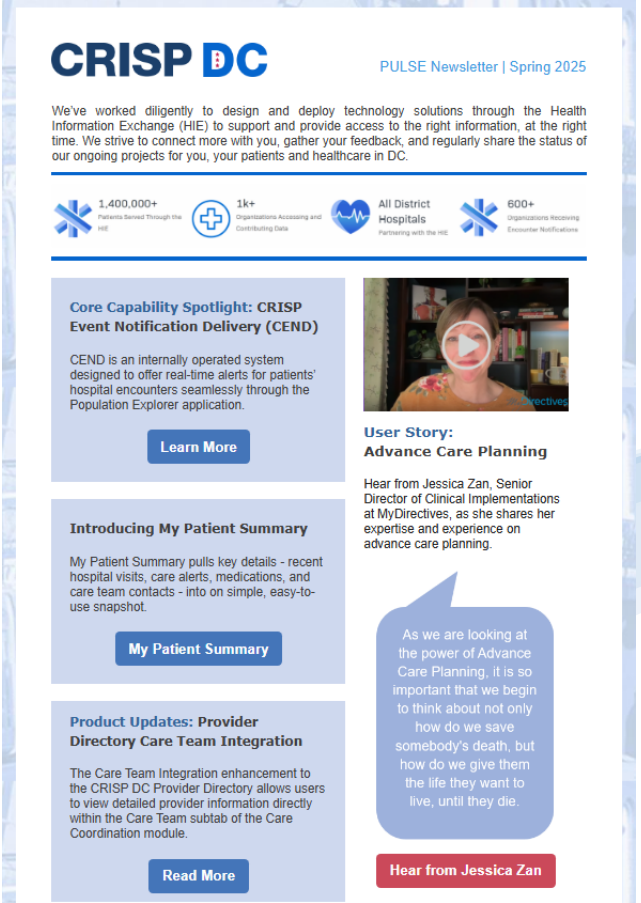
New Feature: My Patient Summary

Custom Page Per User: My Patient Summary will save you time locating regularly viewed patient data within InContext. This feature enables you to customize a unique tab and/or landing page containing self-selected priority data views, so that you can quickly access the data most important to you - without the hassle of excess clicks and toggling through different data tabs.



CRISP DC User Education and Engagement

- CRISP DC Quarterly Newsletter
  - Spring 25 edition: 3,121 opens and 3,741 unique clicks
- CRISP DC Webinars
  - 8 webinars/month
  - Attendance rate over 50% in FY25
- CRISP DC Website
  - 7 tool specific landing pages
- FAQs and Tip Sheets to tackle HIE Myths vs. Facts
  - Tackling misconceptions across the District and highlighting the robust data we have



Justice-Involved Re-Entry and Digital Health

Ms. Allie Liss, Special Projects Officer, DHCF

Allocated Time: 3:35 – 3:50 PM (15 mins.)

Medicaid has Historically Been Limited in Supporting the Transition from Secure Detention Back to the Community

- Transitioning from secure detention back to the community is a particularly vulnerable time that carries higher risks of morbidity and mortality
- Historically, Medicaid has not been permitted to cover any service outside of a 24+ hour hospitalization while a beneficiary is an "inmate of a public institution". **This is known as the Medicaid Inmate Exclusion Policy (MIEP)**
- Because of the MIEP, DHCF suspends an individual's eligibility while they are an "inmate of a public institution" and reinstates eligibility once the individual is released.
  - This is commonly referred to as an "I-code" or "incarceration code" that is added to the beneficiary's Medicaid program code for the duration of their detention.
  - The individual is also disenrolled from their managed care plan (MCP) and goes through a new managed care assignment and enrollment process upon release.

DHCF Requested Authority via 1115 Waiver to Provide a Subset of Medicaid Services to Returning Citizens

- Following the release of new CMS guidance, in June of 2024 DHCF submitted an 1115 Waiver Whole-Person Care Transformation waiver that **will allow, for the first time, the provision of Medicaid services to an individual prior to their release**.
  - This waiver request is currently pending with CMS
- The goal of new Medicaid and reentry efforts is to improve:
  - Quality and continuity of care during the transition from detention back to the community
  - Healthcare outcomes, reduce and/or control costs, and reduce recidivism
- Though other states have approved 1115 waiver demonstrations, only two states (California and Washington) have gone live, and only recently with a limited subset of facilities.

DHCF Maximizes the Time and Population Allowable by CMS

- **Eligibility to receive services:** DHCF is requesting authority to cover all Medicaid-eligible adults and youth up to 90-days prior to release to ensure all eligible individuals receive necessary supports.
- **Services:** In addition to the three mandatory services, DHCF is also requesting to cover four additional services to support transitions into the community:

Mandatory Services:

- **Medication Assisted Treatment (MAT)**
- **30 Day Rx Upon Release**
- **Reentry Case Management**

Additional Services:

- **Behavioral health counseling/therapy**
- **Peer support services**
- **Intensive, family-based services for youth**
- **Physical and behavioral health screening**

- **Carceral Facilities:** While CMS guidance limits demonstrations to state/local carceral facilities, DHCF is requesting authority for:
  - Local adult carceral operated by the Department of Corrections (DOC) - Central Detention Facility, Central Treatment Facility
  - Local youth secure detention facilities operated by the Department of Youth Rehabilitative Services (DYRS) - Youth Services Center, New Beginnings Youth Development Center
  - *Federal Bureau of Prisons facilities housing DC code offenders for a limited sub-set of waiver supports*

DHCF Sees Significant Opportunity to Leverage the DC HIE to Support Reentry Goals

The District's size and connectivity creates significant opportunity to leverage existing health IT infrastructure to support demonstration goals:

- The contracted health care provider (Unity) in the District's only adult carceral facility, the DC Jail, is also a large federally qualified health center (FQHC) provider in the community
- The DC Jail has an EHR system, and is connected to the CRISP DC (although by request of the DC Jail, the facility site is masked)
- DHCF and the DC Jail have an automated data sharing process for communicating detention and release information to facilitate program eligibility code changes

DHCF looks forward to continued conversations with the HIE Policy Board Subcommittees to discuss opportunities to leverage the DC HIE. Initial conversations have touched on:

- **Leveraging existing data sharing and reports in new ways** (e.g. leveraging the Medicaid redeterminations report in the PopHealth tool for reentry coordination support)
- **Identifying new possible opportunities** (e.g. sharing reentry care planning documentation)

Transforming Maternal Health (TMaH) Model and Digital Health

Ms. Alisa Bannerjee, Program Analyst, DHCF

Mr. Richard Garcia, Project Manager, DHCF

Allocated Time: 3:50 – 4:10 PM (20 mins.)

New Federal Award to Advance Perinatal Care Innovation

- **$17 Million Maternal Health Award:** The Center for Medicare and Medicaid Innovation (CMMI) Transforming Maternal Health (TMaH) award provides up to $17 million, over 10 years, to 15 state Medicaid agencies to develop and implement payment and care delivery initiative(s) to support whole-person maternal health over the perinatal care period, up to 1 year post birth.

- **Funding to Address Gaps in Maternal Health Care**: TMaH provides funding to states to improve the delivery of maternal health care, including: (1) access to care, infrastructure, and workforce capacity; (2) quality improvement and safety; and (3) whole-person care delivery.

- **Opportunity to Help Align DC Maternal Health Activities**: A significant amount of work is underway on maternal health, but much of it is siloed. TMaH offers infrastructure funds to better align this work, supported by a Medicaid value-based payment model.

The District Must Meet Milestones for 10 Key Care Elements by End of Year 3

Pillar 1 Access, Infrastructure & Workforce	Pillar 2 Quality Improvement & Safety	Pillar 3 Whole Person Care Delivery
• Increase access to the midwifery workforce • Increase access to birth centers • Cover doula services • Improve data infrastructure • Develop payment model	• Support implementation of AIM patient safety bundles • Support "Birthing-Friendly" hospital designation	• Increase risk assessments, screenings, referrals, and follow-up for perinatal depression, anxiety, tobacco use, substance use disorder, and health-related social needs (HRSN) • Increase home monitoring of diabetes and hypertension • Develop health promotion and disease prevention plan

TMaH Leverages Data to Improve Care Delivery and Quality

- **Enhancing Care Coordination and Care Delivery**
  - Enable data sharing among OB/GYNs, midwives, primary care, and specialists
  - Closed Loop referrals to link with needed services from community-based organizations
  - Increase use of remote monitoring tools and virtual visits to manage care
- **Identifying Risk and Personalizing Care**
  - Identify high-risk pregnancies early
  - Support clinical decision-making and population health
  - Ensure referrals to specialists, behavioral health, and social services are completed and confirmed
- **Improving Quality and Accountability**
  - Enable real-time sharing of maternal health data across providers and settings
  - Monitor key maternal and infant health metrics (e.g., preterm birth, maternal morbidity)
  - Use dashboards and data tools to analyze trends across populations and care settings

Provider Incentive Program for TMaH

- **Overview:** Eligible prenatal care providers can receive incentive payments for completing milestones in calendar years 2025 and 2026

- **Milestones:** Eligible providers will complete seven milestones that aim to:
  - Strengthen capacity to implement TMaH whole-person care requirements
  - Provide information to support the development of the TMaH payment model
  - Prepare providers for value-based payment arrangements, including a focus on improving digital health infrastructure

- **Provider Eligibility**: Providers who deliver prenatal care services to Medicaid beneficiaries; DHCF identified 24 non-duplicative organizations that include:
  - Medicaid-enrolled physician groups and FQHCs that provided prenatal care services to >75 beneficiaries in FY24
  - Medicaid-enrolled doulas or doula groups
  - Providers under contract with a District MCP to deliver value-added prenatal care services

Milestones Aimed to Strengthen Readiness and Infrastructure to Implement TMaH

Milestone	Overview of Requirements
Year 1	
Milestone 1: Engagement in TMaH	• Incentive program participation agreement • Non-binding Letter of Intent to participate in TMaH • Inventory of organization's perinatal services
Milestone 2: Whole Person Care	• Inventory of organization's approach to addressing barriers to care/whole-person care
Milestone 3: Digital Health Assessment	• Digital health needs assessment
Year 2	
Milestone 4: Digital Health Connectivity	• Digital health connectivity activities according to assessed level
Milestone 5: TMaH Payment Model	• Cost survey and organizational questionnaire
Milestone 6: Integrated Care Team	• Participation in quality improvement and integrated care technical assistance activities
Milestone 7: Digital Health Data Sharing	• Participation in digital health technical assistance activities

Provider Incentive Program Next Steps

- **CMS Approval:** DHCF is awaiting final approval for the program from CMS
  - DHCF will finalize program requirements, templates based on CMS approval
- **DHCF Outreach:** DHCF identified providers that meet service requirements and are eligible to participate in the program, based on review of claims data
- **Program Launch:** The program is anticipated to launch in late Summer 2025

Through our existing partnership with CRISP DC, DHCF is ready to support TMaH via innovative approaches to maternal health care

- DHCF's Digital Health team will work with CRISP DC to explore how the DC HIE can support TMaH by enhancing data collection, exchange, and linkage through improvements in electronic health records and health information exchanges

- This engagement has already begun thanks to the latest Maternal Health Advisory Group Meeting in June

Following an introduction to the Provider Incentive Program for TMaH, MHAG participants were lead through a "DC HIE 101"

- Participants represent a wide spectrum of HIE use, from advanced users to those who have never used any of its functions

- To level-set, DHCF presented a tailored "DC HIE 101" for this audience including:
  - What is an HIE?
  - Understanding CRISP DC as the Designated DC HIE
  - CRISP DC's six Core Capabilities and access via user-facing tools
  - How data flows through the DC HIE to support those tools
  - Highlighting how Maternal Health providers can use the tools
  - Additional DC HIE information and engagement opportunities

MHAG participants then joined breakout sessions organized by DC HIE tool to brainstorm and share their feedback

Group 1:	Group 2:	Group 3:
PopHealth Analytics	LinkU/HIE Integration	CEND Population Explorer

Discussion Questions:

- How are you currently using, or how would you hope to use, this HIE tool to provide or coordinate care?
- What barriers have you encountered with getting started or while using the tool, and what resources are needed to alleviate those challenges?
- What are some additional opportunities for the HIE to play in improving maternal health care?
- How might this tool be used to address a care gap, support care transitions, or public health monitoring?

We heard valuable insights and questions, and worked to close the feedback loop with actionable next steps

Feedback Themes	Examples	Next Steps
Ideas for DC HIE functionality, including new features or ways to use existing tools	"I want to know when patients deliver outside my practice" –Medical Provider	Connect participants with CRISP DC team to explore more details
Challenges with current DC HIE tools and functions	"Data takes digging to find" –TA Partner "My patient panels aren't updating" –FQHC Participant	Loop in DC Primary Care Association teams for TA and education opportunities with FQHC participants
Questions around data being shared with the DC HIE	"Specific consultations and reports I need are not shared with CRISP" –Medical Provider	Establish Use Cases with CRISP DC to address gaps in facility data sharing and integrations
Newly aware of the DC HIE and wanting to learn more	"Hadn't found out about it until this meeting" –Certified Professional Midwife	DHCF to strategize best ways to build upon this initial "DC HIE 101" and potential opportunities for a deeper dive in the future

Next Steps

Beginning in August, the OCE and Policy Subcommittees will explore Justice-Informed Re-Entry and TMaH Data and HIE Infrastructure considerations.

Mark your calendars for the upcoming joint DC HIE Policy and OCE Subcommittee sessions on

August 4, 2025, and **September 22, 2025**,

2:30 – 4:00 PM!

We hope to see you there!

Initial findings from Bed Registry and Referral System Needs Assessment

Mr. Richard Garcia, Project Manager, DHCF

Ms. Corrine Jimenez, Project Manager, CRISP DC

Allocated Time: 4:10 – 4:40 PM (30 mins.)

What's the problem?

- Over the years, Medicaid providers and other health system stakeholders have cited barriers placing complex patients in appropriate patient care settings in a timely manner

- Manual processes remain common across current bed availability and referral functionalities, which affect the ability to find bed availability at facilities and enabling care transitions

- As a result, multiple challenges persist, including administrative burden, repeated outreach attempts + delayed placements, and no single source of truth

DHCF is funding CRISP DC to conduct a needs assessment for a potential technical solution

- Explore the community's needs across DC's health system to inform the future design of centralized, sustainable, and scalable solution for bed availability

- Ensure that any future technical solution reflects those needs rather than adding another layer of technology across inpatient, long-term care, and behavioral health care setting care transitions

- Based on the preliminary findings presented today, CRISP DC will develop a stakeholder-informed needs assessment report and proposal for a technical solution

Coordination with District agency and health system partners is key

- Given that this work applies across facility types and bed management workflows, DHCF has been engaging early on with partner agencies, including DC Department of Behavioral Health and DC Health

- This allows us to remain mindful of broader DC initiatives, optimize opportunities for strategic alignment, and stay aware of potential policy implications, including the Child BH Services Dashboard Act

- CRISP DC will be presenting preliminary findings from their needs assessment today, which has included interviews with various agency and health system partners to ensure our efforts are not operating in a vacuum

In partnership with DHCF, CRISP DC developed semi-structured interview questions and topics to learn about stakeholder's experiences

Interviews sought to capture:

- **Current Workflow Experiences and Challenges**
  - "What are the biggest challenges you face with current systems or processes?"
- **Needs and Expectations for Key Features**
  - "What key features would you like to see in a Bed Availability and Referral Platform?"
- **Data and System Requirements**
  - "What data sources do you currently rely on to track bed availability?"
- **Communication and Collaboration Insights**
  - "How do you collaborate with other providers when placing patients?"
- **Desired Outcomes and Successes**
  - "What are the top priorities for you in developing and implementing such a system?"

CRISP DC engaged 17 stakeholders across 13 organizations via semi-structured interviews to understand their needs and challenges

Organization Types

- Behavioral Health
- Government Agency
- Hospital
- Long-term Care

Stakeholder Organizations

- Behavioral Health System Baltimore
- MD 211
- St. Elizabeth's Hospital
- DC Dept. of Behavioral Health (DBH)
- Virginia Dept. of Behavioral Health and Developmental Services
- DC 988
- DHCF
- DC Health
- Psychiatric Institute of Washington
- DHCF Long Term Care Administration
- Bridgepoint Healthcare
- MedStar Washington Hospital Center
- GW University Hospital

Stakeholder Roles

- Chief Clinical Officer
- Chief Operating Officer
- Chief Health Informatics Officer
- Chief Medical Officer
- Chief of Crisis Services
- Clinical Care Specialist
- Community Health Statistician
- Data Modernization Lead
- Director of Care Access & Innovation
- Director of Case Management
- Director of Clinical Resource Management
- Director of Crisis Operations
- Emergency Management Specialist
- Nurse Specialist

Interviews confirmed manual and disjointed processes that create stress for teams and inefficient patient care

Current State of Bed Availability and Referral processes:

- Without real-time data, providers rely on phone calls, emails, and manual tracking/follow-up alongside fragmented tools

Existing tools serve specific and isolated functions:

- EMResource → used by DC Health and hospitals to coordinate emergency response management
- Wellsky → used by community organizations, health systems, and payors to communicate bed availability without showing live bed counts
- PointClickCare → used by long-term and post-acute care facilities within their EHR, leading to incomplete bed tracking

As a result, stakeholders cite multiple challenges:

- Administrative burden, repeated outreach attempts + delayed placements, and no single source of truth

Specific stakeholder groups also shared noteworthy concerns and considerations related to their experiences

Stakeholder Group	Major Concerns	Priority Considerations
Behavioral Health (BH)	• **Rejection** when attempting to make referrals for patients with complex BH needs regardless of capability to care for this type of patient • **Outdated or missing data**	• Integrate all BH facilities into a **centralized system**
Government Agency	• **Discharge delays** • **Administrative burden** associated with facility census updating • Disparate systems with **inconsistent or duplicative data**	• **Real-time tracking** of bed availability across systems • **Integrate tools within existing platforms** like CRISP • **Enforce accountability** for timely and accurate data submission by facilities
Hospital	• **Inefficient discharge** • **Acute care transfers delays** • **Lack of interoperability** between hospital systems and other healthcare settings	• **Integrate bidirectional communication** features (for referral tracking and feedback) • Provide **automated alerts** for new bed openings • **Integrate tools into workflows** that already exist/familiar
Long-term Care	• **Inappropriate referrals** due to lack of referral detail or pre-screening. • **Overlapping data requests** from multiple agencies (redundancy) • **Distrust or confusion** around how data will be used	• Provide an **easy-to-use interface** for updating bed status without duplication • **Integration with regulatory/compliance reporting**, where possible

Stakeholder feedback coalesced around four main themes, including the importance of accurate and automated data

1) Accurate and Reliable

- Daily and consistent (same time daily) updates to data resource(s), if not real-time
- Operationally define what an “available bed” means for all participating sites and facilities

2) Automated and Streamlined

- Seamless introduction into existing workflows to minimize administrative burden
- Availability and referral activities performed with minimal manual tasks (no need for phone calls or emails to verify and validate)

Stakeholders also noted the need for an easy and intuitive system that is widely adopted and integrated across providers

3) Intuitive with Faceted Search

- User-friendly interface
- Ability to define qualifiers/acceptance, for example: bed type, level of care needed, age, gender, insurance status, language, etc.

4) Widely-adopted and Integrated

- Leveraged by all DC providers via incentives, mandates, penalties, etc.
- Data provided by all DC providers is in alignment with any timeliness requirements
- Integrated into HIE and EHR systems
- Centralized data source

Overall, stakeholders shared similar needs and concerns around establishing a Bed Availability and Referral Platform

- There is clear consensus from stakeholders interviewed that the lack of a real-time, centralized bed availability and referral system contributes to inefficiencies, delays, and poor patient experiences

- Stakeholders agree that success means faster, more accurate placements, reduced administrative burden, and improved patient outcomes through better-matched placements

- These themes and requirements, along with the concerns and considerations, will be leveraged to create a technical proposal for a Bed Availability and Referral Platform to support the District

Needs Assessment Preliminary Findings Discussion & Feedback

1. Are there any findings that surprised you? Any findings missing that you expected to see?

2. Are there any other stakeholders we should engage?

3. Are there any key features or requirements missing?

4. How can we ensure the tool is widely adopted and integrated into workflows?

5. Are there any policy considerations we could address early?

What to expect from the CRISP DC team through the remainder of FY25

- Finalize and submit needs assessment to DHCF
- Complete and summarize a review of other state technical solutions (e.g. outside the DMV)
- Submit technical proposal for a bed availability and referral solution
  - Multi-year phased plan with timelines
  - Outline development of features based on feedback/emergent themes
- Overview of proposal to be presented at October Board meeting

Public Health Infrastructure Updates

Mr. John Robison, Chief Health Informatics Officer, DC Health

Allocated Time: 4:40 - 4:50 PM (10 mins.)

DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

DC Health Updates

John Robison, MSHI Chief Health Informatics Officer | 07.24.25

Agenda

- ASTHO Implementation Center Grant
- Other Projects

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ASTHO Implementation Center Grant

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Association of State and Territorial Health Officials (ASTHO) Data Modernization Implementation Centers

What is the grant's intended impact?

- To modernize public health agencies' data exchange infrastructure
- To connect new systems to public health information
- To improve exchange of existing public health information

Who are the implementation Centers?

- Guidehouse
- Mathematica
- Crisp Shared Services
- Chickasaw Health Consulting (Tribal-serving organizations only)

DC Health Goals and Deliverables

- Actively exchange immunization data with CRISP DC
- Create an implementation guide for exchange of immunization data through FHIR
- Develop a FHIR API for data exchange with CRISP DC
- Join Trusted exchange framework and common agreement (TEFCA) as a sub-participant
- Exchange immunization data with qualified health information networks (QHINs)

Completed work

- Charter, budget, and workplan have been completed
- Awaiting final paperwork from ASTHO

Upcoming items

- Provide CRISP DC with Data dump
- Develop FHIR implementation guide
- Begin work on FHIR API and parsing tools

Other Projects

- DC Health is currently developing two additional uses cases for CRISP DC. We estimate that they will be ready for review by end of summer at the latest.
- DC Health's Health Information Systems Division (HIS) in conjunction with the Health Systems and Preparedness Administration (HSPA) have met with CRISP DC to engage in needs assessment for the Bed Registry project.

DC | HEALTH

GOVERNMENT OF THE DISTRICT OF COLUMBIA

2201 Shannon Place SE, Washington, DC 20020

dchealth.dc.gov

@_DCHealth dchealth DC Health dchealth DCHealth

Public Comments

Allocated Time: 4:50 - 4:55 PM (5 mins.)

Next Steps/ Adjournment

Allocated Time: 4:55 – 5:00 PM (5 mins.)

Upcoming HIE Policy Board Meeting

- **Date and Time**: October 23, 2025 from 3:00 pm to 5:00 pm ET

- **Location**: Remote (WebEx) meeting

Stay tuned for more information closer to the meeting date!