


# HIT: A Summit to Showcase An Opioid Epidemic Tool

Good afternoon Baltimore! Here we are again for our third  year at the Healthcare IT Connect Summit. With each conference, our ability to reconnect with state representatives, learn from industry experts, and keep our finger on the pulse of health IT improves. More importantly, our chance to share with stakeholders the exciting work we're doing is also a major driver for our participation.

This year, our area of focus is extremely important and very timely, "[Tackling the Opioid Epidemic in Medicaid.](#)"

Now, this issue is nothing new. With the 175 [opioid overdose deaths](#) per day, our current Administration declaring this as a [public health crisis](#), and the number of [organizations](#) tasked with solving the problem, it is well known that opioid abuse in American is of major concern. What is new is how we leverage health IT to address the issue. That is where CNSI and IBM Watson come in.

In the state of Michigan, we are piloting a program that uses advanced analytics to support both decision making and consumer engagement as it relates to Medicaid beneficiary opioid use. This cutting-edge technology has the potential to prevent abuse before it starts, which means saving lives.

If you're at the conference, you can stop by our booth to see how cognitive conversation can provide real-time, actionable data and then follow it up with our panel discussion and live demo on Friday at 10 AM. If you're not able to join us, stay tuned for outcomes of our conversation and other key takeaways.



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# Michigan MMIS Nominated for StateScoop Award – VOTE TODAY!



Every year, the StateScoop 50 Awards honor the best and brightest technology leaders who make state and local government more efficient and effective. The StateScoop 50 State IT Innovation of the Year award recognizes “the innovative state or local IT approach to cross-agency or intra-agency technology that may have been unfathomable until

recently.”

It then comes as no surprise that CNSI’s client, the Michigan Department of Health and Human Services, has been [nominated](#) for their first-in-the-nation, cloud-based Medicaid Management Information System (MMIS).

After a four-year project working with the State of Michigan, CNSI was proud to announce that it had successfully implemented a [completely cloud-based MMIS](#), setting a new standard in health care delivery while improving the lives of state Medicaid beneficiaries and reducing cost for taxpayers.

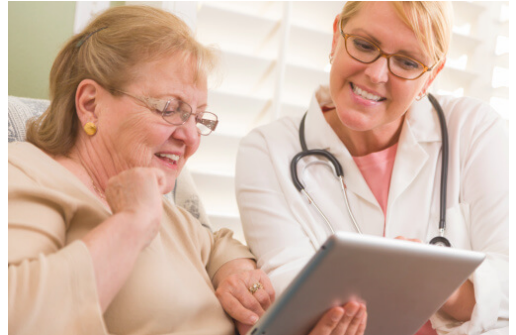
In the United States, state MMIS – which are responsible for processing claims for over 70 million Medicaid beneficiaries a year across all 50 states – are complex and costly. The modular, cloud-based MMIS can share much of its infrastructure with other state MMIS systems, providing opportunities to share knowledge and resources across state lines and saving time, energy, and money. This innovative system allows states to meet the needs of its Medicaid beneficiaries better than ever before. Check out this video to learn more.

CNSI is proud of the work its done with the state of Michigan to provide better health care at a lower cost and is honored to be nominated for the State IT Innovation of the Year award. We encourage everyone to [submit their vote](#) to help this solution win a #StateScoop50 award. Voting closes on April 10, so cast your ballot today!

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# Health IT Safety: A Priority for Patients

Patient first. It's a message we've talked about on the CNSI [blog](#) before (and something CMS is certainly [making a priority](#)). But we aren't the only ones taking notice. The following objective, "incorporating health IT into patient safety programs", ranked fifth in the [ECRI Institute's survey](#) of top patient concerns. If patients are worried about the integration of health IT into their care, then the health IT industry should take notice.



The ECRI report notes that it's not just the design of the health IT systems, but that training hospital staff is a vital part of the equation. "It is not only how we use it in daily workflow, but also how we use it effectively by optimizing the benefits and reducing the risks," said Robert C. Giannini, NHA, CHTS-IM/CP, patient safety analyst and consultant, ECRI Institute.

The report also offers its own advice to help assuage patient concerns: "Facilities should focus on integrating health IT safety into the existing safety program, collaborating with stakeholders, and embedding health IT safety into the organization's culture."

The full list is worth a read for anyone working in health care. Some areas of risk are oblivious, like Opioid safety across the continuum of care, but others might come as a surprise, like procedural workarounds. Have an open mind and let this influence your decision making, no matter where in the care continuum you work.

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# At HIMSS, CMS Prioritizes Patients

This year's [HIMSS](#) conference was filled with announcements of programs and services that are changing the delivery of health care. However, one initiative stood out: the *MyHealthEData* initiative [announced](#) by the Centers for Medicaid and Medicare Services (CMS). On Tuesday, CMS Administrator Seema Verma unveiled the initiative, explaining that it is designed to expand patients access and control of their data. The goal, she said, is “making the patient the center of our healthcare system.”



MyHealthEData initiative will be led by the White House Office of American Innovation in partnership with CMS, Office of the National Coordinator for Health Information Technology (ONC), and National Institutes of Health (NIH), and the U.S. Department of Veterans Affairs (VA). It will focus on giving patients the power to share their health care data with whomever they want and make more informed decisions about their care.

As CMS announcement explained:

*MyHealthEData will help to break down the barriers that prevent patients from having electronic access and true control of their own health records from the device or application of their choice. Patients will be able to choose the provider that best meets their needs and then give that provider secure access to their data, leading to greater competition and reducing costs.*

During her speech, Verma also unveiled a new platform, [Blue Button 2.0](#) – a “developer-friendly, standards-based API that enables Medicare beneficiaries to connect their claims data to secure applications, services, and research programs that they trust.” The tool will give patients the power to access and share previous prescriptions, treatments, and procedures with a new physician in order to ensure continuity of care.

Here at CNSI, we are thrilled CMS is looking for new ways to increase patient engagement and we look forward to finding new ways to do so in the coming months.

What other programs stood out to you during HIMSS18? Let us know on Twitter @CNSICorp and don't forget to use the hashtag #HIMSS18.

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## The “Can’t Miss List” of HIMSS 2018

This year's [HIMSS](#) conference is right around the corner. We are thrilled to join the other 45,000+ of our industry peers to discuss emerging trends and the latest solutions transforming health care. As the must-attend event for health

IT experts, there is certainly not a shortage of topics to discuss, programs to join, or keynotes to attend. In fact, prioritizing your schedule can be overwhelming, to say the least. As veterans of the annual conference, we've learned preparation is key to getting the most out of this five-day conference.



Here are some of the programs that made the top of our list:



**Monday, March 5: [“Technology for a Healthier Future: Modernization, Machine Learning, and Moonshots”](#)**

**Presented by Eric Schmidt, Executive Chairman, Alphabet Inc.** – Technology’s role in modernizing care



continues to grow as more organizations move to the cloud. How the industry can leverage these solutions to better serve patients will certainly be a focus of discussion. At CNSI, we’ve seen firsthand the benefits of this [adoption in Michigan](#), and look forward to exploring these advantages further.

**Tuesday, March 6: [“How CMS is Leveraging Information and Technology in Medicare and Medicaid”](#)**

**Presented by Seema Verma, Administrator, CMS** – CMS Administrator



Seema Verma has promised to make better access to data a priority of her tenure, but many within the healthcare industry are interested in hearing the strategy behind this promise. Government involvement in advancing interoperability is crucial to the future of the industry, and we look forward to learning more about her plans to leverage this technology to better serve patients.

**Thursday, March 8: [“MHS Opioid Registry: Promoting the Learning Health System”](#)**

**Presented by Chris Nichols, Program Manager, EIDS & Christopher Spevak, Director of the National Capital Region’s Opioid**



**Safety Program, DHA** – The opioid epidemic continues to claim the lives of dozens of Americans every day, and states are scrambling to find a way to combat this devastating crisis. Leveraging technology to predict and prevent overprescribing and abuse is a [promising solution](#), and we can’t wait to explore this issue more next week.

What sessions are you most excited to attend? Let us know on Twitter @CNSICorp and don’t forget to use the hashtag #HiMSS18.



A promotional banner for the Himss18 Conference & Exhibition. The background is a blurred image of a modern office or hospital setting. In the foreground, a woman with short dark hair and glasses, wearing a black blazer over a pink top, stands on the left. A man with short dark hair, wearing a blue patterned shirt, stands on the right. The text 'Himss18' is prominently displayed in the center, with 'Himss' in white and '18' in blue. Below this, a blue horizontal bar contains the text 'The leading health information and technology conference'. Underneath the bar, the phrase 'WHERE THE WORLD CONNECTS FOR HEALTH' is written in white capital letters. At the bottom, a purple horizontal bar contains the text 'Conference & Exhibition | March 5-9, 2018' in white, followed by 'Las Vegas | Venetian - Palazzo - Sands Expo Center' in a smaller white font.

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# Our Take on NASCIO's #CIOTopTenIRL–Cloud Computing

Every year, the [National Association of State Chief Information Officers](#) (NASCIO) asks CIOs from around the country to identify their collective priorities for the upcoming year. The resulting list – dubbed the CIO Top Ten list – is used to guide the organization's programs, conferences, and publications for the next several months.

Most recently, NASCIO is hosting a social media campaign this week, CIO Top Ten In Real Life ([#CIOTopTenIRL](#)), to discuss these priorities. We decided to join the conversation by focusing on a health IT priority near and dear to us at CNSI: cloud services.

The advantages of cloud computing have transformed the world of business, so it's no surprise CIOs are shifting their focus to its benefits in 2018. At CNSI, we've had our sights set on its possibilities long before this year. After a project spanning several years in partnership with the Michigan Department of Health and Human Services, CNSI helped Michigan become the first state in the nation to successfully implement [a completely cloud-based](#) Medicaid Management Information System (MMIS).

For those unfamiliar, costly state MMIS are responsible for processing Medicaid claims for over 70 million Medicaid beneficiaries a year. By implementing a modular, cloud-based MMIS, Michigan can share knowledge and resources across state lines while improving the delivery of care and saving taxpayer dollars.

The innovative system is a perfect example of how cloud-based solutions can save time, energy, and money. We are thrilled it has demanded the attention of more CIOs across the US.

How are other cloud-based solutions transforming healthcare?  
Share your thoughts with us on Twitter @CNSICorp.

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## Green Biz: More than Just An Award, A Responsibility

A few weeks ago, CNSI made the announcement that our headquarter office in Rockville has joined a host of great companies in the Montgomery County area by becoming Green Business Certified. The seal is a badge of accomplishment we wear proudly, aligning perfectly with the motto of iCare, our Corporate Social Responsibility Program – “Think Globally, Act Locally”.



However, this accomplishment is much more than just checking off a few boxes. We understand that in order to have a lasting impact, you must take on the lasting responsibility of being a good corporate steward. That is why we kicked off the year by quickly establishing our 2018 Green Initiative goals, which include:

- \* Completing each phase of our Continuous Improvement Plan, which involves meter monitoring
- \* Expanding awareness tactics for all employees including e-newsletter articles, in-house digital advertising, and in-person education events
- \* Instituting a Fair Trade Certified and Low-Impact purchasing policies at all project sites
- \* Identifying requirements and beginning work on Green

Certification for our three project office locations

At the end of the day, we want our clients, employees and communities to know we care about creating a greener, healthier world and feel proud knowing they are a part of it.

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## No Spoiler Alert Here: Technology Top CMS Priority

Last week, Centers for Medicare and Medicaid Services (CMS) Administrator Seema Verma sat down with American Hospital Association (AHA) President and CEO Rick Pollack for a discussion about CMS' 2018 priorities. What followed was an enlightening conversation centering on innovation and responsiveness to patients – without overburdening providers with bureaucratic responsibilities, especially small, rural offices.

Luckily, the whole thing is [available here](#), on the AHA website. But since you may not have the time to watch the webcast—though we suggest you do—here are our takeaways and some key quotes from Verma:

\* “CMS is conscious of working with providers to reduce regulatory burden. “CMS puts out 11,000 pages of regulations every year. I’m not sure how the healthcare system has been dealing with this over the years, but we are dedicated to trying to address that issue.”

\* “We need to prepare for a new generation of beneficiaries. Especially in our Medicare program where we know this is a more tech savvy population that’s coming into the program.”

\* “It’s up to IT to provide the innovative solutions the next generation will expect. How can we prepare and how can we give them the tools that they’re going to expect – they’re going to expect more of an Amazon experience. Our focus is going to be on both modernizing the Medicare and the Medicaid program.”

\* The specific needs of rural providers will not be ignored. I understand they might just need more time or more technical assistance around implementations, or some things just may not make sense in a rural area. We’re trying to have as much flexibility as possible to accommodate both rural and urban providers.”

Did you catch it? At the center is one main theme—technology. It is going to be how we address regulatory burden, modernize our systems, and expand rural health. And we’re very excited about our role in these priorities. Stay tuned for future posts on CNSI’s plans to contribute.

The screenshot shows a video player interface. On the left, two men are seated at a table with microphones, likely in a formal meeting or press conference. On the right, a large document titled "AHA Regulatory Priorities" is displayed. The document is dated December 9, 2016, and is addressed to the President of the United States. It outlines the American Hospital Association's (AHA) concerns regarding regulatory burden and proposes specific actions for regulatory relief. The document is signed by Richard J. Pollack, President and Chief Executive Officer of AHA.

### AHA Regulatory Priorities

December 9, 2016

Mr. Donald Trump  
President of the United States  
1600 Pennsylvania Avenue, N.W.  
Washington, DC 20503

Dear President-elect Trump:

On behalf of the American Hospital Association (AHA), we write you today as a new member Congress, health system and other health organizations, and our 6,200 individual members, I am writing to thank you for your interest and commitment to addressing regulatory burden. As you take office, we would like to share with you the regulatory burden that hospitals face in order to ensure that the regulatory burden is reduced and streamlined.

We appreciate your administration's willingness to modify or eliminate duplicative, outdated, and unnecessary regulatory requirements. Reducing administrative burden in health care would save billions of dollars annually and allow providers to spend more time on patients and care. The American Hospital Association (AHA) and other agencies of the Department of Health and Human Services (HHS) should all proceed with their efforts to reduce and streamline regulatory burden in the first six months of the year, completing at least one page of work, in addition to the above, the range of changes requested by the new regulations is beginning to reduce the burden on health care.

Please find attached a document that sets out what our administration could take immediately to reduce the burden on hospitals, health systems and the patients we serve. It includes actions that would be taken by HHS, other agencies within HHS and other departments of the federal government.

Again, we thank you for your focus on this critical issue. We look forward to working with you and your administration.

Sincerely,  
Richard J. Pollack  
President and Chief Executive Officer

#### Regulatory Relief Actions

The balance between flexibility in patient care and regulatory burden seems to have reached a tipping point. The Centers for Medicare & Medicaid Services (CMS) and other agencies of the Department of Health and Human Services (HHS) released 47 hospital-related proposed and final rules in the first 10 months of the year alone, comprising almost 21,000 pages of text. In addition to the sheer volume, the scope of changes required by the new regulations is beginning to reduce the health system's ability to plan ahead. Moreover, this does not include the continuing use of sub-regulatory guidance (PACs, FAQs, etc.) to implement new administrative policies.

There are numerous duplicative and excessive rules and regulations. The AHA is urging the following actions to immediately reduce burdens on hospitals and patients. These regulations are categorized by CMS (Table 1), other agencies within HHS (Table 2) and other departments of the federal government (Table 3).

Action	Description
<b>Streamlined regulatory rule-making</b>	Provide additional time in response to the President. HHS submitted a list of items that would be taken on in the first 100 days. The AHA would like to see the list of items that would be taken on in the first 100 days. The AHA would like to see the list of items that would be taken on in the first 100 days. The AHA would like to see the list of items that would be taken on in the first 100 days.
<b>Cancel Stage 1 of Meaningful Use program</b>	Hospitals have invested hundreds of millions of dollars in preparing for the implementation of Stage 1 of the Meaningful Use program. The AHA is urging the Administration to cancel Stage 1 of the Meaningful Use program by removing the 2015 year-end deadline for the program. The Administration also should consider a 90-day grace period in every future year of the program, and further reduce the burden on hospitals by canceling the program.
<b>Streamlined electronic clinical quality measure reporting requirements</b>	Hospitals have spent significant time and resources to meet existing CMS's to meet CMS electronic clinical quality measure requirements for 2015, with no benefit to patient care. However, CMS acknowledges that the electronic and administrative by hospitals and physicians do not accurately measure the quality of care provided. Despite these facts, CMS regulations require the submission of clinical quality measure reporting requirements to hospitals for 2015. The AHA urges the Administration to cancel the reporting requirements for 2015, and to require the submission of clinical quality measure reporting requirements for 2016.

Dec. 9, 2016

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**Looking Back at a Good Year**

As 2018 approaches and most people are focused on their New Year's Resolutions, we are taking a moment to look back at 2017—and what a year it was!



- \* CNSI earned multiple major health IT contract wins
- \* Published its first Corporate Social Responsibility (CSR) [Report](#); and
- \* Repeated as an [Alliance for Workplace Excellence winner](#)

Among the major project wins, CNSI was awarded a [seven-year, \\$166 million contract](#) with the Department of Labor's Office of Workers' Compensation Programs, and a [five-year, \\$44 million contract](#) with the Department of Veterans Affairs' Financial Services Center. Both of these projects add to our resume of federal work and build on the incredible experience we've developed in states like Michigan and Illinois.

On the CSR front, we're proud to announce we've been more active than ever! From supporting the recovery in Flint, Michigan to sending the MDBio Foundation's Mobile Lab, [Learning Undefeated](#), down to help students in the hurricane-ravaged areas of Texas, CNSI and its employees have contributed so much to the communities in which we work and live. In fact, to keep track of it all we decided to begin publishing an annual CSR report, the first of which (covering 2016 activities) was published this year. Check it out [here](#)!

These are only a few highlights from what was an incredibly busy year. We also implemented countless other [solutions for clients around the country](#), participated in [dozens of industry](#)



[events](#), and added our technical prowess to the [fight against opioid abuse](#) in Michigan.

So, here's to you, 2017. We hope you'll tag along as we move on to even bigger things in 2018! Please get in touch by dropping us a note on Twitter. You can find us [@CNSICorp](#).

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## HHS Opioid Code-A-Thon: 36 Hours to #SaveLives

Starting today, CNSI is participating in the Department of Health and Human Services' [Opioid Code-a-Thon](#), where data enthusiasts from around the country will come together to develop data-driven solutions to combat the opioid epidemic. We are joining computer programmers, public health experts, data scientists, researchers, and innovators in Washington, DC to discuss how we can build on [HHS' five-part strategy](#) to make a real-world impact on the opioid crisis.

At a time when 91 Americans are dying every day from an opioid overdose, the value of leveraging data to track and prevent opioid misuse cannot be overstated. One area of focus is among Medicaid enrollees, as [research](#) shows they are among the most vulnerable population to become abusers. At CNSI, we've already made strides in leveraging this data to solve the growing epidemic.

For example, in Michigan, we're working on an [addiction-identification tool](#) that analyzes Medicaid claims in order to detect where opioid abuse is likely occurring. By sorting through data sources using the IBM BigInsights solution, we can identify signs of opioid abuse at both the prescriber and beneficiary level. This real-time predictive analysis has the

potential to prevent an addiction before it begins and provide at-risk populations with the treatment they need.

While our work in Michigan is a promising start in our fight to solve the opioid epidemic, it is just that – a start. CNSI is committed to working with stakeholders in every state to find innovative solutions to this public health crisis sweeping our nation. We look forward to continuing this work at the HHS Code-a-Thon, and building on that momentum in the weeks and months to come.

Not able to attend? Check out the [live stream on the HHS website](#) and follow along with us at [@CNSICorp](#) to insights, take-aways, and results of the Code-A-Thon.

