



## CRISP Prediabetes Flag and eReferral Overview

In an effort to improve population health and reduce type 2 diabetes incidence and prevalence, Maryland Department of Health (Medicaid) has worked closely with [CRISP](#), the state designated HIE, to increase enrollment in Maryland Medicaid's HealthChoice Diabetes Prevention Program (HealthChoice DPP), which is founded on the Centers for Disease Control and Prevention's (CDC) National Diabetes Prevention Program (National DPP) lifestyle change program. CRISP, which facilitates the electronic transfer of health care data between health care partners, identifies eligible [Medicaid HealthChoice DPP](#) beneficiaries and has implemented a closed-loop electronic referral process, described below.

### STEP 1: IDENTIFICATION OF ELIGIBILITY

CRISP uses available data within its system to identify individuals who likely have prediabetes or a history of gestational diabetes. The data include ICD-10 diagnosis codes, lab results, Medicaid claims data, and hospital/health system data. After identifying individuals who likely have prediabetes or a history of gestational diabetes, CRISP uses additional data elements (i.e., Medicaid coverage, age, race, timeliness of labs) to refine this initial list and identify which individuals are likely eligible for the Maryland Medicaid HealthChoice DPP.

This process (Figure A) generates a statewide list of individuals who are likely eligible and is used to alert providers and MCOs.

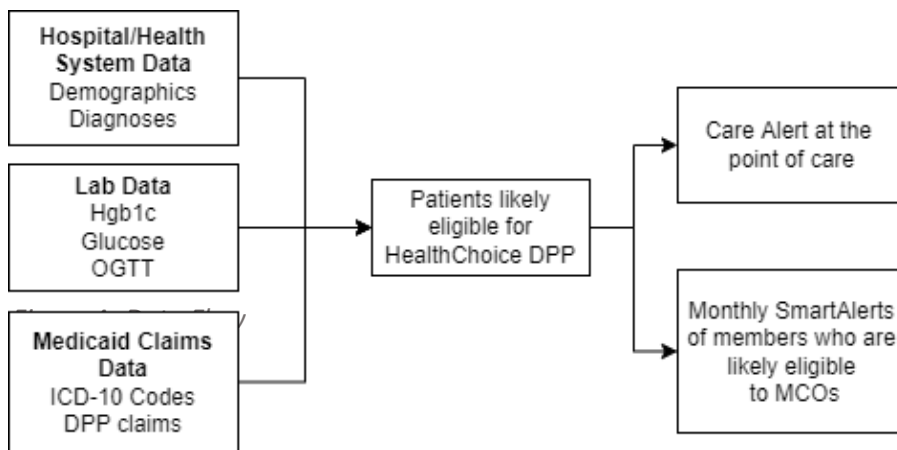


Figure A: Data Flow

## STEP 2: COMMUNICATE ELIGIBILITY

There are two approaches to communicate which individuals are eligible for HealthChoice DPP.

First, CRISP generates a “**Care Alert**” for each individual who is likely eligible. A Care Alert is a brief message within CRISP that communicates eligibility to any member of the care team who accesses that patient’s CRISP record.

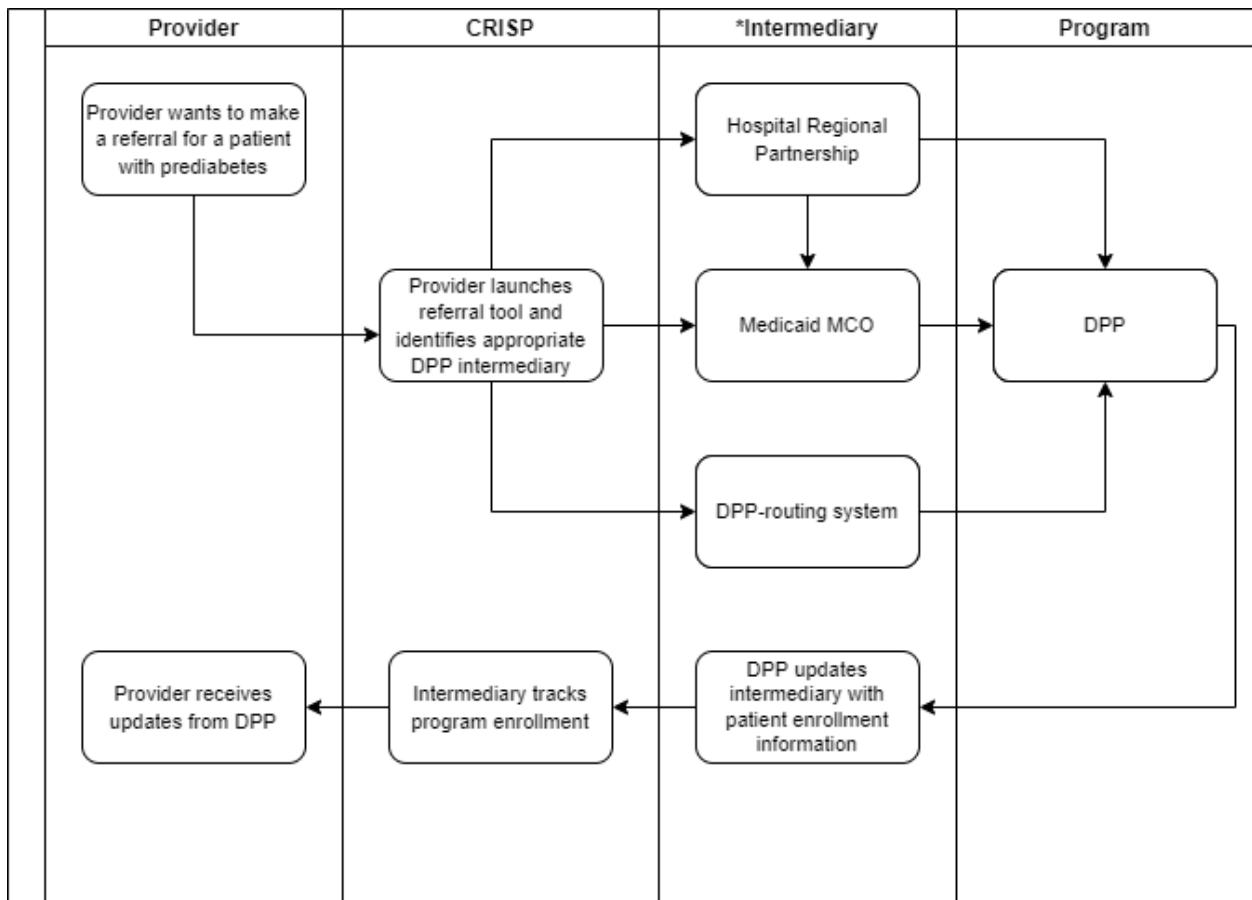
Second, CRISP utilizes monthly “**SmartAlerts**.” Using SmartAlert technology, CRISP matches the list of individuals who are likely eligible for HealthChoice DPP with MCO member rosters.

Each MCO case management team receives a list of their specific members who are likely eligible for HealthChoice DPP each month, enabling the MCO to reach out to the member and enroll them in the National DPP lifestyle change program. Some MCOs may also provide this list to their in-network HealthChoice DPP providers (CDC-recognized organizations) for outreach to their members.

## STEP 3: REFERRALS (FIGURE B)

CRISP has developed a closed-loop referral tool to enable electronic referrals. The eReferral system allows care teams to refer individuals to organizations outside of a hospital or clinic. This closed-loop referral process happens in three phases:

- **Phase 1:** The health care provider identifies the individual for whom they would like to send a referral. That health care provider logs into the CRISP web-portal, identifies the individual’s record, completes a HealthChoice DPP referral form, and submits it. The referral is sent electronically to the selected National DPP intermediary.
  - National DPP intermediaries include health care entities such as MCOs or state-supported regional partnerships (collaborations between hospitals and the community) or IT systems such as Workshop Wizard (more information on Workshop Wizard provided below).
  - National DPP intermediaries help the eligible individual identify the specific National DPP lifestyle change program that is the most appropriate match for their needs.
- **Phase 2:** A case manager from the MCO or regional partnership intermediary logs into CRISP to access the referral in the CRISP web-portal. Workshop Wizard is an electronic system used by many Maryland HealthChoice providers to route, receive, and manage enrollees. CRISP has integrated with this system to send referrals directly into Workshop Wizard. Workshop Wizard allows the National DPP lifestyle change program provider to manage their incoming referrals. They can acknowledge receipt of the referral, update the individual’s enrollment status, capture missed and made appointments, and send important notes back to the referring health care provider. This information is communicated automatically back through CRISP seamlessly (phase 3).
- **Phase 3:** The referring health care provider receives the individual’s enrollment updates via the same CRISP web-based portal. The status of that referral is also communicated to the rest of the care team through other CRISP point of care tools.



\* Intermediary acts as a central referral system that routes referrals to the appropriate DPP. Referrals sent to a Medicaid MCO are for patients enrolled under Medicaid. Referrals sent to a regional partnership are for patients living in a specific zip code. Regional partnerships will also direct Medicaid patients to their MCO. Referrals sent to the DPP-routing system are for self-pay, Medicaid fee-for-service (FFS), and Medicare patients

Figure B: eReferral Diagram