



The Office of the National Coordinator for
Health Information Technology

Advancing Health IT in HCBS

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Agenda

- Welcome
- Introductions
- New York Presentation

The New York State Behavioral Health Information Technology Program –

Serving Eligible Provider Agencies Designated to Provide Adult Behavioral Health - Home and Community Based Services

- Indiana Presentation

Aging & In-Home Services of NE Indiana, Inc.

- Closing Comments

The New York State Behavioral Health Information Technology Program

Serving Eligible Provider Agencies Designated to
Provide
Adult Behavioral Health - Home and Community Based
Services

July 25, 2017



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Agenda



- Medicaid Transformation in New York State
- Purpose of the BHIT program for Adult BH-HCBS providers
- BHIT Eligibility and Participation
- BHIT Program Structure and Technical Assistance
- BHIT Qualified Vendor List
- Benefits and Challenges
- Next Steps in New York State
- Questions



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Why Behavioral Health Transformation is Needed

In New York State (NYS), members with a BH diagnosis account for:

- 20.9% of the population but 60% of Medicaid expenditures
- 53.5% of Hospital admissions
- 45.1% of ED visits
- 82% of all readmissions within 30 days of original admission
 - 59% of those readmissions were for a medical condition
- Average length of stay per admission for BH Medicaid users is 30% longer than for the overall Medicaid population
- People with BH conditions experience poor inpatient to outpatient connection



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Why Behavioral Health Transformation is Needed - 2

- Transitioning to more efficient and comprehensive community based care
- Moving from Medicaid FFS to Medicaid Managed Care through the 1115 Waiver that includes HCBS
- Adult Behavioral Health - Home and Community Based Services began in:
 - January 1, 2016 in the five boroughs of New York City (NYC)
 - October 1, 2016 in the remaining 57 counties of NYS (ROS)
- NYS needs to focus on recovery, rehabilitation, and a life in the community
 - Employment
 - Housing
 - Social supports
 - Improved health outcomes



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NYS Adult Behavioral Health Home & Community Based Services (BH-HCBS)

Assist those with Substance Abuse Disorder and Severe Mental Illness to reacclimatize to daily life:

Live Independently

- Psychosocial Rehabilitation
- Community Psychiatric Support and Treatment
- Residential Support Services
- Habilitation
- Non-Medical Transportation

Manage Crisis and Stress

- Short-Term Crisis Respite
- Intensive Crisis Respite
- Mobile Crisis Intervention

Return to School/Find a Job

- Education Support Services
- Pre-vocational Employment
- Transitional, Intensive, and Ongoing Supported Employment

Help from Peers and Other Support

- Peer Support Services
- Family Support and Training

Behavioral Health Information Technology Program (BHIT)

- Supported by the New York State Department of Health (DOH), Office of Mental Health (OMH), and Office of Alcoholism and Substance Abuse Services (OASAS)
- Assist eligible NYS BH-HCBS providers in Adoption, Implementation, and/or Upgrade of Integrated Electronic Health Records, Electronic Medical Records, Electronic Billing Systems to meet Adult BH-HCBS Medicaid Managed Care (MMC) documentation and billing requirements



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BHIT Program Time Frames

New York City: July 1, 2015 – March 30, 2018

Rest of State: June 1, 2016 – May 31, 2018



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BHIT Provider Eligibility



Provider *Must*:

- Be designated by NYS to provide Adult BH-HCBS
- Have at least one Adult BH-HCBS “**Active**” and ready to receive referrals
- Have received or been eligible to receive HCBS Startup funding (IT except EHR)
 - OMH scoped NYC/ROS HCBS Provider Organizations with little to no experience billing Medicaid in 2014 (<\$2.5 Million)
 - \$25,000 or \$50,000 startup funding provided to help initial HCBS set up
 - Funding could be used to build up IT infrastructure including hardware, networking, and servers
- Be contracted and credentialed with at least one Managed Care Organization
 - **May have** Letter of Intent (LOI) to contract/credential with an MCO during Milestone 1 and 2
 - **Must be** contracted/credentialed with MCO by Milestone 3



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BHIT Steering Committee Program Partners/Stakeholders



Alcoholism and Substance Abuse Providers of New York State



New York State Coalition for Children's Mental Health Services



BHIT Program Supports Three Provider Implementation Categories

No Qualified Vendor Solution

- Needs to Purchase a Qualified Integrated Electronic Health Record System (EHR) **or** a Qualified Electronic Medical Record (EMR) System along with a Qualified Electronic Billing (EBS) System

Full



Has a Qualified EMR **or** a Qualified EBS

- Needs to purchase either a Qualified EMR **or** a Qualified EBS

Partial

Has a fully Integrated Qualified Vendor Solution

- Needs to upgrade their solution to incorporate HCBS functionality

Upgrade

BHIT Program Technical Support

Technical services may include:

- On-site assessment
- Vendor selection assistance
- EHR/EMR/EBS implementation, training and operational workflow assistance provided by vendor (with BHIT oversight)
- Adult BH–HCBS Medicaid Managed Care billing assistance

Technical Assistance	Support Categories		
	Upgrade	Partial Implementation	Full Implementation
Onsite HIT Assessment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Software selection		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Delivered by vendor but overseen by BHIT Team			
* EHR implementation		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
* EHR Operational workflow assistance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
* EHR HCBS Training	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HCBS MMC Billing Support	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

BHIT Program Funding Support for Providers

Adult BH-HCBS Providers within the Five Boroughs of NYC: Supported by the BHIT Technical Team from the NYC Department of Health and Mental Hygiene (NYC DOHMH).

Adult BH-HCBS Providers within the 57 Counties outside NYC: Supported by the BHIT Technical Team from the New York e-Health Collaborative (NYeC).

Milestone	Phase	Payment
Milestone 1	BHIT Program Enrollment	One time EHR/EMR/EBS setup fees (Full and Partial only) paid to provider
Milestone 2	HCBS Go Live	Year 1 EHR/EMR/EBS monthly user licensing fee paid to provider <ul style="list-style-type: none"> Based on pre-set number of EHR licenses
Milestone 3	HCBS Billing – Submission to and Remittance from MCO	Year 2 EHR/EMR/EBS monthly user license fee paid to provider



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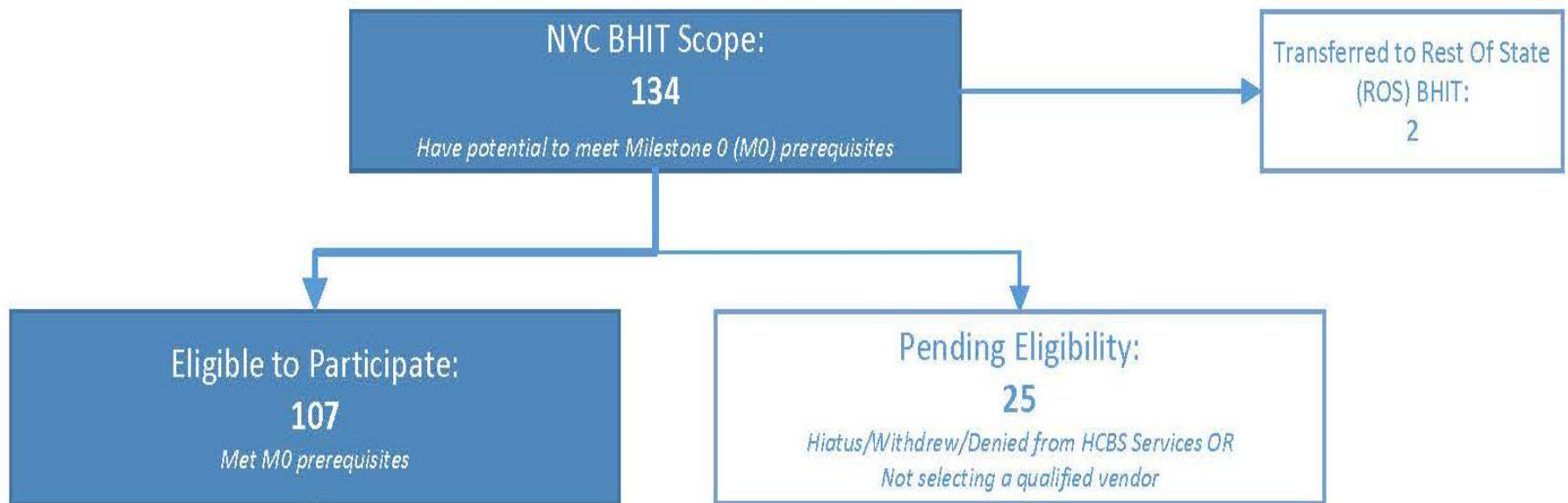


Milestone Payments to Adult BH-HCBS Providers in NYC

Implementation Level	Milestone 1	Milestone 2	Milestone 3	Sum
Full	\$35,000	\$22,500	\$22,500	\$80,000
Partial	\$25,000	\$18,000	\$18,000	\$61,000
Upgrade	N/A	\$13,500	\$13,500	\$27,000

Note that Milestone 3 payment is not guaranteed and depends on funds availability

Scope of Adult BH-HCBS Providers in NYC

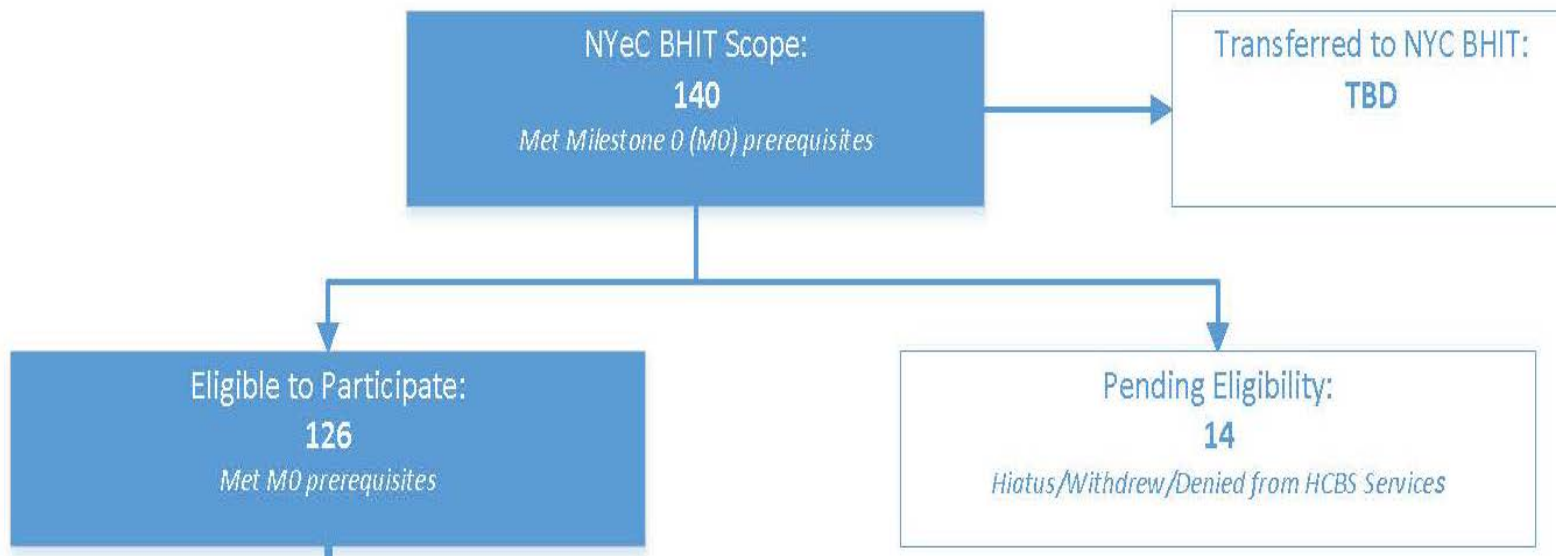


Milestone Payments to Adult BH-HCBS Providers in ROS

Implementation Level	Milestone 1	Milestone 2	Milestone 3	Sum
Full	\$35,000	\$15,300	\$15,300	\$65,600
Partial	\$25,000	\$13,500	\$13,500	\$52,000
Upgrade	N/A	\$9,900	\$9,900	\$19,800

Note that Milestone 3 payment is not guaranteed and depends on funds availability

Scope of Adult BH-HCBS Providers in ROS



BHIT Vendor Qualification Process

To Date: 16 vendors have qualified

- NYC is no longer engaging new vendors for qualification
- ROS deadline for qualifying new vendors is August 31, 2017

- First RFI for Software Vendors
- February 2016
- 104 Vendors were invited to participate

Integrated solutions

- Practice Management (Demographics; Billing Codes, Modifiers & Rates; Reporting)
- Behavioral Health Case Documentation
- Clinical Care and Care Coordination

Characteristics

- ONC Certified
- Interoperability and Health Information Exchange
- Flexibility to enable/disable components to accommodate each agency
- Flexibility to add NYS-OMH/OASAS HCBS Technical Specifications
- Cloud-based and web native solutions preferred

Vendor Lists

<http://www.fphnyc.org/get-involved/rfps/rfi-electronic-health-record-ehr-systems-for-new-york-state-designated-home-and-community-based-services-hcbs-providers>



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BHIT Qualified Vendor List – July 2017

Integrated Behavioral Health Electronic Health Record (EHR) Systems

The systems contain the same software capabilities for Adult BH-HCBS Case Documentation (Medical/Behavioral) as well as Practice Management (Demographic, Scheduling, Billing, and Reporting)

Software vendor company name	Product name and version	Demo Link
Accumedic Computer Systems, Inc.	AccuMed v 12.	Accumedic demo
CORE SOLUTIONS Inc.	Cx360 6.01	Cx360 demo
Credible Behavioral Health, Inc.	Credible Behavioral Health Software 10.2	Credible demo
Eccovia Inc.	ClientTrack 16	Eccovia demo
Foothold Technology, Inc.	AWARDS 2.6	Foothold demo
HInext LLC	TREAT 4.9	HiNext demo
IMA Systems LLC	imaServe 1	IMA demo
Medi-EHR, LLC	Medi-EHR 2.1	
Netsmart Technologies, Inc.	myEvolv 9.0.6992.001	Netsmart demo
ProComp Software Consultants, Inc.	CATT (Clinical, Assessment, Tracking and Triage) 3	ProComp demo
Qualifacts	CareLogic Enterprise	
TenEleven Group Inc	eCR 2.15	TenEleven demo
Welligent, Inc.	Welligent 8	Welligent demo
Z-Geoinfo Inc.	Hermes EMR v3.0.10	Hermes Demo

BHIT Qualified Vendor List – July 2017

Non-Integrated Behavioral Health Electronic Medical Record (EMR) Systems

- Case Documentation (Medical/Behavioral) as well as limited capabilities for Practice Management
 - Demographic, Scheduling, Reporting
- No billing capabilities as part of this product
 - Require a Bi-Directional interface with a separate Electronic Billing System

Software vendor company name	Product name and version	Demo Link
PrecisionCare Software	PrecisionCare Software 5.0	PrecisionCare demo



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BHIT Qualified Vendor List – July 2017

Non-Integrated Electronic Billing (EBS) System

- Specialized software for processing claims, tracking payments and reporting capabilities
- Qualified as a partner for only those EHR/EMR systems that they have developed a bi-directional interface with
- **Currently** - Millin has a bi-directional interface with 3 vendors
 - Precisioncare
 - Inforia

Software vendor company name	Product name and version	Demo Link
Millin Associates LLC	MillinPro Revenue Cycle Management System	Millin demo



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BHIT Program Benefits

Vendors:

- **Vendors must “Qualify” to be added to BHIT Qualified Vendor List**
 - Incorporate BHIT program technical specifications to include Adult BH-HCBS functionality
 - Product standardization across New York State
- **Funding spent to contract with vendors to upgrade product(s)**
 - Upgrades pushed out to all users at no cost to user
 - Benefits providers regardless of location in state



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BHIT Program Benefits

Providers:

- **BHIT is a kick start HIT program for providers needing to adopt or upgrade their HIT**
 - Products proven to support Adult BH-HCBS functionality
 - Products proven to be able to bill NYS Medicaid
 - Software license for HCBS staff paid for a minimum two years
 - Direct service
 - Front line
 - Supervisory
 - Billing



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BHIT Program Challenges

BHIT Program Startup:

- Representing HCBS model/workflow in the EHR/EMR/EBS systems
 - Assessments, Referrals, etc...
- Developing Technical Specifications
- Uptake of overall HCBS program has been very slow
 - Small number of member referrals to HCBS providers
 - Difficult testing case documentation software upgrades on real members
 - Difficult testing billing software upgrades on real members
 - Difficult setting up sandbox testing in MCO environment



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BHIT Program Challenges

Vendor Level:

General Negotiations:

- Vendor's not meeting BHIT timelines for submission of documentation
- Negotiating reduced vendor pricing for small agencies
 - Setup fees
 - Long term contracting with reduced license fees
 - Timely communication with vendors
- Ensuring contracting between providers and vendors move are completed in the spirit of the BHIT negotiations



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BHIT Program Challenges

Provider Level:

- If member referrals do not rise considerably, will providers be able to sustain software license fees?
- BHIT program staff challenged in communications with providers
 - Provider staff turnover
 - Changes from original contacts not transmitted to BHIT staff
 - Provider leadership didn't know they were eligible for BHIT program



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Next Steps for Behavioral Health in New York State

BHIT program participants are now in a better position to begin integrating Behavioral Health information with Eligible Professionals under Meaningful Use

Currently:

- Since January of 2017, the Data Exchange Incentive Program (DEIP) has begun to include BH providers to encourage participation in their local HIE
- NYS has eight Regional Health Information Organizations (RHIOs) or Qualified Entities (QEs)

Future:

- **Seek funding/develop programming to:**
 - Continue assisting BH providers in NYS with Adoption, Implementation, and Upgrade (AIU) of Certified EHR Technology (CEHRT)
 - Incentivize development of interfaces between BH provider's CEHRT and local HIEs
 - Incentivize transmission of critical BH data elements from provider's CEHRT to their HIE

Questions??

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Aging & In-Home Services of NE Indiana, Inc.



Connie Benton Wolfe, MA

President & CEO

Aging & In-Home Services of Northeast Indiana, Inc.

Preferred Community Health Partners, LLC



Our AAA Region



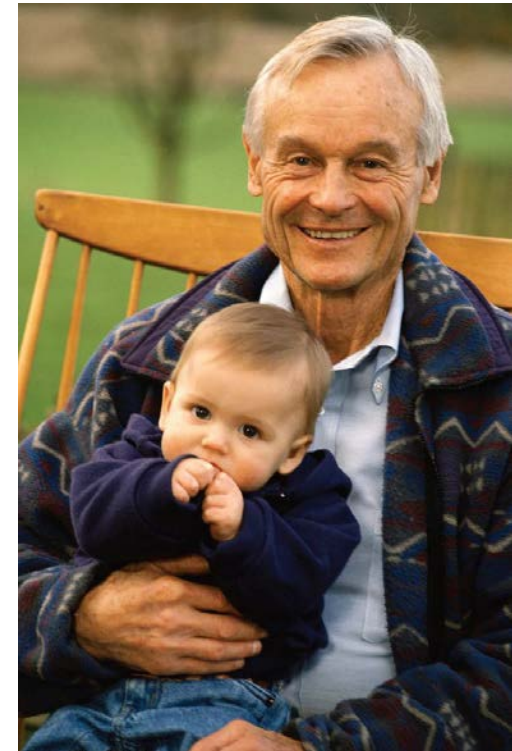
10% of Indiana's age
60+ Population
reside in our Region.

Last Year AIHS Touched the Lives of Over 62,000 Individuals

Age Range	(Under 1 year – 103 years old)
85+	17%
75 – 84	20%
65 – 74	18%
Under 65	45%

Gender	31% Male	69% Female
Ethnicity	22% Minority	78% Caucasian

Living below Poverty	50%
Living Alone	50%



We Begin Our Journey



Arun: Q & A

Value Proposition

Community-Based Care Transitions

- Contact with patients/members extended beyond the walls of health care setting
- Real time check on patient understanding & support following episode of care
- Increased patient safety (after discharge) and patient satisfaction
- Addressing full range of psycho-social issues impacting health outcomes
- Reduced ED visits and hospital readmissions

CCTP Coverage Area

- Bluffton Regional Medical Center
- Community Hospital of Anderson & Madison Counties
- DeKalb Memorial
- Henry County Memorial Hospital
- Indiana University Health Ball Memorial Hospital
- St. Vincent Anderson Regional Hospital
- Parkview Huntington
- Parkview Hospital Randallia
- Parkview Noble
- Parkview Regional Medical Center
- Parkview Whitley



Coleman Model

Care Transitions Intervention (CTI)

- Developed by Eric Coleman, MD, University of Colorado, Denver
- Evidence-based 4-week program, where patients with complex care needs receive specific tools, are supported by a Transitions Coach©, and learn self-management skills to ensure their needs are met during the transition from hospital to home

Four Pillars of Care Transitions Intervention®



Our CCTP Results

Patients served:	15,730
Baseline readmission:	17.7%
CCTP readmission:	10.8%
Net Medicare Savings:	\$5.5 Million

43% 

Arun: Q & A

Data Sharing is Vital



Population Health Logistics (PHL) System Capacities

Information Infrastructure

- Increased staff efficiency for information collection & entry
- Tracks client data across programs
- Maintains client records for intermittent contacts & multiple interventions
- Provides risk stratification and data analytics
- Ability to customize intervention to meet multiple contract performance requirements

Interoperable Health IT Platform

- Secure electronic data transfer (with medical e-MRs and other payers)
- Ability to connect with state health exchange systems; can monitor for referrals
- Direct billing capability and integration with financial systems
- ROI calculation (to build the business case for contract opportunities)

Service Planning & Referral Management

- Ensures person centered planning
- Captures caregiver data & need for support
- Real-time access to available community resources
- Electronic transfer of referral information & referral tracking
- Aligned with NCQA Standards; facilitates accreditation

Population Health Management

- Embedded Population Health Management program
- Validated for complex patients with depression and dementia
- Anticholinergic Burden Scale
- New business line for AAA's

5 Floors to Analytics from the Ground Up

Simulation

Gain insight to where there is going to be a problem.

Prediction Happens

Past data to predict future events.

Discovery

Signal vs Noise.



Summarize & Visualize

Population Statistics.

Enterprise Data Warehouse

Normalize & Standardized Data.

Population Health Logistics (PHL): a process to gather, track and monitor individual patient data

Click on any row to View / Edit

Visit Date	TYPE
02/17/2017	F2F Assessment Completed in Co
02/17/2017	F2F Visit 2 Scheduled
02/15/2017	Left Message
02/15/2017	F2F Assessment Visit Scheduled

Records: 1 - 4 of 4

Create Visit

Patient Details

Referral Details

Compare b/n Visits

Visit	Care Giver	Provider Coordination	PCP	Transition Planning	PHQ2	PHQ9	Needed Care	Meds	PSMS
IADLS	CG Monitor	CG Mastery	CG Strain						

Visit Date *

Clinician *

Visit Type *

Medication Review Performed?

Ambulation and Assistive Devices: (Check as many as appropriate)

Cane
 Walker
 Rollator
 Wheelchair - Motorized
 Wheelchair - Manual
 Scooter
 Grab Bar
 Tub Chair
 Hand Rails
 Hospital Bed
 Other

Inactivate this Visit?

Submit Reset Cancel

02/15/2017	F2F Assessment Visit Scheduled	Completed
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Records: 1 - 5 of 5

Health Information Exchange (HIE)



Indiana Health
Information Exchange

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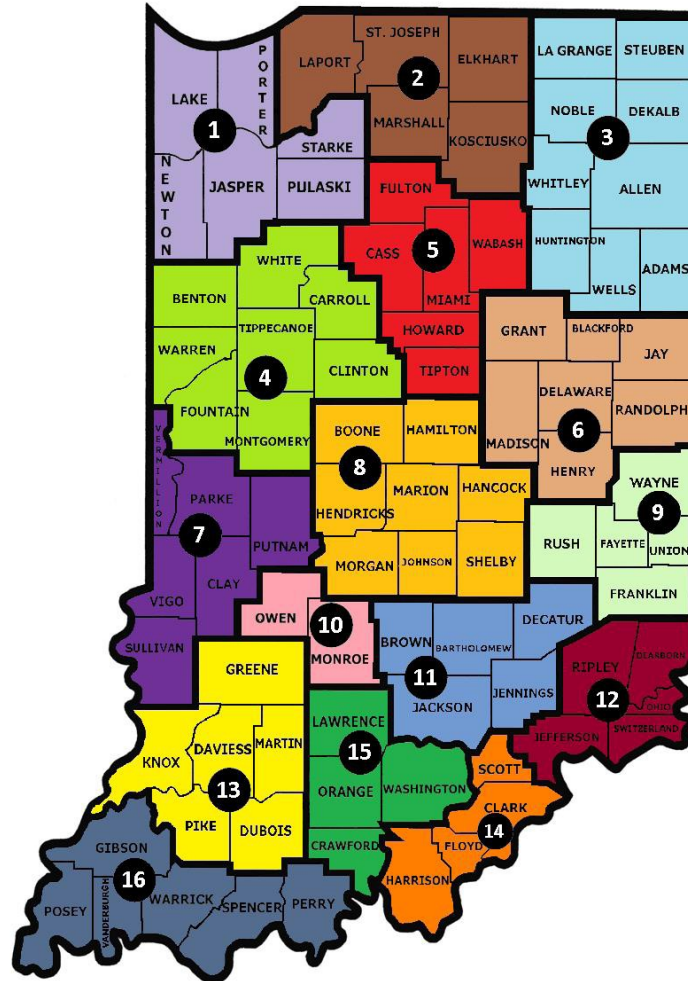
**Michiana Health
Information
Network**

Arun: Q & A

Breaking Down the Data Barrier Led Us to New Payers

- Private Insurance Group
- Managed Care Organizations (MCO's)
 - Medicaid
 - Commercial
 - Medicare Advantage
- Medicare Provider Number
- The Organization of a Statewide Network – I2A

Indiana First in Country AAA Statewide MCO



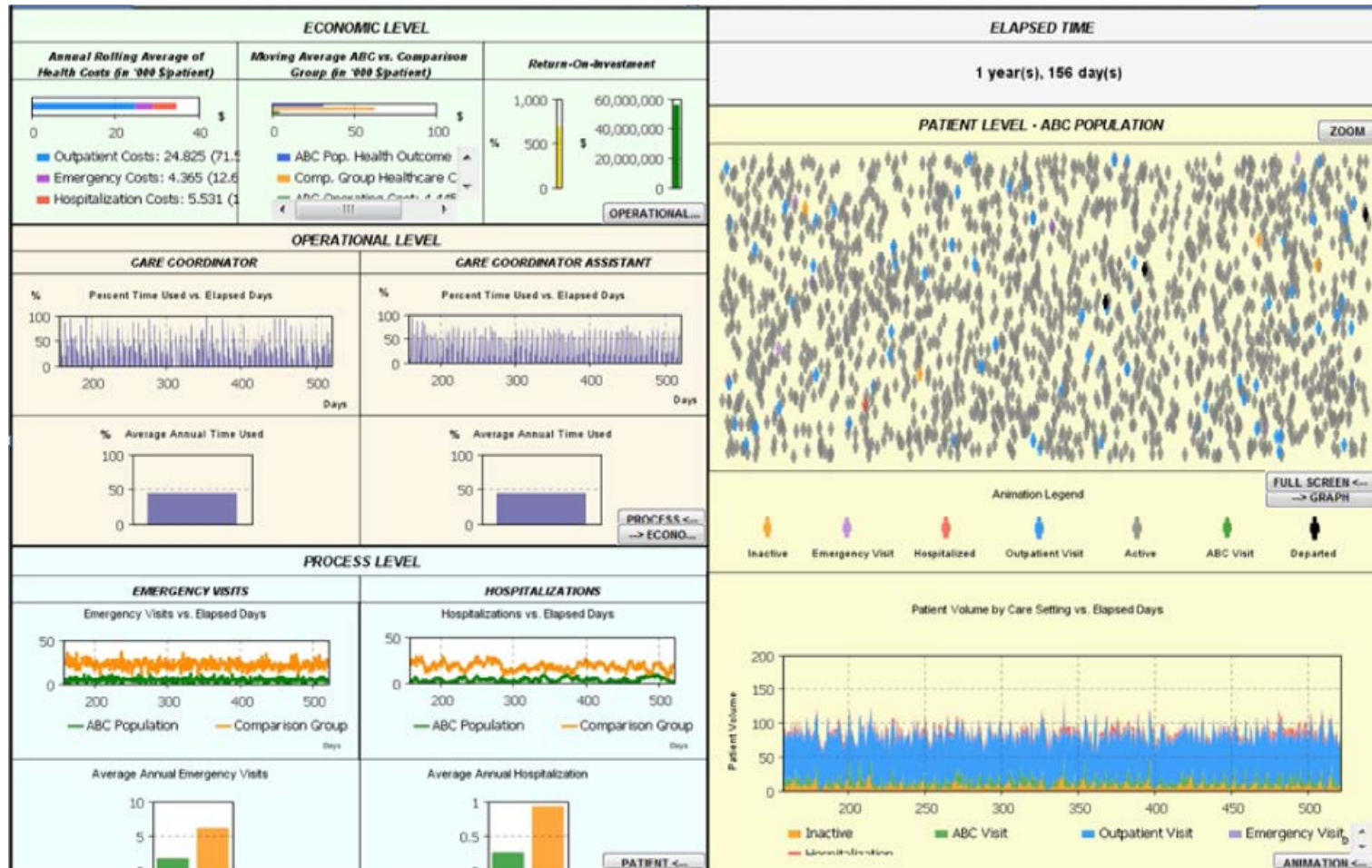
ROI Simulator

Simulator Model

- Developed in conjunction with Indiana University Research & Technology, Malaz Boustani, MD Geriatrician/Research Scientist
- Agent Based Model created using simulation software due to complex calculations not capable in spreadsheet.(Agent Base Model looks at each life in the simulation and the probable outcomes independent of the group)
- Created Under the CMS Innovations Grant.
- Validated against actual claims data on 4500 patients over 36 months
- Accuracy 99.5% against actual claims paid data by CMS
- Investment to create simulator \$650K



ROI Simulator - 2



Arun: Q & A

VISION

“With the Area Agency on Aging network, we have a national infrastructure in place and a workforce trained and ready to deploy. The answer to how we address social determinants of health in our country just needs to be recognized and activated.”

Connie Benton Wolfe, National Area Agency on Aging Conference, 2016

Major Drivers of Health Care Costs

Social Determinants of Health

Economic Stability	Neighborhood & Physical Environment	Education	Food	Community & Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	
Medical Bills	Playgrounds	Higher education			Quality of care
Support	Walkability				

Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

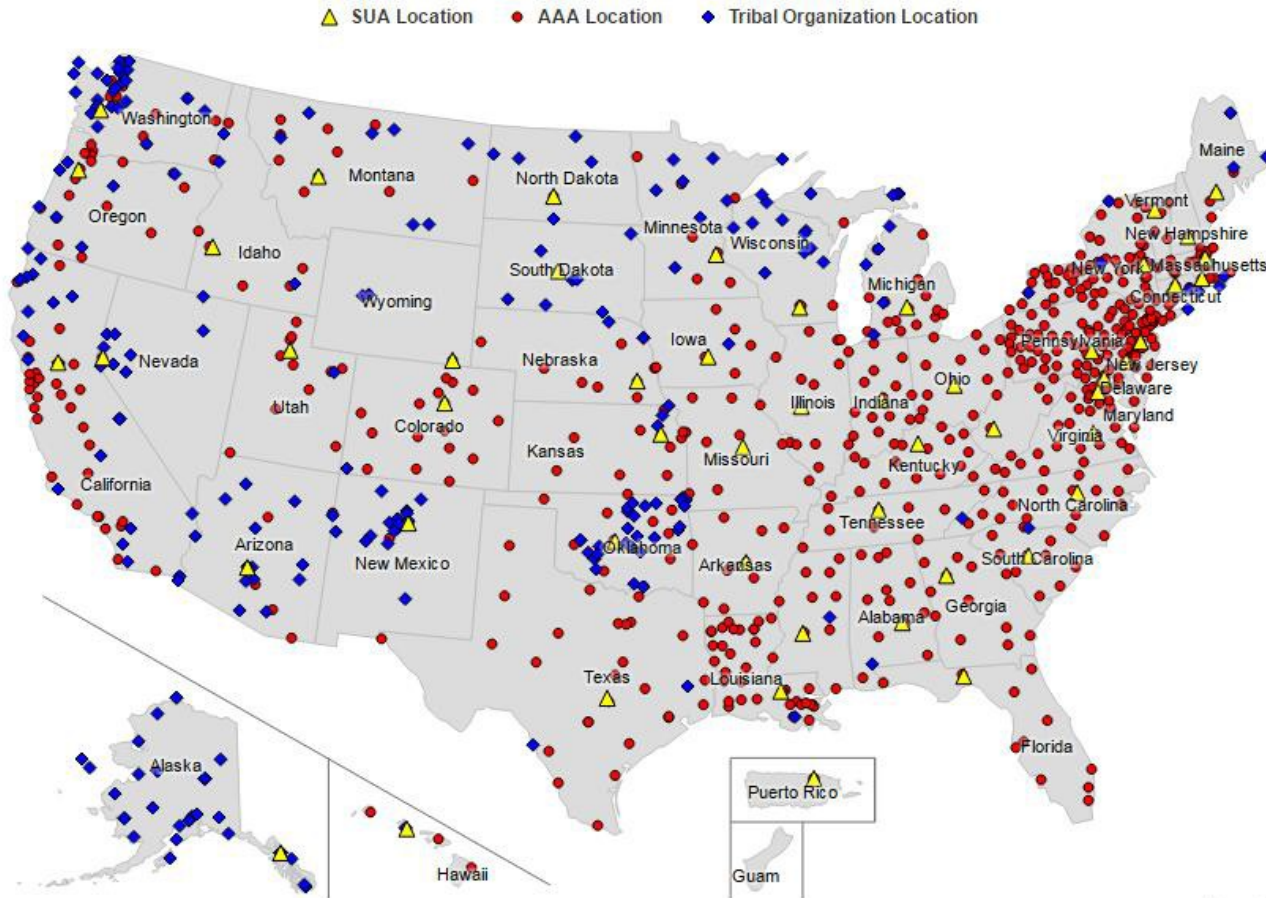
Why Rely on the AAA Experts?

Complex patients are our sweet spot!



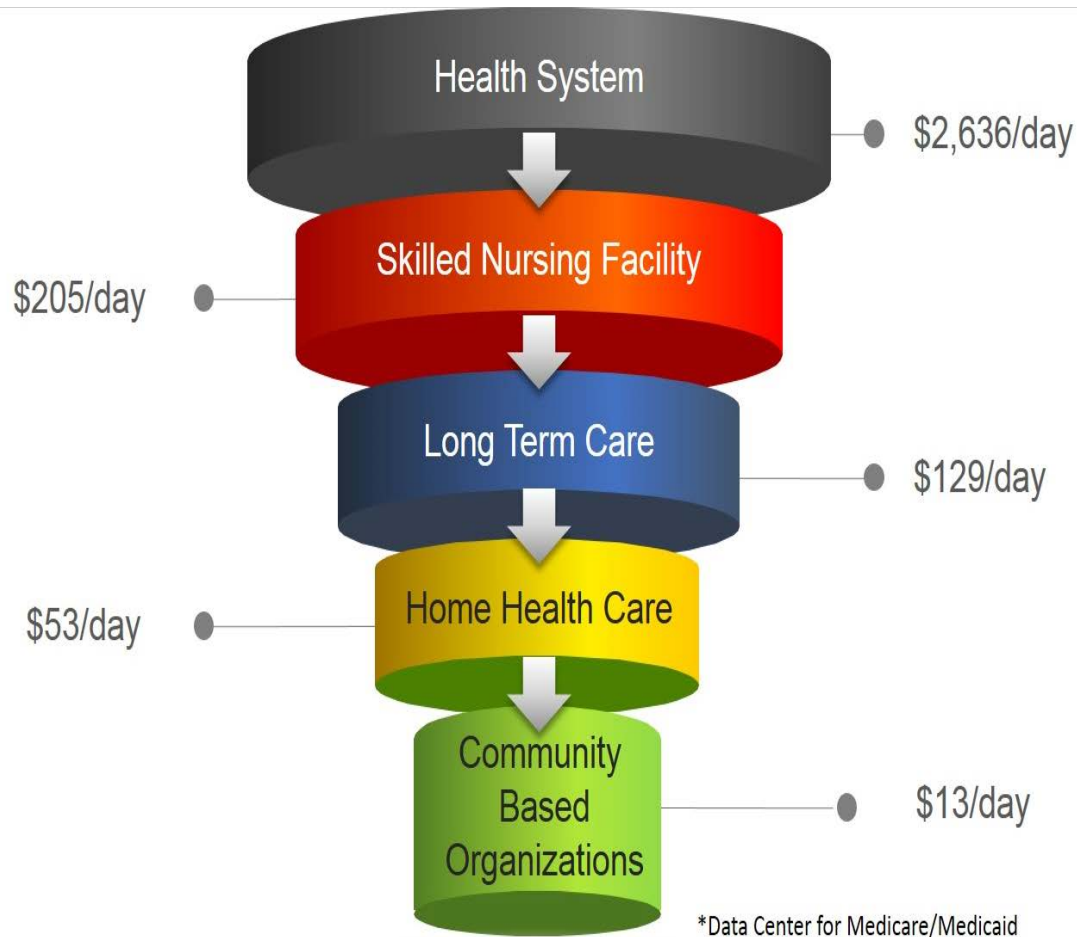
Nationwide Network

In Every State. In Every County.



Source: 2017 Administration for Community Living

Average Cost/Day



Why Rely on the AAA Experts?

- Screening for patient's health related social determinants is fundamentally different from screening for medical problems.
- Interventions must be accessed outside the health system and generally from cross-sector providers.
- Resources to pay for interventions are diverse and qualifications complex.
- Problem solving is required; Information & Referral is not sufficient.

Investing in Community-Anchored Health Care is Good Business!



Unleash the Power of the Health Care System





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Thank you

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