

Eligible Behavioral Health Provider Agencies

Voucher Funding Announcement No. 2012- 03

OKLAHOMA HEALTH INFORMATION EXCHANGE TRUST (OHiet)

Opportunity Overview

Issuing Entity: Oklahoma Health Information Exchange Trust (OHiet)

Administration: Community Services Council of Greater Tulsa with Procurement ability under the Central Purchasing Act

Voucher Funding Announcement Title: Funding Opportunity for Eligible Behavioral Health Provider Agencies to Promote and Implement Health Information Exchange in Oklahoma

Announcement Type: Initial

Funding Opportunity Number: 2012-03

Voucher Funding Opportunity Description

Legal Authority and Background

Information described under this Voucher Funding Announcement is pursuant to the Terms and Conditions issued by the National Council for Community Behavioral Healthcare in a Sub Contract Funding Opportunity – State Designated Entity Health Information Exchange (SDE/HIE) Behavioral Health and Physical Health Care Data Exchange and OHiet’s authority as a state-beneficiary public trust, an instrumentality of the State of Oklahoma, and 74 O.S. §581.

Funding for this program is made available under a sub contract award from the Center for Integrated Health Solutions through its Substance Abuse and Mental Health Services Administration-Health Resources and Services Administration funded cooperative agreement. The purpose of this sub contract is to promote the development of infrastructure supporting the exchange of health information among physical and behavioral health provider agencies and promote the use and exchange of electronic health information in a manner consistent with the Office of the National Coordinator for Health Information Technology (ONC).

Purpose

OHiet recognizes that one area of critical need, as related to the exchange of health information, is behavioral healthcare. It is recognized that that behavioral health provider agencies in the state, and especially the not for profit, safety net provider agencies serving low-income individuals, generally have the fewest resources to invest in health information technology. Through this voucher system, support will be provided to behavioral health provider agencies to work with certified Health Information Organizations (HIOs) to connect via a secure electronic means to communicate, share medical records, perform referrals, obtain lab and pharmacy data electronically, and submit reportable data to the Oklahoma State Department of Health (OSDH).

The OHiet Voucher Program enables behavioral health provider agencies to meet Centers for Medicare & Medicaid Services (CMS) Meaningful Use (MU) criteria and to build the infrastructure that will allow health information exchange (HIE)-related tasks required in future stages of MU. The overarching goal of OHiet is to allow clinically relevant patient data to electronically flow across the state with an emphasis on connecting behavioral health provider agencies and to ultimately improve public health, care coordination, and the welfare of Oklahomans.

Towards this end, a voucher process has been established. Eligible behavioral health provider agencies can make an application for a voucher. If approved, the behavioral health provider agency will redeem the voucher at one of the certified HIOs. The voucher will offset the cost of establishing an interface with the HIO. The interface allows health information to flow among health care providers treating a specific individual. Two types of vouchers are available. Tier 1 voucher provides a secure messaging system known as the Nationwide Health Information Network (NwHIN) Direct, and the ability to query for and view data on individual patients via the web based portal from the chosen HIO. The Direct Project was created by ONC to establish a simple, secure way for participants to send authenticated, encrypted health information directly to known, trusted recipients over the Internet. The information is only sent to one intended recipient at a time. Tier 2 voucher provides for a full interface between the behavioral health agency's chosen electronic health record and with the HIO to share data with multiple treating parties (as required to qualify for Meaningful Use incentive payments).

Definitions

Certified Health Information Organizations (HIO) – a health information organization (HIO) is an organization that oversees and governs the exchange of health-related information among organizations through a health information exchange (HIE). To be certified, an HIO must have successfully completed either the Basic or Full OHIET HIO Certification processes.

Eligible Provider Agency - An eligible provider agency must be designated as a mental health or substance abuse treatment provider by the Oklahoma Health Care Authority, must have an IRS designation as a not for profit conferred under United States Internal Revenue Code Section 501(c) and must be able to demonstrate a working relationship with a primary care provider through a contract, memorandum of agreement or memorandum of understanding. Further, provider agencies with existing HIO contracts that already have Tier 1 Interoperability in place are not eligible to apply for Tier 1 Voucher funds. Likewise, provider agencies with Tier 2 Interoperability already in place are not eligible to apply for Tier 1 or 2 Voucher funds. Provider agencies taking part in the OHIET Eligible Hospitals and Eligible Providers voucher program are not eligible for this voucher program.

Health information Exchange - A service that enables exchange of protected health information between healthcare providers who share at least one patient. The information is used to coordinate care and provide statistics for public health in general.

Behavioral Health Provider Agency Voucher Program

The two tiers of vouchers for interoperability build upon one another, with Tier 1 functionality representing an early interoperability capacity and Tier 2 functionality representing a more advanced level of interoperability with greater promise for meeting the three part aim of individual health improvement, population health improvement and cost reductions. The specific requirements for each of the two Vouchers are:

Provider Agency Tier 1 Interoperability: Using Direct secure messaging, send and receive secure email with the option to attach documents that may include protected health information (PHI), as well as the ability to query for and view PHI from other health care providers on individual patients with a treatment relationship via the web based portal from the chosen HIO. Providers subject to 42 CFR Part 2 (substance abuse treatment programs) can benefit by utilizing Direct messaging to share a consenting patient's PHI securely with another provider. Voucher value for funding "Tier 1" will be applied toward the cost of contractual agreements made with participant's Certified HIO. This could include Tier 1-specific fees including initiation/credentialing fees and subscription service/support. Tier 1 funding is on an individual clinician basis. Provider agencies must specify how many individual clinicians they are applying to fund for HIE with Direct services. The number of clinicians approved for funding will be based on availability of

funds. Funding is intended to cover approximately a one-year period, and may be extended based on funding availability.

Provider Agency Tier 2 Interoperability: Create an electronic connection between the provider organization’s chosen electronic health record and a chosen certified HIO to send structured clinical data for transmission of continuity of care documents (CCDs) as well as any other structured clinical data and unstructured data such as reports or other documents which the chosen HIO is capable of receiving/rendering for viewing. Voucher value for funding “Tier 2” will be applied toward the cost of contractual agreements made among voucher recipients, their EHR vendor and chosen HIO. This could include Tier 2-specific fees, including Interface fees, initiation fees, and subscription service/support fees and will be based on the contractual arrangement with participants Certified HIO. In addition to the interface funds, provider agencies may request funding for up to 11 clinicians for Direct secure messaging, with all the functionality of Tier 1 Interoperability.

Due to funding limitations, vouchers will be given on a first-come, first-served basis to eligible provider agencies as funding is available.

If an agency provides both mental health and substance abuse treatment services, a provider agency may apply for both Tiers. That is, they may apply for Tier 1 for substance abuse records and Tier 2 for mental health records.

Tier	Milestones to be completed before Voucher Redemption
Tier 1	<ul style="list-style-type: none"> <input type="checkbox"/> Provider has been credentialed and has an Active Account with Certified HIO <input type="checkbox"/> Provider has looked up a patient record in the HIE <input type="checkbox"/> Provider has sent and received a secure message via the Certified HIO’s secure messaging system.
Tier 2	<ul style="list-style-type: none"> <input type="checkbox"/> Provider has a live data feed established and in use with a Certified HIO <input type="checkbox"/> Provider’s EHR is passing structured clinical data to the HIE in standardized form (CCD’s, Labs, Medications, Vital signs, etc.) on a routine (at least daily) basis. <input type="checkbox"/> Live data feed has sent structured clinical data of CCDs or other structured clinical data compliant with ONC accepted interoperability standards.

VOUCHER PROGRAM APPLICATION PROCESS:

In order to facilitate the process of distributing the Voucher funding appropriately and in a timely fashion, the following process has been established.

1. The eligible provider agency will indicate its intent to join a specific OHIET-Certified HIO and achieve Tier 1 or Tier 2 Interoperability by submitting an application and attestation to apply for this funding opportunity. The application must be signed by an individual authorized by the organization to sign and legally bind the organization to contracts of this nature such as the chief executive officer or executive director.
2. OHIET or its designee will review the application and attestation to determine whether the behavioral health provider agency will qualify for funding based on criteria described above. OHIET reserves the right to request further information or criteria of any or all applicants in order to determine eligibility for participation in the voucher program. Grantees will be subject to federal and Oklahoma state policies and laws as well as OHIET policies and any additional requirements released by SAMHSA impacting this program.

3. Applicants for the provider agency vouchers must select an OHMET certified HIO vendor for an application to be complete. Certified HIO vendors may solicit and assist provider agencies on completion of the application. OHMET encourages provider agencies to select and engage the HIO vendor most prevalent to their referral patterns. For assistance with the application process, applicants may contact Tracy Leeper at tleeper@odmhsas.org.
4. OHMET will notify the provider agency and the Certified HIO of its decision by email. If the provider agency will qualify for funding under current circumstances, the funds will be encumbered specifically for the provider agency and held by OHMET. Tier 1 funds will be encumbered for a period of 60 days (the Funds Encumbrance Timeframe) with a possible one-time extension if approved by OHMET Trustees. Tier 2 funds will be encumbered for a period of 120 days (the Funds Encumbrance Timeframe) with a possible one-time extension if approved by OHMET Trustees. If work is not completed within the above timeframes (approved extensions included) the funds will be released back into the Provider Agency Voucher pool to be available to other applicants. *Completion of Milestones and Attestation:* The provider agency and Certified HIO will work together to complete the necessary legal work and technical processes to enable the provider agency to meet the milestones appropriate to the Voucher Tier sought within the Fund Encumbrance Timeframe. Once these milestones have been met, the certified HIO and the provider agency will notify OHMET.
5. *Approval of Attestation and Release of Funds:* OHMET will review and consider the attestation of the provider agency, and may approve the release of Voucher funds directly to the Certified HIO. OHMET may also request further information or demonstration of the completed milestones to validate voucher program requirements have been met.

VOUCHER PERIOD:

Each Voucher shall become effective on the date it is approved by OHMET and will terminate upon completion of final milestone or expiration of Funds Encumbrance Timeframe and all approved extensions and payment to HIO vendor.

VOUCHER EXPENSE CAP:

This Announcement is coordinated by the Community Services Council of Greater Tulsa on behalf of OHMET Board of Trustees. Funding will provide partial support for implementation of technology systems compliant with ONC standards.

The OHMET has a proposed budget of approximately \$520,000 to pay multiple Applicants for the period of award through expiration of funding or withdrawal of this announcement.

VOUCHER AWARD AMOUNTS:

Provider Agencies:

Voucher Award Amounts:

Tier 1 – \$600 per clinician for one year (timeframe may be extended based on funding availability)

Tier 2 – \$15,000 for interface, \$600 per clinician for 1 year (up to 11 clinicians, timeframe may be extended based on funding availability) or some combination not to exceed \$21,600.

Funds for each voucher will be released as the milestones for each Tier (described above) are accomplished. Milestones demonstrate the successful completion of each funding tier or connection as stated in the Voucher Program Description and Eligibility section. The HIO will submit a monthly invoice detailed 'by provider agency' indicating date each milestone was accomplished. Payments will be capped based on participants voucher award.

OHIET may provide future funding opportunities based upon funding availability and adoption of standards as set forth by OHIET.

UNAVAILABILITY OF FUNDING:

The OHIET shall be the final authority as to the availability of funds. The effective date of such contract termination or reduction shall be specified in the notice. In the event of a reduction, the Applicant may cancel this contract as of the effective date of the proposed reduction upon advance written notice to the (Procurement Entity).

In the event Federal funds used to finance this contract become unavailable either in full or in part due to reductions in funding, The Community Services Council of Greater Tulsa via OHIET may terminate or reduce the contract upon notice in writing to the Contractor by Certified mail. The (Procurement Entity) via OHIET shall be the final authority as to the availability of funds. The effective date of such contract termination or reduction shall be specified in the notice. In the event of a reduction, the Contractor may cancel the contract as of the effective date of the proposed reduction upon advanced written notice to the Community Services Council of Greater Tulsa via OHIET. Reductions shall not apply to payments made or due for services satisfactorily completed prior to said effective date.

Provider agencies with existing HIO contracts that already have Tier 1 Interoperability in place are not eligible to apply for Tier 1 Voucher funds. Likewise, provider agencies with Tier 2 Interoperability already in place are not eligible to apply for Tier 1 or 2 Voucher funds. Provider agencies whose employees are participating in the OHIET Eligible Hospitals and Eligible Providers voucher program and are using the vouchers to benefit the provider agency are not eligible for this voucher program.

APPLICATION & ATTESTATION

NON-RESPONSIVE APPLICATIONS:

Applications which do not meet all material requirements of this announcement or which fail to provide all required information, documents or materials may be rejected.

Please complete the following page and mail it with attachments to:

Val Scott (Behavioral Health)
Oklahoma Health Information Exchange Trust (OHIET)
University of Oklahoma College of Public Health
801 NE 13th Street
Oklahoma City, OK 74104

Questions can be directed to Tracy Leeper at tleeper@odmhsas.org.

Behavioral Health Information Exchange Voucher Application and Attestation

Agency Name: _____

Address: _____

Medicaid Provider ID: _____ IRS Tax ID Number: _____

Applying for: Tier 1 Voucher ____ Number of clinician subscriptions ____
Tier 2 Voucher ____ Number of clinician subscriptions ____

Selected Health Information Organization:

MyHealth ____ SMRTNet ____ NPHO (Healthricity) ____

Name and contact information of person to be contacted on matters involving this application:

Name (printed): _____

Telephone number: _____

Email: _____

Attestation:

I hereby attest that the above referred to agency is designated as a mental health or substance abuse treatment provider by the Oklahoma Health Care Authority;

Has an IRS designation as a not for profit conferred under United States Internal Revenue Code Section 501(c);

Has established a working relationship with a primary care provider, documented through a contract, memorandum of agreement or memorandum of understanding (**document must be attached**);

If applying for Tier 1 Voucher, above referred agency does not have Tier 1 interoperability in place.

If applying for Tier 2 Voucher, above referred agency does not have Tier 2 interoperability in place.

Above referred agency is not participating in the OHIET Physical Health Eligible Hospitals and Eligible Providers voucher program.

I am the authorized representative for the above referenced agency.

Printed Name _____ Date _____

Signature _____