BEHAVIORAL HEALTH INFORMATION TECHNOLGY IMPLEMENTATION IN NEW YORK STATE

06/01/2016 to 05/31/2018

NYeC

NEW YORK eHEALTH COLLABORATIVE

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EXECUTIVE SUMMARY

The New York eHealth Collaborative (NYeC, pronounced "nice") is a non-profit organization working in partnership with the New York State Department of Health to improve healthcare by collaboratively leading, connecting, and integrating health information exchange (HIE) across the state.

NYeC is a 501(c)(3) and the State Designated Entity (SDE) in New York State charged with the leadership, governance, coordination, and administration of the Statewide Health Information for New York (SHIN-NY). In that capacity, NYeC works as a public/private partnership with the New York State Department of Health (NYS DOH) on the development of policies and procedures that govern how electronic health information in New York State is shared via the SHIN-NY.

The SHIN-NY is a "network of networks" consisting of eight Qualified Entities (QEs), also known as Regional Health Information Organizations (RHIOs), and a statewide connector that provides secure sharing of important clinical data from participating providers' electronic health records (EHRs). The eight QEs are Bronx RHIO, HealtheConnections, HEALTHeLINK, Healthix, HealthlinkNY, Hixny, NYCIG, and Rochester RHIO. Participants include hospitals, clinics, labs, radiology centers, ambulatory physicians, home care agencies, nursing homes, long-term care facilities, public health departments, health plans, behavioral health providers, NYS DOH, and Federally-Qualified Health Centers (FQHCs), among others. Virtually all hospitals and over 80,000 other healthcare professionals are part of the network. By making it possible to immediately share data, the SHIN-NY helps streamline care and supports better patient experiences and outcomes while improving safety and lowering healthcare costs.

NYeC was an Office of the National Coordinator for Health Information Technology (ONC)-designated Regional Extension Center (REC), a program that helped healthcare providers adopt and implement an EHR. This program evolved into our Healthcare Advisory Professional Services. To date, the provider assistance team has supported over 10,000 providers in practices of all sizes in implementing technologies and processes to improve healthcare delivery across New York State.

NYeC was awarded a Behavioral Health Information Technology (BHIT) grant for approximately $10 million by the NYS DOH to provide technical assistance and support to Adult Behavioral Health–Home and Community-Based Services (BH HCBS) providers in the 57 New York State counties outside of New York City, known collectively as the Rest of State (ROS). HCBS services were collaboratively developed by New York State's Office of Mental Health (OMH), Office of Alcoholism and Substance Abuse Services (OASAS), and the Department of Health.

As part of this grant, NYeC assisted Adult BH HCBS providers with adoption, implementation, and upgrade of a certified electronic health record (EHR) and electronic billing software (EBS) to enable case documentation and billing for their HCBS services to Medicaid Managed Care (MMC). NYeC provided organizations with technical and financial assistance to facilitate the purchase or upgrade of an EHR. The BHIT program established a Medicaid Managed Care billing process for Adult BH HCBS providers in New York State.

This report details the strategic approach taken by NYeC, highlighting key activities, achievements, and lessons learned through the successful completion of this program. Through the BHIT grant, 114 provider organizations and over 2,000 HCBS providers adopted or upgraded an electronic medical record and billing system to capture their case documentation in real-time and bill for their services to Medicaid Managed Care. This model of engaging vendors in the upgrade of the software for a specific provider workflow was unique and effective; 15 vendor systems were upgraded and qualified through the program. Additionally, the BHIT team laid the foundation for exchange of information between providers in many community-based organizations throughout the state and their stakeholders, as interoperability is fundamental for data exchange between this provider community. This report lays the groundwork for subsequent endeavors in this space.

INTRODUCTION

In 2011, New York launched a Medicaid Redesign effort that included several initiatives to curb spending and increase quality, one of which called for further inclusion of behavioral health services into managed care.[1] Furthermore, the New York Medicaid program has transitioned away from a fee-for-service (FFS) model, where provider organizations directly billed New York State for services rendered. Instead, there has been a move towards the Medicaid Managed Care model (MMC), where providers contract and bill in-network Managed Care Organizations (MCOs). The need for Adult Behavioral Health Home and Community-Based Service (BH HCBS) provider organizations to electronically capture and bill Medicaid Managed Care for services provided lead to the Behavioral Health Information Technology (BHIT) Program.

The New York State Office of Mental Health (OMH), in collaboration with the New York State Office of Alcoholism and Substance Abuse Services (OASAS) and the New York State Department of Health (NYS DOH), created Home and Community Based Services (HCBS). The Adult BH HCBS services were recovery-oriented and designed to assist individuals with significant behavioral health needs living in the community. These services were eligible to Medicaid members in New York State and providers of these services are designated by OMH and OASAS.

The BHIT program provided an opportunity to engage with a provider population typically left out of other funding models to support the transition to and adoption of health information technology. The program also aimed to increase interoperability among care teams, enable electronic care coordination, and bring Adult BH HCBS service providers into the medical neighborhood.

Adult BH HCBS services first became available to eligible individuals in Health and Recovery Plans (HARPs) and HIV Special Needs Plans (SNPs) in New York City in January 2016 and for the Rest of State starting in October of 2016.

The Adult BH HCBS services for eligible adults included:

- Psychosocial Rehabilitation
- Comunity Psychiatric Support and Treatment (CPST)
- Habilitation Services
- Family Support and Training
- Short-Term Crisis Respite
- Intensive Crisis Respite
- Education Support Services
- Peer Support Services
- Non-Medical Transportation
- Pre-Vocational Services
- Transitional Employment
- Intensive Supported Employment
- On-Going Supported Employment
- Self-Directed Care
  (to be implemented later as a pilot program)

[1] https://www.medicaid.gov/medicaid-chip-program-information/by-topics/delivery-systems/managed-care/downloads/new-york-mcp.pdf

With the onset of these new Adult BH HCBS services, EHR software had to be modified to meet requirements for new billing coding, modifiers, and rates; case documentation; capitation rules; system alerts; and exchange capabilities according to the workflow requirements between the HCBS providers and designated Health Homes and Managed Care Organizations (MCOs).

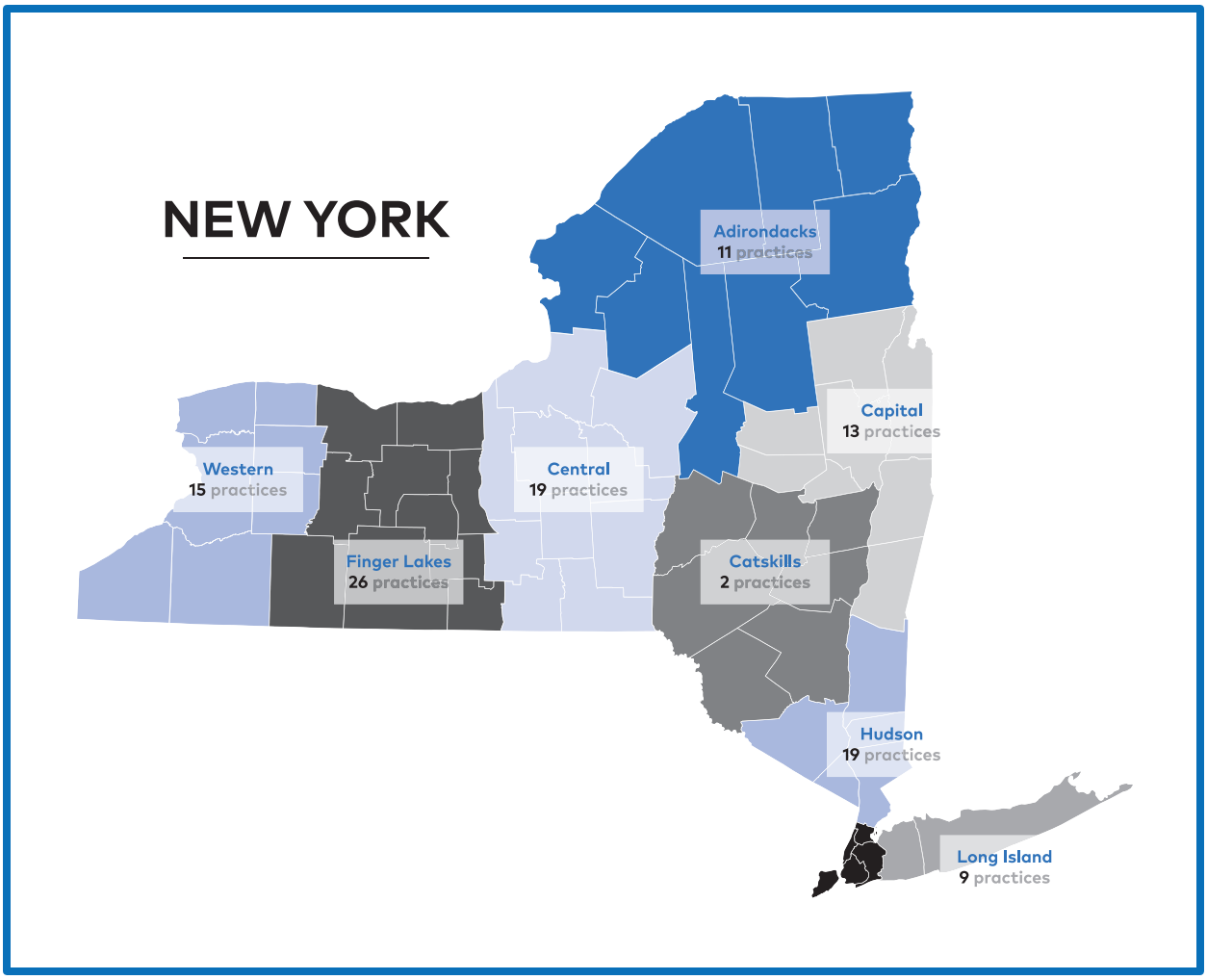
To assist eligible HCBS providers to adopt or upgrade their EHR system to meet the new HCBS case management and billing requirements, NYS DOH, in partnership with the OMH and OASAS, developed the BHIT program. Eligible provider organizations were awarded funding and provided technical support to assist with their digital transformation.

The New York eHealth Collaborative (NYeC) was awarded the BHIT grant to work with providers of Home and Community-Based Services in the 57 counties in New York outside of New York City, referred to as Rest of State (ROS).

NYeC was tasked with fiscal and administrative oversight on this program, including meeting program deliverables as outlined in the contract work plan. In addition, NYeC aided designated providers on their selection, purchase, or upgrade of an EHR system. Technical assistance was provided to ensure compliance with the HCBS requirements as related to the quality of case documentation, usage of billing software, and successful payment of claims by payers. NYeC committed to assist, at a minimum, 150 Adult BH HCBS provider organizations and/or at least 1,000 HCBS staff within the 57 counties of New York State outside of New York City. To ensure that these commitments were reached, NYeC subcontracted with two organizations: the Massachusetts eHealth Collaborative (MAeHC) and Strategic Interests. Each organization had a geographic catchment area to provide technical support to a subset of behavioral health organizations. Strategic Interests had the Finger Lakes and Western New York regions and MAeHC had the Adirondacks, Catskills, and Central New York regions. NYeC also served as a contractor of the grant, providing technical support to organizations in the ROS.

At the conclusion of the grant, over a two-year period ending on May 31, 2018, NYeC and our partners assisted 114 organizations across 52 counties in NYS and effectively provided them with technical assistance to implement their EHR systems. Figure 1 below showcases the spread of organizations that NYeC has worked with throughout the state on the BHIT program.

Figure 1 – NYeC BHIT Implementation Map by Region



BEHAVIORAL HEALTH INFORMATION TECHNOLOGY (BHIT) DELIVERY IMPLEMENTATION

Eligibility

New York State Office of Mental Health (OMH), in collaboration with the New York State Office of Alcoholism and Substance Abuse Services (OASAS) designated 150 provider organizations that were eligible for the BHIT program. These organizations deliver one or more Home and Community Based Services. The OMH and OASAS Readiness Survey was used to determine the organization's ability to deliver HCBS services. It also allows the provider organization to establish which of their designated BH HCBS services are active and which are on "hiatus" status. Provider organizations agreed to the following terms in order to participate in the BHIT program:

- Must be ready to provide at least **one** HCBS Service (not on hiatus) before the first BHIT milestone date
- Must complete Provider Information Assessment (PIA) and provide updates on staffing, HCBS status, etc. to NYeC
- Must be contracted with and credentialed by at least one Managed Care Organization (MCO) by the time Milestone 2 is documented
- Must be eligible to receive or have received a start-up grant from New York State to provide one-time funding to support general HCBS infrastructure (New York State start-up funds target HCBS provider organizations with little or no Medicaid or Medicaid Managed Care billing experience)

Program Establishment and Management

The BHIT program was structured through the contribution of various stakeholders participating in bi-monthly Steering Committee meetings prior to the program launch and continuing throughout the program. NYeC hosted and led a number of these meetings, with participation of OMH, OASAS, Managed Care Payers, NYC DOH, HCBS provider organizations, EHR vendors, and others who joined as needed. This committee helped to construct the program, provided direction, and collaborated on joint responses to questions that arose.

Technology Assessment Survey

To understand the technological landscape, NYeC created and sent a Technology Assessment Survey to the 150 designated provider organizations. Organizations then reported on their current health information technology (HIT) systems and their electronic health record needs. The ROS HCBS survey began on October 1, 2016. By October of 2017, 114 active designated HCBS provider organizations that had responded. The results of this survey helped NYeC's team to identify the EHR software needs of the organizations.

Vendor Overview

Vendor RFI Qualification and Contracting Process

Adult BH HCBS provider organizations were assessed to understand the provider landscape and information technology (IT) infrastructure in both New York City and the Rest of State, asking providers to report their current health information technology capabilities. The assessment identified which provider organizations were using an EHR system certified under the 2014 requirements of the Office of the National Coordinator for Health Information Technology (ONC). The ONC is the national entity responsible for defining technical requirements and providing certification for EHR systems (ONC-Certified EHR).[2] Providers not using an ONC-certified EHR system needed to adopt a BHIT-qualified EHR, electronic medical record (EMR), or electronic billing solution (EBS).

Once the EHR landscape in the state was identified, NYeC launched a Request for Information (RFI) to vendors to identify those interested in upgrading their software according to the HCBS workflow. Adult BH HCBS technical specifications were disseminated to respondents. Vendors that satisfied the HCBS requirements were invited to contract with NYeC on behalf of the BHIT program to provide their software to Adult BH HCBS agencies. Of the seven responses to the RFI, six became qualified vendors.

Additionally, NYeC participated in software demonstrations of EHR, EMR, or EBS systems that met the program criteria and were already being used by designated Adult BH HCBS provider agencies in ROS.

To be considered eligible for the BHIT program and ultimately become Adult BH HCBS-qualified an EHR must have been listed on the Certified Health IT Product List (CHPL)[3] of all certified health information technology. Products listed have been successfully tested and certified by the ONC Health IT Certification program.

A BHIT Qualified Vendor must have complied with the technical requirements for the Home and Community Based Services (HCBS) as defined by the Department of Health, the Office of Alcoholism & Substance Abuse Services, and the Office of Mental Health of the State of New York.

[2] https://www.healthit.gov/

[3] https://chpl.healthit.gov/#/search

There are three categories of Qualified Vendor Systems: [4]

1. **Integrated Behavioral Health Electronic Health Record (EHR) Systems** include within their systems the same software capabilities for Case Documentation (Medical and Behavioral) as well as Practice Management (Demographic, Scheduling, Billing, and Reporting) among other functionalities
2. **Non-Integrated Behavioral Health Electronic Medical Record (EMR) Systems** include within their system software capabilities for Case Documentation (Medical and Behavioral) and limited capabilities for Practice Management (Demographic, Scheduling, and Reporting); they do not have billing capabilities as part of their product and require a bi-directional interface with a separate qualified Electronic Billing System
3. **Electronic Billing Systems (EBS)** are systems specialized for processing claims, tracking payments, and reporting; they require bi-directional interfacing with a separate qualified EMR

Once the RFI was closed, vendor responses were evaluated, software was demoed, and qualified vendors that met the requirements were invited to participate. Vendors had three milestones during their upgrade process to become fully qualified.

1. **Milestone 1:** Administration of program objectives, timelines, and deliverables; signing contractual agreement with NYeC representing the state
2. **Milestone 2:** Building upgraded software, incorporating technical specifications (alerts, rules, rate, etc.); creation of test environment or sandbox to evaluate software functionality when updates were in place
3. **Milestone 3:** Delivery of documentation and materials used to train organizations on the upgraded system relating to HCBS

Thirteen contracts were executed by NYeC with software vendors. Some of the vendors tasks identified in the contracts included:

- Signing a "Letter of Intent" indicating their intent to participate
- Justification of price paid by NYeC under the program for their upgrade; upgrade timeline with expected completion dates; competitive pricing for new HCBS clients; training on the upgrade.
- Scheduling and grading of vendor demos including use of a functional script provided by NYeC to test their system upgrade
- User Acceptance Testing as the last step before vendors became qualified to further review the completed upgrade and confirm that it met the program requirements
- Participation in bi-weekly meetings run by NYeC to monitor progress and status of their upgrade

Once tested and newly qualified, the vendor solutions were added to the Adult BH HCBS Qualified Vendor List posted online and available to provider organizations. Provider organizations used this list to select the appropriate technical solution for them. NYeC did not recommend a specific solution to any organization. Provider organizations were responsible for making their final vendor selection. NYeC oversaw vendor contract management and vendor training commitments.

[4] http://www.fphnyc.org/wp-content/uploads/2016/09/BHIT-HCBS-Qualified-Vendor-List.pdf

Program Funding

NYeC executed a Master Services Agreement with the New York State Department of Health which specified grant funding in the amount of $9,970,670.

The program was a staged, deliverables-based contract with payments made upon completion of milestones. The funds that were paid out quarterly were allocated to provider organizations to use for payment for the adoption and implementation or upgrade of their EHR and for payment to contracted vendors for software upgrade and training.

Quarterly core funding payments were made to NYeC for administrative costs and agent payments. These payments were for agent outreach, engagement, and education provided to the organizations. Agents needed to provide evidence for funding. NYeC retained core funding for their administration of the BHIT program.

The Behavioral Health and information Technology Program had a grant period of June 1, 2016 to May 31, 2018. During that period, there were deliverable dates that needed to be met to ensure completion of the program within the allotted time frame. Table 1, below, illustrates the programmatic dates for the provider milestones along with vendor qualification and submission dates.

Table 1 – BHIT Rest of State Program Dates

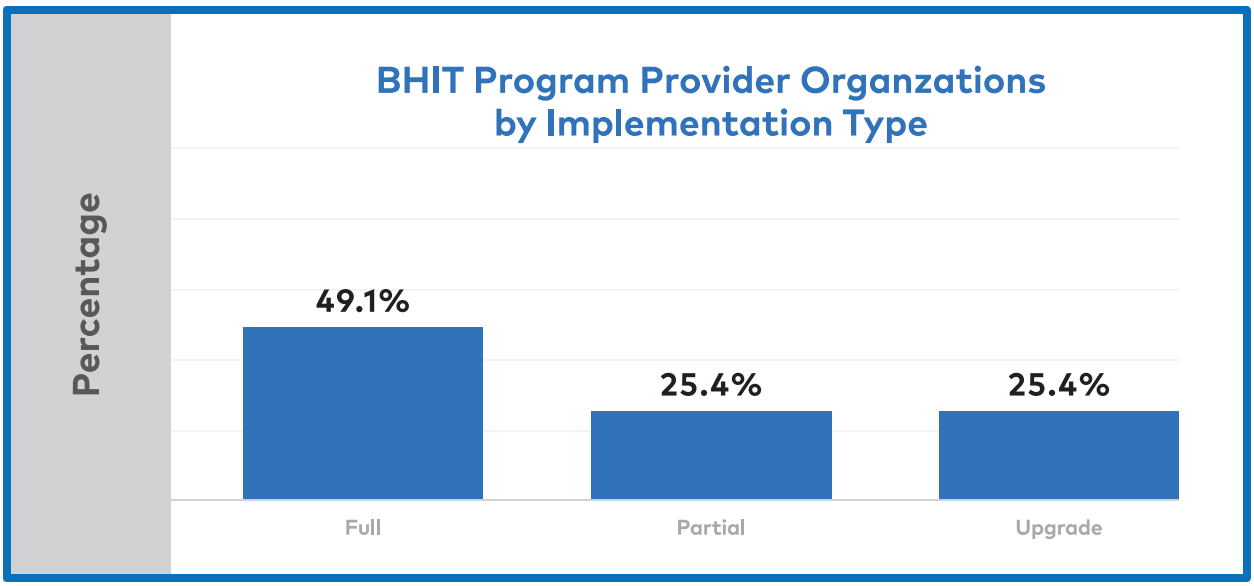
BHIT ROS Program Dates	
Grant Period	June 1, 2016 – May 31, 2018
RFI for Vendors Opened	Posted March 15, 2017
Vendor Rolling Qualification End Date	August 31, 2017
Program Milestone 1 Deadline – Program Enrollment	October 31, 2017
Program Milestone 2 – HCBS System Go-Live	December 31, 2017
Program Milestone 3 – HCBS Billing and Sustainability	March 31, 2018

Provider EHR Adoption/Implementation and Upgrade

Each provider organization that participated in the program was assigned an implementation category based on the technical needs identified in the Technical Assessment Survey. Funding to was provided based on their level of need and whether their implementation was classified as Full, Partial, or Upgrade. Those in need of a Full implementation required a complete EHR, those in the Partial implementation category needed either a case documentation or a billing system, and those in the Upgrade category had a complete system but needed one that was upgraded for Adult BH HCBS services.

- **Full:** Organization was either were completely paper-based or using an EHR hat was not a qualified vendor according to program guidelines
- **Partial:** Organization either had a qualified case documentation system or billing system but needed to purchase and implement the other
- **Upgrade:** Organization already had a qualified EHR system in place and needed to upgrade for their HCBS services

Figure 2 – Provider Organizations by Implementation Type



Funding was tied to milestone completion. There were three milestones that each organization was required to complete to receive their payments. To assist providers in reaching the milestones and successfully implement or upgrade their systems, NYeC worked with two sub-contractors who provided expertise in the ROS. These sub-contractors worked with a list of designated provider organizations that were eligible for BHIT program participation.

Milestone 1 – *Assessment and Enrollment*

Milestone 1 required Full and Partial implementation provider organizations to contract with a vendor and sign a provider participation agreement (PPA) with NYeC. The sub-contractors met with the organizations either at their site or by phone to review the program and its requirements. The PPA outlined practice obligations under the program. During this meeting, technology status was evaluated and support category was identified. This determined the funding they would receive. Organizations without an EHR or with either a case management or a billing system had to provide proof of execution of a contract with a qualified vendor to complete this milestone.

Milestone 2 – *Go-Live and Billing Achievement*

To move past Milestone 2, organizations had to complete the implementation and/or upgrade of their systems and go-live with HCBS functionalities. Organizations were required to submit back-up documentation demonstrating that they were "live" on their EHR system. Documents included:

- Updated Provider Information Assessment
- HCBS Provider Assessment
- Completed Service Authorization Form
- Completed Individualized Service Plan (ISP)
- HCBS Progress Note
- Completed Discharge Note
- Signed Attestation by EHR Vendor and Organization Representative stating Practice was Trained

Milestone 3 – *Billing Remittance*

Milestone 3 required provider organizations to confirm their systems could successfully exchange claim data with at least one Managed Care Organization. The organization had to show evidence of sending a claim to an individual Medicaid MCO. An acceptance or denial of the claim was accepted as successful execution of this milestone. For those without referrals, a test file and environment were created to simulate execution. Organizations had to contract and be credentialed with at least one MCO to complete this milestone.

ASSISTANCE PROVIDED

NYeC was able to engage and enroll 114 out of the designated 150 organizations for ROS. As mentioned earlier, funding to provider organizations were disseminated based on their level of need and whether they were classified as a Full, Partial, or Upgrade implementation. Every one of the 114 organizations, representing over 2,000 HCBS staff members, were able to successfully complete all three program milestones.

Funding for provider organizations was delivered over three milestone periods upon completion of deliverables, according to the organizations level of implementation category.

Provider Outreach, Education, and Events

NYeC competed interoperability trainings including educational webinars and in-person events. NYeC collaborated with partners to host eight educational webinars on the benefits of health data exchange during National Health IT Week in October 2017. These webinars were hosted and organized by NYeC, but featured presenters from the Qualified Entities of the state's health information exchange, the Statewide Health Information Network for New York (SHIN-NY).

NYeC also hosted several in-person networking events that included panel discussions and educational outreach throughout the state. NYeC educated provider organizations on incentives available through the Data Exchange Incentive Program (DEIP), a program initiated by the DOH and implemented by NYeC for the enrollment of and participation in data exchange through the SHIN-NY.

After the BHIT grant ended on May 31, 2018, NYeC hosted three end-of-grant celebratory events: one in-person in Albany, one in-person in Rochester, and a virtual webinar for Rest of State organizations. The purpose of these events was to supply resources, assistance, and guidance on how to continue to utilize their EHR effectively and to help pave the way for value-based payments in the behavioral healthcare specialties.

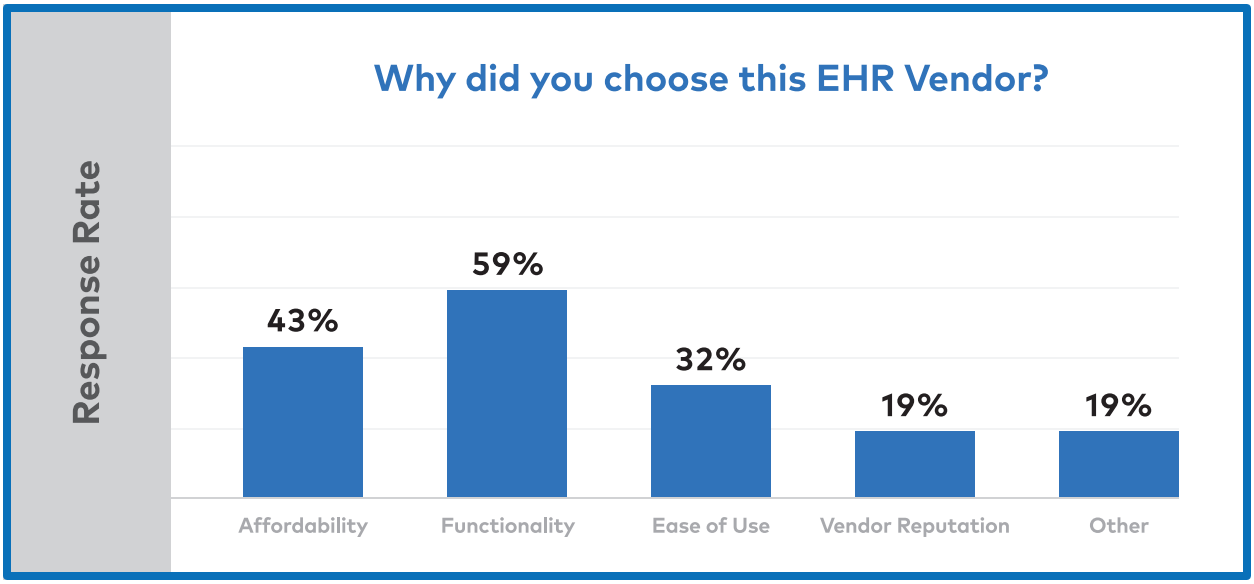
PROGRAM IMPACT – BHIT CLOSE OUT SURVEY OF PROGRAM PARTICIPANTS

On May 11, 2018, the BHIT Close Out Survey was administered to all Adult BH HCBS provider organizations to understand their experience with the BHIT program and to enable NYeC to measure the program's impact. A 23-question survey was sent to all 114 provider organizations that participated in the grant. Seventy-four unique provider organizations in total responded; a response rate of 65%. The survey collected feedback on four program elements: Vendor Experience, HCBS Program Experience, Interoperability, and Overall Program Experience. Survey respondents were primarily at the director level and came primarily from the Finger Lakes, Hudson, and Capital regions.

Vendor Experience

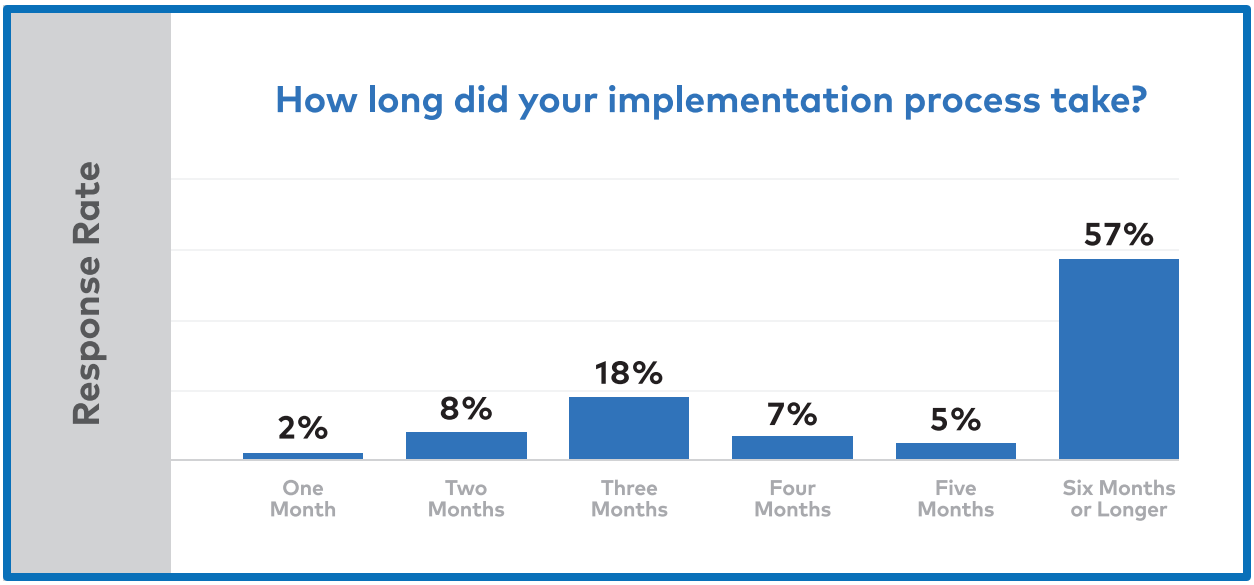
Staff was surveyed to find out about their experience with the BHIT program. They were asked about their vendor experience, their rationale for vendor selection, and whether their implementation timetable was successful. This accumulated data can be used to understand how best to structure and design future programs especially those with similar goals and populations.

Figure 3 – Close Out Survey Question 1



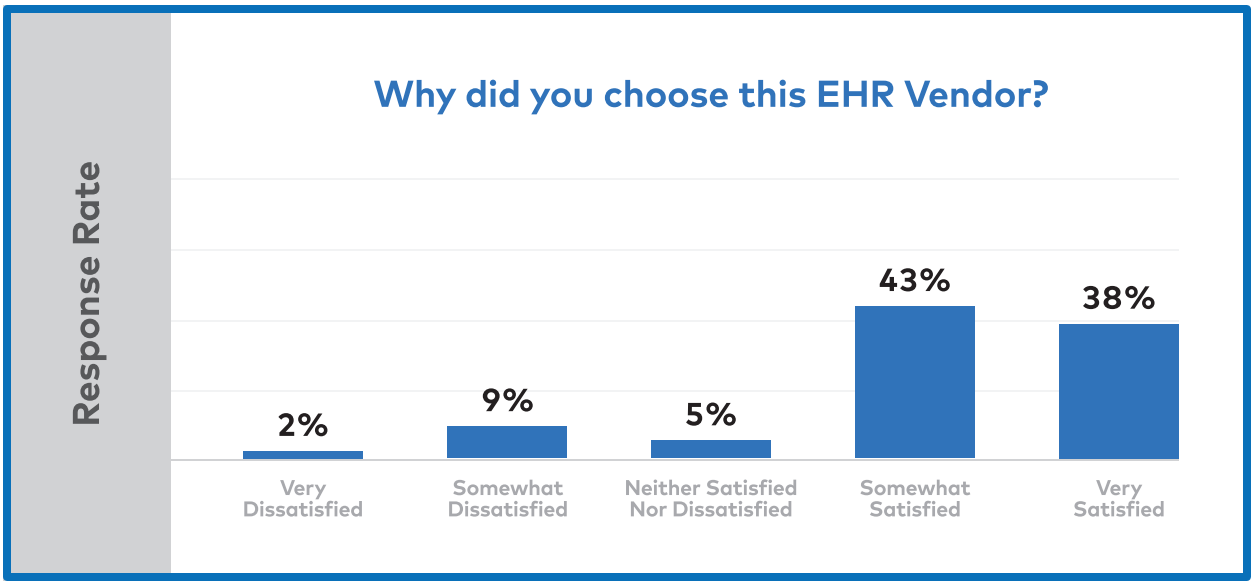
59% of survey respondents said that they selected their EHR software due to its functionality, 43% said that affordability was the main reason for their selection, and 32% said ease of use was the most important criteria. Vendor reputation was selected by 19% of respondents and 19% said they selected the software for other reasons. Other reasons included system compatibility across several service lines, if the system was also being used with other organizations within the provider's region, and if the system was supported by all funding streams such as Medicaid and Access-VR.

Figure 4 – Close Out Survey Question 2



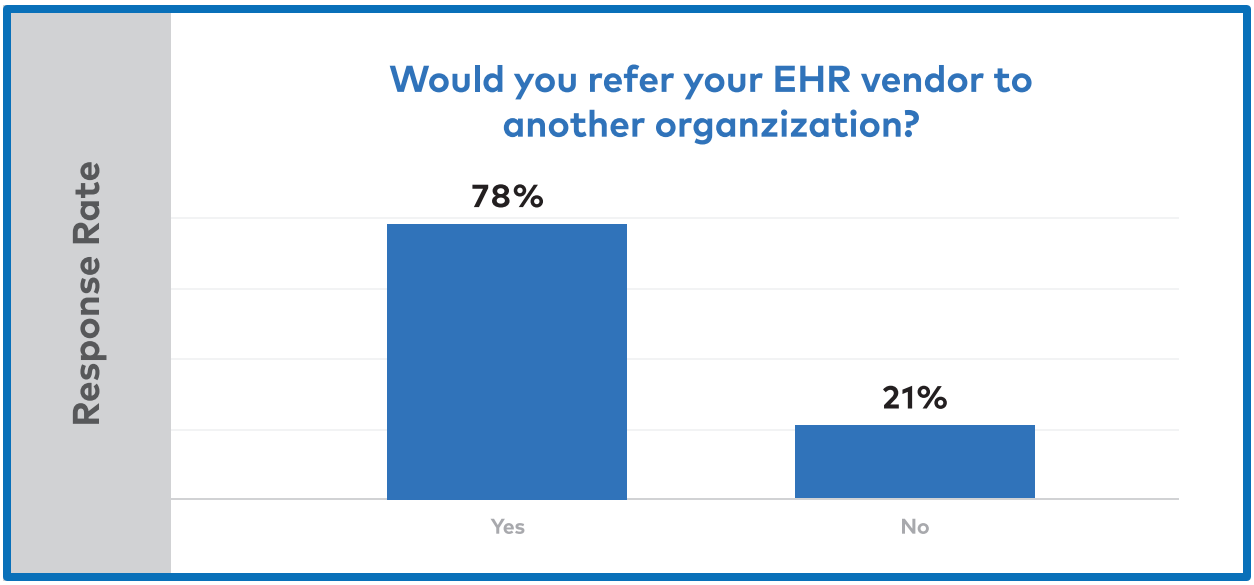
More than half 57%, of survey respondents indicated that the amount time that it took for their EHR to be implemented a go-live was six months or longer. This is a timetable that can be expected, as new implementations take time. Those with shorter implementation timeframes included 18% at three months, 8% at two months, 7% at four months, 5% at five months, and 2% at one month.

Figure 5 – Close Out Survey Question 3



Most respondents (43%) stated that they were somewhat satisfied with their vendors, followed by 38% that said they were very satisfied. This high level of satisfaction with vendors shows that vendor selection was on target and the vendors were responsive to client needs. For future programs, NYeC would recommend keeping communication channels between vendors and provider organizations more open to encourage provider-vendor relationships and assisting when issues arise.

Figure 6 – Close Out Survey Question 4

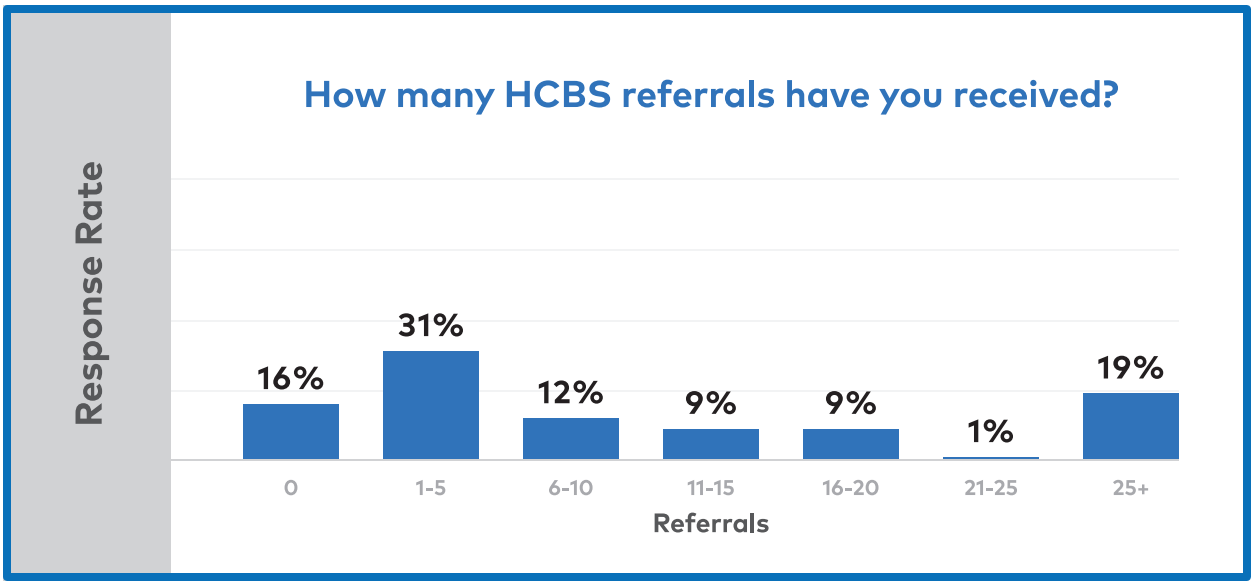


Survey respondents indicated that 78% of them would refer their EHR vendor to another organization, while 21% of respondents indicated that they would not refer their EHR to another organization.

HCBS Program Experience

In addition to providing organizations with technical and financial assistance to implement their EHR, the BHIT program also enabled technical assistance to help provider organizations with billing to Medicaid Managed Care. Throughout the course of the program, organizations focused on HCBS programmatic workflows. NYeC hosted numerous webinars and trainings on billing and program goals. NYeC advocated on behalf of the community-based organizations to clarify and get responses to their billing and HSBC programmatic questions and issues.

Figure 7 – Close Out Survey Question 5

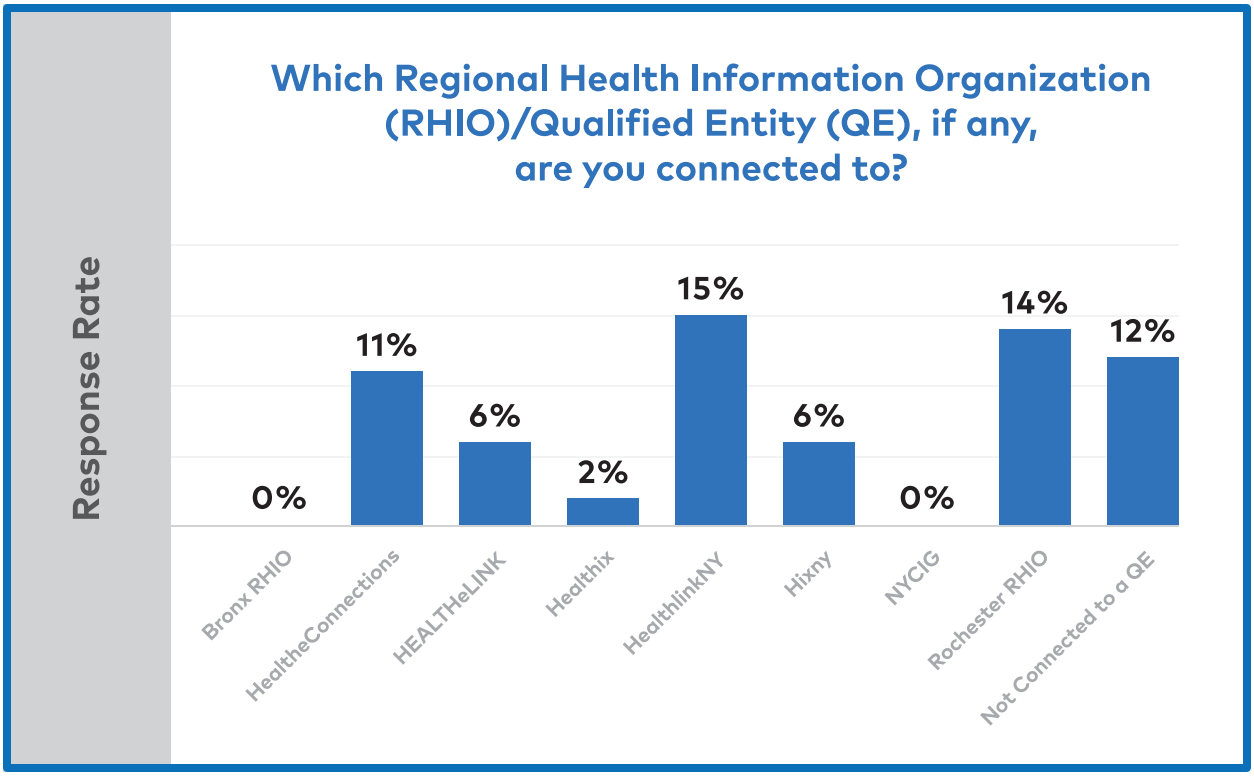


Survey respondents indicated that 31% had received between one and five referrals for HCBS services, 19% of survey respondents indicated that they had received 25 or more referrals for HCBS services, 16% of respondents indicated that they had received zero referrals for HCBS services, 12% of respondents indicated they had received six to ten referrals for HCBS services, 9% of respondents indicated they had received between 11-15 referrals for HCBS services and 16-20 referrals for HCBS services, and 1% of respondents indicated they had received 21-25 HCBS referrals.

Interoperability

As part of the efforts identified both on a national level at the Office of the National Coordinator for Health Information Technology (ONC) and a local level with NYeC and the SHIN-NY 2020 Roadmap, the BHIT program had an education element around interoperability. NYeC recognizes the importance of increasing connectivity and interoperability to improve health outcomes and the experience of care in addition to helping providers to thrive in value-based care arrangements. NYeC, on behalf of New York State, leads the advancement of the Statewide Health Information Network for New York (SHIN-NY) and assists healthcare professionals in adopting and effectively using health records. A component of the BHIT program was an educational aspect that stressed the importance of connecting to a Regional Health Information Organization (RHIO) or Qualified Entity (QE) and provided additional funds for this connection.

Figure 8 – Close Out Survey Question 6

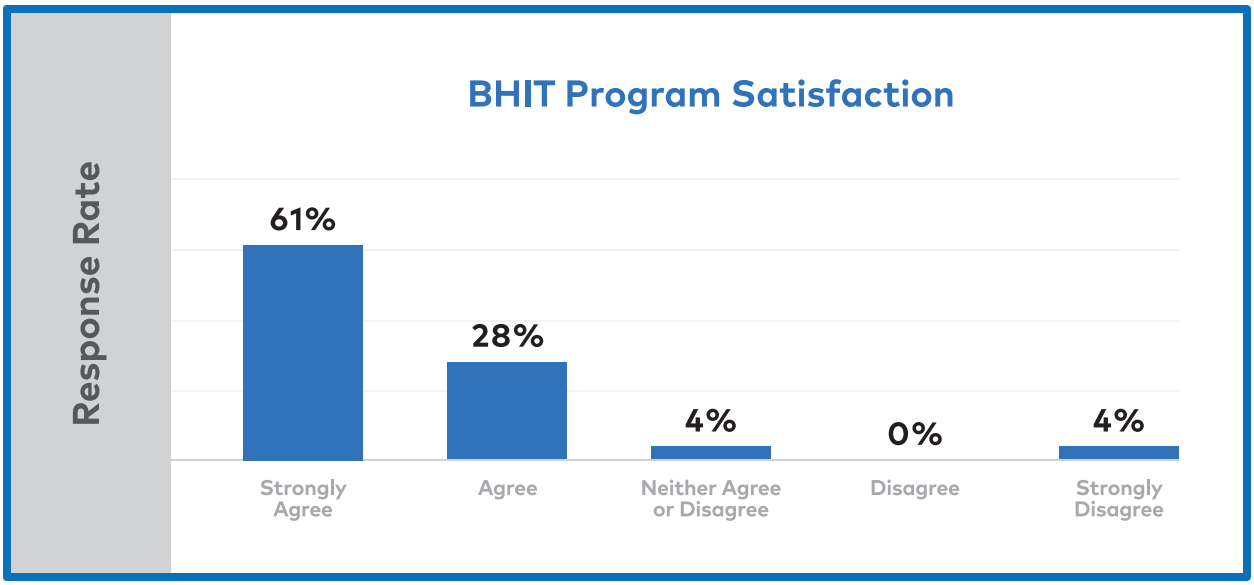


Survey respondents indicated that 15% had connected with HealthlinkNY, 14% of respondents had connected with Rochester RHIO, 12% of respondents had not connected to a QE/RHIO, 11% of respondents had connected with HealtheConnections, 6% of respondents had connected with HEALTHeLINK or Hixny, 2% of respondents had connected with Healthix, and no respondents had connected with Bronx RHIO and NYCIG. Of note, NYeC was awarded the 57 New York State counties outside of New York City for the BHIT program. While healthcare organizations can connect with the QE that best aligns with their business, operational, and service delivery needs, Healthix, Bronx RHIO, and NYCIG typically work with providers in New York City.

Program Experience

To understand the experience of the provider organizations, participants were asked to rate the following sentence: I found the BHIT program useful to my organization.

Figure 9 – Close Out Survey Question 7



These responses indicate a high level of satisfaction with the BHIT program. 61% of the responders strongly agreed that they found the BHIT program useful to their organization, 28% of respondents agreed that the BHIT program was useful to their organization, 4% of respondents neither agree or disagreed that the BHIT program was useful to their organization as did those respondents that indicated that they strongly disagreed, and zero respondents disagreed that they found the BHIT program useful to their organization.

Qualitative feedback was encouraged from survey takers. Respondents informed the team of the following:

- *"Learned a lot from the program"*
- *"Helped us navigate a replacement for our ailing EHR"*
- *"The BHIT program helped us to navigate the monumental task of evaluating and implementing an EHR. We couldn't have done it as effectively without the support of our BHIT grant and the technical assistance"*
- *"The BHIT program helped bring our CBO to another level and was the stepping stone to help us share information and gather information in the future"*
- *"Linking us up with RHIO, and an EHR and assisting with payment. Some of the training was helpful as well"*
- *"We were disappointed that the EHR we chose did not seem to be prepared to handle the number of providers that purchased their services"*
- *"The process was a little challenging at times but worth it"*

LESSONS LEARNED

Vendor Contracting Challenges

The vendor contracting phase of the program was more involved than originally expected and there were more vendor contracts than originally expected. NYeC completed four new vendor contracts and eight contracts with vendors already qualified by the Office of Mental Health. The turnaround time for vendor upgrades to their software depended on the vendors timeline, availability, and their prioritization of the BHIT program. Timeliness was key for this phase of the program, as provider organization could not select their EHR vendors until NYeC's contracts had been executed and the software had been upgraded. For future programs where contracting with vendors is involved, a different methodology may be considered to incentivize vendor delivery of a completed product.

Referral Workflow

Some participating providers faced low client referrals for HCBS services. This had a direct impact on the number of staff serviced through the BHIT program. The NYeC team alerted OMH and OASAS to providers indicating that the referral workflow needed to be simplified and OMH and OASAS has taken these recommendations and made alterations to the process to expediate the system overall. The NYS Department of Health convened meetings with the HCBS provider organizations, Health Homes, and Managed Care Organizations to figure out how to improve the situation. Organizations were implored to create better working relationships with their Health Home, as they were the conduit for referrals.

Lack of referral activity also had a direct effect on the BHIT program, as Milestone 3 required the organization to confirm their billing workflow with an actual claim. Without referrals, claims were not made and the bi-lateral claims process could not be tested. For organizations that faced this issue, testing was confirmed with the assistance of the Managed Care Organizations through the use of test claims. NYeC worked with representatives of the MCOs and the software vendors to facilitate this testing sandbox. Through this process, providers were able to successfully demonstrate bi-lateral communications with the MCOs and receive their Milestone 3 payments.

EHR Pricing

It was important to negotiate favorable pricing terms with EHR vendors in the contracting process. Adopting/implementing or upgrading these systems is costly for HCBS provider organizations who see mostly Medicaid patients. NYeC worked to ensure that BHIT funding covered most, if not all, of the purchase or upgrade price of the system to ensure that provider organizations were selecting the best vendor for their needs and not based on price.

Relationship Building with HCBS Provider Organizations

NYeC attributes some of the success at meeting provider milestones in a timely manner due to the strong relationships forged with the HCBS provider organizations. These relationships were formed with the provider organization staff during on-site and weekly check-in meetings. NYeC also made sure to keep the organizations engaged through the successful completion of all three milestones and through the virtual and in-person events curated for the participating providers.

Interoperability Education

Interoperability education for Adult BH HCBS providers, a milestone requirement of the BHIT program, provided knowledge of the utility of data exchange for this group of behavioral health providers. Providers were engaged in the educational opportunities organized for this purpose and it was satisfying to see such participation. Organizations were educated on the value of data exchange, what it means to connect to the state's health information exchange, the SHIN-NY, and were informed of grant funding opportunities available through NYeC's DEIP program designed to help offset the cost of connecting to a Qualified Entity of the SHIN-NY. Multiple, in-person networking events were hosted throughout the state. NYeC invited staff from the regional health information networks to speak at the events and encouraged HCBS staff to connect with them to understand the next steps needed for signup and data exchange. NYeC also hosted interoperability themed webinars on data exchange and connectivity. Provider organizations found value in the interoperability education efforts and multiple organizations participated in the DEIP program to connect to the SHIN-NY through a Qualified Entity.

CONCLUSION

Healthcare in the United States is moving from a fee-for-service model to value-based contracting with payers to improve healthcare outcomes and lower the cost of care. Value-based care models better align financial incentives so that coordinated and effective healthcare is rewarded rather than volume of services. HIT and HIE are critical tools necessary to succeed in value-based payment arrangements. Through technology, providers have better access to patient information and population health data to drive improvement. Through the BHIT program, NYeC has helped moved the needle for a segment of behavioral health providers in New York State, Adult BH HCBS provider organizations. NYeC established a technology-driven Medicaid Managed Care billing process for these providers to enable them to utilize the benefits of participation and associated practice improvement. NYeC was able to provide services throughout their awarded ROS territory using a federated model and partnering with technical assistance agents. Additionally, the use of both virtual and in-person events around the state helped NYeC to successfully transform these organizations through the BHIT program.

Through the BHIT program, New York State Department of Health provided funding and technical support to providers that would otherwise not have the necessary resources to sustain themselves in this data driven environment. Designated EHR software vendors modified their software to accommodate the workflow of Adult BH HCBS providers. Provider organization adopted or upgraded their software functionality through BHIT grant funding. Their EHR software selection was implemented at Adult BH HCBS sites throughout the state, which enabled them to document their clients' cases and to bill for their services to Medicaid Managed Care. Practices were educated and guided through data exchange with Qualified Entities of the state's health information exchange, the SHIN-NY to help improve care coordination and management for their patients.

As a function of the new data capabilities provided through the BHIT program, Adult BH HCBS provider services are now documented more accurately and completely at the point of care and are able to be shared. Providers may utilize the tools provided in these systems for future efforts at quality improvement, patient engagement, and coordination of patient care. Through the strategic approach taken by NYeC, 114 provider organizations with more than 2,000 HCBS providers adopted or upgraded their electronic health record to effectively capture case documentation during member visits and bill for their services to Medicaid Managed Care. This brought this group of provider organizations into the medical neighborhood and set the stage for connectivity with those in their network. Fifteen vendor software solutions were upgraded and qualified for the HCBS workflow, enabling new providers to automate their services in the future. Provider were surveyed at the close of the program and they responded with a high degree of satisfaction with the BHIT program and with their EHR selection. One provider noted the following: "The BHIT program helped bring our CBO to another level and was the stepping stone to help us share information and gather information in the future." This comment clearly shows the positive impact of the BHIT program on the HCBS community.