

**HealthInfoNet's
Maine State Innovation Model Testing Model Grant
Request for Proposals (RFP) for Behavioral Health Information
Technology (HIT) Reimbursement**

Issued: January 31, 2014

Activity	Date
RFP posted	Friday, January 31, 2014
Interested Participants Question and Answer Call	Friday, February 7, 2014 @ 2:00pm
Deadline for submitting all questions	Friday, February 7, 2014 @ 5:00pm
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HIN review of applications	Tuesday, March 4, 2014
Notice of awardees	Friday, April 4, 2014
Implementation	Tuesday, April 8, 2014

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HealthInfoNet's Maine State Innovation Model Testing Model Grant Request for Proposals (RFP) for Behavioral Health HIT Reimbursement

1) Introduction to Application

A. State Innovation Model Test, Health Information Technology (HIT) and the Behavioral Health HIT Reimbursement Initiative

The Centers for Medicare and Medicaid Innovation Center (CMMI) created the State Innovation Model (SIM) Grants for states that are prepared for planning, designing, testing, and supporting the evaluation of new payment and service delivery models in the context of larger health system reform and transformation. Maine is one of six states awarded a SIM grant for “testing” activities. Test states are recognized as having designed and planned health care reform activities and are now implementing (testing) their plans. The Maine SIM grant period is three years, officially beginning on October 1, 2013.

The State of Maine is the convener of the SIM test grant and reports to CMMI. HealthInfoNet (HIN) is one of three key partners contracted by the State to participate in the SIM initiative statewide. HIN operates the statewide Health Information Exchange (HIE) and has participated in developing and supported the policy and legal framework that enables both mental and behavioral health providers to engage patients in sharing their medical records with the HIE, also known as “opting-in”. In support of health care reform activities, HIN will use SIM funding to provide reimbursements for activities of support behavioral health organizations that improve their Electronic Health Records (EHR) systems and support their participation in “interoperability”, HIN’s HIE services, and shared electronic quality measurement. The following request for proposals (RFP) details the reimbursement initiative in three milestones over the lifetime of the SIM grant, or three years.

The SIM testing grant presents a timely opportunity for Maine to drive integration of care through the inclusion of Behavioral Health data into the statewide HIE. Until a recent 2011 Maine State law change, LD 1331, the HIE could not include information created by licensed mental health providers. The new state law now allows this information to flow to the exchange and be managed through opt-in consent, although federal law continues to exclude information from federally funded substance abuse programs from being included.

B. Background

Since 2004 Maine has moved forward with an ambitious plan to promote the adoption of electronic health records (EHR), establish one of the nation's first operational statewide electronic health information exchanges (HIE), and bring an ever-widening array of providers into the exchange to improve the coordination, integration and quality of patient care.

HealthInfoNet manages a secure electronic system where healthcare providers share patient health information including allergies, prescriptions, medical conditions, and lab and test results to better coordinate and improve patient care. The exchange includes data on all patients regardless of payment source – commercially insured, uninsured, publicly insured, and underinsured patients are all in the database. Participating providers submit data to the exchange on a real-time basis, where it is housed in a statewide data repository organized by a master patient index linking patients across multiple health care settings. Identifying and linking the right patient is a challenging and essential component of the success of the exchange. Finally, HealthInfoNet standardizes the data across sites to guarantee that the statewide data means the same thing to all providers accessing the exchange and that the aggregated database can be analyzed across provider organizations and regions of the state.

Central to HealthInfoNet's strategy has been a longstanding priority to support the collaborative engagement of providers from both the behavioral and physical health sectors, and of consumers, so the use and level of deployment of HIT enhances care at the patient and provider level. This integrated vision has guided the organization's development. Today, HealthInfoNet's HIE is one of the most robust in the country. All of the state's 38 hospitals will be connected by early 2014, making Maine one of the few States in the country to have all of its hospitals connected to a query-based HIE. In addition to hospitals, outpatient providers and other care organizations are connected to the exchange. Two significant grant awards—the Maine Regional Extension Center Grant, awarded to HIN by the Office of the National Coordinator of Health Information Technology, and the Center of Integrated Health Solutions Contract, awarded to HIN and funded by the Substance Abuse and Mental Health Services Administration (SAMSHA)—has supported HIE connection to 392 ambulatory provider sites including primary and specialty care practices, federally qualified health centers, mental health agencies, home health and long-term care providers. With data transmitted across multiple health care organizations, HIN's secure database now includes records for approximately 1.3 million persons, representing approximately 90% of the Maine population.

The CMMI Innovation Grant awarded to the State of Maine is supporting HIN to provide multiple services, including: (1) ED/Inpatient notifications to MaineCare Care Managers (2) Providing a clinical dashboard to MaineCare for its member's utilization (3) Providing patient's with access to their statewide HIE Clinical Summary document via their local medical record portal (4) managing a health information technology (HIT) reimbursement program for behavioral health providers, expanding HIE access and integration for behavioral health providers with primary care, hospital and other specialties.

2) Application Goals and Milestone Requirements

A. Goals

While there are many goals and outcome measures for the SIM test, SIM and this Behavioral Health HIT Reimbursement Initiative support the overarching goal to lower cost, improve patient's experience of care, and improve the health of the population at large. The behavioral health services community has generally not been eligible for the incentive opportunities for Health Information Technology (HIT) that were provided in the American Recovery and Reinvestment act – termed Meaningful Use. Yet due to the significant need for care coordination for persons with behavioral health disorders and the high costs related to care for these individuals, the SIM Leadership proposed and were ultimately funded by CMMI to move forward with providing financial resources to behavioral health providers to allow them to upgrade and advance their HIT systems to be interoperable and promote electronic HIE.

In light of the BH community's constraints and barriers to HIT and HIE, HealthInfoNet will award up to twenty (20) BH organizations \$70,000 each over the three-year period of the SIM Grant. This reimbursement opportunity is comprised of three reimbursement milestones. Section '2.B' describes the specific activities and coinciding reimbursement that are required within each milestone.

B. Milestone Activities, Requirements, and Reimbursement

Please carefully review the following Milestone Activities, Requirements and Reimbursements as organizations that don't meet the criteria will not be considered, and organizations that don't meet Milestones may be terminated from participation.

I. **Milestone 1: EHR Interoperability- \$35,000**

Milestone 1 focuses on the optimization of the Electronic Health Record (EHR) and its ability to exchange data with HIN's Health Information Exchange (HIE).

The Awardee will receive \$10,000 upon contract with HIN as a selected participant, and an additional \$25,000 after completing the following Milestone 1 activities:

- Have an EHR as the core means of clinical service documentation, live and implemented at the time of application, **OR**
- Prove that significant project plans and timelines toward a EHR go-live implementation is in place within 6 months' time from the date of this application that includes funding beyond the scope of this initiative, **AND**
- Demonstrate interoperability capabilities within 12 months, **AND**
- Sign a HIN Participant Agreement for HIE services. Participating in this initiative waives all of HIN's standard HIE participant fees for the life of the grant. At which time the grant ends, the grantee is not required to continue to participate with HIN, however the hope is to prove the value of such participation and continue the service relationship.¹

II. Milestone 2: HIE Participation- \$10,000

Milestone 2 focuses on technology activities that enable active clinical data interfaces with HIN's HIE to support the integration of clinical data and care coordination across the continuum. The Awardee will receive \$10,000 after completing the following Milestone 2 Activities:

- Complete HIN's "onboarding" and education processes for HIE connection and participation which highlights legal rules for "opt-in" "opt-out" patient education (See Appendix A for additional information).
- Prepare for Milestone 3 requirement of quality measurement via the HIE with the following Milestone 2 obligations:
 - Go-live with the HL-7 Admission, Discharge and Transfer (ADT) data interface
 - Attest and commit to a 6 month project plan for HL-7 Observation Result (referred as ORU – containing lab and other lab data) data interface go-live.

¹ HIN participation fees for behavioral health providers are \$300/yr per prescribing provider and \$200/year per LCSW/Counselor. For organizational participants fees are capped at \$25,000/year.

- Submit the approach and plan for patient “opt-in” procedures and workflows.

III. Milestone 3: Quality eMeasurement & Reporting with HealthInfoNet- \$25,000

The awardee will be eligible to receive \$25,000 once all milestone three activities are attested to. Grantees will have planned and begun the implementation of using the HIE as a tool towards quality measurement and reporting. This milestone requires grantees to participate in the discussion and decision making process for establishing the quality measure and process.

Grantees in milestone three must:

- Transmit data that can be used for quality measurement and reporting for a minimum of one measure that is aligned with SIM quality measures (to be defined in workgroups and adopted by the SIM Steering Committee). For example, SIM measures as part of Health Homes quality reporting identified PTE measures under the scope of the Maine Health Management Coalition Behavioral Health work group.
- Participate in forums that define Behavioral Health quality measures and reporting processes within the scope of the SIM projects. [The number of meetings and forums are not specifically identified at this time. The participation burden will be no more than 1.5 hours per month]

C. Payment Milestone Table

Milestone	Payment
Milestone One – Demonstrate interoperability capabilities and sign HealthInfoNet’s HIE Participation Agreement.	\$35,000 divided as follows: <ul style="list-style-type: none"> • \$10,000 upon contract with HIN • \$25,000 after meeting milestone one requirements
Milestone Two – Go live with ADT data interface, attest and commit to a 6-month project plan for ORU data interface, and submit the approach and plan for patient “opt-in” procedures and workflows	\$10,000 after meeting milestone two requirements
Milestone Three – Transmit data that can be used for quality measurement and reporting for a minimum of one to be determined quality measure	\$25,000 after meeting milestone three requirements

3) Organizational Compliance and Organizational Requirements

A. Procurement Compliance

- I. Reimbursement funds for this initiative are provided by the Department of Health and Human Services Centers for Medicare and Medicaid Innovation (CMMI). As such all federal procurement and financial accounting rules apply.
 - a. Awardees must comply with the requirements in 45 CFR 74 and 45 CFR 92.
 - b. Provide any requested documentation to HIN.
- II. **REFERENCES:**
 - a. 45 CFR 74.25(c)(7); 74.44(e); and 74.48; 45 CFR 92.30(d)(4) and 92.36; OMB Circular A-133___.210; Recovery Act guidance; HHS Grants Policy Statement

B. Mandatory Organizational Requirements

To participate, organizations must:

- I. Meet or demonstrate the intent to meet the Licensing Standards to provide mental health services with the State of Maine DHHS within 6 months of award.
- II. Provide billable services to, as an eligible MaineCare provider, MaineCare members with serious mental illness and serious emotional disturbances.
- III. Provide expertise in co-occurring disorders as defined in current DHHS contract standards.
- IV. Commit to full implementation or optimization of an Electronic Health Record within 6 months of contract award for the Behavioral Health HIT Reimbursement Initiative.
- V. Explain ability to meet all 3 Behavioral Health HIT Reimbursement Grant Milestone requirements.

Note: Preference will be given to those organizations approved to participate in MaineCare's Behavioral Health Home Initiative.

4) RFP Process Requirements and Timeline

A. HIN Contacts

1. For questions and clarifications on the RFP, please contact:

Katie Sendze
 Program Director
 HealthInfoNet
 125 Presumpscot St
 Box 8
 Portland, ME 04103
 (207) 541-4108
BHRFP@hinfonet.org

2. Additional information will be posted to the following websites:
 - i. HealthInfoNet – www.hinfonet.org
 - ii. Maine SIM - www.maine.gov/dhhs/sim/index.shtml

B. Application Timeline

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C. Interested Participants Question and Answer Call

1. All interested participants are encouraged to submit questions to be answered on an open informational question and answer session call with HealthInfoNet on Friday, February 7, 2014 at 2:00pm. Please call into the call using 1-866-740-1260 (passcode: 4300688). The call will be recorded and made available with the transcribed questions and answers on the corresponding websites.

2. Questions should be submitted electronically to BHRFP@hinfonet.org. Please include “BH RFP Question” in the subject line of the message.
3. All questions received, both at the open session and prior, and any answers or guidance provided in response will be shared with all interested participants. Questions and answers will be posted on the HIN and Maine SIM websites by 5:00pm on Tuesday, February 11, 2014.

D. Response Guidelines

1. All respondents must submit a Letter of Intent (LOI) by Friday, February 14, 2014 by 5:00pm, indicating their plan to complete the RFP within the prescribed time frame and willingness to adhere to all requirements. Please include your organization and contact information in the email. Please email the Letter of Intent (LOI) to BHRFP@hinfonet.org by 5:00pm on Friday, February 14, 2014.
2. All RFP responses are due on Monday, March 3, 2014 by 5:00pm eastern time. Responses received late will be rejected or deemed non-conforming. HIN assumes no responsibility or liability for late delivery. You will receive a notification email indicating that your RFP application was received.
3. Respondents are cautioned to carefully read and conform to the requirements of this RFP. Failure to comply with these provisions may serve as grounds for rejection of a response for non-conformance. All responses must be submitted in writing, 12 pt. font, and 1” margins in **two** written copies and **one** electronic version (.PDF or .doc). Please use the tables provided as a guideline.
4. Electronic responses must be submitted to BHRFP@hinfonet.org. Be sure to include “BH RFP – Your Organization Name” in the subject line of the message.
5. Two copies of the written responses should be submitted postmarked by March 3, 2014 – no later than 5:00pm eastern time. Return responses to:

Katie Sendze
Program Director
HealthInfoNet
125 Presumpscot St
Box 8
Portland, ME 04103

6. Any and all data, materials and documentation submitted to HIN in response to this RFP will become the property of HIN.

7. Failure to answer to all required RFP questions can render a response incomplete and ineligible for farther consideration as an awardee.

E. Application Materials

Please answer each of the following questions in the following tables.

Please use the following table format as a guideline to answer the required questions. Answers must reference the item number and be in 12 pt. font.

The RFP requirements are broken down into five sections:

I.	Behavioral Health Organization Contact Information
II.	Section A: Behavioral Health Licensing and MaineCare Status
III.	Section B: Core Business Description and Questionnaire
IV.	Section C: Electronic Health Records (EHR) and Health Information Technology (HIT) Questionnaire and Technical Requirements
V.	Section D: EHR System Functional Requirements

HealthInfoNet's State Innovation Model RFP
Behavioral Health HIT Reimbursement
Application

Behavioral Health Organization Contact Information

BH Organization Applicant	
Organization Name-	
Mailing Address-	
Main Office Physical Address- (if different from above)	
Phone Number-	
Website-	
Contacts	
Business Contact Name-	
Title-	
Phone Number-	
Email-	
HIT Technical Contact-	
Title-	
Phone Number-	
Email-	

Section A: Behavioral Health Licensing and MaineCare Status

Services Provided		Response	
Item	Question	Yes	No
A1	Are you currently licensed to provide mental health services with the State of Maine DHHS? ²		
A3	Do you provide billable services to, as an eligible MaineCare provider, MaineCare members with serious mental illness and serious emotional disturbance who are eligible to participate in MaineCare’s Behavioral Health Home Initiative?		
A4	Do you provide psychiatric medication management services or have a memorandum of agreement with a psychiatric provider that ensures access to psychiatric consultation for MaineCare members?		
A5	Do you provide expertise in co-occurring disorders as defined in current DHHS contract standards?		
Provider Resources			
Item	Question	Response	
A6	Please give us approximate numbers of employees with the following Maine State Licensure: <ul style="list-style-type: none"> • Psychiatrists (MDs, DOs) • Licensed Nurse Practitioners (PMHNP, FNP) • Psychologists (PhD, PsyD) • Advanced practice registered nurses (APRN) • Clinical Professional Counselors (LCPC) • Clinical Social Worker (LCSW) • Marriage and Family Therapist (LMFT) • Other Licensed professional we have missed 		

This completes Section A: Behavioral Health Licensing and MaineCare Status Form

² The DHHS home page for the Division of Licensing and Regulatory Services at: <http://www.maine.gov/dhhs/dlrs/index.shtml>

Section B: Core Business Description and Questionnaire

Organization Background Information		
Item	Question	Response
B1	Please provide an overview statement indicating your organization's interest in the project.	
B2	Please summarize your practice/organization's core business and ancillary operations: (i.e., Mental Health Agency, Substance Abuse Treatment Agency, Multi-service Behavioral Health Agency, Intellectual Disabilities Agency, Case Management, Community Integration, Individual or Small Group Mental Health Provider, etc.)	
B3	What Maine populations do you serve? (i.e., Children & Youth, Adult, Homeless, HIV/AIDs, Dually Diagnosed MH/SA, Military Veterans & Families)	
B4	Summarize the Quality Measurement programs you participate in today, and your plans to participate in Quality Measurement programs.	
B5	Has your company undergone any major changes over the past five years? If, yes, please describe.	
B6	What kinds of change in ownership (mergers and acquisitions) are on the horizon and/or have been announced?	
B7	Where are your service/facility locations?	
B8	Do you use sub-contractors and/or partners to support EHR/technology? If yes, please describe.	
B9	Please list the organizations that you coordinate care with. (List top 5, not all).	
B10	Please attach your most recent annual financial statement such as your Balance Sheet.	
Participation in Current and Past Related Projects		
Item	Question	Response
B11	Are you eligible to become a MaineCare Behavioral Health Home? ³	
B12	Have you applied to become a MaineCare Behavioral Health Home? And/or have you been notified of eligibility to become a MaineCare Behavioral Health Home? ³	
B13	Are you currently or planning to participate in an Accountable Care Organization (ACO)? If yes, please provide information on the name, type (Medicare/Private), and partners of the ACO and when you joined.	

³Behavioral Health Home Information can be located at: <http://www.maine.gov/dhhs/oms/vbp/health-homes/stageb.html>

Participation in Current and Past Related Projects		
Item	Question	Response
B14	Have you applied or have you been notified of eligibility to participate in the MaineCare Accountable Communities ACO? ⁴	
B15	Are you currently under contract or formal arrangement to provide “integrated care” with a Patient-Centered Medical Home (PCMH) or primary care setting? ⁵	
B16	Have you signed a contract with HIN to access the HIE?	
B17	Are your MDs, DOs, and NPs enrolled in the CMS Meaningful Use EHR Incentive Program for Meaningful Use? If yes, have any of your providers met Meaningful Use?	
Patient Demographics and Geography		
Item	Question	Response
B18	How many clients/patients do you serve annually (billable care)?	
B19	What are the age demographics of your clients/patients? 1. Under 18 2. 19 to 44 3. 45 to 64 4. 65+	
B20	What percentage of your total patient insurance type are MaineCare clients/patients?	
B21	Define your patient population in terms of diagnosis.	
B22	What is the average panel size per billing provider/clinician? (as defined in your organization)	
B23	Please name the primary service counties in Maine where your patients/clients live.	

This completes Section B: Core Business Description and Questionnaire

⁴ MaineCare Accountable Communities information can be located at:
<http://www.maine.gov/dhhs/oms/vbp/accountable.html>

⁵ Patient-Centered Medical Homes information can be located at:
<http://www.mainequalitycounts.org/page/2-712/pcmh-program-information>

**Section C: Electronic Health Records (EHR) and Health Information Technology
(HIT) Questionnaire and Technical Requirements**

EHR- Current State		
Item	Question	Response
C1	If you CURRENTLY USE an EHR in your organization, please provide us with your EHR vendor, product name, and version, and date your system was implemented (including upgrades).	
C2	If you do not currently have a live EHR system, do you plan to implement and go-live within 6 months from the date of this application? If yes, please provide us with your EHR vendor, product name, and version that will be implemented and provide the date you plan to go-live? (explanation required in C14)	
C3	Do you currently have, or plan to purchase, a 2011 or 2014 ONC-Certified EHR?	
C4	Do you use your EHR for Administration (scheduling, billing)/Practice Management? a) Yes b) No	
C5	Do you use your EHR for Clinical EHR Functions, including Intake, Clinical Care, Task Management, and Case Management? a) Yes b) No	
C6	If “no” to C5, do you use an Administrative/Practice Management System as your clinical tool? 1. Provide name of Vendor and Version. 2. Does this system interface in any way with your EHR?	
C7	How many current active EHR users do you have? 1. Billing clinician/provider 2. Care/case management staff 3. Administrative support staff 4. Other	
EHR Security		
Item	Question	Response
C8	Security Features Do you currently have the following features that enable appropriate degrees of protection for high-risk data? <ul style="list-style-type: none"> Role-based security that restricts access to predefined categories of patients, encounters, and documents based on the access a user needs to perform his or her job 	

EHR Security		
Item	Question	Response
C8	Security Features, cont. <ul style="list-style-type: none"> • Ability to assign an alias to a patient or encounter to mask patient identity • Ability to block access to a specific progress note or lab result • Ability to track versioning or mask sensitive entries for release of information 	
C9	Transmission <ul style="list-style-type: none"> • Are all transmissions encrypted? • Are all transmissions tracked, and is an audit trail available? • Can transmissions be blocked? 	
C10	IT Support <ul style="list-style-type: none"> • Can sensitive information be blocked from support staff's view and access? • Can troubleshooting be achieved through the use of test data rather than live records? • Are audit trails of routine maintenance available? 	
C11	Release of Information <ul style="list-style-type: none"> • Are features available to block printing and downloading of sensitive information? • Can different levels of access be given to control the above? • Are audit trails in place for these actions? 	
EHR Implementation		
Item	Question	Response
C12	Describe the organization's commitment (investment in FTE's, programs, budget, plans, etc.) to health information technology including but not limited to: <ol style="list-style-type: none"> 1. EHR interoperability with community partners 2. EHR interoperability with HIN's Health Information Exchange (HIE) 3. Quality e-Measurement for the purposes of improving the lives of the population you serve 	

EHR Implementation		
Item	Question	Response
C13	<p>If your organization CURRENTLY USES an EHR, please summarize/indicate which of the following clinical functions you are using:</p> <ol style="list-style-type: none"> a. Clinical Documentation (e.g., assessment/reviews/care or treatment plans/progress notes/discharge summary) b. Clinical Decision Support c. Diagnosis Tracking d. Remote Access e. Medical Documentation (e.g., physician orders/labs/history & physical/medication list/allergies) f. Medication administration logs g. Transcription Interface h. Sharing medical information with other providers (Health Information Exchange (HIE)) i. Covering for other provider's patients/clients (on-call etc.) j. Accessing information quickly from other service providers within your organization 	
C14	<p>If you don't have an EHR but plan to shortly implement an EHR, please detail your plans for clinical and administrative roll-out of the EHR System, including any project plan and timelines that you have developed. You may submit these as attachments.</p>	
C15	<p>If you have already implemented an EHR, please list the workflows when you use the EHR, such as:</p> <ol style="list-style-type: none"> 1. Client Referral 2. Client Check-In 3. Intake Visit 4. Office Visit 5. e-Prescribing 6. Client Check-Out 	
Patient and Staff EHR & HIE Education Communication		
Item	Question	Response
C16	<ul style="list-style-type: none"> • Please briefly describe any EHR training resources for staff regarding implementation and optimization of your EHR. • If you do not have an EHR, please describe the training you plan to give your staff regarding the implementation and optimization of your EHR. 	

Patient and Staff EHR & HIE Education Communication		
Item	Question	Response
C17	If you have a “view only” or other connection to HealthInfoNet, please describe the training process provided to your staff regarding implementation and optimization of your HIE, HealthInfoNet.	
C18	In addition to the roll out and/or current process for HIE participation, please describe your thoughts as to how you will support the education and engagement of patients to submit mental health data to the HIE including not limiting to: <ol style="list-style-type: none"> 1. HIT/EHR education 2. Patient HIE record “Opt-in” 3. Patient engagement workflow for “Opt-in” 	

This completes Section C: Electronic Health Records (EHR) and Health Information Technology (HIT) Questionnaire and Technical Requirements.

Section D: EHR System Functional Requirements

EHR System Functional Requirements		Yes	No	Comments and Clarifications
D1	Is the system able to export data regarding encounters, diagnosis codes, procedure codes, allergies, active problems, discharge summary document (CCD), and medications by producing the following HL7 Messages: <ul style="list-style-type: none"> • ADT A04 (Enrollment) • ADT A03 (Discharge) • ADT A08 (Allergy Update) • ADT A40 (Patient Merge) • PPR (Active Problems) • RDS (Medications) 			
D2	Can the system configure the following “trigger events” that will automatically send data to HIN: <ul style="list-style-type: none"> • ADT A04 (Enrollment) will be triggered by a new Client Registration. • ADT A03 (Discharge) will be triggered by closing the Client Registration • ADT A08 (Diagnosis Update) will be 			

EHR System Functional Requirements		Yes	No	Comments and Clarifications
	<p>triggered by a change to the Client Packet DX. A change will include both new and updated records.</p> <ul style="list-style-type: none"> ADT A08 (Allergy Update) will be triggered by a change to the Client Allergy list. A change will include both new and updated records. 			
D3	<p>Can the system send DSM IV or DSM-5 diagnosis codes by default?</p> <p>What other interoperability capabilities does your EHR Version have, such as Direct Messaging? Direct, CCD, CCR, CDA, etc...</p>			
D4	<p>Does your EHR version have the following interoperability standards:</p> <ul style="list-style-type: none"> Direct Messaging capabilities Functionality to create and export a CCD, CCR or CDA Point-to Point Interface capability 			

This completes Section D: The EHR System Functional Requirements Checklist.

APPENDIX A – HealthInfoNet’s Opt-Out/Opt-In Policy

Opt-Out and Opt Back In Consent Process

HIPAA and Maine State law permits providers to share information when necessary to support health care treatment. These laws also allow providers to share patient information with what HIPAA defines as “business associates”. As a “business associate” HealthInfoNet is required to protect the confidentiality, security and integrity of patient information in the same way as the providers do themselves.

HealthInfoNet goes beyond HIPAA in that patients can choose not to have any of their medical information available in the HIE and can opt-out. When a patient opts out, their medical information is deleted from the HIE. Demographic information is retained to ensure no additional medical information is included.

There are three options for opting out: by mail, by phone or online. The quickest method of opting out is online.

1. Visit www.hinfonet.org/optout
2. Fill out an opt-out form, available at a participating provider or from HealthInfoNet.

Maine State law requires participating providers inform every patient about the HIE and the patient’s ability to opt-out when they first visit that provider. HealthInfoNet instructs all participating providers to include information about HealthInfoNet and the ability for consumers to opt-out of the exchange in the Notice of Privacy Practices that every patient is provided and must acknowledge receipt of prior to receiving treatment.

HealthInfoNet also gives all participating providers the opt-out form and additional educational materials to help providers educate patients about the HIE and consent options.

Patients can choose to participate again or opt back in. When they opt back in, their medical information is collected from the day the opt-in is processed forward. No past medical information will be available. There are two options for opting back in: online or over the phone.

1. Visit www.hinfonet.org/optin
2. Call HealthInfoNet at 207-541-9250 or Toll Free at 866-592-4352

HealthInfoNet manages the opt-out/opt back in process centrally. Patients only have to make their consent decision once to cover information collected from all participating provider organizations.

Mental Health and HIV Consent Process

Under HIPAA and Maine law, providers can legally share a patient's medical information with other providers also treating the patient. However there are additional protections placed on some mental health and HIV related information. For this information to be visible in the HIE, patients need to give their provider permission to see it. They do not have to give permission to anyone if they don't want to, and they can choose to make available mental health only, HIV only or both. The one exception to this is in a medical emergency, when the law allows providers to access this information to prevent harm to the patient or others during that emergency. To access the patient's information, the provider must record in the system that the patient has given consent and to what type of information.

Information covered by this consent process includes:

1. Information created by a licensed mental health facility or a licensed mental health provider like your counselor, psychiatrist or psychiatric hospitals.
2. HIV/AIDS diagnoses and results of HIV/AIDS lab tests.

Mental health and HIV information is only available in the HIE if the patient has NOT elected to opt-out. If the patient has opted out of participation in the HIE, none of their medical information will be available, even in an emergency.

Patients can consent for their providers to access this information in one of two ways.

1. They can fill out a consent form available from their participating provider or HealthInfoNet. This form is available for download at HealthInfoNet's [website](#). The patient's identify must be verified and the consent form witnessed and sent to HealthInfoNet by a staff member of a participating provider, in person by a HealthInfoNet staff member, or signed by a Notary Public using a separate form. Once the form is processed, a patient's mental health and/or HIV data will be available to all their participating providers.
 - Patients can revoke their previous consent using the same form. When they revoke their consent, information is hidden, but not deleted, and will still be available in emergency situations.
2. During their visit, the patient can give an individual user permission to access their mental health, HIV/AIDS information or both. This information will be available to that individual provider for that visit only. The patient will need to give permission each time they want this individual to have access in the future.

APPENDIX B – Frequently Asked Questions about PL 2011, c. 373

About this Document:

The Maine Legislature enacted PL 2011, c. 373, effective on September 28, 2011.⁶ The law amends 22 MRSA 1711-C. It requires health care practitioners and facilities participating in Maine’s statewide health information exchange (HIE), operated by HealthInfoNet, to provide patients with a form, provided by HealthInfoNet and approved by the Office of the State Coordinator for Health Information Technology, which includes information about the HIE and gives the patient an opportunity to decline to participate “opt-out”. Health care practitioners and health care facilities that participate in the HIE should be aware of its provisions.

The following FAQs, developed in cooperation with the Office of the State Coordinator for Health Information Technology, are intended only to provide a general overview of the law and not to be relied upon as legal advice. Practitioners and facilities should consult legal counsel to ensure compliance.

Who must provide the form?

A health care practitioner, health care facility or other entity participating in the HIE must provide the form. The terms “health care practitioner” and “health care facility” are defined by 22 MRSA 1711-C and include individuals (or practice entities of individuals) or institutions licensed by the state to provide health care services.

When must the HIE form be provided to patients?

Participating practitioners and facilities must provide the form to new and existing patients “at point of initial contact” with the patient on or after the effective date of the law, September 28, 2011. For those who join the HIE after the effective date, the law requires the form be provided to new and existing patients at the point of initial contact with the patient following the provider’s connection to the HIE.

What is considered “initial contact” with the practitioner or facility?

“Initial contact” is undefined in the statute. Since the statute requires delivery of the HIE form, it would seem that initial contact would be, at a minimum, the physical presence of the patient at the healthcare facility or at the healthcare practitioner’s office. Alternatively, the practitioner or facility may interpret “initial contact” to be a mailing to all current patients on or after September 28, 2011. For new patients registering after September 28, 2011, the practitioner or facility would include the form in pre-registration mailings. All patients, regardless of whether they have been seen before, must be provided with a copy of the HIE form at initial contact on or after September 28, 2011.

Do hospitals have to provide the HIE form to patients entering through the emergency room?

Yes. The HIE form should still be included whenever the initial patient registration paperwork is

⁶ Also enacted in 2011, c. 347 amends 22 MRSA 19203, 19203-D and 1711-C. Practitioners and facilities participating with the HIE should contact HealthInfoNet for information about PL 2011, c. 347.

required. In emergency situations, this may not happen until sometime following the start of treatment.

Must the practitioner or facility give the form to a patient at every visit?

No, the form need only be provided upon initial contact on or after September 28, 2011. If the practitioner or facility joins the HIE at a later date, the form must be provided to all new and existing patients upon “initial contact” following the date of connection with the HIE. Practitioners and facilities may choose to provide the HIE form more than once, but it is not required.

Must the practitioner or facility keep records that the HIE form has been provided?

The law does not require documentation that the HIE form was provided, but a practitioner or facility may have documentation requirements in their organizational policies.

If the practitioner or facility has multiple locations, must the HIE form be provided at each location?

The statute is not explicit on this point. It defines “*health care practitioner*” as a “*person licensed to provide . . . health care or a partnership or corporation made up of those persons*” and “*facility*” as a “*facility, institution or entity licensed to provide health care*”. It is advisable that at a minimum, the HIE form should be provided at each separately licensed location even if it has been provided at another location operated by the same practitioner, group, institution or entity. If that license covers multiple care locations, it is advisable to provide the HIE form at each separate care location. This can be thought of as a front door policy. The patient receives the form the first time they walk through the front door of a particular care location.

However, this law may also be interpreted to require the form be provided once for all care locations covered under a single license or even owned by one entity. This assumes staff at that care location have a method of knowing the patient received the HIE form at an affiliated practitioner’s office or facility following the effective date of this law.

Can a minor opt-out?

Yes. If the minor can consent to treatment under law (such as an emancipated minor) then the minor can opt-out. If a parent or guardian must consent to treatment, then the parent or guardian can opt-out on behalf of the minor. This would be the same for other persons with a legal guardian such as those who are mentally disabled.

Must the practitioner or facility collect a signed HIE form from the patient?

No. However, patients who wish to opt-out may give the completed HIE form to the practitioner or facility.

Must the practitioner or facility accept a completed HIE form from the patient?

Patients should only complete the HIE form if they wish to opt-out. If they want their information included in the HIE, they should NOT fill out the form. If a patient gives a completed and signed opt-out form to staff at the practitioner’s office or facility, staff must either: accept the completed HIE form and forward it to HealthInfoNet (via fax, mail or secure email) within two business days, or offer the patient a no-cost option to send the HIE form to HealthInfoNet directly.

What are some examples of no-cost options for the patient to send the HIE form to HealthInfoNet?

The practitioner or facility could give the patient a pre-stamped envelope addressed to HealthInfoNet upon request, or offer use of a computer with internet access where the patient can complete the HIE form online at www.hinfonet.org.

If the practitioner or facility accepts the completed HIE form and sends it to HealthInfoNet on behalf of the patient, must the practitioner or facility document this?

The law does not require a practitioner or facility to document the HIE form was received and forwarded to HealthInfoNet; however a practitioner or facility may have documentation requirements in their organizational policies.

What is the enforcement mechanism for this law?

The obligations to provide the HIE form are contained in 22 MRSA §1711-C, which has a specific statutory enforcement scheme. That scheme includes enforcement by the Maine Attorney General who may seek injunctions to enforce the requirement and may seek civil penalties up to \$5,000 for failure to do so. In addition individuals may bring civil suits for injunction and/or damages.

APPENDIX C – RFP Application Checklist

- Read through the RFP Application
- Submit questions to BHRFP@hinfonet.org by February 7, 2014 (optional)
- Attend the Interested Participants Question and Answer Call on February 7, 2014
(Please call: 1-866-740-1260; Passcode: 430088) (Optional)
- Review questions and answers posted to HIN and Maine SIM websites by February 14, 2014 (optional)
- Submit Letter of Intent (LOI) to BHRFP@hinfonet.org by **February 14, 2014 (Required)**
- Fill out application
 - Do you pass all the mandatory requirements?
 - Have you filled out every question?
 - Did you provide the corresponding item number with your answer?
 - Have you attached your most recent financial statement?
 - Are you following the format guidelines?
 - Are you saving your file in PDF or Word document format?
- Mail two copies of application postmarked by Monday, March 3, 2014 (Required)**
- Submit final application (in .PDF or .doc format) to BHRFP@hinfonet.org by Monday, March 3, 2014 at 5:00pm (Required)**
- Receive a confirmation email indicating application was received
- Awardees will be notified by April 4, 2014