



Note: You may click agenda item below to navigate to selected presentation section.

Contract Providers Transition Team (CPTT) Meeting Agenda

**July 17, 2012
10:00 a.m. – noon**

- ✓ **Welcome**
- ✓ **Announcements**
- ✓ **Establish A Client in IBHIS – DMH and Netsmart**
- ✓ **IBHIS Update – Jay Patel**
- ✓ **CPTNP Unit Update – Gordon Bunch**
- ✓ **Interoperability Framework Project – Karen Bollow**
- ✓ **Open Discussion**

Next Meeting – October 16, 2012

ESTABLISH A CLIENT IN THE IBHIS: OPTIONS AND APPROACH

JOINT PRESENTATION
DMH AND NETSMART

CPTT Workgroup Meeting
July 17, 2012

BACKGROUND

- ◆ Contract Service Providers (CSP) currently access the Integrated System (IS) to:
 - Search for existing clients
 - Modify existing client information
 - Establish a new client

BACKGROUND

- ◆ The IS will be shutdown on or before 12/31/2014
- ◆ CSP(s) will not have access to the Integrated Behavioral Health Information System (IBHIS) for direct data entry
- ◆ In IBHIS, CSP(s) must perform client search, modify, and establish new client functions via electronic data interchange (EDI)

PROBLEM

- ◆ Identify essential client information stored in IBHIS that must be accessible to CSP(s)
- ◆ Identify what client information must be passed from CSP(s) to IBHIS for
 - Client Search
 - Creating & Updating Client Records
- ◆ Obtain CSP and EHR Vendor input to determine a mutually acceptable interface solution

APPROACH

- ◆ Engage IBHIS vendor in determining alternative interface solutions
- ◆ Identify a representative group of EHR vendors and CSP(s) to assist in selecting an interface solution among the alternatives identified
- ◆ Choose the most appropriate and mutually beneficial interface solution

APPROACH

- ◆ DMH chose 3 of the most prevalent EHR vendors serving LAC-DMH CSP(s)
 - Exym
 - Welligent
 - Clinivate

APPROACH

- ◆ DMH chose a CSP representative from 3 agencies that use the most prevalent vendor products
 - Children's Bureau
 - Pacific Clinics
 - Tessie Cleveland Community Service

APPROACH

- ◆ DMH and Netsmart met with selected CSP and EHR vendor representatives on May 24, 2012
- ◆ Three interface options and the pros and cons of each were presented to the group
- ◆ A consensus was reached on an interface solution

INTERFACE SOLUTIONS CONSIDERED

- ◆ HL7 Interface
- ◆ Continuity of Care Document (CCD)
- ◆ Web Service

HL7 INTERFACE

◆ Pros

- Standardized Protocol
- Familiarity

◆ Cons

- Customization required to transfer necessary information
- Maintain VPN connection
- Message acknowledgement

CONTINUITY OF CARE DOCUMENT (CCD)

◆ Pros

- Standard for patient summary information
- Abundance of patient information

◆ Cons

- Customization required to transfer only the essential information necessary to search, modify, or add a new client
- Document Model vs. Transaction Model
- Ever changing definition

WEB SERVICE

◆ Pros

- Real time integration
- Meaningful message acknowledgement
- Easier implementation
- Tailored to our specialized needs

◆ Cons

- Customization required to transfer necessary information
- Non-standardized Payload

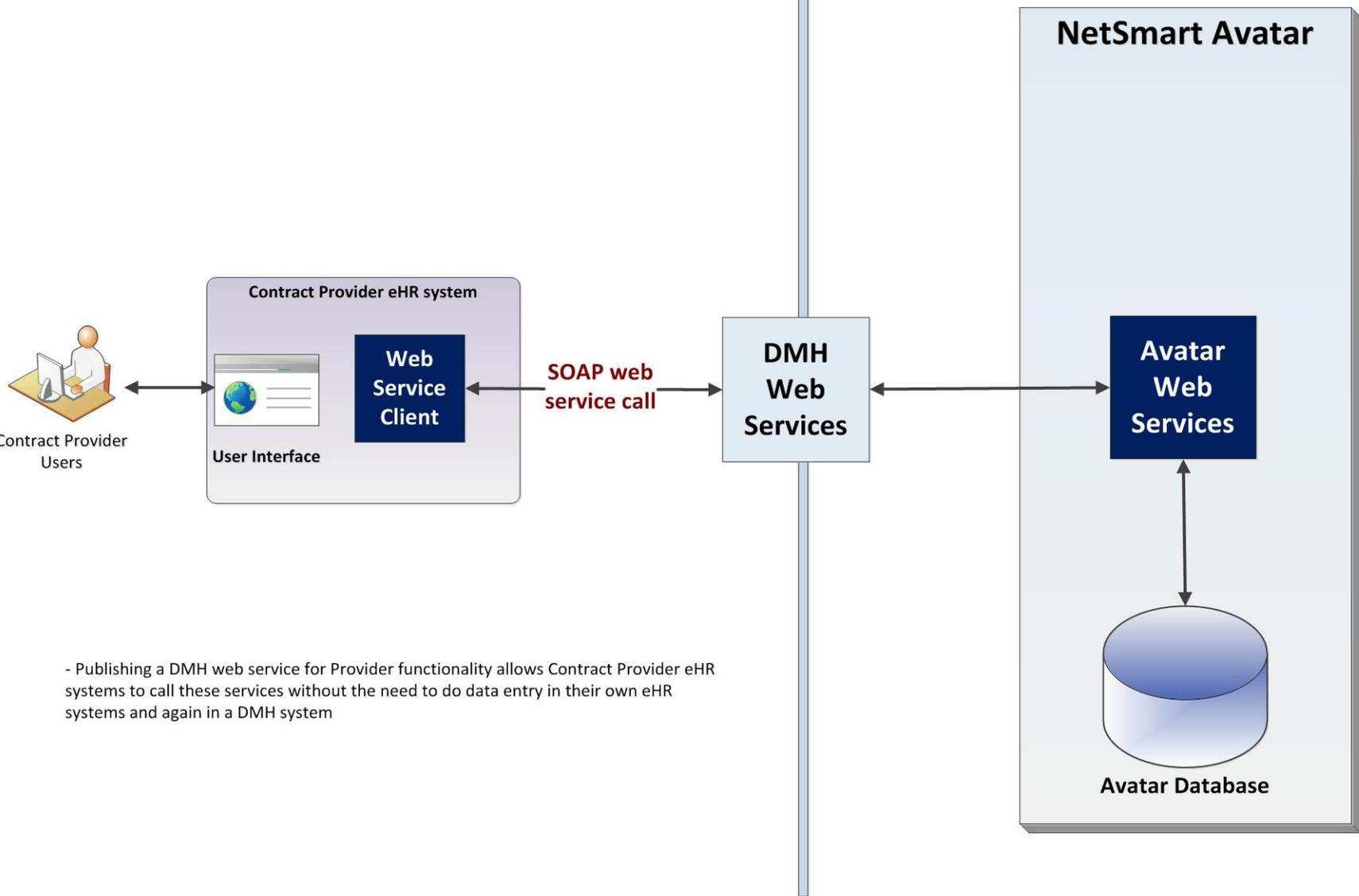
INTERFACE SOLUTION

- ◆ Establish A Client transactions will be communicated via a Web Service solution

Establish a Client Web Service for DMH Contract Providers

External

DMH



- Publishing a DMH web service for Provider functionality allows Contract Provider eHR systems to call these services without the need to do data entry in their own eHR systems and again in a DMH system

IMPACT ON CSP(s)

- ◆ Vendor modification to your current EHR system
 - Adding the ability to invoke the published LA County web service method directly within your current system
 - Discuss with your vendor as costs may apply
- ◆ CSP modification to custom-developed EHR system
 - Same as above

IMPACT ON CSP(s)

- ◆ No dual data entry
 - With direct access to LA County's IBHIS system from within your own EHR, the transactions will be sent real-time

TIMELINE

- ◆ Per Legal Entity Contract provisions effective 7/1/12 new EDI transactions will be released via Companion Guide
- ◆ CSP(s) will have 180 days from release of Companion Guide to develop, test, and implement new transactions
- ◆ Timeline for release of Establish a Client transactions to be determined

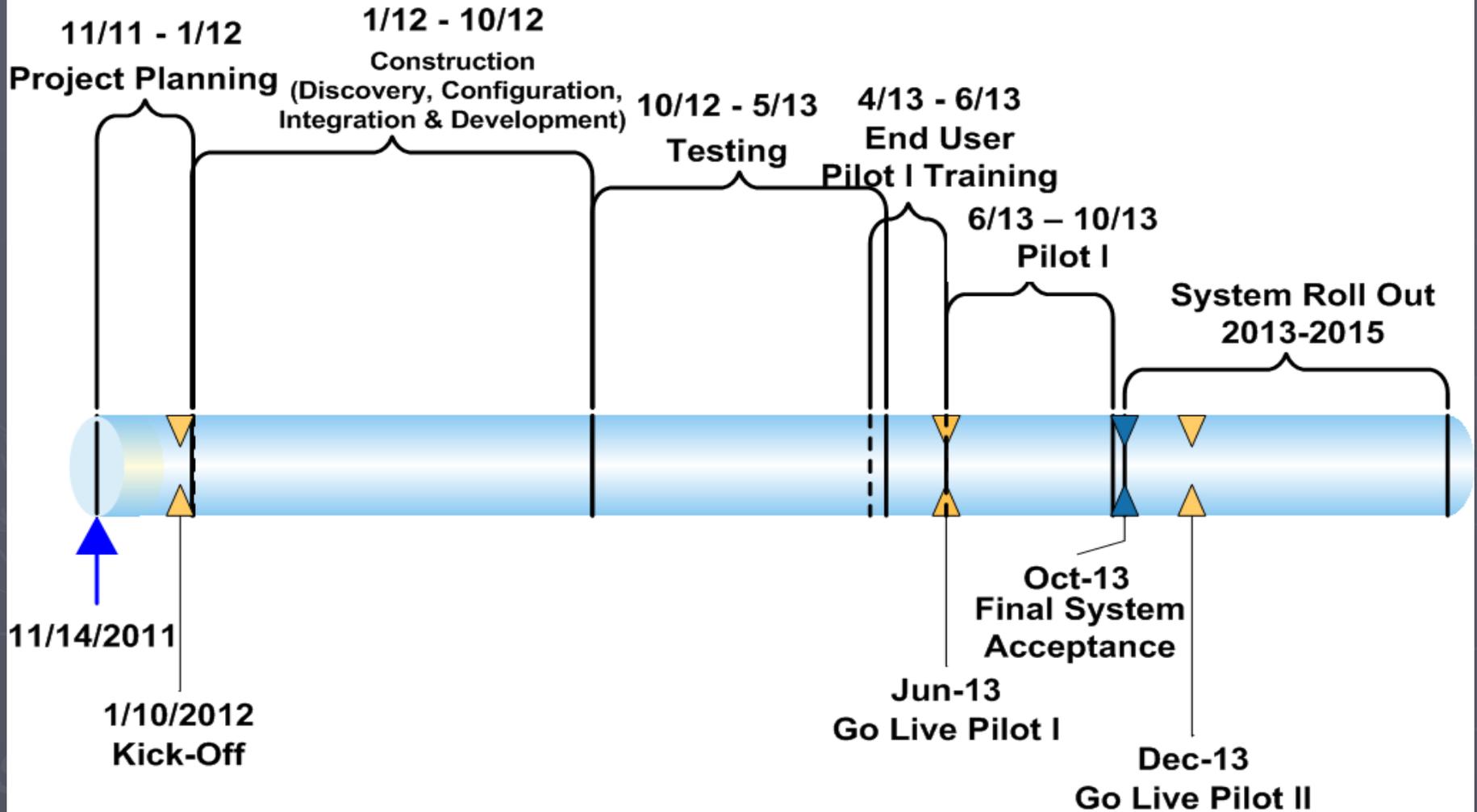
QUESTIONS



IBHIS Update

- ▶ Gap Analysis
- ▶ NetSmart Avatar configuration
- ▶ Pilot I Go-Live
- ▶ Pilot II...

IBHIS Project Schedule Overview



Note: These are currently projected dates

Next...

- ▶ Discovery and Build
- ▶ Testing
- ▶ Hands-on-Training
- ▶ Preparation for Go-Live

Questions



Contract Provider Technological Needs Project Unit: Status Report

As of 7/11/2012

CPTNP Unit: Status Report

- Projects Approved 54
- Funding Agreements Executed 49
- Funding Agreements Pending Execution 1
- Amount awarded in TNFA(s) \$10,181,040
- Amount encumbered for projects \$9,212,548
- Amount reimbursed to date \$4,067,321

Agencies with TNFA(s)

- Almansor
- Alcott
- Amistad(El Centro de)
- BRIDGES
- Child & Family Center
- Child & Family Guidance
- ChildNet
- Children's Bureau
- David & Margaret
- Didi Hirsch
- Drew Child Development
- Dubnoff Center
- Exceptional Children's
- Eisner Pediatric
- ENKI
- Ettie Lee Homes
- Five Acres
- Gateways
- Guidance Center - LB

Agencies with TNFA(s)

- Hamburger Home
- Harbor View
- Hathaway Sycamores
- Help Group
- Heritage Clinic
- Hillsides
- Hillview
- IMCES
- JFSLA
- KYCC
- LAMP
- Masada
- MH Association LA
- Olive Crest
- Optimist Youth
- Pacific Clinics
- Pacific Lodge
- Providence

Agencies with TNFA(s)

- Providence
- Rosemary Children's
- SHIELDS
- Social Model Recovery
- St. Anne's
- St. Francis
- Tessie Cleveland
- Tobinworld
- Trinity Youth Service
- Village Family Service
- VIP
- Wise & Healthy Aging

Interoperability Framework For DMH Contract Services Providers

CPTT Workgroup Meeting

July 17, 2012

Outline of Presentation

- Background
- Project Purpose
- Project Process
- Essential Business Requirements
- Scoring Criteria
- Priorities
- Recommendations
- Next Steps

Background

- DMH is moving toward a decentralized business model
- The Integrated System will be shutdown in December 2014
- The Integrated Behavioral Health Information System (IBHIS) will go-live in late 2013
- Contract Services Providers (CSP) will not have access to the IBHIS

Background

- CSP(s) will be required to submit clinical and administrative data, and claims to DMH via Electronic Data Interchange (EDI)
- DMH must determine business and data exchange requirements, and establish the information exchange processes and infrastructure to support EDI upon IBHIS implementation

Project Purpose

- Establish a framework for interoperability to drive future electronic data exchange with Contract Services Providers (CSP), other County Departments and Managed Care Plans
 - Legal Entities
 - FFS Hospitals and Network Providers
 - Other Contract Providers
 - DHS, Public Health, DCFS
 - HealthNet, LA Care

Project Purpose

- Review current healthcare industry EDI standards for clinical, financial, and administrative data exchange
- Review Office of the National Coordinator (ONC) standards for interoperability
- Establish a single voice to communicate the interoperability framework to CSP(s) and their EHR vendors

Project Process

- Interviews with DMH Subject Matter Experts
 - Vision Focus
 - Roderick Shaner; Paul Arns
 - Program Focus
 - Debbie Innes-Gomberg; Mary Read; Pansy Washington; Jacqueline Yu; Greg Lecklitner
 - Privacy and Compliance Focus
 - Veronica Jones; Jennifer Hallman; DonnaKay Davis
 - Security Focus
 - Jeff Zito

Essential Business Requirements

- Twelve essential business requirements were identified by analysis of SME interview data:
 - Exchange of Client Information
 - Exchange of Treatment Information
 - Referral-In and Referral-Out
 - Search for Prior Providers of Care
 - Exchange of Outcomes

Essential Business Requirements

- Exchange of Assessments
- Exchange of Treatment Plans
- Requests for Authorization
- Claims and Remittance Advice
- Exchange of Rendering Provider Information
- Community Outreach Services

Exchange of Client Information

- **Purpose:** To search for an existing client, establish a new client, modify existing client information, and support client referrals and authorizations
- **Triggers:**
 - Non-DMH Provider establishes a new client
 - Non-DMH Provider updates client information
 - Non-DMH Provider requests authorization for services
 - Referrals-in & -out to providers of care

Exchange of Client Information: Likely Data Types

- Client Identifier
- Social/Family History
- Financial
- Criminal History
- SFPR
- Demographics
- Contacts
- Advance Directives
- Benefits & Eligibility

Exchange of Treatment Information

- **Purpose:** To support client intake, transitions of care, coordination of care, audits, and to initiate and receive referrals and authorizations
- **Triggers:**
 - Intake
 - Transitions of Care
 - Coordination of Care
 - Requests for Authorizations
 - Referrals-in & -out to providers of care
 - Audits

Exchange of Treatment Information: Likely Data Types

- Medication History
- Allergies
- Problem List
- Dates of Service
- Procedures
- Progress Notes
- Laboratory Results
- Vital Signs
- Medication Allergies
- Diagnoses
- Service Location(s)
- Provider Information
- Discharge Summary
- Doctor/Nurse Notes
- Admission Reason
- LPS Documentation
- Placement Contact History

Referral-In

- **Purpose:** To receive a referral from a Non-DMH Provider or Non-DMH Administrative Unit to DMH Administrative Unit or DMH Provider and to determine appropriate placement
- **Triggers:**
 - Transfers of Care
 - Coordination of Care
 - Referrals for Evaluations
 - Referrals for Consultations
 - Referrals for Specialty Care

Referral-In: Likely Data Types

- Client Information
- Discharge Summary
- Reasons for Referral
- Disposition of Request
- Treatment Information
- Referral Source
- Level of Service Requested

Referral-Out

- **Purpose:** To initiate a referral from a DMH Provider or DMH Administrative Unit to a Non-DMH Administrative Unit or Non-DMH Provider
- **Triggers:**
 - Transfers of Care
 - Coordination of Care
 - Referrals for Evaluations
 - Referrals for Consultations
 - Referrals for Specialty Care

Referral-Out: Likely Data Types

- Client Information
- Discharge Summary
- Reasons for Referral
- Disposition of Request
- Treatment Information
- Referral Source
- Level of Service Requested

Search For Prior Providers Of Care

- **Purpose:** To initiate a search to determine prior providers of care
- **Triggers:**
 - Intake
 - Transfers of Care
 - Coordination of Care
 - Evaluation of Referrals-In
 - Court or Law Enforcement Requests
 - Audits

Search For Prior Providers Of Care: Likely Data Types

- Provider Contact Information
- Dates of Prior Service
- Provider Location
- Types of Service Provided (e.g. residential, inpatient, and outpatient, etc.)
- Diagnosis History

Outcomes

- **Purpose:** To provide outcomes data to a DMH Administrative Unit, exchange baseline outcomes data from a DMH Administrative Unit to a Non-DMH Provider or vice versa
- **Triggers:**
 - Enrollment in FSP, FCCS, PEI, HWLA and others
 - Key Event Changes
 - Collection and Transfers of Scheduled Outcomes Assessments (e.g. 3-month assessments)

Outcomes: Likely Data Types

- Full Service Partnership Outcomes
- Baseline Outcomes, when indicated
- Field Capable Clinical Services Outcomes
- Prevention and Early Intervention Outcomes
- Healthy Way LA

Assessments

- **Purpose:** To provide assessment data upon request
- **Triggers:**
 - Intake
 - Transfers of Care
 - Coordination of Care
 - Referrals-In
 - Referrals-Out

Assessments: Likely Data Types

- Type of Assessment Requested
- Annual Assessment Update
- Co-occurring Disorder Assessments
- Intake/Initial Assessments
- Psychological Testing Results
- Other Assessment Results

Treatment Plans

- **Purpose:** To provide treatment plan data upon request
- **Triggers:**
 - Intake
 - Transfers of Care
 - Coordination of Care
 - Referrals-In
 - Referrals-Out

Treatment Plans: Likely Data Types

- Treatment Plan

Request for Authorization

- **Purpose:** To submit an authorization request from a Non-DMH Provider or Non-DMH Administrative Unit to a DMH Administrative Unit, to evaluate client and treatment information to respond to the authorization request and to disposition an authorization request
- **Triggers:**
 - Discharge from a FFS1 Hospital
 - FFS2 Over Threshold Services
 - Day Treatment Services
 - Psychological Testing Services
 - Other Types of Authorizations

Requests for Authorization: Likely Data Types

- Client Information
- Treatment Information
- Discharge Summary
- Provider Information
- Reason(s) for Authorization Request
- Disposition of Authorization Request

Claims and Remittance Advice

- **Purpose:** To provide claims data to Payers and acknowledgement(s) and remittance advices to Non-DMH Billing Sources
- **Triggers:**
 - Provision of a Billable Service
 - Claims Submission
 - Claim Adjudication

Claims and Remittance Advice: Likely Data Types

- Professional Claims (837P)
- Institutional Claims (837I)
- Claim Acknowledgement (277CA)
- Remittance Advice (835)
- Implementation Acknowledgement (999)

Rendering Provider Information

- **Purpose:** To search for an existing rendering provider, establish a new rendering provider and update an existing rendering provider (RP)
- **Triggers:**
 - Hiring of a new employed or contracted RP by a Non-DMH Contractor
 - Changes of RP information on existing RP(s)

Rendering Provider Information: Likely Data Types

- Provider Identification
- Provider License Information
- Provider Service Location(s)
- Provider Contact Information
- Provider Discipline

Community Outreach Services

- **Purpose:** To capture community outreach services delivered as supporting documentation to prepare invoices for those services
- **Triggers:**
 - Delivery of a Community Outreach Service

Community Outreach Services: Likely Data Types

- Provider Identification
- Target Population
- Duration of Service
- Number of Participants
- Funding Source

Essential Business

Requirements: Scoring Criteria

- A weighted scoring procedure was used to prioritize the essential business requirements
- **Weight = 2**
 - Supports existing EDI functionality
 - Impact on Revenue
- **Weight = 1**
 - Impact on Normal Operations
 - Use Case Dependency
 - Less Complex Business Process

Essential Business

Requirements: Scoring Criteria

- Each of the 12 Essential Business Requirements identified are important business functions that must be addressed
- Those ranked as “Lower” priority requirements will be addressed after IBHIS Pilot 1 as soon as time and resources permit

Essential Business Requirements: Priorities

- High
 - Claims and Remittance Advice
- Medium
 - Exchange of Client Information
 - Search for Prior Providers of Care
 - Community Outreach Service

Essential Business Requirements: Priorities

- Lower

- Exchange of Treatment Information
- Assessments
- Treatment Plans
- Rendering Provider Information
- Referral-In
- Referral-Out
- Outcomes
- Requests for Authorization

Recommendations

- Focus on high and medium priority business requirements for IS shutdown and assign resources immediately
 - High Priority
 - Claims and Remittance Advice
 - Medium Priority
 - Establish a Client
 - Search for Prior Providers of Care
 - Community Outreach Services

Next Steps

- Form a joint team of DMH Subject Matter Experts and Business Analysts to:
 - Develop an overall plan to identify the proposed order and scheduled release for each interface based on the relative priority of the essential business requirement
 - Share the schedule with the contract services providers and vendors/billers
 - Define detailed data requirements for each interface
 - Determine the business rules for each interface
 - Prioritize lower priority Interfaces

Questions?

