

State of New Jersey

Department of Human Services

New Jersey FamilyCare Comprehensive Demonstration

**Behavioral Health Promoting Interoperability Program
(BH PIP) Implementation Protocol**

May 2024

1. Executive Summary

This document provides an overview of the key elements of the implementation protocol to establish the Behavioral Health Promoting Interoperability Program (BH PIP) in conjunction with the approved renewal of New Jersey's 1115 Demonstration Waiver by the Centers for Medicare and Medicaid Services (CMS) on March 30, 2023. The extension of the New Jersey FamilyCare Comprehensive Demonstration includes the introduction of a milestone-based payment program specifically designed for behavioral health facilities. Establishing the Behavioral Health Promoting Interoperability Program presents an opportunity for behavioral health facilities to adopt electronic health record (EHR) technology to efficiently capture and store data in a structured format that, with the proper privacy and security processes in place, can be easily retrieved, shared, and transmitted to assist in patient care, monitoring, and recovery. Amongst a host of benefits, the behavioral health facilities adopting an EHR will have the ability to: (1) gather, analyze and report clinical and operational data; (2) prepare for and demonstrate interoperability to a Health Information Exchange (HIE) and associated use cases; and (3) generate electronic prescriptions and connect to New Jersey's Prescription Monitoring Program Database (NJMPMP).

2. Description of Need

The primary goal of the BH PIP is to establish an integrated behavioral health delivery system that includes providers of all types caring for patients to be armed with the latest clinical information about a member, enhancing care quality and appropriateness at all sites and avoiding inappropriate or duplication of care. This meaningful investment in the IT infrastructure and modernizing systems will enable behavioral health facilities to connect siloed systems of care to each other, to enhance care coordination and quality. In addition, this program also leverages and reuses several existing capabilities and experiences learned from years of HITECH program investments and implementation including, but not limited to, the State Level Repository (SLR), the New Jersey Health Information Network (NJHIN) and the State Health Information Exchange (HIE). The incentives will also provide supplemental sustainability funds for behavioral health providers that have already made substantial investments in Health Information Technology (HIT).

3. Organizational Information

This program is administered by the New Jersey Department of Human Services (DHS), Division of Medical Assistance and Health Services (DMAHS, the State Medicaid Agency) in collaboration with the Division of Mental Health and Addiction Services (DMHAS), collectively referred to as "the State". Funding will be made available to participating BH entities on a first-come, first-serve basis through New Jersey Institute of Technology (NJIT) and its New Jersey Innovation Institute (NJII), formerly NJ-HITEC, the designated state entity that manages the New Jersey Health Information Network (NJHIN). To provide context, NJIT, a New Jersey state research university, is authorized to perform essential governmental functions for New Jersey, through which the New Jersey Innovation Institute, Inc., a wholly-owned, non-profit subsidiary of NJIT, is the Designated Entity by which the State accepts federal and State funding for improving technology and interoperability used in the exchange of protected health information for healthcare treatment, payment, and operations. NJII, acting as the state designated entity, is responsible for developing and managing the New Jersey Health Information Network ("NJHIN") that enables the electronic exchange of patient health information among trusted data sources across the entire state of New

Jersey. Additionally, New Jersey Medicaid will collaborate with the Regional Health Hubs (RHHs) to promote and assist with the Behavioral Health Promoting Interoperability Program. Regional Health Hubs are community-based non-profit organizations dedicated to improving healthcare delivery and health outcomes, primarily for Medicaid members who reside within defined geographies, and working in close concert with consumers and stakeholders in the region. There are currently four RHHs in New Jersey: Trenton Health Team, the Greater Newark Healthcare Coalition, Camden Coalition of Healthcare Providers, and the Health Coalition of Passaic County.

4. Services and Deliverables

To ensure that BH PIP is tailored to the needs and capabilities of behavioral health providers, New Jersey Medicaid conducted a HIT survey to gain insights into their utilization of Electronic Health Records and gauge their interest in participating in the Behavioral Health Promoting Interoperability Program. The survey was sent to the state's licensed mental health facilities aiming to understand the current adoption of certified EHR systems, connectivity to the HIE, access to PDMP data as well as utilization of telehealth functionality. Survey responses indicated that facilities have varying levels of interoperability but generally confirmed interest and need for this program which is designed to provide interoperability capabilities to facilities or enhance existing interoperability. Offering incentive payments based on milestones achieved through this program may also allow facilities to increase their HIT or interoperability investments and improve the service and outcomes for the population they serve.

4.1 Eligibility Criteria

The BH PIP focuses on facility-based participation. To be eligible for the program, the BH facilities must meet the following criteria:

- 4.1.1 Must be licensed by the Department of Health's Certificate of Need and Facility Licensure (CNL) to provide mental health services and/or SUD services at the start of the program.
- 4.1.2 Must be a non-profit or for-profit entity or governmental entity.
- 4.1.3 BH facilities must have at least 20% Medicaid patient volume in the last 12 months (CHIP does not count towards patient volume and out of state patient percent shall not exceed the in-state patient percent).

Determination of 20% Medicaid Volume:

The 20% Medicaid volume requirement applies at the facility level. The calculation shall be based on unique Medicaid encounters against the total encounters within a BH facility. The pursuant BH facilities will be required to provide supporting documentation for verification by State personnel to demonstrate compliance with the 20% Medicaid volume requirement. The document shall include, at a minimum: list of patient names/ ID number; residence address/ state of primary residence; date of encounter; amount of charges; method of payment (Medicaid FFS, Medicaid Managed Care, or other). The 20% Medicaid volume will be validated against the complete list of patients seen during a specified 90 day period.

The SUD facilities that are currently participating or have participated in the SUD Promoting Interoperability Program will not be permitted to participate in the Behavioral Health Promoting Interoperability Program.

4.2 Participation Categories or Tiers

The program expects two categories or tiers of BH facilities to participate.

- 4.2.1 Tier 1 is for the BH facilities, who currently do not have an EHR and will be implementing a new Office of the National Coordinator for HIT (ONC) certified EHR technology (CEHRT).
- 4.2.2 Tier 2 is for the BH facilities with an existing EHR but will upgrade to an ONC certified EHR Technology (CEHRT).

4.3 Payment for Milestone Incentives

Incentive payments will be disbursed by NJII to facilities upon achieving the following milestones. The designated state personnel will review all supporting documents and approve incentive payments. The State will leverage its state level repository (SLR) from the HITECH program and state-funded SUD PIP to introduce an attestation application for the participating BH facilities to register and submit attestation information. The BH PIP is expected to be operational over the five-year funding period, during which the participating facilities will have the flexibility to work towards achieving one or more milestones pertaining to advancing their interoperability capabilities.

- 4.3.1 Milestone 1 – Participation Agreement / EHR Vendor Contract Agreement
- 4.3.2 Milestone 2 – EHR Go-live / Upgrade
- 4.3.3 Milestone 3 – NJHIN/HIE Connectivity
- 4.3.4 Milestone 4 – NJPMP Connectivity
- 4.3.5 Milestone 5 – Behavioral Health eConsent Management System (eCMS)
- 4.3.6 Milestone 6 – Telehealth services (integrated within EHR)

Table 1: Milestone Details	
Milestones	Description
Milestone 1 – Participation Agreement / EHR Vendor Contract Agreement	Submission of documentation proving that participating provider signed a participation agreement and/or executed an EHR vendor contract agreement.
Milestone 2 – EHR Go-live / Upgrade	Submission of supporting document that participating provider successfully implemented or upgraded to an Office of the National Coordinator for HIT Certified EHR Technology, 2015 Edition.

Milestone 3 – NJHIN/HIE Connectivity	Submission of supporting document of actual movement of EHR data through the NJHIN. Proof of active participation in the following NJHIN Use Cases: <ul style="list-style-type: none"> • ADT Event Notification • Transition of Care or Consolidated Clinical Document Architecture (C-CDA)
Milestone 4 – NJPMP Connectivity	Submission of supporting document that demonstrates connectivity to the NJPMP.
Milestone 5 –Behavioral Health eConsent Management System (eCMS)	Providers attesting to this milestone must be connected to the HIE and must attest and submit proof of participation in the Behavioral Health Consent Management use case.
Milestone 6 – Telehealth service (integrated within EHR)	The providers attesting to this milestone must submit the evidence of telehealth technology utilization within their facility and proof that at least one telehealth claim is submitted to MMIS.

4.4 Milestone Payments

If all six milestones are achieved, the total amount of incentive payment a Tier 1 participating BH provider may potentially receive is \$47,500, while a Tier 2 participating BH provider may potentially receive is \$35,000. The State designed the program wherein Milestone 2 payments will vary based on a new implementation (Tier 1) as opposed to an upgrade (Tier 2). It is anticipated that providers implementing a new EHR will incur higher cost than providers who are upgrading. All other milestone payments will remain identical between the two tiers.

Table 2: Milestone Payments		
Milestones	BH Facility Payment	NJII Administrative Payment
Milestone 1	\$5,000	\$500
Milestone 2 (Tier 1)	\$20,000	\$1,000
Milestone 2 (Tier 2)	\$7,500	\$750
Milestone 3	\$7,500	\$750
Milestone 4	\$5,000	\$1,000
Milestone 5	\$5,000	\$500
Milestone 6	\$5,000	\$500

5. Budget

Total program funding authorized by CMS is \$6 million over a period of five years. Core funding will be provided to NJII equally distributed in each of the four quarters annually over the span of five years to support overall BH Promoting Interoperability Program operations, including personnel and non-salary administrative costs. Direct funding for the incentive

payments to the BH facilities incentive payments and other associated the NJII administrative cost will be provided and the breakdown is shown in the tables below.

Table 3: Core Funding						
Cost Breakdown	Year 1	Year 2	Year 3	Year 4	Year 5	Total
\$60,000/quarter	\$240,000	\$240,000	\$240,000	\$240,000	\$233,750	\$1,193,750

Direct Funding					
Milestones	Incentive Payment	Admin Cost	Total Facilities	Total Incentive payment w/Admin per facility	Total Cost w/Admin
Milestone 1	\$5,000	\$500	100	\$5,500	\$550,000
Milestone 2 (Tier 1)	\$20,000	\$1,000	75	\$21,000	\$1,575,000
Milestone 2 (Tier 2)	\$7,500	\$750	25	\$8,250	\$206,250
Milestone 3	\$7,500	\$750	100	\$8,250	\$825,000
Milestone 4	\$5,000	\$500	100	\$5,500	\$550,000
Milestone 5	\$5,000	\$500	100	\$5,500	\$550,000
Milestone 6	\$5,000	\$500	100	\$5,500	\$550,000
Total Milestone Payment Cost				\$4,806,250	

Core Funding	\$1,193,750
Admin Funding	\$368,750
Direct Milestone Funding	\$4,437,500
Total Cost	\$6,000,000

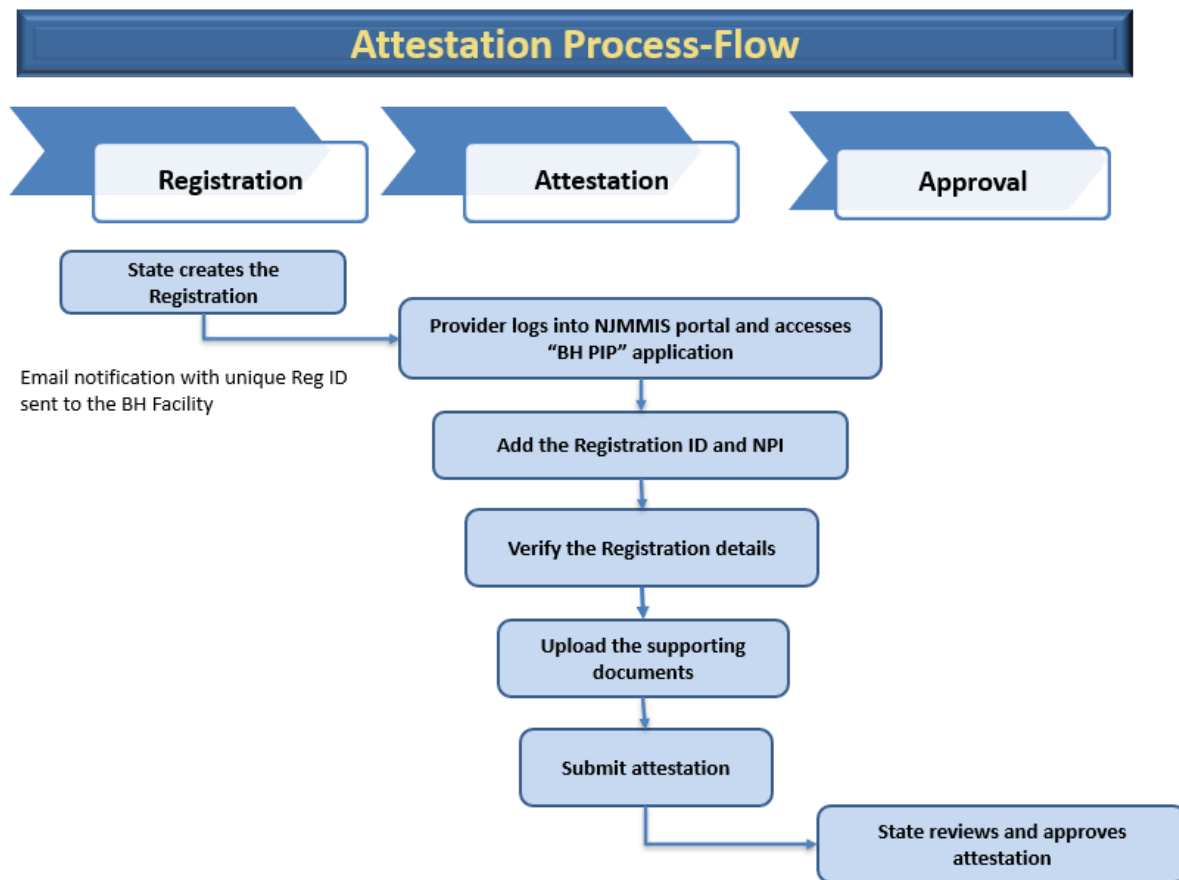
6. New Jersey's Administration and Program Oversight

Behavioral Health Promoting Interoperability Program (BH PIP) involves various entities and responsibilities to ensure that program payments are accurate and compliant with federal regulations, as well as state policies and procedures. These entities and responsibilities are as below:

- The State workgroup – NJ DMAHS (Medicaid), NJ Department of Health (DOH) and NJ DMHAS

- Coordination of all entities involved in the PI Program and overall program oversight
- Gainwell Technologies (NJ Medicaid’s fiscal agent)
 - Development and operation of systems and work processes required to administer and perform the day-to-day operations of the PI Program, including; attestation submission, review, and payment approval.
- New Jersey Innovation Institute (NJII) – (NJ Medicaid contractor)
 - Responsible for the BH facilities outreach and providing technical assistance with the attestation submission and payment disbursement of the approved milestones.

The state is leveraging its current Information Technology (IT), fiscal, and communication infrastructures within New Jersey Medicaid Management Information System (NJMMIS) and the broader state IT infrastructure to implement and operate the Behavioral Health Promoting Interoperability Program. New Jersey is building upon the experience and infrastructure of the SUD PIP to implement the BH PIP. As shown in the diagram below, the attestation process mainly consists of: Eligibility Verification and Registration, Attestation submission and Review/Approval for milestone payment.



Eligibility Verification and Registration: NJII is the state designated entity responsible for the outreach and providing technical assistance to the BH facilities participating in this program. NJII will be responsible to verify the eligibility documentation such as a valid facility license/registration and Medicaid volume requirements prior to the registration process. They will work in close collaboration with the designated state personnel as necessary to confirm their eligibility for participation in the program.

New Jersey will leverage the experience and processes established in the Medicaid Promoting Interoperability Program to verify the Medicaid volume requirement for the participating BH facilities.

Once a facility is deemed eligible, a state designated personnel will register the qualified BH facility on a state user portal specifically designed to provide administrative oversight to the attestations submitted. The access to this portal is limited to the designated State authorities only and serves as a central platform for managing and monitoring BH facilities' participation in the program. The registration process involves entering essential facility information, ensuring that all necessary documentation and criteria are met, and formally enrolling the facility in the BH PIP. Once the registration is completed an email notification is sent to the BH facility with registered NPI and system generated unique registration ID.

Attestation: The BH facilities will utilize the NJMMIS website (www.njmmis.com) to enter the secure provider portal to access the New Jersey Behavioral Health Promoting Interoperability Program Attestation Application. Single sign on capabilities allow the attesting facility to access the New Jersey BH PIP Attestation Application using the same user ID and password to access the secure area of the New Jersey Medicaid website. Once an attestation is submitted, it is pending for the State review and approval.

State Review and Approval: New Jersey will implement a prepayment review of attestations. When the attestation is pending for State Review, the designated personnel will conduct a comprehensive review of the attestation alongside the supporting documentation prior to approving the attestation for payment. Following this review, the facility will receive the email notification with one of the following decisions: Approved, Rejected or Resubmit. If an attestation is rejected, it may be appealed and will be allowed to be resubmitted. The resubmitted attestation will then undergo the State review process to verify whether the milestone requirements have been met.

Milestone Payment Disbursement: The State designates its contractor, NJII to be the responsible entity to release the milestone payment once the attestations are successfully accepted and approved for payment.

7. Timeline

The BH Promoting Interoperability Program is expected to be funded for a period of five years based on a first-come first-served basis. The targeted timeline is listed below.

Targeted Timeline	
Target Date	Activity
3/30/2023	CMS approval of the renewed 1115 Demonstration
7/30/2023	Finalized budget and project plan
12/30/2023	Execute Contract Amendment with NJII
12/30/2023	Finalize NJII Contract language
3/30/2024	Complete attestation system changes for BH PIP
5/1/2024	Conduct webinar for BH PIP providers
7/1/2024	Begin BH PIP attestations
7/30/2024	Disburse first milestone payments

8. State Contact

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