



Substance Use Disorder Promoting Interoperability Program Frequently Asked Questions (FAQ)

About the Program

This Frequently Asked Questions (FAQ) document provides more information about the Substance Use Disorder Promoting Interoperability Program (“SUD PIP Program”) and was created based on the questions and responses provided during the SUD PIP Informational Webinar conducted on May 1, 2019.

For more information regarding the SUD program, please reach out to the NJHIN team at njhin@njii.com.

SUD PIP Informational Webinar

Learn more about the program basics, eligibility requirements, program milestones, payment milestones, and how to get started. There should be a link to the webinar.

May 1, 2019 Webinar Presentation Slides:

- Available by email request: njhin@njii.com

A. General

1. Will the list of participating providers be made public?

The NJ Department of Health will research if there are any underlying issues with making this information public, but this is something that is under consideration.

2. I would like to hear about confidentiality issues and sending SUD data to the HIE.

This program focuses on connecting disparate and relevant clinical information so that the SUD provider can make the most appropriate treatment decisions to support SUD patients. Accordingly, the intent is to facilitate SUD providers receipt of clinical information, SUD providers will not transmit or share data with other providers or the Health Information The use of the NJ Health Information Network (NJ HIN) for substance data is as a secure transport mechanism for the providers to receive the clinical data. Additionally, the State onboarded a Privacy expert to ensure compliance with state and federal privacy laws, including HIPAA and 42 CFR Part 2.

3. How did NJ Department of Health determine the funding amounts for achieving the various milestones?

There were two factors. Firstly, the amount of funding available to us. Secondly, the results of an SUD assessment survey that NJAMHAA conducted for the state. The survey results yielded an estimated number of providers that will participate in the program and also the average cost of how much is it to connect to implement their EHR, connect to an HIE or NJHIN, and potentially the PMP.

4. Did you consider making funds available: (i) to support planning for the acquisition of an EHR? (ii) to support TA needs for the provider implementing the EHR solution?

Yes, milestone 1 provides funding to support the acquisition or upgrade of an EHR.

5. Can you please repeat the target date by which EHRs should be live or upgraded, to meet Milestone 2?

The target date is the end of the grant period, which is March 31, 2021. This is a first come, first serve program, therefore funding may not be available once program funding have been exhausted by participants achieving milestone targets.

6. Will the slides be made available? (this is the same as question 1)

Yes, in addition, the webinar is recorded and will be posted on the website.

7. Will these questions and answers be provided along with these slides?

A FAQ is planned to be posted on the SUD PIP webpage (<https://njii.com/njhin/sud/>).

8. Are there EHRs already available in NJ that are connected to the NJPMP program that would allow the doctor to see the patient's past drug history while interviewing the patient?

As we define the different EHRs and their scope of involvement, we will be able to better evaluate this capability. We want to make sure that our State partners administering the NJ PMP provide information on that question.

9. Will there be incentive payments per provider (MD/APN) if they meet certain measures? If so, what is the incentive payment amount?

No, the program is designed to provide payments to the organization/facility.

10. What is the definition of “live”?

The definition of “live” is based on the documentation that can be generated from the participating SUD provider. For example, a Meaningful Use (or Promoting Interoperability) dashboard screenshot that you are actively utilizing the functionality of the EHR (e-prescribing functionality, computerized physician ordering, or other capabilities that demonstrate the active use of an EHR) can be provided as documentation proof. We will review that and approve as we see fit. We are developing the “attestation portal” so that you do not need to mail or send documentation proof manually and you will be able to upload documents instead. There is a limit of 10mb in size for uploading those documents.

11. Is connection to the PMP program dependent upon use of e-Prescribe or are you looking for an autonomous connection through the EHR?

We are looking for access to the PMP for downloading or otherwise accessing a patient’s opioid history from the PMP. We are not looking necessarily for e-Prescribe records.

Eligibility & Criteria

12. Would deploying an EHR prior to the start of the grant period disqualify an SUD Provider?

As long as the contract is in effect during the program period, SUD providers are eligible. The provider may only be eligible for Tier 2 (upgrade) if the EHR had already been implemented. The contract can be for a new installation or an upgrade to an existing system.

13. Can an SUD Provider participate in the both the Medicaid Meaningful Use Incentive Program and the SUD PIP Program?

Yes, the Medicaid Meaningful Use Program is a Federal Program while the SUD PIP Program is a State Program.

14. What is the criteria to define someone as a SUD patient?

In terms of eligibility, eligible participants must be licensed by the Department of Health’s office of licensing to provide SUD treatment prior to the start of services. Participants must be an active Medicaid provider. Participants must receive funding from DMHAS to provide SUD treatments services, either through cost-based contract or fee-for-service. They also must have at least 50 SUD admissions during CY 2018 documented in NJSAMS.

15. If a program is new and does not have 50 clients in FY 2018, but they do have 50 clients when FY 2019 has been included in the total, are they eligible for funding?

Our policy and principle are to be all inclusive on a case by case basis. We will consider those applications and those participation agreements. We do not see any reason why a potential SUD participant is unable to combine them. The eligibility criteria we defined is based on when the State started to develop this program in late 2018 and the State reserves the right to make considerations on a case by case basis.

16. If we are a new provider and don't have any admissions in 2018, would we qualify for the criteria?

Yes, because you will provide proof that you had SUD admissions in 2019.

17. When is the last date we would be able to sign on with a new vendor in order to be eligible?

From a practical perspective, because this is first come first served funded, if you're waiting to sign on with a new vendor in 2021, there will be no guarantee that there will be any funding left at that time. The State defined the program as a two-year program, though there may potentially be additional funding in the future. We cannot confirm whether or not there will be additional funding at this time.

18. We have not opened our facility yet, so we have no data for 2018. Is that a problem?

We are seeking agencies that have a panel of SUD patients. In order for providers to receive funding, they must be active and continue to actively see SUD clients, when the new provider accrues 50 admissions, they become eligible for the program as long as all the remaining criteria are met.

19. How do we determine these incentive payments?

We are guided by a needs-based principle; those providers who are most severely under-capitalized will be eligible to receive the largest payments. For example, those providers that do not have an EHR right now would incur a larger cost than those with a Certified EHR Technology in place. They were eligible to get more because they need it more. We are focused on the needs for this provider community and their patients. Slide eight of the presentation also details the milestone payments.

20. If you are in the process of getting your SUD license and all of that, how does that factor into this?

Our philosophy around this program is that we know that there's a lot of moving parts and that it is a very fragmented system. We're going to see how to make things work. For questions like that we would encourage to reach out to Van Zimmerman or June Noto. We will be trying to figure out whatever we can do to troubleshoot to make this program acceptable for the SUD provider.

21. Would a provider be eligible if they signed on with a new vendor but would not start implementation for six more months?

This is a first come first served program with a defined budget. We encourage participation as soon as possible to secure funding.

B. Provider Tiers

1. Where do participants fall if they want to convert to a new EHR system rather than upgrade? And, does it matter if the existing EHR has been orphaned by its vendor?

A conversion to a new EHR system is considered a "new install" because the effort for installing a new EHR is similar to the effort of installing an EHR where one previously did not exist.

C. EHR (Functionality, Vendors, Technical Specifications & etc.)

1. Does the EHR have to be able to interoperate and connect with other EHR vendors? Or only those specified in milestone 3, 4, and 5?

The EHR must be Office of the National Coordinator for HIT (ONC) certified EHR technology. It should be able to interoperate with any other vendor with the same level of certification.

However, connecting to another EHR does not satisfy the milestone for interconnectivity. The intent of the SUD PIP Program is for participants to share and receive information with the state HIE infrastructure, which is the NJHIN, or an HIE that is connected to NJHIN.

2. Are you currently looking for a capable EHR vendor that can support this type of interoperability?

No. The NJHIN is vendor agnostic. Our goal is to support the SUD providers and their choices based on who they think is appropriate to be the EHR vendor for their practice.

3. Will you identify certain technical specifications that are to be in place with EHR vendors to promote and practically be able to support interoperability?

The EHR must be ONC 2015 Certified. In terms of an upgrade, we will only consider an upgrade to the 2015 edition, which is what is recommended by the federal government at this time for all the federal Promoting Interoperability Programs.

4. As an EHR provider doing work in the state, who do we contact if we have questions about connectivity to milestone 4 and 5?

You should reach out to Van Zimmerman at NJII, with the understanding that the first 3 milestones are ready to go. The details for the fourth and fifth milestones are forthcoming. We are working in concert with the PMP administrator at the NJ Office of the Attorney General, Division of Consumer Affairs that this is consistent with the PMP statute as well.

D. Legal Agreements

1. Who do you contact to receive a participation agreement?

Please reach out to njhin@niji.com to request a participation agreement for the SUD PIP Program.

2. Will everyone who is on today's webinar be sent the participation agreement?

We would be happy to send the participation agreement to anyone who reaches out. We need to know who the provider and agency are.