

HEALTH INFORMATION EXCHANGE GRANTS CRITERIA

INTRODUCTION

On August, 20th, the federal Office of the National Coordinator for Health Information Technology (ONC) released an opportunity for states to apply for between \$4 million and \$40 million in funds for planning and implementation of health information exchange deployment. The State of New Jersey intends to accelerate the development of health information exchange (HIE) using these funds available from the American Recovery and Reinvestment Act of 2009. The State will be submitting an application for a statewide grant to the Office of the National Coordinator for Health Information Technology that will reflect the current state-of-the-art in New Jersey and priorities set forth by the state's Health Information Technology Commission and Office of e-HIT. As such, the application will include projects from around the State that hold the promise of establishing a more effective, efficient, sustainable, and interoperable exchange of clinically useful data across health-care provider organizations, cities, and regions. This RFA solicits projects to be incorporated into the State's application.

First and foremost, all projects submitted by the State to the ONC must plan advancements in the exchange of clinical health information that improve the quality and timely delivery of care. The State's application will strive to establish a series of regional health-information exchanges that will be integrated into a State-established, secure Master Patient Index that can be queried for patient-specific health information. Ultimately, the State must, pursuant to the New Jersey Health Information Technology Act of 2007, create a private and secure, statewide, self-supporting interoperable network that will become part of the National Health Information Network (NHIN).

Thus, the State is seeking applications that will fulfill these statutory obligations, will comply with the criteria below, and will provide a plan for sustainable health-information exchange centered around interoperable health-information systems and improved care coordination. Applications that simply seek to digitize health records currently on paper are not eligible for consideration; only those proposals that document

plans to leverage and elevate electronic capabilities to increase care coordination across settings will be considered.

Selection of projects for possible funding will be determined through the following scoring process and based on thorough completion of the Grant Application. Actual funding levels for selected projects will depend on the funding that the State of New Jersey ultimately receives from the Office of the National Coordinator for Health Information Technology, which will be announced on or about Dec. 15, 2009. The State's application will be officially submitted on or before Oct. 16, 2009 by the New Jersey Health Care Facilities and Financing Authority, to which financial reports will be due from the awarded sub-grantees. Project scoring and selection will be made by a Multi-Departmental Review Panel with each reviewer scoring each application independently. The Review Panel will be composed of representatives of the Department of Health and Senior Services, the Department of Banking and Insurance, the Department of Human Services, the Department of Children and Families, and the Office of Information Technology.

SCORING

To determine which projects will be a part of the State's application to the Office of the National Coordinator, a scoring system will be applied as follows:

- The mandatory criteria carry a maximum of 75 points.
- The optional elements carry a maximum of 25 points. A thorough plan for the inclusion of any one of the data elements listed in the optional criteria will add 9 points to an application's score. A thorough plan for the inclusion of a second, third, fourth, or fifth data element will each add 4 points, for a total of 25 possible points from just the data elements.
- The total maximum points a project can receive is 100.
- Any project with a total score above 80 will be deemed eligible for funding and included in the application to the Office of the National Coordinator.

Example: Any project application that completely and thoroughly fulfils only the mandatory criteria will achieve a maximum score of 75. Any project application that completely and thoroughly fulfils the mandatory criteria and proposes to exchange just one of the data elements in the optional criteria will achieve a maximum score of 84. Any project application that completely and thoroughly fulfils the mandatory criteria and proposes exchanges in all of the data elements in the optional criteria will achieve a maximum score of 100.

Describe the Proposed Project in a Project Plan by Addressing the Following Mandatory and, if applicable, Optional Criteria. The Mandatory criteria reflect the Requirements Set Forth for States by the Office of the National Coordinator for Health Information Technology:

OPTIONAL CRITERIA – 25 possible points

The following data elements reflect the State's focus among potential data elements to be included in a Health Information Exchange, as prioritized by the New Jersey Health Information Technology Commission:

1. Participation in a Statewide Master Patient Index/Record Locator Service: New Jersey plans to implement an Enterprise MPI/RLS based upon an open architecture. To fulfill this criterion, applicants must make electronic records available to the statewide EMPI/RLS. Applicants should describe their plans to either:
 - A. Purchase their own regional Master Patient Index and ultimately link it to the Statewide EMPI, or,
 - B. Utilize the Statewide EMPI as the indexing resource for their regional HIE plan;

2. Exchange of laboratory results (including decision support);
3. Support of transfers between settings through exchange of basic discharge/transfer data, including demographics, allergies, advance directives, problem lists, discharge summaries, and/or test results;
4. Exchange of radiology images and other clinical images, with related clinical notes; or
5. Exchange of prescription drug data and development of comprehensive medication histories.

MANDATORY CRITERIA – 75 possible points

- **Introduction – 5 possible points**

A clearly stated mission of the proposed project stating the targeted population, the intended improvement of health outcomes among that population, and the incorporation of robust utilization of health information exchange in creating those outcomes.

- **Governance – 14 possible points**

- **Collaborative Governance Model** – The Project Plan must describe a multi-disciplinary, multi-stakeholder governance entity including a description of the membership, decision-making authority, and governance model. Applicants are encouraged to consider how their governance models will align with emerging statewide and nationwide HIE governance.
- **Project Coordinator** – The Project Plan shall identify an HIE Coordinator. The plan shall also describe how the coordinator will interact with the federally funded state health programs and also the HIE activities within the rest of the state.
- **Accountability and Transparency** – To ensure that the public benefits of HIE funding and projects are for authorized purposes and advance the stated goals, the Project Plan shall address how the project is going to address HIE accountability and transparency.
- **Ongoing Governance**— The Project Plan must describe the ongoing development of the governance and policy structures during the initial and long-term implementation phases. The ongoing governance description shall include a plan for demonstrating progress in all aspects of implementing the proposed project thus far, if applicable; a mechanism that

includes structured governance and widespread stakeholder decision-making for effecting ongoing changes to both the technology and clinical goal-setting components of the proposed project as it evolves; and a precise timeline of the steps to achieve full implementation of the proposed project.

- **Finance – 14 possible points**
 - **Cost Estimates and Staffing Plans –**
 - The Project Plan must provide a summary cost estimate for the implementation of the project for the time period covered by the Plan.
 - In the “Application for Grant Funds,” applicants must include additional detail about the budget and costs, including a workplan describing the tasks and sub-tasks that need to be completed in order to enable HIE, along with resources, dependencies, and specific timeframes.
 - Applicants shall provide a staffing plan including project managers and other key roles required to ensure the project’s success.
 - The implementation description shall specify proposed resolution and mitigation methods for identified issues and risks within the overall project.
 - **Controls and Reporting –** The Project Plan must describe activities to implement financial policies, procedures and controls to maintain compliance with generally accepted accounting principles (GAAP) and all relevant federal and State audit requirements. That description must include a Tax ID Number for the organization in the exchange acting as lead financial agent, and the financial management and accounting capabilities and controls of that organization and/or others in the exchange. The organization will serve as a single point of contact to submit progress and spending reports periodically to the New Jersey Health Care Facilities Financing Authority, which will be the State’s applicant and fiscal agent to compile and submit reports to ONC.
 - **Sustainability – Sustainability has been a major challenge for Regional HIE nationwide. Applicants are therefore required to submit a detailed and viable plan for financial and operational sustainability both during the grant period and beyond the life of the grant, to include a revenue source or sources for future annual costs for hardware, software, licenses, and staff support. The State understands that not all exchange projects will be fully self-sustaining beyond the life of the grants from ONC. Scoring will be based on sustainability plans that maximize resources and minimize costs so as to approach breakeven status after the termination of the ONC grants.**
- **Technical Infrastructure – 14 possible points**

- **Standards and Certifications** –The Project Plan shall describe efforts to become consistent with HHS adopted interoperability standards and any certification requirements, for projects that are just starting; demonstrated compliance, or plans toward becoming consistent with HHS adopted interoperability standards and certifications if applicable, for those projects that are already implemented or under implementation. In particular, the State of New Jersey would give preference to a strong explanation of the project’s ability to match patients to their electronic medical data based on a probabilistic match of personal data that reaches the highest reasonable level of certainty in accordance with national standards.
- **Technical Architecture** – The Project Plan must describe how the technical architecture will accommodate the requirements to ensure widespread availability of HIE among healthcare providers, public health and those offering service for patient engagement and data access. The technical architecture must include plans for the protection of health data. This needs to reflect the business and clinical requirements determined via a multi-stakeholder planning process. If a project plans to exchange information with federal health care providers including but not limited to Veterans Administration, Department of Defense, Indian Health Services, their plans must specify how the architecture will align with NHIN core services and specifications.
- **Technology Deployment** – The Project Plan must describe the technical solutions that will be used to develop HIE capacity within the region and particularly the solutions that will enable meaningful use criteria established by the Secretary of the U.S. Department of Health and Human Services for 2011, and indicate efforts for statewide and nationwide health information exchange. (For up-to-date publicly available information on meaningful use, see: <http://healthit.hhs.gov/meaningfuluse>).
- **Business and Technical operations – 14 possible points**
 - **Current HIE Capacities** – The Project Plan must describe how the project will leverage current HIE capacities, if applicable, such as current operational health information organizations (HIOs), including those providing services to areas in multiple regions.
 - **Regional Shared Services and Repositories** – The Project Plan must address whether the applicant will leverage regional- and state-level shared services and repositories including, but not limited to, how HIOs and other data exchange mechanisms can leverage existing services and data repositories, both public or private. Shared services to consider include (but are not limited to): Medicaid data, public-health databases

and registries, Security Service, Patient Locator Service, Data/Document Locator Service, Terminology Service, and potential future Regional Extension Centers. These technical services may be developed over time and according to standards and certification criteria adopted by HHS in effort to develop capacity for nationwide HIE.

- **Standard operating procedures for HIE** (*encouraged but not required*)– The Project Plan should include an explanation of how standard operating procedures and processes and/or best practices for HIE services will be developed and implemented.
- **Legal/policy – 14 possible points**
 - **Establish Requirements** – The Project Plan shall describe how the health information exchange will comply with all applicable federal and State legal and policy requirements related to health information exchange and compliance plans. This plan needs to include developing, evolving, and implementing the policy requirements to enable appropriate and secure health information exchange through mechanisms of exchange consistent with compliance with HIPAA; New Jersey State law governing privacy and security regulations; the New Jersey Health Information Privacy and Security requirements; Identity Theft Law; and including a plan for additional patient consent, if applicable. The Operational Plan should specify the interdependence with the governance and oversight mechanisms to ensure compliance with these policies.
 - **Privacy and Security Harmonization** – The Operational Plan must describe plans for privacy and security harmonization and compliance across organizations.
 - **State and Federal Requirements** – To the extent that states anticipate exchanging health information with federal care delivery organizations, such as the VA, DoD, IHS, etc., or with state-operated facilities, such as psychiatric hospitals or behavioral-health centers, the Project Plan must consider the various federal and State requirements for the utilization and protection of health data will be accomplished.