The purpose of this transmittal is to clarify the requirement for participating in the DC HIE for institutions for mental disease (IMDs) effective July 1, 2020.

On November 6, 2019, the Centers for Medicare & Medicaid Services (CMS) approved the District’s Behavioral Health Transformation demonstration. The demonstration allows the District’s Medicaid program to pay for services provided to non-elderly adults with serious mental illness (SMI)/serious emotional disturbance (SED) or substance use disorder (SUD) residing in an IMD. Coverage for IMD services was historically barred for most non-elderly adults under Medicaid’s IMD exclusion.

In accordance with the requirements set forth 29 DCMR 8608, IMD providers are required, as a condition of reimbursement for services authorized under Chapter 86, to “participate through a formal agreement with a registered HIE entity of the DC Health Information Exchange (DC HIE), defined in Chapter 87 of Title 29 of the DCMR.”

Participating in the DC HIE offers a system-wide view of the care patients receive across the District, based on a set of approved uses of HIE focused on improving health care treatment, payment, and operations. Currently, all acute care hospitals and nearly 9,000 users serving District residents participate in the DC HIE. The more District providers participate in the DC HIE, the more opportunities there are to ensure District residents’ health information is available whenever and wherever needed to ensure timely, informed care and improve transitions between care providers or settings.

Fulfilling the requirements of Chapter 86 will enable providers to use the DC HIE to look up information on their patient’s medical encounters and claims via a ‘patient snapshot’ of key information including medications, labs, and care teams; access real-time admit-discharge-transfer alerts when their patient is seen in another care setting; and review Fire & EMS encounters and notes for 911-calls, ambulance visits, and transports.

In order to meet the DC HIE participation requirements set forth in 29 DCMR 8608, IMD providers shall develop a formal agreement with at least one Registered HIE entity of the DC HIE by completing and signing the following DC HIE Onboarding Documents:
- A HIE Participation Agreement form with one of the DC HIE Registered HIE Entities.
- An attestation that the practice has updated their Notice of Privacy Practices to indicate:
  o The provider is a participant in the DC HIE;
  o Which HIE the provider has a participation agreement with;
  o The types of information the participating organization shall disclose to the registered HIE entity and the extent that information accessed through the HIE entity may be used for treatment, payment, health care operations, and Secondary Use of health information; and
  o The steps patients can take to opt out of HIE services if they choose to do so.

To fully execute the agreements listed above, the provider must make available to the HIE entity:

- A panel of patients or list of patients with whom the practice has an active treatment relationship, and a commitment to update this panel on a monthly basis. This list identifies the set of patients whose data the provider will be allowed to access via the DC HIE;
- The name of a practice staff member who will serve as the organization’s point of contact and will be responsible for managing HIE access among practice staff;
- A list of names and contact information for identified users within the practice who will be granted access to HIE services.
- A completed Substance Use Disorder Attestation form, which providers can use to determine whether they believe they are partially or fully covered under 42 CFR part 2.

Completing the steps above will fulfill the DC HIE participation requirements under the IMD rule for most practices. The HIE onboarding process is specific to each HIE and may include additional documents that must be completed to execute a participation agreement.

**Behavioral Health Providers**

When a provider completes the SUD Attestation form and identifies that they are a substance use disorder treatment program as defined by 42 CFR part 2, the provider will also need to execute a Qualified Service Organization Agreement (QSOA) with the HIE with which they have a participation agreement. In this event, only the provider’s active patient list will be shared with the HIE to enable the practice to receive alerts on hospitalizations and access other physical health information. The active patient list will be considered Part 2 data and will not be redisclosed as such.

If a provider does not consider their active patient list covered under 42 CFR part 2, the provider does not need to execute a Qualified Service Organization Agreement (QSOA). In this event, the provider’s active patient list may be disclosed in accordance with HIPAA and the HIE participation agreement.

Further information regarding 42 CFR part 2 coverage can be addressed by contacting Enlightened Inc. at the email address listed below.

Finally, if the practice meets the definition of a behavioral health provider per the DC Mental Health Information Act (Mental Health Information Act of 1978, effective March 3, 1979 (D.C. Law 2-136; D.C. Official Code §§ 7-1201.01 et seq.) and wishes to exchange mental health information from their practice with the HIE, the practice must also attest that they have updated their Notice of Privacy Practices to meet requirements of the DC Mental Health Information Act.
Available Technical Assistance
Through September 30, 2021 Enlightened, Inc.’s HIE Connectivity team will provide technical assistance, training, and onboarding support for the DC HIE to all eligible Medicaid providers that submit Medicaid claims to DHCF annually. Assistance for IMD providers will be prioritized to ensure that any IMD waiver providers meet the July 1, 2020 deadline.

In order to fulfill the IMD DC HIE requirement, Enlightened Inc.’s HIE Connectivity team is available to provide support for the following tasks, at no cost to providers:

- Provide guidance and support on requirements and steps to complete and submit their Participation Agreement, Updated Notice of Privacy Practice, and Substance Use Disorder (SUD) Attestation Forms.
- Implement connections between the provider’s EHR or system of record and the most appropriate registered DC HIE entity.
- Assist 42 CFR Part 2 providers who may need to execute a Qualified Service Organization Agreement (QSOA) with their HIE partners.
- Assist staff with education, training, and data preparation to send their patient panel or patient lists to the DC HIE on an ongoing basis.
- Conduct an organizational workflow assessment and provide guidance to ensure the practice can make best use of the HIE connection to improve care and outcomes.

Information and Contacts
Additional information and provider guidance can be accessed at https://dhcf.dc.gov/page/dc-hie

Information on the DC HIE Connectivity program and requests for technical assistance should be directed to DCHIE@teamenlightened.com

For all other questions, please contact DHCF at healthIT@dc.gov

Cc: DC Hospital Association
DC Primary Care Association
DC Health Care Association
DC Home Heath Association
DC Behavioral Health Association
DC Coalition of Disability Service Providers
DC Medical Society