The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary

MONICA BHAREL, MD, MPH
Commissioner

Tel: 617-624-6000
www.mass.gov/dph

TO: Early Intervention Executive and Program Directors

RE: Procurement for Replacement of EIIS Client and Fiscal Data Systems

FROM: Ron Benham, Director of Bureau of Family Health & Nutrition

DATE: September 12, 2016

The Massachusetts Department of Public Health Early Intervention Program is in the process of procuring a replacement of the existing Early Intervention Information System (EIIS) and the Early Intervention Service Delivery and Fiscal System (Fiscal System). The state is planning to issue a procurement document, Request for Response (RFR), in the Fall 2016.

DPH is focused on updating the program technology in a way that supports all Early Intervention programs and acknowledges the different program sizes and access to resources based on parent agency. The new EI data system will provide two ways of client and service data collection and transfer. EI providers will have the ability to either (1) enter all client and service data directly into EIIS, and download this data to their own Practice Management System (PMS), Billing System or Electronic Health Record (EHR), or (2) upload all client and service data into EIIS from their own system. If data is transferred into EIIS then it must meet all EI operational business rules. EI providers will be allowed to choose which data collection and transfer method they want to implement in order to most efficiently integrate their own data and billing systems with EIIS. Based on provider feedback, the state intends to offer download and upload options of all client and service data, however the actual system will depend on the vendor offering.

The new system procurement is the culmination of over two years of planning efforts, including comprehensive diagnostic evaluation of existing systems and processes, review of other state systems, and ongoing stakeholder engagement. The state followed best practices for the requirements gathering and procurement document creation following national models for

such efforts, e.g., the Office of Special Education (OSEP) and the Center for IDEA Early Childhood Data Systems (DaSy), http://dasycenter.org/resources/dasy-framework/. However, the most important principle is to procure a solution that meets the diverse needs of all providers within our available budget.

The project vision is to implement a comprehensive, integrated web-based data system that will support a full spectrum of Federal and State specified activities and leverages the functionality that is increasingly common in EI systems. The new EIIS will improve data quality and clinical workflow with several key features:

- Full documentation of the participant life-cycle from referral to transition contained in a single data system. The system will meet requirements to be the system of record for the program and a critical tool to supporting consistency of practice and service quality.
- Paperless documentation of client visits by clinicians with tools to support supervisor oversight in real time
- Secure, role-based user access to specific data on all EI clients across the state
- Parent portal for ongoing access and engagement
- Extract and upload capability to support direct linkage with EI provider PMS, EHR and/or billing systems
- Enhanced accuracy of service data entry before moving onto a provider's own billing and claims processing
- Fiscal management capabilities that support HIPAA compliant claims processing

The current timeline is to have bidders' responses reviewed by Early Winter 2017. The system implementation, including the pilot period, will begin in late FY17 or early FY18, most likely with the EIIS system rolling out first and then rolling out the Fiscal system next.

DPH is very appreciative of all the feedback provided to date and welcomes on-going input from providers. However, with the release of the RFR, the state will be required to limit its discussions regarding the proposed system to ensure it does not provide any potential bidder an undue advantage.

Background

EI client and service delivery legacy systems are not integrated with each other. Both systems are outdated and inefficient, requiring significant manual intervention. Growth in the program over the past decade has strained system capacity with current EI program enrollment long past the scale of the current systems.

Access to the EIIS system and its data is limited. Client data is often incomplete, duplicative and error prone. Similarly, existing claims processing procedures are highly intensive, conducted manually, and do not support HIPAA 5010 compliant claims files. The fiscal system traces back 30 years and is ill suited to handle the current $170+M in EI claims data.

The new system will resolve many of the existing security, operational, access and maintenance issues. At the same time it will significantly improve data quality and allow better demonstration of EI outcomes.

Planning Process

A system planning team consisting of DPH Early Intervention leadership and EHS IT staff reviewed system needs and gathered requirements from EI providers. During this process, the planning team released a Request for Information (RFI) and received 17 vendor responses, all with comprehensive existing systems. The team reviewed all responses and asked 8 vendors to demonstrate their systems. At the same time, the planning team made visits to multiple EI program sites and agencies to identify system needs and overall fit of the proposed vision and design with the current available technology and their overall IT strategy. Redundancy of data entry into multiple systems became a major theme with staff needing to manually check data across systems.

Department staff have been very focused on reaching out to all Early Intervention (EI) programs. The team held an informational webinar on December 1, 2015 as part of the EI monthly provider calls. The team also invited all EI agencies to participate in the "WIP" (Web-system In Progress) stakeholder group, with the goal of collecting and utilizing their feedback to blueprint functional requirements of the new system. The WIP Group includes representatives from DPH EI leadership and clinical staff, EI agencies, and EI billing system developers. To date, the WIP Group has met on August 19, 2015, October 26, 2015 and March 23, 2016. Additional meetings are being planned for the System Design, Implementation, and Training Phases. The next phase of WIP meetings will consist of more break-out sessions for specific areas (e.g., clinical, fiscal, technical) so that members have an appropriate forum to discuss topical issues and to hear all perspectives.

The WIP members have been actively learning about the planned system's functionality and providing the state with valuable insights and recommendations. For instance, one of the most critical issues and concerns identified through these discussions is the impact of the federal Electronic Health Record (EHR) mandate to identify ways to link the new EI system with current and future EHRs.

In order to evaluate the impact, the planning team conducted an online survey of all EI programs during the month of July 2015. The survey revealed that 17 of 60 programs had implemented or were planning to implement an EHR system in the next 2 years. Discussions in the WIP Group have emphasized to the Department the need to not underestimate the movement of agencies toward implementing an EHR system across their agency programs.

The planning team is appreciative of all input and is determined to eliminate any kind of data redundancy at the program or agency level by providing an efficient, stable and seamless process for data sharing.

Consequently, DPH has made numerous modifications to the system plan and the RFR to accommodate the feedback including:

- Specification of the download file to feed information from the new EIIS into Practice Management, EHR and/or Billing Systems
- Upload functionality to allow for client and service delivery data upload from each agency Practice Management, EHR, and/or Billing System including a comprehensive data quality review of the upload
- Parent portal to improve link with parents and improve service quality and data access
- Options for clinician's working in low-connectivity environments

The Department will continue to provide updated information regarding this project when available. If you or your staff have any questions about the project then please contact Noah Feldman at (617) 624-5532 or noah.feldman@ state.ma.us