What Behavioral Healthcare Providers Need to Know About Meaningful Use

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Meaningful Use

ARRA **HITECH**

Medicare **Medicaid**

ONC

What You Need to Know About Meaningful Use

There is still a lot of confusion about the Meaningful Use (MU) Incentive Program from Medicare and Medicaid, particularly as it applies to Behavioral Healthcare. Although Behavioral Healthcare continues to be excluded from the incentive programs, Psychiatrists (under Medicare and Medicaid) and Nurse Practitioners (under Medicaid only) are eligible to receive incentive payments.

Some background: The Meaningful Use incentive payments are part of the Health Information Technology For Economic and Clinical Health Act (HITECH) , which is part of the American Recovery and Reinvestment Act (ARRA) of 2009. The goals of the ARRA are:

- To improve safety, quality, and efficiency, and reduce health disparities;
- To better engage patients and families;
- To ensure adequate privacy and security protections for personal health information;
- To improve care coordination; and
- To improve population and public health.

(Source: Realistic Methods for Achieving ARRA Meaningful Use, Landon and Lyons, QuadraMed)

The Office of the National Coordinator (ONC), part of the US Department of Health and Human Services, has oversight responsibilities for the payment programs. Medicaid incentive payments are being coordinated by each state.

Stages of Meaningful Use:
Meaningful use will be implemented in three stages.

Stage	Goal	Start Date
Stage 1	Use a certified EHR to capture health information in a structured way.	2011
Stage 2	Continuous Quality Improvement and exchange of information.	2013
Stage 3	Further improvements in quality, safety, and efficiency that lead to improved health outcomes.	TBA

Note: Stages are independent to the time line you adopt MU.

Stage 1 (beginning in 2011): The Stage 1 meaningful use criteria "focuses on electronically capturing health information in a coded format; using that information to track key clinical conditions and communicating that information for care coordination purposes (whether that information is structured or unstructured, but in structured format whenever feasible); consistent with other provisions of Medicare and Medicaid law, implementing clinical decision support tools to facilitate disease and medication management; and reporting clinical quality measures and public health information." (Source: www.ama-assn.org).

The first hurdle is your EHR. In order to meet the MU criteria, you must be using a certified system. A list of certified systems can be found on the Centers for Medicare & Medicaid Services (CMS) website. Many more vendors are in the process of certification so be sure to check the CMS Website periodically. If you currently have an EHR system, ask your vendor what its plans are for Meaningful Use certification.

Modular vs complete certification. A word of caution - read the fine print! Several BH systems are certified, but not completely. This means that you will need to add other modules from the same or a different company in order to fully meet the MU requirements. Questions to ask include:

- Is the certification complete, or only certified for part of the requirements?
- If modular, does the EHR vendor or a third party provide the consumer portal? Interface with the labs? E-Prescribing?

Medicare

e d i c a i d

Providers must decide to get reimbursed by Medicaid or Medicare, but can't sign up for both. Eligible providers must register to receive incentive payment from either Medicare or Medicaid. If eligible, providers should pick Medicaid because the total payments are higher.

The total incentive payments, assuming the provider is fully eligible for the entire time frame, are as follows:

Payer	Max Total Dollars	Number of Years
Medicaid	$63,750	6
Medicare	$44,000	5

This is what the payout table for Medicaid looks like if you start this year.

Calendar Year	2011	2012	2013	2014	2015	2016
2011	$21,250					
2012	$8,500	$21,250				
2013	$8,500	$8,500	$21,250			
2014	$8,500	$8,500	$8,500	$21,250		
2015	$8,500	$8,500	$8,500	$8,500	$21,250	
2016	$8,500	$8,500	$8,500	$8,500	$8,500	$21,250
2017		$8,500	$8,500	$8,500	$8,500	$8,500
2018			$8,500	$8,500	$8,500	$8,500
2019				$8,500	$8,500	$8,500
2020					$8,500	$8,500
2021						$8,500
Total	**$63,750**	**$63,750**	**$63,750**	**$63,750**	**$63,750**	**$63,750**

(Source: Mass. EOHHS Web site)

Providers are also limited to receive Medicaid payments from one state.

Who is eligible?

At the present time, in Behavioral Healthcare, only psychiatrists and nurser practitioners are eligible to receive payment. Senator Sheldon Whitehouse (D, RI) has introduced a bill, MH Bill S 539 (The Behavioral Health Information Technology Act of 2011). According to Washington Watch, "S. 539 would amend the Public Health Services Act and the Social Security Act to extend health information technology assistance eligibility to behavioral health, mental health, and substance abuse professionals and facilities." The bill has five co-sponsors and is currently in committee.

Follow the money! Medicare and Medicaid will pay the incentive dollars to the individual or agency that the Eligible Provider selects when registering. If the provider works for your agency and will be using your clients to attest to meeting meaningful use, then your agency is entitled to receive the incentive payments. You have to be certain that the agency is assigned as payer. Amending your general agreement with your eligible providers to include a provision for assignment of Meaningful Use incentive payments is recommended. See Appendix A for sample language. If you don't currently have an agreement (contract), you may want to think about creating one.

You have to be certain that the agency is assigned as payer.

Thresholds

Being an eligible provider is just the first part; you also need to do a certain volume of Medicare or Medicaid visits to qualify for one of the programs. Providers can add together the Medicaid client visits they perform in different offices or for different agencies in order to meet the required volume, but the calculations are based on individual providers, not groups of providers. The calculations are done on visit volume, not clients. The thresholds are:

- 30% or more of visits: Full Medicaid funding ($21,250 first year; $8,500 next five years)
- 20% - 30% of visits: Two-thirds of the amounts above ($14,166 first year; $5,667 next five years)
- 0% - 20% of visits: No Medicaid funding available

If one of your providers does not meet these thresholds, consider alerting her practice pattern over the next year and then applying for payments. It is important to read the fine print when looking at threshold eligibility. A threshold calculator can be found on the CMS web site.

Timetables

Under Medicaid you are eligible to receive funds for up to 6 years. You must begin by 2016. For Medicaid you have a choice in the first year to either run for 90 consecutive days, or attest to the fact that you have adopted, implemented or acquired a certified EHR system. If you opt to certify that you have adopted, implemented or acquired a certified EHR system, the next year you would have to attest to meeting the criteria for a 90 day period. This gives you the advantage of meeting the criteria in a more realistic timetable.

Medicaid Adoption

Year	Requirements
1	Adopt, Implement, Upgrade
2	Run for 90 Days
3	Run for Full year
4	Run for Full year
5	Run for Full year
6	Run for Full year

The "years" referenced above are calendar years.

At the present time, Massachusetts' EOHHS is saying that providers will be able to register for Medicaid incentive payments in "late summer," 2011. Providers should continue to check the EOHHS web site for updates at www.mass.gov.

Medicare is different. The program runs from 2011 until 2016; providers will receive payments for five years. The latest you can begin is 2014. For those providers that do not meet meaningful use by 2015 Medicare will begin penalties by adjusting payments down by 1% and increasing each year that the provider is not eligible (up to 5%).

CORE and MENU Sets

So what, exactly, do we need to be tracking, reporting and measuring? According to the CMS website:

"For eligible professionals, there are a total of 25 meaningful use objectives. To qualify for an incentive payment, 20 of these 25 objectives must be met.

- There are 15 required core objectives.
- The remaining 5 objectives may be chosen from the list of 10 menu set objectives."

(Source: CMS web site).

Here are a few examples:

Set	Objective	Measure	Report Requirements
CORE	CPOE - Computerized Physician order entry for Medication orders	>30% of clients with at least one medication done via CPOE	Number of clients with at least one medication done via CPOE/Clients with at least one medication in their medication list
CORE	Use Drug to Drug and Drug to Allergy alerts	EHR must have functionality	Attestation Only
CORE	Record client Demographic information (preferred language, gender, race, ethnicity, DOB)	>50% of clients	Clients with all demographics/All Clients.
CORE	List of current and active diagnoses	>80% of clients	Number of clients with at least one active diagnosis/Number of clients seen during reporting period
MENU	Generate lists of clients based on specific conditions to improve quality, do research, outreach	Generate at least one report	Attestation Only

There are many good lists of all of the criteria available on the internet. Here are a few:
Qualifacts -starting on page 29
Netsmart - starting on page 9

In addition, providers must report on six quality measures. Three of these from a list of required measures, and three from a list of optional measures selected from a set of 38.
For example:

NQF 0028, Preventive Care and Screening Measure Pair: a. Tobacco Use Assessment and b. Tobacco Cessation Intervention. Percentage of clients (18+) seen more than two times and asked about their tobacco use. Percentage of clients seen that receive an intervention.

NQF 0105 Anti-depressant medication management: The number of patients (18+) diagnosed with a new episode of major depression, treated with antidepressant, and who remain on antidepressant medication.

For a full list of measures see the CMS web site.

How to Sign up - attestations
Once you decide which program to register for, providers must then sign up.

Medicare - This is a link to the Medicare Program Registration Guide developed by CMS. **Medicare Program Registration .** To register, go to:

https://ehrincentives.cms.gov/hitech/login.action

Medicaid - Massachusetts has not yet published the web site for registration. Information about the registration will be available on the EOHHS web site, most likely, later this summer.

What to do:

1. Evaluate your potential return on investment. Purchasing a new EHR, or upgrading the one you have, combining this with other modules if necessary, can be very expensive. Compare the potential incentive dollars to your investment in technology. Is this the right time to obtain a certified system? Although it is unclear at this time, most behavioral healthcare providers believe that regardless of whether the meaningful use incentive dollars get extended to other BH providers and agencies, agencies will eventually be held to the meaningful use standards.

2. Check to make sure your eligible providers are doing enough Medicaid volume to qualify for payments.

3. Obtain a certified system. Talk to your current vendor and ask lots of questions:

- When, if they are not already, do they anticipate getting certified?
- Will the certification be complete, or modular?
- What will be the cost to you to upgrade to the certified version?
- If modular, do they have partners lined up? How much will each module cost you?

If you do not currently have a system, be sure to include Meaningful Use on your list of essential criteria. Don't limit your search to certified systems; many vendors are still in process. You may want to consider including certification as a contract provision.

4. Remember that there are other priorities. Many providers are getting lost in the quest for Meaningful Use incentive dollars. There are other projects that need equal attention. These include 5010 billing forms and ICD 10.

5. Help your providers register for payments. Providers have to apply on line, and will need to have certain information with them. The most important is the agency's

identifying information so the payments go to the correct agency. There are two guides from CMS that may be helpful:

CMS Registration User Guide for the Medicare EHR Incentive Program

CMS Registration User Guide for the Medicaid EHR Incentive Program

6. If you have a lot of eligible providers and want to register for them, this is possible. According to MUAdvisor.com (a good MU resource for BH providers created by The Echo Group), "Users registering or attesting on behalf of an EP must have an Identity and Access Management System (I&A) web user account (User ID/Password) and be associated to the EP's NPI. If you are working on behalf of an EP(s) and do not have an I&A web user account, please visit: https://nppes.cms.hhs.gov/NPPES/IASecurityCheck.do to create one."

7. Have your providers sign an agreement that they will assign the incentive payments to your organization.

Some special considerations:

1. Not all Eligible providers work directly and/or exclusively for your agency. Providers are allowed to combine their client populations in order to meet the thresholds, but can only designate one entity to receive the incentive payments. Agencies that "share" an eligible provider may need to work out an agreement for payment.

2. Either Medicare or Medicaid. Eligible Providers can only receive incentive funds from Medicare or Medicaid; not both. If the provider meets the requirements, pick Medicaid. Medicaid has more incentive dollars available ($19,750) and is a bit more flexible in the implementation stages. If a provider picks the wrong one, she can switch to the other; but only once.

3. When to start? As soon as you can. The longer you wait, the higher the bar will get; Stage 2 of Meaningful Use will have even more requirements. There is some talk about delaying Stage 2, but there is no guarantee that this will happen.

Meaningful Use Resources

The Office of the National Coordinator for Health Information Technology
http://healthit.hhs.gov

Healthcare Information and Management Systems Society (HIMSS):
http://www.himss.org/ASP/topics_meaningfuluse.asp

HITECH Answers
http://www.hitechanswers.net/

The Massachusetts e-Health Institute (MeHI), a division of the Massachusetts Technology Collaborative
http://www.maehi.org/

For a copy of the The Final Rule:
http://edocket.access.gpo.gov/2010/pdf/2010-17207.pdf

Other resources:
ARRA White Papers By The American Health Information Management Association (AHIMA)
http://journal.ahima.org/category/arra/arra-white-papers/

Massachusetts Updates on the Medicaid Incentive Program:
EOHHS Web site www.mass.gov

A Good Behavioral Healthcare Resource on Meaningful Use:
http://www.muadvisor.com/

Appendix A

Adding language for reassignment:

Eligible Professionals
a. Provider understands that Health Center is adopting, implementing, and/or upgrading its health information technology systems to comply with the Electronic Health Record ("EHR") Incentive Program, created by the American Recovery and Reinvestment Act, Pub. L. 111-5. Provider agrees to assist Health Center in meeting the obligations and objectives set forth in 42 CFR Part 495 and to take such steps as necessary to allow Health Center to realize the benefits of the EHR Incentive Program, including but not limited to participating in the Medicaid EHR Incentive Program as an Eligible Professional, using Certified EHR Technology, and providing attestations of adoption, implementation, upgrading and meaningful use of such technology as requested or required by Health Center or other federal or state authority.

b. Provider reassigns to Health Center the right to receive any payments made in connection to Provider's participation as an Eligible Professional, as that term is defined in 42 C.F.R. § 495.4, in the Medicaid EHR Incentive Program. Provider understands and agrees that Health Center will collect and retain any payments made for the implementation, adoption, upgrade, and/or meaningful use of health information technology systems, including but not limited to certified EHR technology, by its employees or independent contractors.

(Source: Medicare and Medicaid Electronic Health Record Incentives: Reassigning Payments, October, 2010, National Association of Community Heath Centers.

NOTES:

1. Substitute your agency's name for Health Center above.
2. Substitute Medicare for Medicaid above as needed.
3. Have your lawyer review any agreements you may create.

About the Author

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