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## **Contract Providers Transition Team (CPTT) Meeting Agenda**

**October 16, 2012  
10:00 a.m. – 11:30 a.m.**

- ✓ **Welcome and Announcements**
- ✓ **Community Partners – Karen Bollow**
- ✓ **IBHIS Update – Jay Patel**
- ✓ **Integration Project Update – Mark Cheng**
- ✓ **PATS/PBM Update – Abel Rosales**
- ✓ **Meaningful Use Stage Two – Gordon Bunch**
- ✓ **CPTNP Unit Update – Gordon Bunch/Karen Bollow**
- ✓ **Open Discussion**

**Next Meeting – January 15, 2013**

# Community Partners Introduction

October 16, 2012



*"To Enrich Lives Through Effective And Caring Service"*

# Introduction

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- 23 new organizations within the CPTT Workgroup umbrella
- Typically the first point of contact for Healthy Way LA (HWLA) clients who meet Tier II Specialty Mental Health Medical Necessity criteria
- Operate as Federally Qualified Health Center (FQHC) serving HWLA Clients
- All currently IS/DDE but many have purchased EHRS for physical health and will move to EDI for mental health services



# Introduction

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- May become Legal Entity in the future – but currently do not qualify for MHSA IT funds
- Will be participating in all future CPTT Workgroup meetings



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# Community Partners

Agency	Agency
AIDS Healthcare Foundation	Garfield Health Center
AltaMed Health Services Corp	Harbor Community Clinic
Antelope Valley Community Clinic	Mission City Community Network, Inc.
Asian Pacific Health Care Venture, Inc.	Northeast Community Clinic
Central City Community Health Center, Inc.	Northeast Valley Health Corporation
Chinatown Service Center	South Bay Family Healthcare Center
City of Long Beach Department of Health and Human Services	St. John's Well Child & Family Center
City of Pasadena Public Health Department	T.H.E. Clinic, Inc.
Clinica Monsenor Oscar A. Romero	Valley Community Clinic
Community Health Alliance of Pasadena	Venice Family Clinic
East Valley Community Health Center, Inc.	Westside Family Health Center
El Proyecto Del Barrio	

# IBHIS UPDATE

# IBHIS Update

- ▶ Gathering Information for Data Conversion
- ▶ Pilot I...
- ▶ IS Shutdown

# IBHIS PROVIDER REQUIREMENTS\*

- ▶ Dunn and Bradstreet Number (DUNS)
  - Providers will need a DUNS number for submitting claims via EDI to the IBHIS
  - DUNS number will replace the number DMH assigns to providers for claims submitted to the IS
  - Getting a DUNS number is free and take 1-day
  - <http://www.dnb.com/get-a-duns-number.html>

\* Not required for IS claims

# IBHIS PROVIDER REQUIREMENTS\*

## ► Pay-To-Provider NPI

- Providers must give DMH a single Pay-To-Provider NPI for use in reporting back payment information on 835
- This is consistent with HIPAA 835 requirements
- This will require each Legal Entity to obtain a NPI number specifically for the Legal Entity

\* Not required for IS claims

# IBHIS PROVIDER REQUIREMENTS\*

## ► Claims Authorization Number

- IBHIS claims will require an authorization number
- Some types of authorizations will be assigned to specific clients for programs that require a referral
- Others will be assigned to providers based on contract maximums for specific funding sources
- DMH will provide more information as available

\* Not required for IS claims

# IBHIS PROVIDER REQUIREMENTS\*

## ► Residential Claims

- Residential claims in IBHIS will use an 837P format instead of an 837I

\* Not required for IS claims

# Questions



# Integration Project Update

October 16, 2012



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# Presentation Outline

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- Background
- Project Approach
- Project Priorities
- Next Steps
- Questions

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# Background

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- DDE Today EDI Tomorrow
- 1<sup>st</sup> County in California Implementing this EDI model
- Projects underway
  - Proof of Concept
  - Infrastructure
  - Integration Analysis, Design, and Development

# Project Approach

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- Proof of Concept (POC)
  - POC Goals & Objectives
  - TPA with Telecare
  - Search/Create Client Web Service
  - 837 Test Transactions

# Project Approach (Continued)

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- BizTalk Infrastructure
  - Working with ISD & Microsoft to Stand up the DMH BizTalk Environment
- Integration Development
  - Analysis Work Beginning
  - Technical Requirements
  - Interface Development

# Project Priorities

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- Search/Create Client
- Claiming Cycle Interfaces
- Clinical Interfaces

# Next Steps

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- DMH
  - Complete POC with Telecare
  - Continue Integration Analysis Work
  - Stand up DMH BizTalk Environment
- Trading Partner
  - What is your readiness for EDI?
  - Identify resources with whom DMH can collaborate
  - Notify your IT Department, Vendor, Clearinghouse

# Thank you

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## Questions

# Decommission of the Prescription Authorization and Tracking System (PATs)

CPTT Workgroup Meeting  
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# PATS Decommission Status

1. Three components are required to replace the existing PATS functionality:
  - Patient assistance program (PAP) application tracking system
  - ePrescribing system
  - Services offered by a pharmacy benefit manager (PBM)
2. DMH has selected and procured a PAP solution.
3. DMH has selected and procured Netsmart's Surescripts<sup>®</sup> certified ePrescribing module.
4. DMH is currently evaluating the available procurement vehicles to obtain services offered by a PBM.

# PATS Decommission Status

5. DMH will inform Contract Providers (CP) of the target date to decommission PATS which will be determined once services offered by a PBM have been acquired.
6. At this time, DMH does not require CPs to acquire an ePrescribing solution.
7. CPs should continue to utilize PATS for CGF clients until DMH has decommissioned PATS.

# PATS Decommission Status

8. When PATS is decommissioned and CPs have not implemented a Surescripts® certified e-Prescribing solution, CPs may utilize paper prescriptions for medications prescribed for CGF clients.
  
9. DMH continues to encourage CPs to procure and implement a Surescripts® certified e-Prescribing solution.

# Questions?



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# Meaningful Use Stage 2

**Presentation to CPTT Workgroup  
October 16, 2012**



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# Stage 2 Timeline



- CMS delayed the onset of Stage 2 criteria
- Stage 2 will be effective in calendar year 2014
- CMS also made changes to some Stage 1 Objectives, Measures, and Exclusions
  - For Eligible Professionals some changes will take effect on 1/1/2013
  - Others will take effect on 1/1/2014 and be optional in 2013
  - All changes outlined in CMS Stage 1 Changes Tipsheet and Stage 1 vs. Stage 2 Comparison Table for Eligible Professionals

# MU Timeline



1 <sup>st</sup> Year Start Yr.	Payment Year						Stage of Meaningful Use					Payment Year	
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021		
2011	1	1	1	2	2	3	3	TBD	TBD	TBD	TBD		
2012		1	1	2	2	3	3	TBD	TBD	TBD	TBD		
2013			1	1	2	2	3	3	TBD	TBD	TBD		
2014				1	1	2	2	3	3	TBD	TBD		
2015					1	1	2	2	3	3	TBD		
2016						1	1	2	2	3	3		
2017							1	1	2	2	3		

———— = Medicare & Medicaid Years

# For 2014 Only



- All Eligible Professionals regardless of their stage of MU are required to demonstrate MU for a three-month EHR reporting period so that those who must upgrade to Stage 2 certified EHR technology will have adequate time to implement
  - **Medicare Professionals** – reporting period is any predefined quarter of the calendar year to align with existing CMS quality measure programs
  - **Medicaid Professionals** – any consecutive 90-day period in calendar year 2014

# Core & Menu Objectives



- Stage 2 retains both **Core** and **Menu** objectives structure
- Some Stage 1 Menu objectives are now Core objectives and some Stage 1 Core objectives were either combined or eliminated
- For many of the objectives, the thresholds that Eligible Professionals must meet for Stage 2 have been raised

# Core & Menu Objectives



- To demonstrate MU under Stage 2 criteria:
  - Eligible Professionals must meet **20** objectives unless permissible exclusions apply
    - **Core - 17**
    - **Menu – 3 of 6**

# Stage 2 Core Objectives



- **Report on all 17 Core:**

1. Use computerized provider order entry (CPOE) for medication, laboratory and radiology orders
2. Generate and transmit permissible prescriptions electronically (eRx)
3. Record demographic information
4. Record and chart changes in vital signs
5. Record smoking status for patients 13 years old or older
6. Use clinical decision support to improve performance on high-priority health conditions

# Stage 2 Core Objectives

*continued*



7. Provide patients the ability to view online, download and transmit their health information within four business days of the info being available to EP **(NEW)**
8. Provide clinical summaries for patients for each office visit
9. Protect electronic health information created or maintained by the certified EHR technology
10. Incorporate clinical lab-test results into certified EHR technology
11. Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research, or outreach

# Stage 2 Core Objectives

*continued*



12. Use clinically relevant information to identify patients who should receive reminders for preventive/follow-up care
13. Use certified EHR technology to identify patient-specific education resources
14. Perform medication reconciliation
15. Provide summary of care record for each transition of care or referral
16. Submit electronic data to immunization registries
17. **Use secure electronic messaging to communicate with patients on relevant health information (NEW)**

# Stage 2 Menu Objectives



- **Report on 3 of 6 Menu:**

1. Submit electronic syndromic surveillance data to public health agencies
2. Record electronic notes in patient records
3. Imaging results accessible through certified EHR technology
4. Record patient family health history
5. Identify and report cancer cases to a State cancer registry
6. Identify and report specific cases to a specialized registry (other than a cancer registry)

# Clinical Quality Measures (CQM)



- CQM reporting removed as a core objective in Stage 2
- All providers are still required to report on CQMs in order to demonstrate MU

# Clinical Quality Measures (CQM)



- Eligible Professionals must report 9 out of 64 CQMs from at least 3 of 6 health care domains
  - Patient and Family Engagement
  - Patient Safety
  - Care Coordination
  - Population and Public Health
  - Efficient Use of Healthcare Resources
  - Clinical Processes/Effectiveness



# LINKS

- Stage 2 Overview Tipsheet

[http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/Stage2Overview\\_Tipsheet.pdf](http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/Stage2Overview_Tipsheet.pdf)

- Stage 1 Changes Tipsheet

<http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/Stage1ChangesTipsheet.pdf>

- Stage 1 vs. Stage 2 Comparison Table EP(s)

<http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/Stage1vsStage2CompTablesforEP.pdf>





# Questions



# Contract Provider Technological Needs Project Unit: Status Report

As of 10/10/2012

# CPTNP Unit: Status Report

# CPTNP Unit: Status Report

- Projects Proposals Under Active Review 4\*
- Projects Proposals Inactive 13\*\*

\* Most recent submission within past 8 weeks

\*\* Most recent submission > 8 weeks ago

# Agencies with TNFA(s)

Contractor	Contractor
Alcott Center for Mental Health Services	Bayfront Youth and Family Services
Braswell Rehabilitation	Child and Family Center
Child and Family Guidance Center	ChildNet Youth and Family Service
Children's Bureau of S. California	David and Margaret Home
Didi Hirsch Psychiatric Service	Drew Child Development Corporation
Dubnoff Center	El Centro de Amistad
ENKI Health and Research Systems	Ettie Lee Homes
Exceptional Children's Foundation	Families First Inc.
Five Acres	Gateways Hospital and MHC
Hamburger Home (Aviva)	Hathaway-Sycamores

# Agencies with TNFA(s)

Contractor	Contractor
Heritage Clinic	Hillsides
Hillview Mental Health Center	IMCES
Jewish Family Service	Koreatown Youth and Community
LAMP, Inc.	Masada Homes
Mental Health America Los Angeles	Olive Crest Treatment Centers
Optimist Boys' Home and Ranch	Pacific Clinics
Pacific Lodge Youth Services	Pediatric and Family Center (Eisner)
Providence Community Services	Rosemary Children's Services
SHIELDS for Families	Social Model Recovery Systems
St. Anne's Maternity Home	St. Francis Medical Center

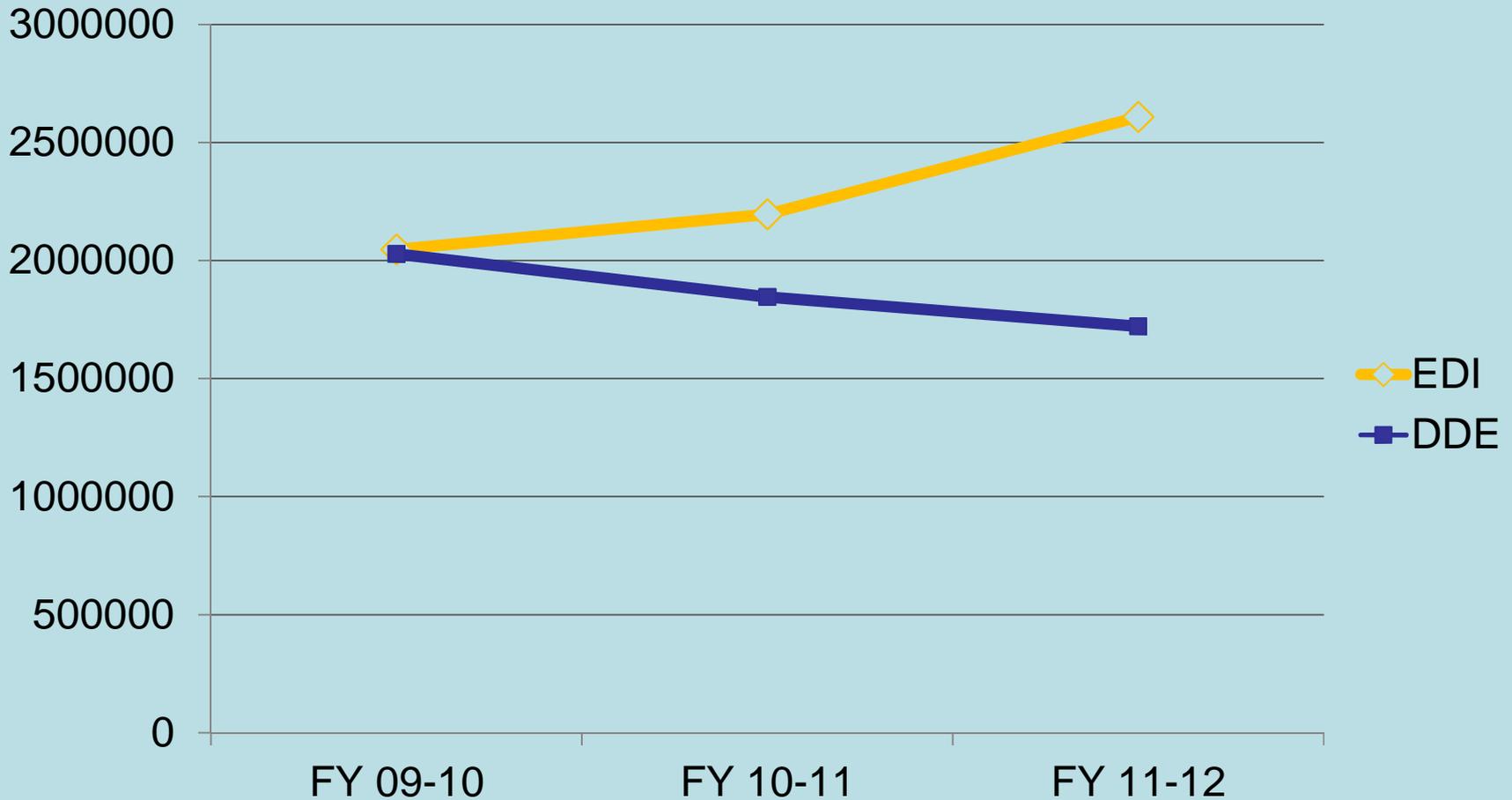
# Agencies with TNFA(s)

Contractor	Contractor
St. Joseph Center	Sunbridge Harbor View
Tessie Cleveland Community Services	The Guidance Center Long Beach
The Help Group Child and Family	The Institute for Redesign of Learning
The Village Family Services	Tobinworld
Trinity Youth Services	VIP Community Mental Health
Wise & Healthy Aging	Asian American Drug Abuse Program
Florence Crittenton	
<b>AGREEMENTS</b>	<b>PENDING</b>
San Fernando Valley Community MH	Junior Blind

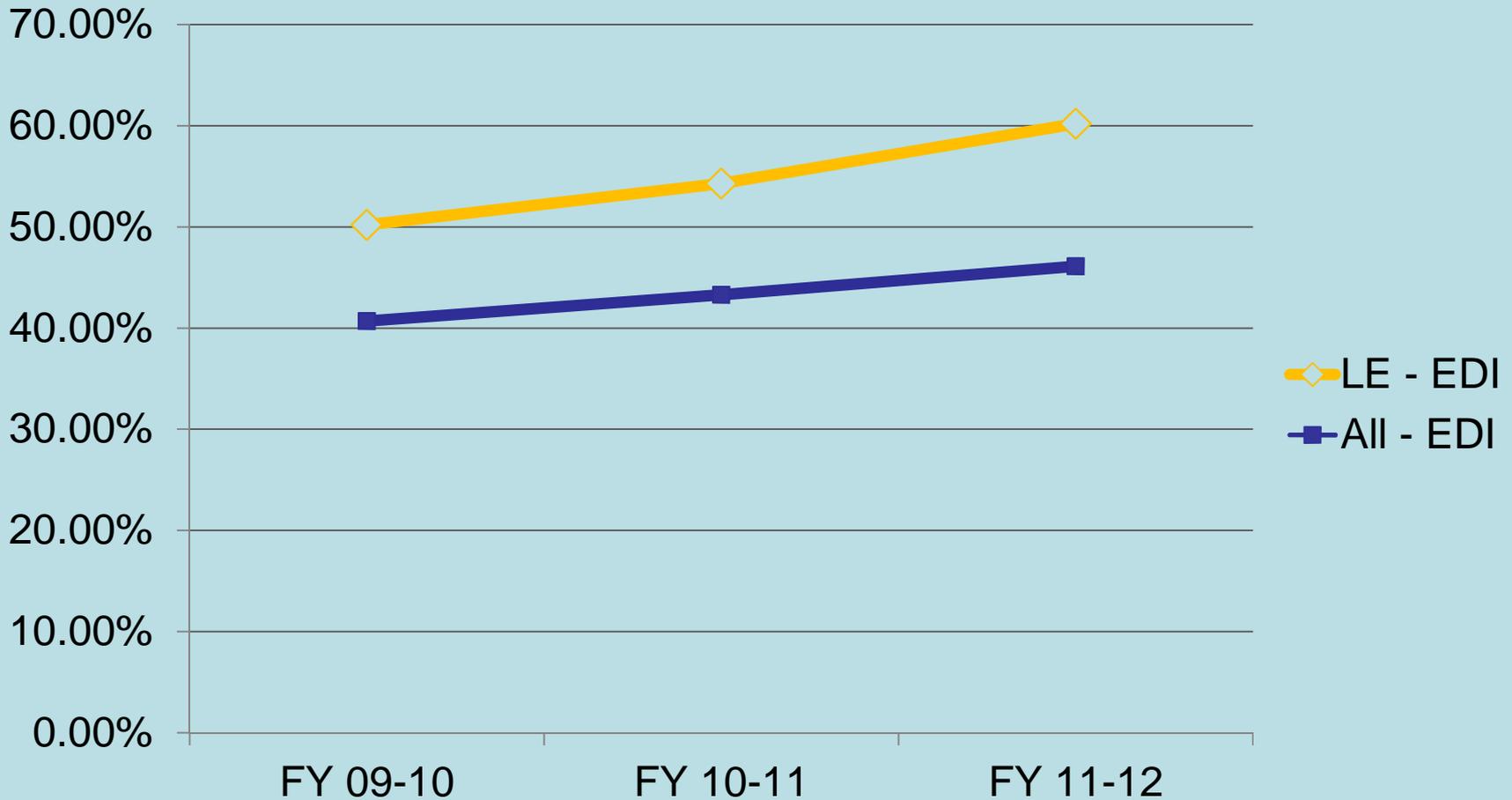
# Agencies with Proposals Under Review

Contractor	Contractor
Exodus Recovery	Foothill Family Service
Starview Adolescent	

# LE Claims by Fiscal Year and Transaction Type (EDI – DDE)



# EDI Claims by Fiscal Year: LE Contractors vs All Providers



# Questions

