



Other Contract Providers Community Partners Meeting Agenda

**September 18, 2012
10:00 a.m. – noon**

- ✓ **Welcome**
- ✓ **Community Partners Transition Project (DDE to EDI)**
- ✓ **Legal Entity Transition and MHSA Funding**
- ✓ **Overview of the Meaningful Use Incentive Program**
- ✓ **Open Discussion**

Next Meeting – October 16, 2012

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Community Partners Transition Project

**Direct Data Entry (DDE)
to
Electronic Data Interchange (EDI)**

Kick-Off Meeting

September 18, 2012

10:00 a.m. – Noon



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Presentation Outline

- Project Background
- IBHIS Project Status and Timeline
- Role of the Contract Providers Transition Team (CPTT)
- Next Steps
- Questions



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Project Background



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Community Partners

- Essential part of DMH mental health service delivery network
- All CPs are “covered entities” under HIPAA and HITECH and must adhere to contract terms for electronic transactions
- Two groups:
 - Those that are EDI capable now
 - Those that do not have the information systems capability now to support EDI



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Requirements Driving Transition

- IBHIS Implementation scheduled for 2014
 - Integrated System (IS) shutdown in December 2014
 - IS Claims processing phase out begins in June 2014
 - Exchange clinical, administrative and financial data via EDI



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Requirements Driving Transition (cont.)

- Federal mandates for EHRs and Meaningful Use
 - Meaningful Use (MU) Incentives for Electronic Health Record Systems (EHRs) Implementation and Use
 - Increased emphasis on coordinated care and exchange of health information between physical and mental health, and substance abuse providers
 - Affordable Care Act and increased accountability and monitoring of clinical quality measures in 2014
 - Medicare penalties begin in 2015 for non-MU providers



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Benefits for Community Partners

- Providers can use their existing EHR system or those without an EHR system may select a system optimized for their business needs
- Simplified work environment – no more double data entry into the IS
- Direct access to their system vendor for support
- Providers will not be constrained by IBHIS functionality



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EDI Capable Community Partners

- For this group, the EDI transition for IBHIS will be an incremental addition of new transactions over time
- The DMH 837 Claim transaction has become more standard due to the recent HIPAA 5010 implementation
- The existing IS Reporting Workgroup will be the most appropriate place to access information for this group



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Community Partners Not Yet EDI Ready

- The IBHIS will represent a major change in the way business is conducted with DMH
- DMH has formed the Contract Providers Transition Team (CPTT) as the body charged with keeping this group informed and coordinating their transition to EDI



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DMH Efforts to Date

- CPTT Workgroups in place for Short Doyle Legal Entities and FFS2 Network Providers
- Community Partners will be included in the quarterly CPTT Workgroup meetings for Legal Entities
- Acquired MHSA funding for Short Doyle Legal Entities for Technological Needs Projects (CPTNP)
- Began to identify future data exchange for clinical and administrative data



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DMH Role in the EDI Transition

- Communicate EDI requirements as they become available
- Keep providers informed about emerging State and Federal data exchange standards
- Work with providers to address issues and keep them informed as to progress on the issues
- Share lessons learned among contract groups



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What DMH Cannot Do

- Purchase or contract for an information system for community partners
- Tell community partners what information system to purchase or recommend vendors
- Implement an information system for community partners or provide guidance on project management

IBHIS Project Status and Timeline



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Where Are We Now?

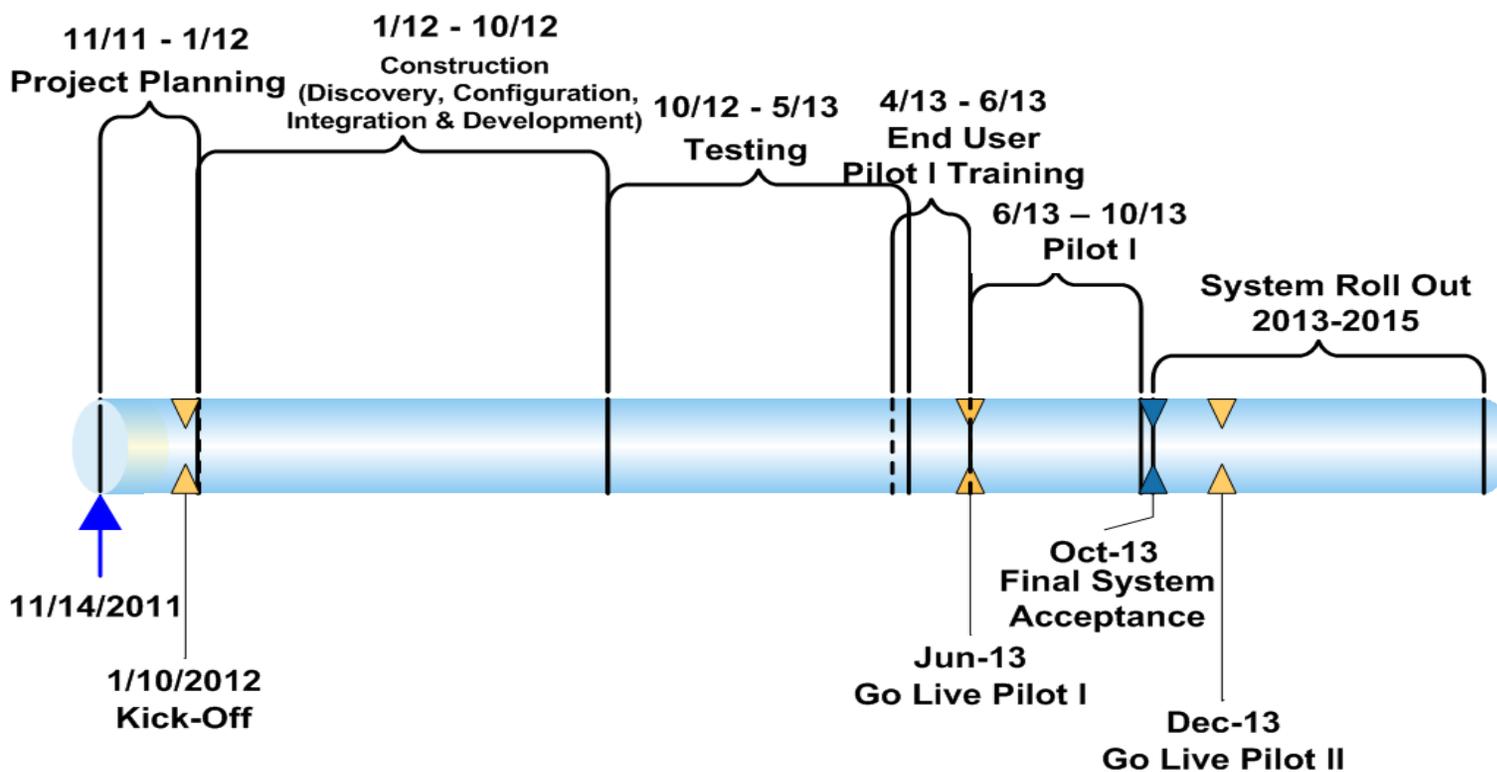
- Initiated Integrated Behavioral Health Information System (IBHIS) Project
- Conducting system review and configuration
- Initial pilot scheduled for mid-2013
- Go-live 2014



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IBHIS Project Timeline

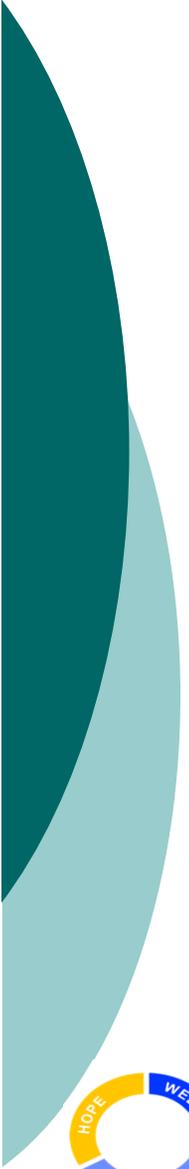
IBHIS Project Schedule Overview



Note: These are currently projected dates



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Role of the Contract Providers Transition Team (CPTT)



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Objectives

- Help providers understand, plan for and execute necessary tasks to complete the transition from DDE to EDI
- Establish a single interface between DMH and the providers throughout the IBHIS implementation
- Communicate IBHIS EDI requirements and other project requirements to the providers
- Track the progress of each provider during the EDI transition

Scope

- In Scope for CPTT
 - Community partners that submit services and claims using direct data entry (DDE) on the IS
 - Community partners that submit 837 claim transactions, but have information systems not able to handle the full range of transactions required under the IBHIS



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Next Steps



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Next Steps for Each Community Partner

- Identify a contact person for your agency who will interface with the CPTT
- Return the EDI/EHRS Readiness Survey
- Organize your EDI transition team
- Assess the status of your current EDI readiness
 - Do you have an internal clinical application?
 - Does it support your long term objectives?
 - Are you working with a clearinghouse or billing agency?
- What is your strategy to meet State and Federal mandates for exchanging electronic health data?



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Next Steps for Each Community Partner (cont.)

- Define an EDI strategy for your organization
- Define the EDI objectives, goals for your organization
- Develop your EDI transition plan
- Acquire resources and funding for your EDI transition



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Useful Links

- DMH EDI Website - http://lacdmh.lacounty.gov/hipaa/edi_homepage.html
- CMS Meaningful Use Website – <http://www.cms.gov/EHRIncentivePrograms/>
- Medi-Cal MU Website - <http://medi-cal.ehr.ca.gov/>
- Certified Health IT Product List - <http://oncchpl.force.com/ehrcert>



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Open Discussion

- Questions?



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LEGAL ENTITY TRANSITION AND MHSA IT FUNDING

Presentation to
DMH Community Partners
September 18, 2012

BACKGROUND

- The Contract Provider Transition Project began in 2007 and focused on Short-Doyle Legal Entity (LE) Providers
 - Provide most of the individual-level client services rendered to DMH clients
- In 2009 DMH received MHSA IT funds to support LE Providers transition to EDI
 - Contract Provider Technological Needs Project

Contract Provider Technological Needs Project

- PURPOSE:

- Primary purpose to provide MHSA IT Funds to offset costs of preparation for Electronic Data Interchange (EDI)

- Electronic Health Record Projects

- Application Service Provider
- Commercial Off-The-Shelf
- Custom (Strongly Discouraged)

Contract Provider Technological Needs Project

- PURPOSE:

- Non-EHR Projects may be proposed if the LE is EDI capable or has a project previously approved to achieve EDI capability
 - Consumer/Family Access To Computer Resources
 - Personal Health Record
 - Telepsychiatry
 - Document Imaging
 - Other

Contract Provider Technological Needs Project

- **FUNDING:**
 - 22.9 Million allocated (one-time funds)
- **ELIGIBILITY**
 - Short-Doyle Legal Entity Providers
 - Those whose contracts include individual client services
 - Community Outreach Services - excluded
 - MHSA IT funding allocation based on Maximum LE Contract Amount at signing July 1, 2007

Contract Provider Technological Needs Project

- 121 Legal Entities are eligible to receive MHSA IT funds
- Maximum Allocation \$346,800
 - Minimum Allocation \$30,000
 - Agencies Ranked by LE MCA (7/1/2007)
 - Incremented \$2,640 by rank

Contract Provider Technological Needs Project

- A Reserve of over \$700,000 was set aside for new LE(s) brought into DMH provider network subsequent to the initial allocations
- New LE(s) matched to closest LE in 2007 allocation list by Maximum Contract Amount of their first whole fiscal year of mental health services

Contract Provider Technological Needs Project

- Current Community Partners may become Legal Entities in the future
 - Contracted services may change to include Medi-Cal reimbursed mental health services in advance of Health Care Reform
 - Health Care Reform (2014) may trigger conversion of Community Partner contracts to Legal Entity contracts

Contract Provider Technological Needs Project

- Community Partners who execute LE contracts with DMH may be eligible to receive MHSA IT Funds
 - If they meet service level eligibility requirement
 - If Reserve Funds have not been depleted
 - If they meet proposal deadlines established 8/15/2012
 - Proposal(s) received within 210 calendar days of LE contract execution
 - Project(s) approved within 330 calendar days of LE contract execution

Contract Provider Technological Needs Project

- Proposal Components:
 - Narrative Proposal
 - Background
 - Purpose
 - Scope
 - Implementation Approach/Training
 - Costs
 - Sustainability
 - Software/Hardware Maintenance

Contract Provider Technological Needs Project

- Proposal Components:
 - Budget
 - Risk Assessment
 - Detail Project Schedule
 - Summary Project Schedule

Contract Provider Technological Needs Project

- IT Project Proposal Process
 - Assistance CIOB Provides
 - Proposal Guidance Documents posted on CPTT Website
http://lacdmh.lacounty.gov/hipaa/edi_homepage.html
 - One-on-One Workshops
 - Process Overview
 - Informal Review
 - Detailed Feedback
 - Annotated Proposal
 - Conference call to ensure feedback is understood
 - Face-to-Face meeting if repeated resubmissions don't address feedback provided

Contract Provider Technological Needs Project

- Technological Needs Funding Agreement (TNFA)
 - Linked to LE Agreement
 - Initial Term is DOE through 6/30/2016
 - Thereafter month-to-month until 12/31/2017

QUESTIONS



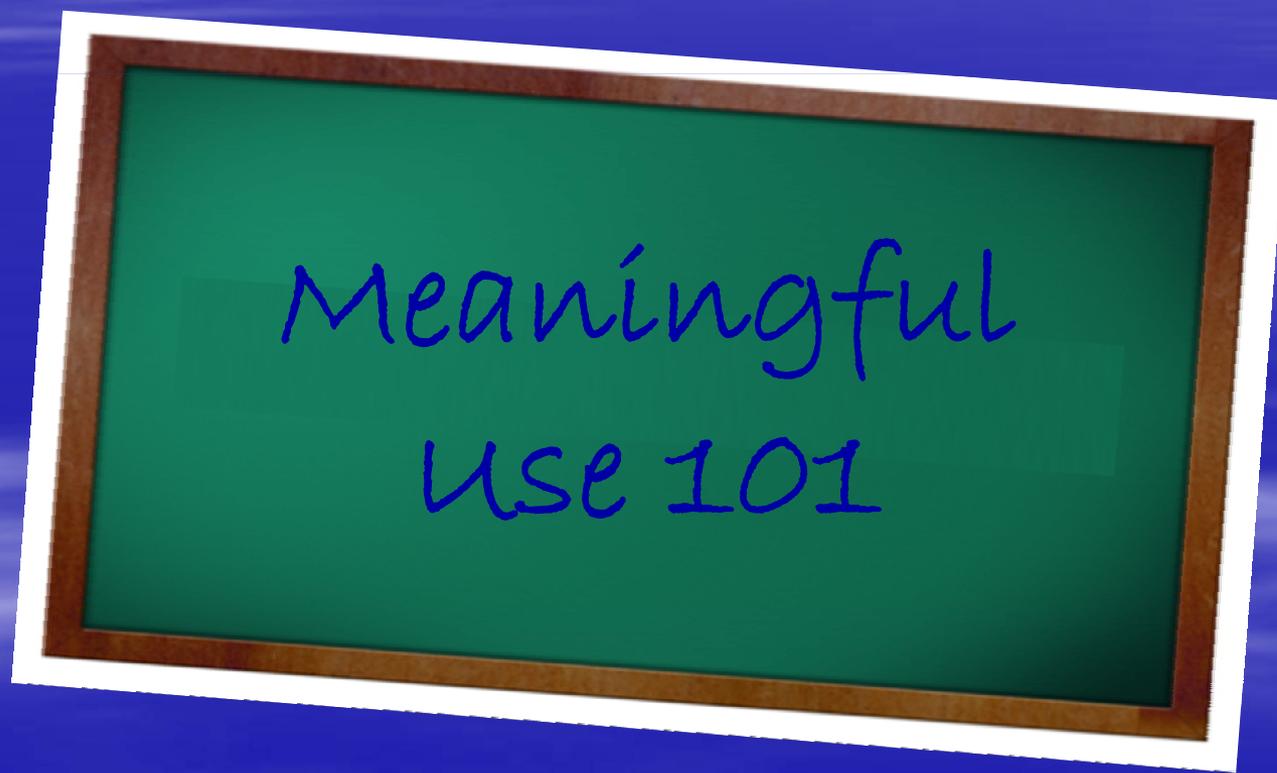


MEANINGFUL USE



INCENTIVE PROGRAM OVERVIEW

What is “Meaningful Use”



BACKGROUND



- **Health Information Technology for Economic and Clinical Health Act (HITECH)**
 - Included in 2009 ARRA Legislation and established the concept of Meaningful Use (MU)
 - Allocates \$27 billion to be distributed as incentives to Eligible Professionals (EPs)
 - Office of the National Coordinator (ONC) responsible for implementing the HITECH Act
 - CMS responsible for developing and administering the MU Medicare and Medicaid incentive programs



What is “Meaningful Use”

MU is a series of goals, objectives and measures that enable significant and measureable improvements through a transformed healthcare delivery system.

Five MU goals – 2011:

- Improve quality, safety, efficiency and reduce healthcare disparities
- Engage patients and families in their health care
- Coordinate care
- Raise the health status of the population
- Maintain privacy and security of systems and data

What is “Meaningful Use”



The HITECH Act specifies three main components of meaningful use:

- The use of a certified EHR in a meaningful manner
- The use of certified EHR technology for electronic exchange of health information to improve quality of care
- The use of certified EHR technology to submit clinical quality and other measures

What is “Meaningful Use”



Meaningful Use will be implemented in Stages

- Stage 1 – Current stage
 - Core, Menu, and Clinical Quality Measures
- Stage 2 – 2014
 - Advanced and new requirements
- Stage 3 – 2016
 - Advanced and new requirements likely

Federal and State Incentives





Federal and State Incentives

- Incentives based on attestation of meaningful use through the use of an ONC certified EHR system
- Medicare and Medi-Cal have different incentive programs for EP(s)
- Must elect to participate in only one incentive program during the registration process
- EP may assign his/her incentive to the employer providing the EHR

Federal and State Incentives



- CMS administers the Medicare Incentive Program
- CMS distributes the Medicaid incentive funding to the States
- State administers the Medi-Cal Incentive Program
 - California Department of Health Care Services





Payment Schedule: Medi-Cal

Year Paid	MU of EHR starting in 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



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Payment Schedule: Medicare

Year Paid	MU of EHR starting in year:			
	2011	2012	2013	2014
2011	\$18,000			
2012	\$12,000	\$18,000		
2013	\$8,000	\$12,000	\$15,000	
2014	\$4,000	\$8,000	\$12,000	\$12,000
2015	\$2,000	\$4,000	\$8,000	\$8,000
2016		\$2,000	\$4,000	\$4,000
Total	\$44,000	\$44,000	\$39,000	\$24,000



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ELIGIBLE PROFESSIONALS

•Medi-Cal - Eligible Professionals

- Physicians
 - Nurse Practitioner
 - Certified Nurse – Midwife
 - Dentists
 - Physician Assistants (PA) practicing at a PA lead FQHC
-
- ✓ Minimum 30% Medi-Cal client volume criteria.
 - ✓ Must see 50% of clients at a facility with certified EHR
 - ✓ Non-hospital based professionals

ELIGIBLE PROFESSIONALS



- Medicare - Eligible Professionals
 - Doctors of Medicine or Osteopathy
 - Doctors of Dental Surgery or Dental Medicine
 - Doctors of Osteopathy (DO)
 - Doctors of Podiatric Medicine
 - Doctors of Optometry
 - Chiropractors

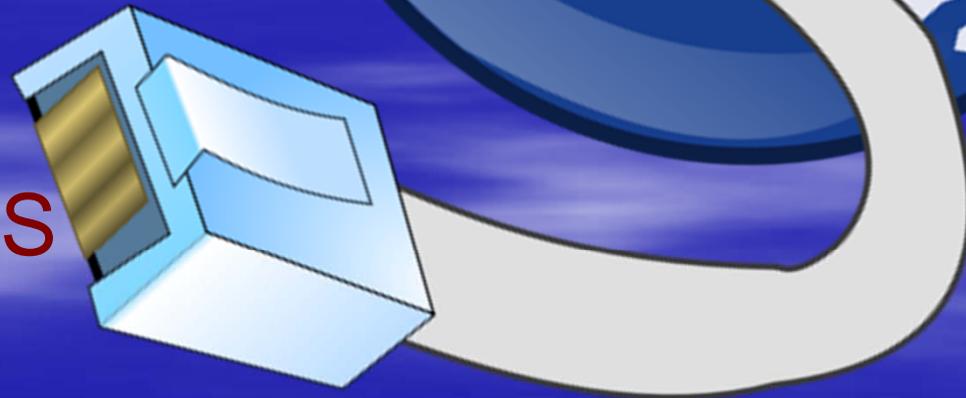
Stages of Meaningful Use



1st Year	Stage of Meaningful Use										
	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



USEFUL LINKS





➤ **CMS Meaningful Use Website:**

<http://www.cms.gov/EHRIncentivePrograms/>

➤ **CMS EHR Incentive Program ListServ:**

http://www.cms.gov/EHRIncentivePrograms/65_CMS_EHR_Listserv.asp

➤ **CMS Meaningful Use Measures:**

<http://www.cms.gov/EHRIncentivePrograms/Downloads/EP-MU-TOC.pdf>

➤ **Medi-Cal Incentive Program:**

<http://www.medi-cal.ehr.ca.gov/>