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County of Los Angeles – Department of Mental Health  
Office of the Medical Director – Managed Care Division  
Provider Relations Unit

FEE-FOR-SERVICES ISSUES WORK GROUP MEETING

Wednesday, March 23, 2011  
2:30 p.m. to 4:00 p.m.  
695 S. Vermont Avenue  
7<sup>th</sup> Floor, Conference Room 713  
Los Angeles, CA 90005

AGENDA

Welcome and Introductions

Change in Credentialing Renewal Period

Medicare certification

Claim Submission Guidelines

IS Internet Reports

EDI Survey Result

HIPAA 5010 and ICD10 – Status and Timeline

EDI Transition, package selection

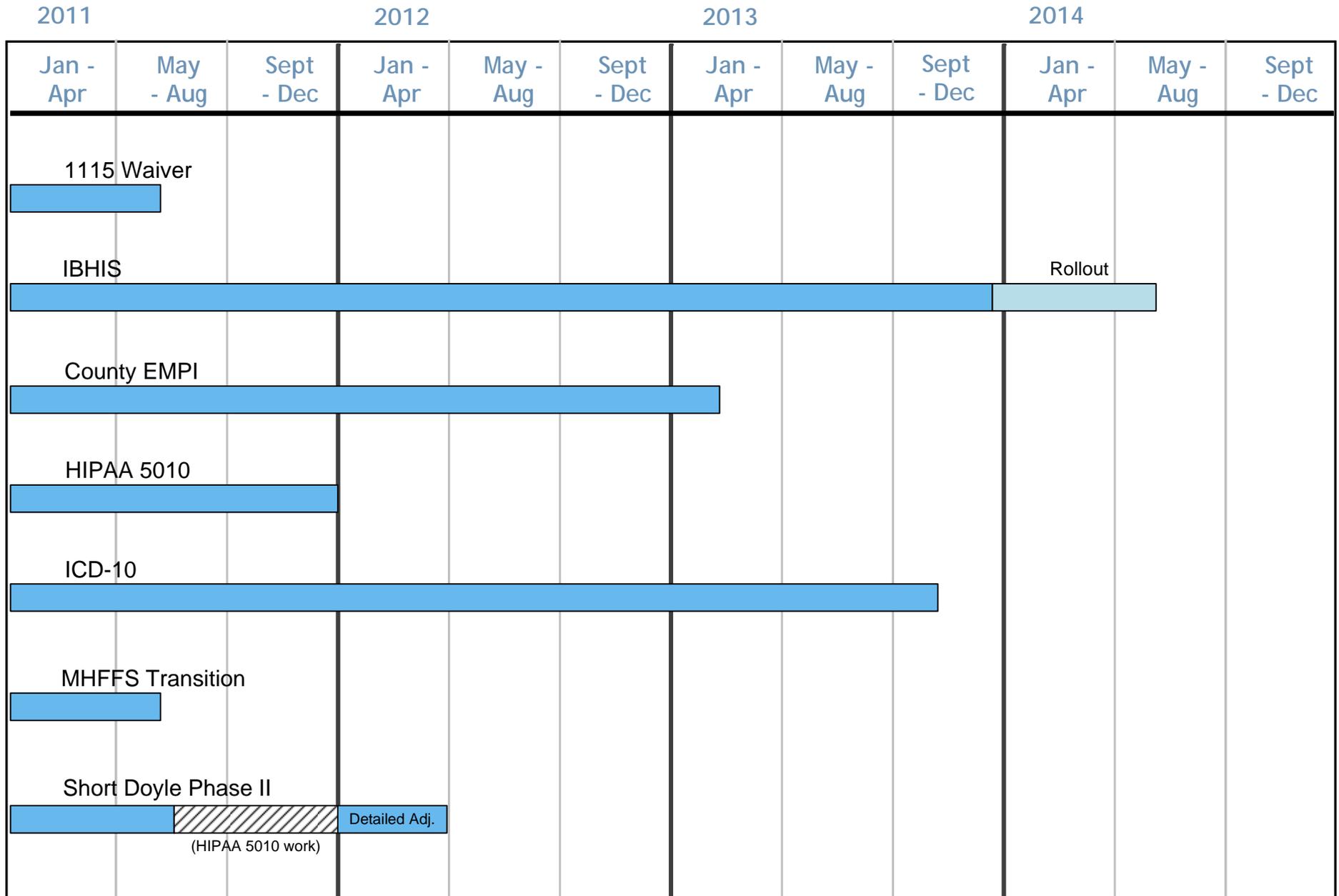
HITECH and Meaningful Use – Presentation

Open Discussion

Next Meeting: To be announced

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## LAC DMH Enterprise Applications Projects Timeline (DRAFT)



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# HIPAA 5010 STATUS and TIMELINE



Contract Provider Transition Team

March 15, 2011



# HIPAA 5010

## Status and Timeline

### *Review – what is it?*

- ✓ **Federal legislation to upgrade the HIPAA administrative transactions from version 4010 to 5010 by January 1, 2012**
- ✓ **Impacts claims, remittance, eligibility and claim status transactions**
- ✓ **New versions have different data element requirements**



# HIPAA 5010

## Status and Timeline

### *Review – what is it?*

- ✓ **Software must be modified to produce and exchange the new formats**
- ✓ **Business processes may need to change to capture additional data elements**
- ✓ **Transition to the new formats must be coordinated with your trading partners**

# HIPAA 5010 Status and Timeline

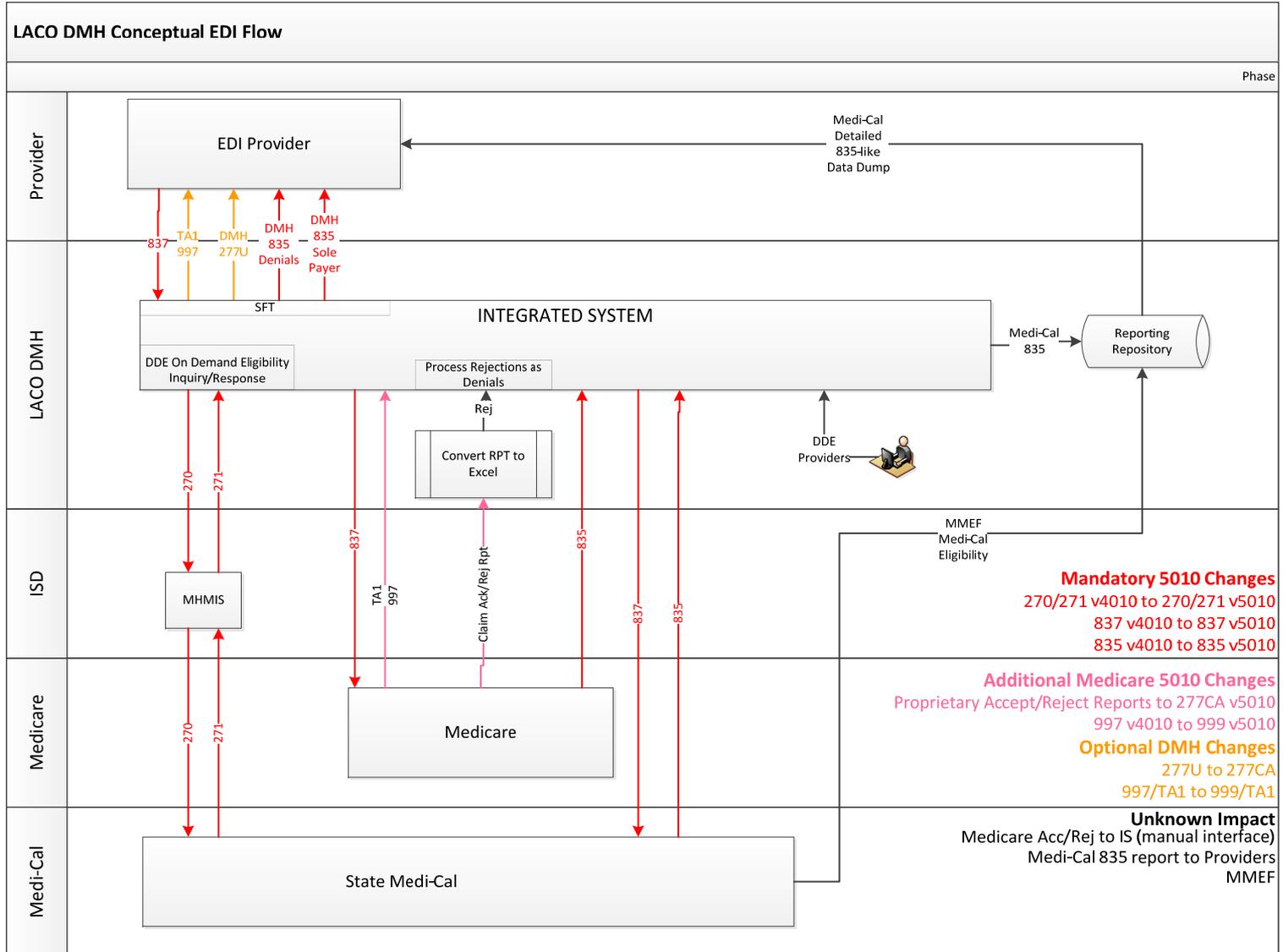
## *Review – what does it do for us?*

- ✓ **Allows the exchange of ICD-10 diagnosis codes**
- ✓ **Provides greater clarity on how the transactions are to be populated**
- ✓ **Provides additional guidance on using the NPI**



*Many resources on the web providing more detailed information*

# HIPAA 5010 – DMH Data Flow and Impact to the Contract Provider Community



*“To Enrich Lives Through Effective And Caring Service”*



# HIPAA 5010

## Status and Timeline

### *Potential Changes to DMH Claims & Remittance*

- ✓ **Remove legacy IDs**
- ✓ **New location for DMH Plan ID**
- ✓ **Nine digit zip codes in the Billing Provider and Service Facility loops**
- ✓ **EPSDT- dedicated location for both 837P & 837I claims**



# HIPAA 5010

## Status and Timeline

### *Potential Changes to DMH Claims & Remittance*

- ✓ **Modifier changes consistent with state requirements**
- ✓ **New Institutional Segment**
- ✓ **835 CR Adjustment Group will use a new Adjustment Group**



# HIPAA 5010 Status and Timeline

## *Key Dates*

DMH Companion Guides	Late-May
5010 Testing with Providers	Mid-October
Final 4010 Transactions	December
5010 Cutover	January 1, 2012



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# Network Providers Transition Project

**Network Provider Transition Team  
Readiness Assessment  
March 23, 2011**

*“To Enrich Lives Through Effective And Caring Service”*

## Background for the EDI Transition

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- HITECH Act and Meaningful Use
  - Electronic Health Record (EHR)
  - Incentives for Meaningful Use
- Federal and State Mandates for EHR
  - Federal Executive Order for EHR by 2014
  - State Executive Order for 100% electronic health data exchange by 2016
- County DMH EHR Implementation
  - Integrated Behavioral Health Information System (IBHIS)
  - Exchange clinical, financial and administrative data

## What does it mean to me?

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- Expanded DMH functionality and integration will change the way network providers submit data
- Between now and 2013, all network providers need to be ready to begin the certification process for IBHIS EDI transactions
- By 2013 network providers will need to submit all transactions electronically to DMH

## What are the benefits?

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- Network providers can select a system optimized for their business needs with enhanced functionality
- Simplified work environment – no more double data entry for client data
- More control over how you conduct business
- Direct access to your system vendor/biller for support
- Meaningful Use incentives may apply

## Objectives of the FFSTP

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- Help network providers understand, plan for and execute the necessary tasks to complete the transition from direct data entry (DDE) to electronic data entry (EDI)
- Single point of contact for education, implementation and communication activities for the EDI transition
- Provide process to report status of the transition activities and to raise issues and concerns to appropriate levels

## Role of the FFSTT

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- Communicate the needs and concerns of the entire network provider community
- Identify education, implementation and communication activities that would benefit all providers during the transition
- Identify transition issues and work together with DMH to find solutions
- Develop plans to ensure successful completion of the EDI transition
- Work with DMH to identify funding options to assist providers during the transition
- Communicate IBHIS requirements as they become available

## Next Steps

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- Identify a contact person who will interface with the FFSTT
- 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 an external billing provider?
  - What is your strategy to meet State and Federal Mandates for exchanging electronic health data?

## Next Steps

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- Define an EDI Strategy for your organization
- Define the EDI objective, goals for your organization
- Acquire resources and funding for you EDI transition

# Assessment Approach

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- Form an Assessment Team
- Define short and long term goals
- Define your organization's strengths and weaknesses
- Define business needs for yourself and your clients
- Assess budget and staff resources to meet your goals
- Assess what approach(s) to consider
- Determine a strategy and develop a transition plan

## Questions?

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- Link to the Network Provider EDI Website:
  - [http://dmh.lacounty.gov/hipaa/ffs\\_EDI\\_Secure\\_File\\_Transfer.htm](http://dmh.lacounty.gov/hipaa/ffs_EDI_Secure_File_Transfer.htm)
  
- Contact:
  - Becky Pang – [bpang@dmh.lacounty.gov](mailto:bpang@dmh.lacounty.gov)
  - Karen Bollow – [kbollow@dmh.lacounty.gov](mailto:kbollow@dmh.lacounty.gov)



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Health Information Technology for Economic and Clinical Health Act

# **HITECH and Meaningful Use**

**- An Overview -**

**CPTT Workgroup - March 15, 2011**



*“To Enrich Lives Through Effective And Caring Service”*



# **HITECH and Meaningful Use**

**- An Overview -**

- ✓ **Background**
- ✓ **What is “Meaningful Use (MU)”**
- ✓ **MU Criteria – Core and Menu Measures**
- ✓ **Federal and State Incentives**
- ✓ **Eligibility and Registration**
- ✓ **Payment Schedule – Medi-Cal and Medicare**
- ✓ **Vendor Certification**
- ✓ **Next Steps**
- ✓ **Useful Links**



# Background

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# Background

- 2004 – Executive Order by President Bush
  - Electronic Health Records by 2014
  - Created Office of National Coordinator for Health Information Technology (ONCHIT)
  - Certification Commission for Health Information Technology (CCHIT) was founded and approved by ONCHIT



# Background

- 2005 – 2006 – CCHIT Established
  - 3-year contract to develop Electronic Health Records systems (EHR) certification criteria
  - Official certification body
  - CCHIT continues to release guidelines for specialty practices
- 2006 – 2009 – EHR Guidelines Released by CCHIT
  - Ambulatory EHR – 2006
  - Inpatient EHR Guidelines – 2007



# Background

- 2009 – American Recovery & Reinvestment Act (ARRA)
  - Included the HITECH Act: \$27B budget
  - ONC responsible for implementing the HITECH Act
- 2010 – EHR Standards and Certification
  - ONC Final Rules published:
    - Initial Set of Standards
    - Implementation Specifications
    - Certification Criteria
  - CMS Final Rules published:
    - Medicare and Medicaid EHR Incentive Program (MU)
  - CCHIT Behavioral Health Certification Criteria

# Background

- 2011 – Age of Meaningful Use
  - ONC published the Final Rule on Establishment of the Permanent Certification Program for Health Information Technology
  - Registration for Meaningful Use incentives began (January)

# Background

- **ONC – Health and Human Services (HHS) entity responsible for coordinating implementation of a nationwide health information technology infrastructure.**

## Responsibilities include:

- **State Health Information Exchanges (HIE)**
- **Providing grant funding to States to implement programs supporting the HIE infrastructure**
- **Responsible for the National Health Information Network (NHIN)**
- **Provide grants to Regional Extension Centers (RECs)**

# Background

- CMS – Federal entity under HHS responsible for developing and administering the meaningful use Medicare and Medicaid incentives programs

## Key responsibilities include:

- Manage Medicare incentive payments
- Manage enrollment of eligible professionals and eligible hospitals for the meaningful use incentive program

# What is “Meaningful Use”



Meaningful  
Use 101

# 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 and efficiency and reduce healthcare disparities
- Engage patient 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

# Meaningful Use Criteria Core and Menu Measures





# Meaningful Use Criteria: Core and Menu Measures

Measures are defined for each of three stages:

- Stage 1 (2011) – current criteria available
- Stage 2 (2013) - criteria released for public comment
- Stage 3 (2015) – prospective criteria available



# Meaningful Use Criteria: Core and Menu Measures

- Measures are defined for Eligible Professionals (EPs) and Eligible Hospitals (EHs)
- Measures may contain some exclusions depending on the type of practice
- Core Measures are required, menu measures require a minimum number based on a subset of menu criteria
- Clinical Quality Measures – core, alternate



# Meaningful Use Criteria: Core and Menu Measures

## Eligible Professionals – Stage 1

Measures:	Core	Menu
Improving Quality, Safety, Efficiency, and Reducing Health Disparities	11	4
Engage Patients and Families	2	2
Improve Care Coordination	1	2
Ensure adequate privacy and security of systems and data	1	2
Clinical Quality Measures (3 additional of 38)	3	3

# Federal and State Incentives





# Federal and State Incentives

- Incentive 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) and EH(s)
- Must elect to participate in only one incentive program during the registration process
- May elect to change from one incentive program to another, but this can only be done once prior to 2015



# Eligibility

&

# Registration





# Eligibility and Registration

- Medi-Cal - Eligible Professionals (Mental Health)\*
    - Psychiatrists (MD)
    - Medical Doctor (MD)
    - Doctor of Osteopathy (DO)
    - Nurse Practitioner (NP)
  - ✓ Minimum 30% Medi-Cal client volume criteria.
  - ✓ Must see 50% of clients at a facility with certified EHR
  - ✓ Non-hospital based professionals
- \*Federal Legislation pending to expand the definition of eligible professionals for Mental Health



# Eligibility and Registration

- Medicare - Eligible Professionals (Mental Health)\*

- Psychiatrists (MD)
- Medical Doctor (MD)
- Doctor of Osteopathy (DO)

✓ Non-hospital based professionals

\*Federal Legislation pending to expand the definition of eligible professionals for Mental Health



# Eligibility and Registration

- Eligible Hospitals\*
  - Acute Care Hospitals
  - Critical Access Hospitals
  - Children's Hospitals (Medi-Cal Only)

\*Federal Legislation pending to expand the definition of eligible hospitals for Mental Health



# Eligibility and Registration

- **Medi-Cal - Eligible Professionals**
  - Register on CMS Website – now available
  - Register on the State Website – available April?
- **Medicare - Eligible Professionals**
  - Register on CMS Website – now available
  - Register in Provider Enrollment, Chain and Ownership System (PECOS)



# Eligibility and Registration

- Must have a valid NPI.
- Register for NPI via the National Plan and Provider Enumeration System (NPPES)
- EP may be required to assign incentive payment to a single taxpayer ID number.

# Payment Schedule





# Payment Schedule

- Medi-Cal
  - Total incentive payment - \$63,750 over six years
  - Year 1 - \$21,250
  - Years 2-6 - \$8,500 per year
  - Program ends in 2021
  - Last year to begin is 2016 for maximum incentive



# Payment Schedule

- Medi-Cal
  - Attestation period begins – unknown
  - Incentive payments begin – unknown
  - Year 1 – may receive payment if EHR is adopted, implemented or upgraded (A/I/U)
  - Years 2-6 – must meet MU criteria

# 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
<b>Total</b>	<b>\$63,750</b>	<b>\$63,750</b>	<b>\$63,750</b>	<b>\$63,750</b>	<b>\$63,750</b>	<b>\$63,750</b>





# Payment Schedule

- Medicare

- Total incentive payment - \$44,000 over five years
- Declining payments over five years depending on first year of MU
- Program ends in 2016
- Last year to begin is 2012 for maximum incentive payment
- Years 1-5 – must meet MU criteria



# Payment Schedule

- Medicare

- April 2011 – Attestation period begins
- May 2011 – Incentive payments begin
- Must claim at least \$24K to receive the full first year payment of \$18K
- Incentive payment cannot exceed 75% of claim amount
- Beginning in 2015, Medicare fee reductions will take effect if EP does not meet MU criteria

# 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
<b>Total</b>	<b>\$44,000</b>	<b>\$44,000</b>	<b>\$39,000</b>	<b>\$24,000</b>



# Payment Schedule: Medicare

Failure To Demonstrate MU by Year:			
2015	2016	2017	2018
Penalty Applied:			
-1%	-2%	-3%	-4%*

# Vendor Certification



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# Vendor Certification

- EHR must be certified through an ONC certified testing body. ONC certifies based on the Stage 1 criteria
- Stage 2 and Stage 3 will require recertification
- If the vendor modifies the certified software, it may require retesting and recertification
- Certification only applies to the specific Product and Version listed





# Vendor Certification

- Link to a list of certified EHRs is available. This list is updated frequently
- Three behavioral health vendor products are certified as Complete EHR under Stage 1 and one vendor is certified as a Modular EHR. These vendors are currently used by DMH providers.

<u>Vendor</u>	<u>Product</u>	<u>Version</u>
DeFran	Evolv-CS	Version 8.4
ECHO	Clinician's Desktop	Version 8.1.3
Netsmart	Avatar	Version 2011
UNI/CARE (Modular)	Pro-Filer	Version 2011

# Next Steps





## Next Steps

- ✓ Review website links and material
- ✓ Contact a Regional Extension Center (REC) – HITEC-LA or COREC (Orange County)
- ✓ Assess your organization’s readiness to meet meaningful use
- ✓ Talk to your vendor about MU and the timeline for certification
- ✓ Develop a ROI and rollout strategy for MU
- ✓ Develop a project plan and Implement a certified EHR
- ✓ Validate and monitor MU measurements on an on-going basis



# Useful Links

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# 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](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/>



# USEFUL LINKS

➤ HITEC-LA:

<http://www.hitecla.org/>

➤ COREC (Orange County):

<http://www.caloptima.org/>

➤ Certified EHR Software:

<http://onc-chpl.force.com/ehrcert>



# Questions





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## **County of Los Angeles – Department of Mental Health Overview of the FFS Transition Project (FFSTP)**

### **What is the FFS Transition Project (FFSTP)?**

The primary objective of the FFSTP is to help network providers understand, plan for, and execute the necessary tasks to complete the transition from the current direct data entry (DDE) to electronic data interchange (EDI).

### **Why are we doing this project?**

DMH has committed to implementing an Electronic Health Record (EHR) to meet its business needs, particularly the new business needs introduced under the Mental Health Services Act (MHSA).

The transition to an electronic health record is also driven by Federal and State mandates. DMH has mandated that all data exchanged with the Department will be done electronically.

DMH is currently negotiating with an EHR vendor as part of their Integrated Behavioral Health Information System (IBHIS).

### **What is the current timeframe to complete the transition to electronic data exchange?**

All network providers must be ready to exchange data electronically by 2013.

### **What is the impact to the network providers?**

The network providers must assess their current readiness to move to an electronic health record and EDI. They must develop a direction strategy, timeline and budget for their organization. They must develop and execute an implementation plan to meet the transition timeline. They must be ready to certify their data exchange by the time IBHIS is implemented.

### **What is DMH's role in this transition process?**

DMH will form a FFS Transition Team (FFSTT) with participants from the network provider organizations. The FFSTT will be the network provider's representative work group for the transition.

The FFSTT will be the definitive source of communication between DMH and the provider community and will participate in regularly scheduled meetings. The FFSTT will work with DMH to identify issues and concerns for all providers, share lessons learned and provide feedback on the overall progress of the FFSTP.



## **County of Los Angeles – Department of Mental Health Overview of the FFS Transition Project (FFSTP)**

### **What is the FFS Advisory Board's role in this transition process?**

The FFS Advisory Board will monitor progress on the EDI transition and escalate issues to the Managed Care business sponsor and/or IBHIS Project Management when necessary.

The FFSTP Project Manager monitors the tasks and reports status using the Monthly Status Report provided to the FFS Advisory Board, the FFSTP Project Director and the IBHIS Project Management Advisory Board (PMAB).

The FFS Advisory Board will monitor the progress on the execution of the three plans – Communication, Education and Implementation Strategy.

- The Communication Plan identifies what is important to communicate and describes how and when the communication happens.
- The Education Plan identifies what guidance and education is important and defines how and when to provide education, presentations.
- The Implementation Strategy Plan identifies the actions and timeframes required to facilitate full implementation of EDI for the network providers.

The FFS Advisory Board may be asked to review communication material prior to its release. The Board will also provide feedback on the overall effectiveness of the communication process.

The FFS Advisory Board will provide guidance on education needed to support the transition process. The Board may be asked to review education material prior to its release. The Board will also provide feedback on the overall effectiveness of the education process.

The FFS Advisory Board may be asked to provide guidance on EDI transition tasks. The Board will also provide feedback on the overall effectiveness of the Implementation Strategy Plan.

### **What DMH cannot do**

DMH cannot purchase, contract for, implement, operate or manage an information system for the network providers.

DMH cannot tell network providers what system or billing service to contract with or purchase.

### **Need more information?**

Please click on the new EDI section of the IS Website: The link is:  
[http://dmh.lacounty.gov/hipaa/ffs\\_EDI\\_Secure\\_File\\_Transfer.htm](http://dmh.lacounty.gov/hipaa/ffs_EDI_Secure_File_Transfer.htm)



## County of Los Angeles – Department of Mental Health Overview of the FFS Transition Project (FFSTP)

### Project Organization Chart

