

Psychiatric Clinical Nurse Specialists: Adopt, Implement, Upgrade (AIU) *Massachusetts Medicaid EHR Incentive Program*

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Today's presenter:

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Agenda

- Massachusetts Medicaid EHR Incentive Program
- Making the Transition: Paper to Electronic
- EHR Selection: Things to Consider
- Adopt, Implement, Upgrade
 - MAPIR Attestation
 - Supporting Documentation
- EHR Implementation and Utilization
- Sneak Peek: Meaningful Use
- What's the Bottom Line?
- Questions

Massachusetts Medicaid EHR Incentive Program

What is the MA Medicaid EHR Incentive Program?

The Health Information Technology for Economic and Clinical Health (HITECH) Act introduced financial incentives, offered through Medicare or Medicaid, for Eligible Professionals (EPs) who demonstrate Meaningful Use (MU) of Certified EHR Technology (CEHRT)

- The MA Executive Office of Health and Human Services (EOHHS) oversees the MA Medicaid EHR Incentive Program
- MassHealth contracted with MeHI to administer key components of the program
- Through the Medicaid EHR Incentive Program, EPs may receive a maximum payment of \$63,750 over six years
 - \$21,250 in the first payment year; \$8,500 in subsequent payment years
- In their first year of participation, Medicaid EPs have the option to Adopt, Implement, or Upgrade (AIU) to CEHRT; in subsequent years, they must demonstrate Meaningful Use (MU)

The Centers for Medicare and Medicaid Services (CMS) recently approved Psychiatric Clinical Nurse Specialists (PCNS) as a new category of EPs

- Program Year 2016 is the last year for all EPs (including PCNS) to initiate program participation
- Attestations for Program Year 2016 will be accepted August 15, 2016 through March 31, 2017

Making the Transition: Paper to Electronic

1. Make the decision

- What are the pros and cons of transitioning to an EHR system right now?

2. Select an EHR system

- Attest for AIU through the Medicaid EHR Incentive Program

3. Implement your EHR

- Attest for Meaningful Use (MU) through the Medicaid EHR Incentive Program

EHR Selection: Things to Consider

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- Goals
 - what do you hope to accomplish by implementing an EHR?
- Compatibility with Practice Management or Billing System(s)
- Certification – necessary if you wish to receive incentive payments
- Security
- Customization options
- Vendor support
- Cost and functionality
 - free, web-based systems may not have certain functionality/features and may not offer vendor training or support

Adopt, Implement, Upgrade

Adopt, Implement, Upgrade

- In their first year of participation in the Medicaid EHR Incentive Program, Eligible Professionals (EPs) have the option to either:
 1. Adopt, Implement, Upgrade (AIU) to Certified EHR Technology (CEHRT) or
 2. Attest to Meaningful Use (MU)
- AIU is defined as follows:
 - Adopt: Acquire, purchase, or secure CEHRT
 - Implement: Install or initiate use of CEHRT
 - Upgrade: Expand functionality of CEHRT
- No matter which option an EP chooses, the first year payment remains the same (\$21,250)
- EPs must utilize 2014 Edition (or higher) CEHRT

MAPIR Attestation

1. Demographic information prepopulates from CMS registration system
2. Enter contact information
3. Answer program eligibility questions:
 - Provider type
 - Do you have any current or pending sanctions with Medicare or Medicaid?
 - Are you currently in compliance with HIPAA regulations?
 - Are you licensed in all states in which you practice?
4. Enter Patient Volume Threshold (PVT) data:
 - Group or Individual methodology
 - Reporting period dates
 - In-state Medicaid Encounters (with CHIP applied)
 - Total (reduced in-state plus out-of-state) Medicaid Encounters (numerator)
 - Total Patient Encounters (denominator)
5. Enter Attestation Phase – Adopt, Implement, or Upgrade
6. Verify where payment will be sent (prepopulates from CMS registration system)
7. Upload Supporting Documentation
8. Submit

Supporting Documentation

All EPs attesting to AIU are required to upload the following supporting documentation to demonstrate proof of 2014 Edition (or higher) CEHRT:

- Letter on letterhead signed by your CIO or IS Department Head. The letter must state the following:
 - List of providers(s) with NPI number(s) who are currently using or will be using the federally-certified EHR technology, and location(s) the federally-certified EHR technology will be used
 - EHR Vendor, product name, and version
 - CMS Certification Number and CHPL Product Number
- And one of the following: Signed copy of License Agreement, Proof of Purchase, or Signed Vendor Contract (must be signed by practice and vendor)
- **If requested**, Patient Volume Threshold information (use [Sample Patient Volume Templates](#) on our website) and Hospital-Based Information

EHR Implementation and Utilization

Benefits:

- Data is organized and searchable
- ePrescribing, medication reconciliation, drug-drug interaction checks
- Better prepared for payment reform initiatives

Challenges:

- Transition issues – moving from paper to an electronic system takes time and energy
- Required EHR functions align more with needs of Primary Care providers and treatment of physical health
- Interoperability and integration of Behavioral Health & Primary Care
- Reporting to state agencies – little uniformity of reporting criteria and mechanisms

Tips:

- Avoid simply replicating what you're already doing on paper
- Look for ways to streamline processes where feasible

Sneak Peek: Meaningful Use

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- Program Year 2016:
 - Attest to **Adopt, Implement, Upgrade (AIU)**
 - Note: Program Year 2016 is the last year to initiate participation in the Medicaid EHR Incentive Program

- For Program Year 2017:
 - Attest to **Modified Stage 2 Meaningful Use** using a Meaningful Use (MU) reporting period of any continuous 90-day period within calendar year 2017
 - Note: The Patient Volume Threshold (PVT) reporting period is different from the MU reporting period; PVT is based on a 90-day period from either the previous calendar year or the 12-month period preceding attestation

- For Program Year 2018:
 - Attest to **Stage 3 Meaningful Use** using an MU reporting period of the full calendar year
 - Note: There is an attestation grace period (usually January-March) following each Program Year to allow providers to attest using a full calendar year MU reporting period

- Meaningful Use Objectives – Modified Stage 2
 1. Protect Patient Health Information (Security Risk Analysis)
 2. Clinical Decision Support (CDS)
 3. Computerized Provider Order Entry (CPOE)
 4. Electronic Prescribing (eRx)
 5. Health Information Exchange (HIE) – *previously known as “Summary of Care”*
 6. Patient-Specific Education
 7. Medication Reconciliation
 8. Patient Electronic Access (Patient Portal)
 9. Secure Electronic Messaging
 10. Public Health Reporting
 - a. Immunization Registry Reporting
 - b. Syndromic Surveillance Reporting
 - c. Specialized Registry Reporting

What's the Bottom Line?

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Questions?

- [MeHI Medicaid EHR Incentive Program page](#)
- [MeHI MU Toolkit for Eligible Professionals](#)
- [MeHI EHR Toolkit](#)
- [MeHI EHR Tools and Resources](#)
- [Office of the National Coordinator for Health IT \(ONC\) Certified Health IT Product List \(CHPL\)](#)

Contact Us

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