



Get Ready for HIT Incentive Payments in 2011

**Ann Boughtin, Boughtin & Orndoff Consulting
Amy Machtay, CPHIMS**



The Health Information Initiative

- National Library of Medicine, 1965
- National Committee for Health and Vital Statistics, 2001
- Executive Order, 2004
- Meaningful Use, 2009
- Healthcare Reform, 2010



Webinar Goals

What do you need to do?

How do you get there?

Why do it?

Focus on meaningful use opportunities for community behavioral health providers.



ARRA Legislation

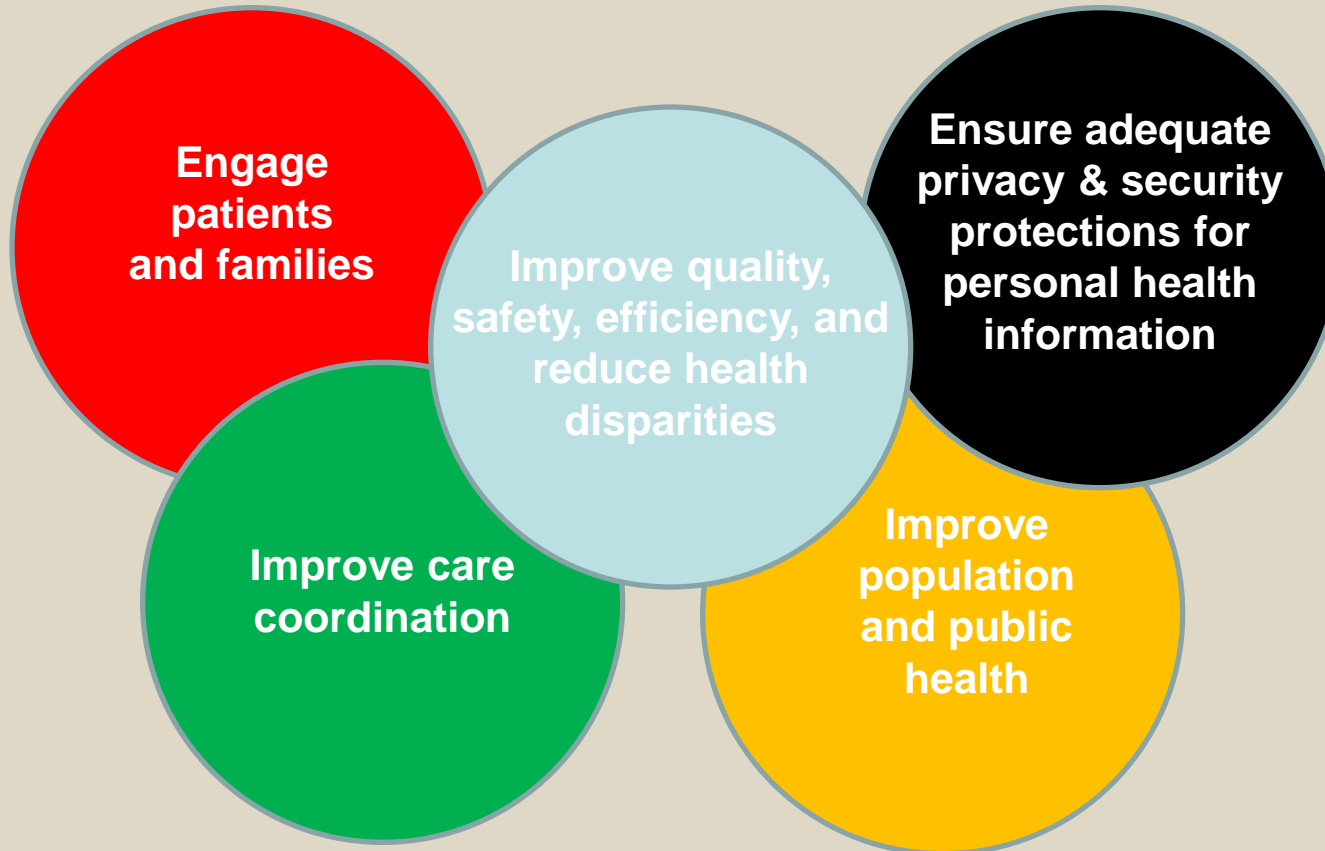


The HITECH Act

- Establishes the ONC, created during the Bush administration, under the HHS Secretary and centralizes Privacy & Security oversight under the OCR
- Allocates \$34 billion to flow directly to health care providers for the meaningful use of certified electronic health records



Goals



These goals align perfectly with the mission, vision and core values of provider organizations.



Who Can Participate?



**Hospitals - Acute Care/Children
(but there is corrective
legislation)**



**Eligible Professionals (EP)
include physicians and nurse
practitioners (Prescribers)**



How Does it Work?



EP elects to participate in Medicaid OR Medicare incentives, not both



Must meet additional criteria to participate in Medicaid program



Medicaid EP Qualifications



30% of the patient volume is Medicaid



At least 50% of EP patients' records tracked in a certified EHR



Medicare vs. Medicaid Participation

Medicare

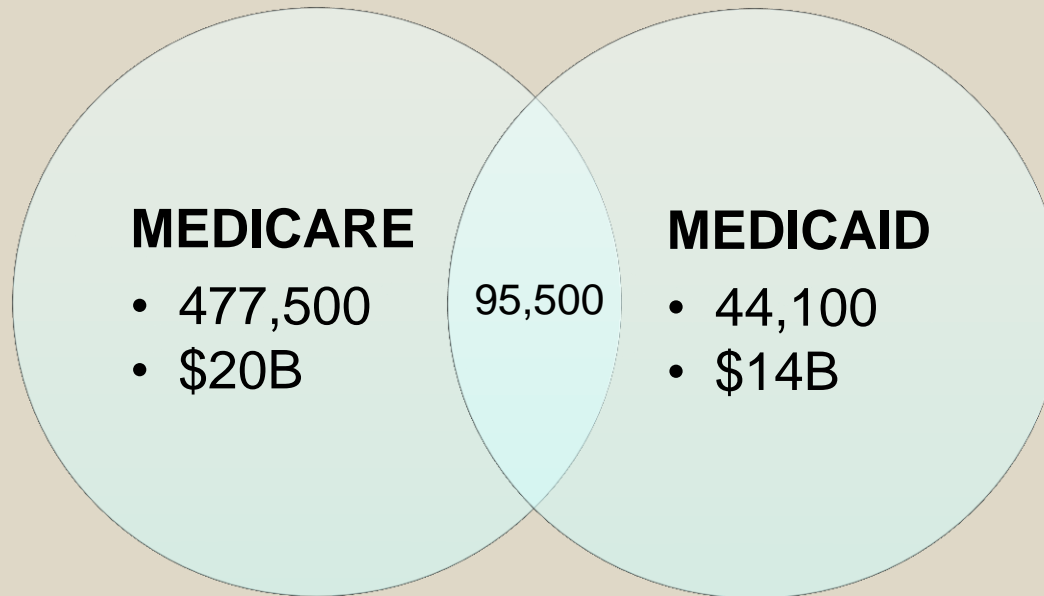
- \$44K over 5 years
- Years must be consecutive
- Program runs through 2016
- Last year to begin is 2012
- Must meet meaningful use in Year 1 (90 days)

Medicaid

- \$63,750 over 6 years
- Years do not need to be consecutive
- Program runs through 2021
- Last year to begin is 2016
- Only need to attest to the adoption, implementation or upgrade of a certified EHR in Year 1
- Must meet meaningful use in Year 2 (90 days)



Medicare vs. Medicaid EPs



CMS estimates between 36% and 70% of all Medicare eligible professionals will comply with meaningful use by 2020. For Medicaid EPs, CMS estimates that between 59.9% and 95.9% will receive one or more incentive payments during that same timeframe.



How To Sign Up



EP registers on CMS website (beginning January 3, 2011)

http://www.cms.gov/EHRIncentivePrograms/20_RegistrationandAttestation.asp



EP electing to participate in Medicaid will also register with state, per the state's instructions



EP voluntarily assigns payment to CMHC's NPI during registration process



Information Required

- NPI
- NPPES ID and Password
- TIN
- Payee TIN (if assigning payment)
- Payee NPI (if assigning payment)



Going Green or...

**SHOW ME THE
MONEY!**



Medicaid Incentive Payments



\$63,750 over 6 years **per** EP

Year 1 payment = \$21,250/EP

Years 2 - 6 payment = \$8,500/EP

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Per EP	\$21,250	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500
5 EPs	\$106,250	\$42,500	\$42,500	\$42,500	\$42,500	\$42,500

In this example, incentive payments through Medicaid could total \$318,750 over 6 years for 5 EPs.



Incentive Payments

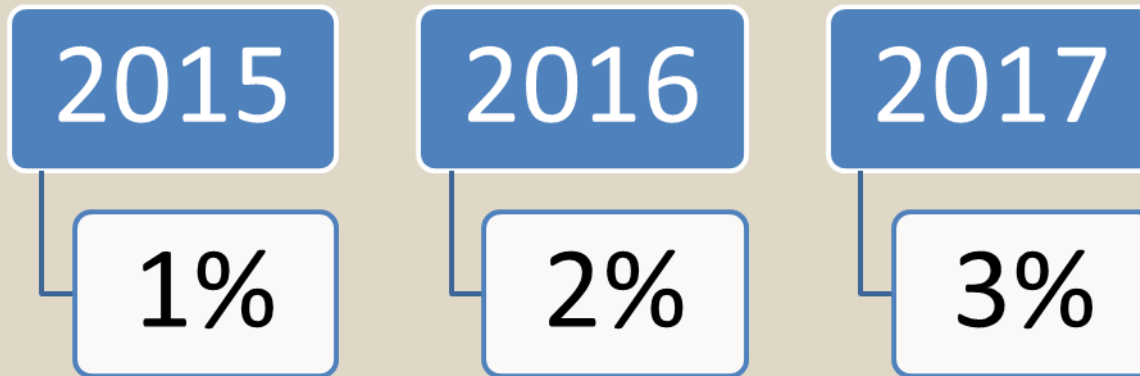
EP may change programs one time (from Medicaid to Medicare or vice-versa) during the life of the program

Medicaid payments flow through States (but are federally funded)

EP may only file under one state per year but may change states (applies to Medicaid program)



Medicare Fee Schedule Reductions



Medicare (but not Medicaid) fee schedule reductions will take effect in 2015 for any provider who does not meet MU requirements.



More Money...

**Meaningful Use isn't the
only way to generate
revenue!**



ROI from an EHR

Health Information and Management Systems Society (HIMSS) published a study on Hard and Soft ROI for EHRs in December 2008 that was presented to the Obama Administration and Congress. Examined Davies Award Winners – Nicholas E. Davies award recognizes excellence and value from health IT.



Hard & Soft ROI

Hard ROI

- Increase billing
- Decrease in AR
- Decrease claim rejects
- Decrease paper costs
- Decrease chart pulls
- Greater compliance/chart audits
- Reduced manual charting
- Decreased FTE
- Increase in patient volume w/slight increase in personnel

Soft ROI

- Reduced Medical Errors
- More time with patients



Real Cases, Real Money

- ❑ Heritage Behavioral Health saved \$473,859 over three years in the following areas: \$211,000 for transcription and documentation; \$146,000 for chart audit paybacks; and \$117,000 for back-office staffing reductions.

- ❑ Southwest Texas Medical, in Beaumont, saw charges rise from \$171 to \$206 per patient encounter, a 20% jump. A year after implementation, the clinic's total billable hours increased by \$2.1 million, while collections rose \$1.4 million.

- ❑ Chicago's Riverpoint Pediatrics increased collection rates from 52% to 88 % and eliminated claims denied due to coding errors. Insurance payment turnaround time fell from between 30 and 60 days, to approximately 15 days.



Real Cases, Real Money

For more information on ROI and EHR implementation lessons learned go to:

http://www.himss.org/content/files/davies/Davies_WP_Ambulatory.pdf



Overview of Requirements

Use of certified EHR in a meaningful manner.

Use of certified EHR technology for electronic exchange of health information to improve quality of health care.

Use of certified EHR technology to submit clinical quality measures (CQM) and other such measures selected by the Secretary.



What Does “Certified” Mean?

- Certification Bodies (to see a list of the criteria go to:
<http://onc-chpl.force.com/ehrcert>)
- Complete EHR
- Certified modules combined for complete EHR
- Certify an in-house system (cost estimate: may be \$250,000 or more)



Is your EHR Certified?

- Talk to your current vendor about certification
- Go online to view full list of certified EHRs:
<http://onc-chpl.force.com/ehrcert>
- Many resources available with advice on the EHR assessment, selection & implementation process
(http://www.himss.org/ASP/topics_ehr.asp)



Medicaid Year 1 Options

Adopted

Acquired and installed a certified EHR. Must have evidence of installation prior to incentive

Implemented

Began using a certified EHR. Includes staff training, data entry of demographic and administrative patient data, data sharing agreements, etc.

Upgraded

Upgraded to certified EHR technology or added new functionality to meet the definition of certified EHR technology



Get Your First Payment in 2011!

No Electronic Health Record	Electronic Health Record in Use
Step 1	Step 1
Count EPs to determine potential incentive payments & quantify Medicare revenue risk	Count EPs to determine potential incentive payments & quantify Medicare revenue risk
Conduct MU Readiness Assessment	Conduct MU Readiness Assessment
Acquire & install Certified EHR	Upgrade to certified EHR
Attest to adoption and draw down \$	Attest to upgrade and draw down \$



Year 2

No Electronic Health Record	Electronic Health Record in Use
Step 2	Step 2
Launch MU Compliance Plan	Launch MU Compliance Plan
Meet MU Standards for <i>90 Days</i>	Meet MU Standards for <i>90 Days</i>
Draw down year 2 \$	Draw down year 2 \$



Continuous Compliance

No Electronic Health Record	Electronic Health Record in Use
Step 3	Step 3
Meet MU Standards for <i>full year</i>	Meet MU Standards for <i>full year</i>
Draw down year 3-6 \$	Draw down year 3-6 \$



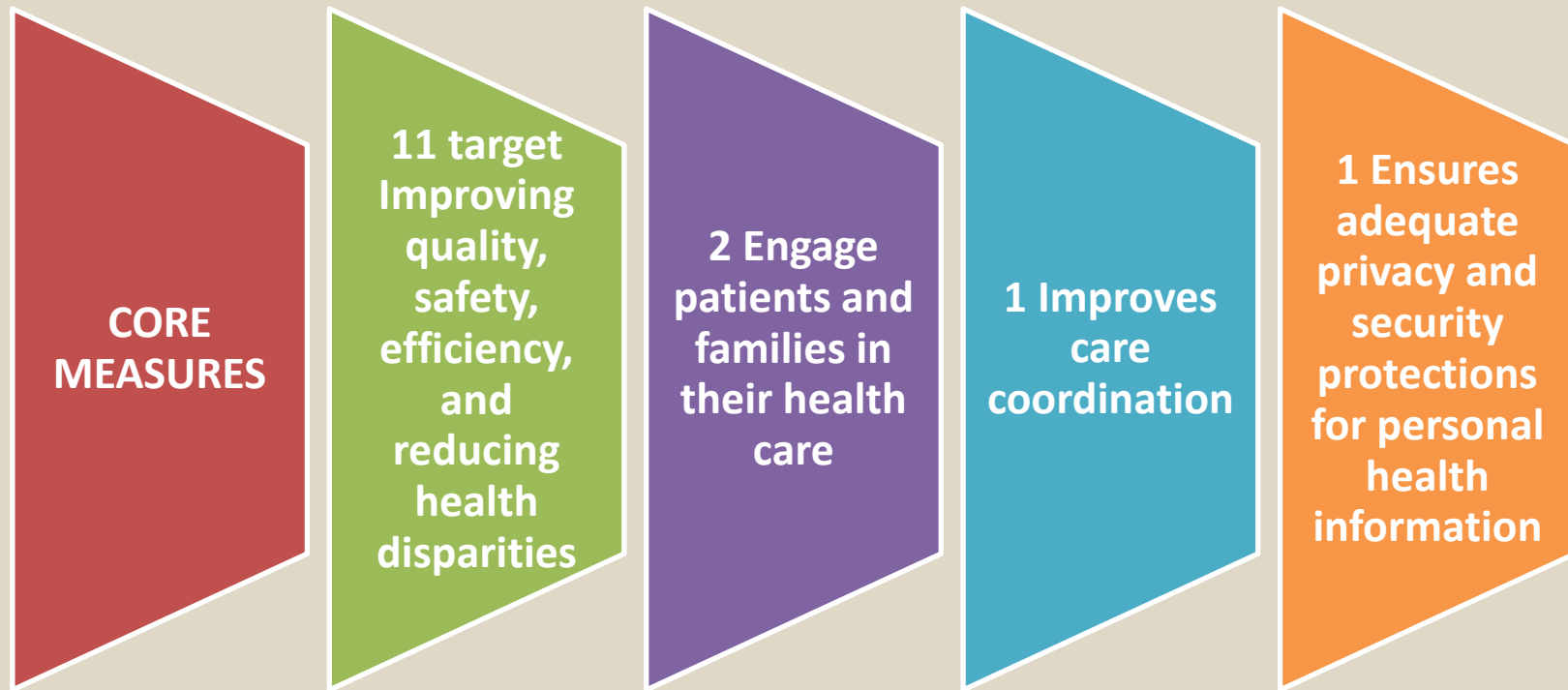
Measures

Stage 1 Measures*

*A full description of the meaningful use measures for Stage 1 can be found in the final rule. <http://edocket.access.gpo.gov/2010/pdf/2010-17207.pdf>

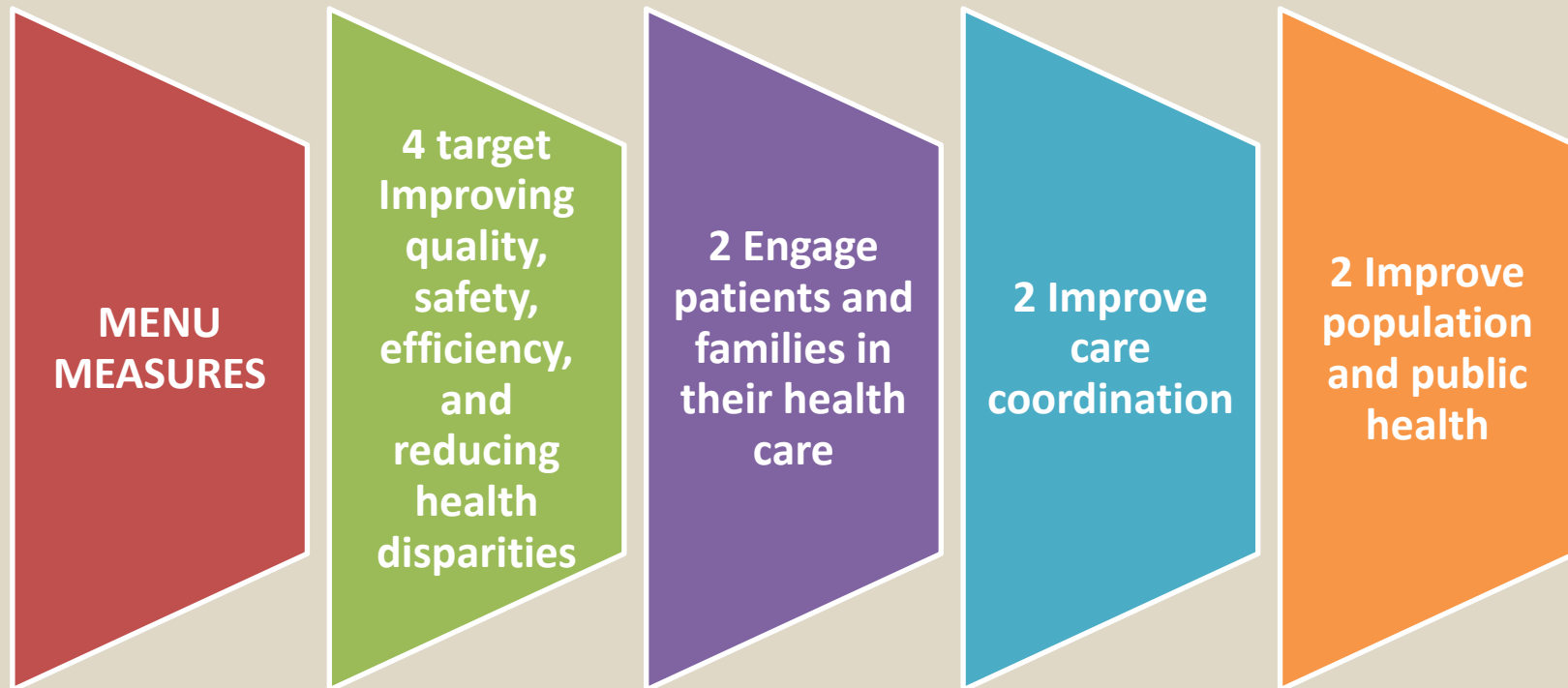


Stage 1 Core Measures



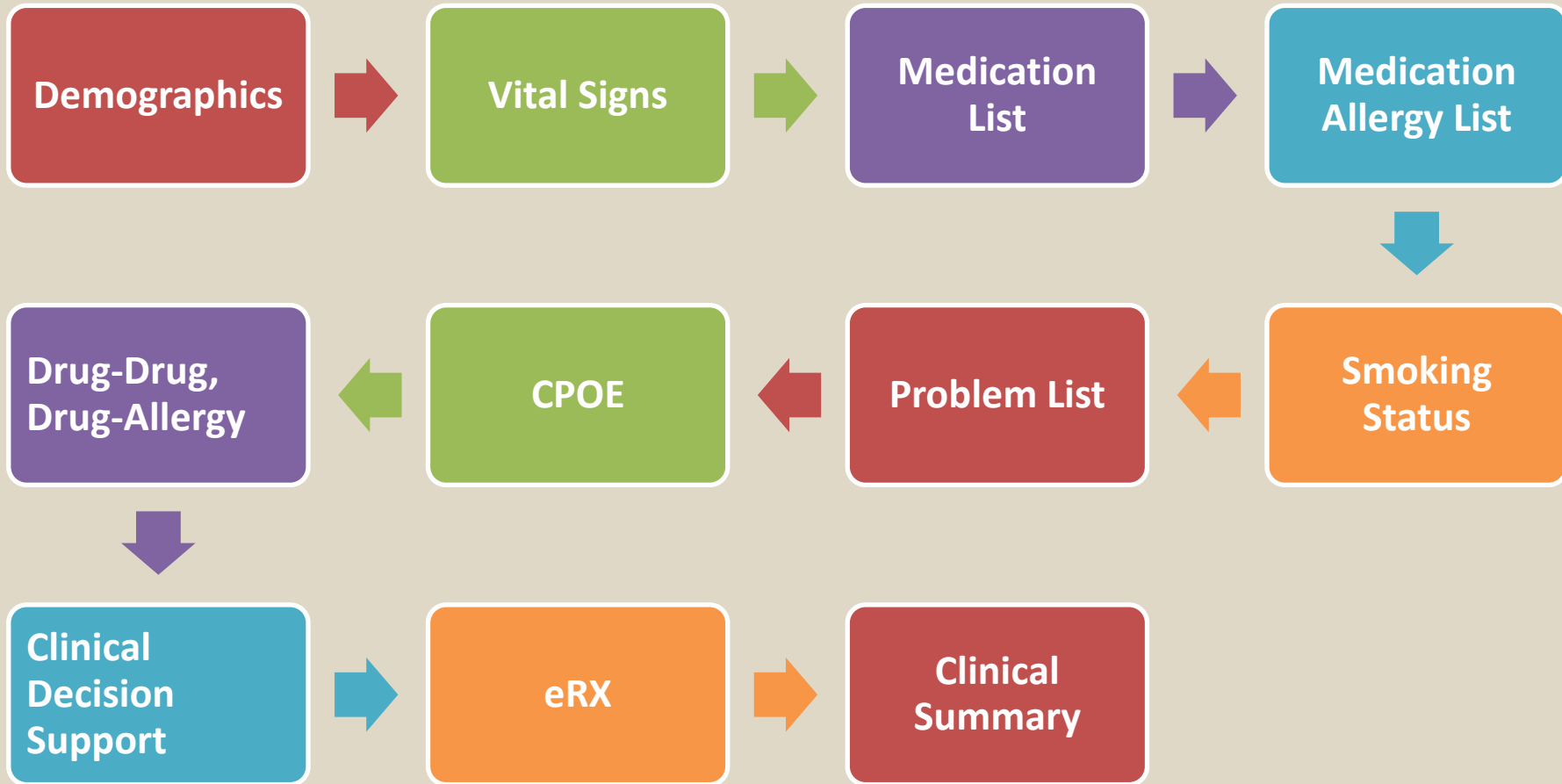


Stage 1 Menu Measures





Stage 1 Core Measures





Other Core Measures

**Health
Information
Exchange**

**Security Risk
Analysis**

**Clinical Quality
Measures**

**Electronic Copy of
Patient Records,
on request**



Stage 1 Menu Measures

Incorporate lab results as structured data

Drug formulary check

Generate list of patients for a specific condition

Patients

- Patient Reminders
- Electronic Access to medical record
- Education Resources

Care Coordination

- Medication Reconciliation (by EP)
- Summary of Care (from EP)

Public Health

- Submit electronic data to immunization registries
- Submit electronic syndromic surveillance data to PH agencies



Strategy for Success



How do you get there?

- ✓ Assess your organization's readiness to meet meaningful use
- ✓ Talk to your State Medicaid office
- ✓ Build a project plan
 - Designate a Project Manager
 - Select, purchase and implement a **CERTIFIED EHR**
 - Develop a Rollout Strategy for MU
 - Assign a Meaningful Use Team – committing internal resources
 - Identify tasks and necessary process changes and scope out a timeline
- ✓ Train entire staff and maintain transparency throughout the project
- ✓ Validate and monitor meaningful use measurements on an on-going basis



Why Do It?

Readiness

- You are already doing much of Stage 1 in your clinical workflow

Dollars

- You can get paid for what you're already doing and increase revenue with improved billing and productivity

Accountability

- Better compliance with quality audits

Outcomes

- Meaningful use is a tool that supports better patient outcomes through care coordination and clinical quality improvements

Reporting

- Information is stored as structured data for ease of reporting



QUESTIONS?

Contact us at:

boughtin@boughtinandorndoff.com

To download a copy of this presentation go to:

www.boughtinandorndoff.com