

# Gaining Access to Meaningful Use Incentive Dollars: A Step-by-Step Guide for Behavioral Health Organizations

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Many behavioral health organizations across the country are beginning to access federal incentive payments for the meaningful use of health information technology, including [several National Council members](#).<sup>1</sup> Yet, it is important to note that current law does not permit behavioral health organizations to request and access the incentives directly. Instead, the organization can only receive incentives through its “Eligible Professionals” (EPs) on staff.

- 1. Determine how many EPs you have on staff.** The types of EPs most commonly employed by behavioral health organizations are physicians (e.g., psychiatrists) and nurse practitioners.<sup>2</sup> Under the Medicaid incentive program, each EP can receive a total of \$63,750 over the course of 6 years, until 2021. (See “Schedule of Incentive Payments” on page 3 for details on the payment schedule.)
- 2. Confirm that at least 30% of your EPs’ encounters are from Medicaid.** According to CMS rules, EPs are eligible for the Medicaid incentives if, over at least 90 days in the previous year, 30% of their encounters came from Medicaid. [CMS rules](#)<sup>3</sup> state that encounters may be calculated in one of two ways: 1) the EP’s number of Medicaid patient encounters divided by the EP’s total number of patient encounters; or 2) the number of Medicaid enrollees on the panel assigned to that EP divided by the total number of patients assigned to the EP (as in the case of managed care or health home arrangements).
- 3. Determine whether your electronic health record (EHR) is fully certified.** Your organization does not need to have your certified EHR technology fully implemented to register for the incentive program. However, you must *adopt, implement, upgrade, or successfully demonstrate meaningful use* of certified EHR technology in order to receive the Medicaid incentive payments.<sup>4</sup> A [list of certified products](#) is available from the Office of the National Coordinator for Health Information Technology (ONC).
- 4. Register your EPs at the CMS website and reassign the EP’s payments to your organization.** EPs must register for the incentive program with CMS in addition to registering with their respective states.<sup>5</sup> During the [CMS registration](#) process,<sup>6</sup> EPs will be requested to enter their National Provider Identification (NPI) Number and indicate to what taxpayer ID number they want their incentive dollars to be reassigned. Some states may also request this information during the state registration process. This reassignment process is the critical step in transferring the payments from your EPs directly to your organization.
  - a. Sharing incentives with staff:** Organizations planning to take advantage of the incentive payments should be sure to have discussions with staff about the registration process. It is also

important to begin thinking about how will you share the incentives with your EPs. Most organizations have incentive plans for providers which have traditionally been established based on productivity. It is time to begin discussions and change incentive plans to be a combination of productivity and Meaningful Use of EHR Technology. Beginning these discussions now before your EPs register for incentives will set the stage for productive discussions around quality and a mutually agreeable strategy.

- b. Executing employment agreements:** If you have existing employment agreements with your staff, your arrangements for the sharing of EHR incentive payments should be addressed in these agreements as well. The National Association of Community Health Centers has provided some [sample language](#) for employment agreements, which helps to ensure that there are no misunderstandings between the employer and employee on the incentives for the first and following years.<sup>7</sup>
  - c. When your EPs share their time among multiple provider agencies:** EPs may not split their incentive payments among the facilities where they provide services. Incentives can only be paid to one Tax ID#.
  - d. Getting more information about the CMS registration process:** CMS has published a [Registration User Guide for Eligible Professionals](#), which will walk you through the process of registration, including instructions on how to reassign the EP's payments to another facility and how to use the online registration tool.<sup>8</sup>
- 5. Attest that your eligible professionals are meeting Meaningful Use criteria.** To get your EHR incentive payment, your EPs must attest through your state's Medicaid agency website<sup>9</sup> that they have met all of the eligibility criteria, including having adopted, implemented, upgraded or meaningfully used certified EHR technology.
  - a. Meeting Stage 1 Meaningful Use criteria:** For meeting Stage 1 Meaningful Use criteria, CMS has outlined a total of 25 [meaningful use objectives](#).<sup>10</sup> Objectives include such practices as recording patient gender, race, preferred language, height, weight, smoking status, and blood pressure into EHRs. To qualify for an incentive payment, 20 of 25 identified objectives must be met: all 15 required core objectives and 5 from a list of 10 menu set objectives. EPs are also required to report on 6 total [clinical quality measures](#): 3 required core measures (substituting alternate core measures where necessary) and 3 additional measures (selected from a set of 38 clinical quality measures).<sup>11</sup>
  - b. Timeframe for attesting to Stage 1, Stage 2, and Stage 3 criteria:** During the first year, EPs must only demonstrate that they have adopted, implemented or upgraded their technology for at least 90 days. EPs must meet the criteria for all 365 days in the subsequent year of payments. Beginning in 2014, organizations that have already received their payments for Stage 1 Meaningful Use must begin meeting the Stage 2 requirements. This requirement was

recently changed by CMS to incentivize providers to adopt early on. Stage 3 is currently scheduled to be implemented in 2015. Future rulemaking from HHS will outline how Stages 2 and 3 will build on Stage 1 criteria.

- c. **Getting more information about meeting Meaningful Use criteria:** CMS has published a [Meaningful Use Attestation Calculator](#)<sup>12</sup> to help you determine whether your EPs are meeting meaningful use criteria. Additional information and a full list of Meaningful Use criteria (along with how to calculate whether your organization is meeting the criteria) can be found on the CMS [Meaningful Use Overview](#) page.<sup>13</sup>

## 6. Receive payments!

### *What is the amount of the Medicaid incentive payment per EP?*

Under the Medicaid incentive program, each EP can receive a total of \$63,750 over the course of 6 years. These incentives are only available for a limited time, with the initial year of payment being from 2011-2016. The table below outlines the amount of payment per EP per year over the course of the incentive program:

**Schedule of Incentive Payments**

	Payments begin 2011	Payments begin 2012	Payments begin 2013	Payments begin 2014	Payments begin 2015	Payments begin 2016
In 2011, EP receives	\$21,250					
In 2012, EP receives	\$8,500	\$21,250				
In 2013, EP receives	\$8,500	\$8,500	\$21,250			
In 2014, EP receives	\$8,500	\$8,500	\$8,500	\$21,250		
In 2015, EP receives	\$8,500	\$8,500	\$8,500	\$8,500	\$21,250	
In 2016, EP receives	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500	\$21,250
In 2017, EP receives		\$8,500	\$8,500	\$8,500	\$8,500	\$8,500
In 2018, EP receives			\$8,500	\$8,500	\$8,500	\$8,500
In 2019, EP receives				\$8,500	\$8,500	\$8,500
In 2020, EP receives					\$8,500	\$8,500
In 2021, EP receives						\$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>

### *Need more information?*

The Centers for Medicare and Medicaid Services (CMS) has published a comprehensive set of resources on its [EHR website](#), where you can find more information about Meaningful Use, attestation, eligibility pathways, and more.

You can also get additional information from Michael R. Lardiere, LCSW, Vice President of Health Information Technology and Strategic Development at the National Council for Community Behavioral Healthcare. He can be reached at [Mikel@thenationalcouncil.org](mailto:Mikel@thenationalcouncil.org) or 202-684-7457.

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<sup>1</sup> See <http://mentalhealthcarereform.org/behavioral-health-organizations-begin-receiving-incentive-payments-for-health-it/>

<sup>2</sup> Additional eligible professionals include: certified nurse-midwives, dentists, and physician assistants working in a Federally Qualified Health Center or rural health clinic that is so led by a PA. (Centers for Medicare and Medicaid Services, [https://www.cms.gov/EHRIncentivePrograms/15\\_Eligibility.asp#TopOfPage](https://www.cms.gov/EHRIncentivePrograms/15_Eligibility.asp#TopOfPage))

<sup>3</sup> See <http://www.federalregister.gov/articles/2010/07/28/2010-17207/medicare-and-medicaid-programs-electronic-health-record-incentive-program#h-104>

<sup>4</sup> Medicare incentive payments are only available for the meaningful use of certified EHR technology, not for adopting or upgrading the EHR.

<sup>5</sup> A list of state EHR incentive payment websites can be found at <http://www.cms.gov/apps/files/medicaid-HIT-sites/>

<sup>6</sup> See [http://www.cms.gov/EHRIncentivePrograms/20\\_RegistrationandAttestation.asp](http://www.cms.gov/EHRIncentivePrograms/20_RegistrationandAttestation.asp)

<sup>7</sup> See <http://www.nachc.com/client/documents/10.10%20EHR%20Incentive%20Contracting%20Issue%20Brief%20-%20FINAL1.pdf>

<sup>8</sup> See [https://www.cms.gov/EHRIncentivePrograms/Downloads/EHRMedicaidEP\\_RegistrationUserGuide.pdf](https://www.cms.gov/EHRIncentivePrograms/Downloads/EHRMedicaidEP_RegistrationUserGuide.pdf)

<sup>9</sup> See <http://www.cms.gov/apps/files/medicaid-HIT-sites/> to find the link for your state's EHR website.

<sup>10</sup> See <http://www.cms.gov/EHRIncentivePrograms/Downloads/EP-MU-TOC.pdf>

<sup>11</sup> See [http://www.cms.gov/QualityMeasures/03\\_ElectronicSpecifications.asp#TopOfPage](http://www.cms.gov/QualityMeasures/03_ElectronicSpecifications.asp#TopOfPage)

<sup>12</sup> See <http://www.cms.gov/apps/ehr/meaningful-use-calculator.aspx>

<sup>13</sup> See [http://www.cms.gov/EHRIncentivePrograms/30\\_Meaningful\\_Use.asp#TopOfPage](http://www.cms.gov/EHRIncentivePrograms/30_Meaningful_Use.asp#TopOfPage)