

The American Recovery and Reinvestment Act of 2009, Meaningful Use and the Impact on Netsmart's Behavioral Health Clients

Updated November 2011

Netsmart Note:

The Health Information Technology for Economic and Clinical Health (HITECH) Act, as part of the American Recovery and Reinvestment Act of 2009 (ARRA), provides significant financial incentives to hospitals and behavioral health professionals who demonstrate meaningful use of certified electronic health records (EHR) technology. Beginning in 2015, the law also imposes penalties (Medicare reimbursement reductions) to those organizations that are not meeting Meaningful Use criteria.

ARRA and Meaningful Use eligibility continues to evolve. In March 2012, a bill was introduced in the U.S. Senate to make behavioral health, mental health and substance abuse treatment facilities eligible for an even higher amount of Medicaid and Medicare incentive funds by expanding the definition of "Eligible Professional," and by making them and psychiatric hospitals eligible to receive Hospital incentives. Netsmart continues to be actively engaged in lobbying efforts for this legislation on behalf of its client community, and is working with industry organizations to encourage its introduction and passage.

This white paper update includes references to information from the "Final Rule" for Meaningful Use and product certification issued July 13, 2010, by the Centers for Medicare & Medicaid Services (CMS).

Netsmart is your single-source Meaningful Use technology partner, providing all the solutions needed to meet all Stage 1 Meaningful Use criteria, avoiding the need for providers to integrate products from multiple vendors.

- *Netsmart's Avatar® 2011 electronic health record (EHR) software has achieved 100 percent ONC-ATCB ARRA ambulatory and inpatient certification. With Avatar's certification, Netsmart was the first behavioral healthcare software provider to offer a complete ARRA-certified EHR.*
- *Netsmart's CMHC/MIS 4.2 behavioral health EHR also achieved 100 percent ONC-ATCB ARRA ambulatory certification.*
- *Netsmart's TIER®7.0 behavioral health EHR achieved 100 percent ONC-ATCB ARRA certification.*
- *Our **community of users**, the largest in the industry, is already sharing best practices on how to make the internal process changes needed to ensure a smooth path to Meaningful Use.*

For additional information, visit www.ntst.com/meaningfuluse or call 1.800.472.5509.



Introduction

In February 2009, Congress signed the American Recovery and Reinvestment Act of 2009 (ARRA) into law. ARRA was established to preserve and create jobs, promote economic growth, assist those most impacted by the recession and provide investments needed to increase economic efficiency by spurring technological advances in science and health.

In addition to underwriting a process for computerizing health records to reduce medical errors and health care costs, ARRA includes the Health Information Technology for Economic and Clinical Health (HITECH) Act, which established programs under Medicare and Medicaid to provide incentive payments to providers and organizations for the "meaningful use" of certified electronic health records (EHR) technology. This Act consists of three primary parts:

1. Create standards, specifications and certification criteria for health information technology (HIT) infrastructure interoperability
2. Implement the HIT infrastructure and electronic health records (EHRs) through grants, loans, and incentives for the "Meaningful Use (MU)" of Certified EHRs
3. Encourage the use of HIT infrastructure by improving information privacy and security

The incentives for EHRs defined in #2 are of major importance to our industry. ARRA offers two types of incentives for the "Meaningful Use of Certified EHR Technology" to Eligible Professionals (Providers) and Hospitals, through either Medicare or Medicaid. For Provider incentives, organizations in behavioral health must choose to receive either Medicaid or Medicare incentives. Since most behavioral health organizations typically have a higher percentage of Medicaid consumers, the Medicaid incentives will typically result in higher incentive funding levels.

The chart below shows eligibility and payment information for Medicaid and Medicare Provider and Hospital incentives.

Medicaid	Medicare
Provider – Behavioral Health eligible, but <u>only</u> through Eligible Professionals [physician, nurse practitioner, dentist, certified nurse midwife or physician assistant practicing in a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC)]	Provider – Behavioral Health eligible through Eligible Professionals (physicians)
<i>Incentive - The current benefit for Medicaid-Eligible Professionals is \$21,250 for the first year of Meaningful Use and \$8,500 per year for years 2-6 for a total benefit of \$63,750 per EP.</i>	<i>Incentive</i> - The current Medicare benefit for Eligible Professionals is capped at \$44K/EP based on Medicare billing

Hospital – Behavioral Health not eligible, but potentially will be through proposed legislation to expand Medicaid Hospital incentive program.

Incentive –\$2 million that is adjusted for the hospital’s share of Medicaid-based business, the amount of uncompensated care it provides, a transition factor and the year the hospital becomes a Meaningful User of EHR technology.

Hospital – Behavioral Health not eligible, but potentially will be through proposed legislation to expand Medicaid Hospital incentive program.

Incentive –\$2 million that is adjusted for the hospital’s share of Medicare-based business, the amount of uncompensated care it provides, a transition factor and the year the hospital becomes a Meaningful User of EHR technology.

Incentives for Providers

Behavioral Health organizations are eligible for ARRA Medicare and Medicaid Provider Incentives (based on the number of Eligible Professionals in their organization), assuming the organization meets criteria for Meaningful Use of an EHR and the professionals assign their incentives to the organization. To qualify as an Eligible Professional, the physician, nurse practitioner, dentist, certified midwife or physician assistant must be non-hospital based, do more than 30% Medicaid encounters over a representative 90-day period and assign their incentives to the organization where they are using an EHR in a “meaningful” way per the Meaningful Use criteria. Fifty percent of the EP’s encounters must be at facilities using a certified EHR.

Eligible Professionals at Inpatient Facilities

Standalone Psychiatric Hospitals are currently excluded from Medicaid and Medicare Hospital incentives. The only hospitals included for Hospital incentives are Acute Care Hospitals (CCN 0001-0879) and Children’s Hospitals (CCN 3300-3399). However, if a psychiatric unit is operating under its parent Hospital’s CCN number, and that CCN number is eligible per the above codes, the psychiatric unit is eligible for the Hospital-based incentives.

If the Hospital is not eligible for the Hospital incentives based on its CCN number, then it may be able to receive Eligible Professional incentives based on the professional’s Point of Service (POS) Billing Codes.

If a professional is billing 10% or more under any code below, they are considered an Eligible Professional and able to receive EP incentives and assign them to their facility.

- 11) Office
- 12) Home
- 24) Ambulatory Surgical Center
- 25) Birthing Center
- 26) Military Treatment Facility

- 52) Psychiatric Facility Partial Hospitalization
- 53) Community Mental Health Center
- 54) Intermediate Care Facility/Mentally Retarded
- 55) Residential Substance Abuse Treatment Facility
- 56) Psychiatric Residential Treatment Center

31) Skilled Nursing Facility
 32) Nursing Facility
 33) Custodial Care Facility
 34) Hospice
 41) Ambulance-Land
 42) Ambulance-Air or Water
 50) Federally Qualified Health Center
 51) Inpatient Psychiatric Facility

61) Comprehensive Inpatient Rehabilitation Facility
 62) Comprehensive Outpatient Rehabilitation Facility
 65) End Stage Renal Disease Treatment Facility
 71) State or Local Public Health Clinic
 72) Rural Health Clinic
 81) Independent Laboratory
 99) Other

If a professional is billing more than 90% using one of the following three Point of Service Billing codes, then they are NOT eligible:

- 21—Inpatient Hospital—is a facility, other than psychiatric, which primarily provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services by, or under, the supervision of physicians, to patients admitted for a variety of medical conditions.
- 22—Outpatient Hospital—is a portion of a hospital which provides diagnostic, therapeutic (both surgical and nonsurgical) and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.
- 23—Emergency Room, Hospital—is a portion of a hospital where emergency diagnosis and treatment of illness or injury is provided.

Provider Incentive Amounts - Medicaid

The current benefit for Medicaid-Eligible Professionals is \$21,250 for the first year of Meaningful Use and \$8,500 per year for years 2-6 for a total benefit of \$63,750 per EP.

Here is an example of the potential total Medicaid incentive dollars over a six-year period for an average community mental health center. Each EP generates \$63,750 over six years. The organization in this example has 10 EPs and will receive \$637,500 in incentive dollars over six years.

Class of Clinician	Quantity	Total Amount
Psychiatrist	5	\$318,750
Nurse Practitioner	5	\$318,750
Total Incentives over 6 Yrs		\$637,500

In addition to the monetary benefits, the adoption of EHRs can significantly improve quality of care, advance patient safety, increase consumer satisfaction and enhance office efficiency. Facilities and practices may also experience increased profitability through reduced costs and increased revenue.

Meeting Medicaid Thresholds for Eligibility

Under the Final Rule, an “encounter” is defined as services rendered on any one day to an individual where Medicaid paid for part or all of the service or part of their premiums, copayments or cost-sharing.

The Final Rule confirmed the following Medicaid Patient encounter thresholds for incentive payment eligibility:

- At least 30% for Physicians, Dentists, Certified Nurse Midwives, and Nurse Practitioners
- At least 20% for Pediatricians
- At least 30% attributable to ‘Needy Individuals’ for Physician Assistants when practicing at an FQHC/RHC led by a physician assistant

The methodology for estimating Medicaid patient volume is determined by dividing the EP's total number of Medicaid patient encounters in any representative continuous 90-day period by all patient encounters over the same period.

The Final Rule also allows States to choose other methods for calculating thresholds.

Further clarification was also offered about multiple EPs seeing the same patient or consumer. It may be common for a physician assistant or nurse practitioner to provide care to a patient, then a physician to also see that same patient. The Rule states it is acceptable in circumstances like this to include the same encounter for multiple providers when it is within the scope of practice.

In addition, the Final Rule addresses the situation where encounters and patient volume may be difficult to track at a specific individual professional level. States will allow clinics and group practices to use the practice or clinic Medicaid patient volume and apply it to all EPs in their practice under three conditions:

1. The clinic or group practice's patient volume meets the eligible thresholds above (e.g. 30% of the entire practice is Medicaid);
2. There is an auditable data source to support the clinic's patient volume determination; and
3. The practice and EPs must use one methodology in each year (i.e., clinics cannot have some of the EPs using their individual patient volume for patients seen at the clinic, while others use the clinic-level data).

Eligible Professionals Practicing in Multiple Practices

To be eligible for incentive payments, an EP must have 50% or more of their patient encounters during the EHR reporting period at a practice or combination of practices equipped with certified EHR technology. An EP who does not conduct 50% of their patient encounters in any one practice can meet the 50% threshold through a combination of practices equipped with certified EHR technology. If they do not meet the 50%, then they are not eligible for payments. If they

are eligible to receive payments, the professional can reassign their incentive payments to an employer or an entity with which they have a valid employment agreement. An EP cannot reassign the incentive payment to more than one employer.

In this example, the professional is eligible because they have 70% of their encounters at facilities that use a certified EHR. This professional can assign their incentive to one practice.

Facility A	Facility B	Facility C
30 encounters	40 encounters	30 encounters
Certified EHR	Certified EHR	No Certified EHR
30% of encounters	40% of encounters	30% of encounters

How Meaningful Measures are Calculated for Professionals Practicing in Multiple Practices

Once a professional is eligible, they then have to use the Certified EHR in a Meaningful Way (e.g. meeting the Stage 1 criteria) to receive funding. For professionals that practice at multiple locations (as in the example above) with some of those locations not using a certified EHR, then the measurements to determine Meaningful Use are based only on the encounters from the locations using a certified EHR (Facilities A and B). The encounters from Facility C are not used in the calculation.

Corrective Legislation

Corrective legislation (www.ntst.com/legislation) has been introduced in the U.S. Senate to extend eligibility for Medicaid and Medicare incentive funds for the Meaningful Use of Electronic Health Records (EHRs) to behavioral health, mental health, and substance abuse treatment professionals and facilities not previously included as eligible for funds under ARRA.

Netsmart, along with industry groups such as the National Association for Community Behavioral Healthcare, the National Association of Psychiatric Health Systems and the National Association of Counties, are working collaboratively to identify potential co-sponsors in the Senate for the new legislation, as well as seeking a sponsor for a similar bill in the U.S. House.

The proposed legislation clarified the definition of “health care provider” to include behavioral and mental health professionals, substance abuse professionals, psychiatric hospitals, behavioral and mental health clinics, and substance abuse treatment facilities. It also expanded the Medicaid/Medicare incentives through the following:

- Expand the types of professionals that are eligible for Medicaid and Medicare Eligible Professional incentives for the “meaningful use” of EHRs to include licensed psychologists and clinical social workers. Currently, behavioral healthcare provider organizations can qualify for Medicare and Medicaid incentive funds only through the current definition of eligible professionals, which includes physicians and nurse

practitioners that are affiliated with their facilities. The typical behavioral health organization has a limited number of these professionals compared to psychologists and other clinical social workers.

- Expand Medicare Hospital meaningful use incentive funding eligibility to include inpatient psychiatric hospitals.
- Expand Medicaid Hospital meaningful use incentive funding eligibility to include mental health treatment facilities, psychiatric hospitals and substance abuse treatment facilities.

If the corrective legislation does pass, the expanded list of eligible professionals (e.g. now includes licensed psychologists, clinical social workers, etc.) can receive incentives as currently defined (e.g. \$63,750 for Medicaid and \$44,000 for Medicare). The dollar amount of incentives will need to be determined if an organization applies for the Hospital incentives, but it is likely to be a similar structure to what hospitals can receive now:

$$\left(\$2M + \$200 \times \text{Total No of Discharges} \right) \times \left(\begin{array}{l} \% \text{ of Medicaid} \\ \text{Business} \end{array} \times \begin{array}{l} \text{Year Factor} \\ \text{Year 1, 100\%} \\ \text{Year 2, 75\%} \\ \text{Year 3, 50\%} \\ \text{Year 4, 25\%} \end{array} \times \text{Charity Care Factor} \right)$$

If an organization waits until 2014 to start, the incentives are reduced.

Netsmart Note:

Visit the Centers for Medicare & Medicaid Services Meaningful Use Web site for additional information <http://www.cms.gov/EHRIncentivePrograms>.

Meaningful Use Criteria Stages

Meaningful Use has been divided into three stages that represent a graduated approach to arriving at the ultimate goal:

- Stage 1 began in 2011 and focuses on the use of EHRs and capturing health information in a structured format.
- Stage 2 begins in 2013 and encourages the use of health information technology for continuous quality improvement at the point of care and the exchange of information in the most structured format possible.
- *Stage 3 promotes further improvements in quality, safety and efficiency that lead to improved health outcomes.

**An implementation date for Stage 3 has not yet been established.*

The earlier an organization begins to meet the stages of Meaningful Use, the sooner their ability to receive funding. In the Final Rule, CMS removed language discussing the level of criteria that will need to be met by 2015. It is possible that a provider that waits to start may have to achieve a later stage faster to receive funding, making it more advantageous to begin earlier.

Stages of Meaningful Use Criteria by Year

First payment year	Payment Year				
	2011	2012	2013	2014	2015+
2011	Stage 1	Stage 1	Stage 2	Stage 2	TBD
2012		Stage 1	Stage 1	Stage 2	TBD
2013			Stage 1	Stage 1	TBD
2014				Stage 1	TBD

The Final Rule from CMS and ONC made changes to the criteria that Eligible Providers (EPs) and Hospitals must meet to receive incentive funding. A summary of the changes include:

- *Introduced the concept of Core and Menu criteria.* Of the nearly two dozen criteria originally introduced, the Final Rule makes approximately 15 of those criteria mandatory (the Core set). In addition, Providers may choose five to be deferred until Stage 2 from the optional criteria (the Menu set); however, at least one optional measure must be selected from the Public Health Measures from the Meaningful Use measures (see table below). Some MU objectives are not applicable to every provider’s clinical practice, thus they would not have any eligible patients or actions for the measurements. It is important to note that these exclusions do not count against the five deferred measures. In the next rulemaking for Stage 2, the Centers for Medicaid and Medicare Services intends to propose that every objective in the Menu set in Stage 1 become required. *(Note: In order for a provider to qualify for ARRA incentives, the provider must own the software required for all criteria, including Menu Set criteria the provider might opt to defer until Stage 2. The software does not have to be implemented or used, but it must be adopted)*
- *Removed criteria.* The requirement for submitting claims electronically and eligibility checking was removed (although language suggests they will be added back in Stage 2). Some MU objectives are not applicable to every provider’s clinical practice, thus they would not have any eligible patients or actions for the measurements. It is important to note that these exclusions do not count against the 5 deferred measures
- *Added criteria.* A requirement for Hospitals to record advanced directives was added to the Menu set. Also, a requirement that both EPs and Hospitals provide patient-specific education resources was added to the Menu set.
- *Changed measurements.* Several percentage thresholds for measuring the criteria were lowered.

The table below shows the Core Set and Menu Set Meaningful Use measures and notes any changes from the previous rule:

Core Set

Criteria	Meaningful Use Measure	Change Interim to Final Rule
Computer Physician Order Entry	30% of unique patients with at least one medication entered using CPOE	Change from 80% EPs, 10% Hospitals, and now Meds only
Drug-Drug, Drug-Allergy	Functionality enabled	
e-Prescribing	EP Only - 40% of permissible prescriptions	Change from 75%
Record Demographics	50% of unique patients have demographics recorded	Change from 80%
Maintain Active Medication List	80% of unique patients have one entry	
Maintain Active Medication Allergy List	80% of unique patients have one entry	
Up to Date Problem List of Current/Active Diagnosis	80% of unique patients have one entry	
Record and Chart Changes in Vital Signs	50% of unique patients (age 2+) have Height, Weight, BP, BMI, Growth	Change from 80%
Record Smoking Status	50% of unique patients (age 13+) have status recorded	Change from 80%
Implement One Clinical Decision Rule	Implement one clinical decision support rule	Change from 5 rules
Clinical Quality Measures Reporting	NOTE: See section below for overview of Clinical Quality Measures	

Patient Electronic Copy of Health Information	50% of patients that request in 3 business days	Change from 80%, 2 to 3 days
Provide Electronic Copy of Discharge Instructions	Hospital Only - 50% of patients that request are provided with instructions	Change from 80%
Provide Clinical Summaries for Patients for Each Visit	EP – for 50% of all visits within 3 business days	Change from 80%
Exchange of Clinical Information	Performed one EHR test to show exchange	
Protect Health Information	Conduct or review a security risk analysis and implement where necessary	

Menu Set

Criteria	Measurement	Change Interim to Final Rule
Drug- Formulary Checks	Functionality enabled and has access to one internal or external formulary	
Record Advanced Directives	Hospital Only - 50% of unique patients (65+) indicate advanced directive status	NEW
Incorporate Lab Test Results into EHR	40% of clinical lab tests incorporated into EHR as structured data	Change from 50%
Generate Patient Lists by Specific Conditions	Generate at least one report	
Send Reminders to Patient per Patient Preference	EP Only - To 20% of unique patients (age 65+ or <5 years old)	Change from 20% and age change
Patient Electronic Access to Health Information	EP – 10% unique patients have timely access	
Use EHR to Identify and	10% of all unique patients are	NEW

Provide Education Resources	provide patient specific resources	
Medication Reconciliation	50% of relevant encounters, care transitions	Change from 80%
Provide Summary Care Record, Transition Care/ Referral	50% of relevant encounters, care transitions	Change from 80%
Submit Electronically to Immunization Registries*	Performed one EHR test to show submission	
Submit Reportable Labs to PH Agencies*	Hospital Only - Performed one EHR test to show submission	
Submit Electronic Syndromic Survey to PH Agencies*	Performed one EHR test to show submission	
Check Insurance Eligibility Electronically	For 80% of unique patients	REMOVED
Electronic Claims Submission	At least 80% of claims electronic	REMOVED

* One of the menu set selections must be one of these three Public Health Measures

Clinical Quality Measures – Quality Reporting

One of the criteria in the Meaningful Use matrix that must be met to receive funding is “Clinical Quality Measures.” EPs must report on six total measures, which consist of three Core Measures (substituting Alternate Core measures if any of the Core Measures do not apply) and three additional Clinical Non-Core Measures.

The successful attainment of this criterion for Eligible Professionals includes reporting on the minimum set of clinical quality measures from the following categories:





















- Clinical Core Measures
 - Hypertension: Blood Pressure Measurement
 - Preventative Care and Screening Measure Pair - Tobacco Use Assessment and Tobacco Cessation Intervention
 - Adult Weight Screening and Follow-Up
- Clinical Alternate Core Measures
 - Weight Assessment and Counseling for Children and Adolescents
 - Preventive Care and Screening: Influenza Immunization for Patients ≥ 50 Years Old
 - Childhood Immunization Status
- Clinical Non-Core Measures































In 2011, EPs will only need a human readable report of the stats (any 90-day period). For the year 2012, the goal is for Medicare and Medicaid to receive the statistics via an electronic file (since Medicaid is a state program, the readiness of each state will vary). The expectation is that the certified EHR will automatically report on these measures.

Use of Certified Electronic Health Records

In addition to meeting criteria for Stage 1 of Meaningful Use, an organization must also use a certified EHR. In order to be considered certified for MU, an EHR must be ARRA-certified; being CCHIT Behavioral Health-certified only will not meet the requirements. This chart shows differences between the two certification options as they relate to Meaningful Use.

ARRA vs. BH CCHIT Certification for Meaningful Use Stage 1 Criteria

Requirement	ARRA	BH
Foundational Infrastructure: Security and Privacy		
Computer Physician Order Entry		
Drug Decision Support		
Problem List		
e-Prescribing		
Medication List		
Medication Allergy List		
Demographics		
Vital Signs		
Smoking Status		

Lab Test Results		
Patient Lists		
Clinical Quality Reporting		
Patient Reminders		
Clinical Decision Rule		
Advanced Directives		
Patient Education		
Patient Electronic Copy of Health Information		
Patient Electronic Access to Health Information		
Patient Clinical Summary		
Exchange of Clinical Information		
Medication Reconciliation		
Immunization Registries		
Reportable Lab Submission		
Electronic Syndromic Surveillance		

Netsmart's Avatar® 2011 electronic health record (EHR) software has achieved 100 percent ONC-ATCB ARRA Ambulatory and Inpatient certification, making Netsmart the first behavioral healthcare software provider to offer a complete ARRA-certified EHR both for

Eligible Professionals (EPs) and Hospital incentives. In addition to Avatar, Netsmart's CMHC/MIS 4.2 and TIER 7.0 behavioral health EHR software also achieved 100 percent ONC-ATCB ARRA Certification.

Netsmart wants to be the single-source behavioral health software Meaningful Use technology partner. Our solutions enable our clients to meet 100% of ARRA criteria, helping providers avoid the need to spend dollars and staff resources integrating different EHR products from multiple vendors that only pass a subset of the tests.

Adopt/Implement/Upgrade

In the first year of participation, eligible providers can adopt (acquire, install), implement (commence utilization of EHR such as provide training or perform data entry), or upgrade (expand) to a certified EHR capable of meeting meaningful use requirements. Eligible providers are not required to demonstrate Meaningful Use in the first year and no EHR reporting is required. Eligible providers who have already adopted, implemented or upgraded would still receive a first year payment. This is significant because it means that to qualify for MU incentive payments in their first year of participation, a provider can simply adopt (purchase) a Complete ARRA-Certified EHR.

How Will Incentive Eligibility be Tracked?

As the first stage of being eligible for incentives, providers need to register with the Center for Medicare and Medicaid Services (CMS) in January 2011. Providers should first register with CMS in the year they plan to meet Meaningful Use to and start receiving payments, and must re-register in each subsequent year they will receive payments. The Final Rule reaffirmed that Providers must only meet the Meaningful Use (MU) criteria for 90 days for the first year they apply for incentives, and then for full years in subsequent years.

States will connect to the EHR Incentive Program website to verify provider eligibility and prevent duplicate payments. States will ask providers for additional information in order to make accurate and timely payments:

- Patient Volume
- Licensure
- Meaningful Use Compliance
- Use of Certified EHR Technology

For 2011 eligibility, the incentives would be paid in the first quarter of 2012 in a lump sum. In order to show eligibility, an organization would need to do the following:

- Your certified software vendor will provide you with a code that shows they are certified and that you can include the code in your bills;
- Potential verification of metrics submitted to either CMS, states or other required entities;

- An officer of your company will need to attest that you have met the measurement criteria

Related notes:

- States can determine other methods of tracking that may be imposed.
- Organizations already using an EHR that later becomes ARRA certified are still eligible for incentives.

Netsmart Note:

All providers must:

- **Register via the EHR Incentive Program website
<http://www.cms.gov/EHRIncentivePrograms>**
- **Be enrolled in Medicaid Fee For Service (FFS) or managed care**
- **Have a National Provider Identifier (NPI)**
- **Use certified EHR technology to demonstrate Meaningful Use as outlined in the Final Rule**

Netsmart's Commitment to Help Its Clients Meet Meaningful Use Criteria

Netsmart is your *single-source* Meaningful Use technology partner, avoiding the need to integrate products from multiple vendors. In fact, with Complete Ambulatory and Inpatient ARRA certification of its Avatar® 2011 electronic health record (EHR) software, Netsmart was the first behavioral healthcare software provider to offer a Complete ARRA-certified EHR. Now, all three of Netsmart's behavioral health EHR solutions, Avatar 2011, TIER 7.0 and CMHC/MIS 4.2, have 100 percent ONC-ATCB ARRA Certification. Netsmart's Avatar, TIER, CMHC/MIS and Insight enterprise software products, in conjunction with Netsmart's OrderConnect™ for e-prescribing and order entry; Netsmart CareConnect™ to share clinical information and lab results; Netsmart ConsumerConnect™ Web portal to provide secure and private consumer access to care information; and health information exchange (HIE) interoperability technology, will equip behavioral and public health provider organizations to take advantage of the significant funding provided for the Meaningful Use of EHRs.

Most provider organizations will need to undertake major process changes to attain eligibility for incentive funding. It's crucial to evaluate your current situation and create a plan so that your organization can receive maximum benefits under the ARRA. You may need to determine internal process changes, budget and time factors, state criteria and training needs. The first step to take toward meeting Meaningful Use criteria and receiving ARRA incentive funds is to begin using an ARRA-certified EHR and meeting Stage 1 ARRA requirements.

We can provide a roadmap to Meaningful Use for clients, regardless of their current stage of compliance or eligibility. Our goal is to make what can be a complex process as easy and cost-effective as possible, resulting in the ability to obtain additional resources for providing quality care to consumers.

Initial process changes that are necessary to ensure your organization is meeting Stage 1 Criteria include:

- Ensure that each user is trained and consistently using the EHR and that staff and physicians are entering data related to Stage 1 accurately
- Every ordering provider must know how Computer-Based Provider Order Entry (CPOE) works, how to use it and when to use it
- Start e-Prescribing now as Stage 1 requires providers to e-prescribe at least 40% of permissible prescriptions.
- Develop a process for developing, implementing and managing Clinical Decision Support (CDS) rules
- Implement patient health information exchange workflows to ensure you are communicating with patients based on and using your EHR
- Create a provider health information exchange strategy using both informal and formal testing
- Ensure privacy and security compliance to identify and address potential workflow and other weaknesses
- Initiate EHR-based quality performance measurement support to make sure your data is coded and captured accurately so that it can be searched, retrieved, aggregated and compared for reporting.

Netsmart Note:

For more information or to talk one-on-one to a Netsmart representative about your organization's unique needs related to Meaningful Use, visit www.ntst.com or call 1.800.472.5509

Avatar® 2011, CMHC/MIS 4.2 and Insight™ 7.1 are 2011/2012 compliant and have been certified by the Drummond Group, an ONC-ATCB, in accordance with the applicable certification criteria adopted by the Secretary of Health and Human Services. This certification does not represent an endorsement by the U.S. Department of Health and Human Services or guarantee the receipt of incentive payments.

Netsmart's TIER® v7.0, is 2011/2012 compliant (CC-1112-29620-1) and has been certified as a Complete EHR by the Certification Commission for Health Information Technology (CCHIT®), an ONC-ATCB, in accordance with the applicable Eligible Provider certification criteria adopted by the Secretary of Health and Human Services.

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The analysis regarding the possible impact of Meaningful Use is provided as general information only, and not as legal or financial advice. Comprehensive information about this topic can be referenced at <http://www.cms.gov/EHRIncentivePrograms>.

Organizations should obtain qualified professional legal and financial opinions on the meaning and impact of the policy on their particular organization prior to making any business plans or decisions.

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