

CEO's Quarterly

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Important Dates

DMS Demonstration

Columbus **4/9/09**

Data Analysis Workshop

Cleveland **4/15/09**

Data Analysis Lab Training

Cincinnati **5/14/09**

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Inaugural Issue of CEO's Quarterly

Dear Behavioral Health Agency Administrator,

The Ohio public behavioral health system is changing rapidly with a good bit of uncertainty in the near term future for agency providers and other stakeholders in this community. The numerous changes faced by behavioral health agencies include clarification of the roles of local 317 Boards vis-a-vis Providers in light of the Green County Medicaid lawsuit, fixed rate funding, transitioning from MACSIS to MITS for direct ODJFS Medicaid billing, ODADAS web portals for prevention and BH Module, new ODMH outcomes mandates, federal certification of EHR systems, changes to clinical forms as a result of ODMH's documentation reduction efforts...not to mention massive budget cuts due to the economy.

In this inaugural newsletter I will attempt to cover most of these areas as they relates to this company's future plans to provide our Ohio client organizations with the productivity tools and professional support they need to meet these challenges.

Questions, comments, and news from the street are all welcome:

Email: Dave@ProCompSoftware.com

Phone: (513) 685-5245

Sincerely,

David Y. Shuller, Ph.D.

CEO. ProComp Software Consultants

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Government Web Data Portals and the Behavior Health Module

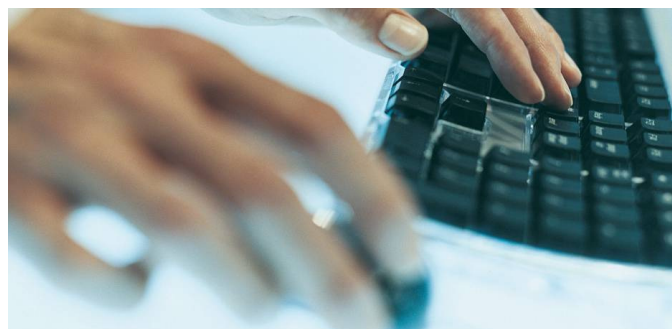
In the age of the Web, a shift is occurring in the data interface between governmental funding organizations and their non-profit service provider organizations. In the past fiscal and billing data, demographics, outcomes and other mandated data were sent to funders on paper and later with EDI (Electronic Interface) files. Increasingly, these government agencies are developing web portals to allow providers to key any or all of this data directly into electronic forms on the funder's web site. From the funder's perspective, with sophisticated real-time edits and user friendly interfaces, collection of data via web portal is a more elegant endeavor compared with the human resource costs and associated difficulties (certification process for provider files, lost files, etc) attendant to the transfer and processing of EDI data files. With respect to the current Ohio behavioral health system, these costs are greatly magnified by the costs incurred by the local 317 Boards and MACSIS pipe ASOs whose staff have to coordinate the file certification process and shepherd all of these files back and forth between state funder and provider. Depending upon a provider agency's size and circumstance, there are some cost savings for the provider which include among other things the lack of a need for expensive software to collect and generate files.

As provider organizations grow in size, the cost-benefit equation for the provider hand keying data directly into a web portal quickly shifts toward the costly side for a number of reasons. As organizations grow they become funded by many different entities all wanting the same or similar data. Multiple keying of the same data into different web portals would be costly for the agencies and foster a greater exposure to data inaccuracy and integrity problems. For any agency to survive in the current environment, its administrators need as much real-time and accurate information as possible about their costs, revenue, outcomes, productivity and workflows. Just as clinicians are compelled by their professions (and agencies compelled by their certification bodies) to deploy evidenced based best practices in their work with clients, management decisions needs to become data driven so as to maximize efficiency and meet fiscal goals and regulatory mandates. This internal need for data along with the data needs of disparate funder systems makes a strong case for EDI files. EDI based data exchanges can require a single ("one write") data entry point, which is then automatically cross walked into each funder's coding schema and structure.

For Ohio behavioral health, it is ODADAS who has taken the lead in the implementation of data portals with its new Prevention data and BH Module portals. With respect to the Prevention data portal, it is our understanding that its use will be mandated and that there are no

plans for an alternate EDI interface. Many of our users have contacted us with concerns that the BH Module portal will be similarly mandated without an EDI alternative. ODADAS's recent pronouncements suggest that is not the case. ODADAS will continue to accept EDI BH Module transaction files but on 7/1/09 the structure of those file will need to change. Vendor meetings were recently held in Columbus regarding the new format. Initial speculations were that the data elements would remain the same with only the file structure changing to an XML format. An initial casual review of the actual Behavioral Health Module changes suggests that a completely new subsystem will need to be developed encompassing the front end screen forms, internal data structures, reports, and edits as well as the EDI format.

Sample files and XML schemas have just been published by ODADAS and ProComp's development is under way. It appears that the new BH Module system was designed primarily for direct portal entry without the robust structures and processes for transactional EDI submissions evident in the older system. At this point local error checking edits that have been published do not yet seem to be as comprehensive as the previous BH Module manual. Additionally, facilities and workflows for EDI submission of correction records are not entirely clear at this point. For the information we have now, it appears that while the initial batch submission of BH Module records will occur much as it has in the past, subsequent reporting of errors and the correction of those errors may be more efficient using the portal facilities interactively. This however will mean double entry of the fixes, once in the portal and then manually applying those same fixes to the local records. We plan to have the new front end and batch submission facilities completed in time for the July, 2009 cut off of the older BH Module file formats. We also hope to work with the ODADAS IT staff to promote a complete EDI transactional system for the correction of errors.



MACSIS vs. MITS – Medicaid Billing

It is apparent from a variety of state memos and Ohio Council reports that plans are underway to move beyond the current ODMH/ODADAS joint MACSIS claim adjudication system for Medicaid billings. The current “double loop” process whereby provider data is sent to the MACSIS MIS system which then communicates overnight with the ODJFS claim system accounts for some of the more difficult aspects of managing BH claim adjudication such as “Roll and Round” and Medicaid/Non-Medical reversal transaction processing. The plan appears to be sending Medicaid claims directly to MITS, the new ODJFS Medicaid claim adjudication system. It is hoped that this direct submission to MITS would eliminate both “Roll and Round” and Medicaid /Non-Medical transaction corrections.

Many aspects of this reorganization remain unclear such as the local Board’s role as the transport and quality control agents for these files and the time table for development. Originally we heard rumors of a July ’09 or ’10 target. More recent estimates suggest that a full implementation will not occur until 2012. Transitional phases will likely include MACSIS continuing to serve as the conduit from the BH

providers to the MITS (retaining the current double loop system for some time to come). This transitional phase could start within the next year, but it is expected that this phase will minimally impact the providers’ data processing routine.

There has also been no official communications about any other specifics such as whether or not MITS will somehow handle the adjudication of non-Medicaid claims or if some alternate reporting system will be developed. Some feel that if there is no fee-for-service adjudication system available for non-Medicaid board funds, board contracts with providers will tend to shift back toward a grant funding model.

What is clear is that per federal HIPAA mandates, the format of the billing files will need to conform to ANSI 837/835 standards. In addition to the benefits of possibly giving up “Roll and Round” and the bulk of transaction reversals, direct submissions to the MITS portal will allow providers access to two other ANSI standard billing related formats, Eligibility Verification (ANSI270), and Claim Status inquiry (ANSI276).

These additional transactions as well as claims submissions are available now to all ODJFS Medicaid providers via direct portal key entry as well as via batch ANSI EDI formats. Community Medicaid ODMH agencies can now submit Risperdal related claims directly to MITS in an ANSI837 file instead of using the current printed HCFA1500 format. Our current plan is to start test submissions direct to MITS over the next few months. To be eligible for this functionality, agencies must become “Trading Partners” with ODJFS by registering on line via the ODJFS IT web site.

It is noted that Claim Status and Enrollment Verification services are also available for CMS Medicare claims, though use of these facilities require purchase of software and service via certain third party vendors. ANSI837 claim files with returned ANSI835 remittance files are available to any Medicare provider without fees or third party contracts (as the vast majority of our current user base is doing).

SOQIC and the Future of Behavioral Health Clinical Documentation

During her lunch presentation at the close of the November Ohio Council Annual meeting and in a subsequent memo, ODMH Director Stephenson discussed a bold initiative to greatly trim the voluminous clinical documentation demands and other administrative mandates (service reviews, data reporting, auditing, etc) to bring down the costs of public treatment services. This will be absolutely necessary for agencies to survive in these very lean times. We at ProComp feel that these efforts will not only help our clientele remain viable in the service of their missions but also help us to expand the market for behavioral health EHR implementations in Ohio.

Director Stephenson described a vision for behavioral health clinical documentation that would be more like general health systems which focus on check box, quick entry schemas vs the narrative oriented structures of our current assessments, ISPs and episode logs. It will be interesting to see what standards and or mandated document formats will be presented. As proposed documentation guidelines are formulated, we plan to hold group meetings for our users to explore this new territory.

Although ProComp Software has built its reputation on customized clinical desktop systems for larger agency clients, we are convinced that writing a clinical desktop to an attractive and highly functional standard

lowers the cost for all stakeholders in the behavioral health field as it attempts to lock step with the federal health care initiatives toward universal EHR implementation. If mandated or recommended document formats are not forthcoming from the state or feds, we will endeavor to develop some common formats in consultation with our group of client agencies.



For the near term future, it is our impression that the SOQIC standard is the most viable immediate solution for several reasons. It is now a standard that several boards have mandated and one that has gained a good bit of momentum around the state for newly created EHR systems. The SOQIC system has well thought out medical necessity workflows as well as compliance to certification organizations’ documentation mandates (a key development criteria for this system). The 26 different forms offer a comprehensive clinical documentation system which any agency starting out with an EHR would take several years to develop on their own. With respect to the CATT SOQIC clinical desktop, it is installable “out-of-box” and offers the cheapest and quickest route to the implementation of a comprehensive automated form based EHR.

In the past two months, the Clinical Best Practices office of ODMH has released an interim update to the SOQIC clinical forms. While overall the changes are relatively small, certain areas present challenges with respect to integrating the new and old formats. In March, we will be holding a phone conference with our SOQIC clinical desktop users to discuss some of these transitional issues and seek their input.

CCHIT – Federal Standards for EHR Certification

Over the past few years the Federal government has promoted an initiative to establish national standards for health information technology. To this aim, the U.S. Department of Health and Human Services awarded a three year contract to the Certification Commission for Health Information Technology (CCHIT), a non-profit, private corporation, to develop certification criteria and conduct the inspection process for certifying vendor EHR systems and electronic networks that transport patient information. While certification is voluntary at this point, it is clear to us that CATT needs to meet these guidelines in order to remain a viable product in this market. CCHIT Certification covers three specific areas: Functionality (the ability to create and manage electronic records and to automate office workflow), Interoperability (the ability to receive electronic health data from and send data to other entities, such as other treatment agents for continuity of care and to pharmacies and laboratories) and Security (the ability to safeguard Personal Health Information internally and to ensure the identification of user providers via electronic authentication processes). Each vendor's software must meet all requirements imposed by detailed scripts that will be developed for each healthcare setting in each of the three areas of certification.

EHR systems targeted to medical offices and inpatient hospital settings began the certification process in 2006. A committee to develop the guidelines for Behavioral Health settings began work this past year with certification of BH EHR systems expected to begin in July, 2009. Just recently, CCHIT revised the date for certification back to July, 2010. The delay appears to be partly due to the fact that initially the BH certification was to be an "add-on" medical specialty testing script to the general "ambulatory care" specifications, much like the Child Health and Emergency Medicine certifications. In midstream the committee reports that instead of or in addition to the "add-on" certification, a "stand alone" BH EHR certification will be available. The Add-On option concerned us somewhat because it would mean that in order to be certified, CATT clinical desktops would have to incorporate all of the strictly medical areas of functionality.

We are pleased with the Stand-Alone option as it allows us to complete our development work toward a CCHIT certified product much more quickly and with less cost.

That development work began with the release of the v3.3 CATT clinical desktop this past spring with essential enhancements in the areas of security logging and electronic signatures. In the general areas of Interoperability and Security, it is our feeling that CATT is already well positioned to meet these certification requirements. The ANSI file processing engine currently implemented to generate ANSI 837 claim files for MACSIS and Medicare and to process ANSI 835 remittance files is completely table driven. This allows easy development of the other three standard ANSI transaction formats (Enrollment, Eligibility and Claim Status). Our current HL7 Data Bridge module provides a real-time continuous data exchange capability between Catt and any other software system using HL7 formatted transactions. Like our ANSI EDI file processor, the HL7 Data Bridge is completely generic and table driven, allowing the configuration of any of the defined HL7 transactions. This allows us to meet any of the CCHIT data exchange formats such as the HL7 CCD format (clinical chart summary) and electronic lab order and results processing.

All of the electronic data exchange formats required for CCHIT certification as well as additional functionality requirements will be included in the next few interim releases of version 3.x of CATT. Version 3.31, released this month, includes a robust document imaging and management functions to allow for a completely paperless clinical chart (See Catt DMS section below). Version 3.4, with a projected release date later this calendar year, will include a comprehensive electronic prescription module which will meet all of the eScript functionality that is mandated for CCHIT certification. (See Catt Rx section below) We are confident that we will be able to present the CATT EHR clinical desktop for certification when the CCHIT doors open for BH EHR applications in July of 2010.

ODMH Outcomes

The ODMH Memo of October 15, 2008 establishes that use of the current outcomes instruments is now voluntary and suggests that there will be new outcomes mandates from ODMH in April of 2009. While many feel that the goal of replacing the outcomes system in six months is a bit ambitious, our read of the mental health "street" is that this is a welcomed change by all stakeholders. It appears that most of our agency clients are electing to continue using the ODMH instruments for certification requirements at least until the new ODMH outcome mandates are implemented.

Development of the new outcomes system in CATT will be a high priority as soon as specifications are released to vendors. The general feeling (and hope) in the state BH community is that these outcomes instruments will be less weighty than the current forms. This should allow us to release a new outcomes subsystem fairly quickly. It is also hoped that a robust EDI transactional processing system will be provided.

CATT DMS – Document Management

Our Document Management System is now ready for release after a year long development effort. The DMS system is highly integrated with the CATT clinical EHR while at the same time providing advanced document management facilities for all aspects of an agency's operation. With a case or client record "on the desktop", any associated document or paper form can be scanned directly into the documents repository under a special "drawer" for that case and assigned by the user to named "folders" such as "Registration Documents", "Permission Forms", "Assessments", "Hospitalization Records", etc. Once scanned into a case drawer, all stored documents are available for viewing from any CATT workstation or by a user who has direct access to a particular electronic record.

CATT users with "Office Scanning" permissions are able to store documents into alternate data repository "cabinets", related to business office applications for a variety of agency departments: Employment applications, benefit enrollments, performance evaluations for Human Resources; Purchase orders, payable invoices, canceled checks for Payables; Time sheets, expense reports, W2's and other tax forms for Payroll; Critical incident reports, compliance reports to funding agents, client satisfaction surveys for Quality Assurance; and Contracts, letters, agency procedural manuals, policy updates for the Administration department.

The CATT DMS module presents maximum flexibility to agencies in all aspects of its implementation. Agencies will be able to design their own Cabinet, Drawer and Folder hierarchical document repository structures. Document repositories can be SQL Server based (all scanned documents reside in a secure SQL Server database), stored as individual files on hierarchical directory structures, or if desired,

documents can be saved to both types of repositories simultaneously. Repositories can be configured to store images in a variety of formats including pdf, tiff, and jpg.

The Autonomy (previously Cardiff) Teleform® environment provides the CATT DMS module with world class data capture, intelligent form design and workflow processing facilities to fully automate the reading, validation, storing and processing of data contained in paper forms. CATT DMS reads hand print, machine print, optical mark, barcodes and signatures. Data can be extracted from any document type to automate the proper filing of that document, or the data itself can be lifted off of the form and stored into designated structured database files. Multiple documents of different types can be batch loaded into a scanner without header or banner pages and automatically processed according to predefined "templates" that recognize each document type and extracts data or stores that document according to parameters defined in the template. Easily defined point-and-click setup of business rules allows the "Verifier" module to closely screen the accuracy of text recognition with exceptions intelligently routed to human operators to review and correct.

The CATT DMS will be sold as an add-on to any CATT system and as a stand alone "image-driven" EHR system. While the form based system provides automation to the clinical desktop (e.g. protocols, alarms), the image based system is much simpler to implement, less costly, and uses the agency's current paper based system and workflow. In the image based system, the agency's paper documents are scanned and indexed into the DMS repository, allowing the agency to implement a "paperless chart".

CATT V3.3 Upgrades

80% of the Version 3.3 upgrades have been completed for our current agency clientele. This upgrade was the most substantial addition to CATT's overall functionality compared to any previous upgrades in the 3.x series. Over the 12 year life of this product, the majority of our clients have taken advantage of our open architecture platform to modify many aspects of the product's capabilities and workflow to better meet their particular agency needs and requirements. With this release we have endeavored to bring those installations back to a more common code set while still retaining the customized modifications and additions that our clients greatly value in their particular systems. While this process was at times a difficult one (particularly for some of our older v2.x users), these upgraded

systems will better facilitate integration with new functionality coming in versions 3.4 (eScripts among other features) and 3.5 (CCHIT certification) over the next year and a half.

With the focus upon implementation and testing of the upgrade, many of our users may not have gotten around to exploring some of these new v3.3 features and capabilities:

- "Point-of-Service" client receipt entry and automated posting
- Medicare ANSI837 MSP (Medicare as secondary billing)
- Medicare ANSI835 payment posting
- Multiple Electronic Signatures for clinical documents
- Census Tracking per-diem billing utility
- Internal Pivot Table data analysis capabilities
- Clinical Content Tool

CATT Rx – Electronic Prescriptions on the Horizon

With the new year, we are proud to announce a partnership agreement with H2H Solutions, Inc to provide Catt agency clients with all of the functionality of their Digital Rx™ eScripts software. This product includes the following capabilities:

- Integration with RxHub for real-time determination of patient eligibility and up to date formulary listing, automatically tied to the appropriate insurance carrier
- Real-time drug-drug, drug-food, and drug-allergy information provided to physicians along with mechanisms for making physicians aware of any medications that were prescribed for their patient that may have been filled somewhere else in the United States, particularly those that may pose a risk to the patient when coupled with the medication the doctor is considering
- Patient access to Digital Rx™ to request refills, to check on the availability for picking-up prescriptions at their chosen pharmacy, and to obtain up to date side-effect and medication precautionary information
- Integration with SureScripts, with distribution to the vast majority of retail pharmacies in the country, for channeling all completed electronic prescriptions to the patient's preferred pharmacy. Those pharmacies not represented in the SureScripts network automatically receive completed prescriptions via facsimile.

The Digital Rx™ services will be closely integrated with CATT in a manner similar to the current native Scripts screen in CATT clinical desktops. At anytime while completing a Med-Som episode log, the physician or nurse can key the [Rx] button to add, refill, or discontinue prescriptions. Once finished with the medication orders, all activity completed on the scripts screen is summarized and placed into the Med-Som clinical note. All Digital Rx™ prescription information will be available at anytime from anywhere in the Clinical Desktop for review by physicians and nurses. CATT Rx will be one of the major additions to CATT clinical desktops in the v3.4 upgrade available later this year.

Events and Trainings

CATT DMS Demonstration - April 9, 2009 10:00am – 2:30pm – Southeast, Inc – Columbus

Extensive coverage of the DMS capabilities with a general overview of document management functionality, implementation and workflow methodologies within a behavioral health agency.
Cost: Free – Lunch Included – Registration limited to 3 individuals from any one agency.

Data Analysis Workshop – April 15, 2009 8:30am – 4:15pm – Connections – Cleveland

This workshop will apply the easy to use pivot table technology found in Microsoft Office to common management applications for Behavioral Health organizations. The goal is to give agency managers the tools and basic skill set to dynamically manipulate and analyze the data from their MIS systems on their own, without having to submit constant requests to their IT staff for fixed, single dimension reports. Examples using productivity, outcomes, HIPAA auditing, GL and fiscal applications will be presented.
Cost: \$110 – Breakfast, lunch, and afternoon desert break included.

Data Analysis Lab – May 14, 2009 9:00am – 4:00pm – ProComp Offices – Cincinnati

This lab training builds upon the Data Analysis Workshop by giving participants hands-on experience manipulating, evaluating and charting information from a variety of MIS datasets commonly used in behavioral health organizations. Cost: \$165 – Breakfast and lunch included. Space limited.

See www.ProCompSoftware.com / Events link for details