



Integrating Behavioral Care Through Health IT

Policy Options

**—
Medicaid and CHIP Payment and Access Commission**

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Background

- Medicaid plays a substantial role in financing behavioral health and is the largest behavioral health payer in the United States.
- Electronic health records adoption can support clinical integration of services through information sharing and care coordination.
- Behavioral health was mostly left out of federal efforts to digitize health care records.
- 2016, 2018, and 2021 MACPAC reports discuss low rates of EHR adoption among Medicaid behavioral health providers, ramifications on quality of care, and privacy standards for SUD.

Summary of Policy Issues

- Electronic health records (EHRs) are not designed for behavioral health.
- States lack guidance on how to use Medicaid to support behavioral health interoperability.
- Federal opportunities are not being used to incentivize EHR adoption.

Assessment of options: Does the option...

- improve Medicaid system capacity to integrate care for beneficiaries with behavioral health needs?
- create a financial incentive for certified EHR technology (CEHRT) adoption?
- improve information sharing while maintaining patient privacy?

Policy Issue: Health IT standards are not built for behavioral health

- Behavioral health have different information technology (IT) requirements:
 - 42 CFR Part 2 segmentation
 - Segmentation of therapy notes
 - Decision support tools related to crisis care
- Many health information exchanges (HIEs) do not have segmentation capabilities and many substance use disorder (SUD) providers do not participate.
- Substance Abuse and Mental Health Services Administration (SAMHSA) and Office of the National Coordinator for Health Information Technology (ONC) jointly developed SUD consent management tools, but they are not used extensively.

Policy option 1a and 1b: Improve federal standards for behavioral health IT

- ONC and SAMHSA should improve behavioral health IT through (1a) certification requirements **OR** (1b) through jointly developed voluntary standards
- Standards provide a non-financial incentive for behavioral health providers to adopt an EHR.
- Option builds on prior recommendations requesting additional guidance to clarify provider and plan requirements under Part 2.

Tradeoffs

Certification requirements

- SAMHSA/ONC developed SUD consent tools
- Ensures HIEs have Part 2 compliant technology
- Encourages non Part 2 providers to have compliant technology
- Upgrades to a Part 2 compliant system are costly and resource intensive

Voluntary standards

- Precedent for voluntary standards in pediatric care
- Reinforces what is Part 2 protected health data versus other health data
- HIEs and non-Part 2 providers may be slow to upgrade their systems

Policy Issue: Unclear guidance on behavioral health interoperability

- HIEs support clinical integration of behavioral health services through information sharing.
- There is unclear guidance on how Medicaid funding can be used to connect providers to HIEs.
 - Guidance often refers Medicaid Information Technology Architecture (MITA) which has not been updated for behavioral health since 2008.
- September panel noted that guidance on how to braid Medicaid with other federal funding to promote HIE connections could be clarified.
- Builds on prior recommendation on clarifying guidance to finance a behavioral health crisis continuum.

Policy Option 2: Clarify Medicaid guidance for connecting providers to HIEs

- CMS and SAMHSA should jointly provide guidance on how states can use Medicaid authorities to promote behavioral health interoperability.
- Clarifies how Section 1115 requirements for health system interoperability can be achieved when affected providers lack an EHR.
- Outlines how to braid federal resources with Medicaid funding to promote behavioral health interoperability.
- Guidance is clear that Medicaid administrative funding cannot be used to pay for EHR adoption for behavioral health providers.

Policy Issue: Unused federal opportunities for behavioral health

- The Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment and Communities (SUPPORT) Act of 2018 gave the Center for Medicare and Medicaid Innovation (CMMI) the ability to test EHR incentive payments for behavioral health providers in Medicaid.
- There is stakeholder interest in using this authority though CMMI has no public plans to test such a demonstration.

Policy Option 3: CMMI EHR adoption demonstrations

- CMMI could fulfill its SUPPORT Act authority and test EHR incentive payments for behavioral health.
- Provides a financial incentive to providers to adopt an EHR.
- Could be used to test the consent management tools developed by ONC and SAMHSA.
- Would only support behavioral health providers participating in the demonstration project.

Summary Assessment of Options

Policy option	Medicaid system capacity	Financial incentives for CEHRT adoption	Patient information sharing and data confidentiality
1a. Certification for behavioral health IT	✓		✓
1b. Voluntary standards for behavioral health IT	✓		✓
2. Joint guidance outlining how Medicaid can connect behavioral health providers to an HIE	✓		✓
3. Testing EHR incentive payments through CMMI		✓	✓



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