

MENTAL HEALTH COMPLIANCE KEY

A Quick Guide to
Behavioral Health
Acronyms





INTRODUCTION

As electronic health records (EHR) use continues to increase, providers & clinicians must address program integrity vulnerabilities to reduce the risks of fraud, waste, abuse, and improper payments.

A compliance program serves as the foundation for a cohesive workflow, helping to prevent potential risks during the transition to and daily use of EHR.

Through an effective compliance program, agency staff can manage program integrity risks effectively and ensure their business operations run smoothly.

This guide provides an overview of standard terms and acronyms referenced through a comprehensive compliance program.

MENTAL & BEHAVIORAL HEALTH- COMPLIANCE KEY

21st Century Cures Act: Signed into law on December 13, 2016, by President Obama the Cures Act promotes and funds the acceleration of research into preventing and curing serious illnesses. It accelerates drug and medical device development; attempts to address the opioid abuse crisis; and tries to improve mental health service delivery. The Act includes several provisions that push for greater interoperability, adoption of electronic health records (EHR) and support for human services programs.

The Cures Act provides multiple provisions that pertain to mental health, see: [APA-Summary-Mental-Health-Reform-Provisions-21st-Century-Cures-Act.pdf](#) (psychiatry.org)

ACO: Accountable Care Organizations are groups of doctors, hospitals, and other providers who collaborate to voluntarily give high-quality and coordinated care to Medicare patients.

Coordinated care strives to ensure patients get the

right treatments at the correct time while avoiding unnecessary duplicate services and protecting against medical error. Medicare offers several ACO programs.

APMs: Alternative Payment Models (sometimes called Advanced APMs, or AAPMs) is one path of **MACRA**, which went into effect on January 1, 2017. The other path is **MIPS**.

ARRA: American Recovery and Reinvestment Act of 2009 is the economic stimulus program that created the **HITECH** law, which drives the **CMS** incentive programs for healthcare providers.

AUC: Appropriate Use Criteria is the criteria by which the **CMS** determines whether a diagnostic imaging service has been appropriately ordered. Decisions are based on a rating scale of 1-9, with ratings between 4-9 being considered appropriate. AUC is required for any practitioner ordering the following advanced diagnostic imaging services for patients covered under Medicare B:

- MRI (Magnetic Resonance Imaging)
- CT (Computed Tomography)

- PET (Positron Emission Tomography)
- Nuclear Medicine

CAH: Critical Access Hospitals are medical centers that provide healthcare services to rural, often underserved communities. The population density is lower in these areas, correlating with a higher number of underinsured or uninsured individuals and older adults.

CHERT: Certified Electronic Health Record Technology is a technological application that has been certified according to **CMS** and **ONC** criteria for data stored in a structured format. Structured data allows patient information to be easily retrieved and transferred and allows the provider to use the **EHR** in ways that can aid patient care. Providers participate in **MACRA** through the use of **CHERT**.

CHPL: Certified Health Information Technology Product List provides a list of agency management software that has met the Meaningful Use certification requirements (which vary by Edition).

CMS: Centers for Medicare & Medicaid Services, part of **HHS**, administers and regulates the Medicaid and Medicare programs. They also set the standards for healthcare, including the reimbursement amounts for procedures and supplies, nationwide.

CPT: Current Procedural Terminology codes describe the health care services provided and cover everything from surgery to standard diagnostic tests to mental health therapy sessions. **CPT** codes correlate with **ICD** codes: **CPT** codes describe & define the action administered in response to the **ICD** (diagnosis) codes.

QMs: Clinical Quality Measures are standards that help track and measure the quality of services data provided within the healthcare system nationwide.

DSM: Diagnostic and Statistical Manual of Mental Disorders is the national standard for diagnosing mental and behavioral health. The DSM endorses many (but not all) **ICD** codes and provides guidelines to choose **ICD** code(s) to diagnose according to current standards and up-to-date

healthcare data.

EH: Eligible Hospital facilities that qualify to participate in the **HITECH** program.

EHI: Electronic health information refers to all forms of patient data stored in electronic form (expanded **PHI**), that are collected and shared for healthcare delivery and public health purposes and used for the care and treatment of a patient.

EHR: Electronic Health Records are essentially an electronic version of patient/client charts. Like paper charts, EHR is maintained over time and typically includes demographics, progress notes, diagnoses, medications, and anything relevant to the client's medical history and ongoing care.

EMR: Electronic Medical Records typically contain standard medical and clinical data from one provider's office. **EHR** (see above) spans more than one clinician's office and usually provides more comprehensive data than **EMR**.

EP: Eligible Professional providers who qualify to participate in **CMS** program incentive programs.

EVV: Electronic Visit Verification (EVV) is a telephone and computer-based solution that electronically verifies in-home service visits. Section 12006 of the **21st Century Cures Act (the Cures Act)**, P.L. 114-255, added Section 1903(l) of the Social Security Act (SSA). Section 1903(l) provides that states must require the use of an electronic visit verification (EVV) system for personal care services (PCS) and home health care services (HHCS) that require an in-home visit by a provider. EVV solutions must verify the following six data elements: 1) the type of service performed; 2) the individual receiving the service; 3) the date of the service; 4) the location of service delivery; 5) the individual providing the service; and 6) the time the service begins and ends.

HHS: US Department of Health & Human Services

is a prominent governing body in US healthcare.

HIE: Health Information Exchange allows health care professionals - and the clients they treat - to appropriately access and securely share medical information electronically across organizations within a region, community, or hospital system. HIE may also describe the organization that facilitates this exchange of data.

HIE: Health Information Exchange allows health care professionals – and the clients they treat – to appropriately access and securely share medical information electronically across organizations within a region, community, or hospital system. HIE may also describe the organization that facilitates this exchange of data.

HIM: Health Information Management describes the broad realm of maintaining health information in all formats, including electronic and paper.

HIMSS: Healthcare Information and Management Systems Society is a non-profit organization dedicated to providing leadership for the optimal use of **HIT** to improve healthcare delivery. They host a well-attended annual conference that attracts healthcare providers nationwide.

HIPAA: Health Insurance Portability and Accountability Act offers the ability to continue & transfer health insurance coverage for workers and their families when they change or lose jobs; reduce healthcare fraud and abuse; establishes national standards for healthcare data; and requires the confidential processing and protection of personal

health information.

Agencies & clinicians providing treatment for Substance Use Disorders (SUDs) must comply with [42 CFR Part 2](#) and HIPAA. See our [Compliance Resource Center](#) for more information.

HIT: Health Information Technology supports the electronic management of healthcare data among consumers, clinicians, payers, and quality monitors. HIT includes EHR, EMR, PMS, HIE networks, and the like.

HITECH: Health Information Technology for Economic and Clinical Health is the federal law that created the CMS incentive programs such as MU, MACRA, and MIPS. It's part of the ARRA.

HPSA: Health Professional Shortage Areas may be categorized as lacking primary medical care, dental, or mental health providers. They can be regions, population groups, or facilities.

ICD: International Classification of Diseases is the globally recognized medical diagnostic tool established by the World Health Organization (WHO).

The WHO assembly adopted ICD-11 in 2019 as the current standard worldwide. The US completed the adoption of ICD-10 in 2015; in 2018, the CDC stated 2023 is the earliest the United States would implement ICD-11 for mortality (cause of death).

Information Blocking: The **21st Century Cures Act** defines Information Blocking as, “a practice that interferes with, prevents, or materially discourages access, exchange, or use of electronic health information.”

MACRA: Medicare Access and CHIP Reauthorization Act of 2015's Quality Payment Program (QPP) replaces MU and incorporates PQRS for Medicare Part B providers.

MIPPA: the Medicare Improvements for Patients and Providers Act of 2008 made changes in three key areas: 1) improvements to Medicare benefits, especially for low-income beneficiaries, 2) updated policies to reduce racial and ethnic disparities among people with Medicare, and 3) reined in rapidly-growing and inefficient private Medicare Advantage plans.

MIPS: Merit-based Incentive Payment System is one path of **MACRA**, which went into effect on January 1, 2017. The other path is **APMs**.

MU: Meaningful Use was the first CMS incentive program under the HITECH Act. It provided financial incentives to Medicaid and Medicare providers for adopting CHERT to improve patient care and streamline healthcare data. The program is complete and has been replaced by **MACRA**.

NIST: National Institute of Standards and Technology is a measurement standards laboratory. Its goal is to hone industrial competitiveness and innovation.

ONC: Office of the National Coordinator for Health Information Technology (ONC) leads the adoption of health information technology (**HIT**) and the promotion of nationwide health information exchange (**HIE**) to improve health care.

ONC-ATCB: Authorized Testing and Certification Bodies are six organizations authorized by **ONC** to perform complete electronic health record (**EHR**) and/or **EHR** module testing and certification.

OCR: The Office for Civil Rights is the governing body that enforces **HIPAA**.

PPACA: Patient Protection and Affordable Care Act, also called Obamacare or the Affordable Care Act, is a significant government expansion and overhaul of the US healthcare system aimed primarily at decreasing the number of uninsured Americans and reducing overall costs of healthcare.

PHI / PII: Protected Health Information - aka Personal Identifiable Information is personal data that is protected by HIPAA because it identifies a person receiving services in some way: name, date of birth, gender, etc.

PMS: Practice Management System is software that aims to help manage the various aspects of a provider's office, such as invoicing, scheduling, running reports, staff management, document management, etc. Historically, a **PMS** would be used in concert with an **EMR**; now, those 2 separate systems are typically replaced by one EHR program.

PQRS: Physician Quality Reporting System started as a voluntary reporting program for Medicare Part B

clinicians. As of January 1st, 2017, it was incorporated into MACRA's **QPP**.

QP: Qualifying APM Participants are clinicians who qualify for the **MACRA APM** Quality Payment Program.

QPP: Quality Payment Program: As part of **MACRA**, the Quality Payment Program went into effect on January 1, 2017, and replaces the “flawed” Sustainable Growth Rate formula. Providers can choose 2 tracks to follow: **APMs** or **MIPS**.

TEFCA: Trusted Exchange Framework and Common Agreement, also known as TEFCA, outlines a common set of principles, terms, and conditions established by the **21st Century Cures Act**, to support the development of a Common Agreement that would help enable nationwide exchange of electronic health information (**EHI**) across disparate health information networks (**HINs**).

For more compliance tools, subscribe to our newsletter – and check out the PIMSY EHR [Compliance Resource Center](#).



flexible. comprehensive. affordable.

pimsyehr.com

877.334.8512, ext 1