Pictured above: *Hello from Austin! Wednesday, June 24th, marked BHACA's first training outside of Houston city limits, "Billing, Collecting, and Credentialing for Behavioral Health," hosted at LifeWorks. We had a great time with 36 participants representing 24 agencies! Pictured above on the left is co-teacher Mandie Eichenlaub, JD, Director, Managed Care, MHMRA of Harris County with professionals/students in the class; on the right is co-teacher Gretchen Bieber, MHA, Beacon Health Options, and co-teacher Elizabeth Reed of NBHP. Thanks to all in the community who spread the word and/or who joined us for the rewarding full day workshop! Thanks to our community partners for making this collaboration possible!*

Dear BHACA Community,

Welcome back from the 4th of July weekend! We are pleased to highlight the first item below – an interview of BHACA staff and community partners in *Behavioral Healthcare* magazine. Please continue to read further below for the latest on health reform, including ICD-10, Texas Medicaid re-enrollment, etc.

BHACA Blast #40 Headlines:

> **BHACA staff and community members were interviewed by Jill Sederstrom for the *Behavioral Healthcare* magazine article, *"Things you never expected from ACA."*** (Thanks to the CEOs and Executive Directors in the Network of Behavioral Health Providers for contributing great insights.)

> **BHACA Blast #40 Featured Outcome Measure:** The Adult Adolescent Parenting Inventory-version 2 (AAPI-2).

Happy Summer!

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BHACA: Integrated Health Care (IHC)

- ***In support of interprofessional education that would support integrated health care, the U.S. Department of Health & Human Services (HHS) launches trainings, the first of their kind from HHS, on multiple chronic conditions.*** The resources are available online and include:
  o the "Multiple Chronic Conditions Education and Training Repository"—a searchable database of existing educational resources that specifically address the care of persons living with MCC;
  o the "Multiple Chronic Conditions: A Framework for Education and Training"—a conceptual model that outlines the core domains and competencies for the interprofessional health care team and;
  o the "Education and Training Curriculum on Multiple Chronic Conditions"—a web-based course consisting of six modules.

- ***How Are States Paving the Way for (Thriving) Integrated Care? – June Edition of eSolutions*** – The June edition of the SAMHSA-HRSA Center for Integrated Health Solutions' online newsletter, *eSolutions,* features information about what various states are doing to promote integrated health care. As always, additional information and resources are also included. To read the newsletter, please click here.

- ***New Report/Policy Brief – "Treating the Whole Person: Integrating Behavioral and Physical Health Care"*** – This new brief from think tank Third Way discusses barriers to integrated health care, innovations in IHC occurring across the country, and policy/financing ideas needed to take such innovations to scale. To read, please click here.

- ***Webinar – Meaningful Roles for Peer Providers in Integrated Healthcare***
  Date & Time:
  Tuesday, July 14, 2:00 – 3:30 PM Central time **OR**
  Wednesday, July 15, 12:00 – 1:30 PM Central time
  To Register: Click here
  Description:
  The California Association of Social Rehabilitation Agencies (CASRA) recently released a toolkit entitled "Meaningful Roles for Peer Providers in Integrated Healthcare." This webinar will introduce the content of the resource guide.

Participants will receive a tour through the toolkit in order to make best use of the information.
For More Information: Click here
To Download a Copy of the Toolkit: Click here

- *According to this archived webinar, secure texting is a technology that can support inter-staff communications and coordination of care.* To read more and to view, click here.

BHACA: Choosing a Certified Electronic Health Record System

- *Recent coverage on cybersecurity details that the risks are only growing for healthcare, and in response the emphasis should be on detection and response rather than firewalls and technologies that will never be foolproof.* Read more: click here.

- *Since purchasing an EHR is considered to be like "getting married," as far as blending operations and making a significant investment, and while no one provider in the Network of Behavioral Health Providers seems to use the same EHR system (there is a lot more diversity of vendors to choose from than the title of this article suggests),* for any provider shopping for an EHR or considering switching to a new one, it is useful to be at least somewhat savvy to industry trends among EHR vendors. This article describes EPIC and Cerner as the "Coke and Pepsi" of EHR vendors, and includes discussion of a number of other EHR players. Read more: click here.

- *As only 25% of participating physicians have moved on to stage 2 of meaningful use,* Healthcare IT News *calls for "the missing ingredient"* that could contribute to actual "meaningful" use, a.k.a. the creation of efficiencies and improved outcomes, which would have been "organic and voluntary adoption." Another way to phrase this might be "buy-in," which is an essential consideration for any individual provider investing in electronic health record system technology, as well. To read more analysis regarding what effectively promoting "meaningful" use might actually look like: click here.

BHACA: Maximizing Third Party Funding Streams Revenue—Resources Related to Insurance Billing and Credentialing

- *CMS ICD-10 Resources:* from the series, "Countdown to ICD-10."
  - Results From June 2015 ICD-10 Acknowledgement Testing Week
  - "ICD-10-CM/PCS Billing and Payment Frequently Asked Questions" Fact Sheet — Revised
  - Prepare for ICD-10 with Medicare Learning Network (MLN) Connects Videos

- *CMS and American Medical Association (AMA) Announce Efforts to Help Providers Get Ready For ICD-10:* With less than three months remaining

until the nation switches from ICD-9 to ICD-10 coding for medical diagnoses and inpatient hospital procedures, The Centers for Medicare & Medicaid Services (CMS) and the American Medical Association (AMA) are announcing efforts to continue to help physicians get ready ahead of the October 1 deadline. In response to requests from the provider community, CMS is releasing additional guidance that will allow for flexibility in the claims auditing and quality reporting process as the medical community gains experience using the new ICD- 10 code set.

- ***Part of the trend toward value-based reimbursement models, health plan and provider partnerships, and healthcare industry consolidation:*** UnitedHealthcare has partnered with eight hospitals, 700 physicians, 100-plus clinics and a 300,000-member health plan in Arizona to form an accountable care organization (ACO), through which providers will gain a share of profits if the ACO successfully lowers costs while showing outcomes. This is one of 250 UnitedHealthcare ACOs. For their part, UnitedHealthcare will provide data to the providers to help them to manage population health. By 2018, UnitedHealthcare aims to be repaying half of its 2014 revenue total (or $65 billion) back to providers to reward value-based care. To read more: click here.

- ***Aetna to buy Humana in $37 billion deal,*** rolling in Humana's Medicare advantage business with Aetna's commercial plans, and making Aetna the second-largest managed care company nationally. This could impact you practice regarding credentialing, but it also just a good idea to stay abreast of trends in the health plan carrier business, as those trends will impact the provider business. The deal will close in 2016. Read more: click here.

- ***Self-pay collections are addressed in this archived webinar.*** "With the Affordable Care Act in full swing, collection practices and recovery has changed in significant ways. ...[Providers] need more dynamic processes as they make the major shift in patient financial classes. In this session, Parallon Business Solutions reveals the four critical steps hospitals must take now to create new workflow strategies and expand existing programs to prepare for the new world of self-pay collections." To view: click here.

- ***Many behavioral health providers need to begin Medicaid re-enrollment applications "immediately," to quote TMHP:*** **"Reminder: All providers that render services through Medicaid managed care organizations must re-enroll by <mark>March 24, 2016</mark>** (Information posted May 22, 2015)

"As a reminder, any Texas Medicaid provider enrolled before January 1, 2013, must be re-enrolled by March 24, 2016. This re-enrollment requirement applies to those providers that render services through Medicaid managed care organizations (MCOs) or through traditional fee-for-service Medicaid.

"Just as providers must be enrolled in Texas Medicaid before they can be contracted and credentialed by a managed care organization (MCO) or dental plan, providers

must be re-enrolled with Texas Medicaid to maintain credentialing with their plan. In order for providers to maintain credentialing with their Medicaid MCOs, providers must be sure they are fully re-enrolled before the March 24, 2016 deadline.

"To be considered fully re-enrolled providers must:

• Submit a completed re-enrollment application.
• Receive a notification from the Texas Medicaid & Healthcare Partnership (TMHP) that their application has been approved.

"Important: To allow sufficient time for re-enrollment application processing, providers are ==encouraged to begin this process immediately.==

"For more information, call the TMHP Contact Center at 1-800-925-9126."

BHACA: Outcome-Based Evaluation

- ***BHACA Blast #40: Featured Outcome Measure – Adult Adolescent Parenting Inventory – version 2 (AAPI-2)***
  - **What is the AAPI-2?**
    The AAPI-2 is an inventory designed to assess the parenting and child rearing attitudes of adolescents and adult parent and pre-parent populations. Responses to this inventory provide an index of risk for practicing behaviors known to be attributable to child abuse and neglect. The AAPI-2 is the revised version of the original AAPI, which was developed in 1979.
  - **What does it measure?**
    The AAPI-2 measures risk in five parenting and child rearing behaviors:
    - Construct A - Expectations of Children
    - Construct B - Parental Empathy towards Children's Needs
    - Construct C - Use of Corporal Punishment
    - Construct D - Parent-Child Family Roles
    - Construct E - Children's Power and Independence
  - **For which populations/age(s) is the AAPI-2 appropriate?**
    The target population for this measure include adolescents' 12 to 19 years old.
  - **How long does the AAPI-2 take to complete?**
    Respondents take on an average 10 to 15 minutes to complete the inventory. The AAPI-2 has an assessed fifth grade reading level. Parents who are unable or have difficulty reading the items can have the items read to them.
  - **How is it administered?**
    There are two forms of the AAPI-2: Form A and Form B. Each form has 40 items presented on a five point Likert Scale of Strongly Agree, Agree, Disagree, Strongly Disagree and Uncertain. Form A is offered as pre-test and Form B as a post-test.
  - **Can I get the AAPI-2 in other languages?**
    The AAPI-2 has been translated into Spanish, Creole, and Arabic. It has also been developed and normed for Spanish speaking families.

- ***To manage population health, you need robust data tools.*** This article, one of the most-read of 2015 so far (on the industry rags), profiled what to expect re.

population health at the 2015 Healthcare Information and Management Systems Society (HIMSS) conference. Notably, the article claims "most" providers are well-positioned to begin managing population health as 75% of eligible providers and 91% of eligible hospitals adopted certified electronic health record (EHR) systems through the meaningful use incentive program. We know many behavioral health providers were left out of meaningful use incentives, in the absence of eligible professionals such as physicians or nurse practitioners on staff, but that does not mean behavioral health will get a pass as the healthcare industry overall moves toward managing population health. At the least, behavioral health providers are likely to be held accountable for population health by the third party payers, which can aggregate outcomes at the population level – analyzing treatment efficacy and costs across behavioral health providers, and preferring to credential with those who deliver outcomes at the most efficient cost. Behavioral health providers need good outcome-based evaluation strategies and tools to stay competitive and assess outcomes and costs per diagnosis/at the population health level. Read more: click here.

- ***CMS has provided new frequently asked questions regarding reporting e-Clinical Quality Measures (eCQMs) for meaningful use,*** notably how to manage the scenario when there is a "0" in the numerator or denominator for a given measure. Read more: click here.

BHACA: Additional Items of General Interest:

- **The Texas Tribune covers a win for behavioral health providers: a new loan forgiveness program in Texas, championed, in part, by Mental Health America of Greater Houston.** Read more: click here.

- **The Texas Hospital Association (THA) Behavioral Health Conference will be in Austin next week on July 13-14.** To register: click here. To learn more about the conference: click here.

About BHACA: The Behavioral Health Affordable Care Act (BHACA) Initiative is a major collaborative endeavor of the Network of Behavioral Health Providers (NBHP) and Mental Health America of Greater Houston (MHA) designed to support Greater Houston area mental health and substance use providers in responding to the Patient Protection and Affordable Care Act and other recent healthcare reforms across four domains: (1) enhancing and increasing the delivery of integrated health care (IHC), (2) maximizing third party funding streams revenue, (3) adopting certified electronic health record (EHR) systems, and (4) developing outcome-based evaluations. The BHACA Initiative is generously funded by Houston Endowment Inc., The Meadows Foundation the United Way of Greater Houston Community Response Fund and the Rockwell Fund.