

Network of Behavioral Health Providers

Behavioral Health Blast #1

Happy 2017 everyone! And welcome to the new NBHP behavioral health news and information communication tool, the BH Blast. Even though BHACA is officially over, we at NBHP consider it a springboard to move us into even more intensive work in both the areas that were addressed within the BHACA initiative and new directions. That said, because our collaborative partner MHA of Greater Houston had/has oversight of work in integrated health care, they will continue to take the lead in that arena. Luckily for you, they also have an email newsletter so you will be receiving that as well. If you prefer not to be on that listserv, email Lauren Pursley (lpursley@mhahouston.org), although we highly recommend that you continue to subscribe to both updates.

Finally, if there are areas that you would like to see us include in the new Blast, just let Tracey know and we will keep our eyes out for new information. We hope that we can continue to be an asset to your work both through the Blast and the education and training events that NBHP will continue to provide.

All the best,

The NBHP Team

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NBHP BH Blast #1 Headlines:

PQRS officially ended on December 31, 2016 and MIPS took over in 2017. That means that the last year for PQRS penalties will be 2018 (for not reporting in 2016). MIPS will not initially apply to LCSWs, LPCs, LMFTs or Psychologists so they are not required to participate in 2017 or 2018. However, they are being considered for possible addition to the program in 2019. In the meantime, these professionals are encouraged to report to MIPS in 2017 and 2018 even though it is not yet required, in order to get familiar with the MIPS reporting system without being subject to payment adjustments. They will get feedback on their performance and have a chance to improve before possibly being added to the MIPS eligible clinician list in 2019. Of course, this is completely up to each agency. Here are a few helpful MACRA/MIPS resources.

National Council MACRA website: <https://www.thenationalcouncil.org/macra/>

National Council MACRA FAQs: https://www.thenationalcouncil.org/wp-content/uploads/2016/11/MACRA-FAQ_Final-Rule_v2-FINAL.pdf

Please feel free to reach out to Tracey Greenup (nbhp.tracey@gmail.com) with any questions and she will work to get you an answer.

Choosing a Certified Electronic Health Record System

- ***How Health Plans Drive EHR Adoption in Behavioral Healthcare:*** Health plans play a notable role in promoting health IT and EHR adoption in behavioral healthcare practices, according to a research team out of Brandeis University. The study sought to identify how health plans can influence EHR adoption and health IT integration into behavioral healthcare, especially considering the limited support those tools receive from federal incentive policies. To view more, please [click here](#).
- ***Gear Up Now to Get Higher Medicare Payments in 2019:*** The meaningful use (MU) measures that took the form of the Medicare EHR Incentive Program through 2016 have been rebranded the MIPS Advancing Care Information (ACI). The key ACI challenge is to effectively integrate certified electronic health record (EHR) technology (CEHRT) into overall patient service and clinical-operations strategy. The MU program targeted physician and hospital use of CEHRT, whereas ACI focuses on the use of CEHRT to more effectively serve patients and collaborate with other healthcare providers. To view more, please [click here](#).

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

- ***Medicare Payment for Behavioral Health Integration:*** Integrating behavioral health care with primary care is now widely considered an effective strategy for improving outcomes for the many millions of Americans with mental or behavioral health conditions. Uptake of behavioral health integration (BHI) has remained limited, however, largely because BHI has not been paid for separately, which has left primary care clinicians without a clear business model for incorporating these services into their practice.¹ But on January 1, 2017, the Centers for Medicare and Medicaid Services (CMS) began paying clinicians separately for the BHI services they provide to Medicare beneficiaries. To view more, please [click here](#).
- ***Value-Based Care in Uncertain Times: Navigating the Quality Payment Program:*** Though there are many unknowns regarding how the Trump administration will affect policy, there is bipartisan support for lowering costs and increasing quality. The Medicare Access & CHIP Reauthorization Act of 2015 is a separate law that was passed with 92% bi-partisan support in 2015. Read on for tips on creating a strategy that will set you up for success under advanced alternate payment models. To view more, please [click here](#).

Outcome-Based Evaluation

- ***Subscribe to the Quality Payment Program Listserv:*** The Quality Payment Program's first performance period opened on January 1, 2017 and closes December

31, 2017. Participation in MIPS can start as early as January 1, 2017 or as late as October 2, 2017. The first payment adjustments based on performance go into effect on January 1, 2019. Subscribe to the Quality Payment Program listserv to receive reminders for these important deadlines. To subscribe, visit the Quality Payment Program [portal](#) and select “Subscribe to Email Updates” in the footer.

Public Policy/Advocacy

- ***New Report from Texas House Committee on Mental Health:*** The Texas House of Representatives' Select Committee on Mental Health released an important report recommending several policy solutions that would improve mental health care in our state. To view the report, [click here](#). Recommendations can be found at the end of each Public Hearing section.
 - Recommendations:
 - Page 26: PUBLIC HEARING #1: Mental Health Overview
 - Page 41: PUBLIC HEARING #2: Mental and Behavioral Health Services and Treatments for Children
 - Page 52: PUBLIC HEARING #3: Mental and Behavioral Health Services and Treatment Access, Continuity of Care, Coordination, and Workforce
 - Page 58: PUBLIC HEARING #4: PUBLIC HEARING #4: Mental and Behavioral Health Services and Treatment Access, Continuity of Care, Coordination, and Workforce
 - Page 72: PUBLIC HEARING #5: Insurance Coverage and Parity and Law Enforcement
 - Page 84: PUBLIC HEARING #6: Substance Abuse, Homelessness, and Veterans
 - Page 96: PUBLIC HEARING #8: State Hospitals, Options for Addressing Needs, and Mental Health Care on Campuses of Higher Education
- ***Webinar – Uniting to Protect Behavioral Health: Advocacy Webinar Series***
Date & Time: Wednesday, January 18, 2:00 PM Central time
To Register: [Click here](#)
Organizer: National Council for Behavioral Health
Description: With numerous emerging threats to Medicaid and behavioral health services, the National Council will hold biweekly policy webinars to provide updates on the latest news and advocacy opportunities out of Washington. They will monitor and provide updates on issues that matter most, including: the repeal and replacement of the Affordable Care Act, proposed reforms to Medicaid and details on government spending for behavioral health care programs. Each webinar will feature a specific Call to Action.