

Dear BHACA Community,

Welcome to 2015!

**BHACA Blast #27 Headlines:**

➤ **REGISTRATION OPEN!**

**Continuing Education Course Title:** Fundamentals of Billing, Claims, and Credentialing for Behavioral Health

**Date & Time:** Thursdays, January 22, 29, and February 5, 3pm to 5pm (6 CEU Credits)

**Location:** The Council on Alcohol and Drugs Houston—303 Jackson Hill St., Houston, TX

**Tuition:** \$85 for the 6-hour course. (Free to NBHP member agency staff as a member benefit.)

**Overview:** This course will provide a solid introduction to major issues unique to behavioral health billing, claims, and credentialing and is intended for behavioral health professionals responsible for agency revenue management and those in administrative positions for whom these issues are important for efficient agency operation.

**For more information:** <http://www.nbhp.org/ceu-classes-billing-collecting-and-credentialing-for-behavioral-health.html>

**To Enroll:** Please email Elizabeth ([nbhp.elizabeth@gmail.com](mailto:nbhp.elizabeth@gmail.com)).

➤ **This Week on the BHACA Blog ([www.BHACAblog.weebly.com](http://www.BHACAblog.weebly.com)) we dive into:** Essential Community Provider (ECP) agency status and comment period (note: CMS deadline of Friday, January 9<sup>th</sup>).

➤ **BHACA's Featured Outcome Measure is the CAFAS (The Children and Adolescent Functional Assessment Scale).** Find more information below in the Outcome-Based Evaluation section.

Happy New Year!

The BHACA Team

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NBHP website – [www.nbhp.org](http://www.nbhp.org)

### **BHACA: Integrated Health Care (IHC)**

- ***Case Studies of SBIRT in Action*** – A recent post on the IRETA blog, by the Institute for Research, Education, and Training in Addictions, points to four one-page case studies, as well as a number of webinars, about how organizations are implementing Screening, Brief Intervention, and Referral to Treatment (SBIRT). Please see <http://iretablog.org/2014/12/08/screening-for-risky-alcohol-use-not-nearly-as-common-as-similarly-effective-preventative-services/>.
- ***2015 Primary and Behavioral Health Care Integration (PBHCI) Grants*** – The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, is accepting applications for fiscal year (FY) 2015 Primary and Behavioral Health Care Integration (Short Title: PBHCI) grants. The purpose of this program is to establish projects for the provision of coordinated and integrated services through the co-location of primary and specialty care medical services in community-based behavioral health settings. The goal is to improve the physical health status of adults with serious mental illnesses (SMI) and those with co-occurring substance use disorders who have or are at risk for co-morbid primary care conditions and chronic diseases. The program’s objective is to support the triple aim of improving the health of individuals with SMI; enhancing the consumer experience of care (including quality, access, and reliability); and reducing/controlling the per capita cost of care. For more information, please see [http://www.samhsa.gov/grants/grant-announcements/sm-15-005#\\_ftn1](http://www.samhsa.gov/grants/grant-announcements/sm-15-005#_ftn1).

### **BHACA: Choosing a Certified Electronic Health Record System**

- ***Healthcare IT News forecasts mergers and acquisitions for IT tools, with a shift in emphasis from clinical applications (emphasized by meaningful use) to revenue cycle management capabilities***, as healthcare delivery and reimbursement moves from fee-for-service to pay-for-performance and bundled payments. Read more: [http://www.healthcareitnews.com/news/revenue-cycle-headed-new-world?mkt\\_tok=3RkMMJWWfF9wsRoksqTPZKXonjHpfsX56eoqUaO%2BlMI%2FoER3fOvrPUfGjI4CTctgI%2BSLDwEYGJlv6SgFQ7LHMbpszbgPUhM%3D](http://www.healthcareitnews.com/news/revenue-cycle-headed-new-world?mkt_tok=3RkMMJWWfF9wsRoksqTPZKXonjHpfsX56eoqUaO%2BlMI%2FoER3fOvrPUfGjI4CTctgI%2BSLDwEYGJlv6SgFQ7LHMbpszbgPUhM%3D)
- ***Praise for specific revenue cycle management systems, for both large and for small providers, from Black Book Rankings***, “Black Book gauged hospitals’ experience and satisfaction with some of the more popular revenue cycle systems. **Zirmed was rated first for large hospitals and**

**academic medical centers** over 250 beds for comprehensive RCM (Revenue Cycle Management). Other large organizations ranked a range of RCM software vendors well, including Optum, McKesson Relay Health, Emdeon, MedAssets, Siemens, Cerner, Passport Health, Craneware, Infor, Quadramed, 3M, Revenue360, Epic Systems, SSI Group, and GE Healthcare. **Among small, rural and community hospitals** under 250 beds surveyed by Black Book, **McKesson Relay Health ranked first.** Others included ZirMed, Emdeon, MedAssets, Siemens, Optum, GE Healthcare, Allscripts, Greenway, App Rev, and Availity.” Read more here: [www.healthcareitnews.com/news/rcm-trends-reveal-haves-have-nots](http://www.healthcareitnews.com/news/rcm-trends-reveal-haves-have-nots)

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

- ***STAR+PLUS Medicare-Medicaid: A New HHSC Pilot for Dual-Eligible Clients in Harris County***—“Over the next six months, 131,000 dual-eligible clients in Bexar, Dallas, El Paso, Harris, Hidalgo and Tarrant counties will get letters telling them that they will be enrolled in a new STAR+PLUS Medicare-Medicaid plan.” Read more here: [www.hhsc.state.tx.us/stakeholder/2015/jan-feb/7.shtml](http://www.hhsc.state.tx.us/stakeholder/2015/jan-feb/7.shtml)
- ***CMS published a draft letter to insurers in the federally facilitated marketplaces (such as in Texas) regarding the 2016 Plan Year late this past December, 2014.*** This letter is open for comments, and the final revised edition will go out early this year, 2015. This letter spells out how insurers can issue Qualified Health Plans (QHPs) for marketplace insurance for the next marketplace enrollment (opening Oct. 1, 2015), effective for the 2016 Plan Year. This letter is helpful for behavioral health service providers to consider as the standards that apply to insurers as QHPs on the marketplace trickle down to providers in several ways, from standards regarding network adequacy, which tie-in to the ability to become in-network, to insurer accountability for certain outcomes.  
**Read more about the draft letter from Health Affairs:**  
<http://healthaffairs.org/blog/2014/12/20/implementing-health-reform-wraparound-coverage-excepted-benefits-and-draft-2016-letter-to-issuers/>  
**Read the full draft letter:**  
<http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/2016DraftLettertoIssuers12-19-2014.pdf>
- ***In December, 2014, The Henry J. Kaiser Family Foundation published, “Key Findings on Medicaid Managed Care: Highlights from the Medicaid Managed Care Market Tracker,”*** available for review online here: <http://kff.org/report-section/key-findings-on-medicaid-managed-care-introduction/>
  - **Interesting facts from the report:**

- These five Medicaid Managed Care Organizations are involved in the managed care market in *over* 10 states: UnitedHealth Group, WellPoint, Centene, Aetna, and Molina. Each of these providers is traded publically and on the Fortune 500 list. (Figure 7 from the report.)
  - In Texas, a whopping 59% of Medicaid MCO enrollment is managed by six total Fortune 500 insurers that are involved in managed care. That's a ranking of #3 out of the 18 states reporting Medicaid MCO-level enrollment. (Aka: in Texas, managed care is more dominated by Fortune 500 insurance firms than it is in most other states.) (Figure 9 from the report.)
- ***This Medicare Learning Network resource focuses specifically on “Mental Health Services,” with an overview of reimbursement for a variety of mental health professionals and service-delivery settings:***  
[www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Mental\\_Health\\_Services\\_ICN903195.pdf](http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Mental_Health_Services_ICN903195.pdf)

### **BHACA: Outcome-Based Evaluation**

- ***BHACA Blast #27: Featured Outcome Measure — CAFAS (The Children and Adolescent Functional Assessment Scale)***
  - **What is the CAFAS?**  
The Children and Adolescent Functional Assessment Scale (CAFAS) is a youth assessment that is widely used to inform decisions about level of care, type and intensity of treatment, placement, and need for referral. Mental health practitioners use the CAFAS to provide a comprehensive assessment, track outcomes and inform decisions about treatment and level of care.
  - **What does it measure?**  
The CAFAS assesses functioning across 8 critical life subscales assessing the youth as well as two scales to assess caregiver functioning. The scales assessed are as follows:
    - Youth Scale:** School, Home, Community, Behavior towards Others, Moods, Self-Harm, Substance Use and Thinking
    - Caregiver Scale:** Material Needs and Social Support
For additional information on each scale, [click here](#).
  - **For which populations/age(s) is the CAFAS appropriate?**  
The CAFAS was designed for youth and adolescent, aged 5 to 19 (kindergarten and higher).
  - **How long does the CAFAS take to complete?**  
The CAFAS takes approximately 10 minutes to administer.
  - **How is it administered?**

The CAFAS should be administered by a practitioner or a medical professional, based on information from routine clinical evaluation.

- **Can I get the CAFAS in other languages?**

The CAFAS is available in English and Spanish.

- **A note about BHACA's Featured Outcome Measures**

Our intention is to expand awareness of and knowledge about existing outcome measures within the BHACA community. In featuring a measure, we do not mean to endorse it as the right fit for your practice, because the appropriateness of a measure for any one behavioral health practice must be evaluated with that specific practice in mind. We hope you enjoy our featured outcome measures section.

- ***Webinar: Lower ACA Rates Equal Better Outcomes: Improving Treatment Retention at Your Facility***

**Date:** January 27th, 2015

**Time:** 12:00 pm CT

**To Register:** [Click here](#)

**Description:** This presentation will report the results of retention studies conducted across multiple treatment centers. Differences in retention rates by gender and age will also be discussed. Additionally, the presentation will define ways that treatment professionals can take action to increase treatment retention at their facilities.

- ***The Value of Patient-Reported Measures*** – As health care organizations focus more on keeping people healthy and delivering value, incorporating patient-reported measures (PRMs) as part of their overall performance improvement measurement system will be crucial. A [new article in Healthcare Executive](#) by Lucy Savitz, PhD, Director of Research and Education at Intermountain Healthcare and IHI faculty, and Kathy Luther, RN, Vice President at IHI, describes how PRMs help clinicians and patients assess whether a patient's symptoms, lifestyle, daily activities, and functional status have improved as a result of the care provided.

**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.