

Dear BHACA Community,

Happy [Mental Health Month!](#)

BHACA Blast #62 Headlines:

We are excited to announce that the MACRA page is now available on the NBHP website! Information is coming out very quickly regarding the many aspects of this new Medicare payment plan. This page consists of articles related to MACRA and will be updated routinely as more articles become available. To view the page, [click here](#).

All the best,

The BHACA Team

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BHACA: Integrated Health Care (IHC)

- ***TOMORROW – Webinar – Clinical Tools for Chronic Pain Management Among Individuals with Substance Use Disorders (SUDs)***

Date & Time: Thursday, May 26, 10:30 – 11:30 AM Central time

To Register: [Click here](#)

Organizers: National Council for Behavioral Health & State Associations of Addiction Services

Description:

There is a significant overlap between chronic pain and substance use disorders, but clinical tools can support the identification of high-risk patients when addressing chronic pain with opioids. This webinar draws on the cutting-edge best practices to identify and address risk among patients receiving treatment for chronic pain. In addition, the webinar will present the emerging evidence base for treatment options that may be suitable for patients with both chronic pain and an opioid use disorder, with a particular focus on buprenorphine.

- ***New Report! – Evolving Models of Behavioral Health Integration: Evidence Update 2010 – 2015*** – In 2010, the Milbank Memorial Fund published a report entitled “Evolving Models of Behavioral Health Integration in Primary Care.” A great deal of work – and research – in integrated health care has taken place since 2010. This new Milbank Memorial Fund report picks up where the 2010 report left off. It provides an updated scan of the literature over a five-year period (2010 – 2015), identifying changes and remaining gaps in the evidence. It also identifies resources to assist policymakers and health care planners in selecting, implementing, and sustaining integrated health care models. To download the report, please [click here](#).

- New White Paper! – Building the Capacity for Behavioral Health Services within Primary Care and Medical Settings*** – This new white paper from the ATTC Workforce Development Workgroup provides a series of recommendations to guide practitioners in achieving more integrated behavioral health services in their respective settings. The paper presents Screening, Brief Intervention, and Referral to Treatment (SBIRT) as a guiding clinical framework and identifies organizational change activities that are necessary to fully implement integrated treatment models. To read the paper, please [click here](#).
- Webinar – Billing Effectively (and Accurately) for Integrated Behavioral Health Services***
Date & Time: Monday, June 6, 1:00 PM Central time
To Register: [Click here](#)
Organizer: SAMHSA-HRSA Center for Integrated Health Solutions
Presenters: Virna Little, PsyD, LCSW-R, SAP, Vice President for Psychosocial Services and Community Affairs, The Institute for Family Health; Alicia Smith, Health Management Associates
Description:
 Adding behavioral health services into your primary care practice? You'll need to be sure you're getting reimbursed for these new services, which means knowing what services you can bill for, learning a web of new codes and numbers, identifying which staff can be reimbursed, training staff to code services appropriately, and, taking advantage of new global payments. Join financing and integration experts from primary care centers on this webinar to learn the practical ins and outs of billing for behavioral health services to a variety of third-party payers, including Medicare and Medicaid. Be ready to discuss the menu of billing options available that can match your center's needs. After this webinar, participants will:

 - Identify billing options for integrated behavioral health services.
 - Ask questions to identify if Medicaid and Medicare numbers are appropriately linked to the mental health services provided.
 - Employ tips for working with clinical and billing staff at the same time.
- Webinar – Addressing the Behavioral Health Needs of Transgender & Gender Non-Conforming Patients***
Date & Time: Monday, June 13, 1:00 – 2:00 PM Central time
To Register: [Click here](#)
Organizer: Health Resources and Services Administration (HRSA)
Description:
 This HRSA webinar will focus on ways to address the behavioral health needs of transgender and gender non-conforming patients in a culturally appropriate manner and will feature promising practices of Health Resources and Services Administration grantees. **Among the topics covered will be integrating trans-friendly behavioral health into primary care.** Additionally, the HHS Office for Civil Rights will discuss the proposed nondiscrimination rule under Section 1557 of the Affordable Care Act.

- **Webinar – Creating Greater Family Resilience to Better Support Our Patients**

Date & Time: Tuesday, June 14, 1:00 PM Central time

To Register: [Click here](#)

Organizer: Collaborative Family Healthcare Association

Presenters: Barry J. Jacobs, PsyD, Director of Behavioral Sciences, Crozer-Keystone Family Medicine Residency; Hyun Hong, DO, Family Physician, Leadership Preventive Medicine Resident, Dartmouth Hitchcock Medical Center & Concord Hospital

Description:

With an aging U.S. population and a rising incidence of chronic illnesses, family caregivers are playing an increasingly essential role as the front-line troops of American healthcare. Yet our patient-centric hospital and outpatient systems and ambivalent provider attitudes often seem to marginalize family members. This webinar will provide a brief history of the family caregiving movement, identify systemic barriers to including family members on the integrated care team, and describe one microsystem's innovative approach to supporting the patient-caregiver dyad as the most effective unit of care.

BHACA: Choosing a Certified Electronic Health Record System

- **ONC fires up \$1.5 million in grants to fuel interoperability:** Earlier this month, the Office of the National Coordinator announced a pair of new funding initiatives to advance common standards and increase interoperability, and ONC head Karen DeSalvo revealed that the agency is allocating \$1.5 million to the projects. "Our goal is to accomplish a system where we improve the way providers are incentivized and the way we distribute information," DeSalvo said at the 2016 Health Datapalooza held in Washington, DC. "Not just free and available data, but to improve transparency. We need data to be open and available. And perhaps more importantly, to give people the information they need to be engaged and empowered." To view, please [click here](#).
- **6 privacy landmines and how to avoid stepping on them:** While the healthcare industry grapples with data breaches and privacy and security regulations, there are common pitfalls that are easy to run into without proper planning. Erin Whaley, a partner at the law firm Troutman Sanders, outlined what those are and shared half-a-dozen tips for avoiding them. To view, please [click here](#).

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

- **Medicaid Managed Care Rule Pays for Residential SUD Treatment:** Last month, the Centers for Medicare and Medicaid Services finalized changes to Medicaid and the Children's Health Insurance Program managed care. Of particular importance, the final rule allows for federal Medicaid payments to be made to residential substance treatment facilities for short term stays (no more than 15 days) for patients enrolled in Medicaid Managed Care. This is a step, though small, in the

right direction for allowing full Medicaid reimbursement for residential treatment services. So, what does this mean for providers? To view, please [click here](#).

- ***Payment Methods and Benefit Designs - How They Work and How They Work Together to Improve Health Care:*** Payment reform promises to substitute value for volume. Yet, value- and volume-based approaches typically are implemented together. All payment methods have strengths and weaknesses, and how they affect the behavior of health care providers depends on their operational design features and how they interact with benefit design. Those seeking greater value for the health care dollar are also turning to innovation in benefit design, which typically involves the implementation of more than one approach, each with its own strengths, weaknesses, and impact on consumer health care behavior. While payment and benefit design each has received significant attention, the intersection between the two has received little.

The Urban Institute teamed up with Catalyst for Payment Reform to explore how established and proposed payment methods and benefit design options work. They also focused on how payment and benefit design can be blended to improve health care delivery. In addition, they propose new typologies that classify payment methods and benefit designs along relevant dimensions to provide a conceptual framework to add clarity and consistency to reform discussions. The project was funded by the Robert Wood Johnson Foundation. To view, please [click here](#).

BHACA: Outcome-Based Evaluation

- ***CMS Announces the Release of the Physician Quality Reporting System (PQRS) 2014 Reporting Experience Including Trends (2007-2015):*** The Centers for Medicare & Medicaid Services (CMS) released the 2014 Reporting Experience Including Trends (2007-2015), referred to as the 2014 PQRS Experience Report. The PQRS Experience Report is released by CMS annually and provides data and trends on participation, incentive eligibility, incentive payments and payment adjustments as applicable since the beginning of PQRS, including measure performance and program participation broken down by specialty and geographic location. For the full report, [click here](#). The 2014 report found an increase in participation from eligible professionals (EPs) across most reporting mechanisms. The report also indicates progress in CMS' efforts to improve participation by redesigning the submission process to be user-centered and responsive, and lowering the reporting burden for EPs by aligning reporting requirements across CMS quality programs.

PQRS is a quality reporting program that requires individual EPs and group practices to report quality measure information to CMS. The PQRS negative payment adjustment will end in 2019 and aspects of the program will be consolidated into the Merit-Based Incentive Payment System (MIPS), which was established by the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). More information about PQRS, including information on how to avoid the negative payment adjustment, is available at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html>.

- ***Performance Measurement for 21st Century Payment:*** The Population-Based Payment (PBP) Work Group facilitated a session, entitled Preliminary Recommendations on Performance Measurement, moderated by Dana Gelb Safran, Blue Cross Blue Shield of Massachusetts and co-chair of the PBP Work Group. Panelists included Jean Moody-Williams, Centers for Medicare & Medicaid Services (CMS); Elizabeth Mitchell, Network for Regional Healthcare Improvement (NRHI) and Guiding Committee member; and Andrew Sperling, National Alliance on Mental Illness (NAMI) and PBP Work Group member.

The session outlined the importance of achieving outcome-oriented performance measurement, especially when managing high-cost patient populations with multiple chronic illnesses. It also highlighted preliminary recommendations from the [performance measurement draft white paper](#), which offers suggestions for how performance could be measured to enable effective population-based payments. The paper allows for payers, providers, purchasers, and patients to be held collectively accountable for ensuring that the health care system delivers the highest possible value. In case you missed the session at the LAN Summit, [the slides and recording are now available](#).

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.