Dear BHACA Community,

Happy Minority Mental Health Month!

BHACA Blast #65 Headlines:

BHACA Event: Being a Clinician in a Legal World

Event Overview: This event is designed to enhance the knowledge of all clinical practitioners in the area of legal issues. Topics to be covered include confidentiality, medical records, subpoenas, testifying, social media, liability, and board complaints. **Location:** United Way of Greater Houston (50 Waugh Drive, Houston, Texas 77007)

Date & Time: Thursday, August 18, 2016, 11:30am to 3:45pm

CEU Credit: 3 hours of ethics CEUs available for social workers, LMFTs, LPCs, and LCDCs

Cost: Pre-event pricing is \$25 for members of the Network of Behavioral Health Providers, \$45 for nonmembers. Day of the event pricing is \$30 for members of the Network of Behavioral Health Providers and \$50 for nonmembers. Credit cards, cash and checks made payable to the Network of Behavioral Health Providers will be accepted both in advance and at the door. All pre-event payments must be received by August 15, 2016. **To Learn More and to RSVP**: click here

All the best,

The BHACA Team

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BHACA: Integrated Health Care (IHC)

- Deadline Extended for Applications to the Strategic Innovation Engine's first Call for Innovative Practices CMS' Quality Innovation Network-Quality Improvement Organization (QIN-QIO) program is establishing the Strategic Innovation Engine (SIE), a new forum for disseminating innovative practices across five areas of focus, including integrating behavioral health into primary, acute, or long-term care. The SIE's mission is to rapidly move innovative, evidence-based quality practices from research to implementation through the QIO-QIN program and the greater healthcare community. The deadline for applications has now been extended to July 22, 2016. For more information or to submit an application, please click here.
- Reminder Webinar Mentoring Scientist Practitioners
 Date & Time: Wednesday, July 13, 12:00 PM Central time

 To Register: click here

Organizer: Collaborative Family Healthcare Association (CFHA) Research and Evaluation Special Interest Group

Presenters: Patricia Robinson, PhD, Director of Training and Program Evaluation, Mountainview Consulting Group; Heidi Joshi, PsyD, Licensed Psychologist; Javier Luna, PhD, Director of Integrated Health Services at an FQHC in Winters, California **Description:**

This webinar introduces basic concepts about taking a "scientist practitioner" approach to delivery of primary care behavioral health services. Presenters include Patti Robinson, Heidi Joshi, and Javier Luna. In the CFHA mentor program, Patti has served as a mentor to Heidi and Javier over the past year. The mentoring program offers an opportunity for clinicians to further develop their research and program evaluation skills. Heidi will present data related to systematic implementation of the Primary Care Behavioral Health (PCBH) model in a large healthcare system with many primary care clinics. Javier will present data related to evolving a PCBH program in a small rural clinic, including addressing Primary Care Clinician stress and identifying high impact patient groups. Participants registered for the webinar will receive copies of the tools used in data collection.

 Webinar – Dual Diagnosis in Women: Diagnosis, Self-Harm, and Treatment

Date & Time: Wednesday, July 13, 2:00 – 3:00 PM Central time

To Register: click here

Organizer: NAADAC, The Association for Addiction Professionals

Description:.

This webinar is designed to expand the knowledge of clinicians who work with the female population. Women are at a higher risk for developing a dual diagnosis. However, they are less likely to seek treatment due to the fear and stigma involved in receiving treatment. Women are also more likely to be misdiagnosed with Borderline Personality Disorder; this mistake therefore results in improper treatment and often times a relapse. In addition, women experience higher rates of self-harm behavior. Unisex treatment centers are often times not equipped or trained to treat special areas of women's issues, which include childhood trauma and abuse, resulting in poor success rates. Proper training and understanding of women's issues can increase success rates and sobriety in women.

BHACA: Choosing a Certified Electronic Health Record System

 Webinar – Understanding your Rights and Responsibilities: Getting Clarity on HIPAA Privacy Laws

Date & Time: Tuesday, July 19, 2:00 PM Central time

To Register: click here

Organizer: National Council for Behavioral Health

Description: In a continued effort to clarify the rules and regulations surrounding the Health Insurance Portability and Accountability Act (HIPAA), the Department of Health and Human Services' Office for Civil Rights (OCR) has created and distributed a guidance making clear a provider's rights and responsibilities on what patient information can and cannot be shared. To further this effort, the National Council is

teaming up with OCR to highlight these efforts and bring this important information to members.

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

- HHS funds to help small practices prepare for the MACRA Quality Payment Program: The U.S. Department of Health and Human Services announced an initiative to fund small practices preparing for the Quality Payment Program. The \$20 million funding will support on-the-ground training and education for Medicare clinicians in both individual and small group practices of 15 clinicians or fewer especially in historically under-resourced areas including rural and medically underserved areas. The funding is required by the Medicare Access and CHIP Reauthorization Act, and HHS will continue to award \$20 million each year over the next five years to support small practices participating in the Quality Payment Program. To view more, please click here.
- CMS changes rules for measuring errors in Medicaid and CHIP payments: Under the new rule, a payment would be determined to be improper if the federal share amount is incorrect, even if the total amount adds up to the correct amount, CMS said. This is a change from the current rule that cites improper payments only by the total computable amount, which is based on the federal share plus the state share. Under the proposed rule, CMS will change the dates of review from October through September to July through June of a given year. States are currently required to conduct eligibility reviews and report the results to CMS. The new rule would change that responsibility by having a federal contractor conduct eligibility reviews with support from each state, CMS said. To view more, please click here.
- CMS gets an earful on proposed MACRA changes from HIMSS, AMA, AMGA, others: The deadline to submit comments on the sweeping payment and delivery changes proposed by the Medicare Access and CHIP Reauthorization Act to the Centers for Medicare & Medicaid Services was June 27. Most major health organizations have made their voices heard. In a letter sent to acting CMS administrator Andy Slavitt, HIMSS lauded the agency for its "transparent and inclusive" efforts to gather industry feedback, and thanked CMS for its attempts to "minimize the administrative burden on organizations and clinicians." But it also made clear that the "flexibility" promised by CMS to physicians participating in MACRA's two main tracks, the Merit Based Incentive Payment System and Alternative Payment Models, may not be as obvious as it appears. To view more, please click here.
- *HHS proposes streamlining Medicare appeals process*: The Department of Health and Human Services proposed key changes in the Medicare appeals process to help reduce the backlog of more than 700,000 cases. The measures "will help us get a leg up on this problem," said Nancy Griswold, chief law judge of the Office of Medicare Hearings and Appeals. The new proposals, as well as increased funding requests, are expected to eliminate the backlog by 2021 by streamlining the decision-making

process and reducing the number of cases that go to the third level of appeals, where many cases linger waiting for a hearing and then a decision from an administrative law judge. From the day of the hearing, it currently takes an average of slightly more than two years for a decision in appeals from hospitals, nursing homes, medical device suppliers and other health care providers. To view more, please click here.

BHACA: Outcome-Based Evaluation

• SAMHSA releases new quality measurement tools for mental health and substance use treatment: The Substance Abuse and Mental Health Services Administration (SAMHSA) is issuing a new set of quality measures – in the form of a resource manual, technical specifications and data reporting templates – all designed to help states and behavioral health clinics (BHCs) better assess and document their performance and effectiveness in providing treatment to people with mental and/or substance use disorders. These materials were developed in partnership with the Centers for Medicare & Medicaid Services (CMS) and the Office of the Assistant Secretary for Planning and Evaluation at the Department of Health and Human Services. To view more, please 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.