

Dear BHACA Community,

**BHACA Blast #31 Headlines:**

- **Congratulations to the most recent graduating class of professionals who completed our billing continuing education class offered in partnership with Houston Community College, titled the “Fundamentals of Billing, Collecting, and Credentialing for Behavioral Health!” It was great to learn from and with you.**



- **JUST CONFIRMED! CMS has approved our request for a BHACA-only webinar on the PQRS**  
**Presenter:** Molly MacHarris, Acting Deputy Division Director, Quality Measurement and Health Assessment Group  
**More details to come soon, but please mark your calendars!**  
**Date & Time:** Thursday, April 9<sup>th</sup>, 3:30 to 5:00 pm
- **This Week’s BHACA Featured Outcome Measure is – Beck Depression Inventory (BDI).** Please find more information below in the Outcome-Based Evaluation section.
- **JUST CONFIRMED! CMS has approved our request for a BHACA-only webinar on the PQRS**  
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All best,

The BHACA Team

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

MHA website – [www.mhahouston.org](http://www.mhahouston.org)

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

- ***Webinar – Developing Integrated Care Through Brief Interventions***

***Date & Time:*** Tuesday, March 10, 2:00 – 3:00 PM Central time

***To Register:*** <https://attendee.gotowebinar.com/register/7119830735256942850>

***Description:***

This webinar from the National Council for Behavioral Health and the State Associations of Addiction Services focuses on looking for efficient ways to be patient-centered as the integration of behavioral health and primary care changes the roles of medical, mental health, and addictions experts.

- ***Center for Integrated Health Solutions (CIHS) Webinar – How Are They Doing It? Best Practices in Sustaining On-Site Training of Behavioral Health Clinicians***

***Date & Time:*** Wednesday, March 11, 1:00 PM Central time

***To Register:*** <https://goto.webcasts.com/starthere.jsp?ei=1057420>

***Description:***

As integrated care evolves as a foundation for health care design, quality and value, we must remain attentive to behavioral health workforce development needs. Join this webinar discussion on training and education from three perspectives – community provider, federal agency and area health education center (AHEC) – on everything from building community relationships for education and training to providing orientation programs for students and trainees and matching trainees with field sites. Learn how these programs develop protocols for how to effectively provide field placements, including accounting for mentor time, effectively dealing with the business costs of intern positions for health care provider organizations (field placements), and addressing the need to provide services while training interns.

- ***Collaborative Family Healthcare Association (CFHA) Webinar – Consent and Release in PCBH Settings***

**Date & Time:** Wednesday, March 11, 11:00 AM Central time

**To Register:** <http://www.cfha.net/?page=Webinars>

**Description:**

This webinar will provide a review of regulations, particularly 42CFR Part 2, HIPAA, and state laws relevant to consent and release of information and informed consent for treatment in PCBH settings. The speakers will provide recommendations related to patient care practices and policies and assist participants as they consider how these issues are handled in their own settings.

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

- ***New EHR Attestation Deadline for Medicare Eligible Professionals:***

**March 20, 2015**— Eligible professionals now have until 11:59 pm ET on March 20, 2015, to attest to meaningful use for the Medicare Electronic Health Record (EHR) Incentive Program 2014 reporting year. Medicare eligible professionals must attest to meaningful use every year to receive an incentive and avoid a payment adjustment. Providers who successfully attest for the 2014 program year will:

- Receive an incentive payment
- Avoid the Medicare payment adjustment, which will be applied January 1, 2016

How to attest: Submit your data to the [Registration and Attestation System](#), which includes [2014 Certified EHR Technology \(CEHRT\) Flexibility Rule](#) options.

- ***Leveraging Your EHR Investment: Implementing a Mobile Crisis Solution***

**Date & Time:** Wednesday, March 11, 12:00 PM Central Time

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

**Description:**

In recent years, there has been a bigger and brighter spotlight on the availability of mental health care than ever before. With preventable mental health episodes at the forefront of the discussion, providers are now innovating the way they are providing care to their communities. This webinar will describe the process of translating clinical practices into an electronic system. The webinar will also give an example of how a Mobile Crisis solution has increased the effectiveness in crisis response services and assess how the Mobile Crisis solution is transforming County Crisis Services into a data rich environment.

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

- ***Billing modifier 59, commonly used to indicate a “distinct procedural service”*** (such as a same-day therapy service not associated with an E&M code/medical visit) has become more specific as of January 1, 2015, with the XE, XS, XP, and XU modifiers. Read more here: [www.beckersasc.com/asc-coding-billing-and-collections/2015-cms-modifier-59-reporting-change-4-new-](http://www.beckersasc.com/asc-coding-billing-and-collections/2015-cms-modifier-59-reporting-change-4-new-)

[modifiers-added.html](#)

**As sourced from CMS:** “Modifiers **XE**, **XS**, **XP**, **XU** are effective January 1, 2015. These modifiers were developed to provide greater reporting specificity in situations where modifier 59 was previously reported and may be utilized in lieu of modifier 59 whenever possible. (Modifier 59 should only be utilized if no other more specific modifier is appropriate.) Although NCCI [(National Correct Coding Initiative)] will eventually require use of these modifiers rather than modifier 59 with certain edits, providers may begin using them for claims with dates of service on or after January 1, 2015. The modifiers are defined as follows:

- **XE** – “Separate encounter, A service that is distinct because it occurred during a separate encounter” This modifier should only be used to describe separate encounters on the same date of service.
- **XS** – “Separate Structure, A service that is distinct because it was performed on a separate organ/structure”
- **XP** – “Separate Practitioner, A service that is distinct because it was performed by a different practitioner”
- **XU** – “Unusual Non-Overlapping Service, The use of a service that is distinct because it does not overlap usual components of the main service”

**More details from CMS:**

[www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/downloads/modifier59.pdf](http://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/downloads/modifier59.pdf)

- ***CMS offers special “acknowledgment testing” weeks for ICD-10 for providers billing Medicare.*** The acknowledgement testing is for any provider that submits claims electronically. Scheduled acknowledgment testing weeks give submitters [access to real-time help desk support](#) and allows CMS to analyze testing data. Registration is not required for these virtual events. Mark your calendars for: **March 2-6, 2015**, and **June 1-5, 2015**. In order to participate, more details can be found on Novitas: [click here](#). Additional helpful ICD-10 resources from CMS can be found here: [www.cms.gov/Medicare/Coding/ICD10/index.html?redirect=/ICD10](http://www.cms.gov/Medicare/Coding/ICD10/index.html?redirect=/ICD10).
- ***The National Council for Behavioral Health suggests scales are tipping toward ICD-10*** “actually happening” on October 1, 2015, without further delays: [www.thenationalcouncil.org/capitol-connector/2015/02/households-hearing-icd-10-transition-green-light-2015/](http://www.thenationalcouncil.org/capitol-connector/2015/02/households-hearing-icd-10-transition-green-light-2015/).
- ***“Despite federal law, some insurance exchange plans offer unequal coverage for mental health.”*** Understanding where parity falls short in practice allows clinicians and billing professionals to (1) empower clients regarding their health plan benefits and (2) advocate directly with health plans as needed to get parity realized in practice. Follow this link to read more about how parity is not being fully met in two states on the health insurance exchange according to a new study by the Johns Hopkins Bloomberg School of Public Health: [medicalxpress.com/news/2015-03-federal-law-exchange-unequal-coverage.html](http://medicalxpress.com/news/2015-03-federal-law-exchange-unequal-coverage.html).

- ***CMS launches Health Care Payment Learning and Action Network***, an effort to move toward value- and outcome-based payment models through a learning community that includes “payers, providers, employers, purchasers, states, consumer groups, individual consumers, and others.” To learn more and to register to participate, click here: [innovation.cms.gov/initiatives/Health-Care-Payment-Learning-and-Action-Network/](http://innovation.cms.gov/initiatives/Health-Care-Payment-Learning-and-Action-Network/).
- ***Behavioral Health Medicare provider? LCSW’s and/or psychologists on staff? Please continue to become familiar with the “Physician” [including all professionals on the Medicare fee schedule—such as LCSW’s and psychologists] Quality Reporting System (PQRS)***, which applies to these professionals in your practice if billing Medicare Part B under an individual NPI, and which will dock your reimbursement in 2017 if you are not reporting/participating in 2015. You can learn more from The National Council for Behavioral Health [here](#), or learn more directly from CMS [here](#).

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

- ***BHACA Blast #31: Featured Outcome Measure – Beck Depression Inventory (BDI)***
  - **What is the Beck Depression Inventory?**  
The Beck Depression Inventory (BDI) is a 21-item, self-report rating inventory that measures characteristic attitudes and symptoms of depression.
  - **For which populations/age(s) is the BDI appropriate?**  
The BDI can be used for clients from 13 years of age to 80 years old.
  - **How long does the BDI take to complete?**  
The BDI takes approximately 5 minutes to administer, although if being self-administered, the individual is required to have a fifth to sixth grade reading level in order to fully understand the questions and content.
  - **How is it administered?**  
The BDI can be self-administered or can be administered by a trained professional.
  - **Can I get the BDI in other languages?**  
The BDI can also be found in 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.



- ***Institute for Healthcare Improvement Blog Post – “Advanced Measurement Techniques in Improvement Work”*** – This IHI blog post provides a nice overview of the relationships among measurement, evaluation, and quality improvement. Read the blog post [here](#).
- ***CMS announces release of 2015 Impact Assessment of Quality Measures Report*** - This report is a comprehensive assessment of quality measures used by CMS which examines the effectiveness and impact of measurements. Access the report [here](#).

### **BHACA: Additional Items of General Interest**

- ***Texas Medicine Issue Focused on Mental Health*** – The February issue of *Texas Medicine*, a magazine published by the Texas Medical Association, is the “Symposium on Mental Health” issue. Articles focus on a wide variety of mental health topics. See <http://www.texmed.org/Template.aspx?id=487> to access any of the articles in the issue.

**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.