

Dear BHACA Community,

This week, BHACA welcomes our new Program Coordinator, Lauren Pursley! Lauren has a BSW from Texas State University and has worked in the behavioral health field for several years. We are thrilled to have her join the BHACA team! Lauren can be reached at lpursley@mhahouston.org or 713-523-8963 x221.

We also bid farewell to one of our team members this week – Jessica Cohen, Evaluation Specialist, whose last day with BHACA is this Thursday. Jessica has made immense contributions to both the evaluation and programming of the BHACA Initiative. If you've filled out a BHACA survey, attended a BHACA event and filled out an evaluation, enjoyed the "Featured Outcome Measures," or engaged with BHACA in many other ways, you've benefited from Jessica's talent and dedication. We want to thank Jessica for all her contributions to BHACA and wish her all the best on the next steps of her professional journey!

BHACA Blast #33 Headlines:

- **Next Week! Thursday, April 9th: Please Register for a CMS webinar on PQRS provided at BHACA's request titled, "PQRS Webinar for Billing Medicare Part B: CMS Speaks to Greater Houston Behavioral Health Agencies"**
Description: BHACA has invited CMS to present on the Physician Quality Reporting System (PQRS) which is relevant to LCSW's, psychologists, MD's, etc. billing Medicare Part B (traditional Medicare) under unique provider identifiers. **For those that do not successfully report on PQRS measures in 2015, 2% of this revenue will be deducted in 2017. Even if you are not currently billing Medicare, it might be worth tuning in for the webinar, because this trend of tying outcomes to reimbursement is only likely to increase during health reform's roll-out.** For instance, proposed Stage 3 criteria for Meaningful Use already mention streamlining clinical quality measures (CQMs) with the PQRS measures—so again this is a trend we expect will grow rather than "go away." PQRS is a confusing enough topic for everyone, so let's get confused together, and help each other to understand, on April 9th.
Presenter: Molly MacHarris is the Acting Deputy Division Director for the Division of Electronic and Clinician Quality within the Quality Measurement & Health Assessment Group in the Centers for Clinical Standards of Quality at CMS. She is the lead for the Physician Quality Reporting System and Electronic Prescribing (eRx) Incentive Program.
To Register for the PQRS Webinar Only (3:30pm-5pm):
<https://attendee.gototraining.com/r/4923416621548471553>
To Register to Watch Live with a Group at Mental Health America of Greater Houston (3pm-5pm): Email Elizabeth (nbhp.elizabeth@gmail.com).

- **In Two Weeks! On Friday, April 17th, please join us for a panel discussion titled, “How Medication Fits into the Pathways of Recovery: A Cross-Training on Medication Assisted Treatment (MAT) as an Option for Substance Use Recovery.”** The Houston Recovery Initiative, the Houston Recovery Center, and BHACA are co-sponsoring this educational event on **April 17th from 9am to 11am at The Houston Recovery Center.** **Find more information and please let us know if you plan to attend at http://www.mhahouston.org/hriandbhaca_april17/.**
- **Registration Now Open! – Brief Behavioral Health Interventions in Primary Care: Billing Considerations and Clinical Training** – BHACA, the Harris County Healthcare Alliance, The Council on Alcohol and Drugs Houston, and Beacon Health Strategies are co-sponsoring this educational event on **May 8th**. Healthcare administrators, billing staff, behavioral health clinicians, and other healthcare professionals are invited to learn about integrating brief behavioral health interventions into a primary care setting, from both a financial and a clinical perspective. **Find more information and register to attend at <http://www.mhahouston.org/events/399/>.**
- **This Week’s BHACA Featured Outcome Measure is** – Daily Living Activities (DLA-20). Please find more information below in the Outcome-Based Evaluation section.

All best,

The BHACA Team

Marion Coleman, NBHP Executive Director (nbhp.marion@gmail.com)

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Lauren Pursley, Program Coordinator (lpursley@mhahouston.org)

NBHP website – www.nbhp.org

MHA website – www.mhahouston.org

BHACA: Integrated Health Care (IHC)

- **MHA “Brown Bags” on Mental Health and Chronic Illness** – MHA is hosting two upcoming “brown bag” lunches on topics related to mental health in the context of chronic illness. On **April 15, Viven Sheehan, MD, PhD, Assistant Professor of Pediatrics, Baylor College of Medicine/Texas Children’s Hematology Center, will speak about Chronic Pain in Sickle Cell Disease.** To register to attend, please see <http://www.mhahouston.org/events/342/>. On **May 20, Marisa E. Hilliard, PhD, Clinical Psychologist and Behavioral Scientist, Assistant Professor of Pediatrics at Baylor College of Medicine in the Psychology**

Section of Texas Children’s Hospital, will speak on Diabetes and Depression. To register, please see <http://www.mhahouston.org/events/343/>.

- ***Professional Practices in Behavioral Health and Primary Care Integration – Two New Resources from the Agency for Healthcare Research and Quality (AHRQ)*** – AHRQ’s Academy for Integrating Behavioral Health and Primary Care has released two new resources - ***A Guidebook of Professional Practices for Behavioral Health and Primary Care Integration: Observations from Exemplary Sites*** and ***Provider- and Practice-Level Competencies for Integrated Behavioral Health in Primary Care: A Literature Review***. The guidebook identifies key professional practices that are prominent among exemplary integrated primary care organizations. The literature review highlights a comprehensive set of competencies, practices, providers, and staff required to advance integration efforts. For more information as well as links to the two resources, please click [here](#).

BHACA: Choosing a Certified Electronic Health Record System

- ***Stage 3 of Meaningful Use might look very different. Learn more here:*** <http://www.muforbh.com/cms-proposes-major-changes-meaningful-use-stage-3>.

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

- ***Are you following what our federal government is doing (and is not doing) right now re. the repeal of the scheduled 21% payment cut for Medicare patients re. the sustainable growth rate? And regarding proposed new legislation that would affect Medicare and CHIP?*** March 31 marked the end of the current “doc fix” to fund Medicare at existing rates. A bipartisan bill (already passed by the House, scheduled for a Senate vote on April 13) will determine (retroactively) if the 21% cuts will be repealed. The proposed bipartisan bill up for a vote would also further tie payment rates to value in care, and would reward alternative payment models (as outlined below). According to The National Council for Behavioral Health, highlights of the bill include:
 - Providing a **5-year period of 0.5% updates** under the Physician Fee Schedule;
 - **Consolidating three existing incentive programs** focusing on quality, resource use and meaningful electronic health record use into one Merit-Based Incentive Payment System (MIPS);
 - Incorporating **incentives for alternative payment models (APMs)**, such as a 5% bonus to providers receiving a significant portion of revenue from APMs;
 - **Extending funding for the Children’s Health Insurance Program** through fiscal year 2017; and
 - Extending permanently **the Medicare Qualifying Individual program** to assist Medicare beneficiaries in paying Part B premiums.

Following is a statement sent to providers by the Centers for Medicare and Medicaid Services: “The negative update of 21% under current law for the Medicare

Physician Fee Schedule is scheduled to take effect on April 1, 2015. Medicare Physician Fee Schedule claims for services rendered on or before March 31, 2015, are unaffected by the payment cut and will be processed and paid under normal procedures and time frames. The Administration urges Congress to take action to ensure these cuts do not take effect. However, until that happens, CMS must take steps to implement the negative update. Under current law, electronic claims are not paid sooner than 14 calendar days (29 days for paper claims) after the date of receipt. CMS will notify you on or before April 11, 2015, with more information about the status of Congressional action to avert the negative update and next steps.” **Additional information from The National Council for Behavioral Health:**

<http://www.thenationalcouncil.org/capitol-connector/2015/03/house-passes-bill-fix-medicare-physician-payments-reauthorize-chip/>. **A summary according to**

MedCity News: <http://medcitynews.com/2015/03/really-need-worry-doc-fix/>.

Coverage from various sources as culled by Kaiser Health News:

<http://kaiserhealthnews.org/news/faq-could-congress-be-ready-to-fix-medicare-pay-for-doctors-2/>.

BHACA: Outcome-Based Evaluation

- ***BHACA Blast #33: Featured Outcome Measure – Daily Living Activities (DLA-20)***
 - **What is the Daily Living Activities (DLA-20) Scale?**

The Daily Living Activities Scale (DLA-20) is a 20-item scale that measures what daily living areas are impacted by mental illness or disability. There are four versions: Adult, Child, Developmental Disabilities and Alcohol/Drug Abuse. Each version is appropriate for those with dual diagnoses. To view a sample of the DLA-20, [click here](#).
 - **For which populations/age(s) is the DLA-20 appropriate?**

The DLA-20 is intended to be used by all disabilities and ages. However, you must use the *Youth Form* for those 6 to 18 years old, and the *Adult Form* for those 18 years old and older.
 - **How long does the DLA-20 take to complete?**

The DLA-20 takes approximately 6 to 10 minutes to administer.
 - **How is it administered?**

The patient’s primary clinician or case manager typically has the most information about daily functioning at home or in the community and is best prepared to complete the DLA-20. The DLA-20 can be administered manually or electronically by the patients’ primary clinician or case manager. For each client, one DLA sheet can be used five times to track progress across repeated assessments. It is recommended that the DLA-20 be administered every 3 to 6 months.
 - **Is training required in order to administer the DLA-20?**

The DLA-20 is a copyrighted tool available for free use after a 3.5 hour training delivered via webinar by MTM Services and the National Council. For information on the training webinar by MTM Services and the National Council, [click here](#).
 - **Can I get the DLA-20 in other languages?**

The DLA-20 can be found 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.

● ***Archived Webinar: Choosing the Right Measure***

Description: For most organizations, the process of choosing the right measure can be daunting. On this webinar, we give you some practical guidance on how to begin this process at your organization. On this webinar, we:

- Discuss how to set goals and outcomes to be measured
- Identify different measures and key items to pay attention to
- Determine how outcomes measurements have been chosen at various agencies

View recording here: <http://www2.qualifacts.com/choosing-the-right-measure-webinar>

- ***Quality Improvement Resources*** – Since quality improvement is so closely tied to evaluation, and is an area of major emphasis within health care, we will be including quality improvement (QI) resources in the outcome-based evaluation section of the blast. To start off, [click here to read a blog post from the Institute for Healthcare Improvement \(IHI\) on “the one improvement idea everyone in health care should know” – Plan-Do-Act-Study \(PDSA\) cycles](#). Then, if you’d like another dose of QI, [click here to hear about “How to Implement Credible QI Projects”](#) from Dr. Don Goldmann, Chief Medical and Scientific Officer at IHI and Clinical Professor of Pediatrics at Harvard Medical School. Among other information, Dr. Goldmann shares his “Top Ten Tips” for making QI part of your everyday work.

BHACA: Additional Items of General Interest

- ***SAMHSA has funded a 6.5 hour training, available on demand at no cost, targeted for providers regarding doing business in light of the Patient Protection and Affordable Care Act— BHBusiness Plus Eligibility and Enrollment: The ACA, Insurance Eligibility, and Your Business*** will support providers in creating or enhancing eligibility determination and health plan enrollment processes to improve access to care, and increase potential revenue. *This initiative is funded by the Substance Abuse and Mental Health Services Administration. To learn more and to register:* <https://www3.thedatabank.com/dpg/423/donate.asp?formid=BHBSelf&c=5502368>.

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.