



A few of the attendees pose for a picture after the October 2, 2015, meeting of the Integrated Primary Care Behavioral Health Networking Group of Greater Houston. At this most recent of the quarterly meetings of this group, founded by Stacy Ogbeide, PsyD, and hosted by the Greater Houston Behavioral Health Affordable Care Act Initiative, we were grateful to Dr. Katherine Bacon (pictured third from the left, Ph.D., LPC-S, NCC, Assistant Professor, Graduate Counselor Education Program, Project Director, Experiential Training in Integrated Behavioral Health, School of Education, Health Professions and Human Development, University of Houston—Victoria, and Executive Director and Founder, Parris Foundation) for facilitating the conversation regarding current and recent professional students' experiences in learning integrated care, both didactically and in field placements, and the discussion on community behavioral health providers' integrated health care workforce competency wish-lists. Thanks to all who joined us to enrich this lively conversation!

Dear BHACA Community,

BHACA Blast #47 Headlines:

- ***New on our BHACA Blog:*** Please find some guidance on looking-up Texas Medicaid rates and covered services: [click here](#).

The BHACA Team

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BHACA: Integrated Health Care (IHC)

- ***Brief Interventions and Brief Therapies for Substance Abuse – Quick Guide for Clinicians Based on TIP 34*** – This new publication from SAMHSA describes brief intervention and brief therapy techniques for treatment of alcohol abuse and drug abuse, including brief cognitive-behavioral, strategic/interactional, humanistic and existential, psychodynamic, family, and time-limited group therapies. To download or order a free copy, please [click here](#).
- ***Issue Brief from The Kennedy Forum – Fixing Behavioral Health Care in America: A National Call for Integrating and Coordinating Specialty Behavioral Health Care with the Medical System*** – This new brief from The Kennedy Forum provides recommendations and reviews evidence centering on the collaborative care model. To read an associated blog post and access the brief, please [click here](#).
- ***Archived Webinar Series – Increasing Access to Integrated Behavioral Health Services*** – The U.S. Department of Health and Human Services Region III Regional Office and the HHS-funded training programs in Region III offer this archived webinar series promoting integrated behavioral health. Webinar topics are as follows:
 - An Introduction to Habilitation Therapy for Alzheimer’s and Dementia
 - What is SBIRT and Why Should We Use It?
 - An Introduction to Telemental Health
 - Prescription Drug Abuse: Let’s Stop the Epidemic
 - HIV and Behavioral Health: What Providers Need to Know
 - The Toxic Legacy of Lead: Its Negative Impact on Behavior in Children and Society

For more information and to view any of the webinars, please [click here](#).

BHACA: Choosing a Certified Electronic Health Record System

- ***Final rules on EHR Incentive Programs and News on Stage 3:*** “The Centers for [Medicare](#) and [Medicaid](#) Services and [ONC](#) have released final rules for the [EHR](#) Incentive Programs, which they say will ease reporting requirements for providers and allow for 90-day reporting periods. They also announced major news on Stage 3 of the program.” EHR incentive program rules were last revised in 2011 and 2014. Some highlights:
 - On EHR incentives: number of objectives for eligible hospitals reduced from ≈20 to 8

- New rules allow for 90-day reporting in 2015
 - New rule allows new providers in 2016 and 2017 (previously the cut-off for eligible providers to participate, aka contract for a certified EHR, had been Dec. 31, 2015)
 - Some things stay the same, such as clinical quality measures for both hospitals and providers
 - Stage 3 will go on as planned (stage 3 reporting is optional beginning in 2017), but Stage 3 will have an extended comment period
 - In Stage 3, more than 60 percent of the proposed measures require interoperability, up from 33 percent in Stage 2.
 - In Stage 3, CQM (clinical quality measure) reporting will align with the CMS quality reporting programs (like the Physician Quality Reporting System)
 - To read more: [click here](#).
- ***Last Tuesday (Oct. 6) was major re. health IT news, specifically concerning meaningful use EHR incentive programs and interoperability rules.*** Many in healthcare are reportedly pleased that CMS and ONC have incorporated changes recommended by professional organizations and expert commentators. The industry reacts: [click here](#).
 - ***ONC reveals final interoperability roadmap.*** Read more: [click here](#).

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

- ***We at BHACA have heard that the state and health plan carriers are concerned that providers have not yet successfully re-enrolled in Texas Medicaid as required (must be completed by March 2016).*** Have you successfully re-enrolled? You might want to double-check since only 20% of those currently enrolled have done so. We understand that the problem is people may have sent in re-enrollment paperwork, but not sufficiently followed-up to ensure that their re-enrollment is moving through the process smoothly. Learn more: [click here](#).
- ***Some emerging ICD-10 glitches*** include commercial plans not following CMS's example of grace periods for codes minimally in the same "family," issues with clearinghouses, online referral systems being ill-prepared to accommodate ICD-10 reasons for referral, some insurance websites unavailable for eligibility checks for two days, and long wait times. Read more: [click here](#).
- ***"All signs point to value-based care: Are you ready?"*** asks *Healthcare Payer News*. Not only payers, but also consumers, are insisting on value (lower costs for better outcomes). Indeed, "83.7 percent of healthcare consumers say cost influences their decision on where to go for care." In a formerly fee-for-service dominated industry, providers have not had to be this quantifiably accountable for value and efficiency until now. In part, the rise of high-deductible plans contributes to consumer choosiness regarding cost. Examples of value-based reimbursement prominence:

- “Aetna is a part of The Health Care Transformation Task Force, a coalition of private payers, providers and employers, which earlier this year pledged to put 75 percent of its payments into value-based models by January 2020.”
- “Likewise, the Department of Health and Human Services committed to put 30 percent of payments in value-based models by 2016 and 50 percent by 2018.”
- Read more: [click here](#).

BHACA: Outcome-Based Evaluation

- ***Providers are thinking more like payers as industry moves towards value-based care and population health.*** This trend reflects the BHACA Initiative focus areas of maximizing third party reimbursement, outcome-based evaluation, and data-management through a certified EHR system, “On the financial side, providers are looking for ways to make their fee-for-service business more efficient, increasing revenue. Meanwhile, insurers can use the data to spot highest utilizers of care to measure that against their premiums and negotiated payment rates with healthcare providers.” Data and value (decreased cost, improved outcomes) have never been as important as they are today. Read more: [click here](#).
- ***Webinar – Why All the Excitement about Logic Models?***
Organizer: U.S. Department of Health and Human Services Office of Minority Health
Date & Time: Tuesday, October 20, 2:30 PM Central time
To Register: [Click here](#)
Presenters: Jay Blackwell, Director of the Office of Minority Health Resource Center’s Capacity Building & Development; and Henry Ocampo, Senior Program Analyst, Capacity Building & Development
Description:
 This webinar provides an overview of logic models and when to use them in both applications and evaluations. The webinar includes how to write specific, measurable, attainable, realistic and timely (SMART) objectives and how to access logic model designs. Logic model templates are 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.