

Important Memo

To: All Clinicians

From: Bruce A. Maloof

Date: June 21, 2013

Re: Please pay very close attention to the items below

Welcome to Summer! Let's hope that it lives up to its promise of renewal.

Below you will find several very important changes that we are preparing for, and some have rapidly approaching deadline imposed on us by outside bodies—namely July 1, 2013. The last section of the memo is a summary of developments pursuant to the new State healthcare reform act that went into effect this past summer.

Before examining these two issues I want to summarize some on-going items to be sure that you are aware of them and can tend to them as they may be applicable to you.

Thank you.

Important Ongoing Items

- Please remember to send in copies of your renewed licenses and malpractice insurance plans. Those of you who are LICSWs may have opted for the new plan being offered by NASW, do not forget to notify us of this change and send in a copy of the new plan facesheet.

- From time to time we notice that some of you have forgotten your passwords and follow our web site prompts about getting new ones issued. **Please discontinue that practice.** Simply contact Paula or myself and we will remind you of your password. If you wish to change it to something that is more memorable for you, that's fine. Just let us know what you want it to be. As the Administrator for the web site I have to be able to work easily with our web hosting agent to reconstruct the site in the event it crashes, and it is a nightmare to do that if I do not have a record of the active password for each member, i.e., therapist. If you have already changed your password, please send that information along to me or Paula via e-mail or voice mail at your earliest convenience.
- I want to remind you that we are a go-to practice for a number of EAPs when it comes to the provision of CISD services. For example we fielded a number of calls immediately following the Marathon bombing and were on-site at or near the scene of the bombing working with the employees of businesses in the area who found themselves severely distressed. This is extremely rewarding work and even compensates generously. Anyone interested in being part of this team should call me directly. **It is absolutely necessary** that you be willing to (1) provide me with a telephone # that you will answer regardless of what you are occupied with, and (2) be willing to reschedule all other appointments in order to respond. I have been doing this in response to natural and man-made disasters for almost 20 years and have always found patients extremely flexible to make last minute changes when they know the reason.

Critical New Business

- **VERY IMPORTANT AND URGENT:** Effective July 1, 2013 has lost the contract to provide BH services for GIC members to Beacon Healthcare. Beacon has stated that it will honor the same coverage, e.g., (1) no authorization required for routine out-patient mental health visits, (2) all visits will be based on medical necessity (Beacon is a stickler on this item.), (3) each EAP member is entitled to 3 EAP visits per problem per year, (4) prior authorization is required for EAP visits, and (5) no payment will be made if there is not authorization for EAP visits—denials can be reviewed but Beacon is notorious for denying reviews.

We will take care of all administrative matters regarding this change internally but **you need to identify your GIC patients, and do so in a timely fashion** in order to insure that you get reimbursed for all

dates of service starting July 1, 2013 (Beacon simply will not back-date anything. It takes the view, “if you snooze you lose.”)

The GIC program is for all employees and retirees of the Commonwealth of MA, their dependents and survivors. GIC also covers Housing and Redevelopment Authority’s personnel, participating municipalities, retired municipal employees and teachers in certain governmental units.

- **VERY IMPORTANT:** Many of you know that I have been an appointee to the Behavioral Health Task Force Chaired by the Commissioner of Mental Health. The purpose of this Task Force has been to develop guidelines, regulations and even new legislation to support the implementation of the Healthcare Reform Legislation that the Governor proposed and was passed by the Legislature in July 2012. We have completed our preliminary report and I will make the full copy available to any of you who want to examine the document thoroughly as soon as it is published (probably about two weeks from now).

The intent of the Act is twofold, i.e., to integrate medical and behavioral healthcare, and to reform the model of reimbursement by moving away from fee-for-service reimbursement models. Here are some highlights below. As expected the recommendations favor those who are formally affiliated with group behavioral healthcare practices and/or with group medical practices.

--The integrated practices will be known as Integrated Care Organizations (ICOs).

--These ICOs will be **required** to include behavioral healthcare (BH) services. Most who are now ICOs or plan to become one will do this either by hiring BH professionals as staff, or will contract with group practices. (Already dozens of ICOs exist.)

--Whether staff or contractors, the information from the BH providers treating ICO patients will be **required** to be included in the electronic healthcare record (EHR) of the ICO, either by using the ICOs EHR or by having BH contractors with interoperable EHRs.

--The traditional 50 minute psychotherapy session will be greatly diminished in favor of very short-term, very solution-focused interventions, and “curbside” consultations to medical staff and their patients.

--BH providers and medical staff will be reimbursed for collateral consultations to benefit a specific patient.

--There will be a considerably increased role in the provision of BH services by non-licensed personnel, such as Certified Peer Counselors who will work under the supervision of licensed clinicians.

--The incomes of BH personnel will be protected by a state-wide oversight body whose membership will include a representative of each of the professional associations representing licensed BH practitioners.

-- Another expectation (already in place in existing ICOs) is the use of outcome measures. There will be a real push by payers to require that practices meet not only certain standards of care vis a vis procedures, but that practices demonstrate that they produce acceptable levels of outcome.

A great deal more policy and procedural changes can be expected as the new legislation is operationalized. I currently Co-Chair the HMO/Managed Care Commission, and am a member of the Professional Advisory Councils of both Blue Cross/Blue Shield of Massachusetts and Tufts Health Plan, and have pretty good access to some of the members of the Governor's Health Policy Commission, and some legislators. Consequently, as a practice we should have plenty of "heads-up" to prepare for the changes that will keep us competitive in a very new environment.