Health Care Reform: Implications for Professional Practice

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The Health Care Environment

- Declining reimbursements
- Increased/incessant demands for cost containment
- Increased cost of doing business (rent, labor, equipment, insurance, etc.)
- Increasing “competition” in the psychotherapy marketplace
- Growing regulatory demands (billing, privacy, confidentiality, patient consent, F-W-A, EHR, retirement planning, occupational safety, etc.)
- Lack of negotiation leverage
- Ever escalating health care costs!
Evolving Health Care Landscape

Increased regulation of price and volume of psychological services by public / private payers

Rapid and large-scale consolidation of health insurance market leading to more payer power: providers have lower reimbursement and less autonomy and consumers have higher premiums

Emergence of new reimbursement mechanisms to replace fee-for-service: P4P, global payments, episode of care payments, shared savings

Professional, market and regulatory developments encouraging more collaborative care practices
Evolving Health Care Landscape cont’d

Federal and state policies pushing integration:

- Quality payment programs with incentives to meet certain quality standards

- Health Information Technology (HIT): cost and ability to meet “meaningful use” criteria for incentives

- Anti-trust Enforcement Policy: allows integrated provider organizations to negotiate with plans re: payment rates. Groups without integration (financial and clinical) are prohibited from such negotiation.
Implications for Professional Practice

- New care delivery models/systems: PCMHs, ACOs
- New skills and training models for integrated, inter-professional team-based care
- Implementing advances in telehealth, HIT, and electronic health records
- Increasing demand for the use of EBPs (Evidence-based practices) and quality measures
- Payment reforms: P4P, Global payments, Bundled payments, Shared-savings models
Legislative Advocacy
Legislative Advocacy

- Advancing the Medicare Mental Health Access Act to add psychologists to the Medicare physician definition
- Working to enact comprehensive mental health reform legislation
  - Helping Families in Mental Health Crisis Act of 2015
  - Mental Health Awareness and Improvement Act of 2015
- Increasing psychologists’ Medicare payment rates
Practice GR is a part of a national mental health coalition to pass Mental Health Reform

- In August, there was a comprehensive social media campaign urging Senate action
- Practice members sent 3,892 messages to the Senate from and nearly that many from APA
Medicare Access and Chip Reauthorization Act (MACRA)

- Oct. 14: CMS unveiled final rule on MACRA implementation.
- Shift from fee-for-service to quality-based payments
- MACRA highlights:
  - Repeals the Sustainable Growth Rate formula, which was used to calculate payment cuts for providers.
  - Creates a two-track payment system for providers that includes the Merit-Based Incentive Payment System (MIPS) and the Alternative Payment Model.
  - Consolidates the Physician Quality Reporting System (PQRS), the Value-Based Payment Modifier, and the “meaningful use” metric (which measured the use of health information technology) into a single reporting system through MIPS
Merit-Based Incentive Payment System (MIPS)

- PQRS ends on December 31, 2016 as CMS transitions to the new Merit-Based Incentive Payment System (MIPS)

- MIPS designed to change the current Medicare payment structure so the focus is on value rather than volume

- Final rule expected to be released during the fall of 2016.

- Psychologists and certain other non-physicians expected to begin MIPS reporting in 2019 and not required to report quality measures in 2017-18.
  - MIPS adjustments applied to psychologists’ Medicare payments starting in 2021
Qualified Clinical Data Registry (QCDR) Initiative
Centers for Medicare and Medicaid Services (CMS) Physician Quality Reporting System (PQRS)

- In 2015, PQRS shifted to a mandatory reporting system that employs payment adjustments which penalize providers who fail to submit outcomes data on a certain percentage of their patients who are Medicare beneficiaries.

- To assist members in reporting, the Practice Organization partnered with Healthmonix in 2014 to provide APAPO PQRSPro, a registry-reporting option for psychologists.
  - Includes approximately 14 measures for psychologists to submit that were developed by a variety of stewards.
What is a QCDR?

- "an organized system that uses observational study methods to collect uniform data (clinical and other) to evaluate specified outcomes for a population defined by a particular disease, condition, or exposure, and that serves one or more predetermined scientific, clinical, or policy purposes” (AHRQ registry guide, 2014, p. 1)

- CMS is encouraging specialty associations to develop their own QCDRs in order to report to MIPS
Benefits of an APA/Practice Organization-sponsored QCDR

- Define, develop, and/or select the measures that are of the most interest and importance to psychology

- Could meet other psychologist data needs, such as licensure/CE requirements, credentialing or board certification requirements, and negotiating with quality-based, differential, and reimbursement payment programs

- Provide a real-world view of clinical practice, patient outcomes, safety, and clinical, comparative, and cost-effectiveness
  - Largest naturalistic, psychotherapy outcomes database
  - Make de-identified data available to members in clinical science community
Implementation Plan

- September 2016: QCDR proposal approved by CAPP and Board of Directors

- APA Practice Organization will work with Healthmonix, an experienced registry vendor, to develop a behavioral health-specific QCDR.

- A QCDR Advisory Committee of experts in outcomes measurement will be formed to help guide the development and ongoing maintenance of the QCDR program.
Legal and Regulatory Advocacy (LRA)
Promoting and supporting practicing psychologists

Legal and Regulatory Advocacy

TESTING AUDITS
Persuaded Anthem to fire Santé Analytics as its auditor and stop abusive audits of psychological and neuropsychological testing.

PARITY
Successful parity advocacy persuaded Aetna and Regence BCBS to pay more for the 60-minute therapy code (90837) than the 45-minute code (90834).

RISK ADJUSTMENT AUDITS (ACA)
Successfully applied our 2014 victory with one major company to all other companies, leading to almost problem-free risk adjustment audits for membership.
Telepsychology

- Joint APA/ASPPB/The Trust Task Force developed the APA Guidelines for the Practice of Telepsychology (2013)
- APA Practice collaborated in stakeholder meetings in development of ASPPB’s PSYPACT (interstate compact for telepsychology & temporary, in-person practice across state lines)
  - Coordinating with ASSPB in educating SPTAs and state licensing boards about PSYPACT & supporting advocacy efforts in specific states
- Tracking state and federal telehealth policies including insurance mandates
- Representation in American Telemedicine Association’s Telemental Health Special Interest Group
Technology

- Input to SAMHSA and other federal agencies on making electronic health records (EHRs) workable and suitable for psychology

- Providing support to COPPS (Committee on Professional Practice and Standards) as the Recordkeeping Guidelines are updated to reflect changes in technology and the Social Media Guidelines are developed

- Helping psychologists improve their practice through technology
  - Telepsychology, EHRs, Cloud storage, Mobile Apps, Encryption and Security
LRA: Medicaid
Advocating for expansion of psychological services and increased reimbursement in the Medicaid system

1. Identify key states (Including DC, NC and NJ)
2. Collaborate with state psychological associations
3. Develop strategies and grassroots advocacy
Medicaid Initiatives: A Brief History

- 22% of Americans are Medicaid recipients.
- Medicaid needs more psychologists.
- Barriers to psychological services: limitations on Medicaid reimbursement for independent practice of psychology, Health and Behavior (H&B) Codes, and services provided by doctoral psychology interns.
- Practice and Education have collaborated to hire a fellow to work on these issues.
- Working with state psychological associations on these barriers.
Medicaid Managed Care

- Approximately 80% of Medicaid enrollees are served through managed care delivery systems.

- States have largely shifted to these types of delivery systems to keep costs low and to deliver value-based care outside of the fee-for-service model.

- Managed Care presents unique challenges for our agenda
  - Choice of Providers on Panels
  - MCO-State Contracts not accessible
  - Interns not “fully licensed”
  - Multiple MCOs operating in same state
  - Who makes key decisions MCO, state agency, both?
Research and Strategies for Medicaid Managed Care

- Identify and investigate several states that use Managed Care for either part or all of their Medicaid services.
- Identifying MCOs that have contracted with several states to provide Medicaid services.
  - E.G. Optum, Molina operating in multiple states
- Working with selected state psychological associations to advocate that MCOs include billing for psychologists and interns in states where they currently do not cover those services.
Medicaid Advocacy

Psychologist Reimbursement

- NJPA passed legislation to dramatically increase what were extremely low Medicaid rates
- Assisted the Georgia PA with a Medicaid recoupment issue.
- Missouri PA received funding through CAPP grants to assist them in their advocacy and legislative process. Legislation passed allowing for the reimbursement of H&B codes in Medicaid.

Other Medicaid Updates

- Working with new states on intern reimbursement: NH, AK
- New states that have contacted us, providing them initial support: NM, NE
Medicaid Advocacy cont’d

- **North Carolina – Intern Reimbursement**
  - Work with NC Division of Medical Assistance

- **Maryland – Intern Reimbursement**
  - Investigating audits of Licensed Psychology Associates
  - Pursuing intern reimbursement with Maryland Medicaid

- **DC – Independent Practice and Intern Reimbursement**
  - Collaboration with Children’s Hospital
  - Patient Centered Medical Homes
  - Continued Work with Epstein Becker Green
Medicaid Advocacy cont’d

Strategic direction with DC effort:

1. Memo from Doug Tynan in Center for Psychology & Health on how integrating BH & MH services from psychologists improves costs & outcomes

2. Sept. 19: Met with predominant Medicaid MCO (MMCO) in DC: Karen Dale of AmeriHealth (presenter at DC Summit) to develop plan to meaningfully integrate psychologists

3. Get remaining MMCOs on board with plan

4. APA, DCPA and MMCOs jointly bring plan to DC Medicaid agencies
LRA: Practice Organization Initiatives
LRA Practice Organization Initiatives

- Preparing psychology for legal issues under the ACA and in a changing health care world
  - E.g., Identifying and challenging legal barriers to multi-disciplinary practice, health insurance exchanges, risk adjustment audits
- Developing and promoting innovative practice models (IPMs) viable for psychology
  - Multi-state summits on IPMs and Integration:
    - NYC-May 2015; DC-May 20, 2016; Chicago-June 24, 2016
    - Collaboration with entrepreneurial psychologists developing IPMs
- Insurance, Managed care and MH Parity
  - Reimbursement, audits, restrictions on care, extended therapy CPT code 90837
LRA: Insurance and Parity
Federal Parity Issues

Practice Organization comments to White House’s New Parity Task Force: Submitted Aug 31

Focus on Remaining Challenges:
- Reimbursement parity and its impact on network adequacy
- Inaction on our enforcement complaints, especially when states have primary jurisdiction
- Lack of information re comparable limitations on medical side

Results: October 2016 - in several key respects, the task force adopted suggestions or responded to concerns from the Practice Organization on how to advance enforcement of the Mental Health Parity and Addiction Equity Act (MHPAEA).
Insurance & Parity - Updates

- 90837
  - Reply letter to the Utah Ins Commissioner re Regence BCBS
  - Reply letter to Independence BC (IBC) in Philadelphia

- Audits
  - Abusive traditional audits
  - Abusive non-payment
    - Beacon Health in Florida
Insurance & Parity – Insurers

Work with insurers directly before involving state or federal regulators has been effective in several instances:

- Aetna was paying 90834 and 90837 at the same rate. We alleged parity violation, and they have since implemented a significant differential.

- Anthem and Highmark sent letters to MH professionals who they identified as billing 90837 more than their peers. Psychologists feared that continued use of 90837 would result in audits. We intervened raising parity concerns and each clarified that the letters were simply educational in nature and not intended to dissuade the use of that code. Anthem changed their letter as a result.
Insurance & Parity – Collaboration with other stakeholders

- Signed letter by Committee on Whole Health to Parity Task Force, in addition to sending our own.
- Participate in Scattergood/Parity Track calls on state legislation and on the Parity Registry and provided extensive feedback on the latter
- The Pearson-funded parity roundtable
- Working with the American Psychiatric Association periodically on reimbursement parity issues
- Getting members to submit parity complaints to the federal agencies
- Parity Guide created with assistance from Practice Communications
LRA: Scope of practice issues
Providing resources (e.g., 50-state legal reviews & advocacy tools) and consultation to members and state associations

- Psychological testing
- Masters-level issues
- Applied behavioral analysis
- Prescriptive authority
- Licensure
- Duty to warn
Scope of practice and licensure

- Supporting new practice areas for interested psychologists:
  - Hospitals and other inpatient settings
  - Integrated care/health psychology
Scope of Practice: APA Comments on Proposed Revisions to Texas Licensing Law

- Texas Board proposed new licensing law definition of “practice of psychology”

- This was a reaction to Serafine decision by 5th Circuit US Court of Appeals decision invalidating parts of licensing law and 2017 sun-setting of that law

- APA comments generally recommend addressing ambiguities/deficiencies by adopting relevant language from APA Model Licensure Act (MLA)
Concerns in proposed definition of “practice of psychology”:

- No specific mention of:
  - Psychological and neuropsychological testing and assessment
  - Treatment
  - Supervision

- Would require licensure of all I/O psychologists vs. MLA approach of only requiring licensure for direct services to, or direct impact on, individuals within organization

- Clarify that law would not disenfranchise those whose licensed scope of practice or activities may overlap with the psychological scope of practice
Legal resources for members
Legal and Regulatory Resources for Members

Valuable guidance on legal and regulatory issues raised by members:

- HIPAA and privacy/confidentiality/security
- Record keeping, including EHRs
- Telepsychology
- Scope of practice, licensing, complaints, subpoenas, testimony
- Duty to warn/protect and abuse reporting
- Abusive insurance/managed care practices
Responding to Member Questions

Legal staff receives over 1,000 per year on topics such as:

- HIPAA & patient privacy
- Danger and Abuse Situations
  - Duty to warn/protect, abuse reporting, suicide and patient self-harm, threats to psychologist
- Helping Psychologists Interact with Legal System
  - Subpoenas, testimony, expert and forensic roles, crime investigations
- Licensure and disciplinary actions
- Recordkeeping and Professional Wills
- Miscellaneous
  - Psychologists as employees or employers, negative online reviews, closing a practice, etc.
Other initiatives
Public Education and Election Stress

- APA Stress in America survey asks about stress related to the presidential election
- Full report scheduled for release in February 2017
- Timeliness, accurate, vehicle for health messages about stress
- Released data about election and stress only on October 13
Election Stress Coverage

- Resonated broadly
- Coverage includes:
  - New York Times
  - Washington Post
  - Bloomberg
  - NPR affiliates in NYC, Philadelphia, San Diego, Wisconsin and others
  - CNN
  - CBS Radio (national)
  - BBC World Service Brazil
  - ABC Nightline

TOTAL TO DATE = 1700+ stories
Election Stress Coverage cont’d.

It has been described as one of the most contentious, todavly and angsty presidential elections in history. And it's taking a toll on our mental health.

"I've been in private practice for 30 years, and I have never seen patients have such strong reactions to an election," said Sue Elias, a licensed clinical social worker in Manhattan.

The American Psychological Association says that 52 percent of American adults are coping with
Disaster Resource Network

- DRN celebrated its 25th anniversary
- DRN co-coordinators from Colorado, hosted a Disaster Mental Health Fundamentals Training at the Red Cross Mile High Chapter during the APA Convention
- The DRN Advisory Committee hosted a workshop on Disaster Mental Health Interventions—Models and Applications during convention (Aug. 4). The workshop drew in around 90 participants

- The DRN Advisory Committee met in Washington, DC on 9/30-10/1
- Several of APA’s DRN team members responded to events such as the Louisiana floods and Hurricane Matthew
Clinical Practice Guideline Initiative

- October 3: Public call for comments on draft "Clinical Practice Guideline for the Treatment of Posttraumatic Stress Disorder (PTSD) in Adults."
- Comment portal to remain open until December 3, 2016.
- Draft versions available for comments mid-2017
  - Depression across the lifespan
  - Obesity in children
CMS Transforming Clinical Practice Initiative grant

- Sept. 29: APA Center for Psychology and Health received federal funding ($2 million over three years)
- APA serving as a Support and Alignment Network (SAN) to train psychologists in skills needed to support practices in integrated health care settings
New grant information cont’d.

- First grant of this type awarded to psychologists
- Goal of training 6000 psychologists
- Registered APA members receive free training and CEUs
- Opportunity to engage in where the industry is heading
What’s the difference between APA and the APA Practice Organization?
APA:

- Promote “psychology”
- Advance psychological knowledge to benefit society
- Promote research in psychology
- Establish standards of ethics, conduct, education and achievement

The Practice Organization:

- Promote “psychologists” by advancing the trade of professional psychology
- Engage in unrestricted lobbying, including for reimbursement rates
- Work with political action committee APAPO-PAC

- Total legislative grants awarded: $2,480,000
- Total organizational development grants awarded: $1,540,000
Promoting and supporting practicing psychologists

Resources for Practitioners: Member Communications

Keeping Practitioners Informed

- **Good Practice** magazine
- **PracticeUpdate** e-newsletter
- Practice Organization listserv, exclusively for Practice Organization members
- Practice Central website: [www.apapracticecentral.org](http://www.apapracticecentral.org)
New Member Resources 2016

- Complete Guide to Medicare
- August 31 reimbursement webinar with Dr. Antonio E. Puente.
- Updating ICD-10-CM resource guide and website section on apappracticecentral.org.
- Collection of Research Roundup columns from PracticeUpdate.
- APAPRACTICEORG listserv
- Practice Help Desk with The Practice Institute, Oct. 20: now available online
- Good Practice Fall 2016 – The Money Issue
- Innovative Practice Models toolkit on apappracticecentral.org
APAPPO-PAC Ranking during 114th Congress (2015-2016)

Psychology’s PAC ranks 44th among 122 health professional PACS
1. Challenging reimbursement rate cuts
2. Taking action against managed care/insurance company abuses
3. Advocating for practitioners' interests in health care reform
4. Affirming the doctoral standard
5. Confronting assaults on scope of practice
6. Fostering political action for psychology
7. Advocating for higher rates and expansion in Medicaid
Resources

- www.apa.org
- www.apa.org/health
- www.apa.org/helpcenter
- www.apapracticecentral.org
Questions?

Thank you for your attention. For more information, please contact knordal@apa.org or call 1-800-374-2723