

Legislative Committee Update, NURS Membership Meeting, June 25, 2011

Goal: The Legislative Committee works with the NURS Board and membership to influence legislation and health care policy in order to promote, protect and expand the role of Advanced Practice Psychiatric Nurses in Massachusetts, while ensuring access to behavioral health care for the patients we serve.

ANNOUNCEMENTS:

- ◆ We are pleased to announce that **Mary Ann Hart is now representing NURS as our legislative consultant.** Mary Ann runs Hart Government Relations, a government relations consulting firm, and has represented non-profit health and human services organizations on Beacon Hill for over 20 years. She previously worked in the Massachusetts legislature, is a former Assistant Commissioner of Public Health, and was the Director of the Office of Health Policy under Governor Michael Dukakis in the 1980s. She is a family nurse practitioner, an Assistant Clinical Professor of Nursing at Regis College in Weston, and the Program Director for Regis' new Graduate Program in Health Administration. Mary Ann is working on her Doctorate of Nursing Practice (DNP) at Regis College.
- ◆ NURS will begin attending the **Children's Mental Health Campaign**, beginning on July 19th. It is one of a number of initiatives under Health Care for All. Several NURS members have expressed an interest in attending. For more information go to www.childrensmentalhealthcampaign.org.
- ◆ MCNP is hosting a **fundraiser for Representative Kay Khan**, on Tuesday, July 19th from 6 – 8pm. Emails have gone out to members. Please let me know if you are planning to attend or will be sending in a donation.

ACTIVITIES AND UPDATES:

- ◆ NURS member Debbie Farber was selected to join the **Behavioral Health Integration Work Group** which is part of the *Patient-Centered Medical Home Initiative*. This initiative is a three year, 45-site demonstration project on how to transition primary care into a patient-centered medical home model. The Work Group is clinically oriented, focusing on integrating behavioral health services with participating primary care practice sites. The first meeting was held on April 15th. Potential problems for the work group to address were identified, including practice level training needs, practice level resource needs and systems issues. Desired work group outcomes were also identified such as developing recommendations to address the problems outlined above, defining levels of integration as a roadmap for practices to use, identifying and developing resources both within the practice and in the community to support the integration of behavioral health into medical home models and a possible ongoing advisory role of the work group. A second meeting was held on May 25th. Identified problems and a proposed outcomes list were addressed as well as the mission statement. Results of a survey to assess the current state of integration in practices and the implications for the problem list were reviewed. Eight integration models were considered. Consumer representation was discussed. The most recent meeting was to have occurred yesterday, June 24th.
- ◆ The **Advanced Practice Nursing Coalition** began meeting again in January at the prompting of our Practice Committee. The group meets to share experiences and perspectives on their respective practice environments and to identify possible areas of mutual concern, including legislative priorities. The Legislative Committee will work with the Practice Committee to promote any legislative initiatives that are identified and supported by NURS. At the meeting on March 26th, Laurie Talarico, Nursing Practice Coordinator for BORN, presented a draft of the revised advanced practice nursing regulations (posted on www.NURS.org). This revision is part of a nationwide effort spearheaded by the APRN Consensus Work Group and the National Council of State Boards of Nursing APRN Advisory Committee who have been

addressing regulatory inconsistencies across states and between different APN groups. In this enormous effort, state boards of nursing have been attempting to align licensure, accreditation, certification and education across states in order to expand patient access to APNs, while continuing to ensure patient safety (full report: <http://www.apna.org/files/public/Consensus Model Full Report.pdf>). At the most recent meeting on May 21st, it became clearer that the NPs and NAs are not ready to pursue independent practice at this time. The CNMs (who have their own bill) and NURS are much more interested. The coalition recently submitted joint testimony in support of Representative Kay Khan's bill to establish a *Commission on Advanced Practice Nursing*. The next meeting is scheduled for July 14th.

- ◆ On June 17th, NURS had its **fourth quarterly meeting with BCBS** Director of Behavioral Health, Stephen Kozak and the Regional Director of Network Management, Helen Connaughton. Ginny Tay, Donna Principato and Sharon Reynolds have been involved in planning and/or attending these meetings. 1) Many of you probably received an FYI about rate increases. They explained to us that advanced practice psychiatric nurses were not on par with non-psych NPs whose fees have been 85% of the MD rates. Ours have been 75%. As of September 1st *we will be reimbursed at 85% of the MD rates*, which as it turns out, are *also being increased*. There is a training offered at <http://www.brainshark.com/bcbsma/rbrvs> which explains how BCBSMA determines their reimbursement rates using a formula that involves CMS rates. This training may also be accessed by signing onto BlueLinks and going to "resource center", selecting "training" from the menu, then selecting "RBRVS training" from the Behavioral Health drop down window. 2) They strongly recommend getting registered on the BlueLinks for Providers website, <https://www.bluecrossma.com/provider>, by going to the "Register Now" prompt. They have made the process simple and if you have any difficulty, you can reach someone on their **Provider Self Service line, 800 771-4097**. There are many resources and tools on this site including product trainings, medical policies, the provider blue book and applications and treatment forms. 3) They also wanted us to know that they are offering free professional claim entry on line and direct deposit. Both can be set up through BlueLinks. They are moving in the direction of having all billing and reimbursements done electronically. 4) Regarding their recredentialing requirements of non-prescribing CNSs/NPs having to have an agreement with a supervising MD and prescribing CNSs/NPs having to have a supervising psychiatrist who is at least a BCBS indemnity provider, they have assured us that they are keeping the issue very much alive and promoting our concerns in a number of appropriate venues at BCBSMA. However, they pointed out that by their not making a distinction between prescribing and non-prescribing CNSs/NPs, non-prescribing CNSs/NPs are guaranteed inclusion on their panels as long as they have a supervising psychiatrist. If and when they find a way to separate them out in their system, there is a good chance that some non-prescribing nurses will not be included on their panels as they are not automatically credentialing clinicians who provide psychotherapy only. **Questions about administrative procedures, applications, contracting questions, etc. can be addressed by calling their Network Management Service, 800 316-2583.** Our next meeting with BCBSMA is scheduled for September 23rd.
- ◆ **BCBSMA's Behavioral Health Provider Advisory Council's** quarterly meetings are now being attended by Georgie Marks. The focus at the February meeting was on the new tool for online claim submission for providers via Blue Links. BCBS is trying to make the process simple and there is no cost to providers. Direct deposit for providers – PaySpan – is available but not widely used. The May meeting was cancelled and the PAC will reconvene in the fall. BCBSMA is waiting to receive data updates on the Medical Behavioral Integration initiative. BCBSMA is considering inviting PAC members to a larger fall event/conference to examine the unique role of behavioral health providers in the context of Accountable Care Organizations and global payment methodologies. Ken Duckworth, MD is the new Associate Medical Director for Behavioral Health. He is Board Certified in Child and Adolescent Psychiatry and in Forensics and has a

background in behavioral health systems and clinical management. The advisory council will meet again in the fall.

- ◆ Jeanette Maddix continues to represent NURS on the **DPH Health Care Workforce Advisory Council**. The most recent meeting was held in February. The draft of Recommendations for the Development of the Massachusetts Primary Care Workforce was on the agenda for discussion. The two main recommendations were: 1) to build the infrastructure necessary to monitor, assess, and plan for the adequacy of the primary care workforce and 2) to develop new strategies and incentives – and build on effective existing ones – to recruit and retain a primary care workforce sufficient to meet demand. The importance of removing barriers to practice for APRNs and PAs was noted in the draft. Next meeting to be scheduled.
- ◆ MBHP's Quality Advisory Committee meets quarterly to provide an opportunity for MBHP to present quality and programmatic initiatives and to further improve and develop innovative approaches to the delivery of behavioral health care. It is also an opportunity for attendees to share information. Marin Konstadt represents NURS at these meetings. National and state trends in behavioral health were addressed at the most recent meeting on April 1st. Eligibility expansion, benchmarking, treatment, prevention, rehabilitation for the mentally ill and substance abusing populations, evidence based practices and the need to reduce costs were discussed. MBHP discussed that 64% of the 76% of persons on SSI because of chronic illness, have comorbid mental health or substance abuse diagnoses – and after 18 months, chronically disabled Medicaid recipients cross over to Medicare which is a fee for service model. MBHP performance incentives around how quickly patients could be seen post-hospitalization and for 30 day follow up visits were presented. The importance of parity being consistent across medical and behavioral health diagnoses was discussed. How to deliver addiction services with the emphasis on primary care needs to be ironed out. While children are being screened for mental illness and substance abuse, there are still insufficient services for this population.
- ◆ NURS member Janice Goodman, was appointed to the **Special Commission on Postpartum Depression**. The commission has not yet convened.
- ◆ NURS continues to be an active member of the **Mental Health Coalition** which meets monthly. 1) *The MHC* presented testimony, *Statement of Principles: Mental Health and Accountable Care Organizations*, at the May 16th hearing on Governor Patrick's health payment reform bill. NURS was one of 8 signatories and we also presented our own testimony. (The text of both letters of testimony as well as Gov. Patrick's bill can be found on the www.nurs.org website under Legislative News.) The testimony reflected that we would like to see the information from pilot ACOs before supporting widespread implementation of the ACO model or inclusion of behavioral health in such a model. We also advocated for certain principles to be part of any ACO model: accessibility, choice and continuity of patient care; all providers being trained to recognize and refer appropriately for behavioral health conditions; reimbursements being risk adjusted for multiple factors impacting on provision of care; burden of proof for denials of care resting with the party denying the care; a well-defined appeals process; and behavioral health representation on both individual ACO boards and the state oversight board. 2) Also, NURS, along with a number of other disciplines, has requested a meeting with the Division of Insurance, to discuss some issues around rate-setting, medical necessity criteria, transparency, utilization review, retroactive paybacks and the timeliness of the availability of BCBSMA's rate changes. 3) We continue to support bills of mutual concern (e.g. medical necessity, continuity of care, insurance transparency and antitrust bills) with other MHC members.

- ◆ There are **quarterly stakeholders meetings, *Implementing Federal Health Care Reform in Massachusetts***, hosted by the Executive Office of Health and Human Services, which offer updates on the work being done to implement federal health care reform in Massachusetts. The information presented at these meetings is available on the following website: www.mass.gov/nationhealthreform.

- ◆ The **Legislative Committee** is in the process of being reformed. Consider becoming an active member of the legislative committee especially as we are going through such a pivotal time in health care and advanced practice nursing has never been in a better position to help shape health care policy and expand our scope of practice. It is a wonderful opportunity for professional development of our field and individually – *and please consider* - two or more years of volunteer service fulfills the Professional Service category for ANCC recertification: **“Accepted volunteer activities include board of directors, committees, editorial boards, review boards and task forces.”**

Contact: Sharon Reynolds, Legislative Committee Chair
sreyn-jwil@comcast.net