



Behavioral Health Management recognizes the diverse and changing needs of organizations involved in Behavioral Health Medicine.

Welcome to the Behavioral Health Management Newsletter

In the quickly changing industry of managed care it is essential to remain one step in front of the competition. BHM will continue to strive to bring you the latest news and information from the forefront of managed care, along with helpful tips on topics that you can implement within your organization, and detailed information on the latest developments within BHM.

RAC: Prevalent and Permanent

In the midst of healthcare reform and overhaul, increasing and aggressive attention is being given to perceived overpayments to providers through the Medicare Recovery Audit Contractor Program. The RAC Program, which started as a temporary initiative, was made permanent by congress and implemented on a nationwide basis on Jan. 1, 2010. The Centers for Medicare and Medicaid Services (CMS) estimates that billions of dollars in overpayments for patient services will be identified through the new nationwide RAC audit focus. Based on previous audit findings, 85% of identified overpayments were related to coding, medical necessity, or lack of documentation for submitted claims. The potential ramifications for providers can be staggering, and RAC auditors can look as far back as 2007 for audit determinations. For facilities in which RAC has determined overpayment to have been made there is the ability to appeal but, since many healthcare organizations have a small positive profit margin, this is often not feasible. Additionally, some reports have stated that those organizations which appeal the decision and lose may in some cases be liable for paying 3 times the initial claim by the auditors. Further controversy has been raised as RACs are paid a percentage of recouped funds. Now is a key time for organizations to analyze their RAC vulnerabilities and be both proactive and retroactive when approaching upcoming audits.



For more information on the basics of the RAC program provided by CMS please visit:

[RAC INFO](#)

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Increasing Profitability

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EMR Incorporation: Preparing for Change

Starting in 2009 with the Economic Stimulus Package, financial incentives were offered to hospitals and physicians who implemented EMRs according to “meaningful use” criteria. A recent expansion of this bill is allowing for the same financial incentives to be applied to behavioral health professionals and clinics, and a federal mandate for the use of EMRs is anticipated by industry experts. The move toward EMRs is touted by some as a means to standardize patient health records, make cost of care more efficient, improve quality of care, and encourage coordination between health professionals. Opponents to EMRs are concerned that they may threaten patient privacy, decrease efficiency through poor design, and lead to impersonal rather than customized care. Whatever your view, the utilization of EMRs is certainly imminent, and it is essential for organizations to begin to consider use of EMRs if they have not yet done so. These considerations should include which type of EMR is most practical for the specified purpose, and how to best incorporate EMRs into the practice. EMR systems offer substantial opportunities to organize and manage clinical data in ways that can potentially improve preventive health care, the management of chronic illness, and the financial health of clinical practices. The functionality of EMRs as implemented, however, can vary substantially from the functionality intended by the creators and purchasers of the programs. Safety, ease of use, and overall design will continue to be barriers to successful EMR conversion and implementation. Brian Johnson, Senior VP of Finance and Claims Operations at BHM, recommends that organizations begin by examining how the EMR system will change the workflow of the organization, how security will be managed, and the data capture methods that the EMR will employ. These considerations should be evaluated based on the type of practice, practitioner, and patient volumes.



Staff Buy-In: The #1 Hurdle to EMR Implementation

- According to a recent survey by Health Data Management, the No. 1 challenge to EMR implementation is staff buy-in (28%), followed by systems integration (28%), and funding (24%).
- According to a study conducted by Korn/Ferry International, one of the most common mistakes that executives make when incorporating EMRs is failing to properly read the existing corporate culture.
- Training and support prior to and during implementation are keys to the successfulness of the project.
- In many instances staff buy-in may be contingent upon information systems working smoothly and seamlessly with clinical workflow.

**HEALTHCARE PROVIDERS WHO ACHIEVE
EMR “MEANINGFUL USE”
BY 2011 WILL QUALIFY FOR FINANCIAL
INCENTIVES THOSE WHO DO NOT
ACHIEVE “MEANINGFUL USE” BY 2015
MAY FACE FINANCIAL PENALTIES**

BHM Announces Appointment of VP of Clinical Operations Fred Richmond

BHM is pleased to announce the addition of Fred Richmond, MBA, PhD to its team of [expert healthcare consultants](#). Dr. Richmond is a [highly qualified healthcare consultant](#) and will serve in the capacity of VP of Clinical Operations at BHM.

Dr. Richmond has had a long and distinguished career in the healthcare and behavioral health fields. He recently served as the executive director for the American Academy of Pediatrics in California. Prior to this Dr. Richmond dedicated himself to the impressive position of Chief Executive Officer for the Coalition of Orange County Community Clinics. During his time at the Coalition of Orange County Community Clinics Dr. Richmond provided outstanding administrative leadership, infrastructure, and overall management direction for 17 Community Health Organizations with 46 separate facilities. Other positions Dr. Richmond has held include Director of the University of Massachusetts Medical School, Chief Operating officer for Progressions Group-Eugenia Hospital in Lafayette Hills, PA, and Clinical Director for Universal Health Services in Chester Pennsylvania, and Northwestern Institute Child and Adolescent Services.

Dr. Richmond also has extensive experience serving as a senior consultant for a number of organizations including the Public Consulting Group, where he led recovery efforts to recoup lost revenue and was responsible for \$4 million dollars in additional sales projects, Pricewaterhouse Coopers, LLP where led recovery efforts and provided ongoing education and training for both physicians and clinicians.

“It is rare to find someone with such a distinguished set of qualifications, who also exemplifies what a leader in the behavioral healthcare field should be,” stated Mark Rosenberg, President of BHM. Dr. Rosenberg went on to state that “we look forward to working with Dr. Richmond, and fully believe that his unique abilities to mentor, empower, cross-train and engage will be uniquely beneficial to all of our current and future BHM clients.”

Behavioral Health Management Begins Preparation for URAC Accreditation



In order to best serve the needs of our clients, and continue to provide the highest level quality of service possible, Behavioral Health Management has begun the process of preparation for organizational URAC Accreditation. URAC is the largest accrediting body for healthcare organizations and is recognized nationwide. URAC accredits a number of different healthcare organizations and focuses on health and quality standards. “At BHM we believe that it is important to not only do the things that are standard in the consulting industry, but to continue to strive toward a superior level of customer service and satisfaction. By pursuing URAC accreditation for our organization we are raising the bar as far as what consulting firms can offer their clients, something that we will continue to do well into the future with additional quality initiatives,” stated Danyell Jones, Director of Customer Solutions for BHM. Leading the URAC Accreditation team with this project is Rachel Walker RN C., SVP of Quality and Accreditation who stated that “National accreditation is a “must-have” for any healthcare organization who wishes to distinguish themselves from the competition., therefore, BHM has decided to seek URAC accreditation. Not only will this accreditation distinguish BHM from the competition, but it will also promote and support BHM’s ability to measure, monitor and continuously improve its services. In addition, BHM URAC accreditation will substantially reduce the oversight role of our clients, thereby increasing our clients’ ability to focus on their primary role and to do so more efficiently.”

FOR ACCREDITATION SERVICES PLEASE

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Depression Website Development:

Behavioral Health Management, in alliance with the National Association of Managed Care Physicians, will be leading a group of physicians in the development of a Medical Director website focused on major depression.

More information on current sites, as well as those under development can be found here: [NAMCP](#)

2010 US Psychiatric and Mental Health Congress:

At the upcoming US Psychiatric and Mental Health Congress, President and CEO of BHM, Mark Rosenberg will be presenting 2 talks; "Understanding Managed Care: Reducing Denials" and "EMR Incorporation: Evaluating Benefits for Your Organization."

Date: Nov. 18-21st 2010

Location: Orlando, FL at the Gaylord Palms Convention Center

Contact Information: [US Psychiatric and Mental Health Congress](#)



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