



SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

Billing Effectively (and accurately) for Integrated Behavioral Health Services

June 6, 2016



SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

Moderators:



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Health Consultant, CIHS



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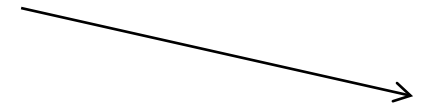
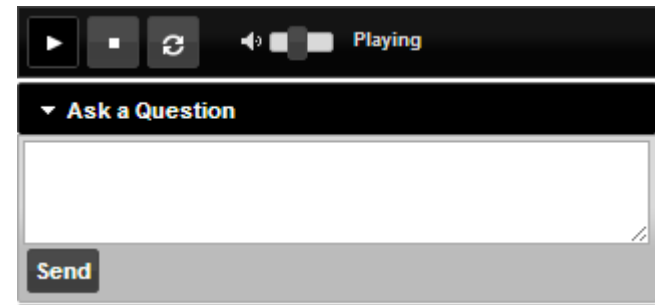
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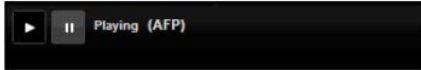

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Substance Abuse and Mental Health Services Administration
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Today's Speakers



Virna Little, PsyD, LCSW-R, SAP, Vice President for Psychosocial Services and Community Affairs, The Institute for Family Health



Alicia Smith, MHA, Managing Principal, Health Management Associates



Gina Lasky, PhD, MAPL, Senior Consultant, Health Management Associates



Today's Objectives

This webinar will share the practical ins and outs of billing for behavioral health services to a variety of third-party payers, including Medicare and Medicaid within safety-net primary care clinics. We will discuss the menu of billing options available that can match your center's needs.

After this webinar, participants will be able to:

- Identify billing options for integrated behavioral health services
- Ask questions to identify if Medicaid and Medicare numbers are appropriately linked to the mental health services provided
- Employ tips for working with clinical and billing staff at the same time

Poll Question

On a scale of 1-5 to what extent is reimbursement a barrier to BH services in your health center?

- 1 - Not a barrier
- 2 - Limited barrier
- 3 - Somewhat of a barrier
- 4 - Significant barrier
- 5 - Most significant barrier





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Sustainable Behavioral Health Services



Virna Little, PsyD, LCSW-R, SAP, CCM

*(Vice President for Psychosocial
Services and Community Affairs
The Institute for Family Health)*



**Operate fiscally sustainable and
efficient clinics.**

The Front End and the Back End !



Considerations for Sustainability

- Staffing
- Productivity/Volume
- Direct Revenue
- Indirect Revenue
- Coding
- Contracting
- Optimization (concurrent doc)
- Back end-denials,
- Dashboard development
- Even if you have a grant.....



Why it is complicated

- Varies by state
- By license
- By staffing

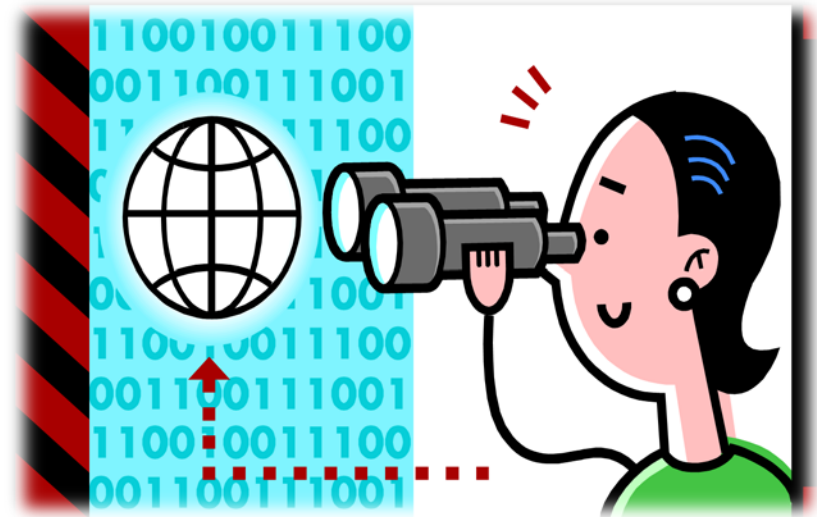


Do You Know ?

Your cost per visit for behavioral health ?

Your average reimbursement for behavioral health ?

If not



Staffing

- Billing varies greatly with staffing
- What is the licensing of the staff you are hiring or who will be working on this project?
- Billing varies greatly by state
- Do your billing and reimbursement homework **BEFORE** you hire your staff
- Do you have staff now you cant afford to keep when the grant goes- unlicensed, Licensed Mental Health Clinician (LMHC)
- Do you know how to figure out how much a staff person costs you?



Defining Efficiency Benchmarks

FISCAL PERFORMANCE INDICATORS—

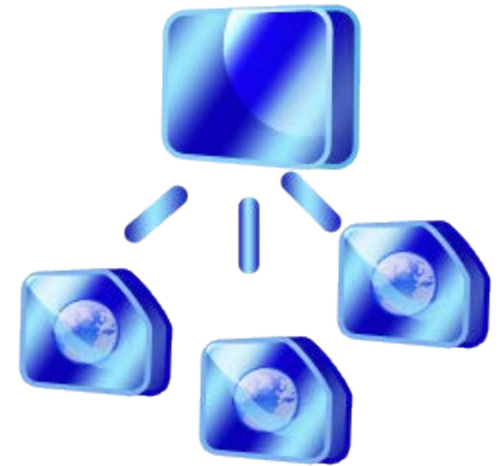
Necessary Data Points:

- Revenues
- Expenses
- Count of visits
- *Average Reimbursement rate per visit*
- *What do you need/want to know and when*



Workflows Often Equal \$\$\$\$

- There are many different workflows
- Workflows can vary by location or provider
- Not set in stone
- Why do I need to do my reimbursement work before I figure out my workflows?
- Why do workflows matter?
- Example-Medicare, hand off to open slots



Review Payer Mix

- What payers does your organization or BH services get reimbursement from
- Make a grid to review each payers each service and each provider
- Review guidelines for each payers- are services part of the contract or do they need to be added
- Does the payer reimburse for all credentials, i.e. social workers vs. counselors
- Special payer programs-like depression



Make A Grid

- What payers does your organization bill to or contract with
- List all of your payers Individually- remember some have more then one plan
- List all of your billable staff
- Leave space for contracting possibilities



Contracts

- Can be second source if a provider or code is not billable
- Contrary to popular belief they are negotiable
- If you don't ask (is this the best rate you are offering in this state ?)
- Check with other IMPACT or integrated projects in your state- what are their arrangements (you can't partner)
- Medicare Advantage
- Think about codes like crisis code
Such as 90839



You Can't Get Paid.....

If you don't see enough patients

Know the ratios

Productivity needs to support sustainability



Credentialing

- Not to be confused with professional appointments
- Why should I bother if most of our patients are Medicaid?
- What if my organization doesn't credential behavioral health providers?
- Subject to reviews by credentialing organizations
 - Takes a long time
 - Delegated credentialing is a goal



Abstract Dollars

- Can help support IMPACT work
- Will vary by organization/setting/payer mix
- Time spent with Primary Care Provider
- No show rates for PCP, specialty care
- Medication adherence
- Emergency room visits/utilization
- Productivity for behavioral health



Quality Dollars

- Disease Management industry
 - Potential to have care management paid for (at your site vs. by phone)
 - Special programs
- Brings in additional dollars above wrap
- Showcases your program/project
- Offer to be a “ pilot”

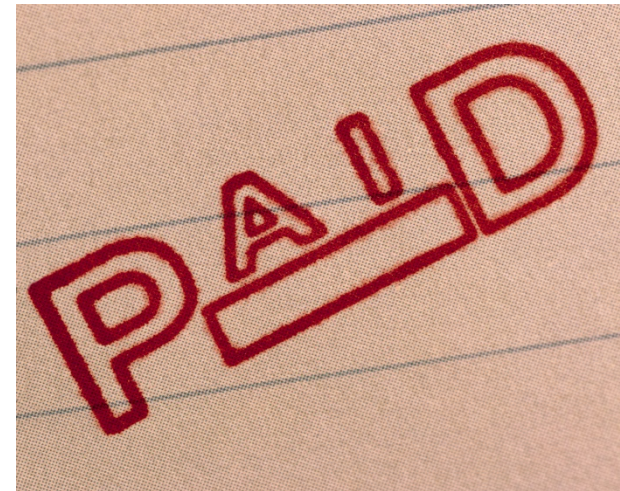
Optimize By

- Knowing what you should be paid for all services
- Reviewing work flows, opportunities to “up code”
- Review same day billing, services
- Different diagnosis for same day visits
- Not Otherwise Specified vs Major Depressive Disorder



Medicare Does Pay For

- Two Visits on the same day
- Incident to visits
- Behavioral health providers in health centers
- Depression Screenings
- Form Completion



Health and Behavior Assessment/Intervention HBAI Codes

- Source of confusion
- Staff (psychologist vs. social workers)
- Not recognized by some states



Getting Paid What You're Due

- Look closely at Explanation Of Benefits (EOBs)
 - Not all payments are correct
 - Review and Track your Denials
 - Often diagnosis denials
- Review:
 - Payer contracts
 - Self-pay determinations
 - Sliding fees
 - Do you need a different sliding fee for behavioral health?



Getting Paid What You're Due

- Review
 - Charges, and how they are determined and updated.
 - Service definitions change
 - Get on notification list for your state Medicaid
 - Percentage of paid invoices



You Can't Get Paid.....

- If you don't see enough patients
- Know the ratios
- Productivity needs to support sustainability



Quantifying Efficiency

- EFFICIENCY PERFORMANCE INDICATORS—
- **Capacity:** % of Face-to-Face time spent with patients producing visits out of the total time available for patient care
- **Productivity:** Count of Visits Provided

Productivity

Does not paint the entire picture



Common Problem

“ My next appointment for new patients is three weeks away.....”

Yet each day there are unused clinical hours ?? !!



Quantifying Efficiency

EFFICIENCY PERFORMANCE INDICATORS—

Necessary Data Points:

- Face-to-Face time spent with patients producing visits
- Count of Visits Provided
- The total time available for patient care
- Scheduling optimization



Open Slots

- No show rates not always most efficient
- Consider mini-slots
- What is your cancellation policy and do you count them ?
- Regardless of the reason.....
- What does open slot analysis tell us.....
- Often the most impactful for managers



Open Slots.....

Tell a story

- Optimization is often most impactful change
- First of second appointments tell one story
- Episodic care tells another
- Each story needs a different ending!





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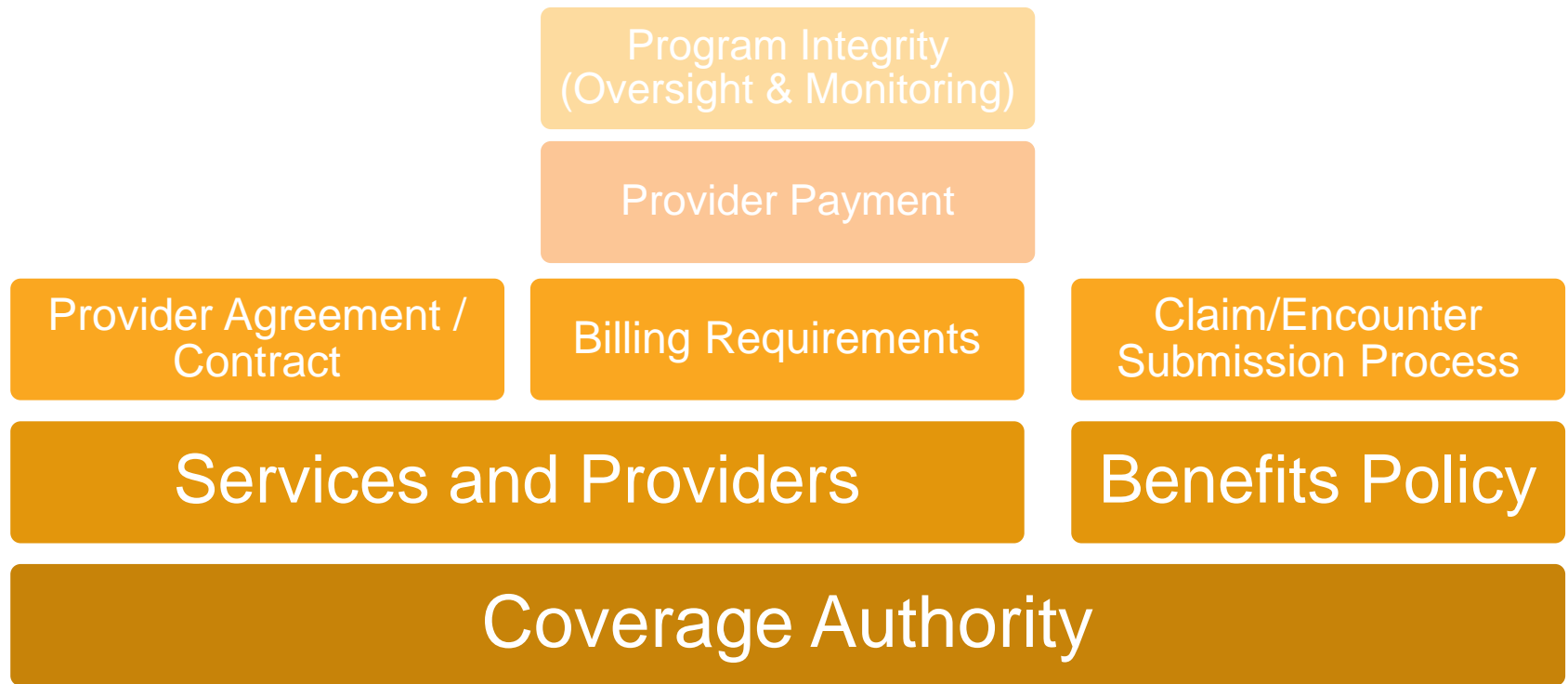
Considerations for Medicaid Coverage and Payment of Integrated Health Services



Alicia D. Smith

*(Managing Principal, Health Management
Associates)*

The Medicaid World View



Where Disconnects Occur

Category	Examples of Barriers
Coverage Authority	Service not reimbursable to Medicaid; not payable to providers (i.e., no State Plan or Waiver Authority)
Services and Providers	Issues of practitioner scope, licensure, or supervision
Benefits Policy	Service is duplicative of an already covered service
Provider Agreement/Contract	Provider not “eligible” to receive payment for a certain type of service
Billing Requirements	Billing instructions are unclear or lack sufficient detail resulting in denials
Claim/Encounter Submission	Service code/modifier not covered; incorrect diagnosis
Provider Payment	Denied payment
Program Integrity	Audits of patient records show misalignment with program or billing rules

Medicaid agencies are juggling numerous initiatives



Delivery System Reform Incentive Payment (DSRIP)

The Collaborative Care Model: An Approach for Integrating Physical and Mental Health Care in Medicaid Health Homes

Medicaid.gov
Keeping America Healthy
Medicaid Innovation Accelerator Program (IAP)

California State Health Care Innovation Plan

The California Innovation Plan includes four initiatives and six building blocks, which are collectively designed to achieve savings within three years, as well as to catalyze longer term transformations of the health care delivery system. The Innovation Plan brings together leadership from California's public and private sectors to work together to implement these initiatives and building blocks.



Missouri Health Homes

Community Mental Health Center (CMHC) Healthcare Homes

In October, 2011, the Centers of Medicare and Medicaid (CMS) approved Missouri's State Plan Amendment (SPA) establishing Medicaid reimbursement for health homes, making Missouri the first state in the nation to have such an approved SPA for health home services. This first SPA established CMHC Healthcare Homes serving individuals with serious mental illness. A companion SPA establishing Primary Care Health Homes in Missouri was approved in December, 2011. Both SPAs were effective January 1, 2012.

Recommendations for Providers

- Become familiar with BH service coverage requirements for all settings (not just for health centers)
- Review program rules/provider manuals and document inconsistencies across settings and provider types
- Engage the Medicaid agency and managed care organizations to convey concerns (individually and collectively)
- Don't just call, write letters and include supporting documentation
- Where possible, assist Medicaid with development of written solutions and include specific rule citations



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Practical Considerations (and an encouraging word!)



Gina Lasky, PhD, MAPL
*(Senior Consultant, Health
Management Associates)*

Provider Dance



Efficiency



Myth
Busting



Hang in There



You are doing the right thing
in terms of quality care



You have done the hard
work of culture change



You are well positioned for
the future

The evidence is growing



The payors have noticed



The models are coming

CMS CoCM Reimbursement

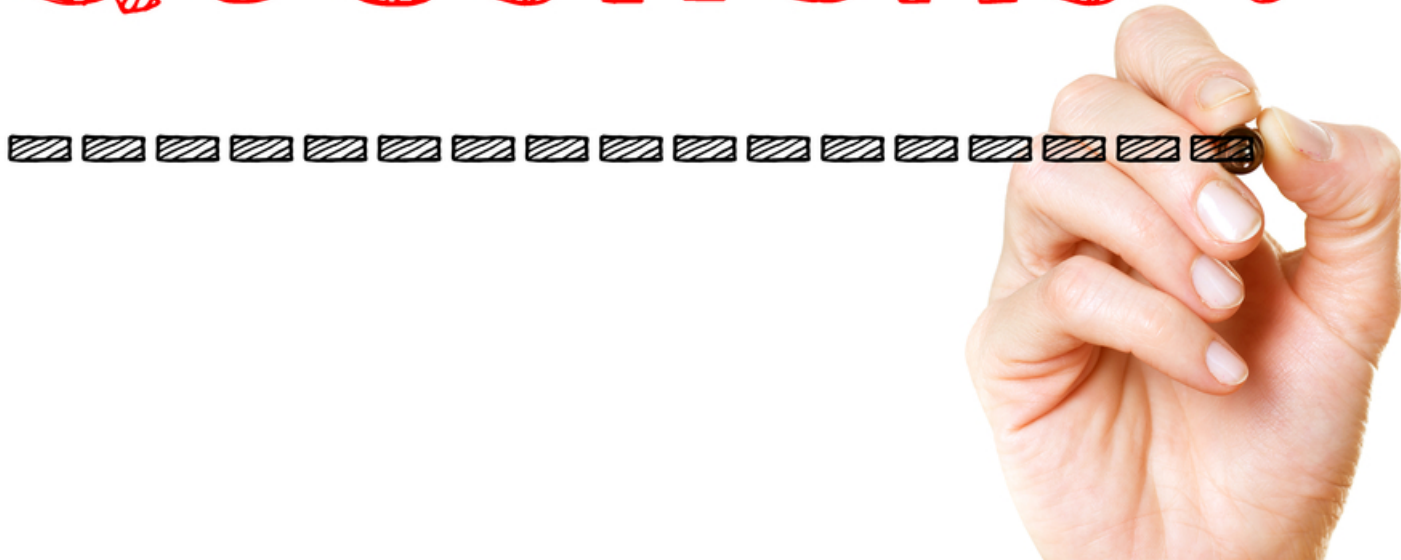
- The CPT Editorial Panel has approved a coding proposal for Psychiatric **C**ollaborative **C**are **M**anagement Services
 - 3 new codes bundled payment for the psychiatric and care management/BHP time and some for the PCP in the bundle.
- Relevant codes will be fully described in the 2018 CPT codebook
- Have to be able demonstrate CoCM core components and paper trail.
- <https://aims.uw.edu/new-cms-payment-codes-benefit-collaborative-care>





- **The Business Case for the Integration of Behavioral Health and Primary Care**
Addresses the business case for integration of behavioral health into primary care and provides guidance on how to evaluate this business case at an individual Community Health Center. Use the accompanying excel tool to build a sample business case for behavioral health integration.
<http://www.integration.samhsa.gov/resource/the-business-case-for-the-integration-of-behavioral-health-and-primary-care>
- **State Billing and Financial Worksheets**
CIHS compiled these state billing worksheets to help clinic managers, integrated care project directors, and billing/coding staff at community mental health centers and community health centers identify the available current procedural terminology (CPT) codes they can use in their state to bill for services related to integrated primary and behavioral health care.
[http://www.integration.samhsa.gov/financing/billing-tools#billing worksheets](http://www.integration.samhsa.gov/financing/billing-tools#billing%20worksheets)
- **SAMHSA's Reimbursement of Mental Health in Primary Care Settings**
Includes practical, achievable suggestions to improve access to timely and targeted mental health services in primary care settings.
<http://www.integration.samhsa.gov/financing/SMA08-4324.pdf>

Questions ?



Presenter Contact Information

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