



SAMHSA-HRSA Center for Integrated Health Solutions

Financing Integrated Healthcare in Texas:

Presented by:

Kathleen Reynolds, LMSW, ACSW

kathyr@thenationalcouncil.org



NATIONAL COUNCIL
FOR COMMUNITY BEHAVIORAL HEALTHCARE



www.CenterforIntegratedHealthSolutions.org

The Concept of “Community Health” Money

Organizations are stewards of public funding –
the money is not owned by any particular
organization – it is the community’s money

When money is “pooled” for services return on
investment is to the community services

Program from what is best for the consumer and
the community, then figure out who finances it



Begin with the Consumer In Mind

Reduce turf wars over money by focusing on the consumer

What is possible in the community and/or what would you like to be available?

Do not think about “what is paid for”

Once you’ve determined what you want, convene finance folks (conservative and creative) to determine how to pay for it



Billing Opportunities

Two Services in One Day

- By one provider
- By two providers

Paying for Case Management

96000 Series of Codes

SBIRT

Diamond Project



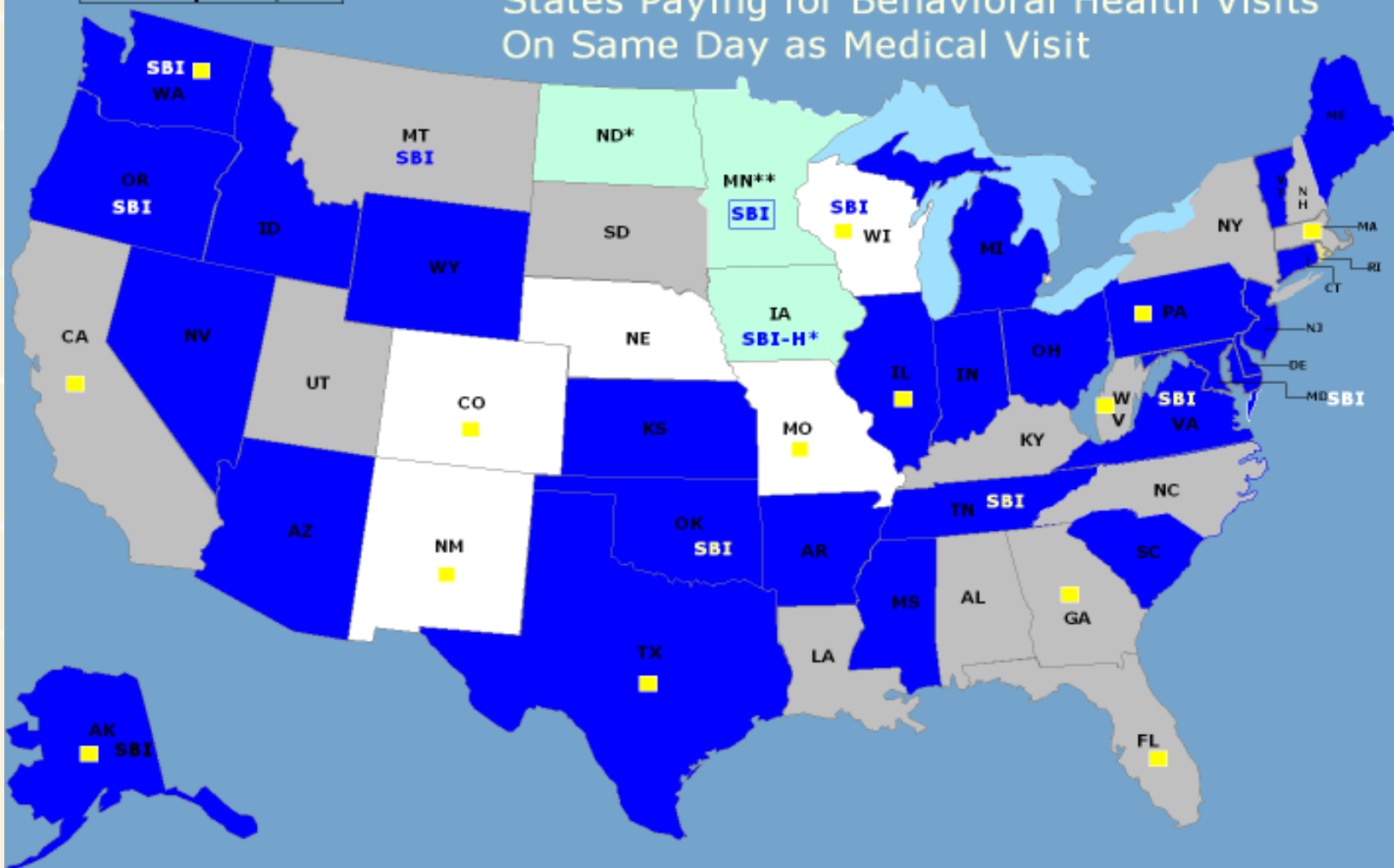
Two Services in One Day

- ▶ **Myth:** The federal government prohibits this or Medicaid won't pay for this!
- ▶ **Reality:** This is a state by state Medicaid issue, not a federal rule or regulation – Georgia does not allow two services in one day to be billed
- ▶ **Federal Citations:**
 - Medicare will cover a physical health and mental health visit same day/same provider – CFR Title 42 Volume 2, Part 405. Section 405.2463 (See Finance Tool Kit for this section)
 - Medicaid confirmation received from Peggy Clark, (CMS/CMSO) – “In terms of FQHC's/RHC's there are no applicable, current (federal) Medicaid regulations, but some States follow Medicare requirements pertaining to same day billing. In terms of same day billing in the Community Mental Health Centers and Outpatient Hospital setting, there are no specific Medicaid statutes or regulations on this matter. (See Finance Tool Kit for confirming email)



NACHC Survey 2007 +
SAMHSA update 9/2009

States Paying for Behavioral Health Visits On Same Day as Medical Visit



- 26 Pay for Same Day
- 15 Specifically states does not cover for same day service
- 6 Undetermined re: payment for same day service
- 3 Pays Fee for Service but not FQHCs on same day

** FQHCs not Eligible

■ SAMHSA Funded SBIRT Programs

SBI = 11 States Medicaid pays for SBI codes *H=Hosp Only 9/14/09

Two Services in one Day

Currently billable in Texas by one provider

Two providers bill for the services they provide on the same day – Contractual Business Model

- Behavioral Health Provider bills for BH service under their provider number
- Primary Care bills for their services under their provider number



Case Management in Texas

- Billable in Texas for Special Populations
- See worksheet



Paying for Case Management – Another Option

Wisconsin Model

Wisconsin Medicaid covers initial primary care treatment and follow-up care for recipients with mental health and/or substance abuse needs provided by primary care physicians, physician assistants, and nurse practitioners. Wisconsin Medicaid will reimburse the previously listed providers for *Current Procedural Terminology (CPT) evaluation and management (E&M) services* (procedure codes 99201-99205 and 99211-99215) with an *International Classification of Diseases, Ninth Revision, Clinical Modification* diagnosis code applicable for mental health and/or substance abuse services. (See Finance Tool Kit)



To:
 Federally Qualified
 Health Centers
 Nurse
 Practitioners
 Physician
 Assistants
 Physician Clinics
 Physicians
 Rural Health
 Clinics
 HMOs and Other
 Managed Care
 Programs

Primary Care Treatment and Follow-up Care for Mental Health and Substance Abuse

Wisconsin Medicaid covers initial primary care treatment and follow-up care for recipients with mental health and/or substance abuse needs provided by primary care physicians, physician assistants, and nurse practitioners. Wisconsin Medicaid will reimburse providers for *Current Procedural Terminology* evaluation and management services with an *International Classification of Diseases, Ninth Revision, Clinical Modification* diagnosis code applicable for mental health and/or substance abuse services.

Primary Care Treatment and Follow-up Care

Wisconsin Medicaid covers initial primary care treatment and follow-up care for recipients with mental health and/or substance abuse needs provided by primary care physicians, physician assistants, and nurse practitioners. Wisconsin Medicaid will reimburse the previously listed providers for *Current Procedural Terminology* (CPT) evaluation and management (E&M) services (procedure codes 99201-99205 and 99211-99215) with an *International Classification of Diseases, Ninth Revision, Clinical Modification* diagnosis code applicable for mental health and/or substance abuse services. As a reminder, these services may be eligible for Health Professional Shortage Areas and pediatric enhanced reimbursements. Refer to the

Medicine and Surgery section of the Physician Services Handbook for more information about these incentive programs.

Refer to the latest edition of CPT or to the Centers for Medicare and Medicaid Services 1995 or 1997 Documentation Guidelines for Evaluation and Management Services at www.cms.hhs.gov/MLNEdWebGuide/25_EMDOC.asp for guidelines for determining the appropriate level of E&M services.

Since counseling may constitute a significant portion of the E&M services delivered to recipients with mental health and/or substance abuse diagnoses, providers are required to fully document the percentage of the E&M time that involved counseling. This documentation is necessary to justify the level of E&M visit allowed by Wisconsin Medicaid.

Claims for services delivered by ancillary staff under the *direct, on-site supervision* of a primary care physician must be submitted under the Medicaid provider number of the supervising physician. Wisconsin Medicaid limits coverage and reimbursement for these services to CPT code 99211 or 99212 as appropriate.

The 96000 Series

Approved CPT Codes for use with Medicare right now

Some states are using them now for Medicaid

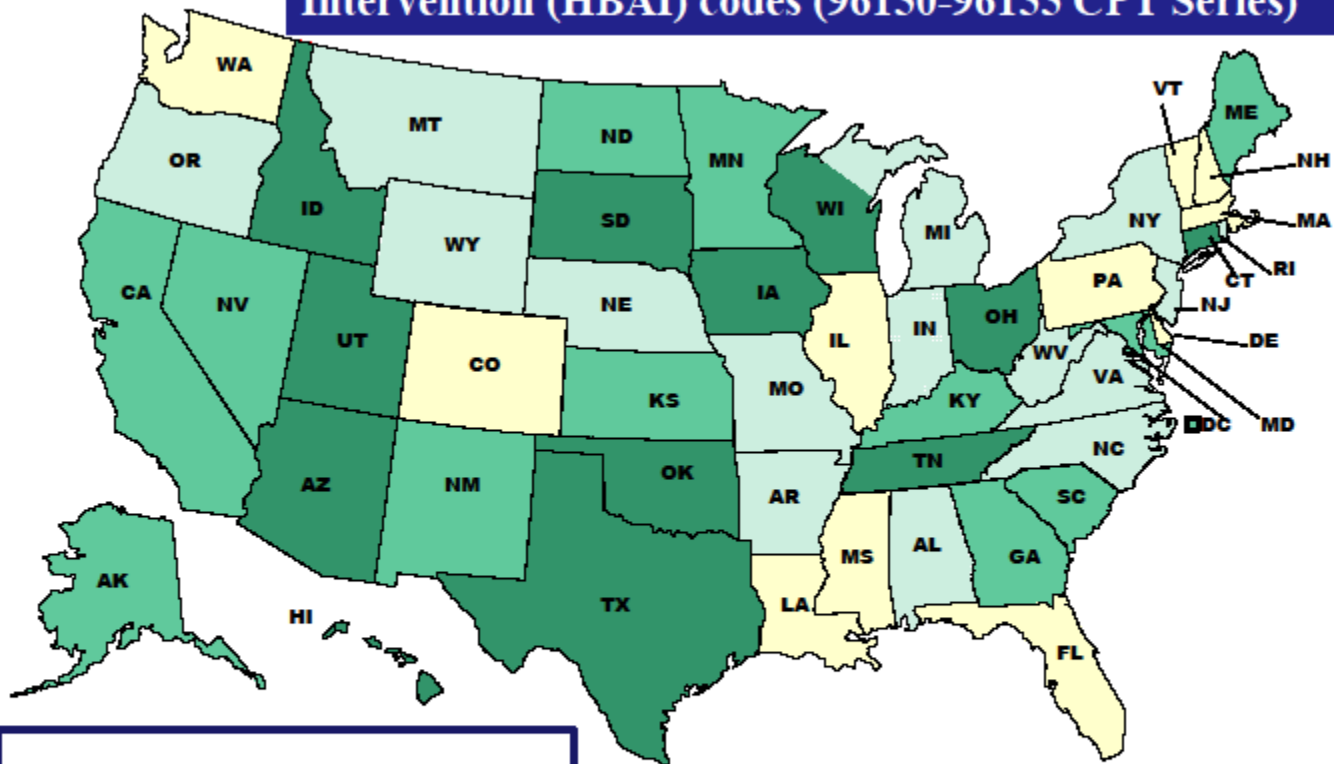
State Medicaid programs need to “turn on the codes” for use

Behavioral Health Services “Ancillary to” a physical health diagnosis

- Diabetes
- COPD
- Chronic Pain



States use of Medicaid's Health and Behavior Assessment/ Intervention (HBAI) codes (96150-96155 CPT Series)



- Entire HBAI Series turned on*
- Part of HBAI Series turned on*
- HBAI Series not turned on
- No information

 NATIONAL COUNCIL
FOR COMMUNITY BEHAVIORAL HEALTHCARE

The 96000 Series Codes

Health and Behavior Assessment/Intervention (96150-96155)

Health and Behavior Assessment procedures are used to identify the psychological, behavioral, emotional, cognitive and social factors important to the prevention, treatment or management of physical health problems.

96150 – Initial Health and Behavior Assessment – each 15 minutes face-to-face with patient

96151 – Re-assessment – 15 minutes

96152 – Health and Behavior Intervention – each 15 minutes face-to-face with patient

96153 – Group (2 or more patients)

96154 – Family (with patient present)

96155 – Family (without patient present)



Screening, Brief Intervention, Referral for Treatment (SBIRT)

SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders. Primary care centers, hospital emergency rooms, trauma centers, and other community settings provide opportunities for early intervention with at-risk substance users before more severe consequences occur.

Screening quickly assesses the severity of substance use and identifies the appropriate level of treatment.

Brief intervention focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change.

Referral to treatment provides those identified as needing more extensive treatment with access to specialty care.

A key aspect of SBIRT is the integration and coordination of screening and treatment components into a system of services. This system links a community's specialized treatment programs with a network of early intervention and referral activities that are conducted in medical and social service settings.



SBIRT Billing Codes

Commercial Insurance	CPT 99408	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes	\$33.41
	CPT 99409	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes	\$65.51
Medicare	G0396	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes	\$29.42
	G0397	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes	\$57.69
Medicaid	H0049	Alcohol and/or drug screening	\$24.00
	H0050	Alcohol and/or drug service, brief intervention, per 15 minutes	\$48.00

Diamond Project

Minnesota Based Project with Private Insurers that Pay for Care Management/Case Management for Primary Care Services



Disease Management Payments for Primary Care of SPMI

2005 “Dear Medicaid Director Letter” (See Finance Tool Kit)

Currently available to states

Michigan Project

- Tailored to persons with SPMI, Developmental Disabilities and Substance Abuse Disorders
- Disease Management for SPMI - dollars to CMH; CMH pays primary care



FQHC Partnerships and Potential Enhancement of Revenue

Cost Based Reimbursement

BH Expansion Grants

Scope of Service Changes



Cost Based Reimbursement – Prospective Payment System

Per provider fee for each encounter regardless of
amount of time

Determined based on costs at the beginning of each
year

Potential for increased revenue for psychiatric visits

Tort liability coverage – free

Increased payment for BH staff under this model too



BH Expansion Grants

Funding available, often each year, to expand BH services in FQHC settings

Most recent application January 2011

All New Starts must have behavioral health services

- Direct Hires
- Contract with local CMH



Scope of Service

FQHC only gets reimbursed for things approved within their scope

Can submit Scope Change document to include providing primary care at CMH/BH sites

Sample scope change



Resources

www.thecenterforintegratedhealthservices.org

Kathleen Reynolds

kathyr@thenationalcouncil.org

