



SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

Sustainability of Integrated Care

SAMHSA MAI CoC Grantee Virtual Meeting
July 21, 2016



SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

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Today's Objectives

This breakout session will offer resources to support your organization in sustaining its integrated care efforts.

By the end of today you will be able to:

- Identify key organizational areas that must be addressed to support achieving sustainability
- Understand the tools and resources available to support achieving sustainability
- Recognize the steps your organization can take to develop strategies to promote sustainability

Sustainability of Integrated Care and Substance Abuse Prevention

Poll Question #1:

- When you think of sustainability, what do you think of?
 - (A) Financing
 - (B) Administrative/ Infrastructure
 - (C) Clinical
 - (D) None of the Above
 - (E) All of the Above

Areas to Address for Sustainability

- Administrative/ Infrastructure
- Clinical & Prevention Services
- Financial

[http://www.integration.samhsa.gov/financing/Sustainability Checklist revised 2.pdf](http://www.integration.samhsa.gov/financing/Sustainability_Checklist_revised_2.pdf)

Administrative/ Infrastructure Sustainability

- **Vision and Mission**
- Organizational Infrastructure
- Human Resources
- Health Information Technology

Administrative/ Infrastructure Sustainability

- **Vision and Mission**
 - What is the vision and mission of your agency?
 - Does it need to change?

Administrative/ Infrastructure Sustainability

- Vision and Mission
- **Organizational Infrastructure**
- Human Resources
- Health Information Technology

Administrative/ Infrastructure Sustainability

Organizational Infrastructure

- Is your governing board engaged and knowledgeable about integration?
- Is integration a part of your vision and mission?
- Is integration embedded in your strategic plan?
- Do your administrative policies (e.g., confidentiality, billing and reimbursement, ethics) support integration?
- Do your clinical policies include care coordination, annual lab work, prescribing, smoking?
- Does your quality improvement program include benchmarks for integration activities?
- Does your quality improvement data drive change processes?
- Are you participating in your state's health home discussions?
- Does your quality improvement program include benchmarks for integration activities?
- Are you in contact with likely ACOs in your area?
- Do you know the implications of Medicaid expansion on your agency?
- Does your organization support the health and wellness of your employees?

Administrative/ Infrastructure Sustainability

- Vision and Mission
- Organizational Infrastructure
- **Human Resources**
- Health Information Technology

Administrative/ Infrastructure Sustainability

- **Human Resources**

- Do your job descriptions for case managers, therapists, nurses, and doctors include key tasks associated with integration?
- Do your performance evaluations include integration tasks?
- Does your new staff orientation include integration?
- Does your staff development program include integration trainings?

Administrative/ Infrastructure Sustainability

- Vision and Mission
- Organizational Infrastructure
- Human Resources
- **Health Information Technology**

Administrative/ Infrastructure Sustainability

- **Health Information Technology**
 - Are you using a certified electronic system?
 - Can your system generate registries for staff to use to support integration?
 - Can you generate a CCD?
 - Does your clinical record support documentation of physical health related services?
 - Can your system generate an electronic bill after the completion of a documented event?

Clinical Sustainability

- **Consumers**

- Is integration part of the service every consumer receives?
- Are consumer wellness programs a part of your service array for everyone?

- **Staff (Behavioral Health & Medical)**

- Are staff trained to coordinate healthcare and provide mental health or substance use services?
- Does clinical staff review annual lab work for all those served? Have you trained all staff in motivational interviewing, behavioral activation, and how to work with clients on their goals, including smoking reduction?
- Are blood pressure and BMI measured at each visit?
- Are you monitoring to ensure that your primary care and behavioral health staff create person-centered integrated care plans for each person served that includes all of the person's behavioral health and primary health goals?

Clinical Sustainability cont'd

- **Staff**

- **Behavioral Health**

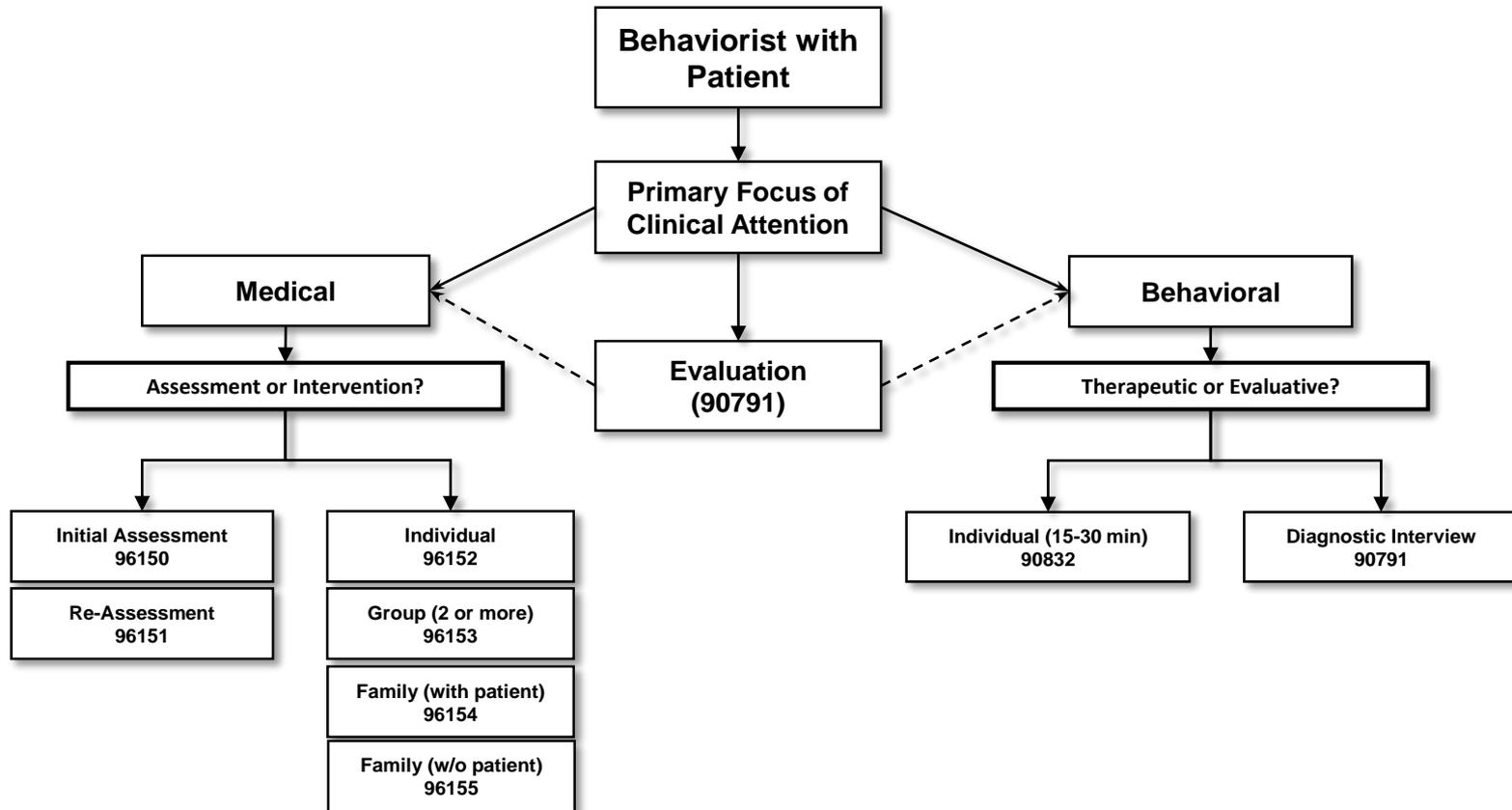
- Have case managers and therapists been trained on health navigation/care coordination?
- Are health and wellness goals in your treatment plans?
- Are supervisors including reviewing consumer health goals during supervision?

- **Medical**

- Are the medical/psychiatric staff required to monitor physical health issues?
- Does the annual lab assessment include metabolic syndrome indicators?
- Are blood pressure and BMI measurements completed at each medical visit?
- Have nurses transitioned from “mental health nurses” to “integrated health nurses”?



Behaviorist Consultation



NOTE: Primary Diagnosis must match the CPT code selected.

Financial Sustainability

- **Billing & Reimbursement**
 - **Services:** Are you billing for all possible behavioral health services provided? Primary care visits?
 - **State regulations:** What codes are “turned on” and what are the associated state regulations for payment?
- Staff Credentialing
- Medicaid, Medicare and Commercial Payers

Financial Sustainability

- Billing & Reimbursement
- **Staff Credentialing**
 - Are your billing staff trained on correct billing procedures such as the proper CPT code, linked with the proper diagnostic code and the proper credential?
- Medicaid, Medicare and Commercial Payers

Financial Sustainability

- Billing & Reimbursement
- Staff Credentialing
- **Medicaid, Medicare and Commercial Payers**
 - Are you as an agency and your providers empanelled with all of the appropriate managed care plans?
 - Are your Medicaid and Medicare numbers appropriately linked to the service provided?
 - If partnering with an FQHC, do you understand FQHC billing rules and regulations?
 - Does the FQHC understand the substance abuse treatment or community mental health program/organization billing rules and regulations?

Poll Question #2

- Which of the following are barriers to sustainability of your integrated care services?
 - (A) Billing & Coding for Behavioral Health Services
 - (B) Staff Credentialing and Training
 - (C) Issues with Medicaid, Medicare and Commercial Payer reimbursement or empanelment
 - (D) None of the Above
 - (E) All of the Above

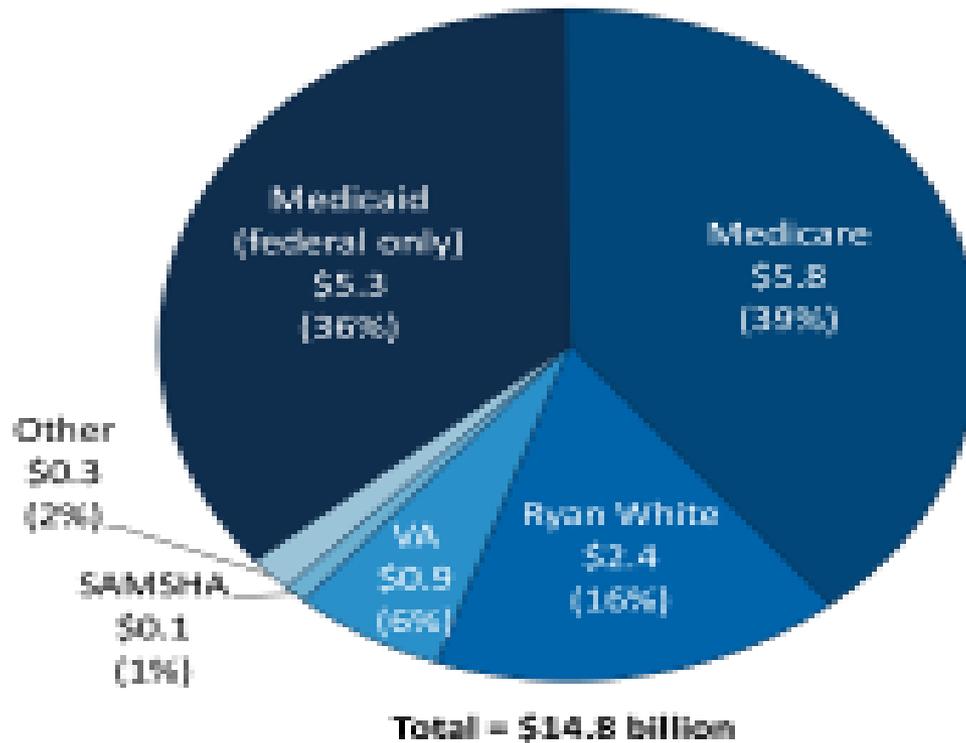


Major Sources of Insurance Coverage and Other Funding Mechanisms for People with HIV

- Medicaid
- Medicare
- Private Coverage
 - Employer-based coverage
 - Marketplace
- Ryan White
- Other (foundations, etc.)

Federal Spending for HIV Care, FY 2012

In Billions



SOURCE: KFF Analysis From OMB.



Who is Covered by Medicaid?

- Low-income families with children
- Persons receiving Supplemental Security Income (SSI)
- Infants born to Medicaid-eligible pregnant women, birth through age 1, if the woman remains eligible or would be eligible if she were still pregnant
- Children under age 6 and pregnant women whose family income is at or below 133% of Federal Poverty Level (FPL)
- Recipients of adoption assistance or foster care under Title IV-E of SSA
- “Dual eligible” Medicare beneficiaries
- Special protected groups

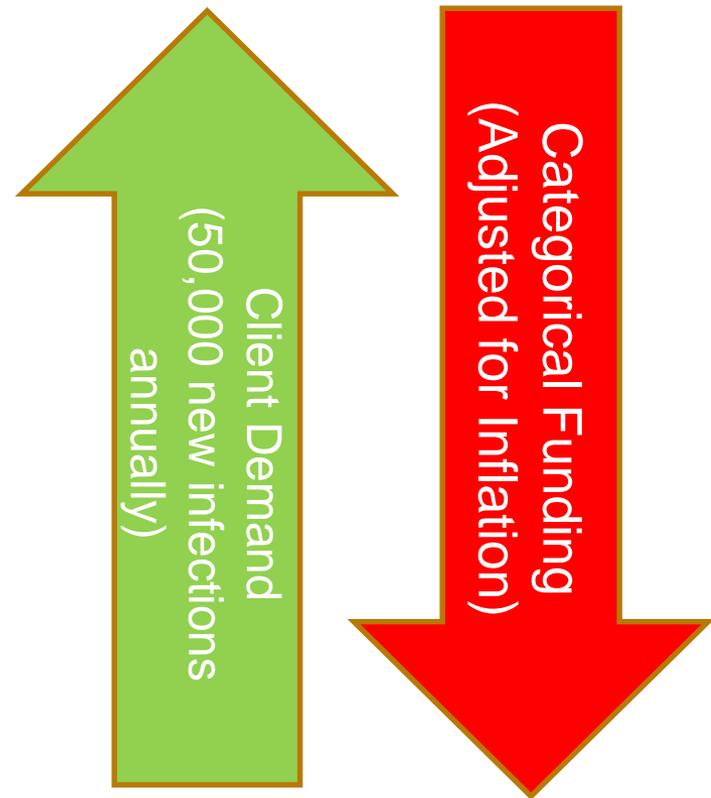
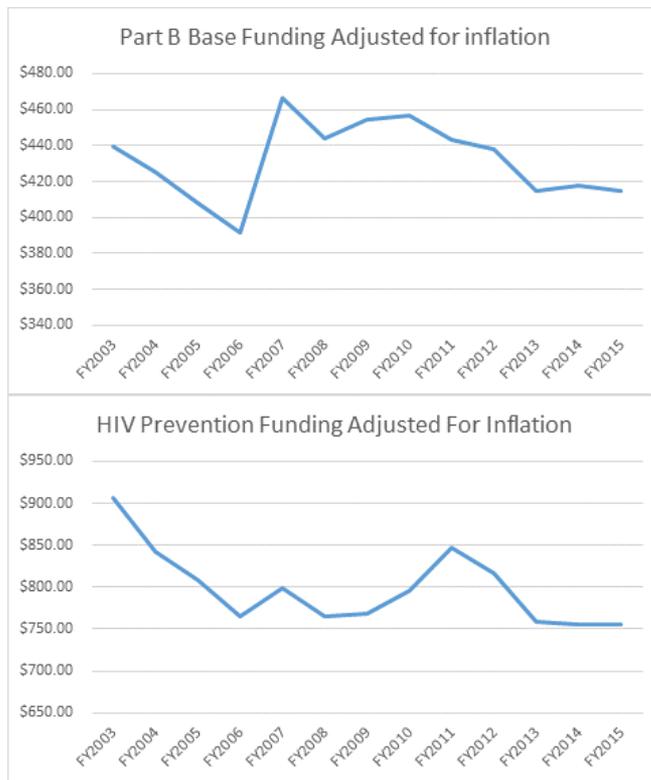
Who is Covered by Medicare?

- Eligibility
 - Age 65 or older
 - End State Renal Disease (ESRD)
 - Have received Social Security Disability Income (SSDI) payments for 24 months
- Medicare Parts
 - Part A, Hospital Insurance
 - Part B, Medical Visits
 - Part C, Medicare Advantage Plans
 - Part D, Prescription Benefit

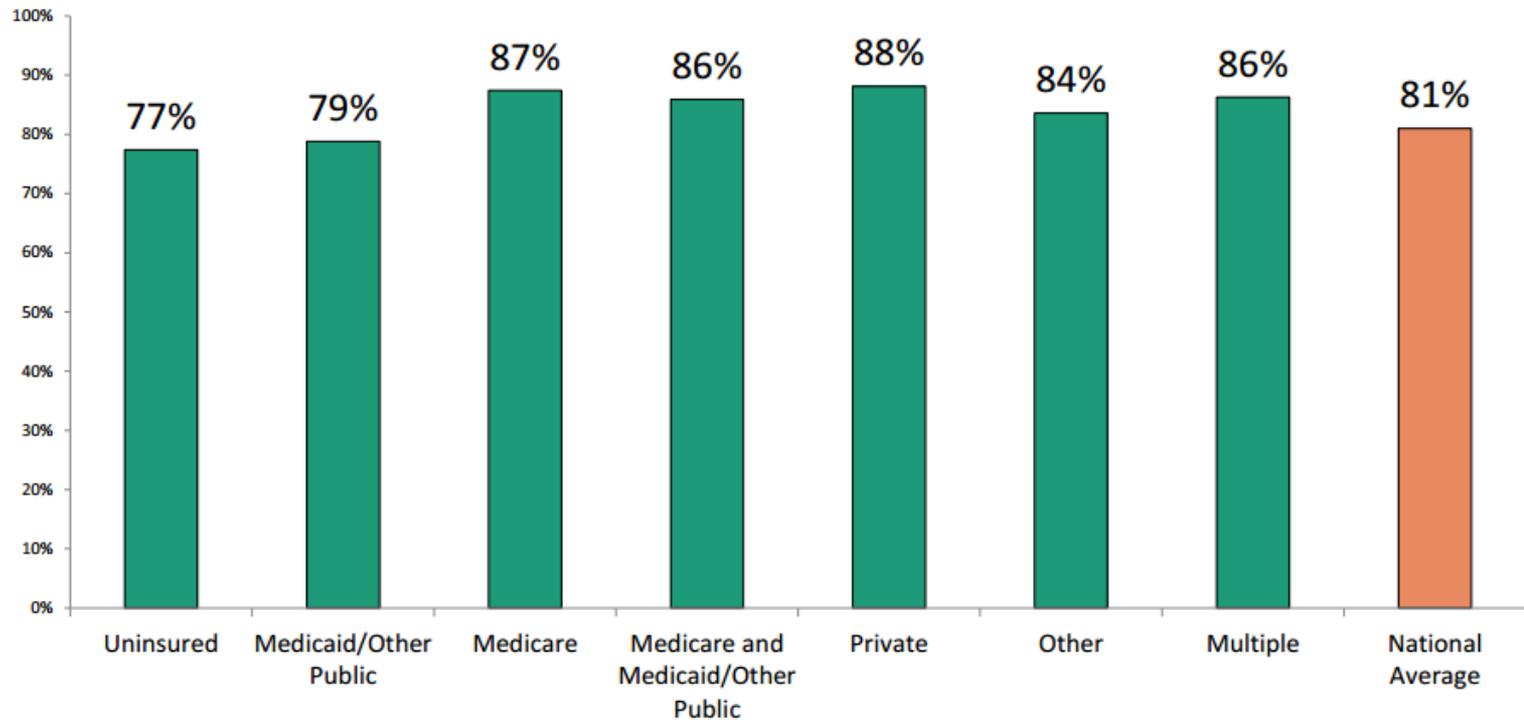
Ryan White HIV AIDS Program and Insurance Coverage Basics

- Ryan White is the payer source of last resort
- Ryan White works with insurance to address coverage and affordability gaps
- Ryan White is essential for people living with HIV who fall into the Medicaid coverage gap
- Ryan White grantees are able to purchase insurance for their clients under certain circumstances
- Ryan White clients and providers are becoming increasingly reliant on newly available/accessible insurance coverage to sustain physical and behavioral health services

Coverage Matters – Insurance and HIV Provider Sustainability



Coverage Matters - RWHAP Client Viral Suppression by Coverage Type, 2014



Source: HIV/AIDS Bureau- HRSA, <https://kaiserfamilyfoundation.files.wordpress.com/2016/05/slides-for-posting-on-kff-org.pdf>

Leveraging Multiple Payers to Deliver Integrated Behavioral Health Services

| Ryan White | Medicaid | Medicare | Private Insurance |
|---|--|--|---|
| <ul style="list-style-type: none"> - Psychiatric services available under the OAMC category - Medical Case Management - Non-medical Care Management - Psychosocial Support - Substance Use Treatment - Treatment Adherence Counseling | <ul style="list-style-type: none"> - Medicaid is the single largest payer for mental health services in the United States - Variance in state Medicaid expansion decisions creates an inconsistent national benefits structure for behavioral health | <p>Part B covers:</p> <ul style="list-style-type: none"> - One depression screening - Family counseling - Psychiatric evaluation - Medication management - Wellness assessments | <p>The vast majority of plans must cover:</p> <ul style="list-style-type: none"> - Behavioral health treatment, such as psychotherapy and counseling - Mental and behavioral health inpatient services - Substance use disorder treatment <p>Specific behavioral health benefits depends on state policy and individual plans.</p> |
| <p>Ryan White can address the coverage gaps left by other payers</p> | | | |

Essential Community Providers and Contracting

Qualified Health Plans are required (with exceptions) to contract with 30% of Essential Community Providers (ECP) in their service areas.

There are six classes of ECPs:

1. Federally Qualified Health Centers (FQHCs) and FQHC "Look-Alike" clinics
2. Ryan White HIV/AIDS Program Providers
3. Family Planning Providers
4. Indian Health Providers
5. Hospitals; and
6. Other ECP Providers including STD clinics, TB clinics, Hemophilia treatment centers, Black Lung clinics and other entities that serve predominately low-income, medically underserved individuals

A list of ECPs can be found here: <https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/PY2017-Final-ECP-LIST.xlsx>

Integrated Care Action Plan for Ryan White HIV/AIDS Program Providers

- Assist patients with navigating the complex coverage landscape
- Assess opportunities to enhance billing and reimbursement capability
- Assess coverage benefits across payers to maximize patient access and provider reimbursement
- Leverage ECP status to bolster payer contracting opportunities

Other Sources

- Healthcare Foundations (Health HIV, AIDS United, etc.)

Billing and Reimbursement

- CPT (Current Procedural Terminology)
- Evaluation and Management Codes (E&M)
- Health and Behavior Assessment Codes (HAB)
- Behavioral Health Codes (MH & SU)
- Telemedicine Codes
- Case Management Codes

State-Specific Billing Opportunities

State: Virginia, July 2014

| CPT Code | | Diagnostic Code | Community Health Center | | | | | |
|-----------------------------------|---------------------------|---|-------------------------|--|----------------|-------|---|--|
| | | | Medicare | | State Medicaid | | | |
| | | | Paid? | Credentials | Paid? | Code | Credentials | Comments |
| E & M Codes | 99201-99205 New Pt | May be used for behavioral health or physical health services | Yes | MD, PA, ANP | Yes | T1015 | MD, PA, ANP | Can use the 90833, 90836, 90838 add-ons as appropriate |
| | 99211 - 99215 Est. Pt. | | | | T1015 | | | |
| Health and Behavior (HABI) | 96150 Assessment | Services are secondary to a physical health diagnosis | Yes | PhD Psychologist at this time; excludes LMSW | Yes | T1015 | MD, PA, Clinical Psychologist, Clinical Social Worker | |
| | 96151 Reassessment | | Yes | | | | | |
| | 96152 Individual TX | | Yes | | | | | |
| | 96153 Group TX | | Yes | | | | | |
| | 96154 Family TX w/ PT | | Yes | | | | | |
| | 96155 Family TX w/o PT | | No | | | | | |

State-Specific Billing Opportunities

| | | | | | | | | |
|------------------------------|---|--|-----|---|-----|--------------------------|--|--|
| Tele-medicine | 90791 GT Psych eval w/o medical services | Psychiatric diagnosis | Yes | Physician, NP, PA, CNS, Clinical Psychologist, Clinical Social Worker | Yes | T1015 plus a GT modifier | Psychiatrist | <p>Telemedicine services do not include telephone conversations or Internet e-mail communications between providers or providers and recipients and does not include the use of Skype.</p> <p>Providers must be physically present in Virginia during the telemedicine encounter.</p> <p>Originating sites include: Rural Health Clinics, FQHC, Hospitals, Nursing Facilities, Certified OP Rehab, PACE, Health Depts., Renal Clinics, CMH ,</p> |
| | 90792 Psych eval w/ medical services | | | Physician, NP, PA, CNS | Yes | | Psychiatrist | |
| | 90832-38 GT Therapy Services | | | Psychiatrist, CNP, Clinical Psychologist, Clinical Social Worker | Yes | | Physician, NP, PA, Nurse-Midwife, CNS, Psychologist, Licensed Clinical Social Worker | |
| | 99201-99215 Office or other OP services | Both MH & PH diagnosis | Yes | Physician, NP, PA, CNS | Yes | | Physician | |
| Alcohol & Substance Services | 96150-54 HABI Codes | Physical health diagnosis | No | Physician, Clinical Nurse Specialist, Certified Nurse Wife, NP, PA | No | | | |
| | G0459 GT Pharmacological Management | | | | No | | | |
| | G0406-G0408 GT Inpatient Consultation | | | | Yes | | | |
| | G0442 GT Annual Alcohol Misuse Screen | 1 per year | Yes | Physician, Clinical Nurse Specialist, Certified Nurse-Wife, NP, PA | No | | | |
| | G0443 GT Brief Face to Face Counseling for alcohol misuse | 4- 15 minute interventions within the 11 | | | No | | | |
| G0444 Annual | | | | | | | | |

State-Specific Billing Opportunities

| | | | | | | | | |
|--|--|---|-------------------------------|--|-----|-------|---|---|
| Health, Obesity and Tobacco Counseling (Face to Face & Telemedicine) | Depression Screening | Use GT for Telemedicine; | See Behavioral Health section | PA | No | | | |
| | G0108, G0109 Individual Group Diabetes Tx | | | Physician or certified provider | | | | |
| | G0447 Behavioral Counseling for Obesity | | | Physician, NP, PA | | | | |
| | G0436-37, 99406-07 Smoking Cessation | | | Physician, NP, PA | | | | |
| | G0446 Behavioral Counseling for cardiovascular | | | Physician, Clinical Nurse Specialist, Certified Nurse- | | | | |
| Substance Use Codes / SBIRT | G0442 Annual Alcohol Misuse Screen | 1 per year | Yes | Physician, Clinical Nurse Specialist, Certified Nurse-Wife, NP, PA | Yes | T1015 | Licensed Clinical Psychologist, LCSW, LPC, LPNP, LMFT, Licensed Substance Abuse Provider, or a CSAC or CAC supervised by the above. | Outpatient Psychiatric and Substance Abuse providers must have a Department of Behavioral Health and Developmental Services (DBHDS) license to provide Outpatient Mental Health or Outpatient Substance Abuse Services. |
| | G0443 Brief Face to Face Counseling for alcohol misuse | 4-15 minute interventions within the 11 months after a positive screening | | | | | | |

State-Specific Billing Opportunities

| | | | | | | | | |
|--|---------------------------------------|-----------------------------|---|--|-----|-------|---|---|
| Mental Health | 90791 Psych eval w/o medical services | Use with BH diagnosis codes | Billable in and by primary care clinics - check your state's FQHC manual for billability in your state. | Physician, NP, PA, CNS | Yes | T1015 | Psychiatrist | Outpatient Psychiatric and Substance Abuse providers must have a Department of Behavioral Health and Developmental Services (DBHDS) license to provide Outpatient Mental Health or Outpatient Substance Abuse Services. |
| | 90792 Psych eval w/ medical services | | | Physician, NP, PA, CNS, Psychologist, LCSW | Yes | | Physicians, PA, NP, LP, LMFT, LMSW, LPC | |
| | 90832-38 Therapy Services | | | | No | | | |
| | H0031 Mental Health Assessment | | | | | | | |
| | 90863 Group Therapy | | | | | | | |
| | H2011 Crisis Intervention | | | | | | | |
| | T1017 Case Management | | No | | | | | |
| Two services in one day billable at FQHC? | | | No | | | | | |

Billing Worksheets

- Are there any provider restrictions that surprise you?
- Are there any setting restrictions that surprise you?
- What are your state's telehealth billing opportunities?
- Does your state allow same-day billing?
- What behavioral health services can be delivered in FQHCs?
- Anything else surprise you?

<http://www.integration.samhsa.gov/financing/billing-tools>

Two Services in One Day

TRUE OR FALSE:

The federal government prohibits the billing of two services (primary care and behavioral health) in one day; Medicaid won't pay!

Two Services in One Day

TRUE OR FALSE:

The federal government prohibits the billing of two services (primary care and behavioral health) in one day; Medicaid won't pay!

FALSE: This is a state-by-state Medicaid issue, and at least 30 states cover same day services.

Provider Credentialing

- Complex, ongoing process
- Requirements vary by payer, but often include:
 - Relevant training
 - Licensure
 - Certification and/or registration to practice in a health care field
 - Academic background
- By provider or by facility
- Credentialing clearinghouse (Center for Affordable Quality Healthcare (CAQH))
- Patient Routing and Billing Processes

Sustainability Tools & Resources

- The Primary Care and Behavioral Health Integration
 - Sustainability Checklist
 - Developed by CIHS
 - Used to identify the work that must be done to accomplish integration
 - http://www.integration.samhsa.gov/pbhci-learning-community/Sustainability_Report.pdf
 - Sustainability Plan Template
 - http://www.integration.samhsa.gov/about-us/Sustainability_Plan.pdf

Sustainability Tools & Resources cont'd

- The Primary Care and Behavioral Health Integration
 - Sustainability Plan Template:
 - Clients – Enrollment & Continuity of Care
 - » How do you plan on sustaining primary care services in your agency?
 - » What actions are you going to take to sustain the primary care program?
 - » What will be the continuity of care for clients when the grant ends? Will you be able to have the same PCP?
 - » Have you considered including transition issues in your MOU with the PCP?
 - » How do you plan on sustaining wellness services and the use of peers in your agency?
 - » What integrated care initiatives do you have in your state (e.g., pilots, behavioral health homes, CCBHCs, etc.) that you are partnering with to help sustain integrated care?

Sustainability Tools & Resources cont'd

- Clients & Grantee Organization Success Stories
- Next Steps: What are the top three areas that your organization will focus on moving forward in terms of sustainability of your integrated care program over the next 2 years and beyond?

The Primary Care and Behavioral Health Integration Billing & Financial Worksheets:

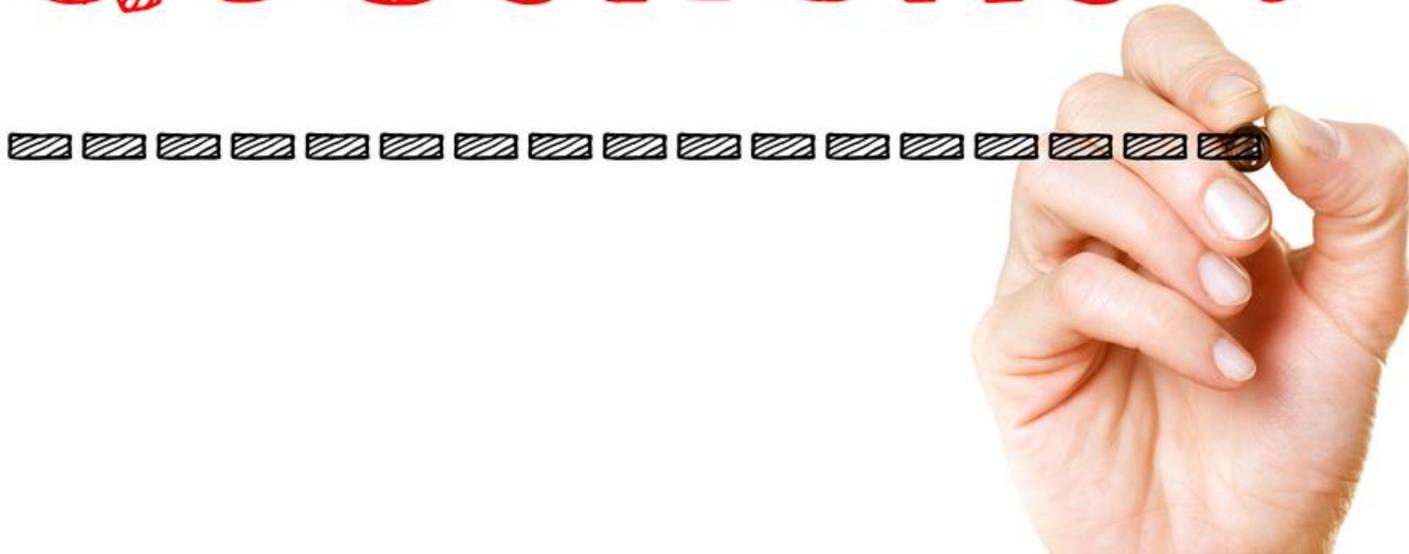
<http://www.integration.samhsa.gov/resource/billing-financial-worksheets>

Quick Tips: Keeping Integrated Care on the Table

1. Create an integration leadership team with senior leaders and program directors from organization's service areas.
2. Provide regular updates to all governing boards about why integrated care is important and how your data demonstrates improved care.
3. Reach out to community stakeholders to let them know how you're improving care and how your efforts might affect issues important to them.
4. Make sure you know your costs for delivering integrated care.
5. Build all employees' whole health literacy.
6. Ask the integrated care clinic staff to present to the entire agency.

<http://www.integration.samhsa.gov/about-us/esolutions-newsletter/esolutions-make-it-last-how-to-sustain-integrated-care>

Questions ?



For More Information & Resources

Visit www.integration.samhsa.gov or
e-mail integration@thenationalcouncil.org





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Thank you for joining us today.

Please take a moment to provide your feedback by completing the survey at the end of today's webinar.