

# Innovating, Collaborating, Transforming: Primary & Behavioral Health Care Integration

## Financing Primary and Behavioral Health Integration

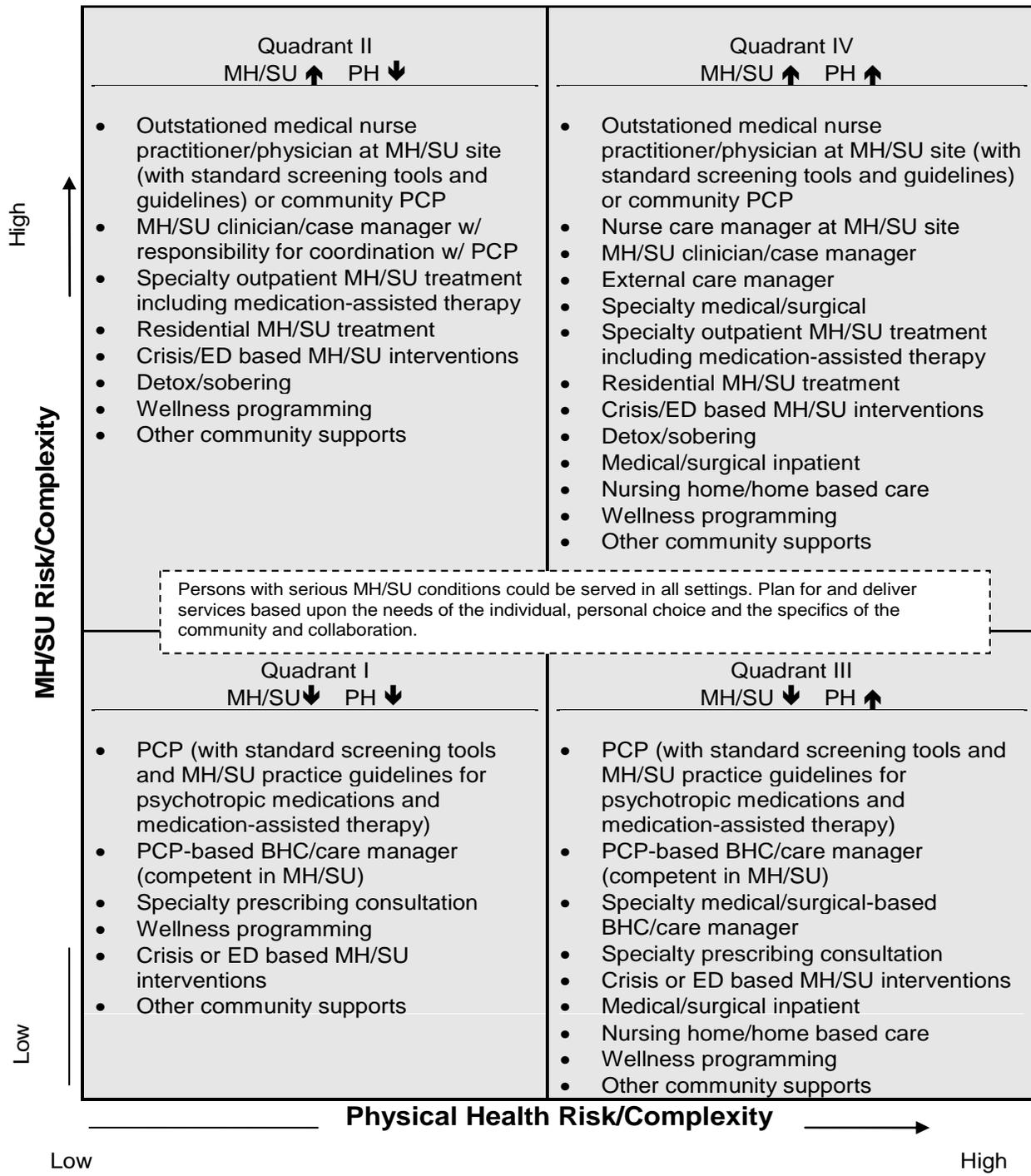
Presented by:  
Laura Galbreath, MPP  
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[lauraG@thenationalcouncil.org](mailto:lauraG@thenationalcouncil.org)

# 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 community service
- 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



# Quadrant II – High BH Low PH

## > Quadrant II – High BH/Low PH

- BH Case Manager w/responsibility for coordination w/PCP
- PCP with tools
- Specialty BH
- Residential BH
- Crisis/ER
- Behavioral Health IP
- Other Community Supports

## > Financing

- Disease Management Pilot in Michigan
- CMH Funding
- Two Visits in One Day
- Enhanced Primary Care Visit billed under physician at FQHC
- Public Health Partnerships

# MI Disease Management Program -Services

## > 2005 Dear Medicaid Director Letter

## > Services included in the project

- Initial/periodic health screening and health risk appraisal
- Development –with the beneficiary and his/her medical care team – of a comprehensive plan to manage/treat identified disease states and co-morbid conditions, and to reduce risks related to their illnesses and emerging conditions;
- Provision of educational materials regarding relevant diseases and conditions, and other information to improve beneficiary health literacy;
- Self management education and training to support care plan adherence;
- Periodic and “as-need” contacts to discern beneficiary health status, answer questions, furnish additional education/information/support, provide help in scheduling medical visits, and facilitate beneficiary-health care team communication;
- Availability of peer specialists to assist/support the beneficiary in coping with target illnesses and conditions

# MI Disease Management Program - Codes

## > CPT Codes that are used:

- S0220
- S0221
- S315 – S317
- S320
- S4190
- S9445
- S9446

# The Diamond Project

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

# Community Mental Health Funding

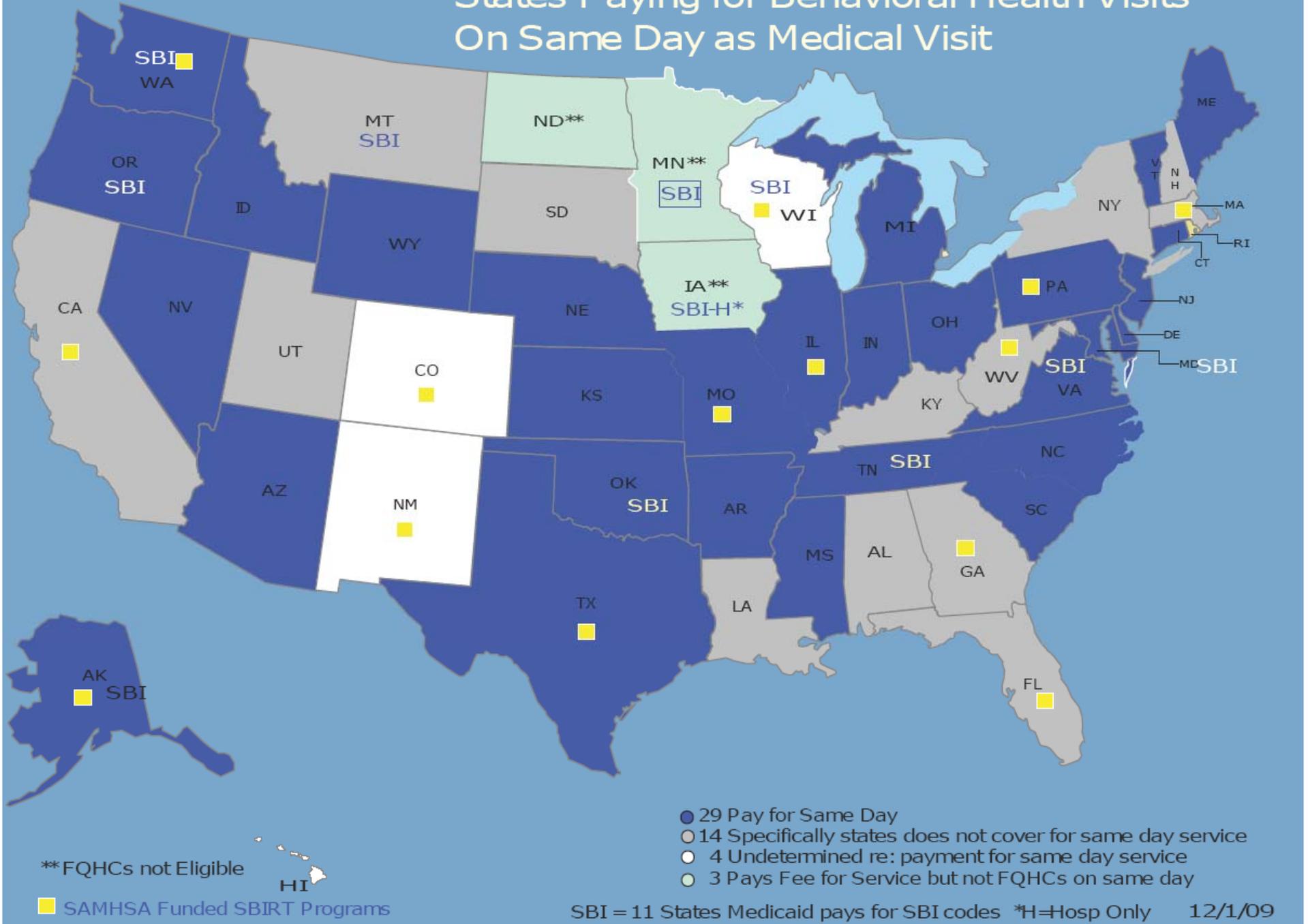
- > **This quadrant is generally eligible for CMH services**
  - Case management
  - Rehab services
  - Assertive Community Treatment (ACT)
  - Use in states where two services in one day are not billable under one provider/one provider number

# Two Services in One Day

- > **Billing for two services (Primary Care + Behavioral Health) by one provider or one provider agency**
  - Available in 25 state currently
  - Map on next slide
- > **Billing two services in one day, by two providers in two agencies**
  - In this model use contract business model and bill with two provider numbers

NACHC Survey 2007 +  
SAMHSA update 9/2009

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



# Enhanced Primary Care Visit at FQHC

- > Some state have enhanced rates for more complex visits
- > Schedule a short visit with the primary care provider (5 – 10 minutes) and a longer visit with the BHC
- > Bill it out under the primary care provider
- > Revenue from higher rate from primary care provider offsets BHC costs and increase PCP productivity

# Quadrant III – Low BH High PH

## > Quadrant III – Low BH/High PH > Financing

- PCP with screening tools
  - Care/Disease Management
  - Specialty Med/Surg
  - PCP based- BH
  - ER
- 96000 Series of Health and Behavioral Assessment Codes
  - Two BH Visits a month are billable

# 96000 CPT Codes 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

# 96000 Series Continued

## 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)

# Effective Billing

- > Having the correct CPT code, with the correct diagnostic code and the correctly credentialed individual
- > Maine Example
- > Wisconsin Example

Commercial and State Funders			MaineCare (Maine Medicaid)			Commercial			Commercial and State Funders						
E&M			Health & Behavior			Health & Behavior			Psychiatric Services Dependent on Mental Health License Section 90 or Section 65						
99201-99205	New Pt	MD/NP/PA	96150	Assessment	Licensed provider-Episode of Care	96150	Assessment	Psych MD etc LCSW/PhD	Section 65			Section 90			
99211-99215	Established Pt	MD/NP/PA	96151	Re-assessment	Licensed provider-Episode of Care	96151	Re-assessment	Psych MD etc LCSW/PhD	90801	Assessment	Psych MD etc /LCSW/PhD	99241-99245	Comm, Medicare	Consult	Psych MD NP/PA
99401-99404	Prev Med Ind Couns	MD/NP/PA	96152	Ind Intervention	Licensed provider-Episode of Care	96152	Ind Intervention	Psych MD etc LCSW/PhD	90804 - 90808	Ind Tx	Psych MD etc /LCSW/PhD	90801	Psych Evals	Psych MD etc LCSW/PhD	
99411-99412	Prev Med Grp Couns	MD/NP/PA	96153	Grp Intervention	Licensed provider-Episode of Care	96153	Grp Intervention	Psych MD etc LCSW/PhD	90862	Med Manage	Psych MD/NP/PA	90801	Assessment	Psych MD etc LCSW/PhD	
99371-99373	Phone Consults	Minn - Physician, Medicaid only. Mass							90801	Psych Evals	Psych MD	90804 - 90808	Ind Tx	Psych MD etc LCSW/PhD	
99242	Administration and Interpretation of Health Risk Assessment Instrument	Aetna - in Physician practice							96110	Dev Testing (MH Screening) Central Nervous System	Maine?	90862	Med Manag	Psych MD NP/PA	
99443	Telephone eval and management service	Aetna - in Physician practice and for Psychiatry													
Hospital License			Hospital License			Hospital License						Hospital License			
									Mental Health License						
			Private MH Practice License			Private MH Practice License			Private MH Practice License						
Primary Care Office - Physician Practice			Primary Care Office - Physician Practice			Primary Care Office - Physician Practice									
Rural Health Clinic			Rural Health Clinic			Rural Health Clinic			Rural Health Clinic			Rural Health Clinic			
FQHC			FQHC			FQHC			FQHC			FQHC			
FQHC Look-alike			FQHC Look-alike			FQHC Look-alike			FQHC Look-alike			FQHC Look-alike			

# Paying for Physical Healthcare for SPMI in Fee for Service State

## 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.

# Quadrant IV – High BH High PH

## > Quadrant IV- High BH/High PH

- PCP with screening tools
- BH Case Manager with Coordination with Care Management and Disease Management
- Specialty BH/PH

## > Financing

- BH Capitation
- Primary Care Visits
- Patient Centered Medical Homes

# Quadrant IV Financing - Partnership

- > Blend funding streams at the front door
- > Who, can provide what, in the most cost efficient way?
- > FQHC Change of Scope Issue(s)
- > BH Expansion Grants for FQHC's

# 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**
- **Determine how many consumers need to be seen to cover the costs of primary care staff.**

# BH Expansion Grants

- Funding available, often each year, to expand BH services in FQHC settings
- Most recent application February, 2009
- 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**

# Determining the Business Case for Partnering with an FQHC

- **Psychiatric Services in Primary Care**
- **Masters levels + clinicians in Primary Care**
- **Physical Health Issues in BH**
- **Case Management Services**

# Making the Business Case

## > Known to Primary Care/Unknown to BH

- Financial Profile
- The Value of Prevention
- Offsets in Primary care for treating BH issues
- Reinvestment in the system of care – the local promise
- Emergency Room Offsets
- Long Term Offsets to BH with prevention

# Making the Business Case

## > Known to BH not known to PC

- % Medicaid Eligibility of this population creates substantial opportunities for FQHC or primary care clinic
- How many uninsured can each partner absorb for each Medicaid person found?
- Potential cost savings in BH if primary care issues addressed?
- Emergency Room Offsets

# Physical Health Issues

Physical Health Diagnosis	# of Consumers at CMH with this Diagnosis	% of those consumers with Medicaid	Average # or Visits @ FQHC/year	Encounter Rate of FQHC	Increased Revenue Potential
Diabetes					
Cardiac Issues					
Obesity					
COPD					
HIV/AIDS					

# Unknown to Both

- Penetration Rate calculation
- What is the unmet need of those not seen?
- % of Medicaid for that population

# Calculating Psychiatric Offsets

Psych Service	# of Units Provided in CMH	CMH Rate	CMH Revenue	FQHC Encounter Rate	FQHC Revenue	Difference
Liability Coverage	N/A		N/A	\$0	N/A	

# Case Management Offsets

- **Not billable in FQHC; Billable at CMHC**
- **CMH provides case management at FQHC, under contract but bills own revenue source, for all patients**



## Resource Center for Primary Care and Behavioral Health Collaboration



Visit [www.thenationalcouncil.org/ResourceCenter](http://www.thenationalcouncil.org/ResourceCenter) for

- **Practical resources including administrative, financial, policy, and clinical documents**
- **News on the latest integration and collaboration research**
- **Strategies for community engagement and policymaking**
- **Information on available trainings and partner resources**
- **Opportunities for online dialogue with primary care and behavioral health providers who are also exploring integration and collaboration efforts.**