Financing Integrated Healthcare - Now

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 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
- **Federal Citations:**
  - Medicare will cover a physical health and mental health visit same day/same provider – CFR Title 42 Volume 2, Part 405. Section 405.246
  - 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.
Two Services in one Day

- Currently billable in states where it has been negotiated by Primary Care Association
- 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

Paying for Case Management

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)
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
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

<table>
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<tr>
<th>Commercial Insurance</th>
<th>CPT 99408</th>
<th>Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes</th>
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<td>CPT 99409</td>
<td>Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes</td>
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<td>Medicaid</td>
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<td>Alcohol and/or drug screening</td>
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<td>H0050</td>
<td>Alcohol and/or drug service, brief intervention, per 15 minutes</td>
<td>$48.00</td>
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Diamond Project

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

Payment for Obesity Counseling

- Intensive Behavioral Therapy (IBT) for Obesity

- Medicare Learning Network’s web page at

Payment for Tobacco Cessation

• CMH Billing Guidance + Tobacco

Disease Management Payments for Primary Care of SPMI

• 2005 “Dear Medicaid Director Letter”
• 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

- Prospective Payment System
- BH Expansion Grants
- Scope of Service Changes

### 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.integration.samhsa.gov

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