Financing and Sustainability Strategies for Behavioral Health Integration

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AIMS Center
Advancing Integrated Mental Health Solutions
The Healthier Washington Practice Transformation Support Hub

- An investment of Healthier Washington managed by the Washington State Department of Health

- Helps practices successfully move to whole-person, patient-centered care
The Hub: A Four-year, State Innovation Model (SIM) Testing Grant

- Three separate contracts, funded by DOH
- Qualis Health provides Practice Coaches and Regional Connectors programs
- Web Resource Portal offered through partnership with UW Department of Family Medicine Primary Care Innovation Lab
Hub Goals

Help Providers to:

• Integrate physical and behavioral health

• Move from volume-based to value-based care

• Improve population health through clinical and community linkages
The Hub: What Do You Need to Support Practice Transformation Efforts?

- Connect practices to the best fit resources and TA
- Personalized practice assessments, education, and tools
- Support for bi-directional physical and behavioral health integration
- Finding and coordinating community-based linkages
Education, Tools and Resources

• Webinars and group learnings on practice transformation and best practices
• Links to a Web Resource Portal with references, tools, and up-to-date information
• Help understanding models and available options
Implementing Integrated Behavioral Health

Integrated Behavioral Health

Sustainability

Model

Funding
Crosswalk for Project 2A - Integration

Same Elements in Bree Recs & Collaborative Care (CoCM)

- BH professional as part of primary care team
- Systematic BH screening
- Measurement-based BH services
- Population-based care
- Treatment to target
- Tracking patients and follow up
- Evidence-based treatments
- Access to psych (Bree) vs. psych case review (CoCM)

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Funding and Sustainability

- New 2017 Medicare Behavioral Health Integration codes!
- Traditional CPT codes, but careful with credentialing, licensure, and setting (varies by insurance)
- Value-based payments and pay for performance contracting

**Big Question:** How do I sustain my program while also providing measurement-based care?
Sustainability

- Should be part of first discussions
- Development of a sustainability plan includes Quality and Ongoing Training needs
- Use APA/AIMS Financial Modeling Workbook for the numbers parts
Sustainability: Define Value of Behavioral Health Integration Broadly

- Mental Health Care Access
- Improved Patient Experience
- Improved Provider Experience
- Improved Primary Care Provider Productivity
- High Quality of Care
- Improved Patient Outcomes
- New Funding Opportunities

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Sustainability: Systems Considerations

- Staffing
- Productivity/Volume
- Direct Revenue
- Indirect Revenue
- Coding
- Contracting
- Optimizing documentation
- Back end-denials
- Dashboard development
- Even if you have a grant...

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Financing: Costs of Behavioral Health Integration

**Initial Costs of Practice Change:**
- provider and administrator time to plan for change
- care team training costs and time/workforce development
- development of registry
- workflow planning, billing optimization

**Ongoing Care Delivery Costs:**
- care manager time
- psychiatric consultant time
- administration time and overhead (including continuous quality improvement efforts)

*Used with permission from the AIMS Center*
Medicare Reimbursement for Integrated Behavioral Health
### Medicare G codes for BHI/CoCM
Available January 2017

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>G0502</td>
<td>CoCM - first 70 min in first month</td>
<td>$142.84</td>
</tr>
<tr>
<td>G0503</td>
<td>CoCM - first 60 min in any subsequent months</td>
<td>$126.33</td>
</tr>
<tr>
<td>G0504</td>
<td>CoCM - each additional 30 min in any month (used in conjunction with G0502 and G0503)</td>
<td>$66.04</td>
</tr>
<tr>
<td>G0507</td>
<td>Other BH services - 20 min per month</td>
<td>$47.73</td>
</tr>
</tbody>
</table>

**Check out the AIMS Center G code cheat sheet:**
Collaborative Care Model (CoCM)

- **Primary care**
  - Patient-centered team-based care
- **Registry**
  - To track population
- **Medical Provider**
- **Patient**
- **BH Care Manager**
- **Psychiatric Consultant**
- **Systematic case review with psychiatric consultant (focus on patients not improved)**

**Active treatment with evidence-based approaches**
- Problem Solving Treatment (PST)
- Behavioral Activation (BA)
- Motivational Interviewing (MI)
- Medications

**Validated outcome measures tracked over time**
- PHQ-9

*Slide used with permission from AIMS Center*
Validated Screening and Measurement Tools

**Patient Health Questionnaire (PHQ-9)**

- **PHQ 9 > 9**
  - < 5 – none/ remission
  - 5 - mild
  - 10 - moderate
  - 15 - moderate severe
  - 20 - severe

The PHQ-9 is a 9-item questionnaire used to screen for depression. The total score is calculated by summing the individual item scores. A score of 9 or higher suggests the presence of depression. The questionnaire assesses symptoms over the last two weeks and includes questions about common symptoms of depression such asanhedonia, appetite, and energy level.
Behavioral Care Managers

**Evidence-based Brief Interventions**
- Motivational Interviewing
- Distress Tolerance Skills
- Behavioral Activation
- Problem Solving Therapy

**Frequent, Persistent Follow-up**

*Bao et al: Psych Serv 2015*
CMS states that the behavioral health care manager has formal education or specialized training in behavioral health, which could include a range of disciplines including social work, nursing, and psychology, but need not be licensed to bill traditional psychotherapy codes for Medicare.
## Registry Tracking

The table below shows the treatment status, PHQ-9, and GAD-7 scores for patients tracked by the University of Washington AIMS Center. The spreadsheet is downloadable from the AIMS Center's resource library.

### Downloadable University of Washington AIMS Center Registry Spreadsheet:

[https://aims.uw.edu/resource-library/patient-tracking-spreadsheet-example-data](https://aims.uw.edu/resource-library/patient-tracking-spreadsheet-example-data)

*Used with permission from the AIMS Center*
Psychiatric Consultation: Force Multiplier of CoCM

Availability to Consult Promptly

- Diagnostic dilemmas
- Education about diagnosis or medications
- Complex patients, such as pregnant or medical complicated
- Build confidence and competence

Caseload Reviews

- Scheduled (ideally weekly)
- Prioritize patients that are not improving – extends psychiatric expertise to more people in need
- Make recommendations – may or may not implement
Leveraging a Psychiatric Consultant

50-80 patients/caseload
~3 hrs psych/week/care manager
= a lot of patients getting care

Used with permission from the AIMS Center
Registry Tracking and Treatment Intensification

<table>
<thead>
<tr>
<th>View</th>
<th>Treatment Status</th>
<th>Name</th>
<th>Date of Initial Assessment</th>
<th>Date of Most Recent Contact</th>
<th>Number of Follow-up Contacts</th>
<th>Weeks in Treatment</th>
<th>Initial PHQ-9 Score</th>
<th>Last Available PHQ-9 Score</th>
<th>% Change in PHQ-9 Score</th>
<th>Date of Last PHQ-9 Score</th>
<th>Initial GAD-7 Score</th>
<th>Last Available GAD-7 Score</th>
<th>% Change in GAD-7 Score</th>
<th>Date of Last GAD-7 Score</th>
<th>Psychiatric Consultation</th>
</tr>
</thead>
<tbody>
<tr>
<td>View</td>
<td>Active</td>
<td>Susan Test</td>
<td>9/5/2015</td>
<td>2/23/2016</td>
<td>10</td>
<td>26</td>
<td>22</td>
<td>14</td>
<td>-36%</td>
<td>2/21/2016</td>
<td>18</td>
<td>17</td>
<td>-6%</td>
<td>1/23/2016</td>
<td>Flag for discussion &amp; safety risk</td>
</tr>
<tr>
<td>View</td>
<td>Active</td>
<td>Albert Smith</td>
<td>8/13/2015</td>
<td>12/2/2015</td>
<td>7</td>
<td>29</td>
<td>18</td>
<td>17</td>
<td>-6%</td>
<td>2/2/2016</td>
<td>14</td>
<td>10</td>
<td>-29%</td>
<td>12/2/2015</td>
<td>Flag for discussion</td>
</tr>
<tr>
<td>View</td>
<td>Active</td>
<td>Nancy Fake</td>
<td>2/4/2016</td>
<td>2/4/2016</td>
<td>0</td>
<td>4</td>
<td>No Score</td>
<td>No Score</td>
<td></td>
<td></td>
<td>12</td>
<td>10</td>
<td>-17%</td>
<td>3/1/2016</td>
<td>Flag as safety risk</td>
</tr>
</tbody>
</table>

Downloadable University of Washington AIMS Center Registry Spreadsheet: (https://aims.uw.edu/resource-library/patient-tracking-spreadsheet-example-data)

*Used with permission from the AIMS Center*
Value-Based Workflows

- Stress/no diagnosis
- Huddles
- Hallway conversations/consultations
- Warm hand-offs
- Curbside consultations with psychiatric consultants
- Phone calls to patients
- Repeating rating scales
- Interdisciplinary team meetings
- Registry management

**Therefore payment approaches are necessary for these services that do not work in a typical FFS environment.**
Collaborative Care (CoCM) Payment Code Structure

Each CoCM G code bundles payment to medical care for the collective work of the collaborative care team:

– Primary care provider
– BH provider (BH Care Manager, RN, LICSW, CoCM specialized training)
– Psychiatric consultant (psychiatric ARNP or psychiatrist)
Key Elements of CMS CoCM Codes (G0502/G0503/G0504)

1. Active treatment and care management using established protocols for an identified patient population;

2. Use of a **patient tracking tool** to promote regular, proactive **outcome monitoring** and treatment-to-target using validated and quantifiable clinical rating scales; and

3. **Regular** (typically weekly) **systematic psychiatric caseload reviews and consultation by a psychiatric consultant**, working in collaboration with the behavioral health care manager and primary care team. These primarily focus on **patients who are new to the caseload or not showing expected clinical improvement**.

*Used with permission from the AIMS Center*
CMS BHI/CoCM Codes: Additional Must Haves

- Needs an initiating visit – new patients unless seen in the past year
- Broad consent obtained
- Co-pays apply
- Must be able to show time spent – how to time stamp your work?
CMS CoCM Codes FAQs

- FQHCs and RHCs cannot bill these codes in 2017, but will be able to in 2018!
- Can bill CCM and CoCM for the same patient (avoid overlap)
- Can bill CPC+ and CoCM (avoid overlap)
- BH must be available for face-to-face
- BH care manager – formal education or specialized training in BH
- No specialized set of diagnoses
- Calendar month

https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/Downloads/Behavioral-Health-Integration-FAQs.pdf

Other Models of Integrated Care

- Separate payment for integrated behavioral health services that are delivered under other delivery models, such as the behavioral health consultation model or primary care behavioral health model:
- G0507 – Care management services for behavioral health conditions, at least 20 minutes of clinical staff time per calendar month. Must include:
  - Initial assessment or follow-up monitoring,
  - Use of applicable validated rating scales;
  - Behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes;
  - Facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation; and
  - Continuity of care with a designated member of the care team.
Other Models of Integrated Care (cont’d)

G0507 can only be reported by a treating provider and cannot be independently billed.

For G0507 no formal or specialized education is required.

CMS rules allow “clinical staff” to provide G0507 services using the same definition of “clinical staff” as applied under the Chronic Care Management benefit.
Yes, it is possible to do in primary care too!

Check payer contracts and licensure requirements for billing staff!

AIMS resource guide: https://aims.uw.edu/sites/default/files/Basic_BHI_Coding.pdf
Developing Your Financing Plan: The Financial Modeling workbook
## Staffing and Service Delivery

### STAFFING

<table>
<thead>
<tr>
<th>Team Member</th>
<th>FTE</th>
<th>Total Hours per Week</th>
<th>Hours per Week (Based on 40.3 hrs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care Manager</td>
<td>0.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychiatric Consultant</td>
<td>0.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### WEEKLY TIME AND EFFORT ALLOCATION AND SERVICE UNIT GENERATION: CARE MANAGER

<table>
<thead>
<tr>
<th>Care Management Service Category</th>
<th>Percentage (%) of Total Hours per Week</th>
<th>Hours per Week</th>
<th>Service Units Generated</th>
<th>Hours per Service Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reimbursable Direct Care Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Direct Treatment: Assessment Visit</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Direct Treatment: Ongoing Visits</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group Treatment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subtotal: Reimbursable Direct Care Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Reimbursable Direct Care Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Warm Connection (Non-Billable)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Care Management Telephonic Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subtotal: Non-Reimbursable Direct Care Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indirect Care Coordination and Administrative Tasks</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Charting</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Registry Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychiatric Consultation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Team Communication</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (Clinical Supervision, Staff Meetings, Training, etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subtotal: Indirect Care Coordination and Administrative Tasks</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### WEEKLY TIME AND EFFORT ALLOCATION AND SERVICE UNIT GENERATION: PSYCHIATRIC CONSULTANT

<table>
<thead>
<tr>
<th>Percentage (%) of Total Hours per Week</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Unassigned Time [Target = 0%]</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

*Used with permission from AIMS Center*
Summary of available care
- Direct Care
- Caseload details
  - Length of episode
  - Caseload capacity
  - Eligibility for case rate

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Integrated Behavioral Health Staffing

- Billing varies greatly with staffing
- What is the licensing of the staff you are hiring or who will be working on this project?
- Do your billing and reimbursement homework BEFORE you hire your staff
- Do you know how to figure out how much a staff person costs you?
Payer Mix – Who pays you?
Details on payer mix

Payer Mix
- CoCM codes
- Other value-based payments
- Direct care revenue
Payer Mix

- What payers do your organization or BH services get reimbursement from?
- 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- what are the criteria?
## Summary of Financial Model: Net IMPACT

<table>
<thead>
<tr>
<th>Personnel</th>
<th>Annual Salary per 1.0 FTE</th>
<th>Salary Cost Per FTE</th>
<th>Fringe Benefits % of Salary</th>
<th>Fringe Benefits Cost</th>
<th>Personnel Subtotal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care Manager</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychiatric Consultant</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Subtotal: Personnel Cost</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Cost: Personnel + Overhead</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Total Reimbursement | - | Total Cost | - |

- User-entered value
- Calculated field (not editable)
- Information copied from another cell

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Opportunities to Capture VALUE

- Improve Patient Satisfaction
- Promote Provider Satisfaction
- Demonstrate Care Coordination Capacity
- Collect Direct Billing Revenue
- Explore Value-Based Payment Systems

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New AIMS Resources Online to Help You Plan a Sustainable Model

- Defining value for your model of integrated care
- Guidance on planning BH staffing
- Financing strategies on the way to VBP
- *New* Financial Modeling Workbook
  - Designed to help you to evaluate staffing models, visit volume, FFS and case rate payments to more accurately estimate revenue and expenses
  - [https://aims.uw.edu/collaborative-care/financing-strategies/financial-modeling-workbook](https://aims.uw.edu/collaborative-care/financing-strategies/financial-modeling-workbook)
AIMS/APA-SAN Office Hours

• July 26, 2017, August 16, 2017 & September 27, 2017 at 12:00pm EDT. Additional calls will be scheduled based on interest.

• Call in information on the AIMS Center website: https://aims.uw.edu/collaborative-care/financing-strategies/financial-modeling-workbook
WA Policy and Financing Landscape

- SSB 5779 Passed and Signed into Law 2017
- Medicaid Billing for CMS BHI Codes
SSB 5779 Summary

• Requires the Health Care Authority to review behavioral health and primary care payment codes, and adjust payment rules to facilitate integration of behavioral health and primary care.

• Requires the Authority and the Department of Social and Health Services to establish a performance measure related to integration of behavioral health services in primary care settings.

• Requires the Authority to oversee the coordination of mental health services for Medicaid-eligible children and ensure that managed care organizations and behavioral health organizations maintain adequate capacity to facilitate children’s mental health treatment services.

• Repeals a practice setting restriction on the use of the titles "certified chemical dependency professional" and "certified chemical dependency professional trainee."
Medicaid Billing for CMS BHI codes G0502-G0504 and G0507

- WA State Budget passed June 30, 2017
- Allocates $1 million per year for next 2 years to pay for BHI codes for Medicaid recipients
- Next steps not outlined yet, anticipate it will be incorporated into SSB 5779 Billing Matrix
- AIMS Center will provide guidance as more information becomes available
Upcoming Healthier WA Practice Transformation Support Hub Events

Save the date for our free regional learning conference!

Steering Toward Success
Achieving Value in Whole-Person Care

What: A free, one-day conference designed to help primary care practices, behavioral health agencies, providers, and stakeholders prepare for the transition to whole-person care.

- The conference will be offered twice to accommodate participants across Washington State.
- September 25, 2017 Hotel Murano, Tacoma, WA
- October 26, 2017 Best Western Plus Lake Front Hotel, Moses Lake

Register Here: https://hubptsuccess.eventbrite.com
The Hub: Offering a Menu of Services to Support Practice Transformation Efforts

- Let us know how we can help you:
  - Contact the Help Desk for resources and to be added to our mailing list
  - Talk to us about assessing your practice
  - Find out how you can enroll in on-site technical assistance
Questions and Discussion
For More Information

Hub Help Desk: (206) 288-2540 or (800) 949-7536 ext. 2540 or by email HubHelpDesk@qualishealth.org.

Healthier Washington Practice Transformation Support Hub Web sites:
http://bit.ly/2e0PpmF
www.QualisHealth.org/hub

Hub Resource Portal:
http://waportal.org

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