



# **Financing Integrated Healthcare: Short Term Solutions to Long Term Problems**

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## 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

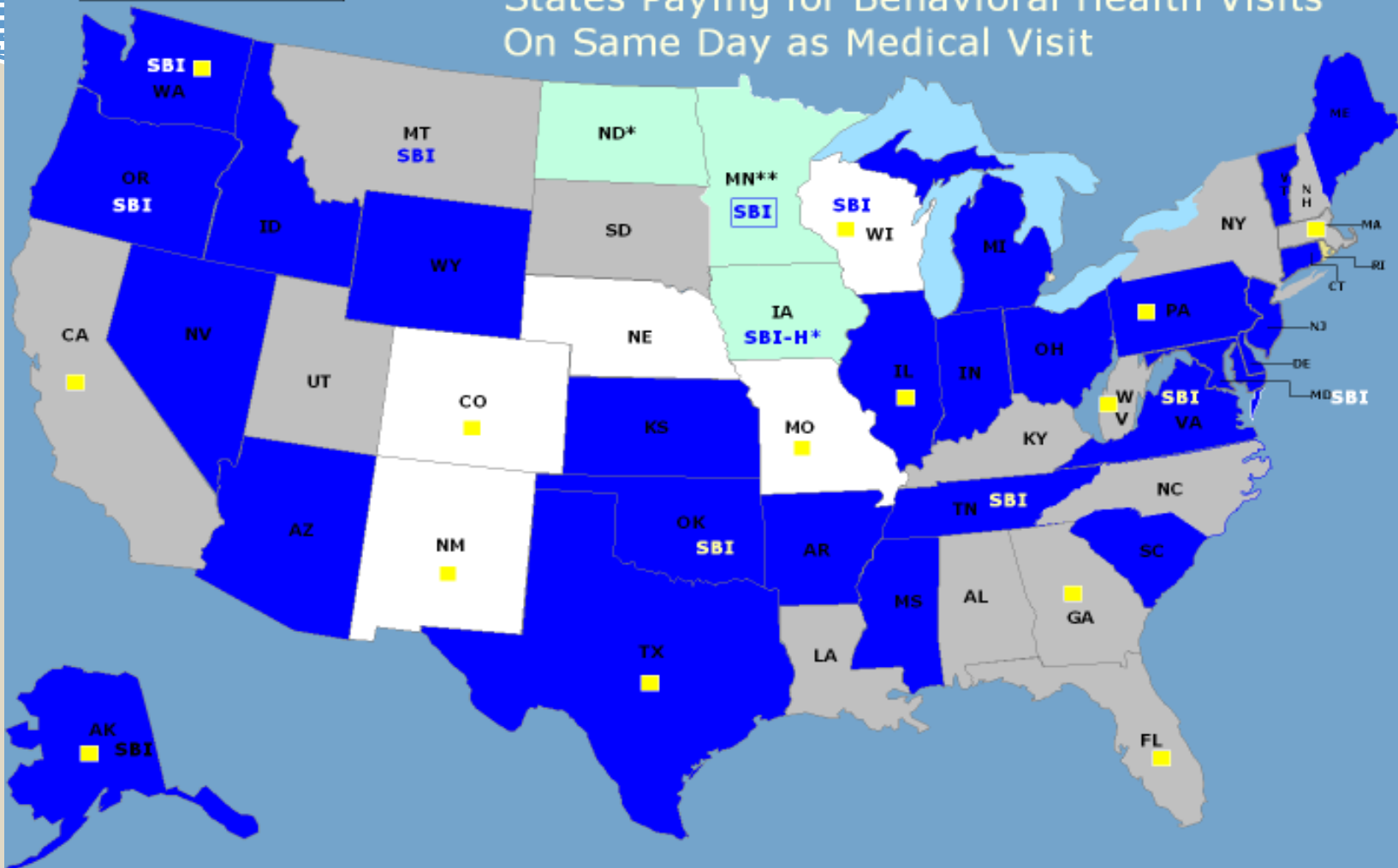


## Two Services in One Day

- ▶ 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 or regulation – Indiana does allow two services in one day to be billed in an FQHC environment
- ▶ 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

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 Indiana
- 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

- Often not paid for by FQHC funding
- Often paid by CMHC funding
- How can they be a win/win in the partnership?





## The 96000 Series

- Approved CPT Codes for use with Medicare right now
- Indiana has approved them now for Medicaid
- 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.



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



## Additional Billing Options

- Intensive Behavioral Therapy for Obesity Manual – August 2012
- Tobacco Cessation Billing for Medicare
- Telemedicine



## Diamond Project

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



# FQHC Partnerships and Potential Enhancement of Revenue

- Cost Based Reimbursement
- BH Expansion Grants
- Scope of Service Changes
- 340B Drug Pricing



## **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



## 340B Drug Pricing

- Consumers of FQHCs have access to reduce priced medication if it is prescribed by the FQHC
- Is this an option for helping with access to medication?



## Resources

- [www.integration.samhsa.gov](http://www.integration.samhsa.gov)
- Kathleen Reynolds  
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