Sustainability: Staffing and Reimbursement Strategies incorporating Nursing Roles

Session 3
Objectives

• Review big picture goals for WA State integration strategies
• Describe reimbursement opportunities for integrated behavioral health services
  – Focus on primary care settings and CoCM
• Note challenges for WA providers in utilizing the new codes
• Introduce AIMS online tools for financial modeling and additional AIMS resources
• Questions and discussion
Goal: Support Whole Person Care

- Increase access to primary care in behavioral health
- Increase access to behavioral health services in primary care

Community-Based Services & Supports

- Primary Care Provider
- Behavioral Health Consultant or Specialist
- Collaborative Care
- Community Behavioral Health Care
- Hospital

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Three Kinds of Reimbursement Strategies for Integrated Behavioral Health

• “Traditional” CPT fee-for-service codes
  – Health and Behavior, psychotherapy, screening, SBIRT, etc.
  – Licensure and setting requirements often vary by payer

• Team-based or bundled psychiatric CoCM codes
  – Medicare and WA Medicaid bundle payment for the CoCM team under billing by the treating medical provider
  – Licensure requirements vary between Medicare vs. WA Medicaid WAC
  – Unclear if setting requirements vary

• Value-based payments
  – Payment for quality of services and better patient outcomes over volume of services
WA Medicaid Requirements for “Traditional” CPT Codes

• Independent Licensure
  – Licensed psychologist, LICSW, LMFT, LMHC
  – Can bill independently for screening psychotherapy, Health & Behavior codes
  – Can provide care management services as part of psychiatric CoCM team

• Pre-Licensure Practice under Supervision
  – Cannot bill independently
  – “Associate” status gaining supervised hours toward full licensure
HCA: Behavioral Health Integration Billing Matrices

- [https://www.hca.wa.gov/billers-providers/programs-and-services/behavioral-health#ssb5779](https://www.hca.wa.gov/billers-providers/programs-and-services/behavioral-health#ssb5779)

- **Health and behavior codes assessment** (Matrix - Phase 1)
- **Health and behavior codes assessment** (Matrix - Phase 2)
- **Collaborative Care Model** (Matrix - Phase 3) - located on pages 60 - 68

- Information about:
  - Documentation
  - Billing requirements
  - Provider type
  - Place of service
  - Limitations
Collaborative Care Model (CoCM)

- Primary care patient-centered team-based care
- Registry to track population
- Systematic case review with psychiatric consultant (focus on patients not improved)
- Validated outcome measures tracked over time
- Active treatment with evidence-based approaches

- Medical Provider
- Patient
- BH Care Manager
- Registry
- Psychiatric Consultant

- Problem Solving Treatment (PST)
  - Behavioral Activation (BA)
  - Motivational Interviewing (MI)
  - Medications

- PHQ-9
**New Collaborative Care (CoCM) Codes and Behavioral Health Integration (BHI) Code**

**As of January 1, 2018**

<table>
<thead>
<tr>
<th></th>
<th>FQHCs and RHCs</th>
<th>All Other Providers</th>
</tr>
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<tbody>
<tr>
<td><strong>Medicare</strong></td>
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<td></td>
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<tr>
<td>FQHCs and RHCs</td>
<td>G0512</td>
<td>CoCM</td>
</tr>
<tr>
<td></td>
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<td>99492</td>
</tr>
<tr>
<td></td>
<td>G0511</td>
<td>BHI</td>
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<td></td>
<td></td>
<td>99484</td>
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<tr>
<td></td>
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<td>99493</td>
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<td></td>
<td></td>
<td>99494</td>
</tr>
<tr>
<td><strong>WA State Medicaid</strong></td>
<td>G0512</td>
<td>CoCM</td>
</tr>
<tr>
<td></td>
<td></td>
<td>99492</td>
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<td></td>
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<td>99493</td>
</tr>
<tr>
<td></td>
<td></td>
<td>99494</td>
</tr>
</tbody>
</table>

Used with permission from the University of Washington AIMS Center
Medicare & WA State Medicaid Bundled Payments for Psychiatric Collaborative Care (CoCM)

• These codes bundle payment for services provided during the month by CoCM team members:
  – Treating (Billing) Medical Practitioner
  – Behavioral Health Care Manager
  – Psychiatric Consultant

• Payment goes to the primary treating medical provider
“Incident to…”

All codes are billed under the treating medical provider as “incident to:"

- Services not provided personally by the billing practitioner, but provided by other members of the care team under the direction of the practitioner

- Billing practitioner need not be immediately available at same time services are provided
Medicare CoCM Team Members (Same for Medicaid)

• Treating (Billing) Medical Practitioner
  – A physician and/or non-physician practitioner (PA, NP, CNS, CNM); typically primary care, but may be of another specialty (e.g., cardiology, oncology)

• Behavioral Health Care Manager
  – A designated individual with formal education or specialized training in behavioral health (including social work, nursing, or psychology), working under the oversight and direction of the billing practitioner

• Psychiatric Consultant
  – A medical professional trained in psychiatry and qualified to prescribe the full range of medications

• Beneficiary
  – The beneficiary is a member of the care team
Medicare CPT CoCM Components (Part 1)

• Initial assessment by the primary care team (billing practitioner and behavioral health care manager) Initiating visit (if required, separately billed)
  – Administration of validated rating scale(s)

• Care planning by the primary care team, jointly with the beneficiary, with care plan revision for patients whose condition is not improving adequately. Treatment may include pharmacotherapy, psychotherapy, and/or other indicated treatments

• Behavioral health care manager performs proactive, systematic follow-up using validated rating scales and tracks patients in a registry
  – Assesses treatment adherence, tolerability, and clinical response using validated rating scales; may provide brief evidence-based psychosocial interventions such as behavioral activation or motivational interviewing

Medicare CPT CoCM Components (Part 2)

• Regular case load review with psychiatric consultant – The primary care team regularly (at least weekly) reviews the beneficiary’s treatment plan and status with the psychiatric consultant and maintains or adjusts treatment, including referral to behavioral health specialty care as needed

• Advance consent prior to commencement of BHI services, the beneficiary must give the billing practitioner permission to consult with relevant specialists, which would include conferring with a psychiatric consultant.

  – The billing practitioner must inform the beneficiary that cost sharing applies for both face-to-face and non-face-to-face services that are provided, although supplemental insurers may cover cost sharing. Consent may be verbal (written consent is not required) but must be documented in the medical record.


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Medicare CPT CoCM Components (Part 3)

- These are time-based codes
- Total time team spends on CoCM needs to be tracked
- Time accrual is over a calendar month
  - 70 minutes of behavioral health care manager time the first month
  - 60 minutes subsequent months
  - Add-on code for 30 additional minutes any month

Specific Requirements for CoCM Codes

- Medicare – FQHC and RHC
  - G-Codes introduced January 2018
  - Review specific rules and FAQ
- WA Medicaid
  - Codes similar to Medicare codes – review HCA documents
  - Need to complete clinic attestation
  - Prior authorization for treatment after 6mo and 12mo

TIP: Pay attention to differences in requirements
Additional Features of CoCM Codes

• BH Care Manager need not be licensed to bill MEDICARE
• Co-location is not required, both in and out-patient sites qualify for payment
• May be billed in same month as traditional psychotherapy codes if no time overlap
• Pt consent and Part B co-payments apply for MEDICARE
• FQHCs and RHCs have separate payment codes
Medicare General BHI Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>FQHC and RHC Providers</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>G0511</td>
<td>General Care Management Services: minimum of 20 minutes per month</td>
<td>$62.28</td>
</tr>
<tr>
<td>99484</td>
<td>Other BHI services: 20 minutes per month</td>
<td>$48.60</td>
</tr>
</tbody>
</table>

G0511 incorporates previous chronic care management codes (99490 and 99487) and general behavioral health Integration services (99484)

TIP: Medicare Only
Medicare General BHI Care Providers

• Treating (Billing) Medical Practitioner
  – A physician and/ or non-physician practitioner (PA, NP, CNS, CNM); typically primary care, but may be of another specialty (e.g., cardiology, oncology, psychiatry).

• Beneficiary
  – The beneficiary is a member of the care team.

• Potentially Clinical Staff
  – The service may be provided in full by the billing practitioner. Alternatively, the billing practitioner may use qualified clinical staff to provide certain services using a team-based approach. These clinical staff may- but are not required to-include a designated behavioral health care manager or psychiatric consultant.

TIP: Medicare Only

Medicare General BHI Service

• Initial assessment and initiating visit (if required, separately billed)
• Administration of applicable validated rating scale(s)
• Systematic assessment and monitoring, using applicable validated clinical rating scales
• Care planning by the primary care team jointly with the beneficiary, with care plan revision for patients whose condition is not improving
• Facilitation and coordination of behavioral health treatment
• Continuous relationship with a designated member of the care team

TIP: Medicare Only

CoCM Billing Challenges

• Medicaid vs. Medicare Licensure Requirements
  – Differing requirements for behavioral health care manager
  – Primary care provider roles
  – Physician assistant role vs. other PCPs
  – Nursing roles
Questions we’re hearing about licensure provisions of WAC 182-531-0425 Collaborative Care

• **Collaborative care team** means a team of **licensed** behavioral health professionals operating within their scope of practice who participate on the primary care team
  – Associate status unclear for some licensures

• **Primary billing provider** limited to physician or ARNP
  – Physician assistant status working under PCP?

• **Psychiatric nurses**
  – RN and LPN status?
Medicaid CoCM WAC 182-531-0425
Differs from Medicare CoCM Requirements

For Medicare -

• **Treating (billing) practitioner** includes:
  – physicians and non-physicians (PA, NP, CNS, CNM)
  – typically in primary care but not required

• **Behavioral health care manager in FQHCs & RHCs** must have:
  – Formal education or specialized training in behavioral health such as social work, nursing, or psychology
  – Minimum of bachelor’s degree in behavioral health field
  – Clinician with BH training including RNs and LPNs
Challenges and Opportunities
Opportunity under existing WAC Collaborative Care

• Nursing role in CoCM teams
  – Expanding roles for nurse care managers working in bi-directional integration/whole person care
  – Expanding role for nurse care managers in WA state opioid treatment networks
Goal: Increase Access to Med-Assisted Treatment (MAT) for Opioid Use

- Increase MAT access to behavioral health agencies
- Increase MAT access in primary care clinics

Levels:
- Community-Based Services & Supports
- Primary Care Provider
- Behavioral Health Consultant or Specialist
- Collaborative Care
- Community Behavioral Health Care
- Specialty Care
- Hospital
# Recap: WA Collaborative Care Payments

<table>
<thead>
<tr>
<th>Code</th>
<th>Description and Time Requirement</th>
<th>2018 Medicare*</th>
<th>2018 WA Medicaid</th>
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<tr>
<td></td>
<td><strong>FQHC and RHC Providers</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G0512</td>
<td>70 min/month - Initial CoCM care mgmt</td>
<td>$145.08</td>
<td>$134.84</td>
</tr>
<tr>
<td></td>
<td>60 min/month - Subsequent CoCM care mgmt</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Other Medical Providers</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>99492</td>
<td>70 min/month - Initial CoCM mgmt</td>
<td>$161.28</td>
<td>$142.84</td>
</tr>
<tr>
<td>99493</td>
<td>60 min/month - Subsequent CoCM care mgmt</td>
<td>$128.88</td>
<td>$126.33</td>
</tr>
<tr>
<td>99494</td>
<td>Additional 30 min/month for initial or subsequent CoCM care management</td>
<td>$66.60</td>
<td>$66.04</td>
</tr>
</tbody>
</table>

*Please note actual Medicare payment rates may vary regionally.*
Project 2A Crosswalk Bi-Directional Integration

SAME ELEMENTS in Bree Report & Collaborative Care

- BH care manager or provider key part of team
- Systematic screening
- Measurement-based behavioral health services
- Population-based care
- Treatment to target
- Tracking patients and follow up
- Evidence-based treatments
- Access to psychiatry (Bree) vs. psychiatric case review (CoCM)
Next Steps for Financial Modeling and Sustainability Planning

• Review resources for appropriate CoCM codes
  – Use your **whole** team

• Consider Licensure Strategies for BHI Revenue
  – Pending HCA clarification on emergency rule

• Utilize available resources
  – AIMS WA State Cheat Sheet
    • Pending HCA clarification on emergency rule
  – Online Financial Modeling Workbook
  – Virtual Office Hours through AIMS/APA
Building a Sustainable Strategy for Integrated Behavioral Health

**Articulate a clear program plan**
- Psychiatric Consultation
- Behavioral Health Staffing
- Core Infrastructure

**Define value broadly**
- Quality patient and provider experience
- Better outcomes
- Capture value and responsible spending

**Use financial modeling tools**
- Calculate costs
- Anticipate Revenue
- Consider workflows
## Financial Modeling Workbook

### Net Financial Impact

#### TOTAL REIMBURSEMENT

- **Total Reimbursement:**
  - Monthly Case Rate Reimbursement + Billable Individual Services Reimbursement
  
<table>
<thead>
<tr>
<th></th>
<th>Monthly Case Rate Reimbursement</th>
<th>Billable Individual Services Reimbursement</th>
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<tbody>
<tr>
<td></td>
<td>$120,102.09</td>
<td>$66,071.66</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$186,173.75</strong></td>
<td></td>
</tr>
</tbody>
</table>

#### TOTAL COST

- **Personnel Cost**
  - Care Manager: $60,000.00 FTE
  - Psychiatric Consultant: $250,000.00 0.10 FTE

<table>
<thead>
<tr>
<th>Personnel</th>
<th>Annual Salary per 1.0 FTE</th>
<th>FTE</th>
<th>Salary Cost Per FTE</th>
<th>Fringe Benefits</th>
<th>Fringe Benefits Cost</th>
<th>Personnel Subtotal</th>
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</thead>
<tbody>
<tr>
<td>Care Manager</td>
<td>$60,000.00</td>
<td>1.00</td>
<td>$60,000.00</td>
<td>30.0%</td>
<td>$18,000.00</td>
<td>$78,000.00</td>
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<tr>
<td>Psychiatric Consultant</td>
<td>$250,000.00</td>
<td>0.10</td>
<td>$25,000.00</td>
<td>30.0%</td>
<td>$7,500.00</td>
<td>$32,500.00</td>
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<tr>
<td><strong>Subtotal: Personnel Cost</strong></td>
<td></td>
<td></td>
<td>$110,500.00</td>
<td></td>
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</tbody>
</table>

- **Organizational Overhead**
  - Percentage: 30.0%
  
<table>
<thead>
<tr>
<th>Overhead</th>
<th>Percentage</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>30.0%</td>
<td>$33,150.00</td>
</tr>
</tbody>
</table>

| **Total Cost: Personnel + Overhead** | **$143,650.00** |

#### NET IMPACT

| Net Impact: Total Reimbursement - Total Cost | $186,173.75 - $143,650.00 = $42,523.75 |

---

**Disclaimer:** Staffing and Service Delivery, Net Financial Impact, Monthly Case Rate, 50
Using the Workbook as a Team

• The workbook asks for information from various roles in your organization
  – Finance
  – HR/Staffing
  – Operations
  – BH Program Management

• Work together to gather the most accurate information and make best estimates
Task Allocations and Visit Statistics

• How do care managers, BH clinicians, psychiatry staff and psychiatric consultants spend their time each week?

• What kind of visits do they provide?

• What is the average length of a treatment episode, and the average number of visits during that episode?

• How many weeks in the year do your staff work – not counting holidays, sick and vacation?
AIMS Center / American Psychiatry Assoc. “Office Hours” on Financial Modeling

• *Virtual* drop-in times for advice on modeling:
  
  – First Wednesdays @ 9 AM PT
  
  – June 6, July 11, August 1, September 5, October 3, November 7 & December 5
  
  – Details to join office hour at AIMS website: [aims.uw.edu/collaborative-care/financing-strategies/financial-modeling-workbook](http://aims.uw.edu/collaborative-care/financing-strategies/financial-modeling-workbook)
Online Resources

• WA State Medicaid HCA Billing Guidance (May 2018); see pages 59 – 67 for CoCM Guidelines:

• CMS Medicare Fact Sheet on Behavioral Health Integration (January 2018):

• CMS Medicare FAQs for FQHCs and RHCs (February 2018):
  – [https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/FQHCPPS/Downloads/FQHC-RHC-FAQs.pdf](https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/FQHCPPS/Downloads/FQHC-RHC-FAQs.pdf)

TIP: Sign up for HCA Provider Alerts:
Resources: http://aims.uw.edu

AIMS CENTER
Advancing Integrated Mental Health Solutions

COLLABORATIVE CARE IN THE NEWS
CMS Payment Codes Explained
A New England Journal of Medicine article explains Medicare payment for COCM.

CMS Finalizes Payment Rule
The APA describes impact of CMS’ finalized rule for collaborative care tasks.

PAYMENT FOR COLLABORATIVE CARE
A discussion on measurement-based care and payment for Collaborative Care.

Read more about a new book that helps teams provide effective mental health care

DANIEL’S STORY
Learn about Collaborative Care through the eyes of Daniel, a patient whose care team changed his life.

IMPLEMENTATION GUIDE
Learn how to implement Collaborative Care, a specific type of integrated care developed at the University of Washington.

FREE RESOURCES
Looking for something? Search for resources, tools, videos, research and more related to Collaborative Care.
PAL (Partnership Access Line)

• Services
  – Immediate, phone-based child psychiatry consultation
  – Follow up letter
  – Clinical social worker to help find local resources
• Available to WA and WY
  – primary care doctors
  – nurse practitioners
  – physician assistants
• Contact
  – Email: paladmin@seattlechildrens.org
  – WA PAL Line: 866-599-7257
  – http://www.seattlechildrens.org/healthcare-professionals/access-services/partnership-access-line/

Funded by WA and WY state governments
FREE to Providers in WA State

Expand the mental health and addictions care capacity of health care professionals in remote, underserved areas of Washington

Offer telehealth resource support to build the confidence and skills of providers who care for patients with mental and behavioral health conditions

Ultimate Goal: Better patient care

Thursdays 12-1:30pm

http://ictp.uw.edu/programs/uw-pacc

UW PACC in the news: http://hsnewsbeat.uw.edu/story/mental-health-video-consults-ease-rural-providers-burden
Community-Based Integrated Care Training

• Psychiatric providers seeking additional training to deliver integrated care
• Year-long employment-friendly program with a priority of flexibility in scheduling
  – online coursework
  – quarterly in person training
  – mentored quality improvement project
• Complimentary to other integrated care implementation efforts
  – Train psychiatric provider to work with primary care clinic transformation

FREE to Washington State psychiatric providers!

http://ictp.uw.edu/
The project described was supported by Funding Opportunity Number CMS-1G1-14-001 from the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. The contents provided are solely the responsibility of the authors and do not necessarily represent the official views of HHS or any of its agencies.
Medicare Collaborative Care (CoCM)
Medicare Behavioral Health Integration (BHI)
Note: FQHCs and RHCs cannot bill these codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>99492</td>
<td>CoCM: first 70 minutes in first month</td>
<td>$161.28</td>
</tr>
<tr>
<td>99493</td>
<td>CoCM: first 60 minutes in any subsequent months</td>
<td>$128.88</td>
</tr>
<tr>
<td>99494</td>
<td>CoCM: each additional 30 minutes in any month <em>(used in conjunction with 99492 and 99493)</em></td>
<td>$66.60</td>
</tr>
<tr>
<td>99484</td>
<td>Other BHI services: 20 minutes per month</td>
<td>$48.60</td>
</tr>
</tbody>
</table>
Medicare Collaborative Care (CoCM) and Care Management Services for FQHCs and RHCs

<table>
<thead>
<tr>
<th>G-Code</th>
<th>Description</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>G0512</td>
<td>CoCM: minimum of 60 minutes per month</td>
<td>$145.08</td>
</tr>
<tr>
<td>G0511</td>
<td>General Care Management Services: minimum of 20 minutes per month</td>
<td>$62.28</td>
</tr>
</tbody>
</table>

G0511 incorporates previous chronic care management codes (99490 and 99487) and general behavioral health Integration services (99484)

G0512 is specific to Medicare CoCM services (99492, 99493, and 99494 for other providers)