



# SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

## Sustainability Strategies for Primary Care Behavioral Health Integration

# Setting the Stage: Today's Moderator



Madhana Pandian  
Associate

SAMHSA-HRSA Center for Integrated Health Solutions



# SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

To download the presentation slides, please click the dropdown menu labeled “Handouts” on the bottom right of your screen.

Slides are also available on the CIHS website at:

[www.Integration.samhsa.gov](http://www.Integration.samhsa.gov)

*under About Us/Innovation Community*

# Our format:



## Structure

Presentations from experts

## Polling You

At designated intervals

## Asking Questions

Responding to your written questions

## Follow-up and Evaluation

Ask what you want/expect  
and presentation evaluation

# Setting the Stage: Today's Facilitator



Jeff Capobianco

Director of Practice Improvement

SAMHSA-HRSA Center for Integrated Health Solutions

# Setting the Stage: Today's Presenter



Jeff Howard  
CFO of Cherokee Health Systems

# Learning Objectives

- Participants will be able to describe the steps to conducting/components of a cost analysis of their integrated health program
- Participants will be able to explain value-based purchasing and how organizations (like Cherokee) have approached contracting with state/managed care entities using this approach
- Participants understand how to engage staff in monitoring the cost of care in their clinics

# Cherokee Health Systems' History of Integration

- 1960 – Mental Health Center of Morristown
- 1971 – Cherokee Guidance Center
- 1979 – Cherokee Mental Health Center
- 1984 – Clinch Mountain Regional Health Center, Inc.
- 1987 – Union-Grainger Primary Care, Inc.
- 1996 – Cherokee Health Systems
- 2002 – CHS Health Center Cluster (330 Grant)
- 2004 – Consolidation to Support Integration



# **CHS' Integrated Care Program?**



# Cherokee Health Systems

## Annual Activity:

488,602 Services

65,841 Patients

15,961 New Patients

Staff: 621 Active Employees

## Provider Staff:

Psychologists – 48

Cardiologist – 1

Psychiatrists – 9

Physicians – 20

Gastroenterologist – 1

NP (Psych) – 8

NP/PA (Primary Care) – 4

Nephrologist – 1

LCSWs – 61

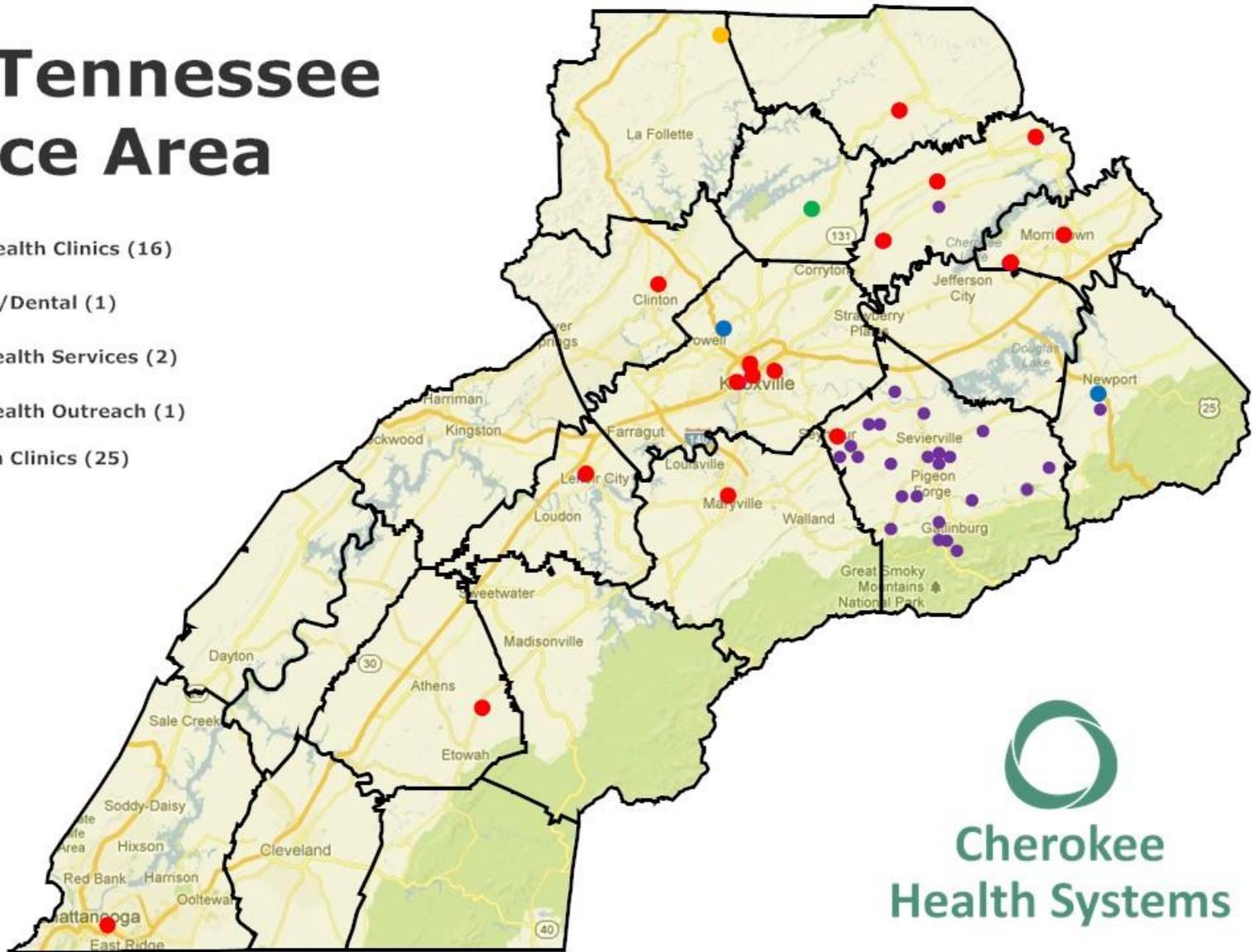
Community Workers – 40

Pharmacists – 11

Dentists – 1

# East Tennessee Service Area

- Integrated Health Clinics (16)
- Integrated w/Dental (1)
- Behavioral Health Services (2)
- Behavioral Health Outreach (1)
- School Health Clinics (25)



# What is Integration?

*Who says behavioral health doesn't fit in Primary Care!?*

# INTEGRATED CARE FOR DUMMIES®

*Everything you ever  
wanted to know about  
behavioral health  
integration but were  
afraid to ask!*

*The  
Groundbreaking  
Guide for the  
Rest of Us!*

*Mission, Model,  
Manpower, Money*

*Investing in Technology*

*Financing the Model  
for Sustainability*



*Find the  
REAL WORLD  
answers  
you've been  
looking for!*

**Dennis S. Freeman, PhD**  
**Parinda Khatri, PhD**

*Foreword by Bob Franko,  
world-renowned IC Blogger*



# Case Study

## 1 Patient – 2 Approaches to Care

### Patient Characteristics

- Diabetes
- Substance Abuse
- Depression

### Care Options

- Traditional (FQHC or CMHC)
- Integrated
  - Primary Care Point of Entry
  - Behavioral Point of Entry

## PROCESS

## FQHC

## CMHC

**Insurance Verification  
Visit**

MCO Verification  
Nursing Staff  
PCP & Lab

BHO Verification  
Therapist

**Treatment Plan**

Follow-Up in 4-6 Weeks

Bi-Weekly Therapy  
Refer to Psychiatry

**Outside Referral**

Refer to Specialty

Refer to PCP

**Non-Billable Activity**

None

None

**Billable Services  
(excluding Lab)**

- PCP – 99204  
- PCP – 99214  
- BH – 90791  
- BH – 90834  
- BH – 90834  
- PSYCH - 90792

- BH – 90791  
- BH – 90834  
- BH – 90834  
- BH – 90834  
- PSYCH – 90792  
- PCP – 99203  
- PCP – 99213

**Visit Count**

6 Visits in 2 Months

7 Visits in 2 Months

## **Traditional Model**



## PROCESS

**Initial Contact**

**Insurance Verification**

**Visit**

**Treatment Plan**

**Outside Referral**

**Non-Billable Activity**

**Billable Services  
(excluding Lab)**

**Visit Count**

## INTEGRATED ORGANIZATION

Patient Calls for Appointment

MCO & BHO Verification

BHC or BH, Nursing Staff, PCP & Lab

PCP/BHC/BH Follow-Up in 4-6 Weeks

None

Psychiatric Consult with PCP  
Hallway Consult - BHC & PCP  
Treatment Team

PCP - 99203, 99408 & 99420

BH - 96150 or 90791

PCP - 99213 & 99408, or

BH - 96152 or 90832

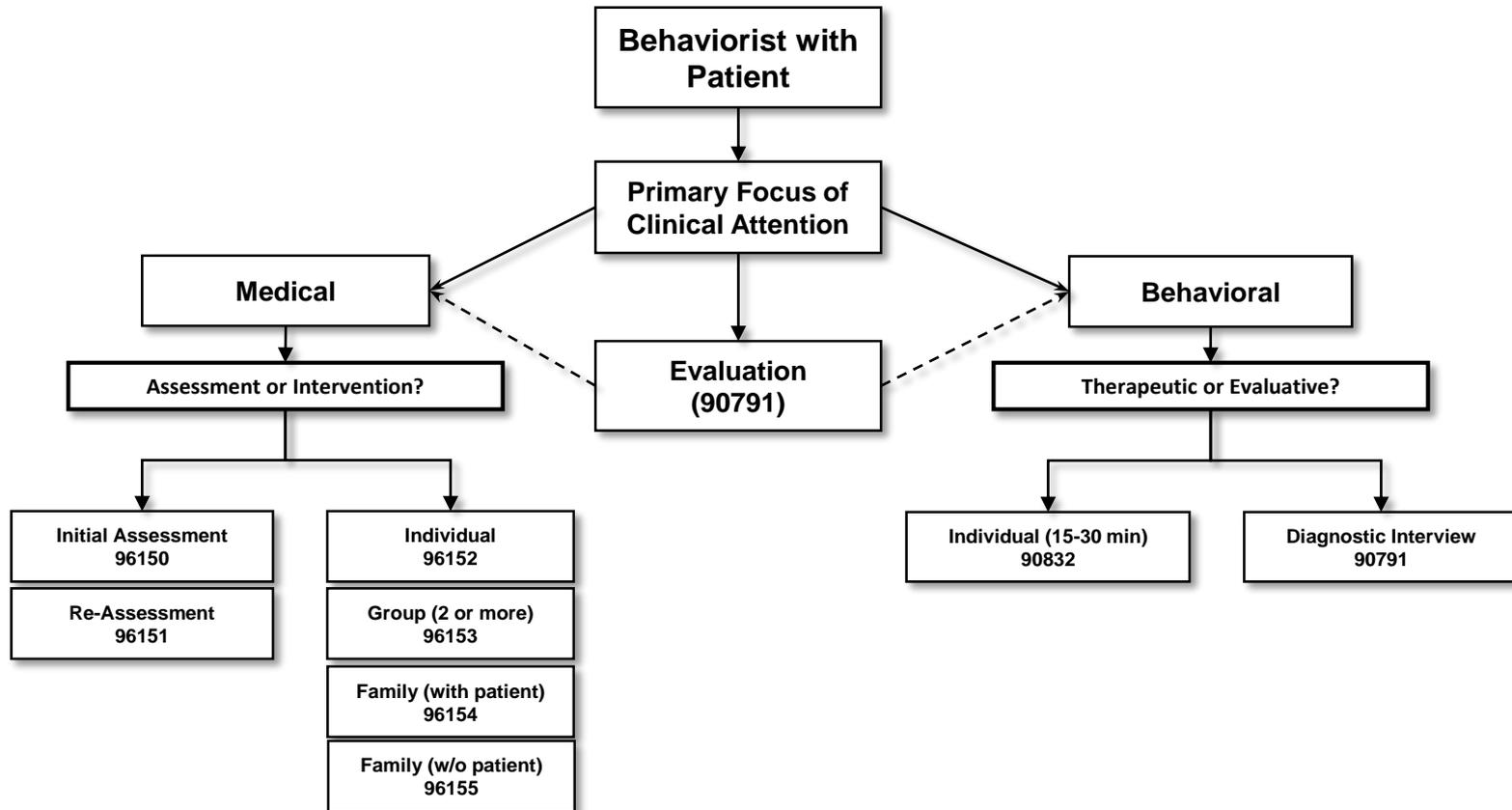
2 Visits in 2 Months

## **Integrated Model**





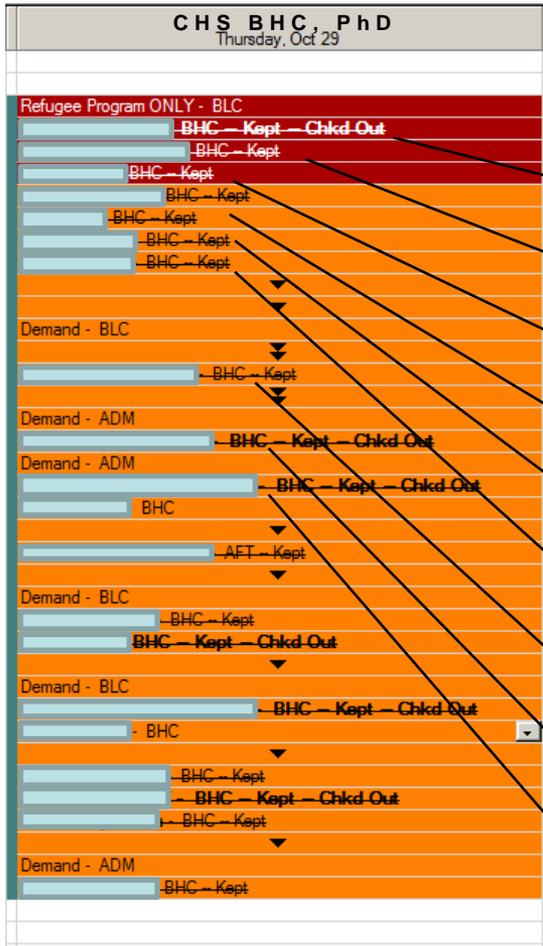
# Behaviorist Consultation



**NOTE: Primary Diagnosis must match the CPT code selected.**



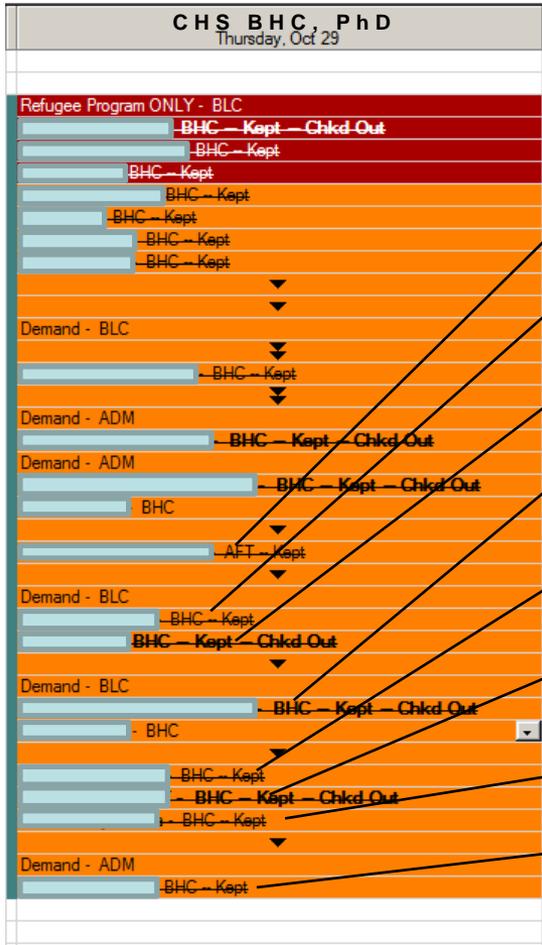
# A Morning in the Life of a BHC



45 yo male seen for Refugee Health Exam	Consult	96150
41 yo female with PTSD	Consult	90791
18 yo male seen for Refugee Health Exam	Consult	96150
15 yo male seen for Refugee Health Exam	Consult	96150
12 yo male seen for Refugee Health Exam	Consult	96150
12 yo female seen for Refugee Health Exam	Consult	96150
2 yo male seem for Refugee Health Exam	Consult	96150
58 yo male with Generalized Anxiety Disorder	Follow-up *	90832
3 month old female & mother with "baby blues"	Consult	96150



# An Afternoon in the Life of a BHC



- 19 yo female with Generalized Anxiety Disorder**      **Follow-up**      **90832**
- 33 yo male grief and chronic pain**      **Consult**      **96150**
- 38 yo female with Schizoaffective Disorder**      **Follow-up \***      **90832**
- 54 yo male with HTN, Depression, and Delusional Disorder**      **Follow-up**      **90832**
- 17 yo male with Conduct Disorder**      **Consult**      **90791**
- 24 yo male seen for Refugee Program Initial Evaluation**      **Consult**      **96150**
- 58 yo male with COPD and Depression**      **Consult**      **90791**
- 44 yo female with Depression, Hypothyroidism, and Substance Use Disorder**      **Consult**      **90791**





# Payment Issues & Inconsistencies

- If Following CPT Guidelines...E&M should not be billed on same day as BHA (CPT 96150-55)
- Invalid Diagnosis – Behavioral Staff with medical diagnosis
- Provider Not Eligible – MCO's do not credential BH Providers
- PPS only applies to “Paid” services



# ALMOST Billable Services

- Consultation...Patient Not Present
  - Hallway conversations between providers
  - Telephone Consult w/Psychiatrist
- Multi-Disciplinary Treatment Team Meetings (CPT 99367–99368 – Medical Team Conference)
  - Difficult Cases
  - Case Studies & Training
- Real-Time Provider Access
  - Telepsychiatry
  - Primary Care



# POTENTIALLY Billable Services

- Medical Nutrition Therapy – 97802-97804
- Preventive Counseling – 99401-99404
- Depression Screening – 99420
- Smoking Cessation – 99406-99407
- Screening, Brief Intervention & Referral to Treatment (SBIRT) – 99408-99409
- Chronic Care Management - 99490

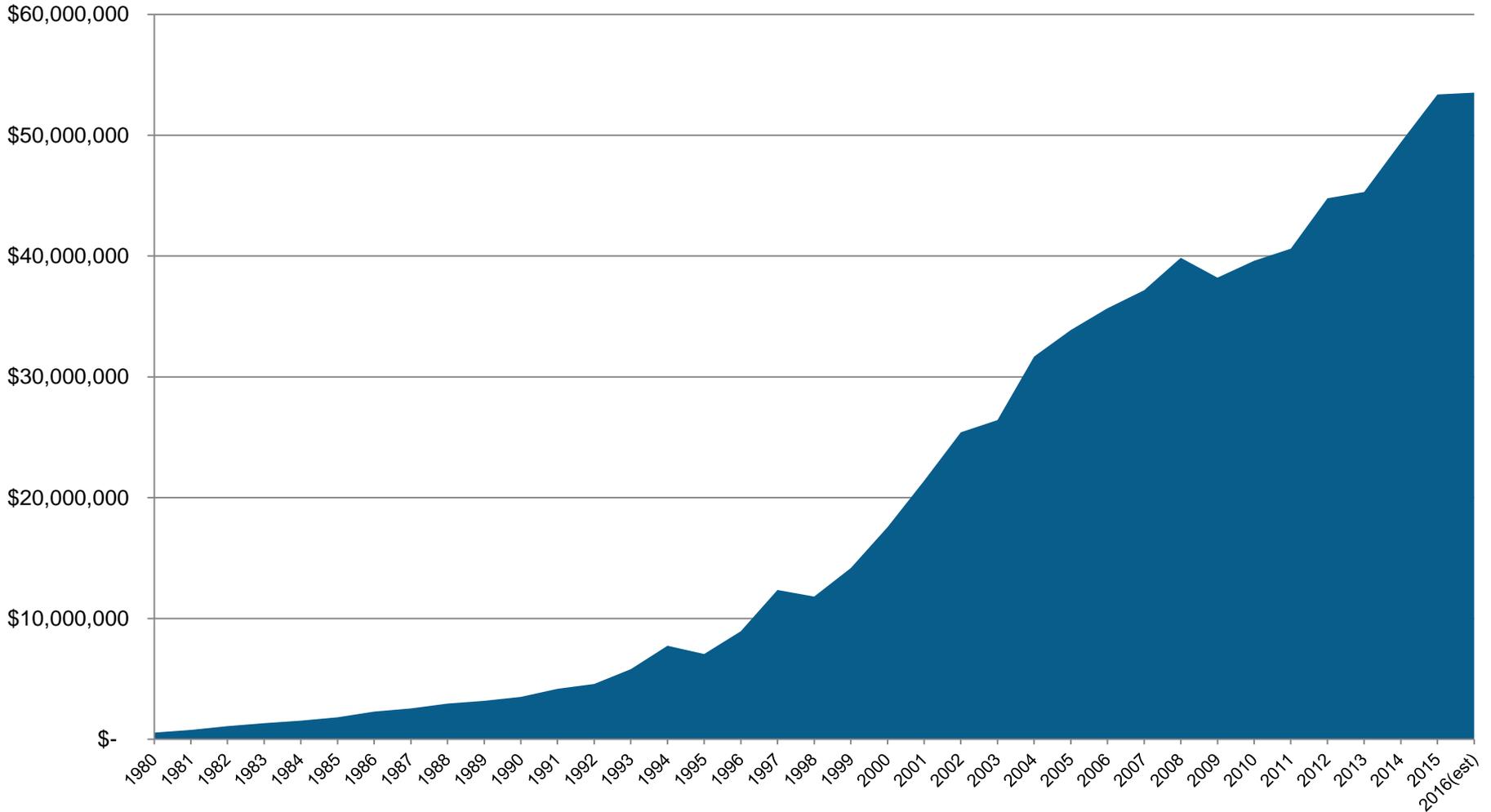


# Financing the Behaviorally Enhanced Healthcare Home...



# Cherokee Health Systems

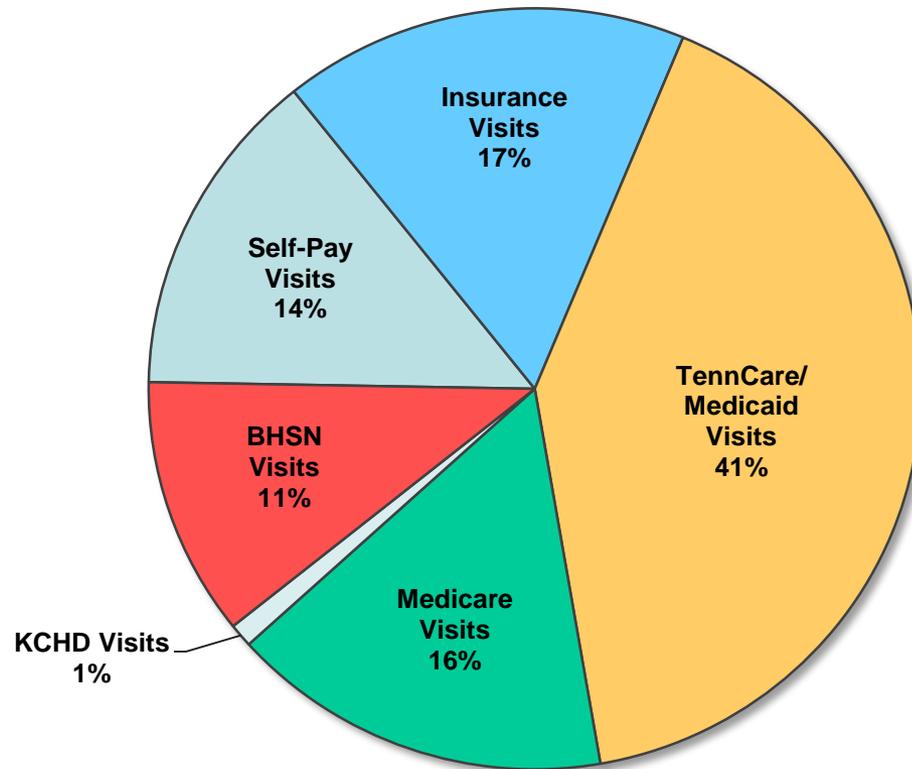
## Revenue History





# Cherokee Health Systems

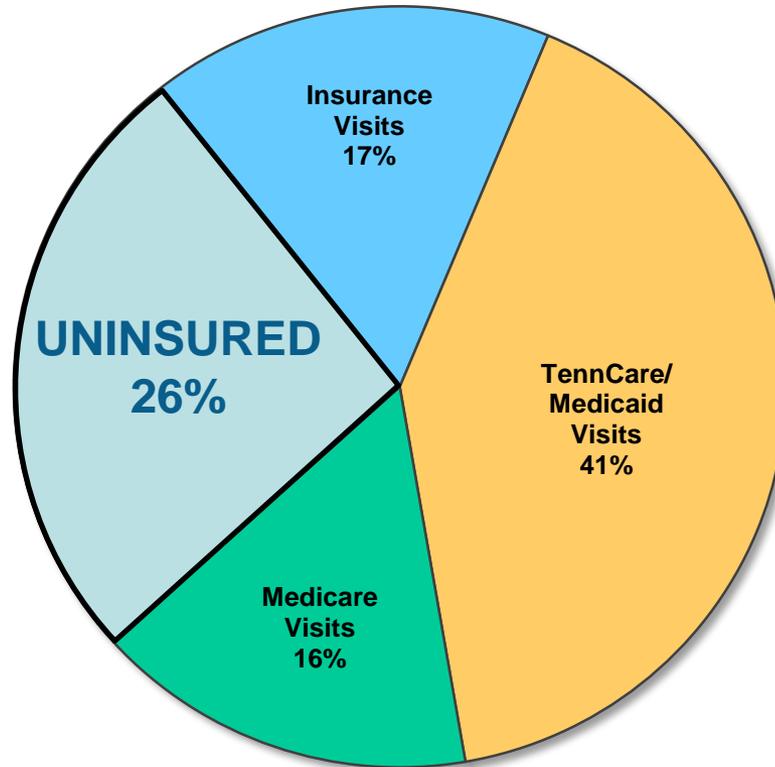
## VISITS BY PAYER SOURCE – FY2015





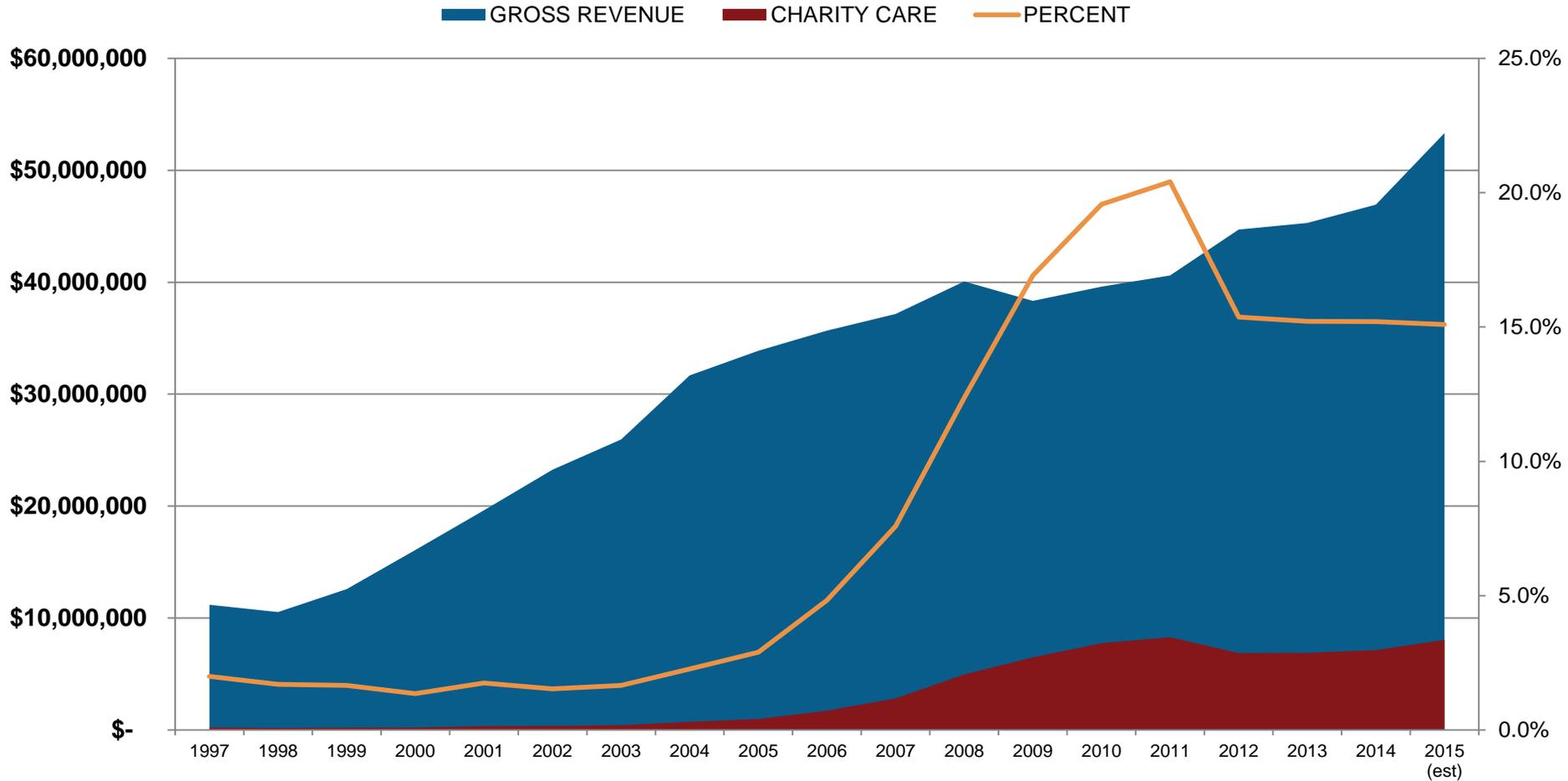
# Cherokee Health Systems

## VISITS BY PAYER SOURCE – FY2015





# Financial Trends



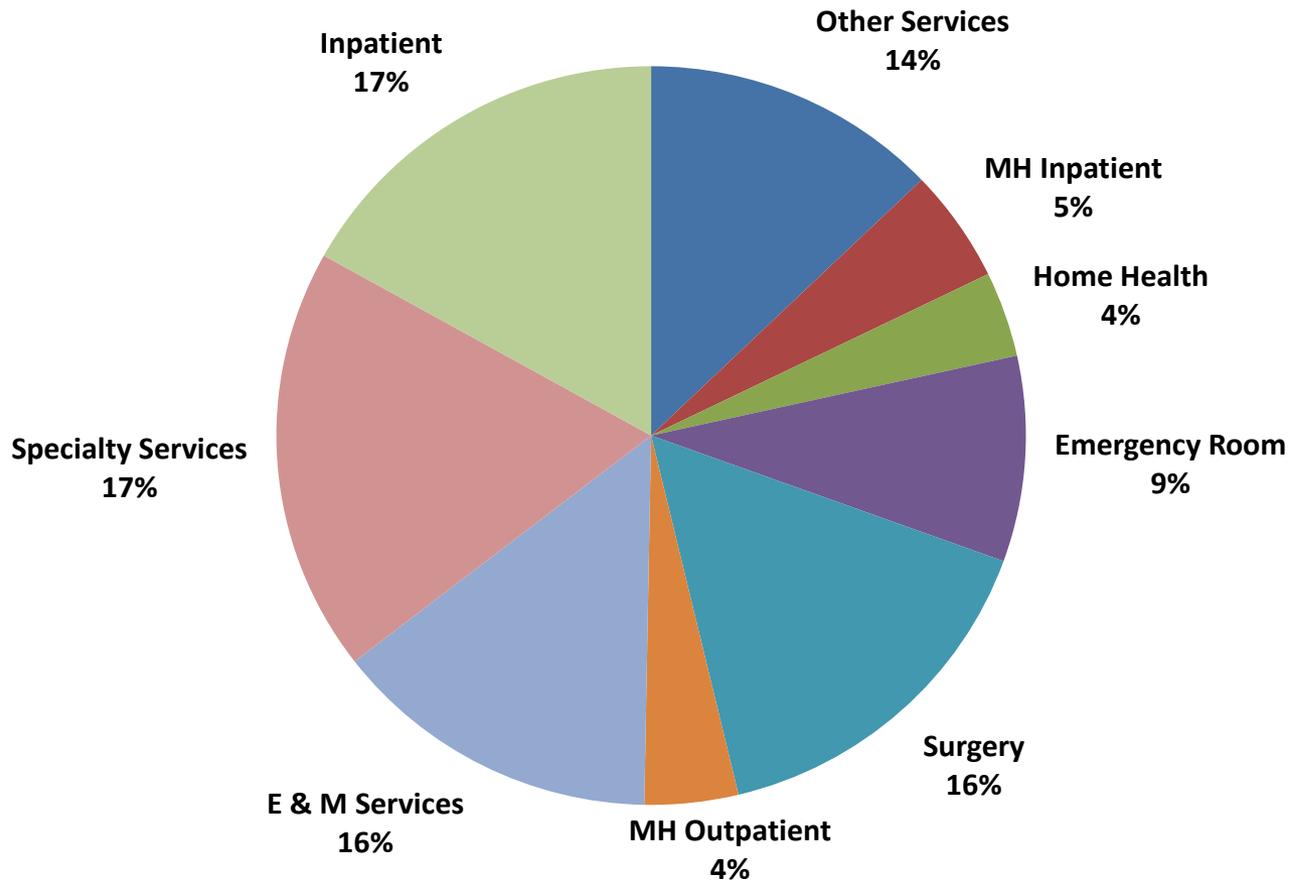


# Building Blocks to a Financial Structure for Integration

- Same-Day Billing
  - Payer Perspective
  - Patient Perspective
- Health and Behavior Assessment/Intervention  
CPT Codes 96150-55
- Valuing Consultation and Case Coordination
- PMPM Care Management Rates
- Global Funding Streams

# Placing a VALUE on Integrated Care

Distribution of Resources – TennCare Integrated RFP Databook





# Placing a Value on Integrated Care

- Reduced ER Utilization
- Reduced Inpatient Admissions
- Reduced Specialty Referrals
- Increased Patient Satisfaction
- Increased Primary Care Utilization
- Improved Outcomes

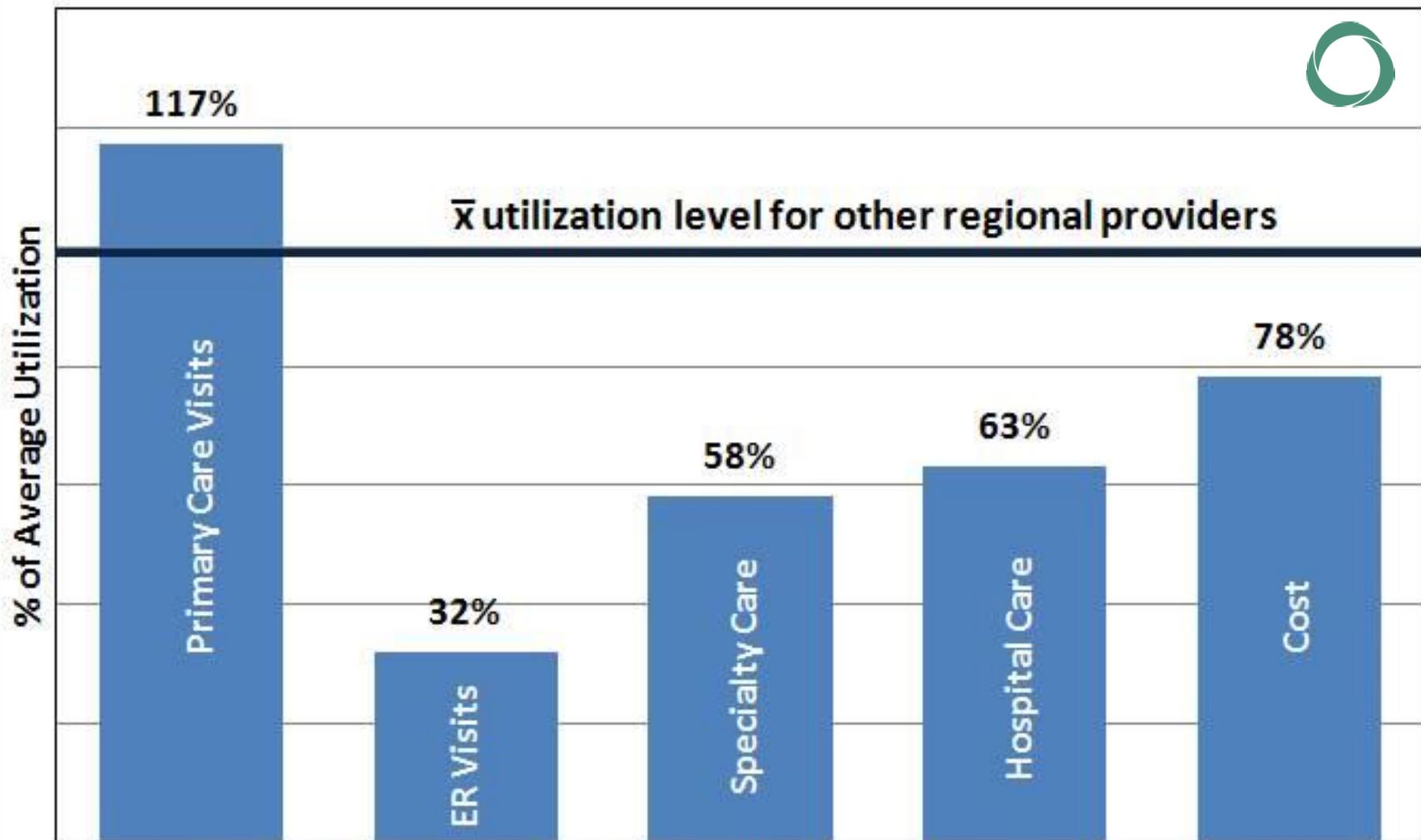
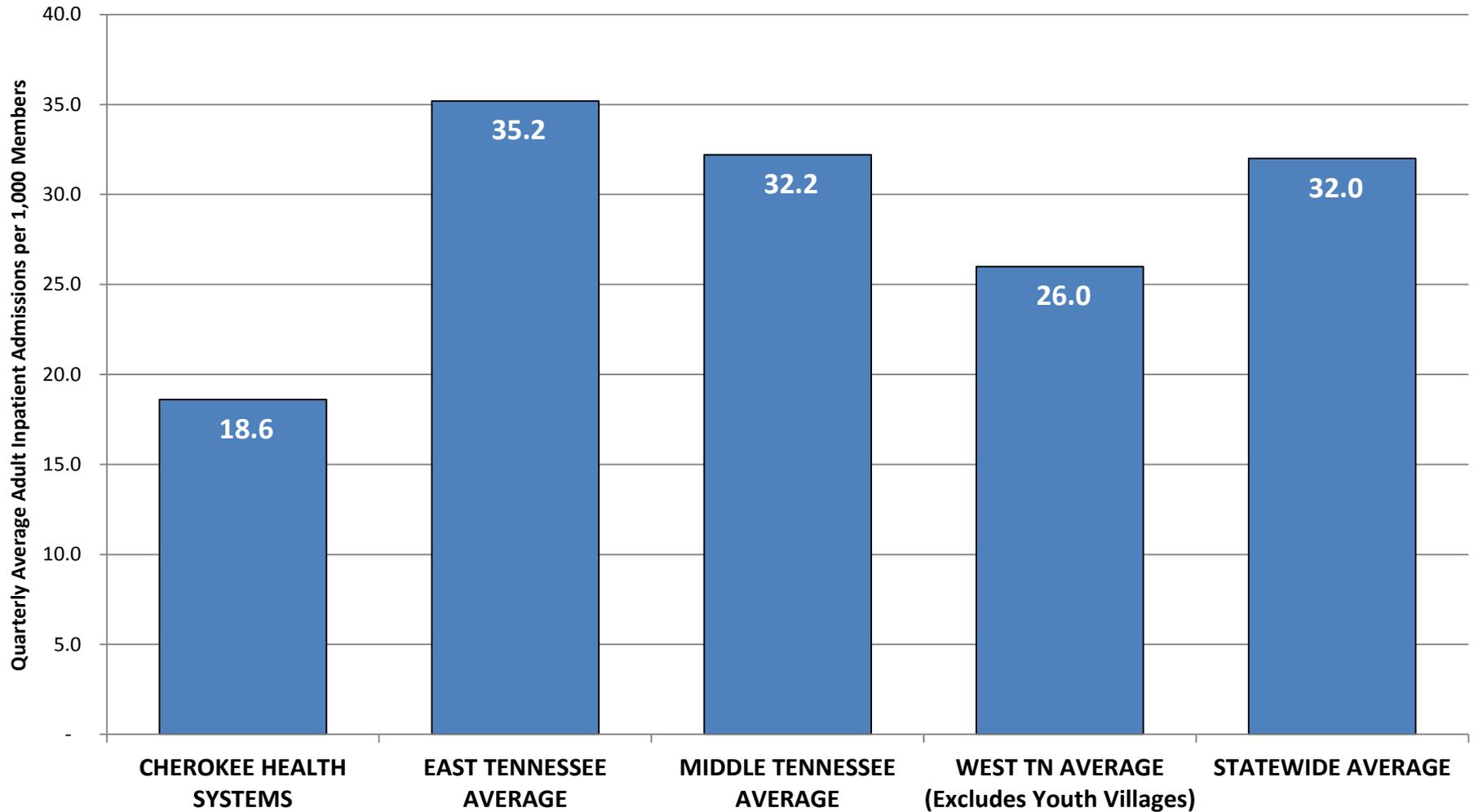


Figure 1: Comparison of CHS utilization with regional providers



# Quarterly Average Adult BH Inpatient Admissions per 1,000





# Economic Benefits of Integration

- Meta-analysis: 57 controlled studies show a net 27% cost savings (Chiles et. al., 1999)
- 40% savings in Medicaid patients receiving targeted treatment (Cummings & Pallak, 1990)
- In older populations, up to 70% savings in in-patient costs (Mumford et. al., 1984)
- A more cost effective “value” in primary care vs. mental health (Van Korff et al., 1998)
- 20-30% overall cost savings is the average of studies reviewed (Strosahl & Sobel, 1996)
- Hawaii Integrated Healthcare Project (Laygo et. Al. , 2003)



# Clinical Outcome and Service Quality Benefits of Integration

- Improvement in depression remission rates: from 42% to 71% (Katon et. al., 1996)
- Improved self management skills for patients with chronic conditions (Kent & Gordon, 1998)
- Better clinical outcome than by treatment in either sector alone (McGruder et. al., 1988)
- Improved consumer and provider satisfaction (Robinson et. al., 2000)
- High level of patient adherence and retention in treatment (Mynors-Wallace et. al., 2000)



# Other Studies

## Washington State SU and Medical Cost Studies

Net Cost Offset of \$252 to \$363 per Month for SSI Recipients

## Puentes Integrated Medical Care

79% Reduction in ER & Urgent Care Visits

## IMPACT Applications to Patients with Diabetes

\$800 Spent on Depression Treatment Saved \$1,100 in Medical Cost

## IMPACT Research Trials

\$3,363 less Total Cost over 4 years

## Colorado Access – Depression in Primary Care

Savings of \$170 PMPM (\$2,040 per Year)

## Kaiser Integrated Medical Care

Average Medical Cost Decreased more than 50%

## Seattle Housing First - DESC 1811 Program

Saved more than \$4 Million Dollars over the first year

## Screening & Brief Intervention (SBI) Studies

UK - \$2.30 Savings for each \$1.00 spent

US - \$3.81 Savings for each \$1.00 spent

Primary Care - \$4.30 Savings for each \$1.00 spent

## Aetna – Integration with PCP's

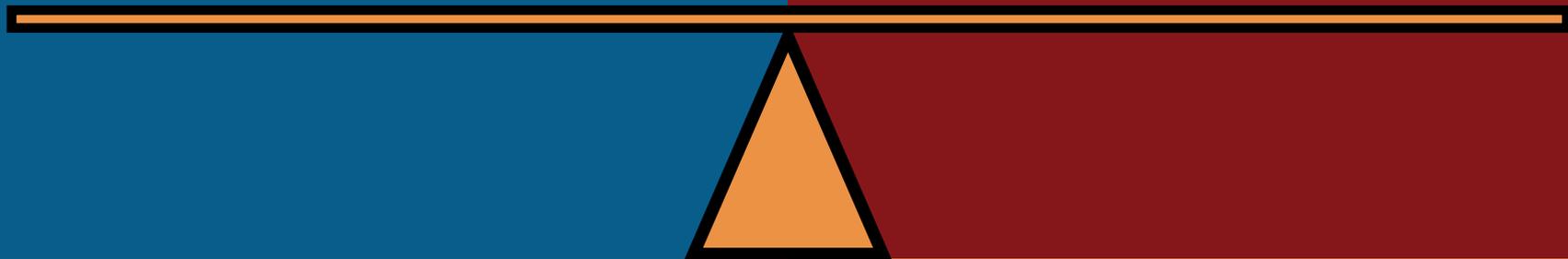
Net Cost Savings – 39%



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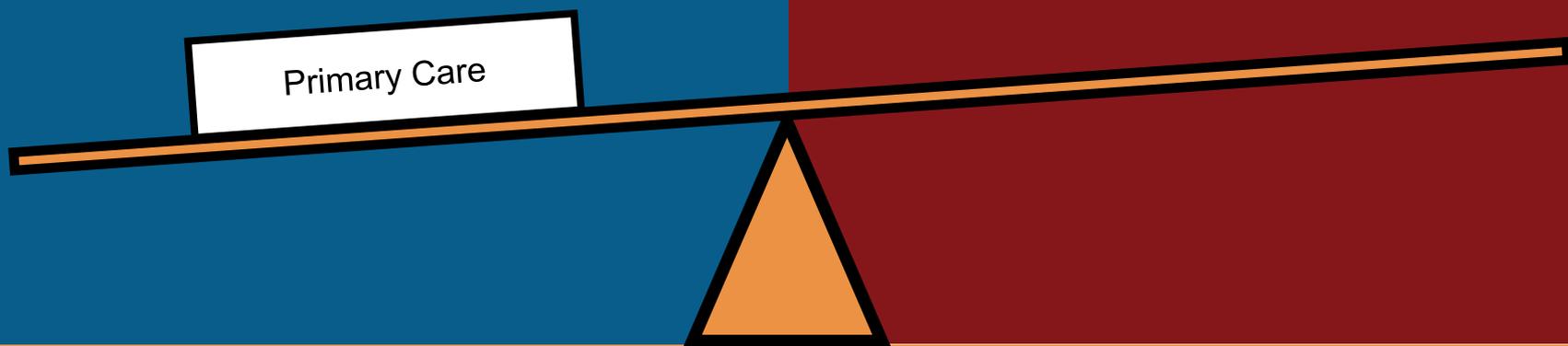




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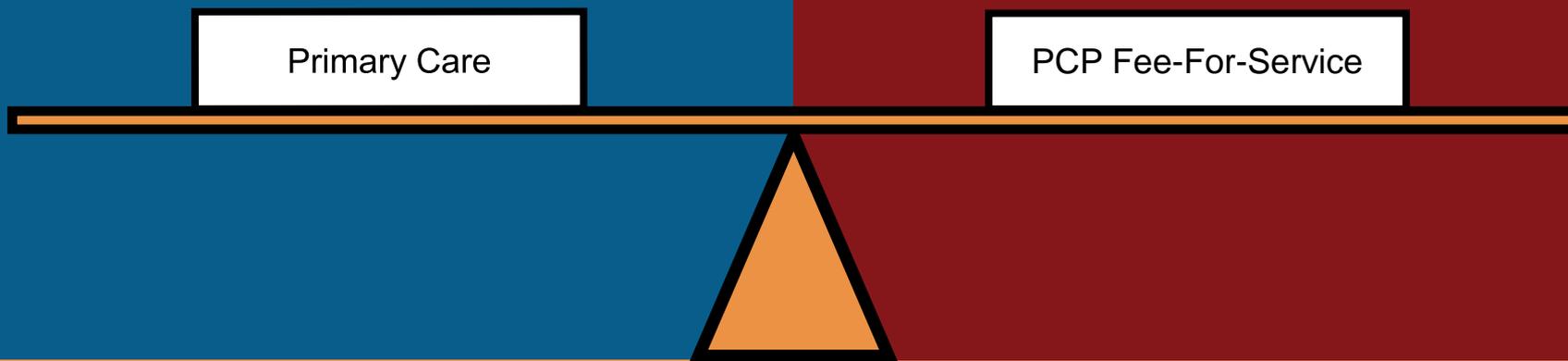




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# A Balancing Act...

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BHC Consults

Primary Care

PCP Fee-For-Service

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# A Balancing Act...

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BHC Consults

Primary Care

BHC Fee-For-Service

PCP Fee-For-Service

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# A Balancing Act...

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Psychiatric Consults

BHC Consults

Primary Care

BHC Fee-For-Service

PCP Fee-For-Service

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# A Balancing Act...

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Treatment Team

Psychiatric Consults

BHC Consults

Primary Care

BHC Fee-For-Service

PCP Fee-For-Service

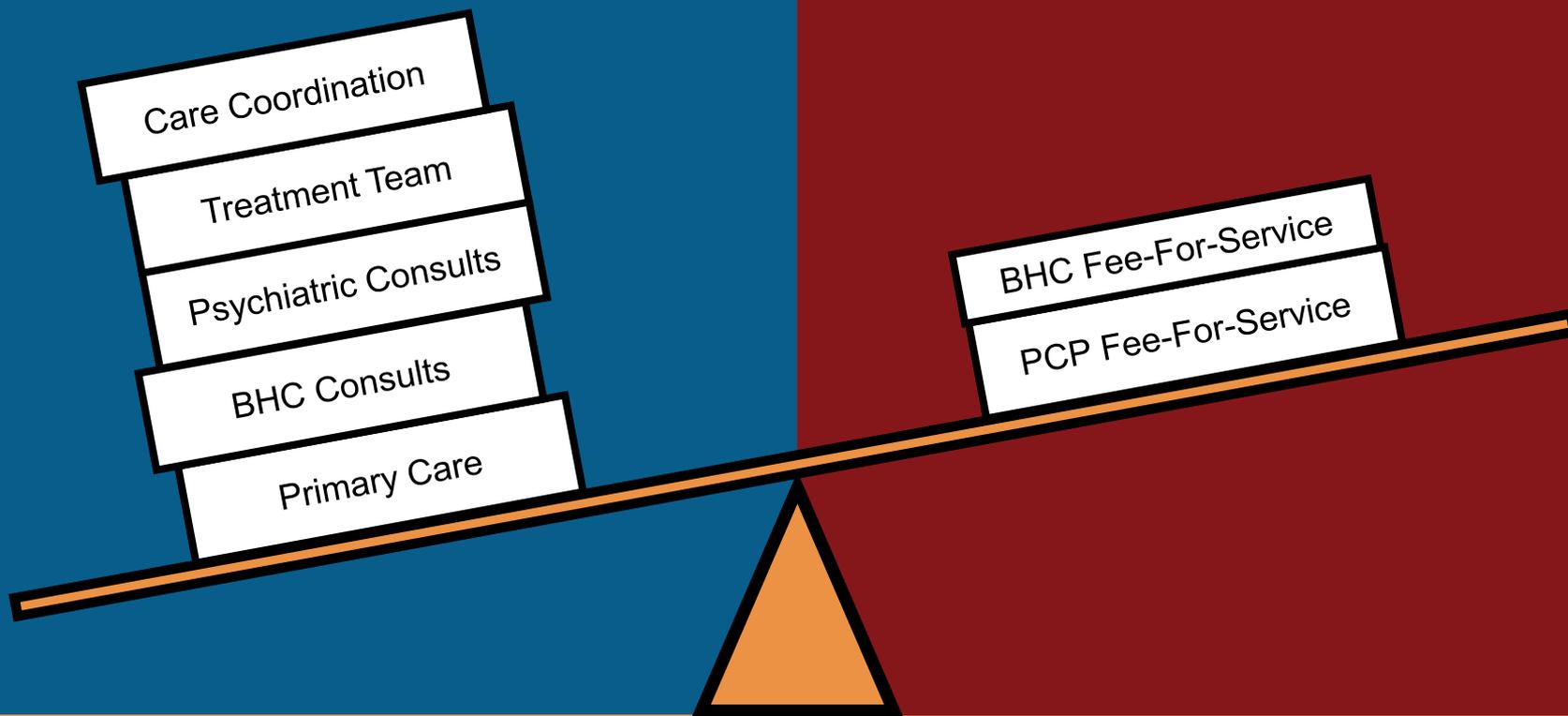
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# A Balancing Act...

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# A Balancing Act...

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- Behaviorally-Enhanced PCMH
- Care Coordination
- Treatment Team
- Psychiatric Consults
- BHC Consults
- Primary Care

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- BHC Fee-For-Service
- PCP Fee-For-Service



# A Balancing Act...

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Behaviorally-Enhanced PCMH

Care Coordination

Treatment Team

Psychiatric Consults

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BHC Fee-For-Service

PCP Fee-For-Service

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# A Balancing Act...

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Behaviorally-Enhanced PCMH

Care Coordination

Treatment Team

Psychiatric Consults

BHC Consults

Primary Care

BHC Fee-For-Service

PCP Fee-For-Service

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# A Balancing Act...

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- Behaviorally-Enhanced PCMH
- Care Coordination
- Treatment Team
- Psychiatric Consults
- BHC Consults
- Primary Care

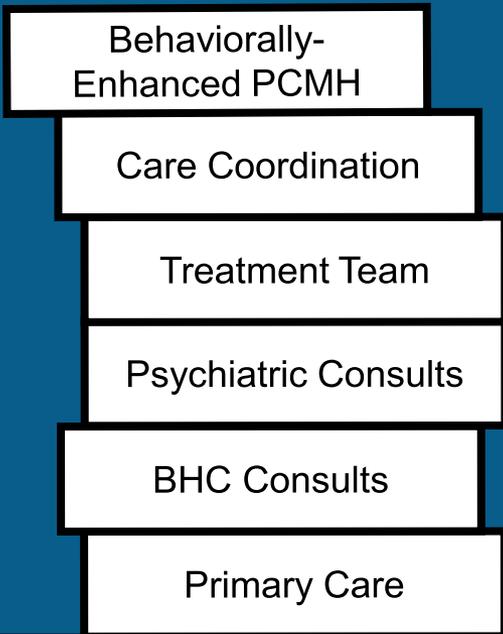
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- BHC Fee-For-Service
- PCP Fee-For-Service

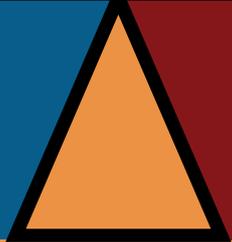
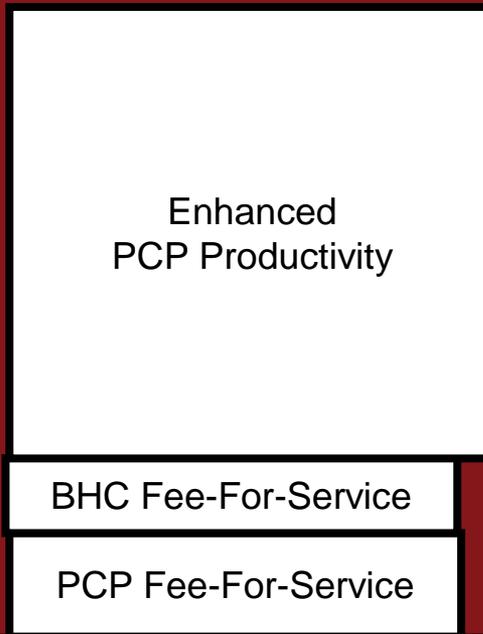


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# A Balancing Act...

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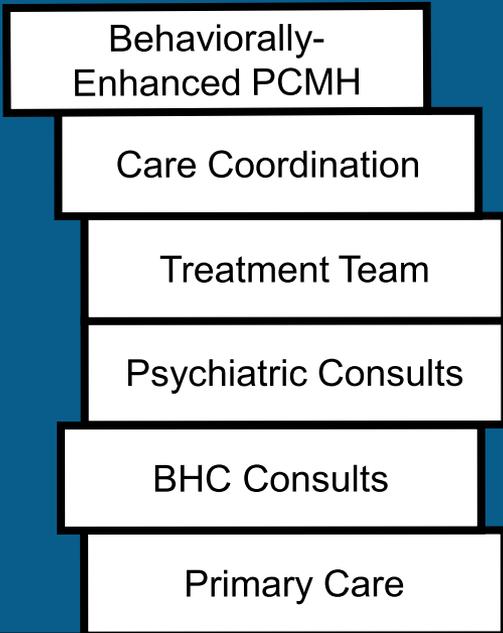
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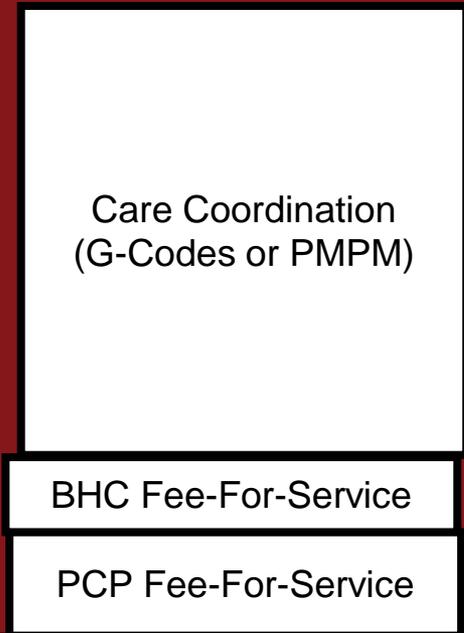


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# A Balancing Act...

 ICD9Data.com

 **2016 HCPCS G9001**  
Coordinated care fee,  
initial rate

 **2016 HCPCS G9002**  
Coordinated care fee,  
maintenance rate

- Added on Sunday, October 01, 2000
- BETOS Classification: Other
- Medicare coverage status: Special coverage instructions apply

- Added to claim to reimburse for coordination and consultation activities of the Integrated Care model
- Billing entity must have required program components in place to qualify for reimbursement
- Billing entity subject to review or certification to ensure compliance with program standards



# A Balancing Act...

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Behaviorally-Enhanced PCMH

Care Coordination

Treatment Team

Psychiatric Consults

BHC Consults

Primary Care

Blended Capitation  
Or  
Something Else?

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# A Balancing Act...

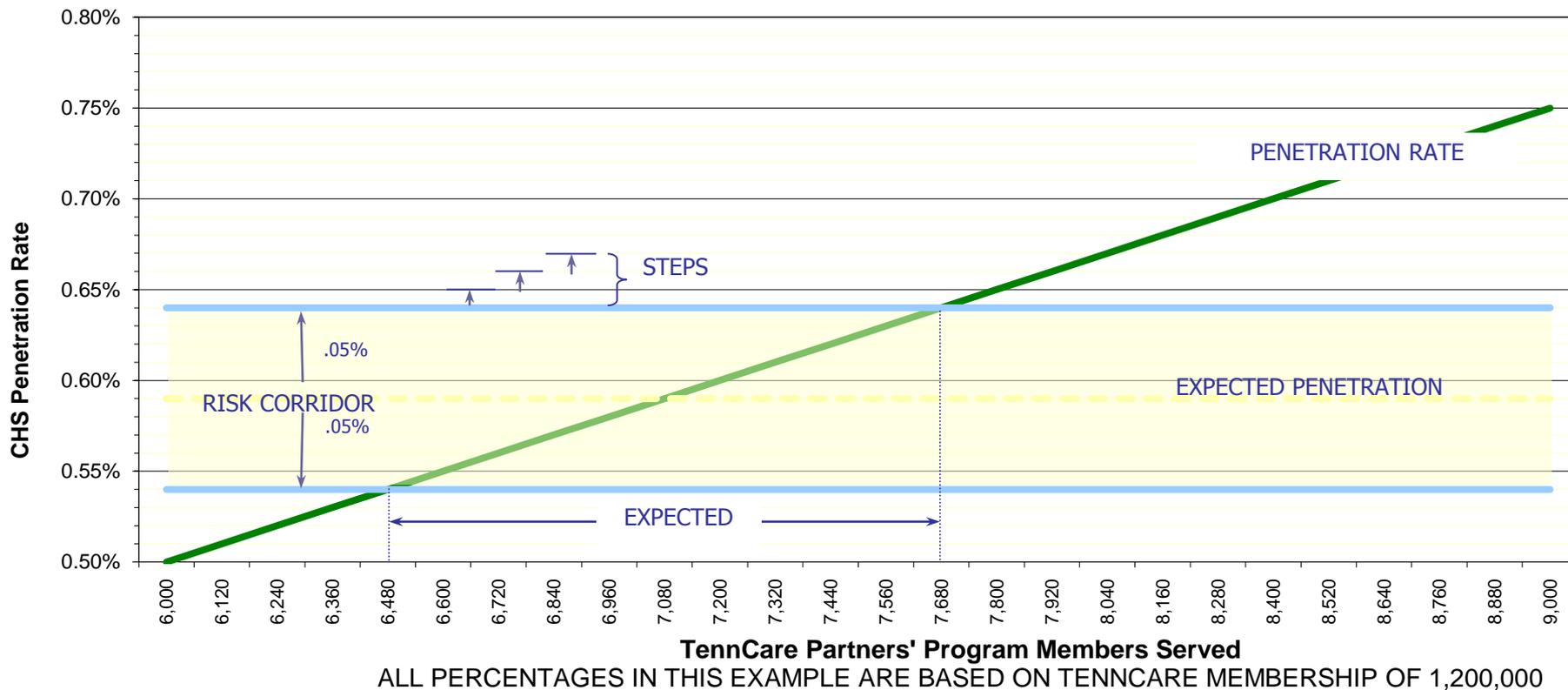
**“ In business as in life,  
you don't get what you deserve,  
you get what you negotiate.”**

*- Chester L. Karrass*



# A Balancing Act...

## Cherokee Health Systems PERCENT OF PREMIUM PROPOSAL





# A Balancing Act...

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- Behaviorally-Enhanced PCMH
- Care Coordination
- Treatment Team
- Psychiatric Consults
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- Primary Care

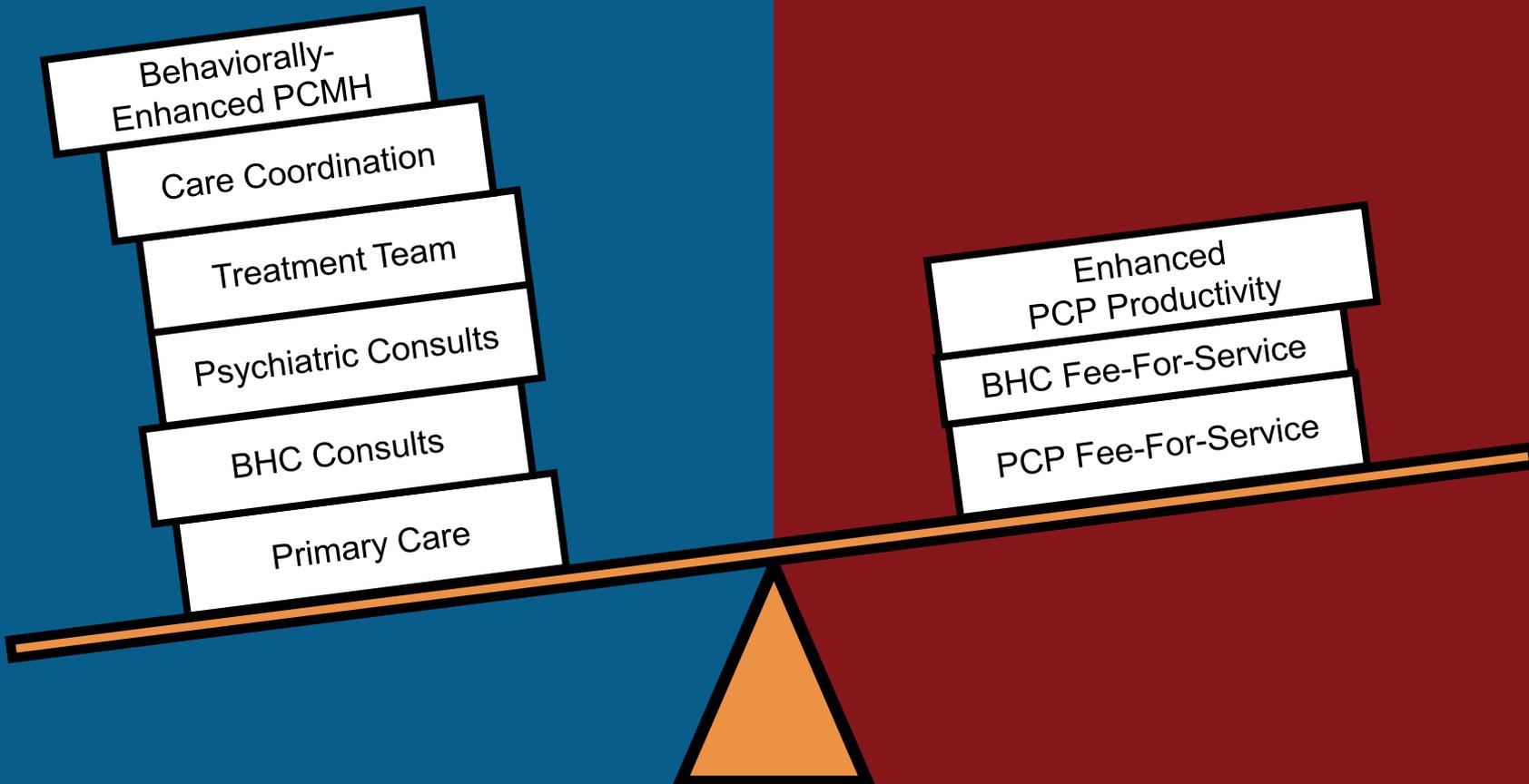
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- BHC Fee-For-Service
- PCP Fee-For-Service



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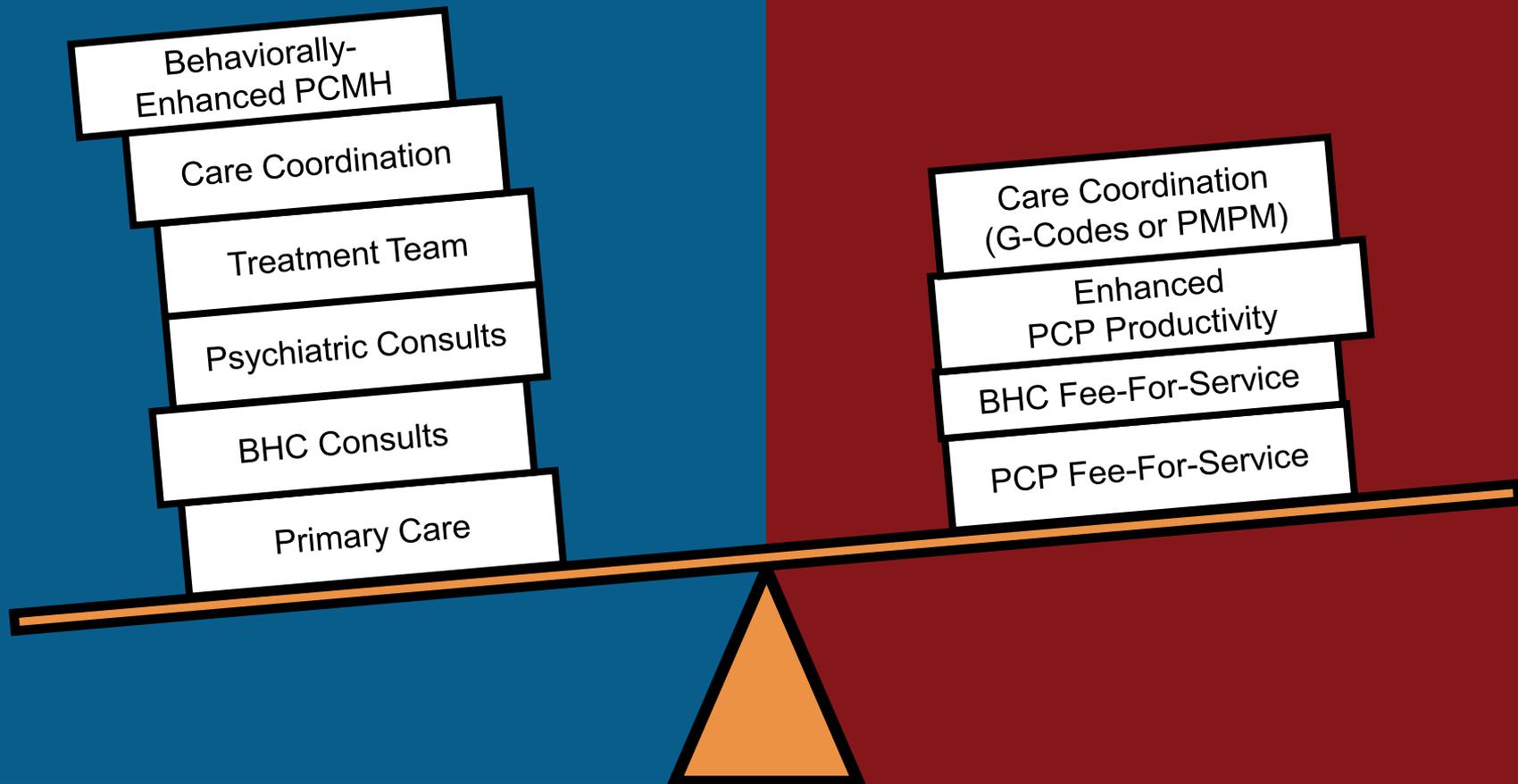
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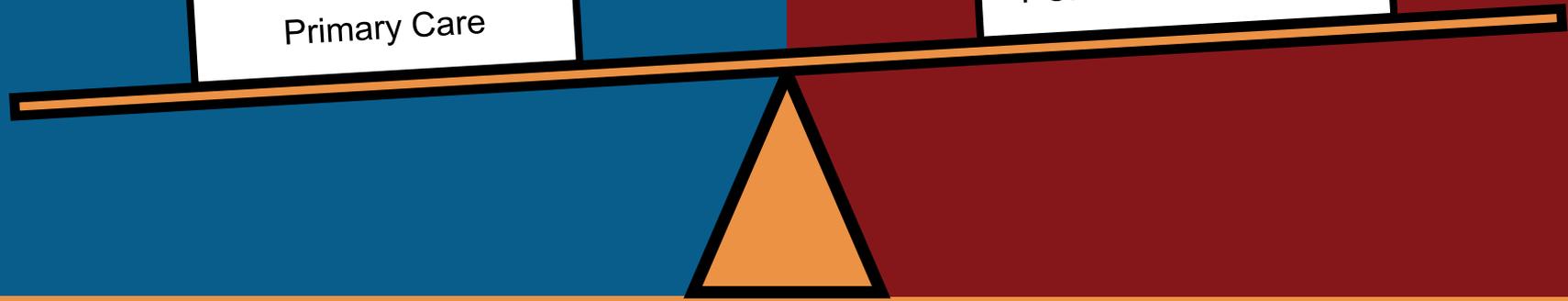
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- Prospective Payment System (FQHC's)
- Care Coordination (G-Codes or PMPM)
- Enhanced PCP Productivity
- BHC Fee-For-Service
- PCP Fee-For-Service





# A Balancing Act...

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Behaviorally-Enhanced PCMH

Care Coordination

Treatment Team

Psychiatric Consults

BHC Consults

Primary Care

Bonus for Outcomes

Prospective Payment System (FQHC's)

Care Coordination (G-Codes or PMPM)

Enhanced PCP Productivity

BHC Fee-For-Service

PCP Fee-For-Service

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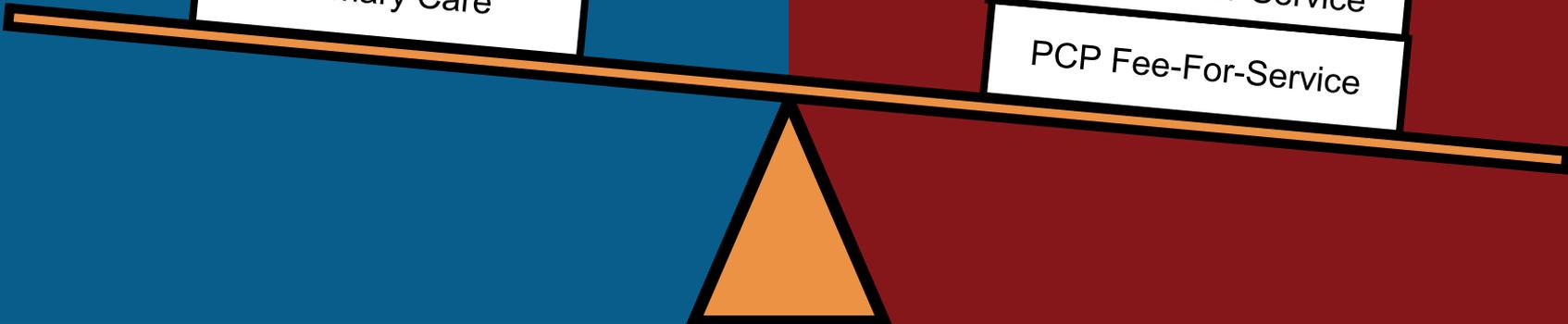
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- Primary Care

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- Shared Savings (% of MLR)
- Bonus for Outcomes
- Prospective Payment System (FQHC's)
- Care Coordination (G-Codes or PMPM)
- Enhanced PCP Productivity
- BHC Fee-For-Service
- PCP Fee-For-Service





# A Balancing Act...

## Medical Loss Ratio – Limited Risk Sharing





# A Balancing Act...

## Required Quality Metrics

<u>Measure</u>	<u>NCQA 75th Percentile (2013)</u>	<u>TennCare Target 2014</u>	<u>Proposed Target</u>
Childhood Immunization Status, Combo 10 (CIS 10)	38%	n/a	___%
Treatment for Children with Upper Respiratory Infection (URI)	90%	84%	___%
Breast Cancer Screening (BCS)	58%	55%	___%
Controlling High Blood Pressure (CBP)	63%	64%	___%
Diabetic HbA1C Testing (CDC HbA1C)	87%	n/a	___%
Diabetic LDL-C Screening (CDC LDL)	81%	n/a	___%
Postpartum Care / Visits (PPC)	71%	71%	___%
Follow up Visit Within 7 Days of Discharge from Acute MH Admission	69%	n/a	___%
Antidepressant Medication Management -Acute Phase, First 60 Days	56%	n/a	___%
Follow-Up Care for Children Prescribed ADHD Medication	46%	n/a	___%



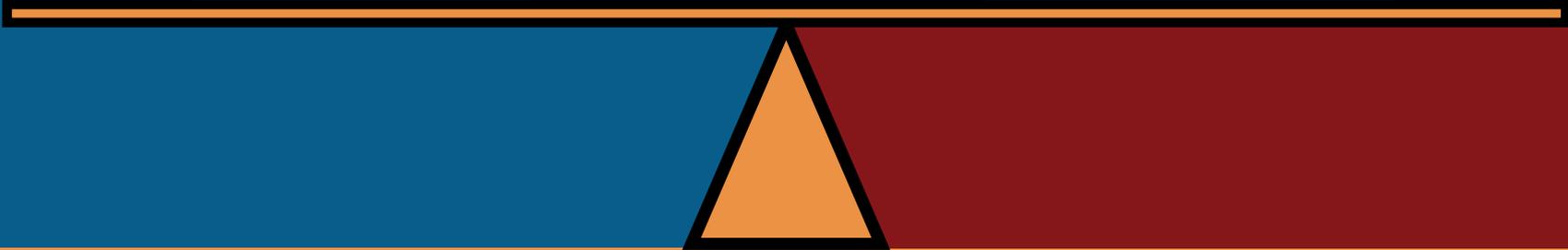
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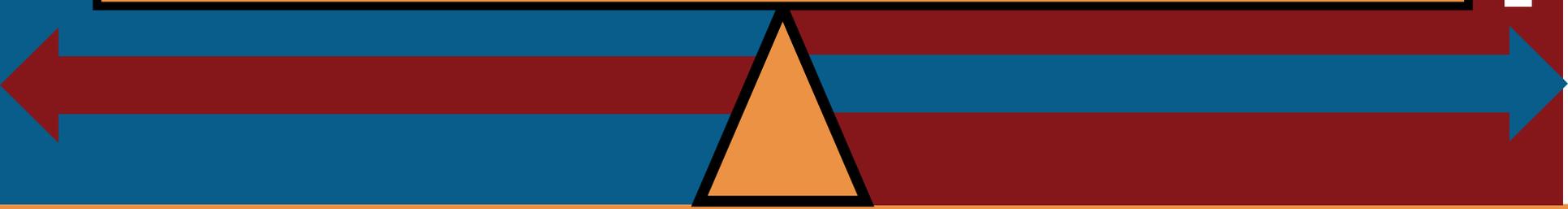
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# A Balancing Act...

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- Behaviorally-Enhanced PCMH
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- Primary Care

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- Shared Savings (% of MLR)
- Bonus for Outcomes
- Prospective Payment System (FQHC's)
- Care Coordination (G-Codes or PMPM)
- Enhanced PCP Productivity
- BHC Fee-For-Service
- PCP Fee-For-Service

Good Vision  
 Strong Leadership  
 Determination



# A Balancing Act...

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- Behaviorally-Enhanced PCMH
- Care Coordination
- Treatment Team
- Psychiatric Consults
- BHC Consults
- Primary Care

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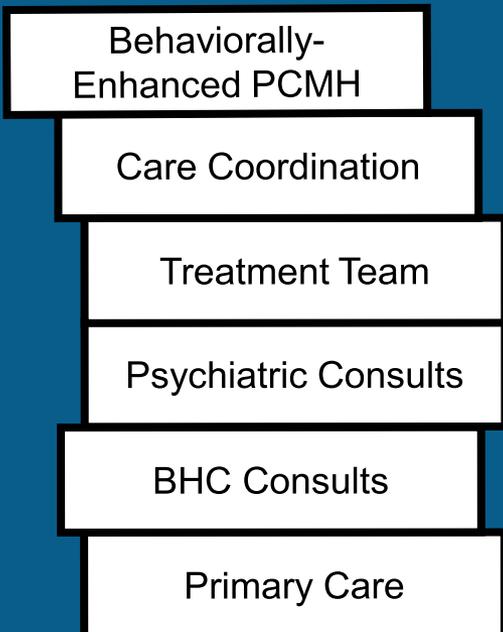
- Shared Savings (% of MLR)
- Bonus for Outcomes
- Prospective Payment System (FQHC's)
- Care Coordination (G-Codes or PMPM)
- Enhanced PCP Productivity
- BHC Fee-For-Service
- PCP Fee-For-Service

Lack of Planning  
Same old, same old  
Poor Execution

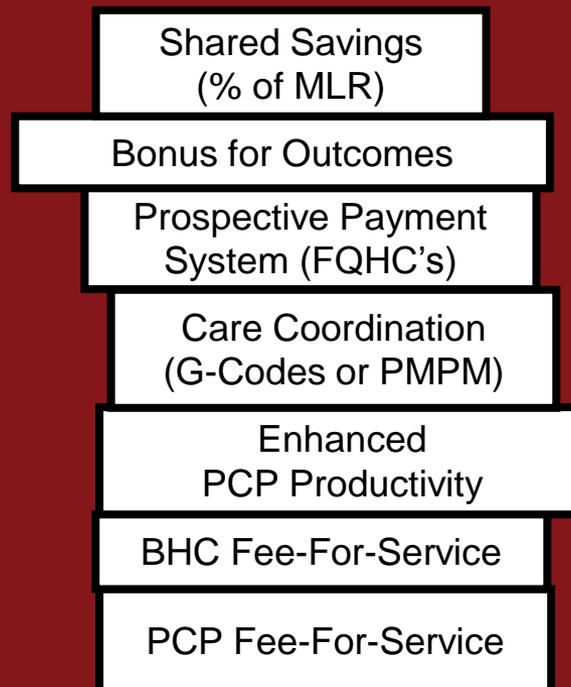


# A Balancing Act...

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Good Vision  
 Strong Leadership  
 Determination

Lack of Planning  
 Same old, same old  
 Poor Execution



*I'm giving her all  
she's got,  
Captain!*

A man with a bruise on his forehead, wearing a yellow Star Trek uniform, sits in a black chair. The background is a blurred control room with blue lights.

*All she's got isn't  
good enough!  
What else ya got?*



# SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

# Questions?



# SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

**Thank you for joining us today.  
Please take a moment to provide  
your feedback by completing the  
survey sent following this webinar.**

**If you have additional questions/comments please send them to:**

**Jeff Capobianco – [jeffc@thenationalcouncil.org](mailto:jeffc@thenationalcouncil.org)**

**Madhana Pandian – [madhanap@thenationalcouncil.org](mailto:madhanap@thenationalcouncil.org)**