Financing and Sustainability

Presented by:
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Sustainability

- Administrative/Infrastructure
- Clinical
- Financial

Administrative Sustainability

- What is the vision and mission of your agency?
- Does it need to change?
- Options
  - Treat SPMI and their behavioral health issues only
  - Treat SPMI in a Health Home with primary care
  - Treat all mental health w/o primary care
  - Treat all behavioral health (MH & SA) without primary care
  - Treat all behavioral health with primary care

Administrative Sustainability – Organizational Infrastructure

- Is your governing board engaged and knowledgeable about integration?
- Is integration a part of your vision and mission?
- Is integration embedded in your strategic plan?
- Do your administrative policies support integration? (Confidentiality policies, Billing and Reimbursement policy, Ethics policy)
- Do your clinical policies including care coordination, annual lab work, prescribing, smoking, treatment plan policy – Does it include at least one health goal?
- Does your quality improvement program include benchmarks for integration activities?
- Does your quality improvement data drive change processes?
- Are you participating in your state's health home discussions?
- Are you in contact with likely Accountable Care Organizations in your area?
- Do you know the implications of Medicaid expansion in 2014 on your agency?
- Does your organization support the health and wellness of your employees?

Human Resources

- Do your job descriptions for case managers, therapists, nurses and doctors include key tasks associated with integration?
- Do your performance evaluations include integration tasks?
- Do you have a bup/nx coordinator?
- Does your new staff orientation include integration/MAT?
- Does your staff development program include MAT/integration trainings?

Health Information Technology

- Are you using a certified electronic system?
- Can you system generate registries for staff to use to support integration?
- Can you generate a Coordination of Care Document (CCD)?
- Does your clinical record support documentation of physical health related services?
- Can you system generate an electronic bill after the completion of a documented event?

Clinical Sustainability - Consumers

- Is integration part of the service every individual receives?
- Are wellness programs a part of your service array?
- Are individuals educated about their treatment options?
- Is Shared Decision Making embedded into the organization?

Clinical Sustainability – Medical Staff

- Are the medical staff required to monitor physical health issues?
- Does your annual lab assessment include metabolic syndrome indicators?
- Are blood pressure and BMI measurements completed at each medical visit?
- Have nurses transitioned from “mental health nurses” to “integrated health nurses”?

Clinical Sustainability – BH Staff

Have case managers and therapists been trained on health navigation/care coordination?

Are health and wellness goals in your treatment plans?

Are supervisors supporting staff to implement integration including reviewing consumer health goals during supervision?

Financial Sustainability

- Overarching Clinical Workflow Analysis - Does it support best clinical practice while maximizing reimbursement?
- Financial Required Knowledge:
  - What are the existing billing codes available in your state?
  - What codes are turned on?
  - What licenses and credentials are needed to bill for each of the codes? Are you utilizing billable professionals or peers?
  - Are services reimbursable by a third-party private payor?
- What new models support MAT? Person-Centered Health Homes, Dual-Eligible Pilot Programs

Financial - Sustainability

Are you billing for all possible behavioral health services provided? Primary care visits?

Are your billing staff trained on correct billing procedures such as the proper CPT code, linked with the proper diagnostic code and the proper credential?

Are you as an agency and your providers empanelled with all of the appropriate managed care plans?

Are your Medicaid and Medicare numbers appropriate linked to the service provided?

If partnering with and FQHC, do you understand FQHC billing rules and regulations?

Does the FQHC understand the CMHC billing rules and regulations?

Medicaid

50-State Table: Medicaid Financing of Medication-Assisted Treatment for Opiate Addiction							
State	Offers Medicaid Coverage for Methadone in NTPs	Offers Medicaid Coverage for Suboxone in Physician's Offices	Offers Medicaid Coverage for Suboxone in NTPs	Offers Medicaid Coverage for Naltrexone in Physician's Offices	Offers Medicaid Coverage for Naltrexone in NTPs	Medicaid Drug Formulary Status of Suboxone	Medicaid Drug Formulary Status of Naltrexone
California	YES13	YES14	YES15	DK	NO16	YES17	DK
Maryland	YES73	YES74	YES75	YES	NO	YES76	YES77
Ohio	YES130	YES131	DK132	YES133	NO	YES134	YES135
	-	-	-	-		-	-

Maryland

- 73 Payment is all inclusive; issued one time a week
- 74 No J codes for the drug; drug obtained through pharmacy reimbursed as a primary care visit
- 75 Not typically provided through NTPs. Physician must complete training for Waiver; covered under physician program
- 76 No preauthorization required
- 77 No preauthorization required

California

- Medi-Cal provides FFS payment for methadone and
- detox. Drug Medi-Cal provides payment at a bundled rate
- 14 Medication only covered; Treatment Authorization Request (TAR) required
- 15 Physicians in NTPs with waivers may request reimbursement through Medi-Cal (DHCS); TAR required
- 16 Note: Although Naltrexone is formally "covered", funding has been frozen since 1999 and no payment is available
  17 Covered by Medi-Cal through DHCS; TAR required

Source: NCSL.org

Block Grant

50-State Table: Substance Abuse Prevention and Treatment (SAPT) Block Grant Financing of Medication-Assisted

State	SAPT Block Grant Funding for Trx with Suboxone in Physician Offices	SAPT Block Grant Funding for Trx with Suboxone in NTPs	SAPT Block Grant Funding for Trx with NaltrexoNe in Physician Offices	SAPT Block Grant Funding for Trx with Naltrexone in NTPs
California	NO	NO	NO	NO6
Maryland	NO19	DK	DK	DK
Ohio	NO29	NO30	NO31	NO32

California: SAPT Block Grant not used for naltrexone in NTPs

Maryland: Will cover counseling not medication

Ohio: 29 In Ohio, independently practicing physicians are not recognized as being eligible for ODADAS treatment program certification, therefore ODADAS is unable to enter into a business arrangement with them.

ODADAS-certified treatment programs can partner with physicians practicing in the same community to provide the physicians with a treatment (counseling) referral source to assist the physicians in meeting their DATA 2000 referral source requirement.

30 In Ohio, ODADAS licensed opioid agonist programs are limited to the use of only liquid methadone as the opioid agonist. Therefore, they can not administer Buprenorphine as an ODADAS treatment service.

ODADAS licensed opioid agonist programs are owned an operated by business entities which also own and operate ODADAS-certified treatment programs, in fact it is a requirement. Under this scenario, while they can not dispense the Buprenorphine, they could be partnering with community based physicians as a treatment (counseling) referral source to assist them in meeting their DATA 2000 referral source requirement.

31 In Ohio, independently practicing physicians are not recognized as being eligible for ODADAS treatment program certification, therefore ODADAS is unable to enter into a business arrangement with them.

32 In Ohio, ODADAS licensed opioid agonist programs are limited to the use of only liquid methadone as the opioid agonist. Therefore, they can not prescribe and administer Naltrexone as an ODADAS opioid agonist service.

Source: NCSL.org

Other State Financing

50-State Table: Other State Financing of MAT for Opiate Addiction

State	Other State Funding for Suboxone in Physicians' Offices	Other State Funding for Suboxone in NTPs	Other State Funding for Naltrexone in Physicians' Offices	Other State Funding for Naltrexoe in NTPs	Major State Funding Initiatives in 2008 - Opiates - Treatment	Major State Funding Initiatives in 2008 - Opiates - Prevention	Opiate Dependence Medication Policy Changes in 2008
California	NO6	NO	DK	DK	YES7	NO	NO
Maryland	DK	DK	DK	DK	DK	DK	DK
Ohio	NO	NO49	NO	NO	NO	NO	NO

Source: NCSL.org

California:

6 Medi-Cal is the only source of funding for Suboxone in physicians' offices.

7 Chapter 75 (Statute of 2006) Senate Bill 84. established the Department of Alcohol and Drug Program's Offender Treatment Program. The Offender Treatment Program was established to enhance accountability and improve outcomes for the Substance Abuse and Crime Prevention Act of 2000 (Proposition 36). This legislation increased the State's Fiscal Year 2006-07 Budget of 25 million and continued in State Fiscal Year 2007-08 Budget of 20 million. The counties plan and commitment to utilize the funds for the purposes of the program which may include but are not limited to enhancing treatment services for offenders assessed to need them including residential treatment and narcotic replacement therapy.

The Nonviolent Offender Rehabilitation Act of 2008 is a statewide ballot initiative for California voters in November 2008. This initiative proposes to expand medication-assisted treatment which includes opioid agonists treatment to nonviolent drug possession offenders as well as other ancillary services such as housing assistance, childcare, transportation, court appearances, vocational and literacy training, and family counseling.

Ohio:

- 49 In Ohio, ODADAS licensed opioid agonist programs are limited to the use of only liquid methadone as the opioid agonist. Therefore, they can not administer Buprenorphine as an ODADAS treatment service.
- ODADAS licensed opioid agonist programs are owned and operated by business entities which also own and operate ODADAS-certified treatment programs; in fact it is a requirement. Under this scenario, while they can not prescribe or dispense the Buprenorphine as an ODADAS service, they could be partnering with community based physicians as a treatment (counseling) referral source to assist them in meeting their DATA 2000 referral source requirement.

Source: NCSL.org

Basic Principles of Billing and Reimbursement

- Key pieces of information an organization needs to know to maximize reimbursable services
  - Medicaid Provider billing type (FQHC/CHC, CMHC or other)
- A successful bill requires three key pieces of information
  - CPT Codes (Current Procedural Terminology)
  - Diagnosis of the individual
  - Licensure and Credential of practitioner

Interim Financing & Billing Worksheets

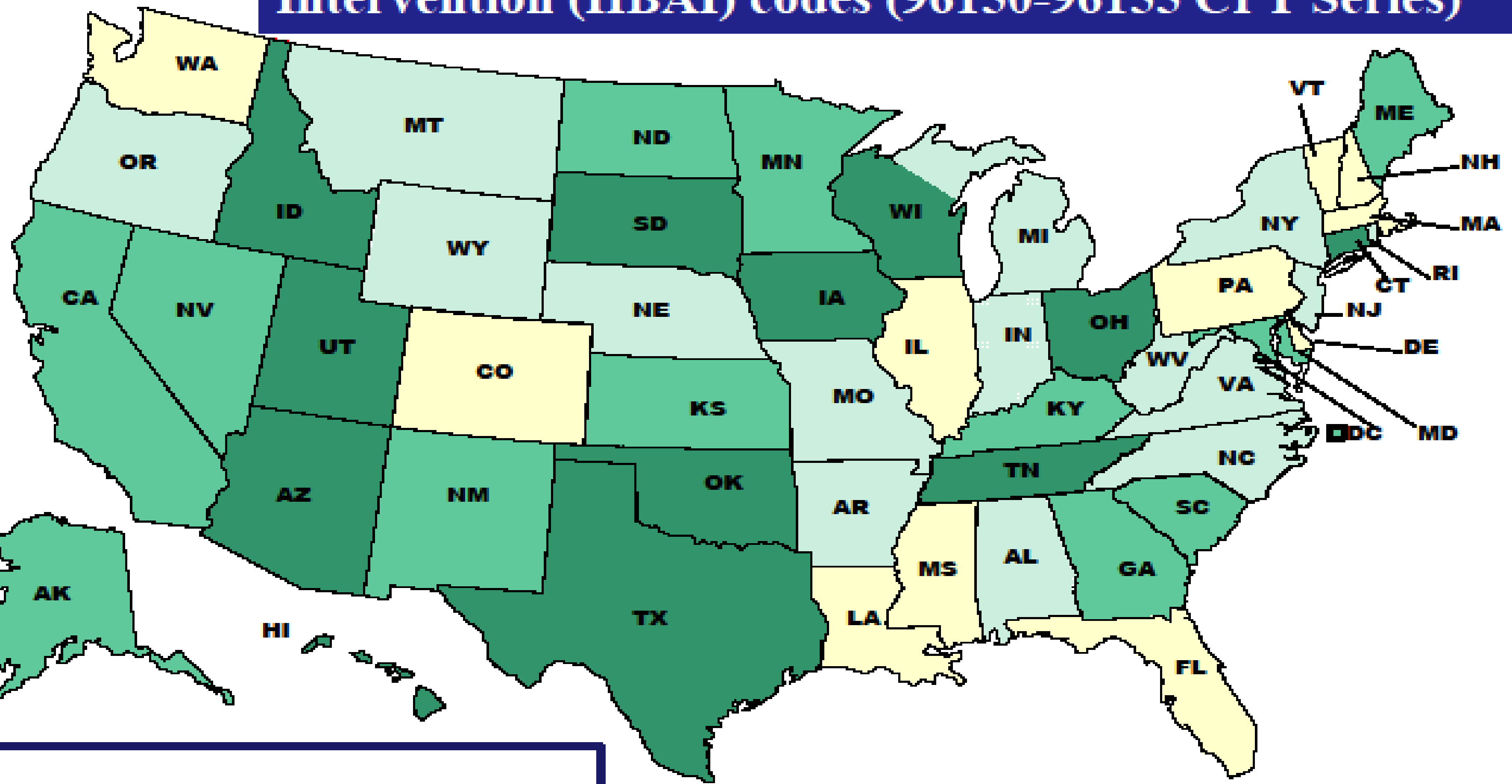
- These worksheets are designed to help agencies understand the series of factors to consider in their state, when billing for integrated health services using the public safety net system.
  - Type of Agency (FQHC/CHC, CMHC)
  - Funding Source (Medicare, Medicaid)
  - CPT Code
  - Diagnosis
  - Practitioner Discipline & Credential
- The worksheets are posted on the CIHS website under Finance as they are completed

www.integration.samhsa.gov

Basic Principles of Billing and Reimbursement (con't)

- **CPT Codes (Current Procedural Terminology)**
  - **Evaluation and Management Codes (E&M)**
    - Is generally billed by an FQHC or Medical Facility and must have a physical health diagnosis
  - **Health & Behavior Assessment Codes (HAB)**
    - Can only be billed by an FQHC or Medical Facility and must have an accompanying physical health diagnosis
    - Used to identify the psychological, behavioral, emotional, cognitive and social factors important to the prevention, treatment, or management of ***physical*** health problems. The focus is ***not on mental health,*** but on the biopsychosocial factors important to physical health problems and treatments.
    - Depending on the state the E&M and HAB codes can be billed on the same day

States use of Medicaid's Health and Behavior Assessment Intervention (HBAI) codes (96150-96155 CPT Series)



Entire HBAI Series turned on*

Part of HBAI Series turned on*

HBAI Series not turned on

No information

NATIONAL COUNCIL FOR COMMUNITY BEHAVIORAL HEALTHCARE

The Health and Behavior Assessment/Intervention Codes (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

Basic Principles of Billing and Reimbursement (cont.)

- **CPT Codes (Current Procedural Terminology)**
  - **Behavioral Health Codes 908xx series (MH & SU)**
    - Traditional behavioral codes by an acceptable licensed and credentialed practitioner for that state and setting (Physician, Nurse Practitioner, Masters Social Worker, PhD Psychologist)
  - **Telemedicine** (usually the same code as face to face service with a modifier)
    - Typically these services are billable by an acceptable licensed and credentialed practitioner for that state and setting
  - **Case Management**
    - Can only be billed by an acceptable licensed and credentialed practitioner for that state and setting
    - Generally a CMHC service

NACHC Survey 2007 +
SAMHSA update /2010

States Paying for Behavioral Health Visits On Same Day as Medical Visit

WA SBI
OR SBI
ID
MT SBI
ND**
MN** SBI
WI SBI
MI
SD
WY
NY
VT
NH
ME
MA
RI
CT
PA
NJ
DE
MD SBI
CA
NV
UT
CO
NE
IA** SBI-H*
IL
IN
OH
WV
VA SBI
KS
MO
KY
TN SBI
NC
AZ
NM
OK SBI
AR
SC
MS
AL
GA
TX
LA
FL
AK SBI
HI

- 30 Pay for Same Day
- 14 Specifically states does not cover for same day service
- 3 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 7/23/10

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 – Georgia does not allow two services in one day to be billed
- 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
  - Medicaid confirmation received from Peggy Clark, (CMS/CMSO) – "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 some states by one provider
- 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

DISCUSSION

What's working well in your state?

What are some of the challenges with billing for MAT?

CONTACT INFORMATION

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