NATIONAL COUNCIL for Mental Wellbeing

Financing the Future of Integrated Care:

Preview of the Integrated Care Decision Support Tool and Modules

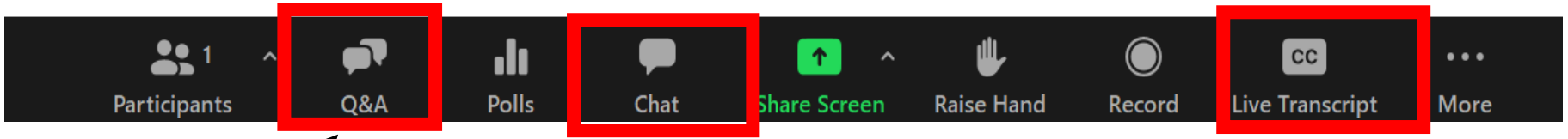
November 10, 2022
2-3:30pm ET

CENTER OF EXCELLENCE for Integrated Health Solutions

Funded by Substance Abuse and Mental Health Services Administration and operated by the National Council for Mental Wellbeing

Questions, Comments & Closed Captioning

Type in a **comment** in the **chat box**



Type in a **question in the Q&A box**

Click **Live Transcript** and then select **"Show Subtitle"**

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SAMHSA

Substance Abuse and Mental Health Services Administration

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Poll #1: What best describes your role?

- Clinician
- Clinical Administration
- Revenue Cycle Management
- Health Information Technology
- CEO/Executive Team
- Other (specify in chat box)

Poll #2: What best describes your organization? (check all that apply)

- Primary Care Provider
- Federally Qualified Health Center (FQHC)
- Certified Community Behavioral Health Clinic (CCBHC)
- Mental Health Provider
- Substance Use Treatment Provider
- Payer
- Policy Maker
- Other (specify in chat box)

Poll #3: Where is your organization in the process of integration?

- Learning/Exploring
- Beginning Implementation
- Advanced/Full Implementation
- Ongoing Quality Improvement
- Other (specify in chat box)

Meet Today's Presenters

Xavior Robinson, MHSA
Consultant
Bowling Business Strategies

Rachael Matulis, MPH
Principal
Bowling Business Strategies

Virna Little
Co-Founder & COO
Concert Health

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Learning Objectives

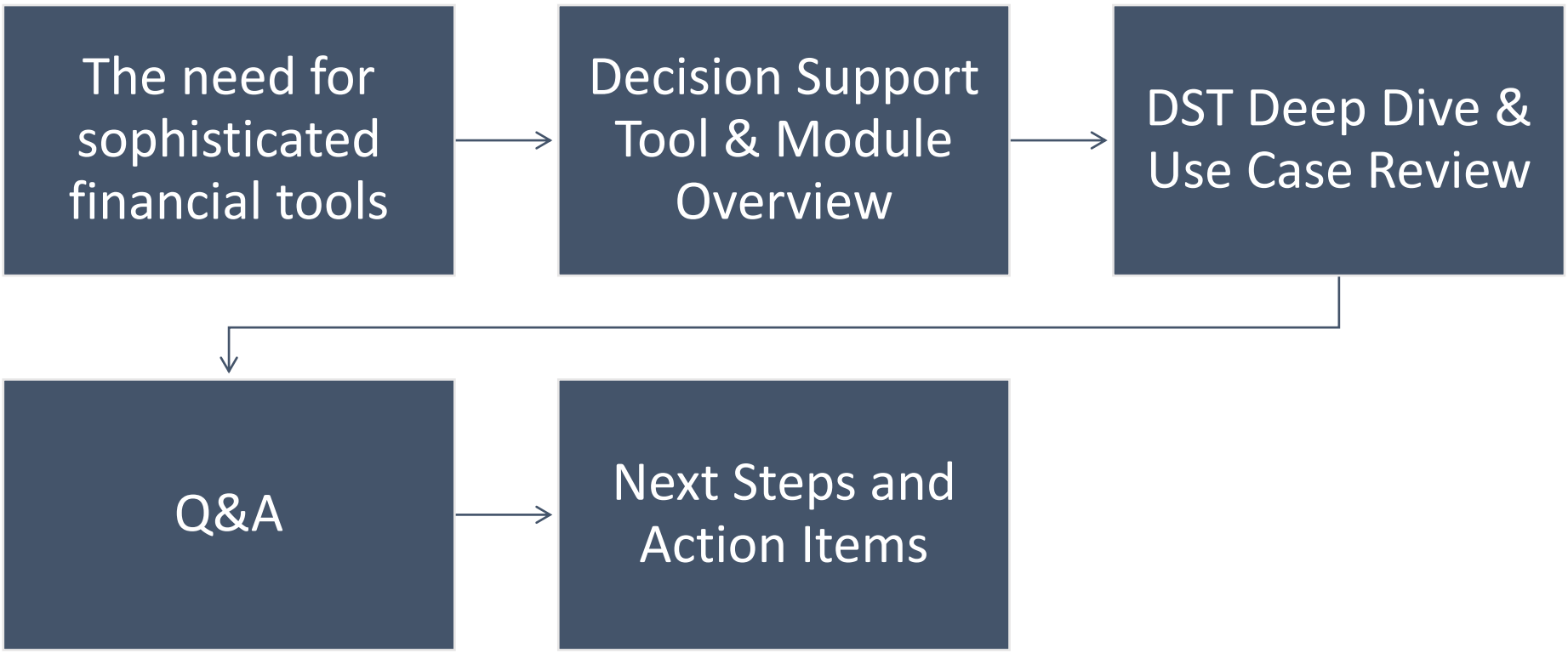
After this webinar, participants will be able to:

- Describe the need and rationale for comprehensive integrated care financing tools
- Recognize the range of billing codes available to support integrated care services
- Use the decision support tool (DST) to assess current and future integrated care services
- Estimate potential revenue across two specific integrated care areas: (1) medications for opioid use disorder and (2) behavioral health screening, referral and brief interventions

First, a Moment of Gratitude…

Thank you to the organizations who participated in pilot testing:

Today's Agenda



END GOAL: Provide timely, accurate, and localized financial insight that accelerates adoption of integrated care services.

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The Need for Sophisticated Financial Tools

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The Billing & Reimbursement Landscape is Complex, Dynamic and Evolving

The Need & Current Landscape

Local & Provider Considerations

- Minimum coverage standards across most commercial plans
- Medicaid coverage variation
- Patient out-of-pocket costs
- Contractual variations based on provider & provider type

Financing Mechanisms

- Fee-for-service
- Value-based payment (VBP)
- Blending and braiding revenue with public financing
- Sustainably balancing service offerings with clinical capacity

Policy Considerations

- Medicaid - Expansion vs. Non-expansion; Waivers & State Plan Amendments
- Medicare - expansion of MOUD & integrated care services; new VBP & ACO arrangement
- Commercial - rate variations and service limits across plans & carriers

Sources:

- The National Council for Mental Wellbeing. (2022, April). *Designing, implementing and sustaining physical health-behavioral; the Comprehensive Healthcare Integration Framework*. The National Council for Mental Wellbeing. Retrieved October 27, 2022, from https://www.thenationalcouncil.org/wp-content/uploads/2022/04/04.22.2022_MDI-CHI-Paper_Reduced.pdf
- Hortsman, C. et al.,(2022). *Integrating primary care and behavioral health to address the Behavioral Health Crisis*. Integrating Primary Care and Behavioral Health to Address Crisis | Commonwealth Fund. Retrieved October 27, 2022, from https://www.commonwealthfund.org/publications/explainer/2022/sep/integrating-primary-care-behavioral-health-address-crisis
- Centers for Medicare & Medicaid Services. (2020). *Office-based opioid use disorder (OUD) treatment billing*. CMS. Retrieved from https://www.cms.gov/medicare/physician-fee-schedule/office-based-opioid-use-disorder-oud-treatment-billing

Building on Financing Tools from the CoE-IHS

State Billing Worksheets from 2014

- Among the National Council's most downloaded resources
- Limitations:
  - Rates are not state-specific
  - Rates are not differentiated by Medicare and Medicaid
  - Information can become outdated using the PDF format and there is a risk for version control challenges as resource is deployed to the field
  - Capturing robust datasets while providing a good user experience is a challenge
- **Search for your state** on our resource page to find your billing worksheet.

			on the Same Day		
MD, DO	G0396, G0397	Sign, symptom, illness or injury	Yes	100% of the physician fee schedule allowed amount	$30.93 and $61.67
Non-Physician Practitioner (i.e; NP, PA)	G0396, G0397	Sign, symptom, illness or injury	Yes	85% of the physician fee schedule allowed amount	$26.29 and $52.42
Non-Physician Practitioner (i.e.; NP, PA)*	99211-99215	Sign, symptom, illness or injury	No	100% of the physician fee schedule allowed amount Billed under MD/DO NPI	Will be 100% of the allowed amount for the specific code. The range is $17.86 - $125.37
Ancillary Staff (i.e.; health educators)*	99211	Sign, symptom, illness or injury	No	85% of the physician fee scheduled allowed amount	$17.86

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Building a Balanced Path Forward

SPECIFICITY	GENERALIZABILITY
Optimizing service expansion in today's predominantly FFS environment	Preparing for tomorrow's Value-Based Payment landscape
Aligning rates with reimbursable staff by state and service Line	Clinical workflow implementation considerations
Actual Medicare and Medicaid FFS rates	Implementation guidance to adapt to operational settings

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Decision Support Tool (DST) and Module Overview

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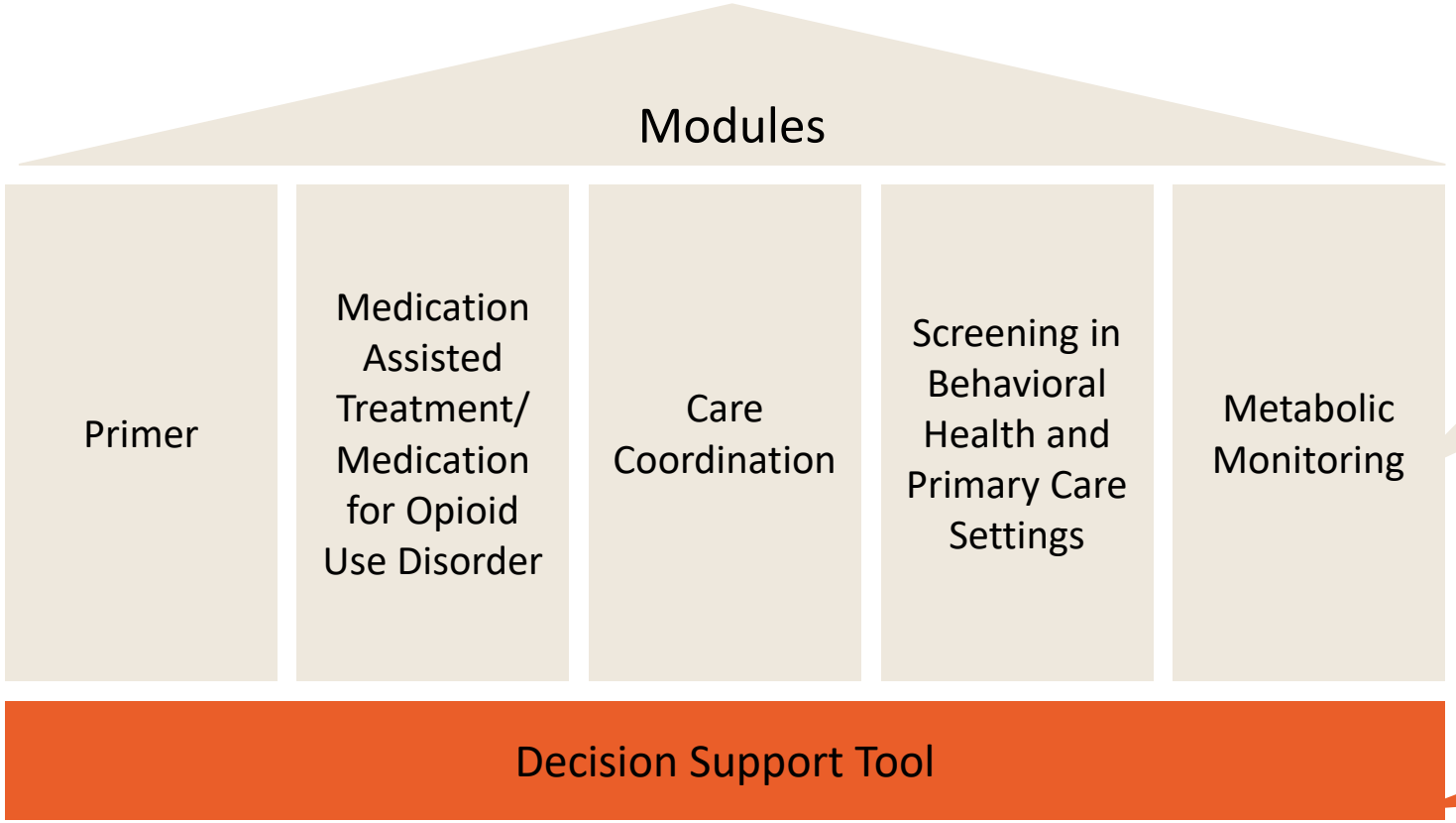
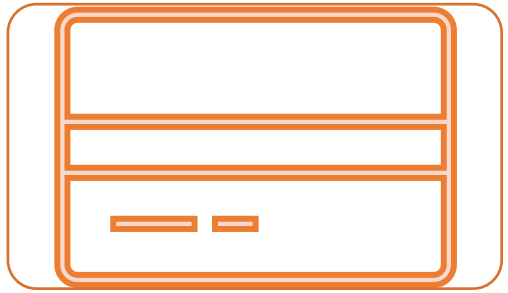
Module and Decision Support Tool Overview



- Contextualizes the DST
- Designed to be standalone resources and make sense as a collective
- General format includes: Background, Coverage Landscape, Implementation Considerations, Staffing, Maximizing Revenue, Social Determinants of Health, Preparing for Value Based Payment

- Excel document
- Aligns billing codes with staffing capacity and Medicare and Medicaid rates
- Aims to replace existing billing and coding sheets

Modules Structure



Coverage Standards

- Medicaid
- Medicare
- Qualified Health Plans

Coding Strategies and/or Implementation Considerations

- Troubleshooting utilization management
- Sequencing and timing considerations
- Provider eligibility considerations

Tips to Adapt to Care Setting

- Local contracts review
- VBP considerations

Additional Insights for MOUD and Care Coordination Modules

- Enhanced service definitions
- Payer mix and patient eligibility considerations
- Integration with public health financing
- Social determinants of health considerations
- Optimizing staffing mix to maximize reimbursement

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Walk-through of MOUD Module

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Decision Support Tool (DST) Deep Dive and Use Cases

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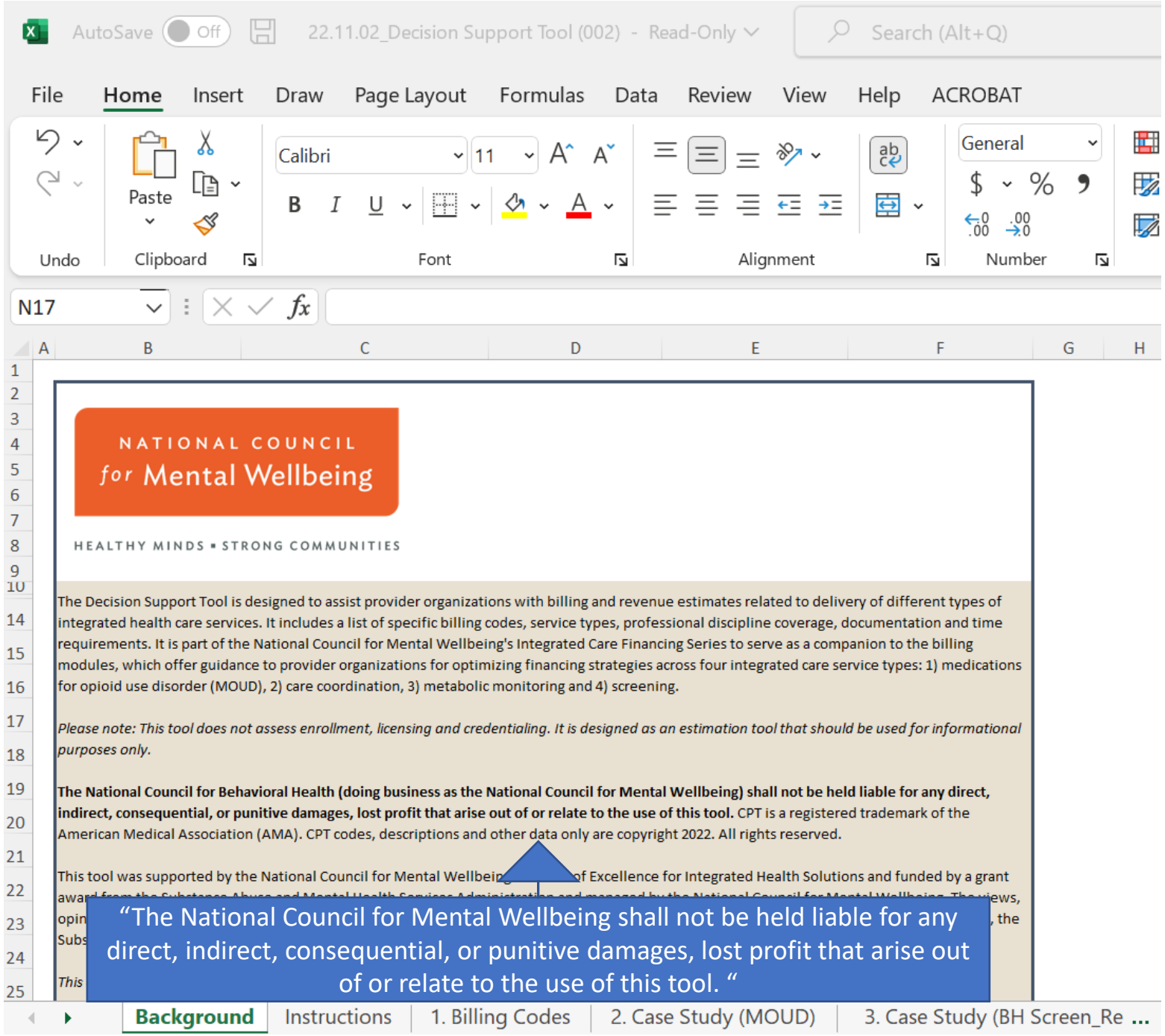
Decision Support Tool (DST) Overview

- Excel-based tool
- Compliments/aligns with module narratives
- Provides Medicare & Medicaid revenue estimates based on billing code
- Includes insight on staffing types eligible to provide services for billing codes
- Offers two "case studies" to show how tool could be used to project revenues
- Unable to fully account for state-specific billing environments
- Unable to account for PPS or VBP reimbursement

Brief walk-through of DST_1

Overview of five worksheets:

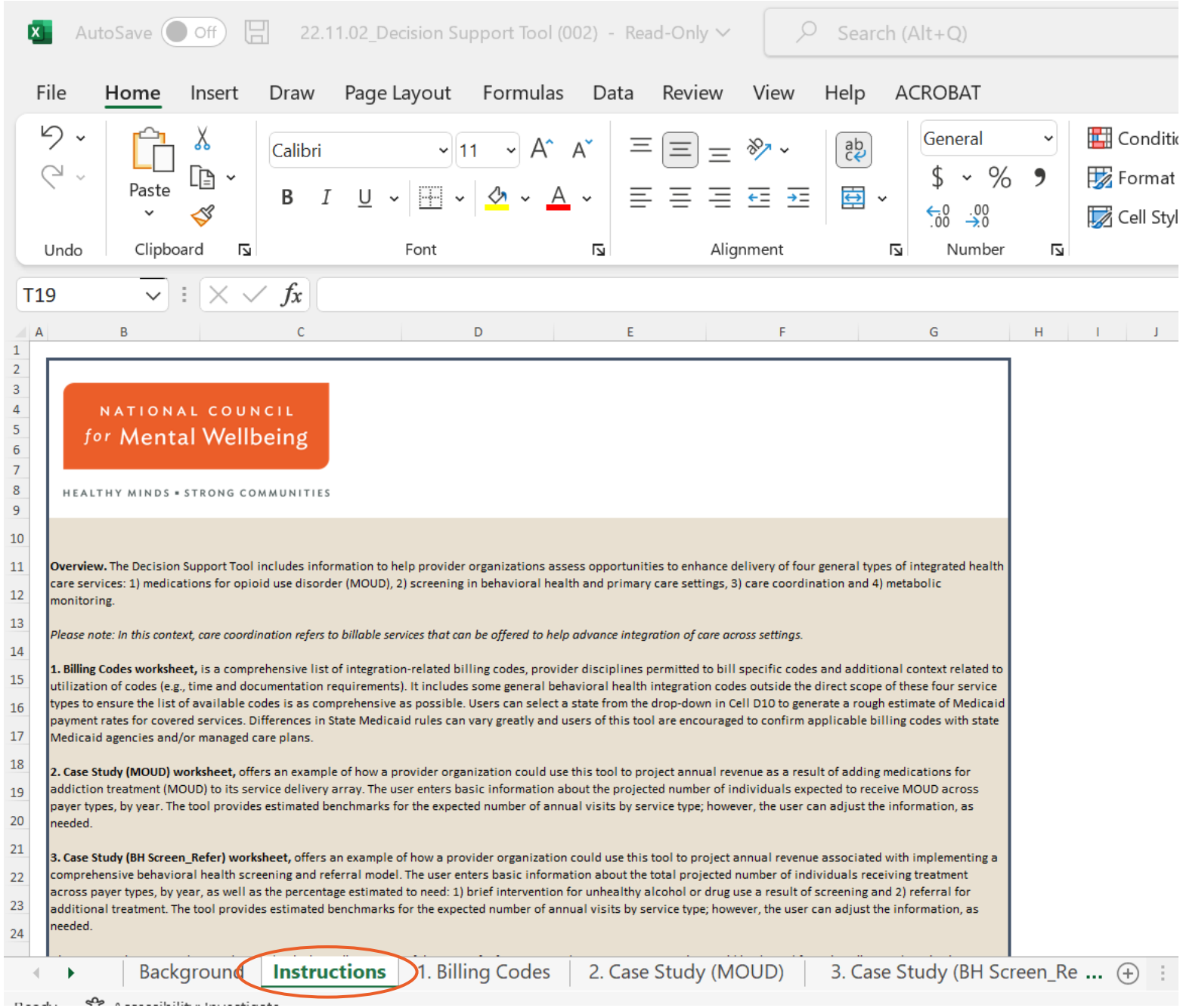
1. **Background**
2. Instructions
3. Billing Codes
4. Case Study (MOUD)
5. Case Study (BH Screening & Referral)



Brief walk-through of DST_2

Overview of five worksheets:

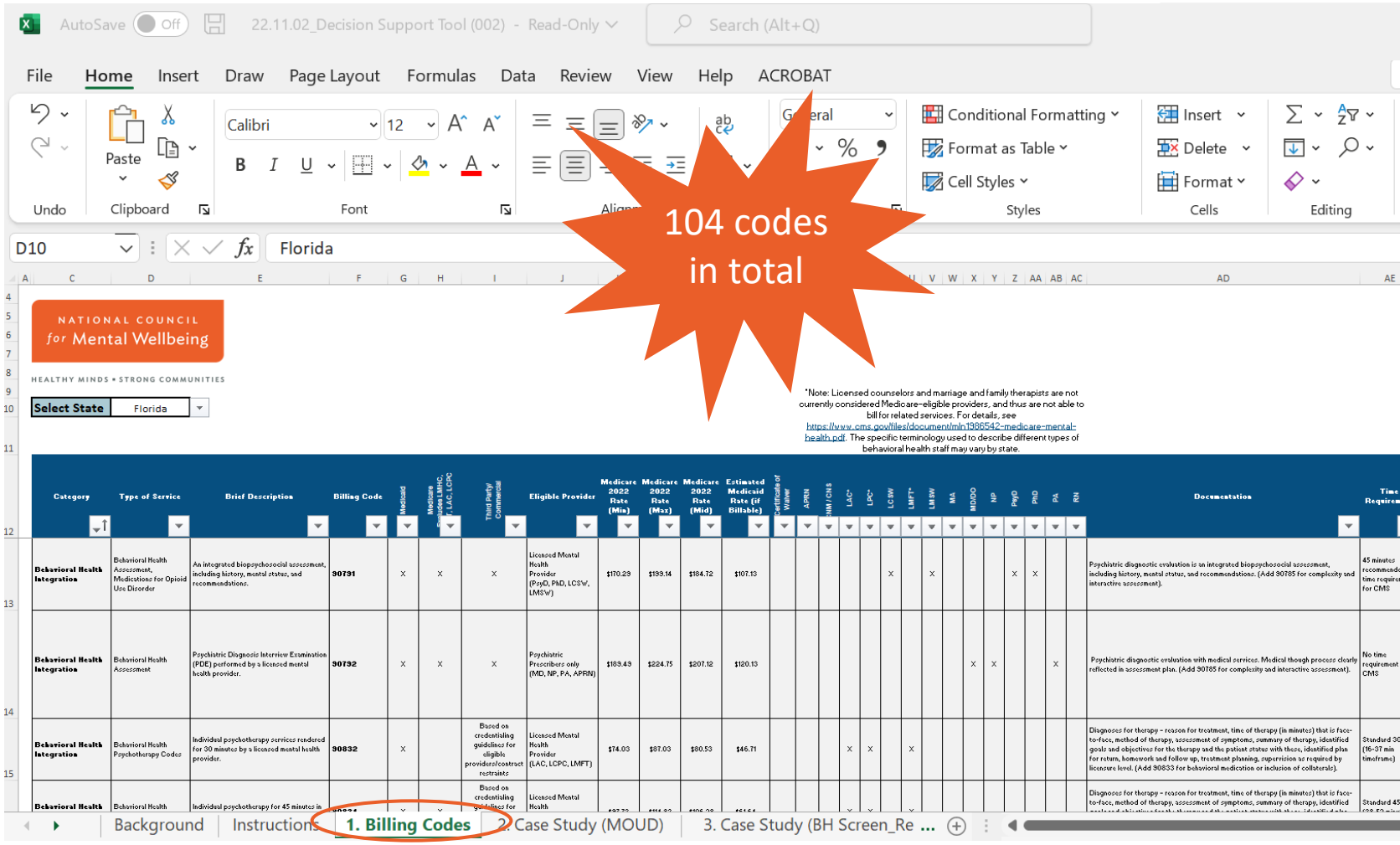
1. Background
2. **Instructions**
3. Billing Codes
4. Case Study (MOUD)
5. Case Study (BH Screening & Referral)



Brief walk-through of DST_3

Overview of five worksheets:

1. Background
2. Instructions
3. **Billing Codes**
4. Case Study (MOUD)
5. Case Study (BH Screening & Referral)



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D10 | Florida

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Select State: Florida

Select state here

*Note: Licensed counselors and marriage and family therapists are not currently considered Medicare-eligible providers, and thus are not able to bill for related services. For details, see https://www.cms.gov/files/document/mln1986542-medicare-mental-health.pdf. The specific terminology used to describe different types of

Filter by staff type here

Category	Type of Service	Brief Description	Billing Code	Medicaid	Medicare Provides LMHC, LAC, LCPC	Third Party/ Commercial	Eligible Provider	Medicare 2022 Rate (Min)	Medicare 2022 Rate (Max)	Medicare 2022 Rate (Mid)	Estimated Medicaid Rate (if Billable)	Certificate of Waiver	APRN	PMHNP / CNS	LAC*	LPC*	LCSW	LMFT*	LMSW	MA	MD/DO	NP	PsyD	PhD	PA	RN	Documentation	Time Requirement
Behavioral Health Integration	Behavioral Health Assessment, Medications for Opioid Use Disorder	An integrated biopsychosocial assessment, including history, mental status, and recommendations.	**90791**	X	X	X	Licensed Mental Health Provider (PsyD, PhD, LCSW, LMSW)	$170.29	$199.14	$184.72	$107.13						X		X				X	X			Psychiatric diagnostic evaluation is an integrated biopsychosocial assessment, including history, mental status, and recommendations. (Add 90785 for complexity and interactive assessment).	45 minutes recommended, time requirement for CMS
Behavioral Health Integration	Behavioral Health Assessment	Psychiatric Diagnosis Interview Examination (PDE) performed by a licensed mental health provider.	**9079**					$189.49	$224.75	$207.12	$120.13										X	X			X		Psychiatric diagnostic evaluation with medical services. Medical though process clearly reflected in assessment plan. (Add 90785 for complexity and interactive assessment).	No time requirement p CMS
Behavioral Health Integration	Behavioral Health Psychotherapy Codes	Individual psychotherapy services rendered for 30 minutes by a licensed mental health provider.	**90832**	X		Based on credentialing guidelines for eligible providers/contract restraints	Licensed Mental Health Provider (LAC, LCPC, LMFT)	$74.03	$87.03	$80.53	$46.71				X	X		X									Diagnoses for therapy - reason for treatment, time of therapy (in minutes) that is face-to-face, method of therapy, assessment of symptoms, summary of therapy, identified goals and objectives for the therapy and the patient status with these, identified plan for return, homework and follow up, treatment planning, supervision as required by licensure level. (Add 90833 for behavioral medication or inclusion of collaterals).	Standard 30 m (16-37 min timeframe)
Behavioral Health	Behavioral Health	Individual psychotherapy for 45 minutes in	**90834**	X	X	Based on credentialing guidelines for	Licensed Mental Health	$97.72	$114.82	$106.28	$61.54				X	X		X									Diagnoses for therapy - reason for treatment, time of therapy (in minutes) that is face-to-face, method of therapy, assessment of symptoms, summary of therapy, identified	Standard 45 m

Filter by service category here

Background | Instructions | 1. Billing Codes | 2. Case Study (MOUD) | 3. Case Study (BH Screen_Re ...

Cheat Sheet: How to Use the "Billing Codes" Worksheet

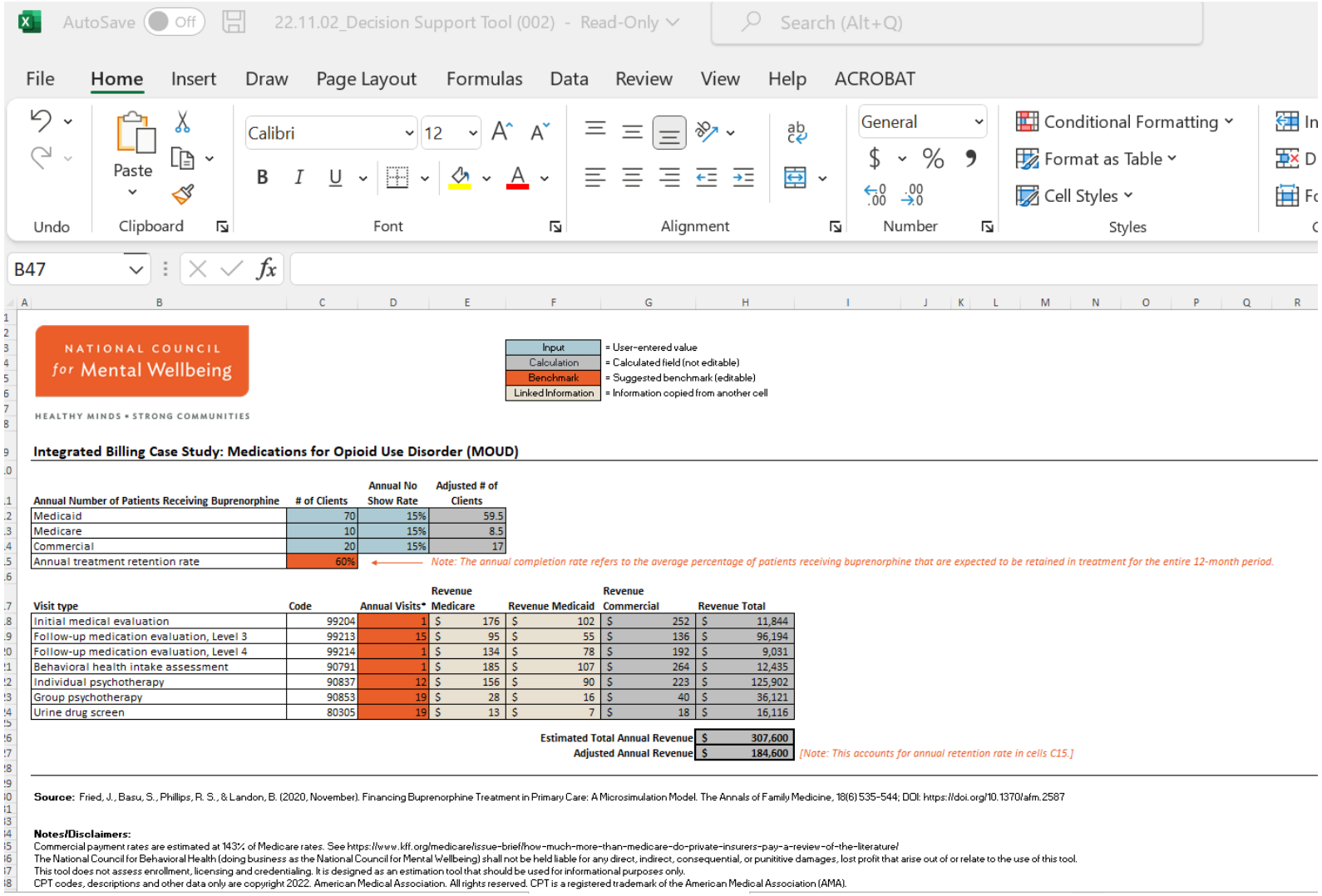
- **Select** state: **Cell D10**
- **Select** category: **Column C**
- Identify type of service: **Column D**
- Review brief descriptions: **Column E**
- Assess coverage, by payer: **Columns G, H, I**
- **Determine** what types of providers can deliver a service: **Column J**
- **Compare** estimated payment rates for Medicare & Medicaid: **Columns K, L, M, N**
- **Filter** by provider staff eligible to provide services: **Columns O-AB**
- Review documentation needed to bill code: **Column AC**
- Review minimum time requirements for billing: **Column AD**
- Review any additional considerations relevant to bill code: **Column AE**

So, what can I **actually** do with the billing codes worksheet?

Brief walk-through of DST4

Overview of five worksheets:

1. Background
2. Instructions
3. Billing Codes
4. **Case Study (MOUD)**
5. Case Study (BH Screening & Referral)



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Calculation	= Calculated field (not editable)
Benchmark	= Suggested benchmark (editable)
Linked Information	= Information copied from another cell

Integrated Billing Case Study: Medications for Opioid Use Disorder (MOUD)

Annual Number of Patients Receiving Buprenorphine	# of Clients	Annual No Show Rate	Adjusted # of Clients
Medicaid	70	15%	59.5
Medicare	10	15%	8.5
Commercial	20	15%	17
Annual treatment retention rate	60%		

Note: The annual completion rate refers to the average percentage of patients receiving buprenorphine that are expected to be retained in treatment for the entire 12-month period.

Visit type	Code	Annual Visits*	Revenue Medicare	Revenue Medicaid	Revenue Commercial	Revenue Total
Initial medical evaluation	99204	1	$ 176	$ 102	$ 252	$ 11,844
Follow-up medication evaluation, Level 3	99213	15	$ 95	$ 55	$ 136	$ 96,194
Follow-up medication evaluation, Level 4	99214	1	$ 134	$ 78	$ 192	$ 9,031
Behavioral health intake assessment	90791	1	$ 185	$ 107	$ 264	$ 12,435
Individual psychotherapy	90837	12	$ 156	$ 90	$ 223	$ 125,902
Group psychotherapy	90853	19	$ 28	$ 16	$ 40	$ 36,121
Urine drug screen	80305	19	$ 13	$ 7	$ 18	$ 16,116

Estimated Total Annual Revenue	$ 307,600
Adjusted Annual Revenue	$ 184,600

[Note: This accounts for annual retention rate in cells C15.]

Source: Fried, J., Basu, S., Phillips, R. S., & Landon, B. (2020, November). Financing Buprenorphine Treatment in Primary Care: A Microsimulation Model. The Annals of Family Medicine, 18(6) 535–544; DOI: https://doi.org/10.1370/afm.2587

Notes/Disclaimers:
Commercial payment rates are estimated at 143% of Medicare rates. See https://www.kff.org/medicare/issue-brief/how-much-more-than-medicare-do-private-insurers-pay-a-review-of-the-literature/
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Case Study: Medications for Opioid Use Disorder (MOUD)

- Wellness Inc., based in FL, wants to estimate potential revenue for a new MOUD program, including medications, group/individual counseling, & urine drug screens.
- Based on preliminary analysis, Wellness Inc. estimates 100 clients are in-need and would participate in the MOUD program.
- Of the 100 patients, Wellness Inc. estimates a 60% overall annual adherence rate, and a 15% no-show rate.
- The DST estimates that annual revenue for this program would be **approximately $184,600.**

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Linked Information	= Information copied from another cell

Integrated Billing Case Study: Medications for Opioid Use Disorder (MOUD)

Enter number of clients by payer and annual no-show rates here

Annual Number of Patients Receiving Buprenorphine	# of Clients	Annual No Show Rate	Adjusted # of Clients
Medicaid	70	15%	59.5
Medicare	10	15%	8.5
Commercial	20	15%	17
Annual treatment retention rate	60%		

Note: The annual completion rate refers to the average percentage of patients receiving buprenorphine that are expected to be retained in treatment for the entire 12-month period.

Edit retention rate as needed

Visit type	Code	Annual Visits*	Revenue Medicare	Revenue Medicaid	Revenue Commercial	Revenue Total
Initial medical evaluation	99204	1	$ 176	$ 102	$ 252	$ 11,844
Follow-up medication evaluation, Level 3	99213	15	$ 95	$ 55	$ 136	$ 96,194
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Behavioral health intake assessment	90791	1	$ 185	$ 107	$ 264	$ 12,435
Individual psychotherapy	90837	12	$ 156	$ 90	$ 223	$ 125,902
Group psychotherapy	90853	19	$ 28	$ 16	$ 40	$ 36,121
Urine drug screen	80305	19	$ 13	$ 7	$ 18	$ 16,116

Enter estimated number of annual visits (research-based benchmarks provided)

Estimated Total Annual Revenue	$ 307,600
Adjusted Annual Revenue	$ 184,600

[Note: This accounts for annual retention rate in cells C15.]

Adjusted revenue estimate

Source: Fried, J., Basu, S., Phillips, R. S., & Landon, B. (2020, November). Financing Buprenorphine Treatment in Primary Care: A Microsimulation Model. The Annals of Family Medicine, 18(6) 535-544; DOI: https://doi.org/10.1370/afm.2587

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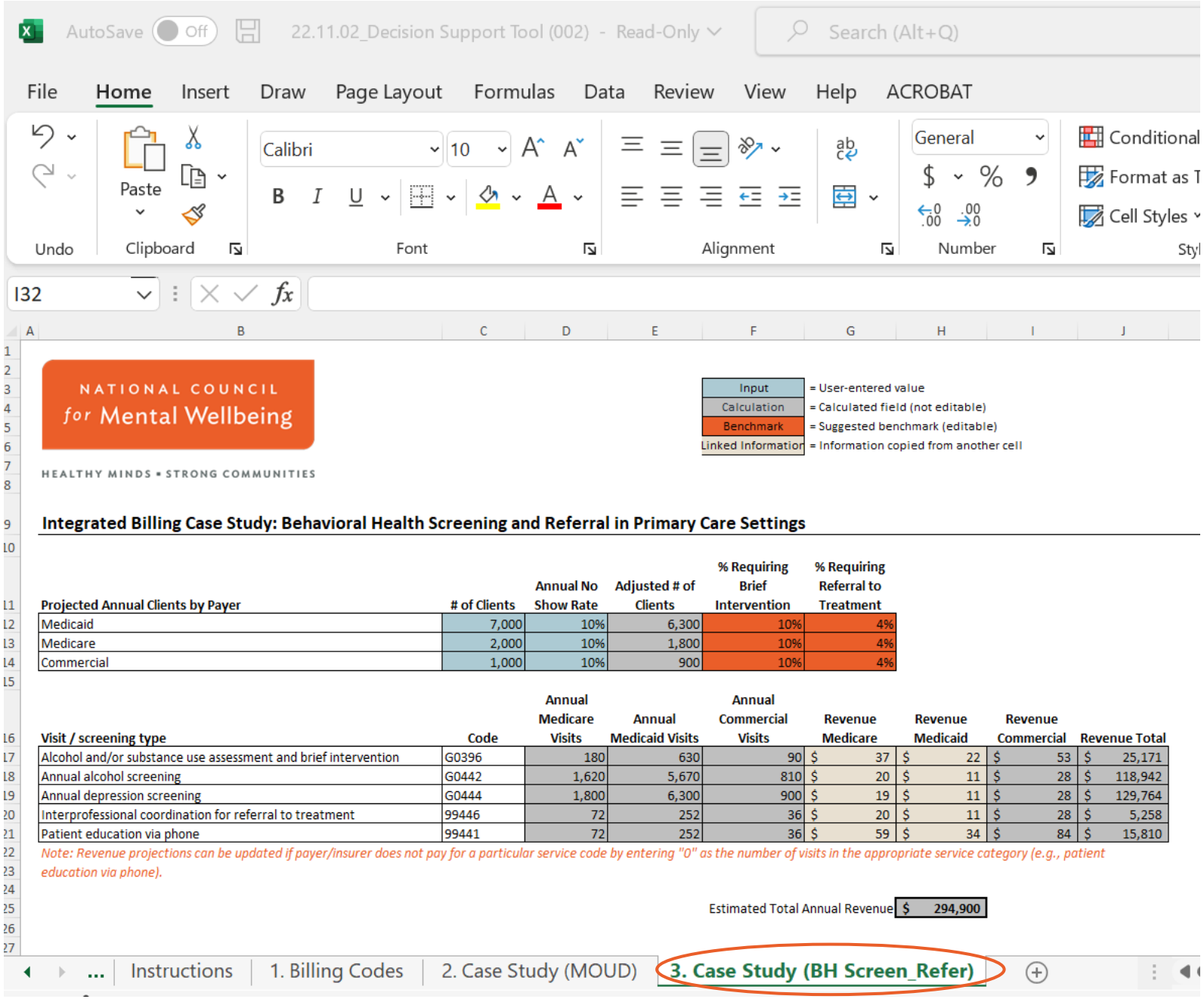
Brief walk-through of DST5

Overview of five worksheets:

1. Background
2. Instructions
3. Billing Codes
4. Case Study (MOUD)
5. **Case Study (BH Screening & Referral)**



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Integrated Billing Case Study: Behavioral Health Screening and Referral in Primary Care Settings

Projected Annual Clients by Payer	# of Clients	Annual No Show Rate	Adjusted # of Clients	% Requiring Brief Intervention	% Requiring Referral to Treatment
Medicaid	7,000	10%	6,300	10%	4%
Medicare	2,000	10%	1,800	10%	4%
Commercial	1,000	10%	900	10%	4%

Visit / screening type	Code	Annual Medicare Visits	Annual Medicaid Visits	Annual Commercial Visits	Revenue Medicare	Revenue Medicaid	Revenue Commercial	Revenue Total
Alcohol and/or substance use assessment and brief intervention	G0396	180	630	90	$ 37	$ 22	$ 53	$ 25,171
Annual alcohol screening	G0442	1,620	5,670	810	$ 20	$ 11	$ 28	$ 118,942
Annual depression screening	G0444	1,800	6,300	900	$ 19	$ 11	$ 28	$ 129,764
Interprofessional coordination for referral to treatment	99446	72	252	36	$ 20	$ 11	$ 28	$ 5,258
Patient education via phone	99441	72	252	36	$ 59	$ 34	$ 84	$ 15,810

Note: Revenue projections can be updated if payer/insurer does not pay for a particular service code by entering "0" as the number of visits in the appropriate service category (e.g., patient education via phone).

Estimated Total Annual Revenue $ 294,900

Instructions | 1. Billing Codes | 2. Case Study (MOUD) | 3. Case Study (BH Screen_Refer)

Case Study: Behavioral Health Screening & Referral

- Whole Health LLC, a large primary care health clinic based in Pennsylvania, would like to start annual behavioral health screenings and referrals .
- Whole Health serves roughly 10,000 clients per year: 70% Medicaid insured, 20% Medicare insured, and 10% commercially insured.
- Whole Health plans to conduct annual depression and alcohol screenings, with brief interventions/referrals to specialists as needed.
- The DST indicates that annual revenue for this program would be approximately **$316,900.**

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Calculation	= Calculated field (not editable)
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Linked Information	= Information copied from another cell

Integrated Billing Case Study: Behavioral Health Screening and Referral in Primary Care Settings

Enter total number of clients by payer and annual no-show rates here

Projected Annual Clients by Payer	# of Clients	Annual No Show Rate	Adjusted # of Clients	% Requiring Brief Intervention	% Requiring Referral to Treatment
Medicaid	7,000	10%	6,300	10%	4%
Medicare	2,000	10%	1,800	10%	4%
Commercial	1,000	10%	900	10%	4%

Change % of clients requiring intervention and/or referral to treatment, as needed here (research-based benchmarks provided)

Visit / screening type	Code	Annual Medicare Visits	Annual Medicaid Visits	Annual Commercial Visits	Revenue Medicare	Revenue Medicaid	Revenue Commercial	Revenue Total
Alcohol and/or substance use assessment and brief intervention	G0396	180	630	90	$ 37	$ 22	$ 53	$ 25,171
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Note: Revenue projections can be updated if payer/insurer does not pay for a particular service code by entering "0" as the number of visits in the appropriate service category (e.g., patient education via phone).

Estimated Total Annual Revenue $ 294,900

Revenue estimate

Instructions | 1. Billing Codes | 2. Case Study (MOUD) | 3. Case Study (BH Screen_Refer)

Other Potential Use Cases

1

Gain insight on type(s) of staff to consider hiring for different integrated care programs (e.g., select service category of interest, count total number of billable services by staff type).

2

Leverage related billing codes for other types of integrated care requiring screening or care coordination (e.g., integrated oral health and behavioral health, integration of social determinants of health).

3

Decide where you may want to expand service locations (e.g., assess potential revenue differences across states).

Looking Ahead – Poll Question

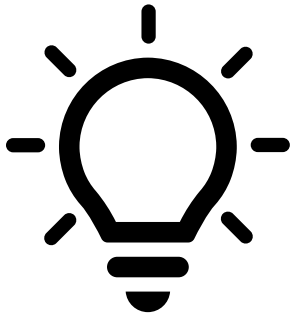
Which next steps would be most useful to you regarding these financing tools?

- Update codes and rates for fiscal year 2023
- Add state-specific Medicare rates
- Consider additional services categories (e.g., telehealth, oral health, etc.)
- Add expense/cost modeling, including staff salary estimates, by geography
- Build additional case studies
- Convert PDF and Excel documents into a web-based platform
- Collect additional feedback from potential users

Please provide your ideas either directly today (via the chat or Poll)

or

email the CoE-IHS team at integration@thenationalcouncil.org



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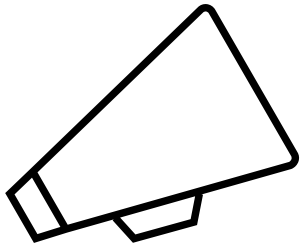
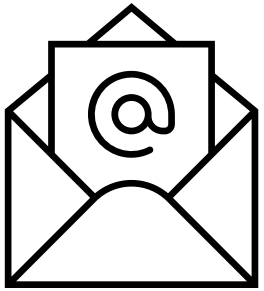
Questions, Comments?

Next Steps and Action Items



Keep an eye out for launch announcement email – billing tools will be live on CoE-IHS Website here:

https://www.thenationalcouncil.org/program/center-of-excellence/resources/



Share any feedback, comments, or questions with our CoE-IHS team at integration@thenationalcouncil.org

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Upcoming CoE Events

CoE-IHS Webinar: CLAS Part 3 - Implementing the Culturally and Linguistically Appropriate Services Standards
Register for the Webinar on Tuesday, November 15th, 2-3pm ET

CoE-IHS Office Hour: Growing the Workforce Pipeline through Strategic Community Partnerships
Register for the Webinar on Thursday, December 8th, 2-3pm ET

Interested in an individual consultation with the CoE experts on integrated care?
Contact us through this form here!

Looking for free trainings and credits?
Check out integrated health trainings from Relias here

Subscribe for Center of Excellence Updates
Subscribe here

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Thank You

Questions?

Email integration@thenationalcouncil.org

SAMHSA's Mission is to reduce the impact of substance abuse and mental illness on America's communities.

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