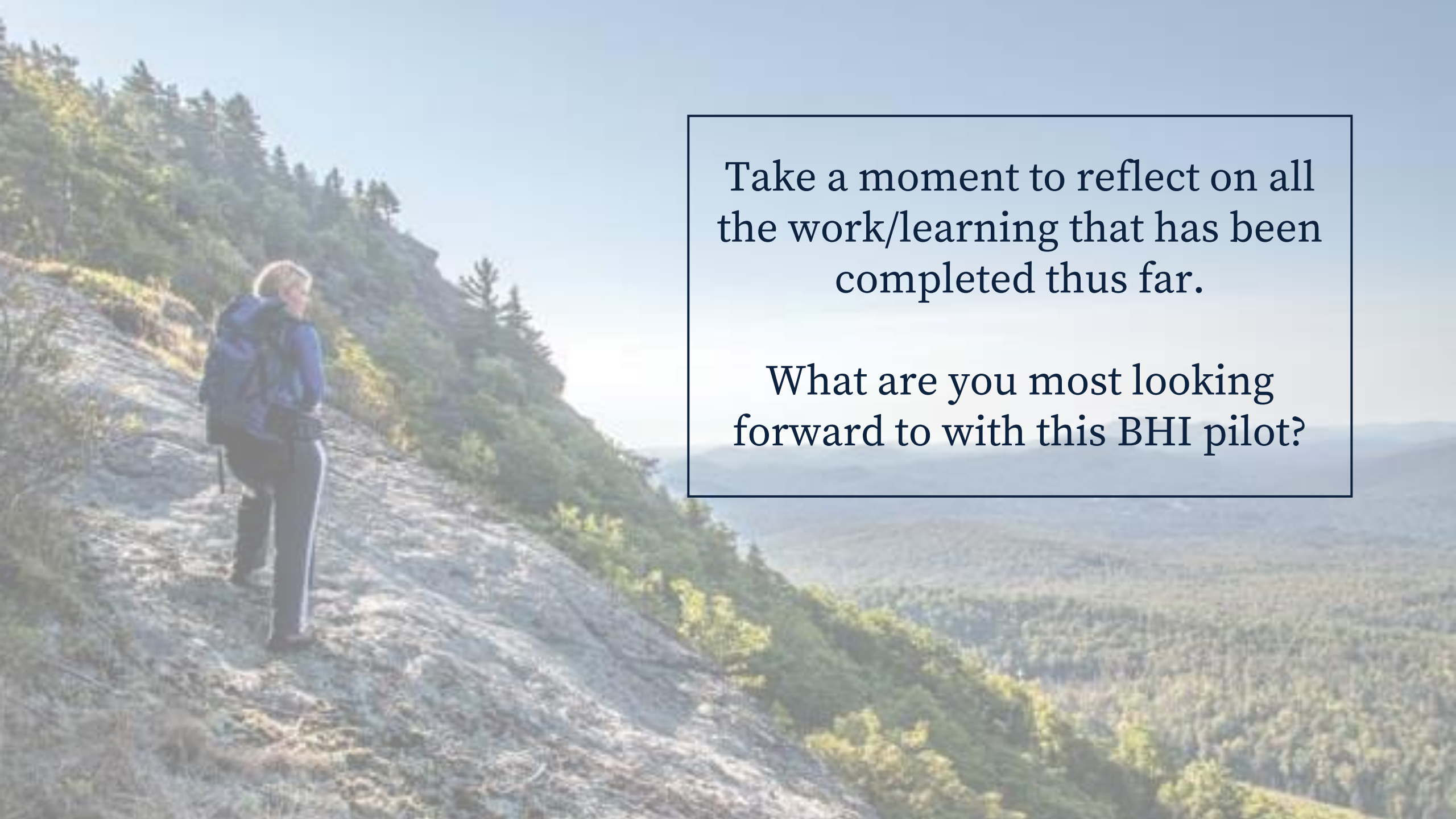
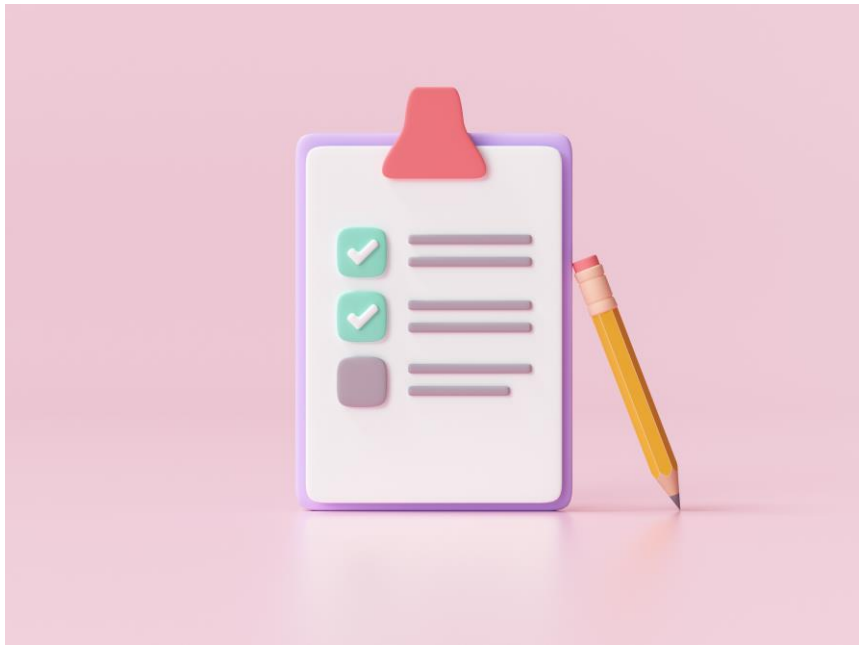


Take a moment to reflect on all the work/learning that has been completed thus far.

What are you most looking forward to with this BHI pilot?

2023 CalHIVE BHI Survey

We want to hear from you!



Please complete the annual program survey by Friday, December 5
https://cqcinfo.typeform.com/to/BeFVUqB5

Tuesday, November 28; 1:00 PM PT

Documentation & Coding

CalHIVE BHI BeeKeeper's Corner

PBGH California Quality Collaborative

Tech Tips

Welcome!

Add your organization to your name

Turn on video if possible

Join in

Chat in or feel free to come off mute to contribute

Need help?

Direct message Anna Baer if you have any technical issues

Our Agenda

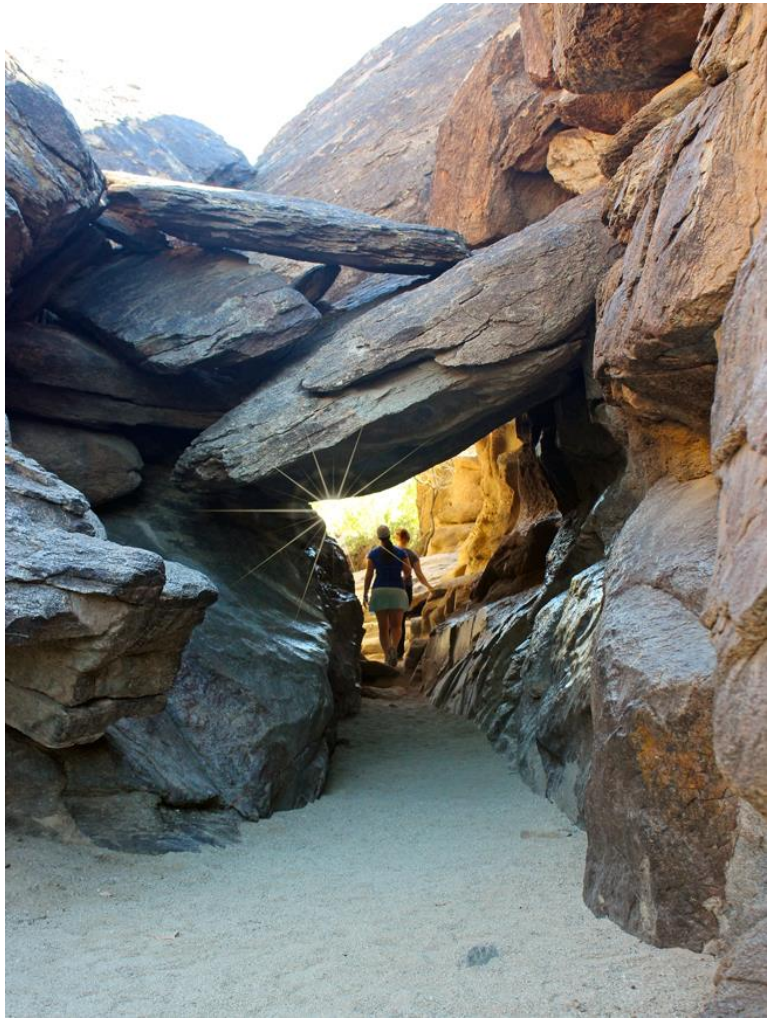
Today, we'll:

Promote long-term sustainability for BHI programs

Identify tools to support BHI

Answer questions about BHI billing & coding

Engaging today



- Turn your camera on if comfortable and able
- Participate in Zoom Polls
- Share questions through chat (Q&A)

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Billing and Coding

Financing: Billing/Coding

	Collaborative Care Model (CoCM)	Primary Care Behavioral Health (PCBH)

Overview	***Billing under Primary Care Provider***
	
	• CoCM specific CPT codes
	  • 99492 – Initial month of service
	  • 99493 – Subsequent months of service
	  • 99494 – add-on codes
	  • G0512* - FQHC, initial and subsequent
	
	• General Behavioral Health Code
	  • 99484
		Billing under Behavioral Health Provider
		
		• 90791 – Assessment
		• Traditional Psychotherapy CPT Codes
		  • 90832 – 30 min
		  • 90834 – 45 min
		  • 90837 – 60 min
		
		• Health and Behavior Codes
		  • 96156- Assessment
		  • 96158- Intervention, individual
		  • 96164- Intervention, group
		
		• General Behavioral Health code
		  • 99484

Both models:	• Check for differences with payors and FQHCs	

Medi-Cal Coverage

Medi-Cal covers both CoCM and PCBH CPT codes

Service Table 1-Assessment Codes

Assessment means a service activity designed to evaluate the current status of a beneficiary's mental, emotional, or behavioral health. Assessment includes one or more of the following: mental status determination, analysis of the beneficiary's clinical history, analysis of relevant biopsychosocial and cultural issues and history, diagnosis and the use of testing procedures. The codes below should be used when billing for an assessment service.

Service	Code	SD/MC Allowable Disciplines	Allowable Place of Service	Lockout Codes Note: The below outpatient services are locked out against inpatient and 24-hour services except for the date of admission.	Dependent on Codes	Medicare COB Required?	Maximum Units that Can be Billed	Allow Modi
Psychiatric Diagnostic Evaluation, 15 Minutes	90791	• MD/DO • PA • PhD/PsyD (Licensed or Waivered) • SW (Licensed, Registered or Waivered) • MFT (Licensed, Registered or Waivered) • NP or CNS (Certified) and • PCC (Licensed or Registered)	All except 09	Cannot be billed with: 90792 90832-90834 90836-90838 90839-90840* 90847 90849 90853 90865 90867-90870* 90880 90885* 90887* 96112 96113 96116 96121 96127* 96161* 99202-99205** 99212-99215** 99217-99223**	None	Yes	96	59 93 9

Health Behavioral Assessment and Intervention Services

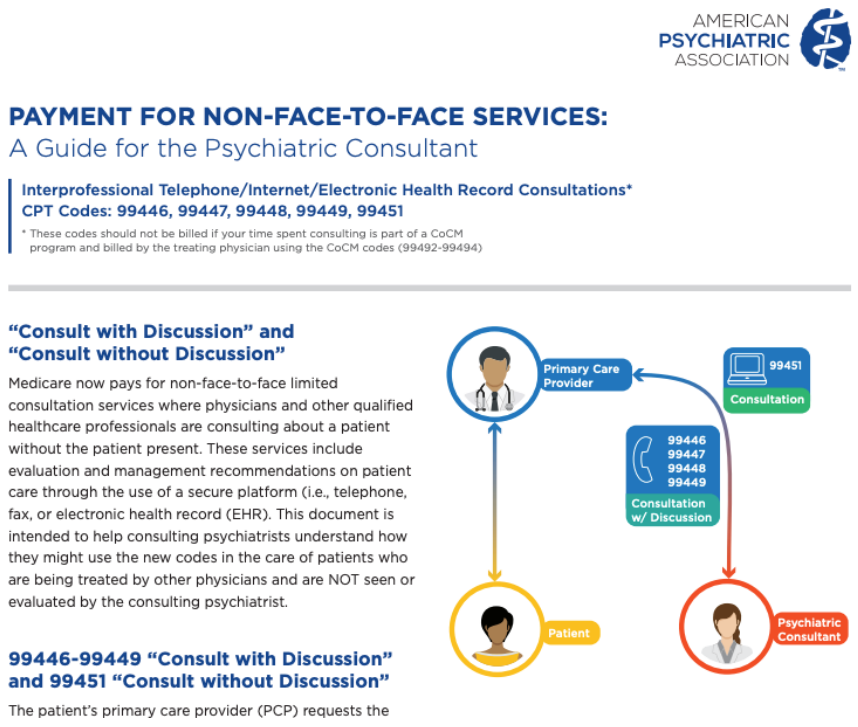
‹‹Health behavioral assessment and intervention services (CPT codes 96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171, 96202 and 96203)›› are reimbursable when used to identify and address the psychological, behavioral, emotional, cognitive and interpersonal factors important to the assessment, treatment, or management of physical health problems. Health behavioral assessment and intervention codes are not reimbursable on the same day to the same provider as evaluation and management service codes (including CPT codes 99406 and 99407) or CPT codes 90785 thru 90899. For information about Medi-Cal coverage of caregiver health behavior assessment and intervention services, refer to the "Dyadic Services" section.

Billing codes and frequency limits for these services are as follows.

https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/D84845A9-9DA6-434D-8B97-00CD24F101E7/nonspecmental.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYylPyP5ULO
https://www.dhcs.ca.gov/provgovpart/Documents/Billing-Manual-v-1-1-June-2022.pdf

New Psychiatric Consultation Codes

Medicare now pays for non-face-to-face interprofessional “curbside” consultations by psychiatrists with primary care and other physicians.



AMERICAN PSYCHIATRIC ASSOCIATION

PAYMENT FOR NON-FACE-TO-FACE SERVICES:
A Guide for the Psychiatric Consultant

Interprofessional Telephone/Internet/Electronic Health Record Consultations*
CPT Codes: 99446, 99447, 99448, 99449, 99451

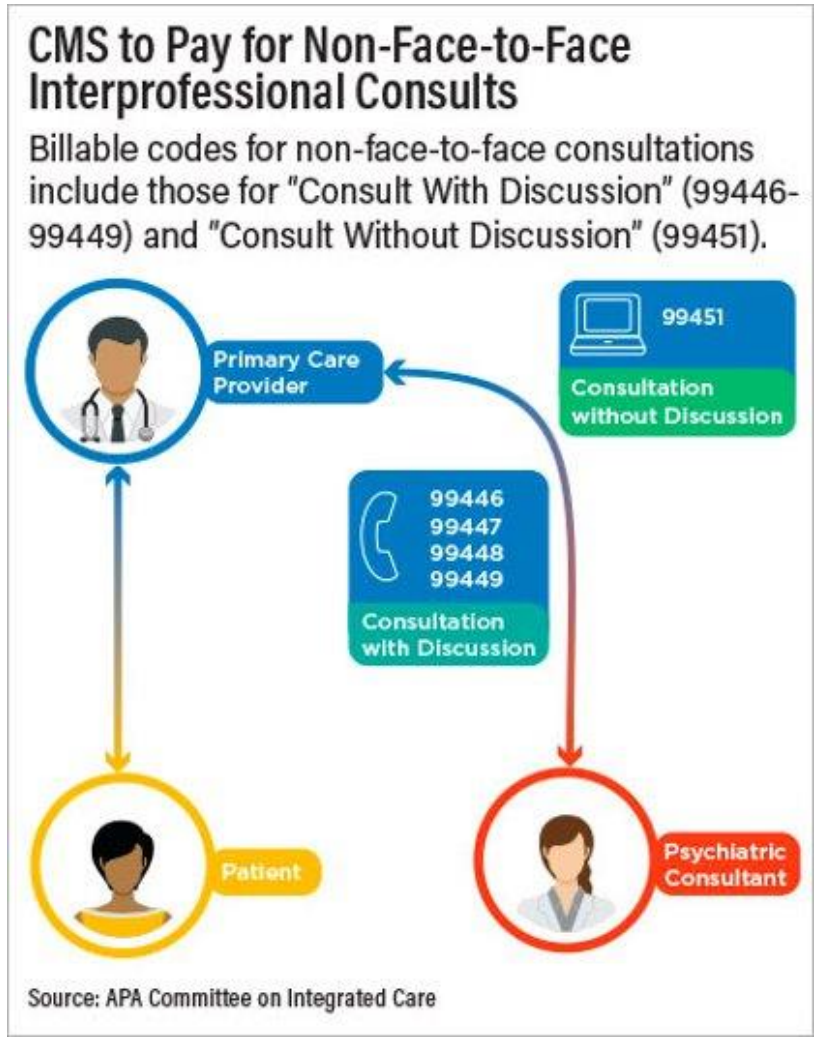
* These codes should not be billed if your time spent consulting is part of a CoCM program and billed by the treating physician using the CoCM codes (99492-99494)

“Consult with Discussion” and “Consult without Discussion”

Medicare now pays for non-face-to-face limited consultation services where physicians and other qualified healthcare professionals are consulting about a patient without the patient present. These services include evaluation and management recommendations on patient care through the use of a secure platform (i.e., telephone, fax, or electronic health record (EHR). This document is intended to help consulting psychiatrists understand how they might use the new codes in the care of patients who are being treated by other physicians and are NOT seen or evaluated by the consulting psychiatrist.

99446-99449 “Consult with Discussion” and 99451 “Consult without Discussion”

The patient’s primary care provider (PCP) requests the



https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/Practice-Management/Coding-Reimbursement-Medicare-Medicaid/Coding-Reimbursement/APA-Billing-Guide-Interprofessional-Health-Record-Consultations-Codes.pdf

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Credentialing BH Providers

Changes Ahead

Stay in tune with changes…

- ❑2024 Medicare Physician Fee Schedule Final Rule https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2024-medicare-physician-fee-schedule-final-rule

- MFTs and MHCs can begin submitting their enrollment applications after the Calendar Year (CY) 2024 Physician Fee Schedule (PFS) final rule is displayed at the Federal Register, usually around November 1, 2023. However, as the new benefits authorized by Section 4121(a) of the Division FF of CAA, 2023, do not take effect until January 1, 2024, MFTs/MHCs will not be granted an effective date earlier than January 1, 2024, and claims with dates of service prior to January 1, 2024, will not be payable.

https://www.cms.gov/files/document/marriage-and-family-therapists-and-mental-health-counselors-faq-09052023.pdf

California Quality Collaborative

Leveraging Tools

Sustainability / Return On Investment (ROI)

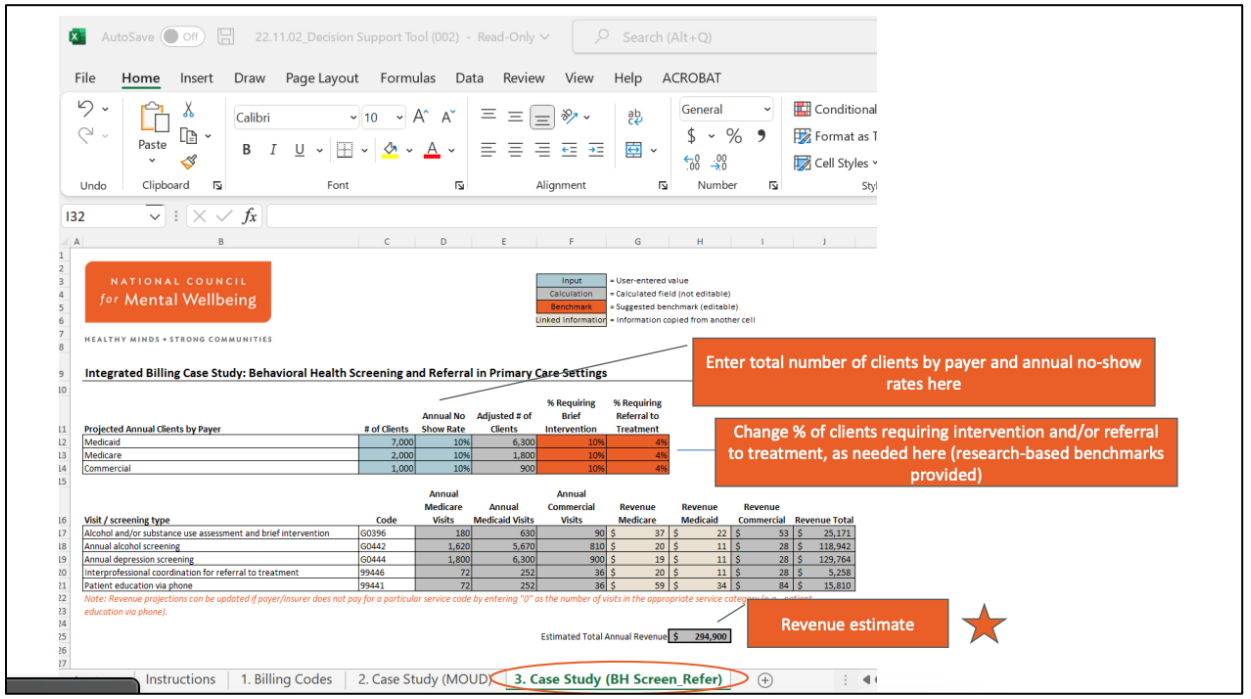
	Collaborative Care Model (CoCM)	Primary Care Behavioral Health (PCBH)

Research Examples	• Over 85 publications
	• **IMPACT model:** 4 years depression, older population $840 savings PMPY
	  • 3363 4 years cost savings (not net savings) n=279
	• University of Washington
	  • Foundational Evidence Base
	• Data from the SUMMIT clinical trial found the costs of Collaborative Care are likely to be offset by savings if 25% of patients with opioid use disorder (one of the target conditions in the clinical trial) receive treatment in a panel size of about 85, while achieving better patient outcomes.
		• A 2022 study of PCBH implementation at URMC shows that for nearly 7,000 adults with at least one behavioral health diagnosis, rates of all-cause **emergency department visits decreased by 14.2% after PCBH implementation**
		• Population NET Savings in Alternative Payment Models:
		• Intermountain Integrated Care
		  • 113,000 patients average NET savings $105 PMPY For the population, not just the patients served. 11% fewer admissions, 23% fewer ER.
		• Colorado
		  • 6 practices, primary care 9,000 patients, NET savings $95 PMPY for the entire population, reduction in ER.
		• Cherokee Health System TN
		  • 70,000 patients high need. 28% reduction in total NET cost.

Both models:	• The plan is long-term to see savings	

Decisional Support Tool

- Are the appropriate codes available in the EHR?
- Who will manage BHI coding, submission of claims, documentation?
- How will IT, billing, or coding team, help in the initial planning and building of streamlined documentation workflow [templates, built-in forms with CPT codes to choose from, software needs]?

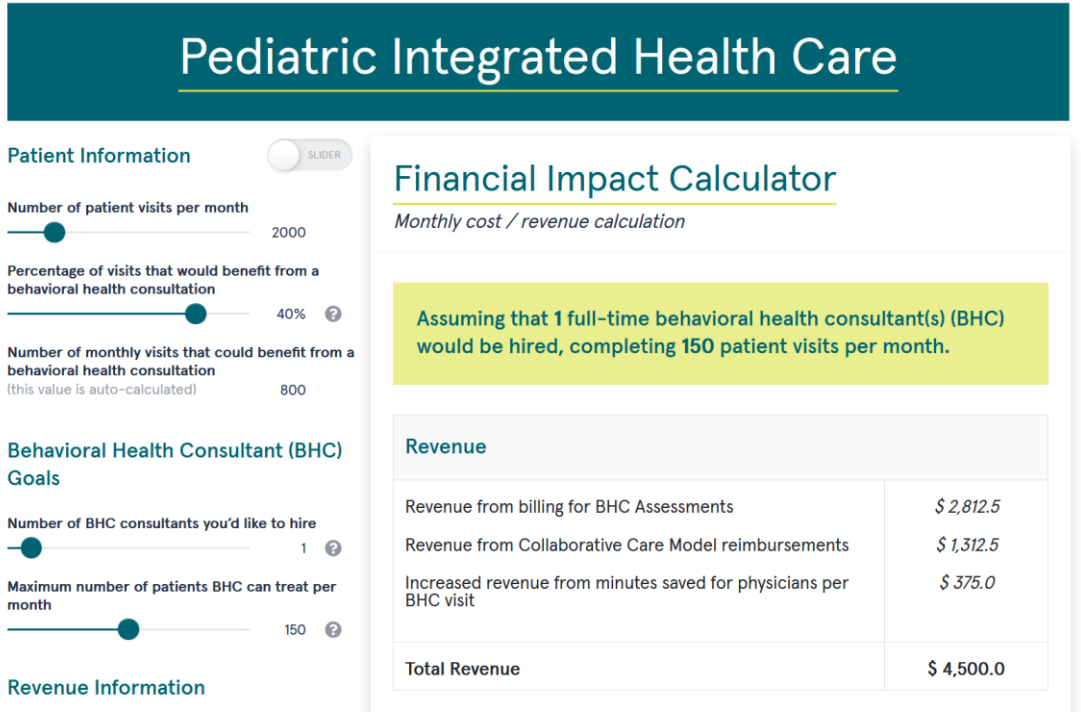


https://www.thenationalcouncil.org/wp-content/uploads/2022/11/BBS-Finance-in-Integrated-Health-Webinar_11.10.22.pdf

Integration Financial Impact Calculator

Center for Health and Research Transformation (CHRT) at the University of Michigan - **Financial Impact Calculator**

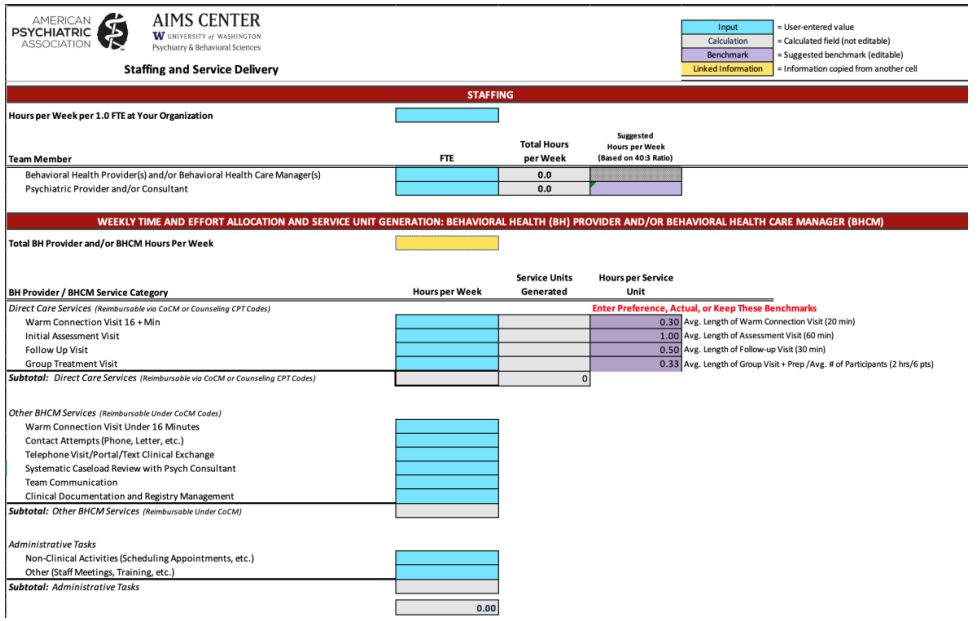
- https://chrt.org/impact-calculator/
- For pediatrics



Financial Modeling Workbook – For CoCM

AIMS Center

- https://aims.uw.edu/resources/billing-financing/financial-modeling-workbook
- Modeling how much time staff engage in key integrated care tasks
- Estimating visit volume, provider capacity, and potential caseload size
- Estimating fee-for-service and BHI/CoCM potential revenues



AMERICAN PSYCHIATRIC ASSOCIATION | AIMS CENTER, UNIVERSITY of WASHINGTON Psychiatry & Behavioral Sciences

Staffing and Service Delivery

Input	= User-entered value
Calculation	= Calculated field (not editable)
Benchmark	= Suggested benchmark (editable)
Linked Information	= Information copied from another cell

STAFFING

Hours per Week per 1.0 FTE at Your Organization

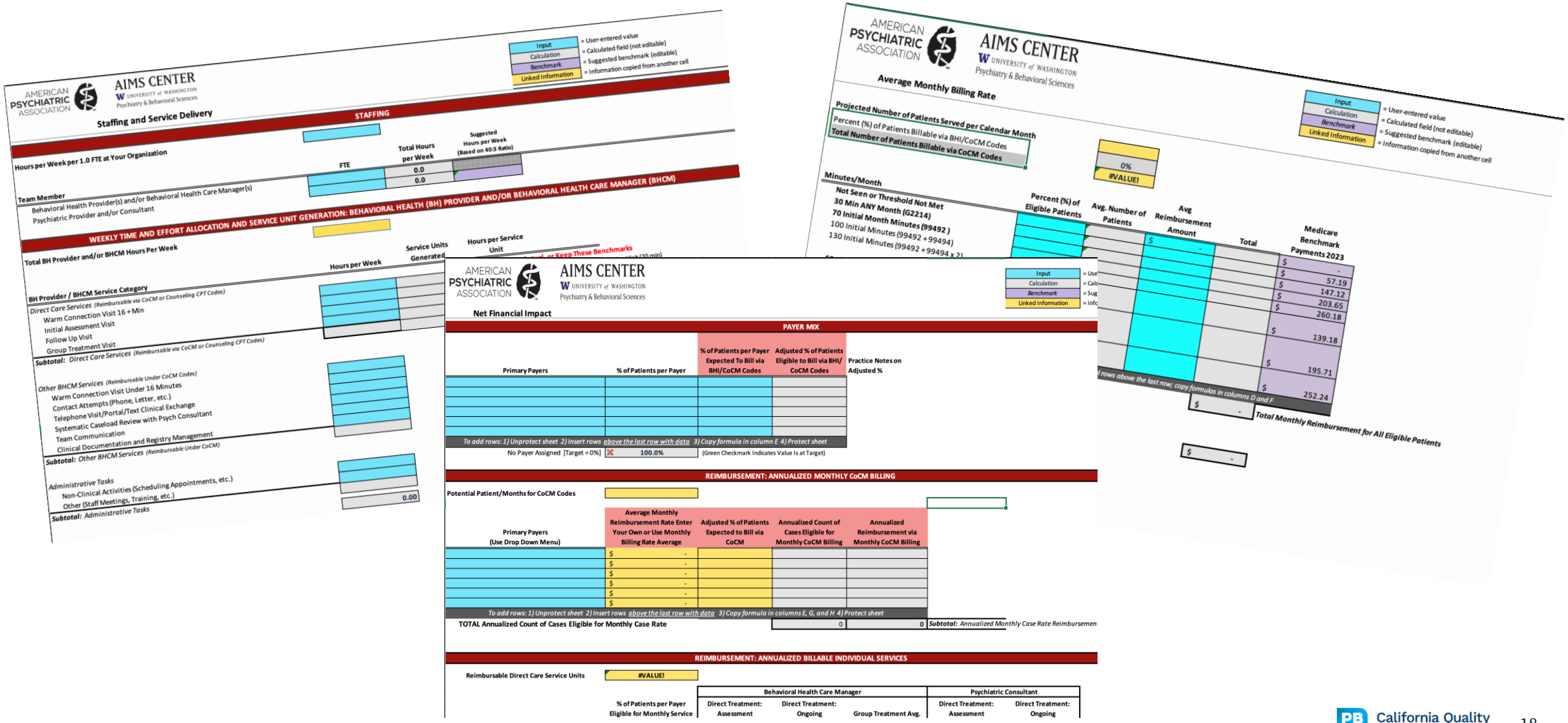
Team Member	FTE	Total Hours per Week	Suggested Hours per Week (Based on 40:3 Ratio)
Behavioral Health Provider(s) and/or Behavioral Health Care Manager(s)		0.0	
Psychiatric Provider and/or Consultant		0.0	

WEEKLY TIME AND EFFORT ALLOCATION AND SERVICE UNIT GENERATION: BEHAVIORAL HEALTH (BH) PROVIDER AND/OR BEHAVIORAL HEALTH CARE MANAGER (BHCM)

Total BH Provider and/or BHCM Hours Per Week

BH Provider / BHCM Service Category	Hours per Week	Service Units Generated	Hours per Service Unit	
Direct Care Services (Reimbursable via CoCM or Counseling CPT Codes)			Enter Preference, Actual, or Keep These Benchmarks	
Warm Connection Visit 16 + Min			0.30	Avg. Length of Warm Connection Visit (20 min)
Initial Assessment Visit			1.00	Avg. Length of Assessment Visit (60 min)
Follow Up Visit			0.50	Avg. Length of Follow-up Visit (30 min)
Group Treatment Visit			0.33	Avg. Length of Group Visit + Prep /Avg. # of Participants (2 hrs/6 pts)
***Subtotal:** Direct Care Services (Reimbursable via CoCM or Counseling CPT Codes)*		0		
Other BHCM Services (Reimbursable Under CoCM Codes)				
Warm Connection Visit Under 16 Minutes				
Contact Attempts (Phone, Letter, etc.)				
Telephone Visit/Portal/Text Clinical Exchange				
Systematic Caseload Review with Psych Consultant				
Team Communication				
Clinical Documentation and Registry Management				
***Subtotal:** Other BHCM Services (Reimbursable Under CoCM)*				
Administrative Tasks				
Non-Clinical Activities (Scheduling Appointments, etc.)				
Other (Staff Meetings, Training, etc.)				
***Subtotal:** Administrative Tasks*				
	0.00			

Financial Modeling Workbook – For CoCM



Promoting Long-Term Sustainability for Behavioral Health Integration (BHI) Programs

- The importance of continuous training and education in BHI billing and coding to ensure compliance and maximize revenue.
- Strategies for securing funding, including understanding the specific billing codes that can be used for reimbursement.
- The role of efficient workflow management in ensuring sustainability.

California Quality Collaborative

Documentation Requirements

Clinical / Care Model: Clinical Approach

	Collaborative Care Model (CoCM)	Primary Care Behavioral Health (PCBH)
Overview	• A **protocol-driven** package of behavioral health services provided by a team, including a psychiatric consultant and Behavioral Health Care Manger, chiefly to support primary care providers in the **prescribing of psychotropic medications** for high impact conditions.	• This model is **population based** and includes a licensed behavioral health professional who functions as a Behavioral Health Consultant (BHC) and is a **core member of the primary care team.**
Population	• Treat to target model – focuses on **specific population (mild to moderate depression) – using registry** • The collaborative care model focuses on defined patient populations tracked in a **registry, measurement-based practice and treatment to target.**	• Applied **across the primary care population** for any behaviorally influenced concern • Behavioral health providers offer **health behavior, mental health, and substance misuse interventions to identified patients.**
Treatment/ Interventions	• **Average "episode of care" around 6 months** • Initial assessment followed by brief visits, focus on symptom alleviation	• No defined "episode of care" • **Brief visits, focus on immediate concern of PCP or patient** • Functional and/or contextual assessment
Both Models	• Evidence based models • Proven to increase provider satisfaction, aka reduce "provider burnout"	

Source: Blount, A. (1998). Introduction to integrated primary care. *Integrated primary care: The future of medical and mental health collaboration,* 1-43.

Documentation Requirements – PCBH & CoCM

- Patient Identifiers
- Date
- Time spent
- Type of Encounter
  - Specify if: face-to-face, telephone or virtual
- Presenting Issues and Symptoms
- Diagnosis
- Interventions & Recommendations
- Progress
- Follow-up & Coordination

Documentation Requirements - Differences

PCBH

- Interventions & Recommendations
- Progress Notes

CoCM

- Treatment Plan & Goals
- Progress toward goals
- Document all activities attributed to CoCM
  - Registry maintenance
  - Psychiatric consultation
- **Track CoCM minutes for the month**

Similar process in gathering information, difference is in how the information is documented

PCBH Note Example

ASSESSMENT:
(Narrative 1-3 sentences here integrating the following: Stage of change, Motivation to change, Key area for intervention) Clinical opinion…what would help the patient…..
Stage of Change:

PLAN:
1. F/U with behavioral health consultant in *** week(s)
2. Medications: Unchanged.
3. Behavioral recommendation(s): A. *** B. ***

SUBJECTIVE:
Pt. referred by: PCP Name
Pt. here for {INITIAL CONSULTATION/ REFERRAL/ FOLLOW-UP/ OTHER} regarding ***. How long the symptoms have the symptoms impacted the patient….
Pt. reported the following symptoms/concerns: *** (1-3 sentences)
Duration of problem: ***
Severity: mild, moderate, severe

OBJECTIVE:
Orientation & Cognition: Oriented x3. Thought processes normal and appropriate to situation.
Mood: ***.
Affect:
Appearance: Optimal by patient standards.
Harm to self or others:
Substance abuse:
Psychiatric medication use: Unchanged from prior contact.
Scores on any assessments administered:

Diagnosis:
CPT Code:

Other(s) present in the room: None.
Time spent with patient in exam room: *** minutes

CoCM Note Examples

- https://micmt-cares.org/tools-and-documents

Smartphrases Used for CoCM Clinical Assessments

CoCM Intake Assessment

Use the assessment template when you speak with a patient/parent/caregiver for an initial assessment.

Reason for Contact:
Type of Contact:
Total Time Spent: *

Date of Service: @TD@
Treating Clinician/Clinic: @PCP@
Type of contact: {Type of Contact:38981}
Total time of contact: ***

Brief Summary: @NAME@ is presenting with depression and anxiety symptoms, seeking evaluation from the CoCM program. This writer spoke with (patient/parent/caregiver name(s) to complete this assessment.

PLAN:

Patient/parent/caregiver states that (s)he would like to work on the following concerns: (*** insert SMART goals). Patient/parent/caregiver will enroll in the CoCM program for assistance in monitoring

Smartphrases Used for Psychiatric Recommendations and Coordinating Care

Follow-up with PCP on Psychiatric Recommendation

Use to follow up with PCP regarding a recommendation from the psychiatric consultant. If PCP has not responded to recommendation within 1-2 days, recommended to place this progress note in chart and route to physician.

Reason for Contact:
Type of Contact:
Total Time Spent: *

This patient was reviewed with the CoCM psychiatric consultant, Dr. ***, on DATE***. Here are the recommendations:

RECOMMENDATIONS:

Please refer to Dr. ***'s full chart note on DATE*** for other pertinent information regarding this patient/recommendation.

BHCM is coordinating care with @PCP@ regarding recommendation.

--
[signature ***]

Feedback & Discussion

Disclaimer

- Information given here is meant to help identify changes needed for BHI
- Information needs to be applied to your specific organization's contracts and payment arrangements
- Discuss your scenarios and specific questions in Improvement Advising calls

Implementation Plan

- ❑ Review BHI Billing & Coding Resources as a team
- ❑ Begin to respond to Implementation Plan Section 5 questions
- ❑ Tues. Nov. 28 (11:00-12:00): BeeKeeper's Corner Webinar - answer submitted questions and highlight resources
- ❑ By Wed. Jan. 31: BHI Implementation Plan – Section 5: BHI Billing & Coding due to IA

Additional Resources

CalHIVE BHI www.pbgh.org/calhive-bhi#learn

Implementation Plan

As part of CalHIVE BHI, each team will complete a Behavioral Health Integration Implementation Plan, which will guide teams to strategic decisions and capture next steps to advance the integration project. The final Implementation Plan (all sections) will be due June 2024.

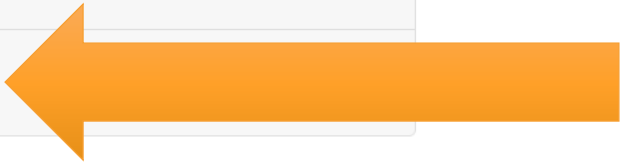
- Section 1 – Integration Model – Due to your Improvement Advisor Fri. September 29
- Section 2 – Pilot Site – Due to your Improvement Advisor Fri. September 29
- Section 3 – Staffing- Due to your Improvement Advisor Tues. October 31
    - Template: Org Chart & Staffing Models
- Section 4 – PHQ-9 Screening- Due to your Improvement Advisor Thurs. November 30

Integration Models (Section 1)

Staffing (Section 3)

PHQ-9 Screening (Section 4)

BHI Billing and Coding (Section 5)



2023 CalHIVE BHI Survey

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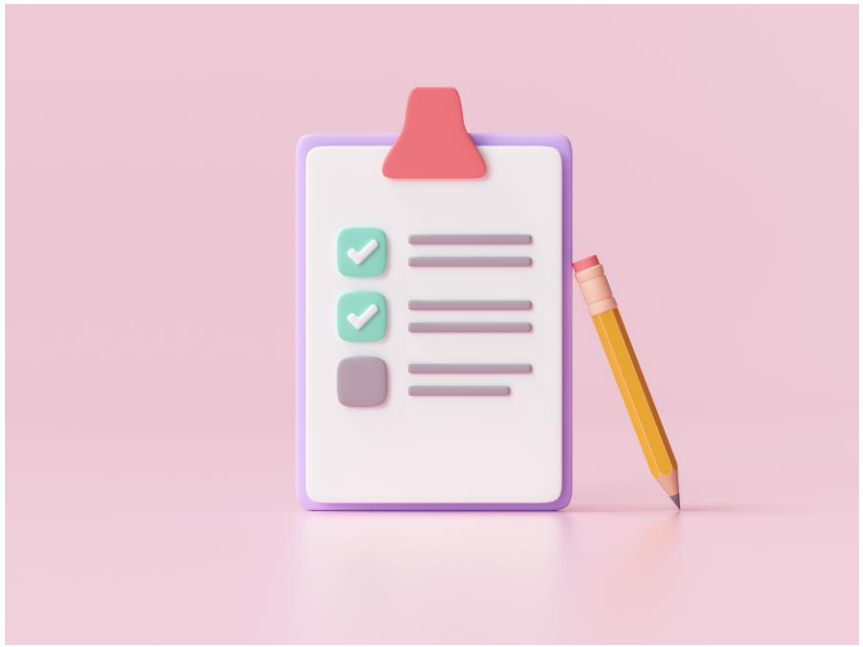

Please complete the annual program survey by Friday, December 5
https://cqcinfo.typeform.com/to/BeFVUqB5

Q4 2023 Sprint: PHQ-9, Billing & Coding

OCTOBER

Improvement Advising
- Complete Implementation Plan Section 3: Staffing
- Review screening workflows and determine needed improvements
- Begin pilot site engagement

Thurs. 10/5 – Test 2 Data Reporting Office Hours

Tues. 10/10 (11-12)
CalHIVE BHI Commons – PHQ9 Workflows
- Review workflow best practices based on selected BHI model

Friday, Oct 13 – Measurement File Submission Deadline

Thurs. 10/26 (11-12)
[OPT] BeeHIVE Webinar – Depression Screening
- Share current practices and challenges around depression screening

By. Fri. 10/31
BHI Implementation Plan
Section 3 - Staffing
- Due to IA

NOVEMBER

Improvement Advising
- Complete Implementation Plan Section 4: PHQ-9 Screening
- Evaluate screening documentation and coding practices

Tues. 11/14 (11-12)
CalHIVE BHI Commons – BHI Billing and Coding
- Review billing, coding and credentialing requirements specific to BHI model
- Identify changes needed at your org

Tues. 11/28 (11-12)
[OPT] Beekeeper's Corner Webinar – BHI Billing and Coding
- Share questions around billing and coding for CalHIVE BHI team and peer cohort

By. Thurs. 11/30
BHI Implementation Plan
Section 4 – PHQ-9 Screening
- Due to IA

DECEMBER

Improvement Advising
- Complete Implementation Plan Section 5: BHI Billing & Coding
- Confirm fulfillment of program deliverables for Payment 1: Program Year 1

Tues. 12/12 (11-12)
CalHIVE BHI Commons – Hello 2024, Goodbye 2023
- Celebrate wins and accomplishments of 2023
- Preview 2024 program milestones and events

Improvement Advising
Webinars
In Person Events
Data / Reporting
Assignments

Thank you!

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Leveraging Technology

Health IT: Data/Registry

	Collaborative Care Model (CoCM)	Primary Care Behavioral Health (PCBH)
Overview	• **Requires population management via registry-** focused on treating a specific population, primarily depression and anxiety	• **Behavioral health SOAP (Subjective, Objective, Assessment and Plan) notes charted to EHR**
Registry	• Required maintenance of **registry to monitor progression** and provide "treat to target" care. • Ensure no one "falls through the cracks"	• **Standard use of EHR** for patient conditions / outreach
Both models:	• **Shared health records** and access for entire care team needed • Treatment note access does not require "breaking the glass"	

Behavioral Health Financing and Sustainability

Create a Strong Behavioral Health Integration program

CoCM	Core Integration Infrastructure	PCBH
• Psych Consultant, Behavioral Health Care Manager		• Behavioral Health Consultant

Define Value Broadly

Quadruple aim: quality, patient & provider experience, health equity	Better outcomes	Capture value & responsible spending

Use Financial Modeling Tool

Calculate costs	Anticipate revenue	Consider Workflows	Consider additional billing opportunities

The Key to Achieving Financial Goal

Adoption

Integration of

- Clinical
- Financial
- Operation levers

Expansion

Optimization of

- all billing processes

The Push Toward Automation

Removing human element from charge capture

Algorithms to determine CPT code

Empower clinicians to spend more time providing care