Building a Sustainable Integrated Behavioral Health Program

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Accreditation & Credit Designation Statements

Joint Accreditation Statement

In support of improving patient care, this activity has been planned and implemented by the University of Colorado and the American Society of Addiction Medicine. The American Society of Addiction Medicine is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

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INTERPROFESSIONAL CONTINUING EDUCATION

Physicians

The American Society of Addiction Medicine designates this live activity for a maximum of **5** *AMA PRA Category 1 Credits*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Nurses

This activity awards **5** Nursing contact hours.

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As a Jointly Accredited Organization, ASAM is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved under this program. Regulatory boards are the final authority on courses accepted for continuing education credit. Social workers completing this course receive **5** general continuing education credits.

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The planners, faculty and have no relevant financial relationships.

Disclosures

- CMO for Health Care Policy and Financing

Objectives

1. Recognize both the structure of the collaborative care model and the team members needed to support it

2. Understand billing and coding practices specific to the collaborative care model

3. Review the components needed to develop a sustainable collaborative care model practice workflow

Agenda

1. Value of Integrated BH Care
2. Colorado: Where are we now?
3. Requirements for Sustainability
4. Choosing your IC Model
5. Workflow Development
6. Resources
7. Questions & Discussion

"Behavioral health problems such as depression, anxiety, alcohol or substance abuse are among the most common and disabling health conditions worldwide, collectively robbing millions of their chance to lead healthy and productive lives. The good news is that there are effective treatments for most mental health conditions. The bad news is that most people in need don't receive effective care due to stigma, a shortage of mental health specialists, and lack of follow through."

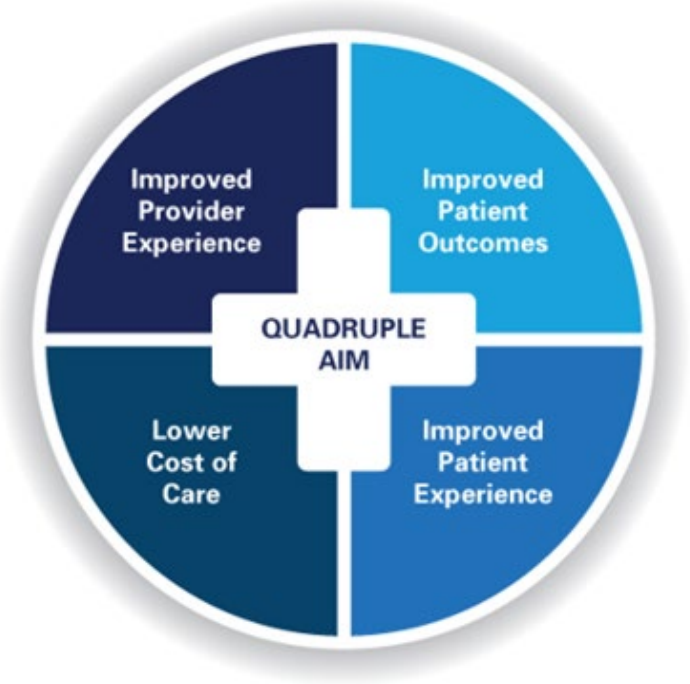
- aims.uw.edu/collaborative-care/

What Is Integrated Care?

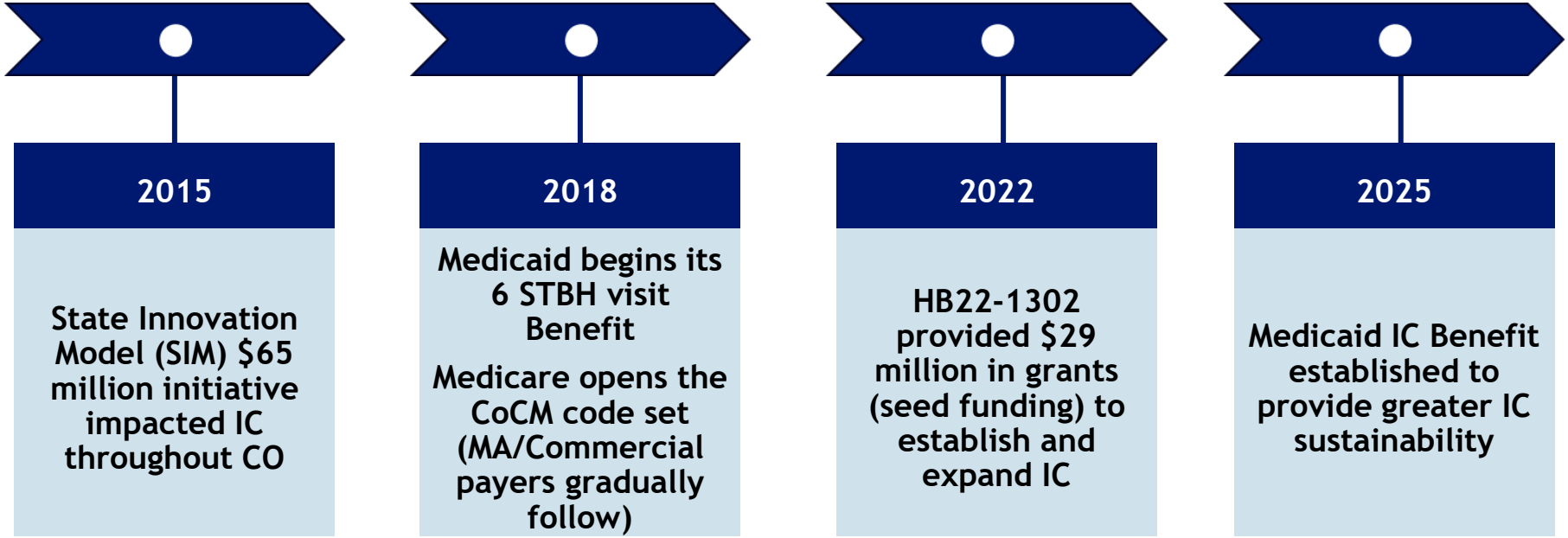
"The care a patient experiences as a result of a team of primary care and behavioral health clinicians, working together with patients and families, using a systematic and cost-effective approach to provide patient-centered care for a defined population. This care may address mental health and substance use conditions, health behaviors (including their contribution to chronic medical illnesses), life stressors and crises, stress-related physical symptoms, and ineffective patterns of health care utilization." - AHRQ

Value-Based Impact of Integrated BH

- Improves access to care
- Increases patient utilization of psychotherapy & psychiatry services
- Improves patient outcomes
- Decreases medical cost across the healthcare delivery system
- Improves care team experience
- Improves patient experience



CO Integrated Care over a Decade



Requirements for Sustainability

- Sustainable Payment Structure
- Comprehensive Integration Workflows
- Access to Necessary Staff
- Integration Focused Technology

Sustainable Payment Structure

Sustainable Payment

Value-Based Payment

- Care coordination
- Referral support
- Program Flexibility
- Interventions < billable minimums

Fee For Service

- Scalability of Programs

Who is Paying?

- Commercial payers
- Medicare
- Medicaid

Payment in your practice depends on:

- Payer mix
- CIN and/or ACO participation
- BH Model

Fee For Service

Psychotherapy

Collaborative Care

Health Behavior Assessment & Intervention

Value-Based Payment

Commercial, MA and Medicare payments vary

- Depend on CIN and/or ACO participation

CO Medicaid

- PCMPs (not the same as PCPs)
  - Potentially eligible for a highly integrated care PMPM
  - Payment is determined by RAE

Comprehensive Integration Workflows

Workflows

Successful Integrated BH programs have a defined, detailed workflow that maps the patient journey from screening to the end of an episode of care.

- Accessible to those who use them
- Describe each step with sufficient detail

Access to Necessary Staff

Access to Necessary Staff

Staffing can be a barrier

- Therapists
- Psychiatrists
- Social Workers
- Care Coordinators
- BH RNs
- Counselors

Possible solutions

- Leasing models
- Shared Resources
- Students
- Provisionally Licensed
- Virtual Programs
- eConsults

Where to Look

- University of Denver school of social work
  - Integrated BH training program
  - Alumni and students
  - Contact: Stacy Said, MSW - Stacy.Said@du.edu
- Psychology today
  - Reach out to people in private practice.
    - Supplement private practice with hours in your practice
  - psychologytoday.com
- Large BH providers/centers/hospitals

http://thegraphicsfairy.com/fabulously-quirky-lady-with-binoculars-vintage-steampunk-image/

Consider Leasing Models

Only contract for the hours you need

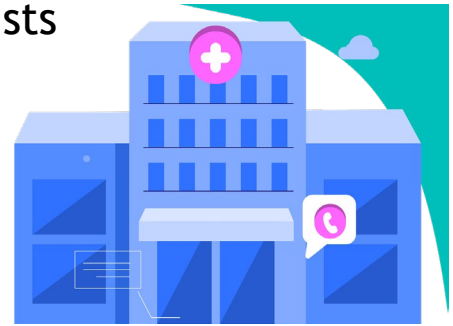
- Grow as your need grows
- Increases access
  - One therapist can provide care for multiple practices

Immediately sustainable

- Every hour you pay for you are also billing
- Therapist is employee of leasing group
  - You pay hourly rate. They pay salary and benefits.
  - Same therapist is always in your practice
    - Appear to patients as your practice employee

Who will create leasing contracts?

- Therapist groups
- Psychiatrist groups
- Groups with both therapy and psychiatry support
  - Hospitals/Mental Health Centers
- Independent therapists/psychiatrists



Beware of groups offering leasing programs at unsustainable rates.

Leasing Model In Action

Contract 4 hours of CocM
4hr x $90/hr = $360

Bill 4 hours of CoCM
(average $130/hour)
4hr x $130/hr = $520

Don’t Forget Overhead!!!

Verify leasing hourly rate is less than (reimbursement – overhead)

Overhead:

- Psychiatrist (CoCM)
- EHR/Telehealth platform
- Screening software
- Billing team cost
- Lost income if using a medical provider room to provide BH services

Integration Focused Technology

Integration Focused Technology

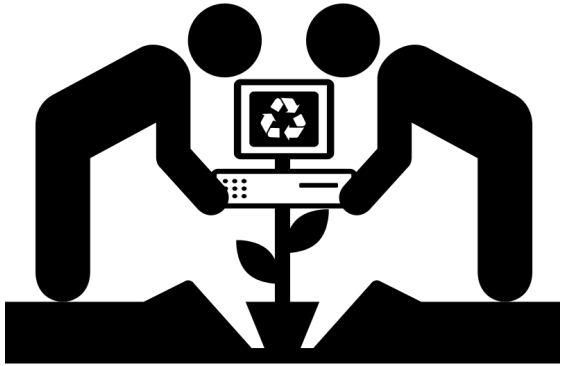
Virtual Care

- Telehealth Platform
- Electronic tools for screenings & “paperwork”
- Library program

EHR

- HIPAA/legal considerations (HIE)
- SHIE
- Care plans

Econsults



Choosing Your Integrated Care Model

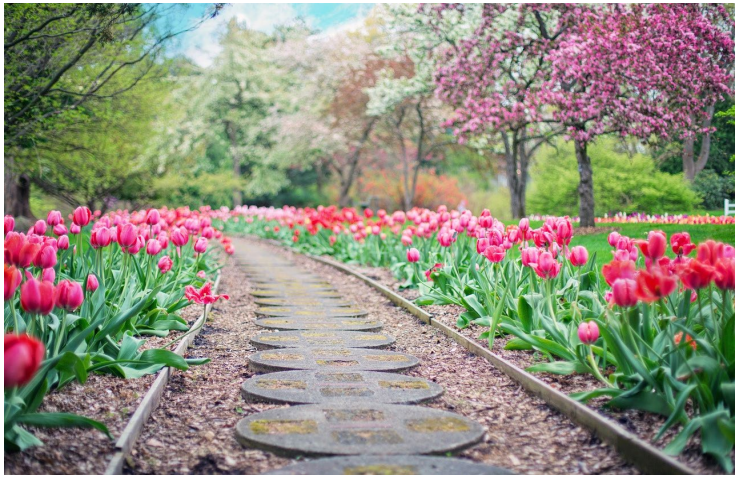
Follow Your Own Path

- Varied payment structures allow for flexibility

- Telehealth, in person or hybrid

- Different provider types
  - CAC, LPC, LCSW, LMFT, psyD, psychiatry
  - Provisionally licensed therapists with supervision

- Different provider specialties
  - Addiction, Marriage/Family, Pediatric, EMDR, CBT…



Psychotherapy

- Traditional psychotherapy codes billed by credentialed and contracted therapists for treatment of BH diagnoses
- Barriers:
  - Cost/time to credential therapists
  - Poor reimbursement rates
  - Limited coverage with large deductibles/copays
- Medicaid
  - Billed to the RAE
  - July 2025 patients will be attributed to the PCMPs RAE

Psychotherapy Codes

- Diagnostic evaluation w/o medical services (90791)
- Psychotherapy – 30 minutes (90832)
- Psychotherapy – 45 minutes (90834)
- Psychotherapy – 60 minutes (90837)
- Family psychotherapy without patient (90846)
- Family psychotherapy with patient (90847)

Health Behavior Assessment & Intervention (HBAI)

- Focus on brief assessment and brief interventions to address biopsychosocial needs in a primary care setting
- Led by behavioral health provider in collaboration with a medical provider
- In-person and/or telehealth
- Does not require a BH diagnosis (Ex. Chronic pain, diabetes)
- Does not require a psychiatrist consultant
- Well suited for warm handoffs/in tandem with PCP visits
- Medicaid: HBAI is billed to HCPF not the RAE

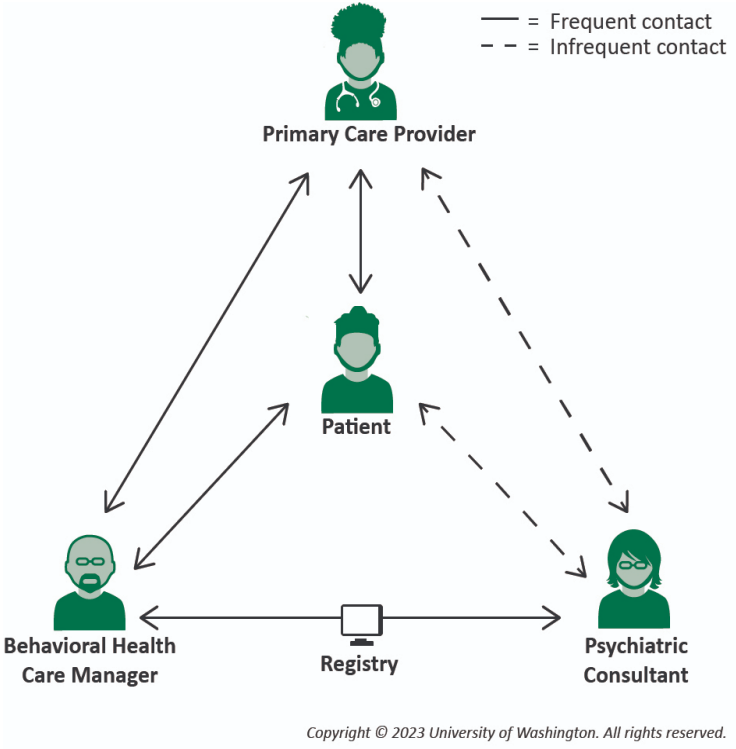
HBAI codes

- Health behavior assessment (96156)
- Health behavior intervention, individual - 30 min. (96158)
  - ADD: Health behavior intervention, individual - add. 15 min. (96519)
- Health behavior intervention, group - 30 minutes (96164)
  - ADD: Health behavior intervention, group - add. 15 min.(96165)
- Health behavior intervention, family w/patient present - 30 min. (96167)
  - ADD: Health behavior intervention, family w/patient present - add. 15 minutes (96168)
- Health behavior intervention, family w/o patient present - 30 min. (96170)
  - ADD: Health behavior intervention, family w/o patient present - add. 15 minutes (96171)

Can bill both E/M and HBAI codes on the same day as long as services are not performed by the same provider.

Collaborative Care Model (CoCM)

- Collaborative Care Model
  - ➢ The Collaborative Care Model (CoCM) is a team-based approach to providing medical and behavioral health care in a primary care setting.
- Requires behavioral health care manager and consulting psychiatrist
  - ➢ In-person and/or telehealth



BHCM- Behavioral Health Care Manager

Behavioral Health RN

LPC (licensed professional counselor)

LCSW (licensed clinical social worker)

LMFT (licensed marriage and family therapist)

LAC (licensed addiction counselor)

Role of the BHCM

- Outreach and engage patients in treatment directed by the PCP
- Perform initial and follow up assessments of the patient, including administration of validated rating scales
- Create individualized care plans for patients
- Enter patients in a registry and track patient follow-up and progress
- Hold weekly caseload consultations with the psychiatric consultant
- Provide brief interventions using evidence-based techniques
    - Ex. Behavioral activation, motivational interviewing, and other focused treatment strategies

Requirements for CoCM Billing

- Must maintain a registry of patients participating in CoCM program
  - Must be reviewed & signed off on by a psychiatric consultant
- BHCM must review the registry/caseload w/ psychiatric consultant weekly
- Consent for care must be documented in the patient's chart
- Billing = total time spent by BHCM working with or on behalf of the patient
- Billing is submitted under the PCP
- Medicaid: CoCM is Billed to HCPF not the RAE

Of Note:

- Psychiatric consultant does not bill the patient's insurance.
  - Paid by the practice for their time
- Therapists acting as BHCMs may be provisionally licensed.
  - Must have a supervising therapist
- Care may be provided in person or virtually.
- May bill Psychotherapy codes and CoCM codes in the same month
- May NOT bill HBAI codes in the same month as CoCM codes

What is a Registry?

- Tracks clinical outcomes and progress for patients
- Tracks clinical outcomes and progress for population
- Facilitates treatment-to-target by summarizing patient's progress in an understandable and actionable way
- Enables efficient psychiatric consultation and case review

Selecting a Registry

Vary widely in sophistication, functionality, cost, & scalability

Most Common Registry Options:

- Spreadsheet
- Custom registry
- AIMS caseload tracker

aims.uw.edu/aims-caseload-tracker

Consider:

- Ease of Use
- Functionality
- Reliability
- IT capacity
- Budget

Why CoCM

- Robust evidence base
  - ➢ Over 90 randomized controlled trials
- Significantly better clinical outcomes
- Greater patient and provider satisfaction
- Improves functioning
- Reduces health care costs
- Patients are twice as likely to get better in significantly less time
  - ➢ 86 days vs. 614 days in usual care

Collaborative Care necessitates a practice change on multiple levels and is nothing short of a new way to practice medicine, but it works.

Collaborative Care Codes

99492

Used to bill the first 70 minutes in the first initial month of CoCM

i. Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified healthcare professional, with the following required elements:

1. Outreach to and engagement in treatment of a patient directed by the treating physician or other qualified healthcare professional;
2. Initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan;
3. Review by the psychiatric consultant with modifications of the plan if recommended;
4. Entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant; and
5. Provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies.

Collaborative Care Codes

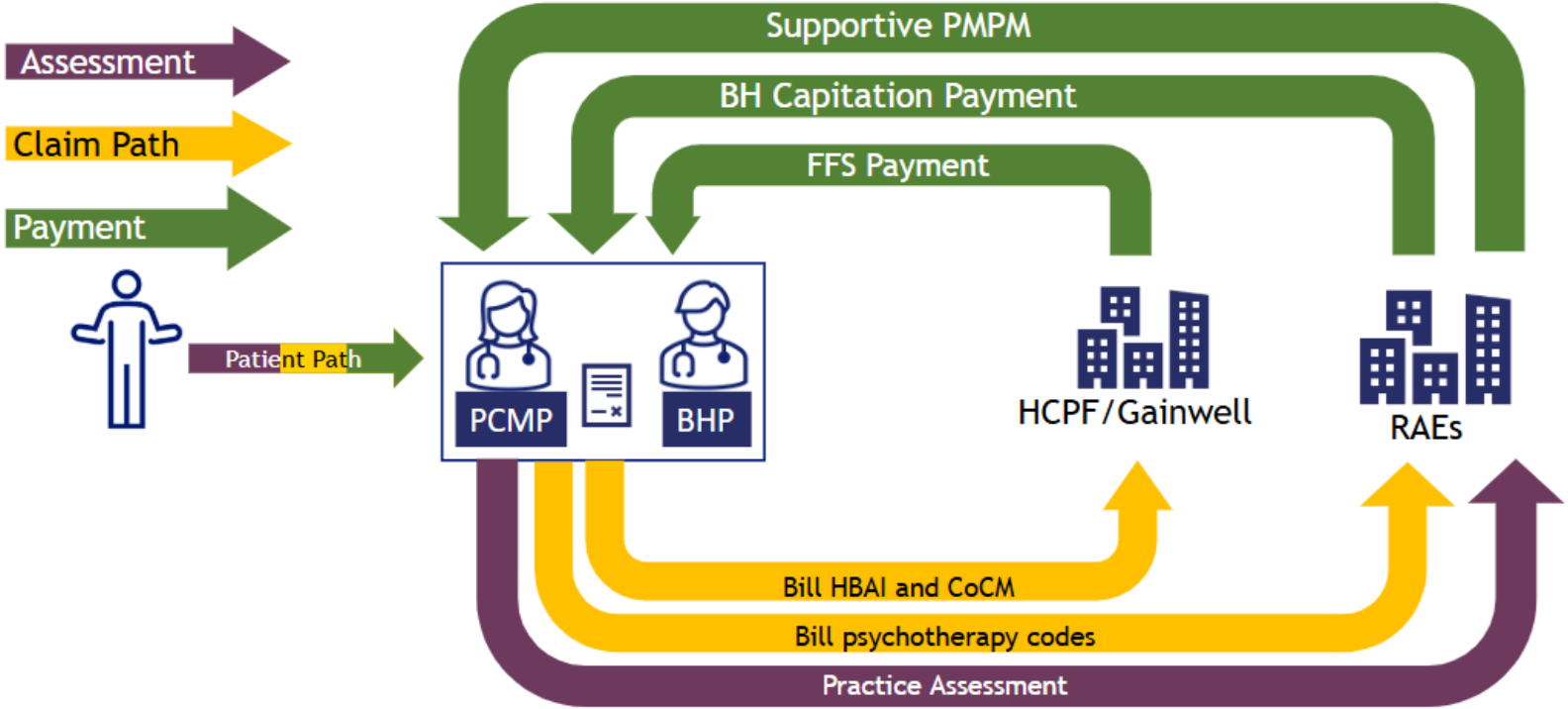
99493:
1st 60 minutes in any subsequent months of collaborative care

99494:
Each additional 30 minutes in any month

1. Can be used in conjunction with 99492 or 99493
2. Can be billed twice per month for most payers

Cannot exceed 2 hours in a month

Medicaid's New IC Benefit



Do I need a diagnosis to bill ICB?

- HBAI and CoCM will not require a covered BH diagnosis. Medical diagnoses may be used.
  - ➢ These are billed to HCPF

- Psychotherapy codes will require a BH diagnosis.
  - ➢ These are billed to the RAE

Integrated Care Benefit Program

Starting July 1, 2025

To bill Capitated Behavioral Health Benefit (covered diagnosis needed): Bill to th RAE	To bill FFS (covered diagnosis not needed): Bill to HCPF/Gainwell
Psychotherapy codes: ● Diagnostic evaluation without medical services (90791) ● Psychotherapy – 30 minutes (90832) ● Psychotherapy – 45 minutes (90834) ● Psychotherapy – 60 minutes (90837) ● Family psychotherapy without patient (90846) ● Family psychotherapy with patient (90847)	HBAI and CoCM codes: ● Health behavior assessment (96156) ● Health behavior intervention, individual - 30 min. (96158) ○ ADD: Health behavior intervention, individual - add. 15 min. (96519) ● Health behavior intervention, group - 30 minutes (96164) ○ ADD: Health behavior intervention, group - add. 15 min.(96165) ● Health behavior intervention, family w/ patient present - 30 min. (96167) ○ ADD: Health behavior intervention, family w/ patient present - add. 15 minutes (96168) ● Health behavior intervention, family w/o patient present - 30 min. (96170) ○ ADD: Health behavior intervention, family w/o patient present - add. 15 minutes (96171) ● Care Management Services for Behavioral Health Conditions - 20 min. (99484) ● Initial Psychiatric CoCM - 70 min. (99492) ● Follow Up Psychiatric CoCM - 60 min. (99493) ● Initial & Subsequent Psychiatric CoCM - add. 30 min. (99494) ● Care Management Services for Behavioral Health Conditions - 20 min. (G0323) ● Initial & Subsequent Psychiatric CoCM - 30 min. (G2214)

What does it mean to be a PCMP?

Enroll with HCPF → Eligible to receive fee-for-service reimbursement → Contract with a RAE as a primary care medical provider (PCMP)

Workflow Development

Creating Collaborative Care Workflows

Creating workflows is an iterative, team process. Much like creating a shared vision, this process includes a series of team discussions facilitated by the Clinic Implementation Team (CIT) lead.

- Your workflows will be a detailed version of the 5 phases of an episode of Collaborative Care (CoCM). Each phase will have a unique set of tasks, tailored to the resources available at your site. Please see the full CoCM Workflow Development Guide for more details.
- We recommend the team create a process map or visual workflow for each of the five phases of an episode of CoCM. Make sure the workflows describe the steps in sufficient detail and are accessible to those who need it.

Identify & Engage	Establish a Diagnosis & Initiate Treatment	Follow-up Care & Treatment to Target	Develop a Relapse Prevention Plan	Complete the Episode of Care
-Behavioral health screening &/or population health report, &/or PCP assessment to identify patients -Introduce CoCM -Consent patients to participate in CoCM -Connect patients to the Behavioral Health Care Manager (BHCM) -When suicidality is identified through the behavioral health screening process, it is important to have a protocol in place. Guide for Developing Protocols for Suicide Prevention in Primary Care	-BHCM completes Initial Assessment. Enroll patient in CoCM and add them to the registry. -Generate a provisional diagnosis as a CoCM team (PCP, Psychiatric Consultant, BHCM) -Explore treatment options with the patient (brief evidence-based behavioral interventions, medications, or both) -Communicate treatment plans with the CoCM team	-Proactive and continuous outreach from BHCM to the patient -Track patient progress in a registry -Use registry to identify patients who need to be discussed at Systematic Caseload Review (SCR) -Hold SCR weekly sessions between the BHCM And Psychiatric Consultant -Consider frequency for administration of symptom monitoring tools (e.g. PHQ-9, GAD-7, PCL-5, etc.)	-Determine criteria to begin a Relapse Prevention Plan (RPP) -BHCM initiates RPP with the patient -Determine how often to connect with the patient during the monitoring phase -Consider how RPP will be documented, stored and communicated with the patient as well as the CoCM team	Develop a workflow for each possible completion pathway: -Transition improved patients back to their PCP for follow-up care, with the option to return for another episode of CoCM if symptoms worsen -Referral to specialty behavioral health for patients with severe symptoms that are not improving in CoCM -Discontinue episode for patients who cannot be outreached

Traditional Psychotherapy

- PCP sees pt. PCP identifies need for therapy.
- PCP schedules patient with therapist or does warm handoff to in person or virtual therapist.
- Therapist treats patient and bills psychotherapy codes through primary care office.
- Pt f/u with pcp at recommended intervals for medication management and evaluation of care plan.
- PCP and therapist collaborate on patient care per practice protocol (Same Day, weekly, monthly, registry, etc).

HBAI codes

- Pt sees pcp. Condition identified that could benefit from BH intervention. (Ex. Obesity)
- PCP does warm handoff to an in-office or virtual provider.
- Brief intervention provided.
- Follow up scheduled with PCP/Tx as determined by team.
- Bill E/M and HBAI codes.

CoCM

- Pt sees pcp. Condition identified that could benefit from BH intervention.
- Intervention can be many things:
  - Brief intervention
  - Care Coordination
  - Psychiatric Consultation
  - Psychotherapy
- Care plan is developed.
- BHCM places patient information on practice registry
- Registry/patient cases are reviewed by the BHCM and psychiatric consultant weekly (+ /- PCP).
- F/u scheduled with PCP and BH care team per Care Plan.
- Bill E/M for pcp visits.
- Bill CoCM codes at the end of the month based on total BHCM time spent working with or coordinating care for pt.

Resources

Resources

University of Washington AIMS Center:

aims.uw.edu

American Psychiatric Association:

psychiatry.org/psychiatrists/practice/professional-interests/integrated-care/learn

Resources

Medicare BH Integration Booklet

https://www.cms.gov/files/document/mln909432-behavioral-health-integration-services.pdf

HCPF BH Integration Fact sheets

- These will be available on the Medicaid website soon.

Plug and Play

- PFWC - Parent Family Wellness Center
  - Wellness Center with **therapists and a psychiatric NP** who treat all ages.
  - Accept referrals but will also build leasing relationships.
  - Contact: Emily Horowitz LPC emily@parentfamilywellness.com

- Sondermind
  - Therapist clearing house for referrals
  - Will provide **leased therapist and psychiatrist** hours as available
  - Sondermind.com
  - Contact: Jacqueline Longmire jlongmire@sondermind.com

Additional Resources

- Higher Sites (May be cost prohibitive)
  - Offer **therapist AND psychiatric** CoCM support
  - Can also refer patients to them
  - highersightscounseling.com/
  - Contact: Lindsay Bishop - lindsay@highersightscounseling.com
- Talkiatry
  - National Virtual Psychiatry Group
    - Can refer patients now. See patients in 3 days or less.
    - Working on a **psychiatrist leasing** model
    - talkiatry.com

Thank You

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