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UNIVERSITY of WASHINGTON
Psychiatry & Behavioral Sciences

Bi-Directional Behavioral Health Integration Toolkit: Building Integrated Teams for Rural Communities

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  - **Allergan:** Spouse employed in last 12 months
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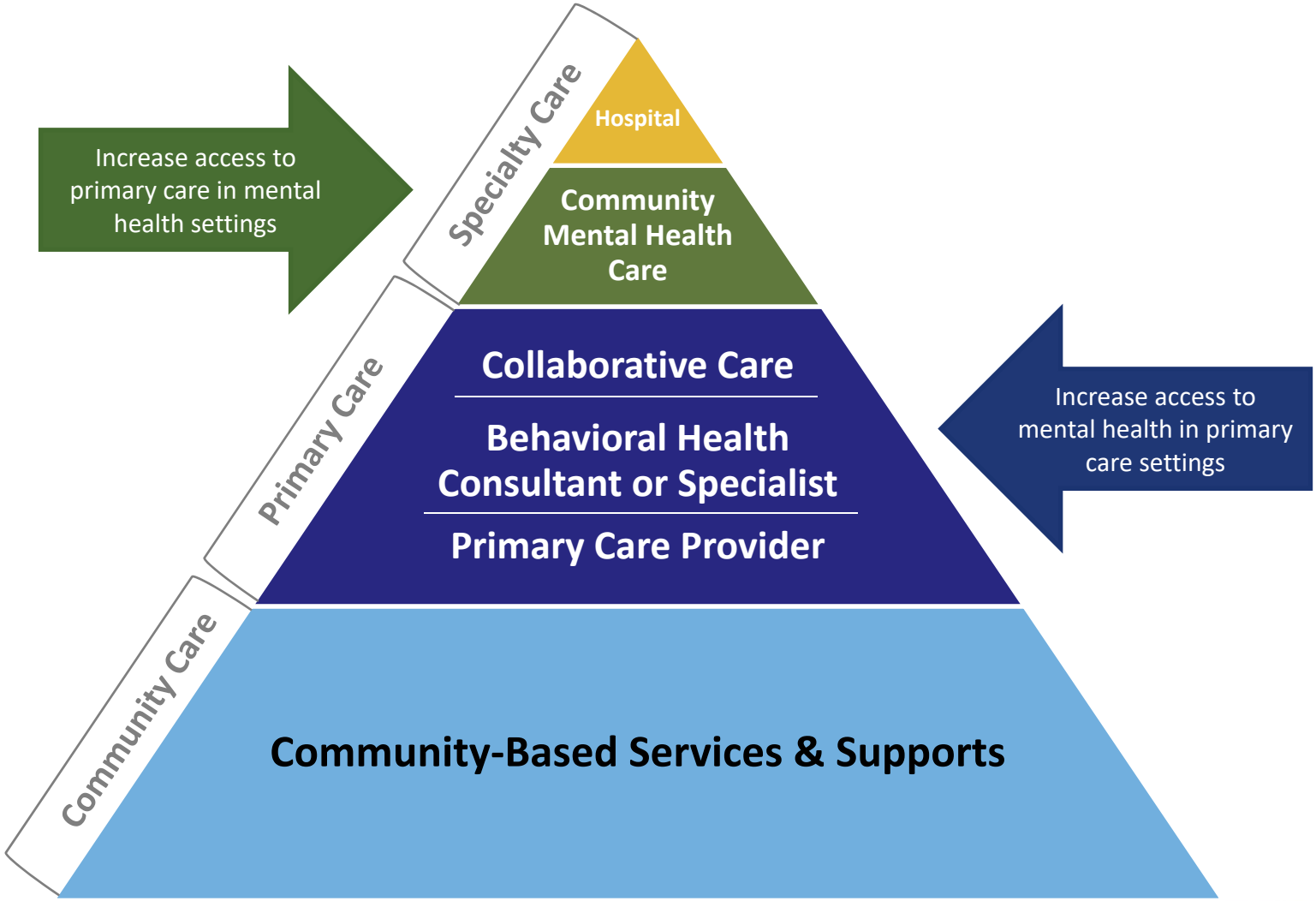
Whole Person Care



Bi-Directional Integration Strategies

Primary Care Settings

- New Team Roles:
  - BH Care Managers
  - On-site BH Providers
  - Psychiatric Consultants
- Measurement-Based Screening & Follow-up (e.g., PHQ9, GAD-7)
- Screening & brief intervention for substance use disorders
- Measurement-Based Treatment to Target

Behavioral Health Settings

- New Team Roles:
  - Primary Care RN Care Managers
  - Primary Care Consultants
- Metabolic Screening
- Routine Preventive Care
- Cardiovascular and Diabetes Care (BP, A1C)
- Measurement-Based Treatment to Target

Crosswalk for Project 2A - Integration

Same Elements in Bree Report & Collaborative Care

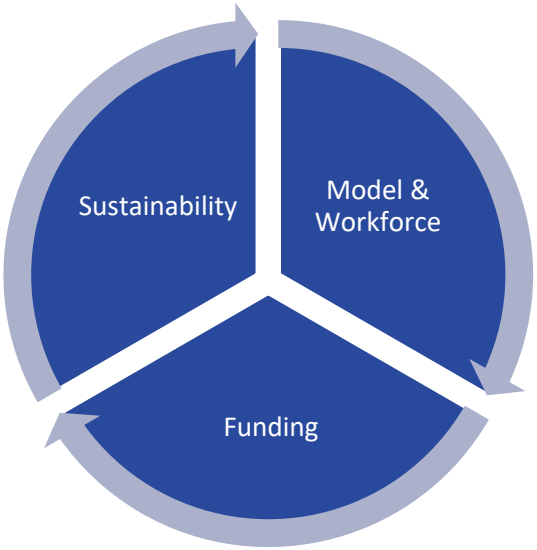
- BH professional as part of primary care team
- Systematic BH screening
- Measurement-based BH services
- Population-based care
- Treatment to target
- Tracking patients and follow up
- Evidence-based treatments
- Access to psych (Bree) vs. psych case review (CoCM)

Regional Approaches to Integrated Care

- **No one approach fits all**
  - **Arguing about the best integration model is a bit like arguing about the best religion**
- **Evidence-based models adapt to local settings in order to be successful**
- **Important principles that need to be followed in order to reach the Triple Aim:**

  Value = Reach * Effectiveness / Cost

Objective



Integrated Behavioral Health

Sustainability: Define Value of Behavioral Health Integration Broadly

Primary Funding Mechanisms

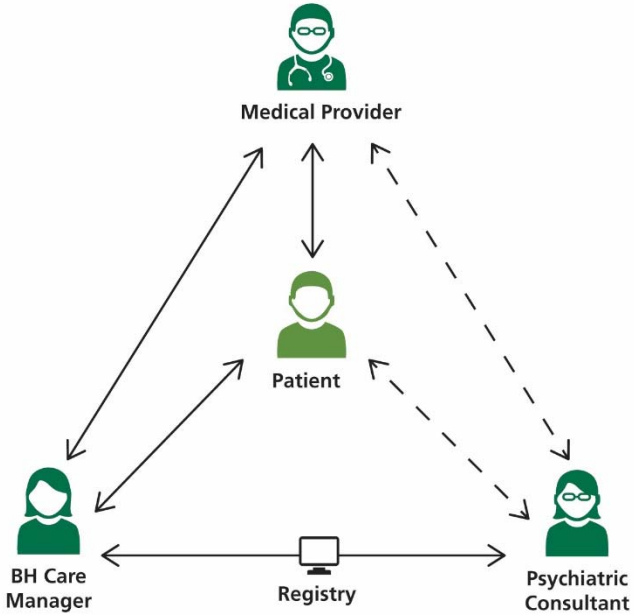
- **Traditional CPT Codes**
  - **Psychiatry, Psychotherapy, Health and Behavior, Screening, SBIRT**
  - **All require specific credentialing, licensure, and setting (*varies by service and insurance*)**

- **Value-based payments and pay for performance contracting with health plans**
  - **Accountability to metrics**

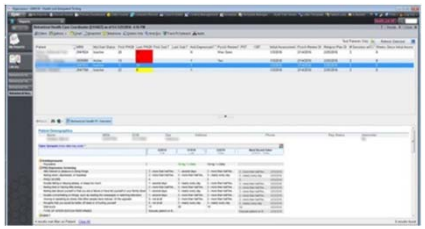
- **Bundled Payment Models**
  - **Medicare and WA Medicaid CMS Payments for Psychiatric Collaborative Care (CoCM)**

Collaborative Care Model (CoCM)

Primary care patient-centered team-based care



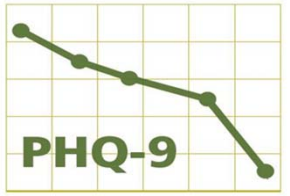
Systematic case review with psychiatric consultant (focus on patients not improved)



Registry to track population

Problem Solving Treatment (PST)
Behavioral Activation (BA)
Motivational Interviewing (MI)
Medications

Active treatment with evidence-based approaches



Validated outcome measures tracked over time

How well does it work with other conditions?

Evidence Base Established	Emerging Evidence

• Depression
  - Adolescent Depression
  - Depression, Diabetes, and Heart Disease
  - Depression and Cancer
  - Depression in Women's Health Care
• Anxiety
• Post Traumatic Stress Disorder
• Chronic Pain
• Dementia
• Substance Use Disorders
	• ADHD
	• Bipolar Disorder

Telephone-based interventions: What does the evidence tell us?

Practice-Based CoCM

- Practice-based includes both in-person and telephone-based interventions
- Over 80 randomized, controlled trials
- 2 meta-analyses

Telephone-Based CoCM

- 8 published trials
- 4 of the trials used exclusively off-site care managers and psychiatrists
- 4 of the trials, led by John Fortney now @ UW, in rural FQHC and rural VA clinics

Psychiatric Collaborative Care (CoCM) Billing Codes in Washington State

CPT or HCPCS	Description and Time Requirement	2018 Medicare Rates*	2018 WA Medicaid Rates
Treating Medical Providers			
99492	70 min/month - Initial CoCM mgmt	$161.28	$142.84
99493	60 min/month - Subsequent CoCM care mgmt	$128.88	$126.33
99494	Additional 30 min/month for initial or subsequent CoCM care management	$66.60	$66.04
FQHC and RHC Providers			
G0512**	70 min/month - Initial CoCM care mgmt 60 min/month - Subsequent CoCM care mgmt	$145.08	$134.84

* Please note actual Medicare payment rates may vary. Providers should check with their billing and finance department.

** FQHC and RHC practices have one G code and consequently only one payment rate for both initial and subsequent months.

Psychiatric CoCM Team

- **CoCM Codes billed once each month by the treating provider.**
  - **Treating (Billing) Medical Provider**
    - Primary care or specialty provider
  - **Behavioral Health Care Manager**
    - Formal behavioral health education or specialized training
    - Broad range of behavioral health providers; nursing staff and appropriately licensed bachelor's level
  - **Psychiatric Consultant**
    - Qualified to prescribe full range of psychotropic medications

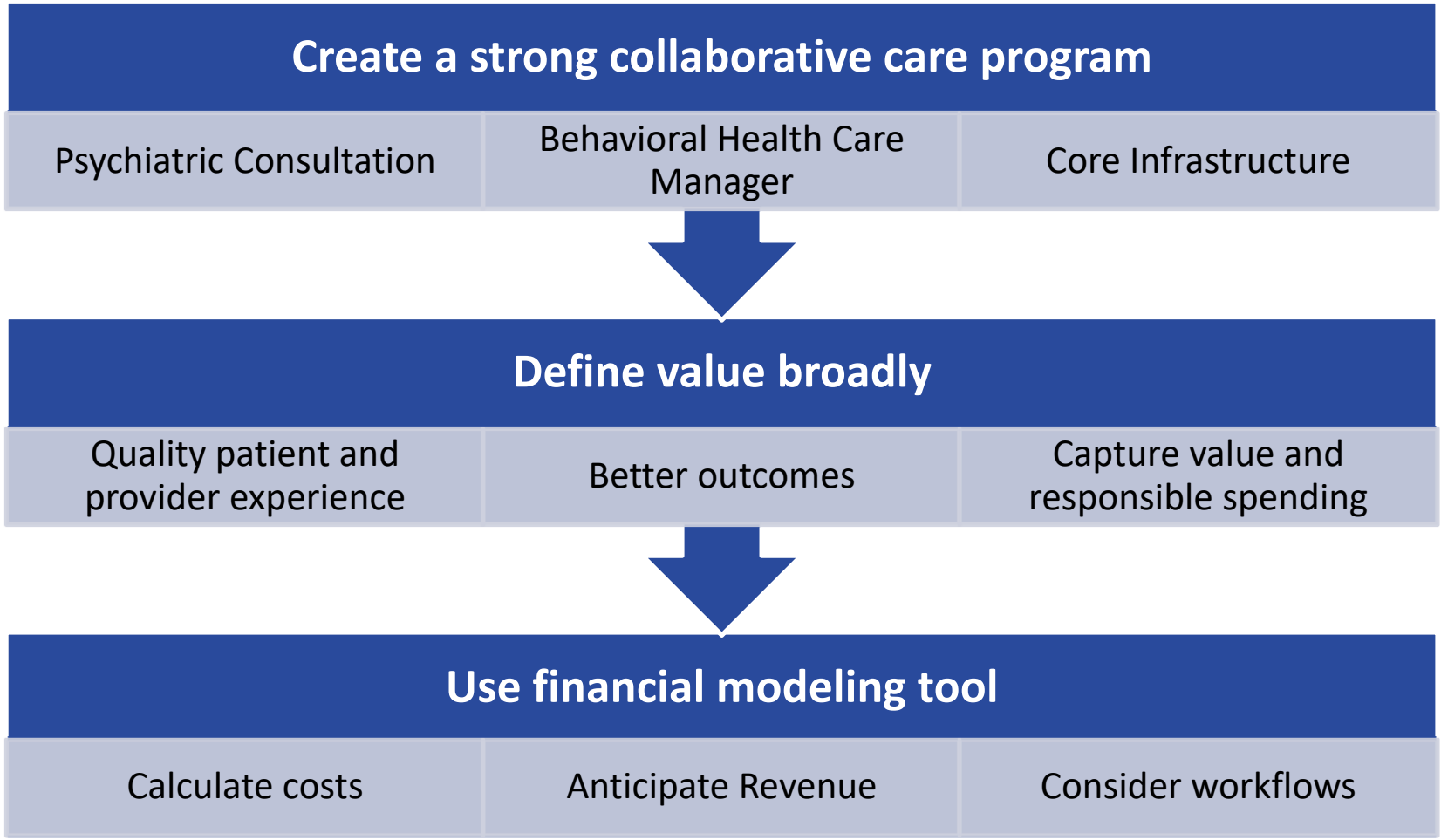
Required Activities for Billing CoCM

- Outreach and engagement of patients;
- Initial assessment, including screeners and resulting in a treatment plan;
- Review by psychiatric consultant and modifications, if recommended;
- Entering patients into a registry, tracking follow-up and progress & participation in weekly caseload;
- Monitoring of patient outcomes using validated rating scales;
- Provision of brief interventions using evidence-based treatments
- Ongoing collaboration with treating providers;
- Relapse prevention planning and preparation from active treatment.

Additional Information on CoCM Codes

- **Payment goes to the PCP who bills the service**
- **For Medicare:**
  - **Before initiating CoCM, CMS requires a separate billable initiating visit for new patients or patients not seen within previous year**
  - **The patient must provide advanced consent for the service**
  - **Patient may be responsible co-insurance or co-payment**
- **For WA Medicaid:**
  - **Practice must submit attestation form to confirm have all program elements to provide CoCM in place at practice site**
  - **For any Medicaid beneficiary enrolled past 6 months, must submit an Expedited Prior Authorization (EPA)**
  - **Prior Authorization must be submitted for services beyond 12 months**
- **Care manager and psychiatrists can also bill additional codes for therapy etc but time billed separately cannot be counted toward CoCM code time**

Building a Sustainable Program



Financing: Costs of Behavioral Health Integration

Initial Costs of Practice Change:

- provider and administrator time to plan for change
- care team training costs and time/workforce development
- development of registry
- workflow planning, billing optimization

Ongoing Care Delivery Costs:

- care manager time
- psychiatric consultant time
- administration time and overhead (including continuous quality improvement efforts)

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Using the Workbook as a Team

- **The workbook asks for information that may "live" with various people in your organization.**
  - **Finance**
  - **HR/Staffing**
  - **Operations**
  - **BH Program Management**
- **Use all your resources to gather the most accurate information.**

Payer Mix

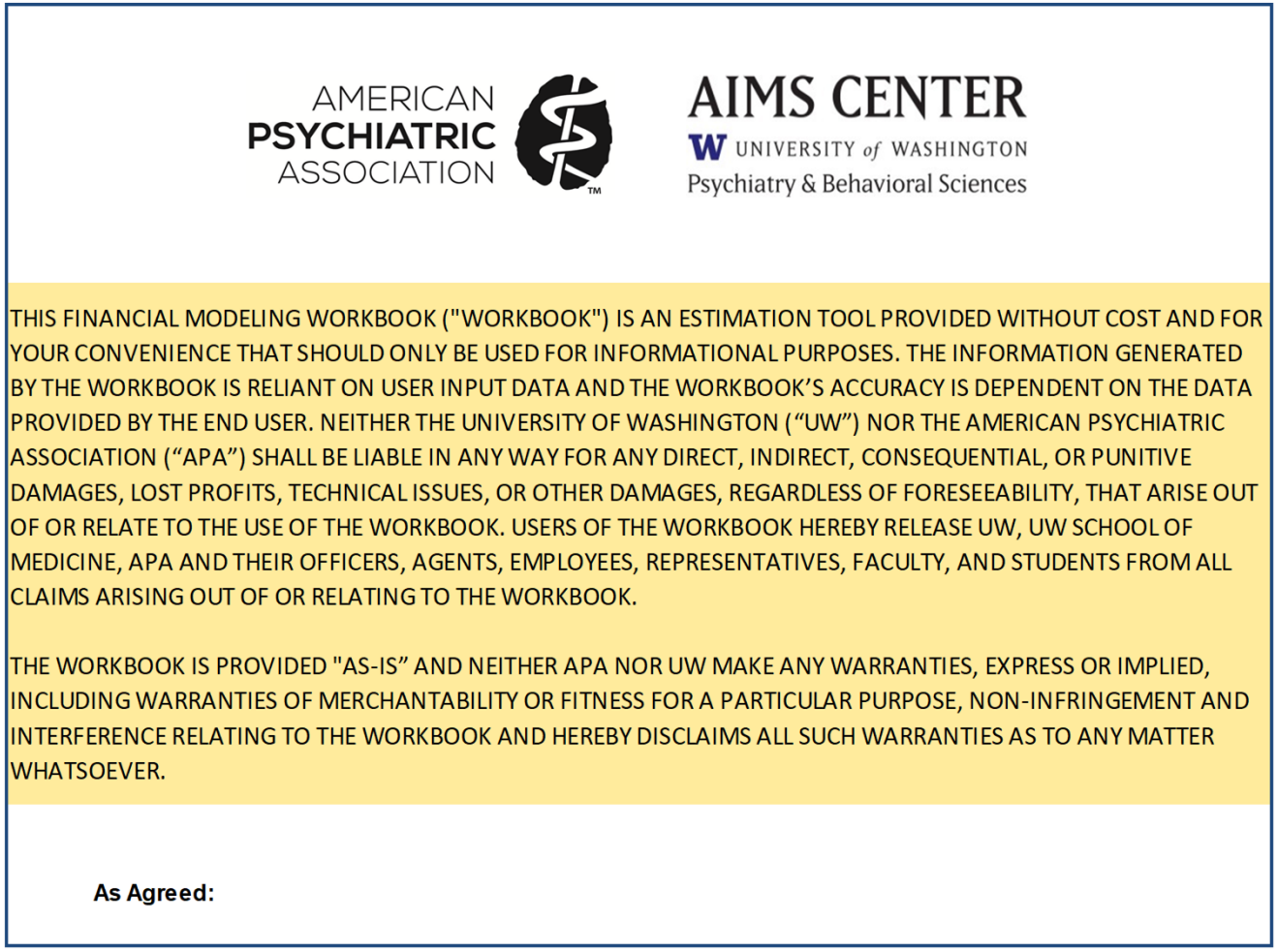
- **Which payers does your organization or BH services get reimbursement from?**
- **Does the payer reimburse for all credentials, i.e. social workers vs. counselors?**
- **What is the average reimbursement for specific services from each payer?**
- **Which payers pay a case rate, and which pay only for individual services?**

Task Allocations and Visit Statistics

- **How do your care managers and psychiatric consultants spend their time each week?**
- **What kind of visits do they have?**
- **What is the average length of a treatment episode, and the average number of visits during that episode?**
- **How many weeks in the year do your staff work – not counting holidays, sick and vacation?**

Financial Modeling Workbook

Tab 1: Disclaimer



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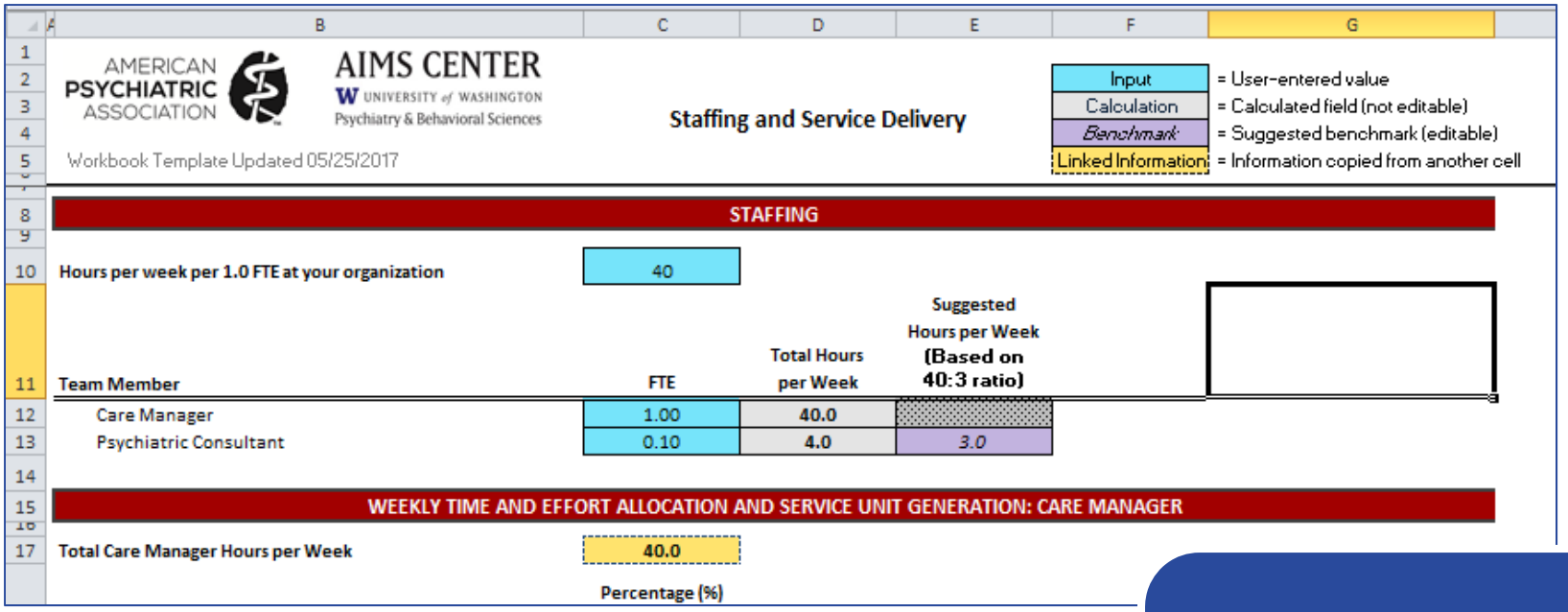
Financial Modeling Workbook

Tab 2: Staffing



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Workbook Template Updated 05/25/2017

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		40		
Team Member		FTE	Total Hours per Week	Suggested Hours per Week (Based on 40:3 ratio)
Care Manager		1.00	40.0	
Psychiatric Consultant		0.10	4.0	*3.0*

WEEKLY TIME AND EFFORT ALLOCATION AND SERVICE UNIT GENERATION: CARE MANAGER

Total Care Manager Hours per Week	40.0	
	Percentage (%)	

Details of staffing

- Weeks for 1.0 FTE
- Care manager FTE
- Psychiatric consultant FTE

Financial Modeling Workbook

Tab 2:Staffing and Service Delivery for Care Manager & Psych Consultant

WEEKLY TIME AND EFFORT ALLOCATION AND SERVICE UNIT GENERATION: CARE MANAGER

Total Care Manager Hours per Week	40.0				
Care Management Service Category	Percentage (%) of Total Hours per Week	Hours per Week	Service Units Generated	Hours per Service Unit	
Reimbursable Direct Care Services					
Direct Treatment: Assessment Visit	10.0%	4.00	4	*1.00*	Av
Direct Treatment: Ongoing Visits	51.3%	20.50	41	*0.50*	Av
Group Treatment	3.75%	1.50	6	*0.25*	Av
***Subtotal:** Reimbursable Direct Care Services*	**65.0%**	**26.00**	**51**		by Au
Non-Reimbursable Direct Care Services					
Warm Connection (Non-Billable)	7.5%	3.00	15	*0.20*	Avg. length of warm connection
Care Management Telephonic Services	7.5%	3.00	15	*0.20*	Avg. length of phone calls
***Subtotal:** Non-Reimbursable Direct Care Services*	**15.0%**	**6.00**			
Indirect Care Coordination and Administrative Tasks					
Charting	5.0%	2.00			
Registry Management	3.0%	1.20			
Psychiatric Consultation	2.5%	1.00			
Team Communication	4.5%	1.80			
Other (Clinical Supervision, Staff Meetings, Training, etc.)	5.0%	2.00			
***Subtotal:** Indirect Care Coordination and Administrative Tasks*	**20.0%**	**8.00**			
Unassigned Time [Target = 0%]	✓ 0.0%	(Green checkmark indicates value is at target)			

WEEKLY TIME AND EFFORT ALLOCATION AND SERVICE UNIT GENERATION: PSYCHIATRIC CONSULTANT

Total Psychiatric Consultant Hours per Week	4.0			
Psychiatric Consultant Service Category	Percentage (%) of Total Hours per Week	Hours per Week	Service Units Generated	Hours Per Service Unit
Indirect Care and Administrative Tasks				
Registry Management	10.0%	0.40		
Psychiatric Consultation	25.0%	1.00		

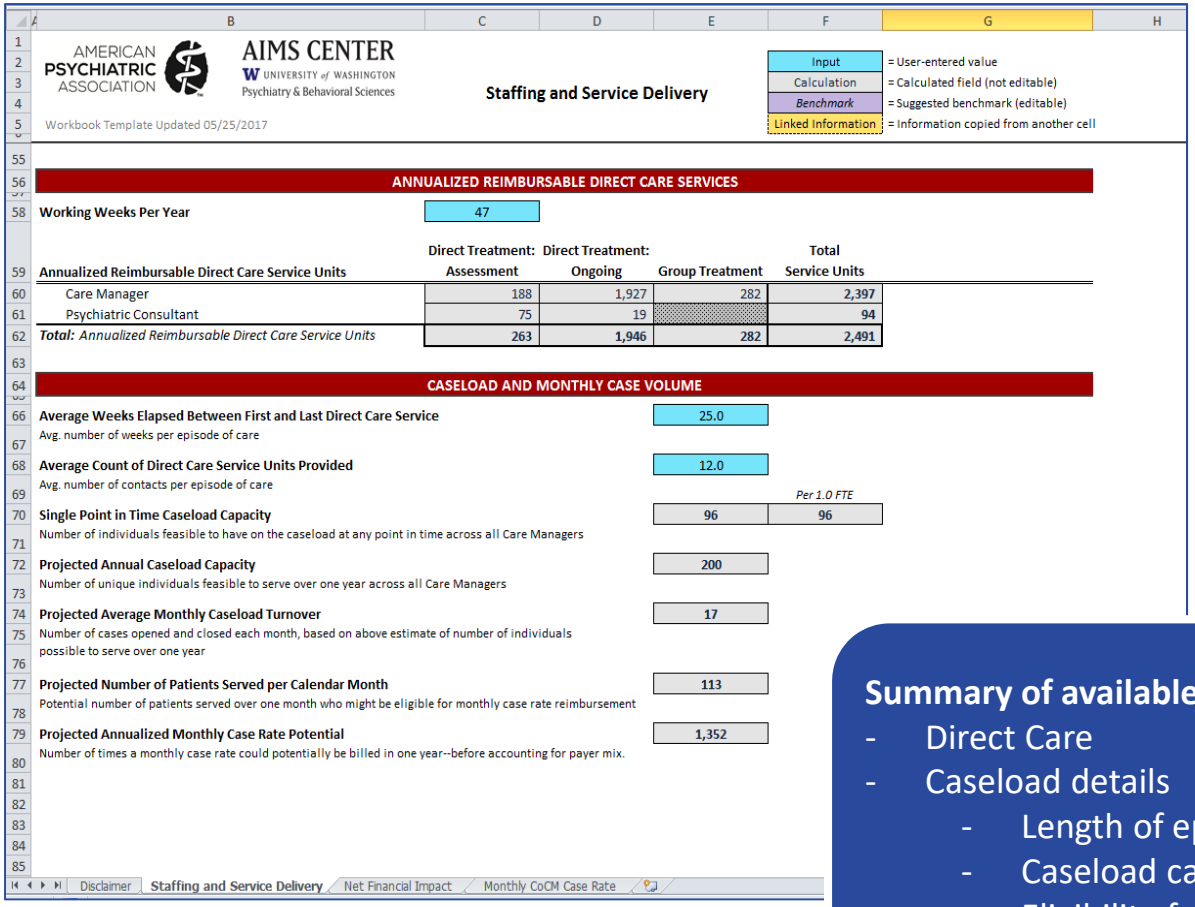
Disclaimer | **Staffing and Service Delivery** | Net Financial Impact | Monthly CoCM Case Rate

Details of BH care manager effort
- Direct care
- Warm connections
- Telephone services
- Charting
- Care management
- Psychiatric consultation

Details of psychiatric consultant effort
- Indirect psychiatric consultation
- Registry/Charting
- Direct care

Financial Modeling Workbook

Tab 2: Staffing And Service Delivery for Care Manager and Psych Consultant



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Workbook Template Updated 05/25/2017

Staffing and Service Delivery

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ANNUALIZED REIMBURSABLE DIRECT CARE SERVICES

Working Weeks Per Year: 47

Annualized Reimbursable Direct Care Service Units	Direct Treatment: Assessment	Direct Treatment: Ongoing	Group Treatment	Total Service Units
Care Manager	188	1,927	282	2,397
Psychiatric Consultant	75	19		94
***Total:** Annualized Reimbursable Direct Care Service Units*	**263**	**1,946**	**282**	**2,491**

CASELOAD AND MONTHLY CASE VOLUME

Average Weeks Elapsed Between First and Last Direct Care Service Avg. number of weeks per episode of care	25.0	
Average Count of Direct Care Service Units Provided Avg. number of contacts per episode of care	12.0	
		Per 1.0 FTE
Single Point in Time Caseload Capacity Number of individuals feasible to have on the caseload at any point in time across all Care Managers	96	96
Projected Annual Caseload Capacity Number of unique individuals feasible to serve over one year across all Care Managers	200	
Projected Average Monthly Caseload Turnover Number of cases opened and closed each month, based on above estimate of number of individuals possible to serve over one year	17	
Projected Number of Patients Served per Calendar Month Potential number of patients served over one month who might be eligible for monthly case rate reimbursement	113	
Projected Annualized Monthly Case Rate Potential Number of times a monthly case rate could potentially be billed in one year--before accounting for payer mix.	1,352	

Disclaimer | Staffing and Service Delivery | Net Financial Impact | Monthly CoCM Case Rate

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Summary of available care

- Direct Care
- Caseload details
  - Length of episode
  - Caseload capacity
  - Eligibility for case rate

Financial Modeling Workbook

Tab 3: Net Financial Impact – Payer Mix and Case Rate

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Net Financial Impact

Workbook Template Updated 05/25/2017

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

PAYER MIX

Payer	% of Patients per Payer	% of Patients per Payer Eligible for Monthly Case Rate	Adjusted % of Patients Eligible for Monthly Case Rate
medicaid	33.0%	100%	33.0%
medicare	33.0%	100%	33.0%
commercial	33.0%	0%	0.0%
self pay	1.0%	0%	0.0%

To add rows: 1) Unprotect sheet 2) Insert rows above the last row with data 3) Copy formula in column E 4) Protect sheet

No Payer Assigned [Target = 0%] ✓ 0.0% (Green checkmark indicates value is at target)

REIMBURSEMENT: ANNUALIZED MONTHLY CASE RATE

Potential patient/months for billing case rate 1,352

Payer	Monthly Case Rate Name	Monthly Reimbursement per Case	Adjusted % of Patients Eligible for Monthly Case Rate	Of Patients Eligible for Case Rate, % of Patients Also Eligible for Individual Services	Annualized Count of Cases Eligible for Monthly Case Rate	Annualized Reimbursement per Monthly Case Rate
medicare	Medicare CoCM	$ 134.58	33%	0%	446	$ 60,051.05
medicaid	WA Medicaid CoCM	$ 134.58	33%	0%	446	$ 60,051.05

To add rows: 1) Unprotect sheet 2) Insert rows above the last row with data 3) Copy formula in columns F, G, and H 4) Protect sheet

Disclaimer | Staffing and Service Delivery | Net Financial Impact | Monthly CoCM Case Rate

Payer Mix

- CoCM codes
- Other value-based payments
- Direct care revenue

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Financial Modeling Workbook

Tab 3: Net Financial Impact – Reimbursement Annualized Billable Individual Services

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Net Financial Impact

Workbook Template Updated 05/25/2017

Input	= User-entered value
Calculation	= Calculated field (not editable)
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REIMBURSEMENT: ANNUALIZED BILLABLE INDIVIDUAL SERVICES

Reimbursable Direct Care Service Units 2,491

Payer	% of Patients per Payer Eligible for Monthly Service Billing	Care Manager: Direct Treatment: Assessment Avg. Payment	Care Manager: Direct Treatment: Ongoing Avg. Payment	Care Manager: Group Treatment Avg. Payment	Psychiatric Consultant: Direct Treatment: Assessment Avg. Payment	Psychiatric Consultant: Direct Treatment: Ongoing Avg. Payment	
commercial	33.0%	$ 106.00	$ 75.00	$ 40.00	$ 175.00	$ 105.00	
medicaid	0.0%	$ 90.00	$ 65.00	$ 35.00	$ 150.00	$ 95.00	
self pay	1.0%	$ 190.00	$ 125.00	$ 50.00	$ 200.00	$ 150.00	
To add rows: 1) Unprotect sheet 2) Insert rows above the last row with data 3) Copy formula in column C 4) Protect sheet							
Weighted Average per Service Unit		$ 108.47	$ 76.47	$ 40.29	$ 175.74	$ 106.32	
Annualized Service Units		188	1,927	282	75	19	**Across All Individual Service Categories:**
Billable Individual Service Units		64	655	96	26	6	
Subtotal: *Annualized Billable Individual Services Reimbursement*		**$ 6,933.44**	**$ 50,102.00**	**$ 3,863.40**	**$ 4,493.20**	**$ 679.62**	**$ 66,071.66**

TOTAL REIMBURSEMENT

Total Reimbursement:	*Monthly Case Rate Reimbursement*		*Billable Individual Services Reimbursement*		
Monthly Case Rate Reimbursement + Billable Individual Services Reimbursement	**$ 120,102.09**	+	**$ 66,071.66**	=	**$ 186,173.75**

TOTAL COST

Annual Salary per **Fringe Benefits**

Disclaimer | Staffing and Service Delivery | Net Financial Impact | Monthly CoCM Case Rate

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Financial Modeling Workbook

Tab 3: Net Financial Impact – Summary of Financial Model and Net Impact

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Net Financial Impact

Workbook Template Updated 05/25/2017

Input	= User-entered value
Calculation	= Calculated field (not editable)
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TOTAL REIMBURSEMENT

Total Reimbursement:

Monthly Case Rate Reimbursement + Billable Individual Services Reimbursement

Monthly Case Rate Reimbursement		*Billable Individual Services Reimbursement*		
$ 120,102.09	+	$ 66,071.66	=	$ 186,173.75

TOTAL COST

Personnel	Annual Salary per 1.0 FTE	FTE	Salary Cost Per FTE	Fringe Benefits % of Salary	Fringe Benefits Cost	Personnel Subtotal
Care Manager	$ 60,000.00	1.00	$ 60,000.00	30.0%	$ 18,000.00	$ 78,000.00
Psychiatric Consultant	$ 250,000.00	0.10	$ 25,000.00	30.0%	$ 7,500.00	$ 32,500.00
Subtotal: *Personnel Cost*						$ 110,500.00
Organizational Overhead				*Percentage:*	30.0%	$ 33,150.00
Total Cost: *Personnel + Overhead*						$ 143,650.00

NET IMPACT

Net Impact: *Total Reimbursement - Total Cost*

Total Reimbursement		*Total Cost*		
$ 186,173.75	-	$ 143,650.00	=	$ 42,523.75

Disclaimer | Staffing and Service Delivery | Net Financial Impact | Monthly CoCM Case Rate

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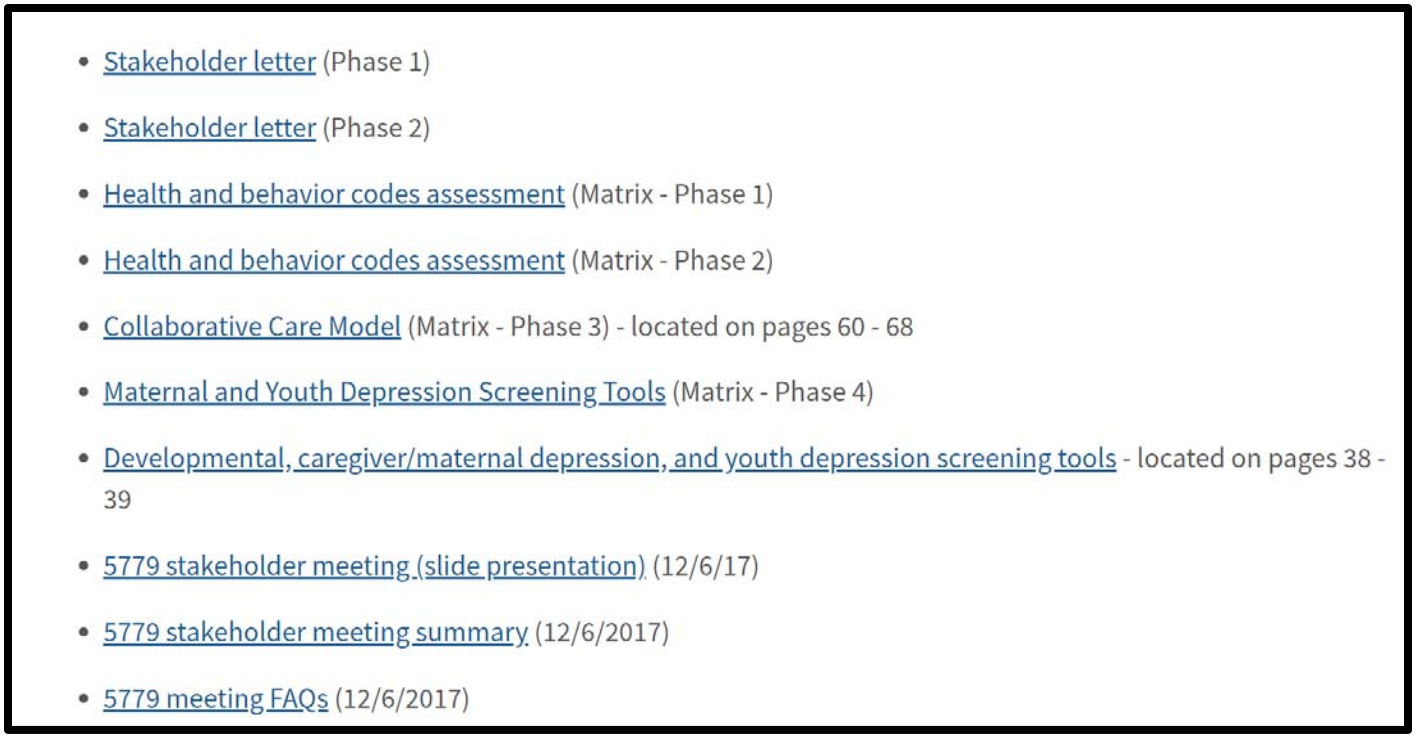
RESOURCES FOR BEHAVIORAL HEALTH INTEGRATION

HCA: Behavioral Health Integration Billing Matrices

- https://www.hca.wa.gov/billers-providers/programs-and-services/behavioral-health#ssb5779



- Stakeholder letter (Phase 1)
- Stakeholder letter (Phase 2)
- Health and behavior codes assessment (Matrix - Phase 1)
- Health and behavior codes assessment (Matrix - Phase 2)
- Collaborative Care Model (Matrix - Phase 3) - located on pages 60 - 68
- Maternal and Youth Depression Screening Tools (Matrix - Phase 4)
- Developmental, caregiver/maternal depression, and youth depression screening tools - located on pages 38 - 39
- 5779 stakeholder meeting (slide presentation) (12/6/17)
- 5779 stakeholder meeting summary (12/6/2017)
- 5779 meeting FAQs (12/6/2017)

Online Resources

- **WA State Medicaid HCA Billing Guidance (March 2018); see pages 59 – 67 for CoCM Guidelines:**
  - **https://www.hca.wa.gov/assets/billers-and-providers/physician-related-serv-bi-20180301.pdf**
- **CMS Medicare Fact Sheet on Behavioral Health Integration (January 2018):**
  - **https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network MLN/MLNProducts/Downloads/BehavioralHealthIntegration.pdf**
- **CMS Medicare FAQs for FQHCs and RHCs (February 2018):**
  - **https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/FQHCPPS/Downloads/FQHC-RHC-FAQs.pdf**

Resources: http://aims.uw.edu

AIMS Center Upcoming Webinar:

Best Practices in Billing and Financial Sustainability for Behavioral Health Integration including Collaborative Care

- **April 16: 1-2pm**
- **Overview of the new billing codes**
- **Opportunities and challenges**
- **Billing and staffing strategies**
  - **Primary care and other medical providers**
  - **MAT for opioid use disorder**
- **Register on the AIMS Center page coming soon!**

AIMS/APA-SAN FMW Office Hours

- **Next *virtual* drop-in:**
  - **April 4, May 2, June 6, July 11, August 1, September 5, October 3, November 7 & December 5.**
  - **9am Pacific/ 12noon Eastern**

- **Join details on AIMS Center Website: aims.uw.edu/collaborative-care/financing-strategies/financial-modeling-workbook**

UW PACC

Psychiatry and Addictions Case Conference

UW Medicine | Psychiatry and Behavioral Sciences

- **FREE to Providers in WA State**
- Expand the mental health and addictions care capacity of health care professionals in remote, underserved areas of Washington
- Offer telehealth resource support to build the confidence and skills of providers who care for patients with mental and behavioral health conditions
- **Ultimate Goal:** Better patient care

Thursdays 12-1:30pm

http://ictp.uw.edu/programs/uw-pacc

UW PACC in the news:
http://hsnewsbeat.uw.edu/story/mental-health-video-consults-ease-rural-providers-burden

Project ECHO

Integrated Care Training Program

UW Psychiatry & Behavioral Sciences

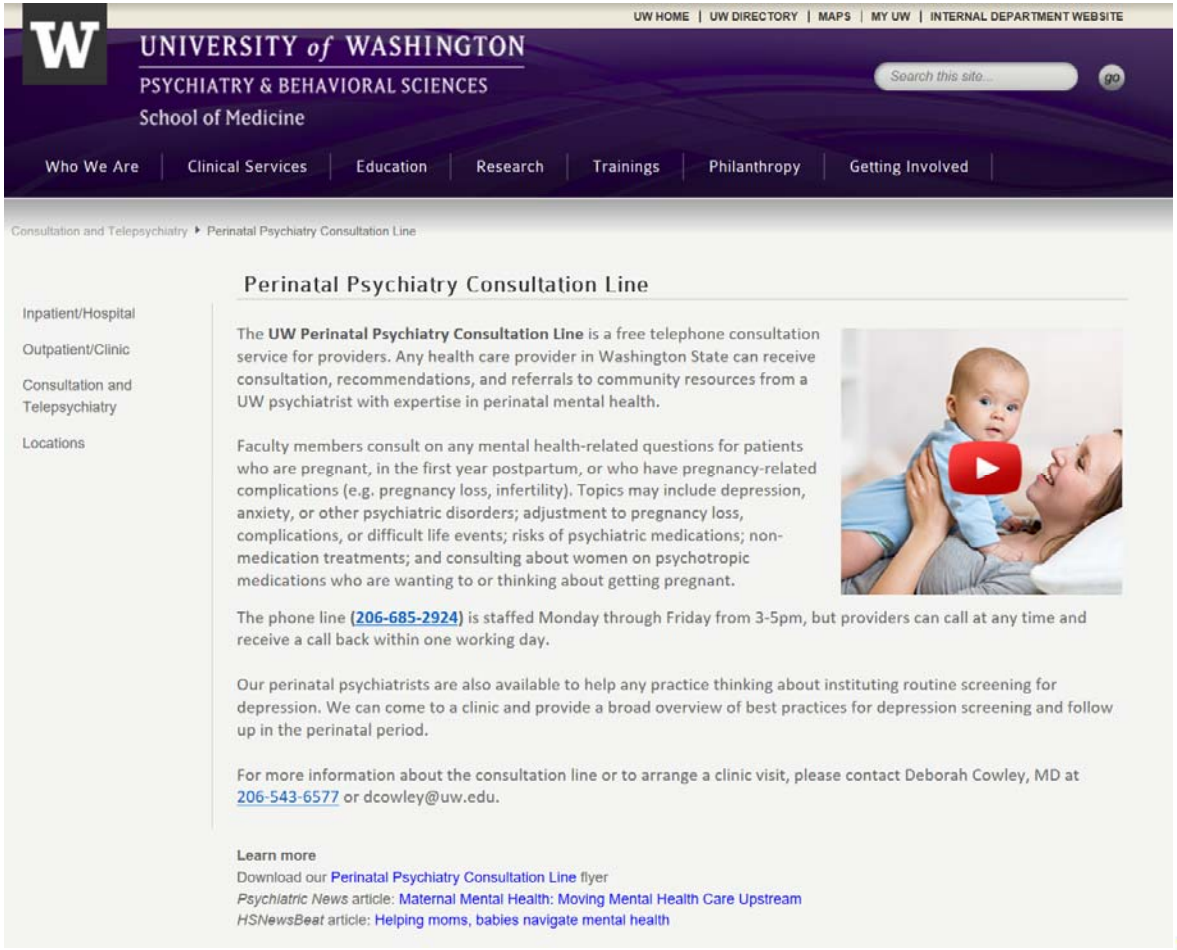
UW TelePain:

http://depts.washington.edu/anesth/care/pain/telepain/#schedule

- **Wednesday 12 noon Pacific**
- **Panel of experts**
  - **Opportunity to Present Cases**
  - **Didactics**
  - **CME**

UW Perinatal Consult Line

- Free phone line: **206-685-2924**
- Monday through Friday from 3-5pm
- Providers can call at any time and receive a call back within one working day.



PAL for Kids

- Washington providers: Call 866-599-7257 Monday–Friday, 8 a.m. to 5 p.m. Pacific time, to be directly connected to a PAL child and adolescent psychiatrist.
- Wyoming providers: Call 877-501-7257 Monday–Friday, 9 a.m. to 6 p.m. Mountain time, to be directly connected to a PAL child and adolescent psychiatrist.

Community-Based Psychiatric Provider Integrated Care Training

- **First cohort started March 2018 of psychiatric providers seeking additional training to deliver integrated care**
- **Year-long employment-friendly program with a priority of flexibility in scheduling**
  - **Online coursework**
  - **Quarterly in person training**
  - **Mentored quality improvement project**
- **Complementary to other integrated care implementation efforts**
  - **Train psychiatric provider to work with primary care clinic transformation**

http://ictp.uw.edu/

AIMS CENTER | UNIVERSITY of WASHINGTON Psychiatry & Behavioral Sciences | Integrated Care Training Program

Thank you!

Questions and Discussion

Acknowledgement to
Staff and Faculty of the
AIMS Center and ICTP

Workforce Needs:
Deliver Principles of Evidence-Based Integration

Team-Based and Person-Centered

Primary care and behavioral health providers collaborate effectively, using shared care plans.

Population-Based and Data-Driven

A defined group of patients or clients is tracked in a registry so that no one “falls through the cracks.”

Measurement-Based Treatment to Target

Treatment goals clearly defined and tracked for every patient. Treatments actively changed until clinical goals are achieved.