

Integrated Care Financing and Policy Updates

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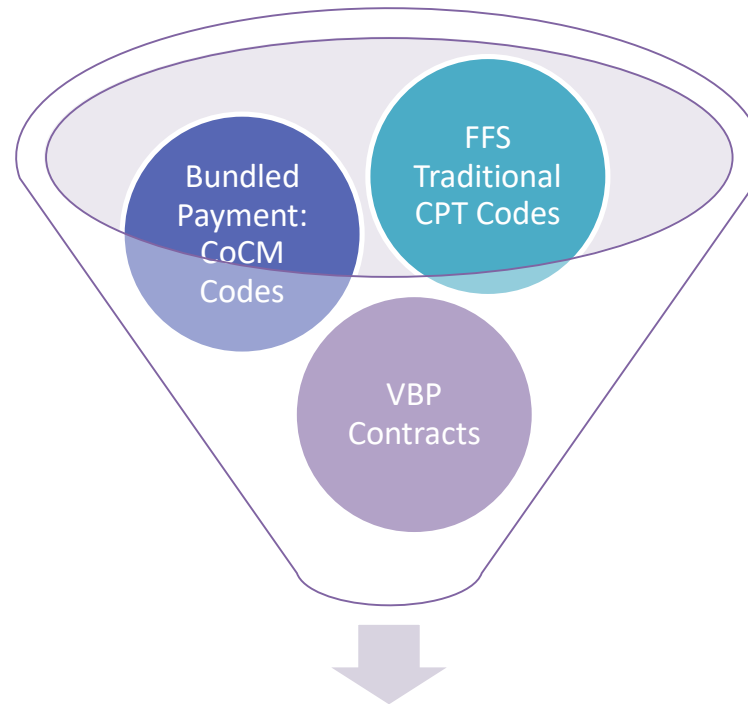
Speaker Disclosures

- None

Learning Objectives

- By the end of this session, participants should be able to:
 - Review current state for financing your integrated care program and future directions
 - Identify Washington State and national policy initiatives impacting integrated care programs

Financing Strategy or Confusion?



Finance Strategy or ???

Financing Strategies for Integrated Behavioral Health

- “Traditional” CPT codes
 - Screening, SBIRT, interprofessional consults, health and behavior, psychotherapy, and psychiatry codes
 - Variation by payer
- Team-based or bundled psychiatric CoCM codes
 - Medicare and WA Medicaid bundled payment for the CoCM team under the treating medical provider
 - Licensure requirements vary between Medicare vs. WA Medicaid WAC
 - Setting requirements may vary

Billing with CoCM Codes

- Codes billed under medical provider as “incident to” under “general supervision”
- Codes pay for CoCM services provided by the BH Care Manager during a calendar month, based on minutes
- CoCM BH Care Manager need not be licensed to bill Medicare independently (qualifications vary by payer)
- May be billed in same month as traditional psychotherapy codes if no minutes are counted twice
- Prior to service/treatment:
 - Medical visit for patients not seen in last 12 months
 - Patient consent charted in visit note and verbally given by medical provider
 - Patient informed that Part B co-payments may apply

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Billing with CoCM Codes

- Pays for services not billable under psychotherapy codes
 - Warm connection visits under 16 minutes
 - Brief phone calls with patient
 - Care coordination between team members or other BH providers
 - Systematic caseload review and consultation
 - Managing a registry
- Pays for any BH Diagnosis, including Substance Use Disorder

Codes for CoCM/BHI – 2023 Medicare

CPT	Description	Payment	Payment
		Primary Care Settings	Hospitals and Facilities
99492	Initial psych care mgmt, 70 min/month - CoCM	\$147.12	\$90.58
99493	Subsequent psych care mgmt, 60 min/month - CoCM	\$139.18	\$98.85
99494 2x/month	Initial/subsequent psych care mgmt, additional 30 min CoCM	\$56.53	\$39.67
G2214	30 min/month for either initial or subsequent months CoCM services	\$57.19	\$37.03
99484	Care mgmt services, min 20 min – General BHI services	\$41.99	\$28.76

- 50% + 1 rule applies to these codes
- These CPT® codes are **NOT** used for FQHC-RHC billing

Integrated Care Training Program

FQHC/RHC CMS G-Codes

G-Code	Description	2023 rates
G0511	General Care Management Services – min. of 20 mins/month	\$76.04
G0512	Psychiatric CoCM – min. 60 mins/month	\$143.15

2023 Additional CMS Medicare Updates

- Additional General BHI Code: G0323 for social workers and psychologists
- LPCs, LMFTs, LMHCs psychotherapy billing “incident to under general supervision”

2024 Draft Physician Fee Schedule

- Increase RVU valuation for psychotherapy and general BHI codes
- LPCs, LMFTs, LMHCs independent psychotherapy billing and H&B billing
- New codes for SDOH assessments and community health integration services (CHWs, peers, navigators)!

[Source: Calendar Year \(CY\) 2024 Medicare Physician Fee Schedule Proposed Rule | CMS](#)

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POLICY UPDATES

Policy Strategy Considerations

- How do we pay for the upfront costs of developing an integrated care program?
- How do we advocate with payers for the adoption of existing codes and strategies?

Federal Policy Updates

- BH Integration Funding:
 - Consolidated Appropriations Act of 2023 (HR 2617)
 - Private payers, Medicaid program examples
 - [23.05.16- FINAL CMWF - Improving BH Care for Youth through CoCM Expansion \(mmhpi.org\)](#)
- Making Care Primary Model
 - 8 states, WA Included (10.5 year program, formerly CPC, CPC+)
 - [Making Care Primary \(MCP\) Model | CMS Innovation Center](#)

Washington State Policy Updates

- Medicaid Transformation Project 2.0
 - Emphasis on SDOHs, community supports
 - WA Integrated Care Assessment TBD
 - [MTP renewal | Washington State Health Care Authority](#)
- Multi-payer Primary Care Transformation Model
 - [Multi-payer Primary Care Transformation Model | Washington State Health Care Authority](#)
- BHI Grants
 - [Behavioral Health Integration \(BHI\) Grant | Washington State Health Care Authority](#)

WA Integrated Care Assessment (WA-ICA)

- Screening, referral to care, and follow up
- Ongoing care management
- Information exchange among providers
- A multi-disciplinary team (including patients) with dedicated time
- Self-management support adapted to patient
- Systematic quality improvement
- Linkages to community and social services
- Sustainability

[About the Washington Integrated Care Assessment | WaPortal.org](https://www.waportal.org)

WA-ICA Example

Key Domains of Integrated Care		Preliminary	Intermediate I.	Intermediate II.	Advanced
1. Screening, referral to care and follow-up (f/u)	1.1 Screening, initial assessment, follow-up for common Behavioral Health (BH) conditions	Patient/clinician identification of those with BH symptoms—not systematic	Systematic BH screening of targeted patient groups (e.g., those with diabetes, CAD), with follow-up for assessment	Systematic BH screening of all patients, with follow-up for assessment and engagement	Analysis of patient population to stratify patients with high-risk BH conditions for proactive assessment and engagement
	1.2 Facilitation of referrals, feedback	Referral only, to external BH provider(s)/psychiatrist	Referral to external BH provider(s)/psychiatrist through a written agreement detailing engagement, with feedback strategies	Enhanced referral to internal/co-located BH clinician(s)/psychiatrist, with assurance of “warm handoffs” when needed	Enhanced referral facilitation with feedback via EHR or alternate data-sharing mechanism, and accountability for engagement

[WA ICA for Primary Care Settings.pdf \(waportal.org\)](http://waportal.org)

Policy Advocacy: Federal and State Levels

- Send in feedback on Medicare PFS 2024 to CMS:
 - [Physician Fee Schedule | CMS](#)
- State advocacy to cover all BHI codes and consider incentives for FQHCs/RHCs
- Sign up for HCA alerts: [Provider Alerts | Washington State Health Care Authority](#)
- Provider payments/incentives for adoption of BHI strategies

Policy Advocacy Organization Level

- Get your billers, administrators involved and educated!
- Reach out to those involved in quality and contracts to consider BH quality measures and clinical solutions
- Consider too the costs to the **patient**

Takeaways

- *Sign-up to receive updates at the federal and state levels for Medicare and Medicaid*
- *Bring your billers, quality and clinical leaders together to review what payers are paying for and where to advocate*
- *There are **many** financing strategies and best to figure out as a team what works for your organization!*

State Advocacy Resources

- APA Draft State CoCM Legislation:
<https://www.psychiatry.org/psychiatrists/advocacy/state-affairs/model-cocm-legislation/model-collaborative-care-legislation>
- Improving Behavioral Health Care for Youth Through Collaborative Care Expansion:
[Improving Behavioral Health Care for Youth Through Collaborative Care Expansion – MMHPI – Meadows Mental Health Policy Institute](#)

General Financing Resources

AIMS Center Billing Resources:

<https://aims.uw.edu/resources/billing-financing>

CoCM Billing FAQs:

<https://aims.uw.edu/CoCM-Billing-FAQs>

Financial Office Hour Info:

<https://aims.uw.edu/what-we-do/office-hours>

APA Billing Resources:

<https://www.psychiatry.org/psychiatrists/practice/professional-interests/integrated-care/get-paid/get-paid-for-integrated-care>

Additional Free Resources for Washington State Healthcare Providers

*No cost

EDUCATIONAL SERIES:

- [AIMS Center office hours](#)
- [UW Traumatic Brain Injury](#) – Behavioral Health ECHO
- UW Psychiatry & Addictions Case Conference ECHO [UW PACC](#)
- UW TelePain series [About TelePain \(washington.edu\)](#)
- TeleBehavioral Health 101-201-301-401 [Telehealth Training & Support - Harborview Behavioral Health Institute \(uw.edu\)](#) | bhinstitute@uw.edu

PROVIDER CONSULTATION LINES

- UW Pain & Opioid Provider Consultation Hotline [Consultation \(washington.edu\)](#) – 844-520-PAIN 7246)
- [Psychiatry Consultation Line](#) - (877) 927-7924
- [Partnership Access Line \(PAL\)](#) (pediatric psychiatry) - (866) 599-7257
- [PAL for Moms](#) (perinatal psychiatry) - (877) 725-4666

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Registration

- If you have not yet registered, please email uwictp@uw.edu and we will send you a link