The Road to Success: Building and Sustaining an Integrated Behavioral Health and Primary Care Model

Overview

- The Need for Integrated Systems
- Types of Integration Models
- Facility Licensing Structure
- Workforce and Best Skill Level of Behavioral Health Providers
- Reimbursement
- Privacy and Confidentiality
- Practical Takeaways
The Need for Integrated Systems

- 1 in 4 adults (57.7 million) experience a mental health problem in any given year
  - Single episode of depression; 50% will have recurrent episodes
  - About 1/3 with depression have a SUD
  - About 60% with bipolar illness have a SUD
- An estimated 5.2 million adults have co-occurring mental health and substance use disorders

Only 50% with depression receive treatment
<11% of people with a SUD receive treatment

People with medical conditions: 58% of adult population
29% of adults with medical conditions have mental health conditions
68% of adults with mental health conditions have medical conditions
20% of adults with medical conditions have mental health conditions
The Need for Integrated Systems

- Treat the whole person
- Increase access and scope of services
- Achieve better outcomes
- Increase quality of care
- Reduce economic burden to patient
- Reduce stigma and discrimination

Types of Integrated Care Models

<table>
<thead>
<tr>
<th>Coordinated</th>
<th>Co-Located</th>
<th>Integrated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine behavioral health screening in primary care</td>
<td>Medical and behavioral health in same facility</td>
<td>Medical and behavioral health in same or separate facility</td>
</tr>
<tr>
<td>Referral to separate behavioral health setting</td>
<td>Referral to behavioral specialist on-site</td>
<td>ONE treatment plan</td>
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<tr>
<td>Routine exchange of information</td>
<td>Enhanced exchange due to proximity</td>
<td>ONE team</td>
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<tr>
<td>Both sites handle behavioral health separately</td>
<td>Both providers handle behavioral health separately</td>
<td>Team works together to provide behavioral health</td>
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Types of Integrated Care Models

- Integrated care generally includes the elements of both coordinated care and co-located care
- Integration will require consideration of the space where services are provided
- Integration will require consideration be given to areas such as credentialing, paneling, funding sources for uninsured, coding/billing, IT systems, education, after-hours coverage, supervision and liability
- Integration will require consideration of the availability of community resources

<table>
<thead>
<tr>
<th>COORDINATED</th>
<th>COLLOCATED</th>
<th>INTEGRATED</th>
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<tbody>
<tr>
<td>LEVEL 1: Basic Coordination</td>
<td>LEVEL 2: Basic Coordination and Intensive</td>
<td>LEVEL 3: Close Coordination and System Integration</td>
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### Advantages
- Each provider can make timely and autonomous decisions
- Results understand as a provider taking the patient's and provider's
- Maintains each provider's unique identity and autonomy
- Provides some level of accountability and accountability sharing that is helpful to both patients and providers
- Documentation allows for proper attribution among providers to ensure patient care
- Provides a more successful approach to providing care
- Development of professional malpractice
- Change in the systems for systems integration
- Integration of new systems for systems integration
- High level of collaboration for systems integration
- Greater collaboration and adherence to treatment plans
- Provision of flexibility and control of practice staff and targets
- Built provider and patient satisfaction can improve
- Opportunity to tap into whole patient
- All-at-once approach for new services, sharing high-functioning team
- Full patient needs addressed as they occur
- Widespread knowledge of patient increases and allows each professional to respond more quickly and appropriately to any need

### Weaknesses
- Services may overlap, be duplicated, or overlap against each other
- Important aspects of care may not be identified
- Important aspects of care may become invisible
- Important aspects of care may not be diagnosed
- Smart of information may not be systematic enough to affect care
- No guarantee that intervention will change plan or strategy of each provider
- Women may not be treated, leading to patient and provider frustration
- System issues may limit collaboration
- Professional for nurses and certifying agencies among providers, as positive relationships weaken
- Practice changes may create lack of fit for some established practices
- Time is needed to collaborate at the high level, which may not be an option for practice or system or practice or system or practice

Facility Licensing

Integrated Models can be provided in a variety of facility settings:

- **Primary Care Practice** – operates under the license of individual providers
- **Community Mental Health Centers ("CMHC")** – licensed by state agencies ~ funded by Medicaid contracts/grants. CMHC may need to go through the credentialing process to become a licensed medical provider
- **Federally Qualified Health Centers** – outpatient clinics ~ receive bundle payments through CMS prospective payment system
- **Substance Use Disorder Treatment Facility** – licensed by state agencies
- **Hospital-Based Outpatient Programs** – may require a specific license separate from the hospital to operate the Integrated Model
- **Inpatient/Residential Programs** – licensed by state agencies

Best Skill Level of Providers

- Workforce development is essential to integrated care; key components that should be considered for this unique labor force include:
  - Team Members
  - Recruitment and Retention
  - Education & Training
  - Supervision
  - Partnerships
  - Leadership
Determining the Skill Level Needed:

- Review state scope of practice requirements for licensed behavioral health professionals:
  - State scope of practice laws vary, some behavioral health providers’ services are not reimbursable by certain payers
  - Review providers that you currently have on staff, i.e. psychiatrists, psychologists, social workers, marriage and family therapists/counselors, advanced practice psychiatric nurses, addiction counselors, mental health counselors, psychiatric rehabilitation specialists, psychiatric aides and technicians
- Can these individuals qualify for credentialing under government & commercial payer contracts?

Determine Clinical Skills Needed:

- Understanding of both Psychiatric and Physical Conditions
- Good Diagnostically
- Brief Interventions with Best Practices
- Generalist AND Specialist
- Innovative
- Clinical Approach: Motivational Interviewing, Mindfulness, Trauma Lens, Exposure, and Substance Use Disorders
- Case Management
Best Skill Level of Providers
Create an Integrated Culture:
• Integration requires a shift in how primary care and behavioral health providers traditionally function
• Develop Core Competencies
• Develop Robust Orientation and Onboarding
• Ensure Ongoing Communication and Collaboration with PCP Providers and Staff
• Provide Ongoing Clinical Support with Program Evaluation and Quality Improvement

Reimbursement
• Effective Integration Models must be structured to create economic value
• Mental Health Parity & Addiction Equity Act of 2008 and 21st Century Cures Act of 2016 are efforts by Congress to:
  - Improve coordination of behavioral health and primary care
  - Reduce lack of coverage for behavioral health services
  - Offer behavioral health patients equal access to services
• Successful integrated systems know the integration incentives available through state and federal programs
Reimbursement
Billing Codes

• Successful Integration Models will know and understand all reimbursement codes that are available for mental and behavioral health services for their facility, regardless of the payer
• Ensure your Medicaid and Medicare numbers are appropriately linked to the service provided
• Assess your workflow and identify who can pay for each step of your process – with your clinical and billing staff at the same time
• If partnering with an FQHC or CMHC, ensure you understand billing rules and regulations

Reimbursement
Billing Codes

• January 1, 2017, Medicare began making separate payments to physicians and non-physician practitioners for Behavioral Health Integration Services furnished under the Psychiatric Collaborative Care Model (“CoCM”). Four new Part B codes: G0502, G0503, G0504, G0507
• CMS Mental Health Services Codes: 99201 – 99340
• Medicine Section CPT Codes:
  – Psychiatry Codes – (90801 – 90899)
  – Health Behavioral Assessment & Intervention (HBAI) Codes – (96150 – 96155)
Reimbursement

Payer Contracts
• Successful Integrated Models should regularly review payer contracts to:
  – Understand which licensed professionals can be credentialed for reimbursement
  – Know what billing codes are relevant for mental/behavioral health under all payer contracts
  – Understand how services furnished by non-credentialed providers under supervision of credentialed providers will be reimbursed
  – Use claims data to make a business case to payers for new reimbursement methodology

Practical Takeaways - Reimbursement
✓ Review facility licensure requirements
  – Is the licensure and reimbursement structure optimal for your Integrated Care Model?
✓ Review state scope of practice requirements for licensed professionals
  – Can these individuals qualify for credentialing under government and commercial payer contracts?
✓ Know mental and behavioral health billing codes for government AND commercial payers
✓ Review claims data to determine best approach for negotiating credentials and requesting mental and behavioral health billing codes
Privacy and Confidentiality

• Successful Integrated Models must effectively balance the need to share information for effective patient outcomes with the need to comply with privacy and confidentiality laws

• Health Insurance Portability & Accountability Act of 1996 ("HIPAA")

• Health Information Technology for Economic & Clinical Health Act ("HITECH")

• Confidentiality of Substance Use Disorder Patient Records – Title 42 of Code of Federal Regulation ~ Part 2 ("Part 2")

• State privacy and confidentiality laws

Privacy and Confidentiality

HIPAA & HITECH

• Integrated Models must take into consideration how privacy, security and breach notification policies and procedures will be impacted

Modifications may need to be made to:

• Notice of privacy practices
• Patient rights policies and procedures
• Business Associate Agreements
• Authorization to release information
• Protection of psychotherapy notes
• Access to electronic protected health information
• Security Risk Analysis
Privacy and Confidentiality

HIPAA and HITECH

• Integrated Models comprised of multiple covered entities should have clearly/explicitly defined roles in their arrangements
• Close attention should be paid to HIPAA & HITECH obligations with regards to the breach notification rule

42 CFR Part 2

42 CFR Part 2, Confidentiality of Substance Use Disorder Patient Records

• Final Rule updated in 2017 and 2018
• The Final Rule revised 14 provisions of Part 2 intended to update and modernize the regulations
• Revisions include enhancements to health services research, integrated treatment, quality assurance and health information exchange activities
42 CFR Part 2

Part 2 Programs Compliance

• Update consent forms to reflect the Final Rule. Consents obtained by Part 2 programs after the effective date must comply with the Final Rule.

• Update policies and procedures, including staff training policies, consent procedures and procedures addressing physical and electronic security for records covered by Part 2.

• Develop a process for adding general designations to the consent form.

• Additional changes proposed by SAMHSA on August 26, 2019.

42 CFR Part 2

• Integrated Models subject to the Part 2 regulations will need to develop policies and procedures to ensure compliance with Part 2.

• Update existing policies and procedures to comply with the final rule.

• No “Treatment, Payment and Health Care Operation” exception—implementation will require a careful analysis to ensure compliance.
State Privacy & Confidentiality Laws

- States often impose stricter privacy considerations on use and disclosure of mental health records
- Evaluate types of communications/relations that are protected by state confidentiality laws
- Determine which records qualify as mental health records
- State duty to warn laws should be considered when adjusting policies and procedures

Privacy and Confidentiality

Information Sharing:

- Integrated Models must develop procedures to ensure that each provider has quick access to the necessary information to treat the patient and at the same time ensure that privacy and confidentiality laws are followed
- Electronic Medical Records must include the appropriate security measures
- Participating in a Health Information Exchange requires a careful analysis of how behavioral health information can compliantly be included
Practical Takeaways - Privacy

✓ Perform HIPAA audit for Integrated Model implementation
✓ Perform Part 2 analysis for Integrated Model implementation
✓ Ensure consent forms, processes and procedures are updated to comply with Part 2 Final Rule
✓ Evaluate state laws to ensure privacy/confidentiality restrictions are in place

Sustainability

• Sustaining integrated care over time is a significant concern for most providers of behavioral health and primary care services.
• Sustainability requires organizations to imbed both organizational practices and expectations for integrated care in the fiber of its operations and to maximize every possible revenue source.
• Every area of the integrated model including: the environment, leadership, administrative and clinical policies, billing, technology, skills and quality improvement must be assessed regularly.
Please visit the Hall Render Blog at http://blogs.hallrender.com for more information on topics related to health care law.

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