



## PRACTICE MANAGER MEETING

Thursday Sept. 29th 2016 Noon – 1:15PM

### Instructions to join the meeting remotely:

1. Open a web browser and enter URL: [www.readytalk.com](http://www.readytalk.com)  
Enter participant access code: 2093166
2. Phone in for the audio portion of the conference:  
1-866-740-1260 - then enter the access code: 2093166

MEETING HANDOUTS:  
[www.cchap.org/pmmeeting](http://www.cchap.org/pmmeeting)



# PRACTICE MANAGER MEETING

Thursday Sept. 29th 2016 Noon – 1:15PM

## PRESENTER

***Bridget Burnett, PsyD***

MEETING HANDOUTS:  
[www.cchap.org/pmmeeting](http://www.cchap.org/pmmeeting)

# CCHAP PM Integrated Behavioral Health

Bridget Burnett, PsyD  
And  
The CCHAP Team

# Goal for Today's Discussion

- \* Overview of Integrated Behavioral Health in a pediatric population
- \* Overview of models of care
- \* Overview of strategies for hiring and reimbursement
- \* Group exercise

# What is integrated behavioral health?

- \* Integrated behavioral health vs. co-located care
- \* Definition overview

# Integrated Behavioral Health Activities

- \* participate in well child checks alongside provider for prevention and anticipatory guidance. Might be in conjunction with Healthy Steps curriculum if the site is a HS site
- \* be available for real time family consultations to provide education regarding development, parenting, etc. as requested by med providers to patients seen for well or sick visits
- \* be available to provide consultations to med providers in real time related to development, psychosocial or mental/behavioral health issues that arose during their med visit
- \* educating med staff around screening, interventions and referral processes
- \* overseeing screening process and tracking of screening and referrals
- \* Documentation and charting of all encounters
- \* Provider and staff training on Beh health and development

# Integration Activity examples continued

- \* brief psychosocial assessment and triage for children with positive social emotional, depression, autism, substance use, PRD screening
- \* suicide assessment of child or caregiver
- \* safety planning around risk behaviors (cutting, bullying, etc.)
- \* -caregiver request for Beh health consult related to family or child health and well being
- \* Brief interventions (1 or more intervention focused Beh health visits during sick or follow up visits)
- \* Care Coordination activities around development, Beh health, psychosocial issues

# Model for families birth to 3: Healthy Steps for Young Children

- \* A Healthy Steps Specialist (an individual with expertise in child development) partners with a primary care provider to collaboratively provide enhanced well-child care to families enrolled in the program (Buchholz & Talmi, 2012 ).
- \* In addition to visits in the primary care clinic, home visits are offered one to two times per year and give the Healthy Steps Specialist a chance to build supportive relationships with families and to strengthen the link between the family and the primary care practice .
- \* Healthy Steps also offers parenting groups designed to provide anticipatory guidance, support, and developmental information to families.
- \* The Healthy Steps Program has been shown to impact parenting outcomes (e.g., increasing parent confidence, reduced harsh discipline strategies, and increased satisfaction with well-child care) as well as child outcomes (e.g., increased attendance at well-child checks, more timely immunizations; Minkovitz et al., 2007 ).



# Co-located services overview

- \* Coordination of referrals for therapy services to the co-located provider from the health care team
  - \* Individual therapy
  - \* Family therapy
  - \* Brief assessments
  - \* Access to services at the community agency (med management, groups, case management, etc.
  - \* Other?

# Pros and Cons of each model

# Employment and Payment Example Strategies when BHC is an Employee of the Practice

- \* Incident To billing under the medical provider
  - \* BHC is an employee of the practice
  - \* BHC sees family/child in the context of their medical visit or follow up
  - \* Cannot bill for additional behavioral health services (i.e. any intervention requiring a dx) under WCC that would result in co-pays
- \* Credentialing with insurance carriers in the practice, your BHO for Medicaid patients
  - \* BHC is an employee of the practice
  - \* Direct billing for behavioral health services
  - \* Is useful with follow up visits that meet criteria for behavioral health
  - \* Is a challenge for prevention and true integrated services

# Example Strategies BHC employed by the Community Mental Health Center (CMHC)

- \* The CMHC employs the BHC and typically bills their services through their system
  - \* Primarily a co-located model as behavioral health services must meet the threshold for enrollment in behavioral health services (i.e. have a mental health diagnosis)
  - \* Documentation factors
  - \* Treatment plan factors
  - \* Systemic factors
  - \* Important considerations as we move towards a Population Health perspective

# Mixed Delivery

- \* Some practices have a combination of types of services they offer and how the services are delivered and how the BHC is employed.
- \* For Example:
  - \* The BHC is .5 employed by practice and .5 employed by the CMHC
  - \* The practice uses incident to billing for integrated care that is associated with a medical diagnosis
  - \* The practice uses direct billing of the BCH to the payer or the CMHC/clinician does their own behavioral health billing (requires a mental health diagnosis)

# Factors that Influence choosing a model

- \* Your patient population
- \* Your practice behavioral health needs
  - \* ASD? Prevention? Case Management? ADHD therapy? Medication management?
- \* Your payers
  - \* Different payers require different levels of providers for reimbursement and credentialing. An LPC is acceptable for some plans, while a Licensed Psychologist is acceptable for others.

# Challenges to Reimbursement

- \* Health and Behavior Codes for prevention are not universally allowable in Colorado
- \* Mental Health does not recognize Prevention the same way Healthcare does (i.e. you **MUST** have a diagnosis for MH services).
- \* Your contract with your payers determines which codes are reimbursable and at what rate

# Projects currently addressing these factors

- \* SIM-screening and referral
- \* BHIPP- strategies for birth to 5 behavioral health integration and billing/coding challenges
- \* Maternal Health policy coalition PRD screening, reimbursement, compliance, risk management
- \* **Integrating Behavioral Health Services into Pediatric Primary Care Settings Dr. Ayelet Talmi**
- \* <https://www.youtube.com/watch?v=PDw6uJlYt2c>
- \* <http://flash1r.apa.org/apapractice/hbcodes/player.html>



# Looking forward...

- \* MACRA
- \* ACC 2.0
- \* Next PM meeting

# Questions and Conversation

The image features a solid blue header at the top with the title 'Questions and Conversation' in white. Below the header, there are several overlapping, wavy, semi-transparent blue shapes that create a layered, wave-like effect against the white background.