

Medicare (CMS) Behavioral Health Integration Webinar

September 2017

Today's Presenter



Janice Morrow, CPC, Associate Clinical Director

Janice Morrow, CPC, brings more than 20 years of health care experience to her role as an Advisory Board Associate Clinical Director. In this role, Ms. Morrow is responsible for physician practice operations and positioning physician practices for successful growth and long-term stability. This includes enhancing practice efficiencies and strengthening the overall practice management team and supporting developing strategies and decision-making processes.

During her time at the Advisory Board, Ms. Morrow served as Project Manager for ICD-10 provider education for a health system in the West, where she created a project plan for the transition; delivered provider education; provided reports from compass; worked with the program director to create educational fliers to announce upcoming training sessions; and collaborated with the organization's internal corporate trainer to create the initial outline for provider education. Ms. Morrow was also responsible for auditing records for a large, multispecialty pediatric health care system in the south where she provides both statistical and educational feedback based on educational content she created. Additionally, Ms. Morrow presented ICD-10 educational seminars to providers in a large multi-specialty health system in Western North Carolina; audited records and provided feedback for large healthcare system in New Jersey, assisted with onsite support for newly implemented front end revenue cycle policy and procedures at a large healthcare system in Philadelphia, is providing subject matter expertise for a healthcare system in South Dakota on centralization of their coding department and in New Jersey to assess their Provider Medical Group coding operations

Prior to joining the Advisory Board, Ms. Morrow served in multiple positions for Accenture in Albany and New York City, N.Y. In her most recent role as Consulting Manager, Ms. Morrow provided subject-matter expertise for medical record and practice management systems validation, training and implementation. In this position, she focused mainly on medical coding, medical terminology and revenue cycle. Additionally, Ms. Morrow served as an Assessment Manager for a large, teaching health system, focused on inpatient and outpatient ICD-10 remediation, as well as leading and supervising assessment teams to determine client readiness for ICD-10 transformation.

Previously, Ms. Morrow served as a Project Manager / System Trainer for Etransmedia Technology in Troy, N.Y. In this position, she successfully managed Allscripts MyWay medical record and practice management implementation projects, provided system training, and oversaw a five-person training and project management staff. Additionally, Ms. Morrow delivered physician and staff web-based and on-site training, as well as designed, developed and deployed project plans for medical record and practice management system training. Ms. Morrow began her career in health care as a Practice Manager for a small pediatric medical group before serving with Prime Care Physicians in Albany, N.Y. During her time at Prime Care Physicians, Ms. Morrow served in a variety of roles such as Practice Administrator where she managed all aspects of physician revenue cycle, medical coding initiatives, budgeting, regulatory requirements, facility management, marketing trends, strategic planning and quality metrics. In addition, Ms. Morrow facilitated staff efficiency and improved revenue and operational workflow through implementation of revamped physician schedules. Ms. Morrow also served as a Corporate Training Manager / System Trainer and a Central Business Office ("CBO") Customer Service Revenue Cycle Team Manager.

Ms. Morrow is a Certified Professional Coder ("CPC") and is a member of the American Association of Professional Coders. Ms. Morrow earned a Bachelor of Science in human development from SUNY Empire State College in Saratoga Springs, N.Y.; an associate degree in applied science in medical secretarial science from Albany Business College located in Albany, N.Y.; and an associate degree in liberal arts from Harriman College in Harriman, N.Y.

- 1 Behavioral Health Integration Basics
 - 2 BHI and CoCM components
 - 3 BHI Coding and Billing
 - 4 Operational Considerations
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BHI Basics

Defining Behavioral Health Integration (BHI)

BHI is the process of **integrating behavioral health care with primary care**. It is now widely considered an effective strategy for **improving outcomes** for the millions of Americans with mental or behavioral health conditions.

- Beginning January 1, 2017, Medicare will make separate payments to physicians and non-physician practitioners for BHI services they furnish to beneficiaries over a calendar month service period, using four new Medicare Part B billing codes

Defining Collaborative Care Model (CoCM)

CoCM is a **model of behavioral health integration** that enhances “usual” primary care by adding two key services:

- Care management support for patients receiving behavioral health treatment
- Regular psychiatric inter-specialty consultation to the primary care team, particularly regarding patients whose conditions are not improving

General Behavioral Health Integration (BHI) Services

BHI for Medicare Beneficiaries



Centers for Medicare & Medicaid Services

G0507

General Care Management for Behavioral Health Integration services

- At least 20 minutes per calendar month
- 15 minutes of billing practitioner time

Psychiatric Collaborative Care Model (CoCM) BHI Services

CoCM for Medicare Beneficiaries



Centers for Medicare & Medicaid Services

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G0502

Initial (BHI) Psychiatric Collaborative Care Management – First Month

- First 70 minutes in the first calendar month
- 30 minutes of billing practitioner time

2

G0503

Subsequent (BHI) Psychiatric Collaborative Care Management

- First 60 minutes in a subsequent calendar month
- 26 minutes of billing practitioner time

3

G0504

Each additional 30 minutes of BHI manager activities per calendar month

- 13 minutes of billing practitioner time

General BHI Program Basics



On January 1st, 2017 general Behavioral Health Integration (BHI) services became reimbursable via Medicare using code G0507.

Patients with any mental, behavioral health, or psychiatric condition being treated by the billing provider, including substance abuse disorders.



Qualifying Conditions

- ✓ Any mental, behavioral health, or psychiatric condition being treated by the billing provider, including substance abuse disorders
- ✓ In the clinical judgment of the billing provider, the diagnoses warrant BHI services
- ✓ Diagnoses can be pre-existing or made by billing provider



Qualifying Services

- ✓ Core service elements such as Initial and systematic assessment and monitoring, including the use of applicable validated rating scales
- ✓ Behavioral care planning and revision for patients whose condition is not improving adequately
- ✓ Facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and / or psychiatric consultation
- ✓ Continuity of care with a designated member of the care team



Qualifying Providers

- ✓ Physicians
- ✓ Clinical Nurse Midwife
- ✓ Clinical Nurse Specialists
- ✓ Nurse Practitioners
- ✓ Physician Assistants
- ✓ Clinical Staff (may include but not required to include a behavioral health care manager or psychiatric consultant)

CoCM BHI Program Basics



On January 1st, 2017 CoCM Behavioral Health Integration (BHI) services became reimbursable via Medicare using code G0502, G0503, G0504.

Enhances usual primary care by adding two services: care management support for patients receiving behavioral health treatment and regular psychiatric inter-specialty consultation to the primary care team



Qualifying Conditions

- ✓ Any mental, behavioral health, or psychiatric condition being treated by the billing provider, including substance abuse disorders
- ✓ In the clinical judgment of the billing provider, the diagnoses warrant BHI services
- ✓ Diagnoses can be pre-existing or made by billing provider



Qualifying Services

- ✓ Initial assessment by primary care team (billing provider and behavioral health care manager), including the use of applicable validated rating scales
- ✓ Care planning by the primary care team, jointly w/ beneficiary
- ✓ Proactive, systematic follow-up using validated rating scales and registry by behavioral health care manager
- ✓ Regular case load review with psychiatric consultant, at least weekly



Qualifying Providers

- ✓ Physicians
- ✓ Clinical Nurse Midwife
- ✓ Clinical Nurse Specialists
- ✓ Nurse Practitioners
- ✓ Physician Assistants
- ✓ Behavioral Health Care Manager (Required)
- ✓ Psychiatric Consultant (Required)

BHI Basics

The following health care professionals may furnish General BHI services:

Physicians – MD, DO, and Care Team Members:

- Physicians – MD, DO
- Non Physician Providers (NPPs*):
 - Clinical Nurse Specialists
 - Clinical social workers (CSW)
 - Nurse practitioners (NP)
 - Physician Assistants (PA)
 - Certified nurse-midwives (CNM)

Supervision - General

- General supervision is defined as the service being furnished under the overall direction and control of the billing practitioner
- Billing practitioner's physical presence is not required during service provision



Additional Eligibility Requirements

- Providers are typically primary care, but can be other specialties such as cardiology, oncology, psychiatry
- Services may be provided in full by billing practitioner
- Qualified clinical staff may also provide certain services using a team-based approach. These clinical staff may- but are not required to- include a designated behavioral health care manager psychiatric consultant
- General supervision in of itself does not comprise a qualifying relationship between the billing practitioner and the other members of the care team

*Applicable to state law, scope of practice, "incident to" rules and regulations. The staff are either employees or working under contract to the billing provider whom MCR directly pays for CCM services

CoCM Basics

The following health care professionals may furnish CoCM:

Physicians – MD, DO, and Care Team Members:

- Physicians – MD, DO
- NPP's
 - Certified Nurse Midwife
 - Clinical Nurse Specialist
 - Nurse Practitioner
 - Physician Assistants
- Psychiatric Consultant
- Behavioral Health Manager

Supervision - General

- General supervision is defined as the service being furnished under the overall direction and control of the billing practitioner
- Billing practitioner's physical presence is not required during service provision



Additional Eligibility Requirements

- Physicians in specialties such as cardiology, oncology, psychiatry may also provide direction
- Qualified clinical staff may provide certain services using a team-based approach
- Beneficiary is considered part of the Care Team

CoCM Service Members

Care Team Members:



Treating (Billing) Practitioner – A physician and/or non-physician practitioner (PA, NP, CNS, CNM) typically primary care, but may be of another specialty (e.g., cardiology, oncology)



Behavioral Health Care Manager – A designated individual with formal education or specialized training in behavioral health (including social work, nursing, or psychology), working under the oversight and direction of the billing practitioner



Psychiatric Consultant – A medical professional trained in psychiatry and qualified to prescribe the full range of medications



Beneficiary – The beneficiary is a member of the care team

BHI/CoCM Service Members

Behavior Health Care Manager



Must have formal education or have specialized training in behavioral health. CMS recognizes, social work, nursing and psychology as acceptable specialties subject to “incident to” rules and regulations

Responsibilities include:

- Care management services: assesses treatment adherence, tolerability, and clinical response using validated rating scales i.e. Likert Scale
- Behavioral Care planning including managing treatment plan revisions for patients who are not progressing or who’s status changes
- Provide brief evidence-based psychosocial interventions such as behavioral activation or motivational interviewing
- Ongoing collaboration with the treating physician and the primary care team (at least weekly)
- Reviews the beneficiary’s treatment plan status with the psychiatric consultant and maintains or adjusts treatment, including referral to behavioral health specialty care as needed
- Regular case load review with psychiatric consultant
- Manage the eligibility to manage the patient during off hours, and maintain a continuous relationship with the beneficiary

BHI / CoCM Service Members

- The BHI codes can be billed (directly reported) by physicians and non-physician practitioners whose scope of practice includes **evaluation & management (E/M) services** and who have a **statutory benefit for independently reporting services to Medicare**. This includes physicians of any specialty, physician assistants, nurse practitioners, clinical nurse specialists and certified nurse midwives.
- Generally, it is **not expected that psychiatrists bill the psychiatric CoCM codes**, because psychiatric work is defined as a sub-component of the psychiatric CoCM codes. However, General BHI could be billed by a psychiatrist **who furnished the services described by the general BHI code (G0507)** and met all requirements to bill it.
- Psychiatric Non-Participating psychiatrists **may serve as consultants** as Medicare makes payment to the billing practitioner. Services from a third party they contract with does not necessarily have to be participating with Medicare
- The psychiatric consultant and behavioral health care manager may, but are not required to be, **employees in the same practice as the billing practitioner**.
- Other care team members are **either employees or working under contract** to the billing practitioner whom Medicare directly pays for BHI. Under the current CoCM model of care, the psychiatric consultant is commonly (but not required to be) remotely located.

BHI and CoCM Basics

BHI and CoCM services can be provided in the form of **face-to-face patient visits and non-face-to-face services**

- Initial visit and assessment **must be performed during a face-to-face patient visit**
- BHI services **may be furnished in any setting of care**, including inpatient or any other facility setting
- For CoCM services:
 - The Behavioral Health Care Manager must be *available* to provide face-to-face services but **face-to-face services are not a CMS requirement**
 - The Psychiatric Consultant typically does not see or interact directly with the beneficiary

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BHI Components

BHI services can be billed using code **G0507**.

Code	Description	Elements
G0507	Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional time, per calendar month.	<ul style="list-style-type: none">• Initial and systematic assessment and monitoring, including the use of applicable validated rating scales• Behavioral care planning and revision for patients whose condition is not improving adequately• Facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and / or psychiatric consultation• Continuity of care with a designated member of the care team

CoCM BHI Components

CoCM BHI services are provided by a Behavioral Health Care Manager in conjunction with a psychiatric consultant, and directed by the billing provider.

Code	Description	Elements
G0502	Initial psychiatric collaborative care management; first 70 minutes in the first calendar month	<ul style="list-style-type: none"> • Outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional; • Initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan; • Review by the psychiatric consultant with modifications of the plan if recommended; • 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 • Provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies.
G0503	Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month	<ul style="list-style-type: none"> • Tracking patient follow-up and progress using the registry, with appropriate documentation; • Participation in weekly caseload consultation with the psychiatric consultant; • Ongoing collaboration with and coordination of the patient's mental health care with the treating physician or other qualified health care professional and any other treating mental health providers; • Additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided by the psychiatric consultant; • Provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies; • Monitoring of patient outcomes using validated rating scales; and relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment.

CoCM BHI Components

CoCM BHI services are provided by a Behavioral Health Care Manager in conjunction with a psychiatric consultant, and directed by the billing provider.

Code	Description	Elements
G0504	Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month	<ul style="list-style-type: none">• List separately in addition to code for primary procedure• Use G0504 in conjunction with G0502, G0503

Requirements for Suppliers of BHI

Psychiatrists

Required Qualifications	Coverage	Payment
<ul style="list-style-type: none"> • MD or DO • Acting within scope of license 	<ul style="list-style-type: none"> • Services are not otherwise precluded due to a statutory exclusion, and the services must be reasonable and necessary • You may perform the general supervision assigned to diagnostic psychological and neuropsychological tests • Services and supplies may be furnished incident to your professional services 	<p>Payment for assigned services is made at 100% of the amount a physician is paid under the Medicare Physician Fee Schedule.</p>

1) Legally authorized to practice medicine in the state in which the services are performed

Requirements for Suppliers of BHI / CoCM

Clinical Psychologists

Required Qualifications	Coverage	Payment
<ul style="list-style-type: none"> • Have a Doctoral degree in psychology • Are licensed or certified, on the basis of the Doctoral degree in psychology, by the State in which you practice at the independent practice level of psychology to furnish diagnostic, assessment, preventive, and therapeutic services directly to individuals. 	<ul style="list-style-type: none"> • Services are not otherwise precluded due to a statutory exclusion, and the services must be reasonable and necessary • Upon the patient's consent, you must attempt to consult with the patient's attending or primary care physician about the services being furnished and: Document the date of consent or declination of consent to consultations and the date of consultations in the patient's medical record • If consultations do not succeed, document the date and manner of notification to the physician in the patient's medical record (does not apply if the physician referred the patient to you) • You may perform the general supervision assigned to diagnostic psychological and neuropsychological tests; and • Services and supplies may be furnished incident to your professional services, with the exception of services furnished to hospital patients. 	<ul style="list-style-type: none"> • Payment is made only on an assignment basis; and • Services are paid at 100% of the amount a physician is paid under the Medicare Physician Fee Schedule.

1) Legally authorized to practice medicine in the state in which services are performed

Requirements for supplies of BHI

Clinical Social Workers

Required Qualifications	Coverage	Payment
<ul style="list-style-type: none"> • Master's or Doctoral degree in social work; • Minimum of 2 years of supervised clinical social work • Are licensed or certified as a CSW by the State in which the services are performed • If you practice in a State that does not provide for licensure or certification, have completed at least 2 years or 3,000 hours of post Master's degree supervised clinical social work practice under the supervision of a Master's level social worker in an appropriate setting (for example, a hospital, Skilled Nursing Facility [SNF], or clinic). 	<ul style="list-style-type: none"> • Services are not otherwise precluded due to a statutory exclusion, and the services must be reasonable and necessary • Services are for the diagnosis and treatment of mental illnesses • CSW services furnished to hospital inpatients are not covered as CSW services • CSW services to hospital outpatients are covered and paid under the CSW benefit when billed by the hospital to a Medicare Administrative Contractor under the CSW's National Provider Identifier • CSW services furnished to patients under a Partial Hospitalization Program that is provided by a hospital outpatient department or Community Mental Health Center are not covered and paid under the CSW benefit • CSW services furnished to SNF inpatients and patients in Medicare-participating End-Stage Renal Disease facilities are not covered and paid under the CSW benefit if the services furnished are required under the respective requirements for participation • Incident to services that you furnish for physicians, CPs, CNSs, NPs, PAs, or CNMs may be covered • Personal professional services are not covered 	<ul style="list-style-type: none"> • Payment is made only on an assignment basis • Services are paid at 75% of the amount a CP is paid under the Medicare Physician Fee Schedule.

Requirements for supplies of BHI

Independently Practicing Psychologists (IPP)

Required Qualifications	Coverage	Payment
<ul style="list-style-type: none"> • Are a psychologist who is not a CP; and • Meet one of the following criteria: Practice independently of an institution, agency, or physician's office and are licensed or certified to practice psychology in the State or jurisdiction where the services are performed; or • Are a practicing psychologist who performs services in a jurisdiction that does not issue licenses. 	<ul style="list-style-type: none"> • Services are not otherwise precluded due to a statutory exclusion, and the services must be reasonable and necessary • Performs services on your own responsibility, free of the administrative and professional control of an employer (for example, a physician, an institution, or an agency) • The individuals treated are your own patients • When you practice in an office that is located in an institution: The office is confined to a separately-identified part of the facility that you use solely as an office and cannot be construed as extending throughout the entire institution; and • You conduct a private practice (you furnish services to patients outside the institution as well as to institutional patients) • You may perform diagnostic psychological and neuropsychological tests when a physician orders such tests • You have the right to bill directly and collect and retain the fee for your services. 	<ul style="list-style-type: none"> • Diagnostic psychological and neuropsychological tests are not subject to assignment; however, you must include the name and address of the physician who ordered the tests on the claim form; and • Assigned payment is made to the IPP at 100% of the Medicare Physician Fee Schedule amount.

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BHI / CoCM Billing and Coding

Advance Consent

- Required **prior to commencement of BHI services**
- The **beneficiary must give the billing practitioner permission to consult** with relevant specialists, which would include conferring with a psychiatric consultant.
- The billing practitioner **must inform the beneficiary that cost sharing applies for both face-to-face and non-face-to-face services** that are provided, although supplemental insurers may cover cost sharing.
- Consent may be verbal (written consent is not required) but **must be documented in the medical record.**

Initial Visit

- Required **prior** to BHI services
- Must be a **comprehensive** E/M, face to face visit
 - TCM, AWV, IPPE
 - Level 2-5 E/M services 99202-99205; 99212-99215
 - Not part of BHI and can be billed separately
- CPT codes that do not involve face to face visit i.e. telephone, online services **do not qualify**
- The billing practitioner **must discuss BHI** with the beneficiary during the visit

BHI / CoCM Billing and Coding

Documentation

- Documentation must indicate services are **medically reasonable and necessary** for the purpose of diagnostic study or be **reasonably expected to improve the patient's condition** subject to Same Day Billing Guidelines
- Individualized written plan of care (POC) must be created that states:
 - The **type, amount, frequency, and duration** of services to be furnished
 - The **diagnosis**
 - **Anticipated goals** (except when only a few brief services are furnished)
- **Supervision and periodical evaluation** documented by a physician who
 - Prescribes the services
 - Determines the extent to which treatment goals have been reached and whether changes in direction or emphasis are needed
 - Provides supervision and direction to the therapists involved in the patient's treatment
 - Documents his or her involvement in the patient's medical record

BHI / CoCM Billing and Coding

BHI Code	Behavioral Health Care Manager or Clinical Staff Threshold Time	Assumed Billing Practitioner Time
CoCM: First Month G0502	First 70 Minutes per calendar month	30 minutes
CoCM: Subsequent Months G0503	60 minutes per calendar month	26 minutes
CoCM: Add On any month G0504	Each additional 30 minutes	13 minutes
General BHI G0507	At least 20 minutes per calendar month	15 Minutes
BHI Initiating Visit: (AVW, IPPE, TCM or other qualifying E&M)	N/A	Usual work for visit

Billing BHI and CoCM Together

- A single practitioner must choose whether to report the general BHI code or the CoCM codes in a given month (service period) for a given beneficiary.
- In many cases, it may be appropriate for a single practitioner to report the general BHI code or the CoCM codes for the same beneficiary over the course of several months

BHI / CoCM Billing and Coding

Billing with Chronic Care Services

CCM and BHI are distinct services although there is some overlap in eligible patient populations. There are substantial differences in the potential number and nature of conditions, types of individuals providing the services, and time spent providing services.

CCM	BHI
Planning for all health issues	Focuses on individuals with behavioral health issues
Includes systems to ensure receipt of all recommended preventative services	Systematic care management using validated rating scales (when applicable)
Requires use of certified electronic health information technology	Does not focus on preventative services

- In most cases, it would not be difficult to determine which set of codes (BHI or CCM) more accurately describe the patient and the services provided. The **code(s) that most specifically describe the services being furnished should be used**. If a BHI service code more specifically describes the service furnished (service time and other relevant aspects of the service being equal), then it is more appropriate to report the BHI code(s) than the CCM code(s).
- There may be some circumstances in which it is reasonable and necessary to provide both services in a given month. **Both codes can be billed for the same patient in the same month** if advance consent for both services and all other requirements for reporting are met and time and effort are not counted more than once.
- Cost sharing and advance consent **apply to each service independently**

BHI / CoCM Billing and Coding

Service Period and Required E/M

- The BHI service period is **one calendar month**. CMS anticipates the billing practitioner to continue furnishing services during that month, if it is medically necessary and even if after the time threshold to bill BHI is met. After the completion of the minimum clinical staff service time requirements for billing are met, the practitioner may submit the claim and need not hold the claim until month end.
- The **only required visit is the initiating visit**, which is only required for new patients or patients not seen within a year of commencement of BHI services, and could be furnished the preceding calendar month.

BHI / CoCM Billing and Coding

Diagnosis

- The CY 2017 PFS Final Rule (81 FR 80232), states BHI codes may be used to treat patients with any mental, behavioral health or psychiatric condition that is being treated by the billing practitioner, including substance use disorders.
- Diagnosis is **not limited to a specified set** of behavioral health conditions.
- The services require that there must be a **presenting mental, psychiatric or behavioral health condition(s)** that, in the clinical judgment of the billing practitioner, warrants BHI services.
- The diagnosis or diagnoses could be either **pre-existing or made by the billing practitioner** and may be refined over time.

BHI / CoCM Billing and Coding

Medicare Cost Sharing

Cost Sharing:

- If services are covered under Medicare Part B, Medigap insurers **do not have authority to deny** the coinsurance, copayments or other benefits that are payable on behalf of the beneficiary under the provisions of the Medigap insurance contract.
 - Private insurers providing standardized Medigap **plans agree to accept a notice of Medicare payment as a claim** for the payment of benefits under the Medigap plan, unless the Medigap policy itself has a deductible that has not yet been met (e.g., high deductible Plan F).
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Dual Eligibility Beneficiaries:

- Qualified Medicare-Medicaid dually eligible beneficiaries **have access to BHI services and will not be responsible for the deductibles/co-insurance even if not covered by the state plan**. If the service is not covered in the State plan, States can set other reasonable payment limits, approved by CMS, for the service.
- Most states limit payment of Medicare cost-sharing to the **“lesser-of” Medicaid or Medicare rates**.
- Providers **need to be enrolled in both** Medicare and Medicaid

BHI / CoCM Billing and Coding

Remote – Telehealth

- The **BHI codes allow for remote provision** of certain services by the psychiatric consultant and other members of the care team. For **CoCM**, the behavioral health care manager **must be available to provide face-to-face** services in person, but provision of face-to-face services is **not required**.
- The BHI codes do not describe services that are subject to the rules for Medicare telehealth services in the narrow meaning of the term (under section 1834(m) of the Social Security Act).

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Diverse Roles, Credentials Among BH Providers

BH Staff Role

Training and Privileges



Social Worker

- Includes bachelors or masters trained; may have doctoral or post-masters training
- Provide psychotherapy, collaborate on treatment plans, perform case management, direct patients to community resources



Counselor

- Masters-level training plus post-masters experience; may have doctoral training
- Able to diagnose and treat emotional and mental disorders, provide cognitive-behavioral, psychodynamic, and interpersonal therapy



Psychiatric Nurse Practitioner

- Nurse with masters- or doctoral-level training, including training in psychiatric care
- Able to diagnose and treat behavioral health and basic medical conditions; can practice and/or prescribe without a physician's oversight in many states



Clinical Psychologist

- Doctoral- or post-doctoral level training with clinical experience
- Able to diagnose and treat with psychotherapy, as well as teach and conduct research; unable to prescribe medication in most states



Psychiatrist

- Trained in allopathic or osteopathic medicine
- Able to diagnose and treat behavioral health disorders through psychotherapy and medication management, including the most complex disorders

Standardize Process for Screening and Monitoring

Implementation Framework for Patient Identification

1 Adopt evidence-based screening processes with standardized protocols

Action Steps

- Standardize screening guidelines for mental health conditions (e.g., depression) and substance abuse issues and concerns.
- Train care teams on how to properly carry out mental health and substance abuse screening guidelines.
- Collect patient information on social determinants of health (e.g., housing stability, access to transportation, health literacy) during routine primary care visits.

2 Document behavioral health screening results and patient risk factors

- Assign staff member(s) to oversee or administer a comprehensive intake assessment during patient visits.
- Assign staff member(s) to interpret data from completed screenings.
- Assign staff member(s) to input the results of screening and data collection efforts into shared care-planning documents.
- Store care-planning documents in a central place where all providers and care team members can access the patient's information.

3 Enforce accountability standards in care team workflows

- Standardize protocols to guide recommended follow-up action steps for screenings.
- Update patient screenings on a routine basis.
- Segment population by risk scores to guide patient intervention.
- Tailor behavioral health services or care management interventions to a specific risk group or patient population (e.g., all patients with diabetes, 3+ chronic conditions).

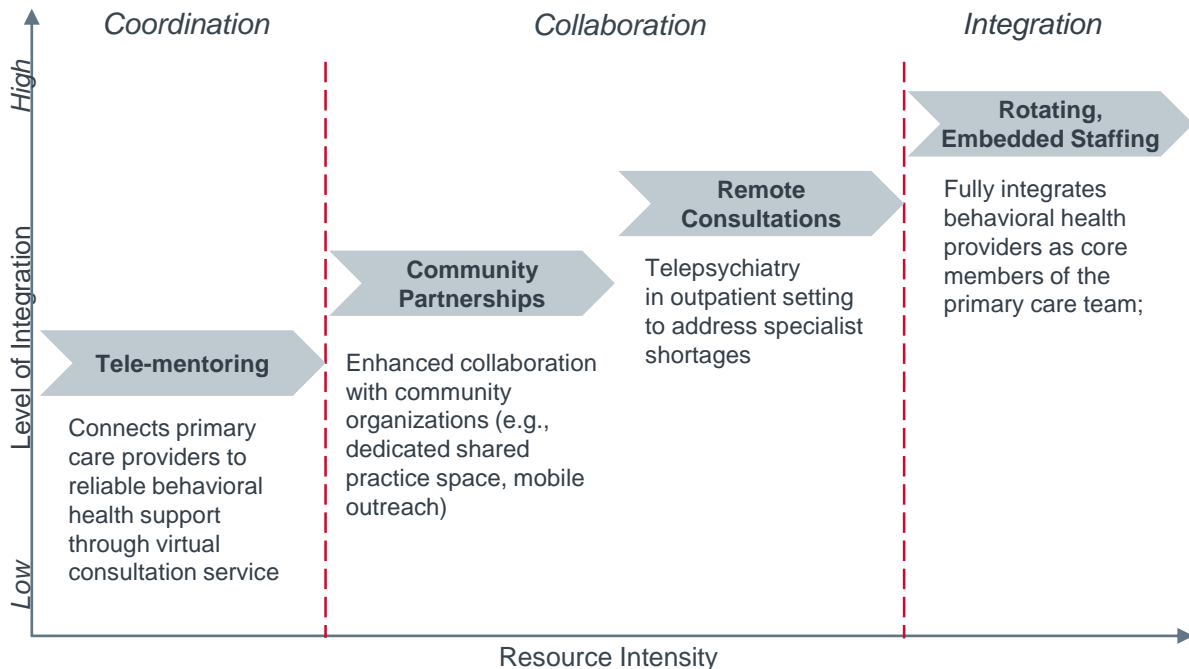
Administer Validated, Easy-to-Use Screening Tools

Screening Tool	Condition Screened or Measured	Number of Questions	Administration
PHQ-2	Depression	2	Self-administered
CAGE AID	Alcohol and drug abuse	4	Clinician-administered
Columbia-Suicide Severity Rating Scale	Suicide	6	Clinician-administered
Kessler 6 and 10	Psychological distress	6 or 10	Self-administered
GAD-7	Anxiety	7	Self-administered
PHQ-9	Depression	9	Self-administered
AUDIT	Alcohol abuse	10	Clinician-administered
DAST-10	Drug abuse	10	Self-administered
MDQ	Mood disorders	15	Self-administered
Duke Health Profile	Overall health and dysfunction	17	Self-administered
LEC	Trauma	17	Self-administered
DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure	Multiple domains	23	Self-administered

Range of Approaches to Staff the Integrated Model

Behavioral Health Coordination Models Not Mutually Exclusive

Spectrum of Coordinated Behavioral Health Models





Questions?



Appendix: Case Study



What is Integrated Behavioral Health?

At the Intersection of Mental and Physical Health

Mental Health



- Depression
- Mood disorders
- Learning disabilities
- Alcohol/drug abuse
- Pain management
- Anxiety
- Stress
- Grief management
- Other psychological issues

Physical Health

- Self-management for chronic diseases (e.g., diabetes, CHF, COPD)
- Medication adherence
- Smoking cessation
- Weight management

Central Principles of the Integrated Behavioral Health Model



Embedded within
Primary Care



Team-Based, Care
Management Focus



Patient-Centered Self-
Management Support



Clinical Information
Sharing Systems

Integrated Programs Improve Access, Outcomes

Key Program Design Elements of IMPACT

1 Standardized Patient Assessment



Behavioral health specialist conducts the initial visit with patient, reviews educational materials, and discusses the patient's treatment preferences

2 Protocol-Based Treatment Plan

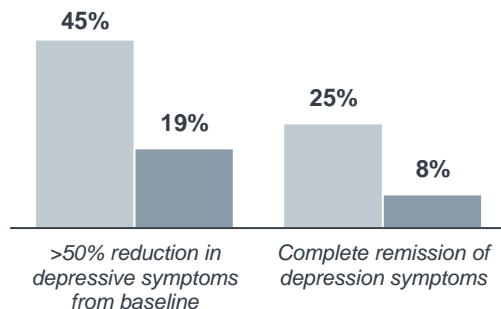


The behavioral health specialist works with the patient and his/her regular primary care provider to establish a treatment plan informed by IMPACT's treatment algorithm (primary care provider makes final treatment choices)

3 Routine Care Team Meetings



During weekly team meetings, the supervising psychiatrist, behavioral health specialist and primary care physician discuss new cases and cases requiring treatment plan adjustments



Sources: Unützer J, et al. "Collaborative care management of late-life depression in the primary care setting: A randomized controlled trial," *JAMA*, 2002, 288(22):2836-2845; Population Health Advisor interviews and analysis.

Potential for Triple Aim in Integrated Behavioral Health

Intermountain's Keys to Success

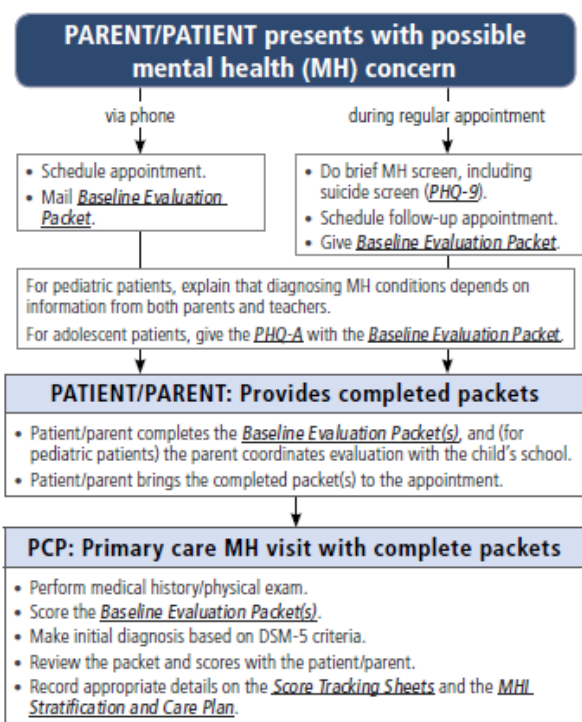
- 1 Comprehensive screening guidelines
- 2 Clear patient triage process based on patient need and acuity
- 3 Standardized approach with clear role definitions



Case In Brief: Intermountain Healthcare

- Intermountain is a nonprofit clinically integrated network of 22-hospitals, a medical group spanning 185 physician clinics, and a health insurance company.
- In 1998, the system leadership began their Mental Health Integration (MHI) program to improve care for patients with underlying depression in the primary care setting.
- The program leadership cites standardized team-based care, including clearly defined roles and responsibilities for all stakeholders, as a critical program element.
- Mental health coordinators, advanced practice nurses, social workers, and peer mentors complement the core care team of primary care providers, psychiatrists, and therapists through coordination, screening, education, and support.
- A 10-year study finds improvements in patient satisfaction, treatment adherence, utilization, and cost.

MHI Program Offers Comprehensive Screening Guides



Initial History and Consultation (page 1 of 2)

Today's Date: _____ Patient's Name: _____ Date of Birth: _____

1. What are the main problems or concerns you are dealing with?
Physical: 1. _____ 2. _____ 3. _____
Emotional: 1. _____ 2. _____ 3. _____

4. Chronic pain assessment
 YES NO
 Have you had pain on a daily basis for the last 6 months or more?
If YES, please rate your average daily level of pain on a scale of 0-10, with 0 being no pain, and 10 being the most severe. The face scale at the right may be helpful.

5. Sleep assessment
 YES NO
 Do you have problems sleeping? If YES, answer the following:
How long have you had sleep problems? _____
On average, how many nights per week do you have sleep problems? _____

Wong Baker FACES Pain Rating Scale

From: Anderson, G. & Wilson, C. (Eds.). (2004). *Wong's Pain Management*. Mosby, a division of Elsevier, St. Louis, MO, 198, 199, 200. © 2004. Used with permission. Copyright, Mosby.

Dismiss Follow-up

ADULT Scoring Sheet

Patient's Name: _____ Date of Birth: _____ MRN: _____
Clinic: _____ PCP: _____ Care Manager: _____ Eval. Date: _____

MEASURE (page 4 or page 10 for pediatric patients)	COMPLEXITY AND SEVERITY		
	MILD	MODERATE	HIGH
1. Reported concerns 1st concern: _____			
2. Previous MH treatment <input type="checkbox"/> No or 1 episode <input type="checkbox"/> 2 or more prior episodes <input type="checkbox"/> Multiple treatment failures	/0 (0-1)	/1 (2-3)	/4 (4)
3. # of somatic complaints Chronic conditions: <input type="checkbox"/> Anxiety <input type="checkbox"/> Diabetes <input type="checkbox"/> Other: _____	/0 (0-1)	/1 (2-4)	/10 (5-7)
4. Chronic pain severity /0 (0-3)	/1 (4-6)	/10 (6-7)	
5. Sleep problem severity /0 (0-3)	/1 (4-6)	/10 (6-7)	
6. # of psychotropic meds Current med: _____ Previous med: _____ (1-2 previous) Current med: _____ Previous med: _____ (>2 previous)	/0 (0-1)	/1 (2-3)	/10 (4-7)
7. Family history: mental health Dx <input type="checkbox"/> None or 2nd generation relative like cousin or grandparent <input type="checkbox"/> A parent, sibling, child <input type="checkbox"/> Multiple relatives or suicide			

MHI Stratification and Care Plan: ADULT

Today's Date: _____ Initial Eval Follow-up Eval Packet Review Only

Patient's Name: _____ Date of Birth: _____ MRN: _____
Clinic: _____ PCP: _____ Care Manager: _____

Initial History and Consultation	SCORE SUMMARY				
	MEASURES	MILD	MODERATE	HIGH	Target concentration
1. Reported concerns					
2. Previous mental health Tx					<input type="checkbox"/> med. <input type="checkbox"/> therapy <input type="checkbox"/> hosp.
3. Somatic					Medical comorbidity:
4. Chronic pain					
5. Sleep					
6. Medications					
7. Family history					
8. Abuse/neglect					
9. Substance abuse					
10. Eating disorders					

Source: Mental Health Integration at [https://intermountainphysician.org/clinical/pc/topics/Pages/Mental-Health-Integration-\(MHI\)-aspx](https://intermountainphysician.org/clinical/pc/topics/Pages/Mental-Health-Integration-(MHI)-aspx); Population Health Advisor interviews and analysis.

Screening Designates Treatment Approach

Treatment Cascade Involves Each MHI Team Member

Sample Triage Pathway for Depression Care at Intermountain

Routine Care

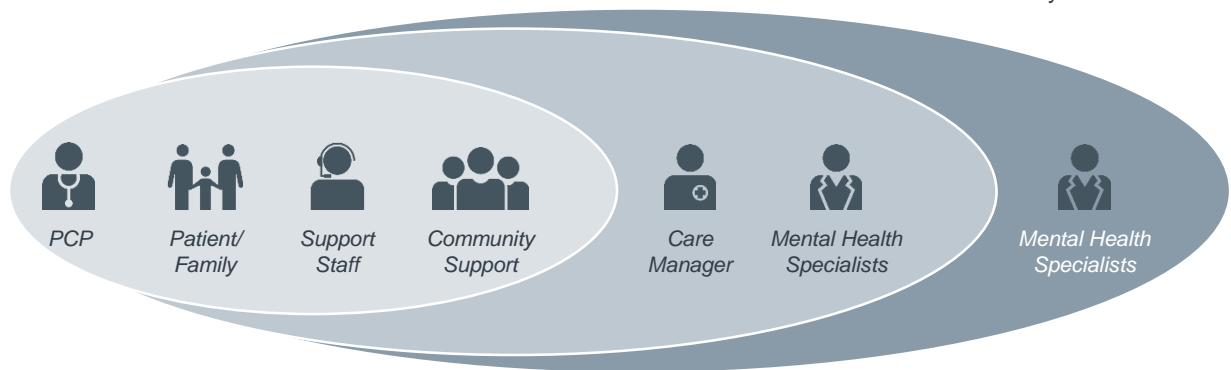
- Appropriate for mild depression
- Managed by PCP and support staff, connected to family, social, and community support

Collaborative Care

- Appropriate for moderate depression, co-morbid conditions
- Ongoing CM support, option for brief management-focused therapy with mental health staff

Specialty Care Referral

- Appropriate for danger risk, relational burden, co-morbid complexity
- Specialist consults on stabilization or refers to secondary services



Source: Reiss-Brennan R, et al., 2006, "Mental Health Integration: Rethinking Practitioner Roles in the Treatment of Depression: The Specialist, Primary Care Physicians, and the Practice Nurse," available at: <http://www.ncbi.nlm.nih.gov/pubmed/16774022>, accessed on Oct 16 2013; Intermountain HealthCare, "Overview of Mental Health Integration (MHI), available at: <https://intermountainhealthcare.org/ext/Dcmnt?ncid=51080953>, accessed on Oct 16, 2013; Population Health Advisor research and analysis.

Core Care Team Members Fulfill Different, Yet Complementary Functions



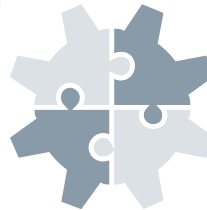
Primary Care Provider (PCP)

- Initiates Mental Health Team process and facilitates coordinated relationships with care manager and support staff
- Conducts ongoing patient care, including care planning and medication management
- Leads care team with the help of the clinic manager and staff
- Makes treatment decisions



Licensed Mental Health Professional

- Works with PCP to clarify patients' diagnoses, determine complexity and care plan, consult on treatment and medication plan
- Provides therapy, diagnosis support, and medication management, if outside of PCP expertise
- Bridges care gap to stabilize patients in crisis while referrals to long-term care are in progress



Patient and Family

- Act as major partners in treatment
- Participate in education opportunities, group-based support, and peer mentoring to help take active role in treatment and promote self-management.



Care Manager

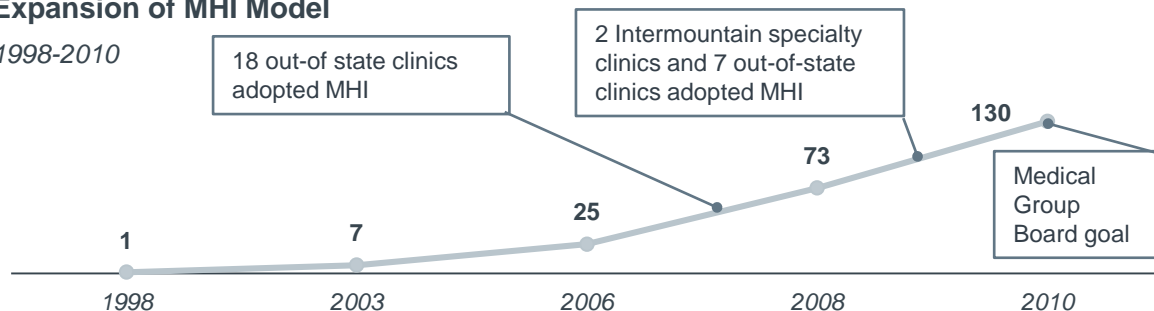
- Follows up with patients and family to provide education and ensure adherence to treatment protocols
- Joins Mental Health Team to conduct complex patient care discussions
- Tracks performance over time and communicates updates to team

Integrated Team Shares Responsibility for BH

Improving Outcome, Utilization, and Cost of Care

Expansion of MHI Model

1998-2010



Integrated Behavioral Health Compared to Care as Usual

39.7%

Higher rate of patients with ICP¹

5.1%

Higher rate of diabetes care regimen adherence

7.0%

Reduction in primary care visits

10.6%

Reduction in hospital admissions

\$115

Per member per year system savings

Source: Reiss-Brennan B, et al., "Association of Integrated Team-Based Care With Health Care Quality, Utilization, and Cost," *JAMA*, 16, no. 8 (2016): 826-834; Reiss-Brennan R, et al., 2006, "Mental Health Integration: Rethinking Practitioner Roles in the Treatment of Depression: The Specialist, Primary Care Physicians, and the Practice Nurse," <http://www.ncbi.nlm.nih.gov/pubmed/16774022>, accessed on Oct 16 2013; Intermountain HealthCare, "Overview of Mental Health Integration (MHI)," <https://intermountainhealthcare.org/ext/Dcmnt?ncid=51080953>;