



New England (HHS Region 1)

MHTTC

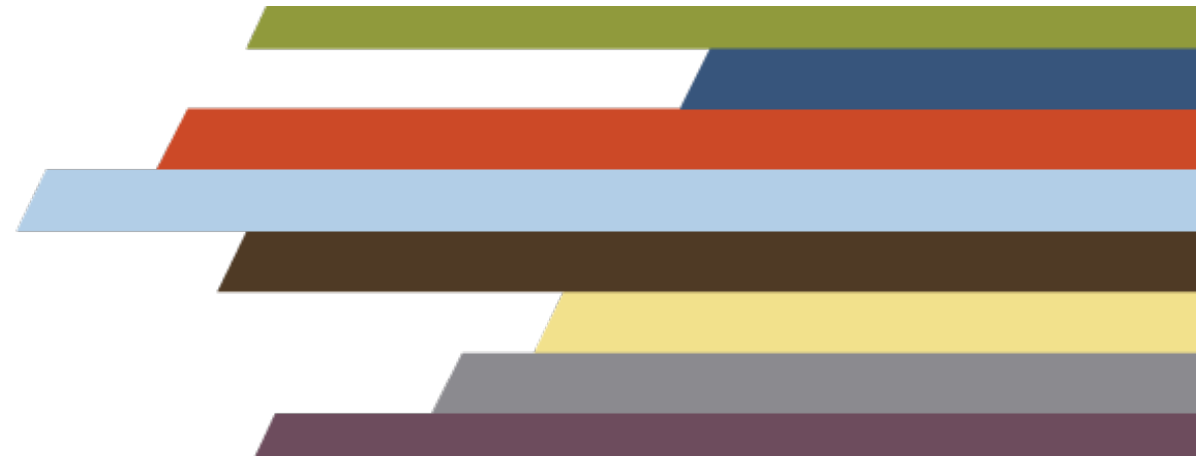
Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

# Payment Strategies for Coordinated Specialty Care

**Melissa Rowan, MSW, MBA, Executive Vice President for Policy Implementation**

*April 29, 2020*



# Housekeeping Information



Participant microphones will be muted at entry – you will be able to unmute during the discussion portion



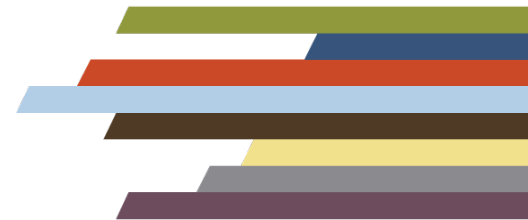
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This session is being recorded and it will be available on the MHTTC website at a later time



If you have questions after this session, please e-mail:  
[newengland@mhttcnetwork.org](mailto:newengland@mhttcnetwork.org)



# New England MHTTC

## *Our Mission*

To use evidence-based means to disseminate evidence-based practices across the New England region.

## *Area of Focus*

Recovery-Oriented Practices, including Recovery Support Services, within the Context of Recovery-Oriented Systems of Care.





# Ensuring Inclusion

To ensure the responsiveness of our work, we will actively develop and maintain a network of:

- *government officials*
- *policy makers*
- *system leaders*
- *Administrators*
- *community stakeholders*
- *Providers*
- *researchers*
- *youth and adults*
- *family members*

from each of the six states to guide our activities.



**To learn more about us**

**<https://mhttcnetwork.org/centers/new-england-mhttc/home>**



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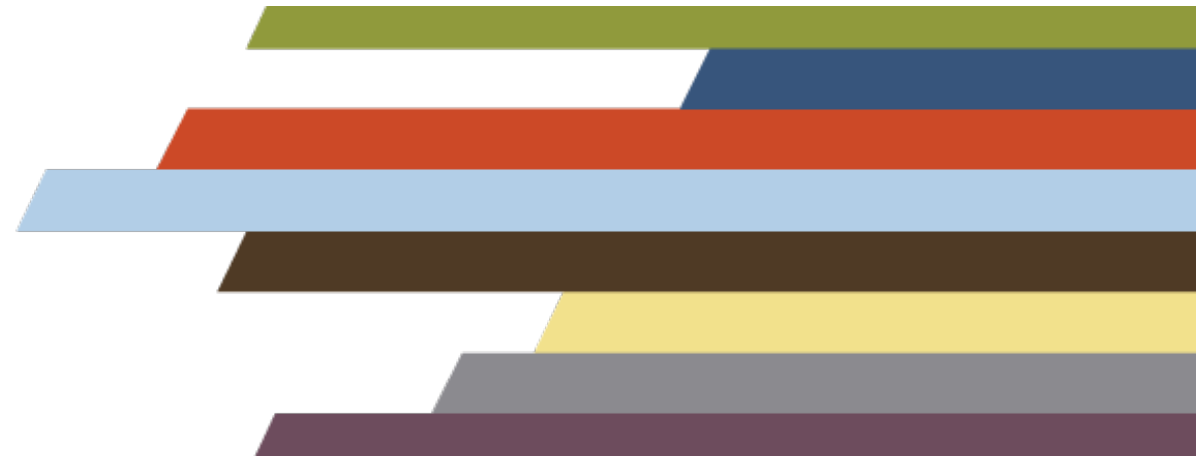
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# About Meadows Mental Health Policy Institute

## History

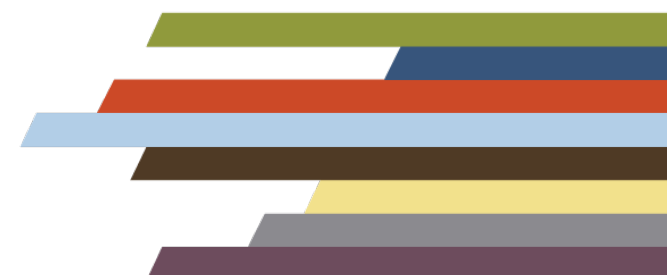
The Meadows Mental Health Policy Institute traces its origins to the vision of The Meadows Foundation and its philanthropic leadership throughout the State of Texas on mental health and other vital public issues.

## Mission

To support the implementation of policies and programs that help Texans obtain effective, efficient mental health care when and where they need it.

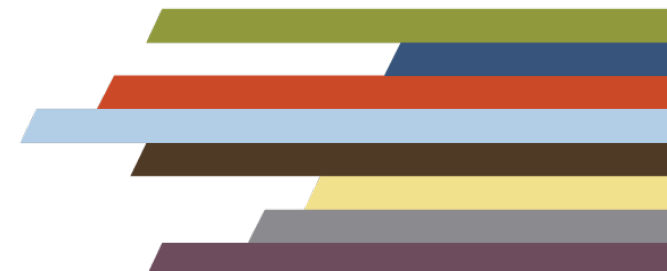
## Vision

For Texas to be the national leader in treating people with mental health needs.



# Financing Early Psychosis Treatment

- Propose uniform coding and payment strategies for commercial insurers, Medicare and Medicaid
- Bowman Family Foundation and the Meadows Mental Health Policy Institute (MMHPI) convened a work group
- American Psychiatric Association (APA), the BeST Center, Columbia University's OnTrack NY program, Maine Behavioral Health Care, NAMI, National Institute of Health, NY Office of Mental Health, and the National Association of State Mental Health Program Directors (NASMHPD)
- Based on work for Early Assessment and Support Alliance (EASA) in Marion and Polk Counties in Oregon by Brenda Jackson Consulting, LLC and Triwest Group, LLC





The paper can be found at:

[https://www.texasstateofmind.org/wp-content/uploads/2020/02/MMHPI-Payment-Strategies-for-Coordinated-Specialty-Care-Final-Report-01\\_10\\_2020-with-citation.pdf](https://www.texasstateofmind.org/wp-content/uploads/2020/02/MMHPI-Payment-Strategies-for-Coordinated-Specialty-Care-Final-Report-01_10_2020-with-citation.pdf)

## **Payment Strategies for Coordinated Specialty Care (CSC)**

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**Final Report**

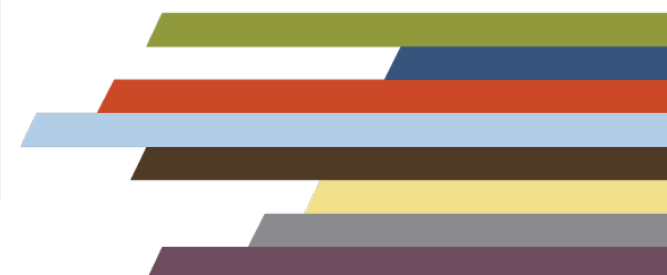
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January 10, 2020

MEADOWS  
**MENTAL HEALTH**  
POLICY INSTITUTE

**Bowman Family Foundation – Funder**

**Meadows Mental Health Policy Institute – Funder and Producer**



# Financing Approach

Traditional billing does not cover program costs



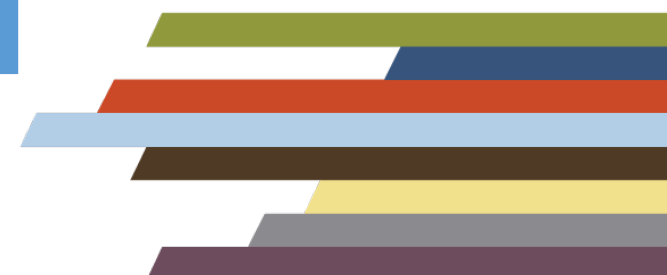
Identify a billing strategy



Identify existing billing codes

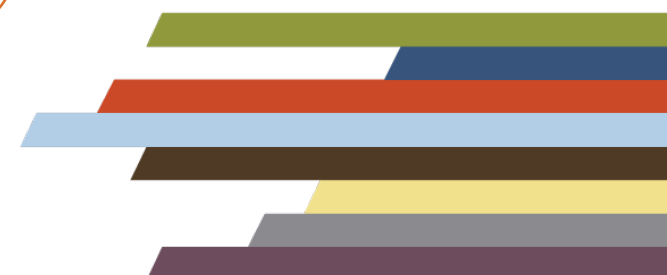
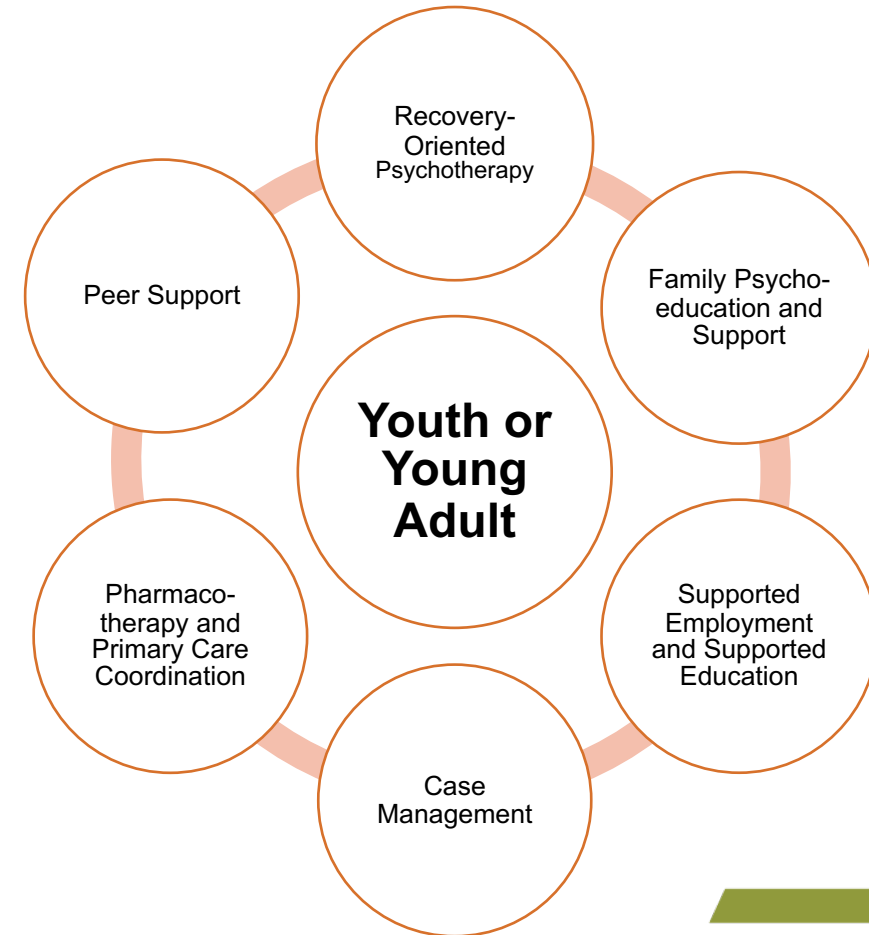


Develop guidance for providers/ insurers



# Findings & Recommendations

- Programs with fidelity have similar cost structures
- Billing separate individual services will not compensate the program for non-face to face professional services, collateral contacts, travel for community-based services, daily team meetings, outreach, calls, and extraordinary training and documentation requirements.

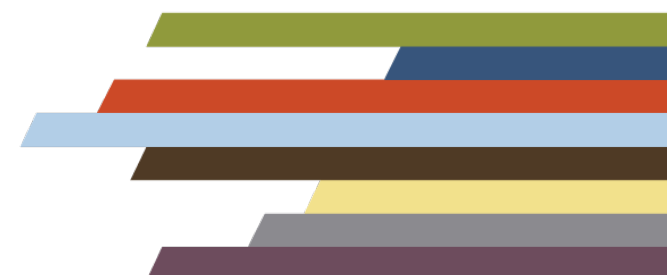


# Findings & Recommendations

- A single rate for both professional and rehabilitative services using an existing Healthcare Common Procedure Coding System (HCPCS) billing code will result in fair compensation for early psychosis programs operating in fidelity to national research standards.
- We recommend two separate reimbursement structures based on the intensity of service:
  - A monthly case rate for delivery of the full model and
  - An encounter rate billed for eligible services with less intense delivery.

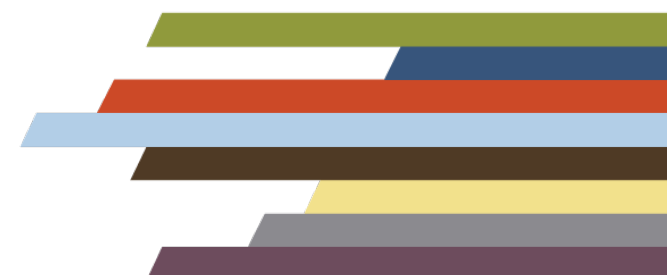
HCPCS code T1024 paired with an HK modifier to indicate a full model was provided that month.

HCPCS T1024 without a modifier for an encounter rate.



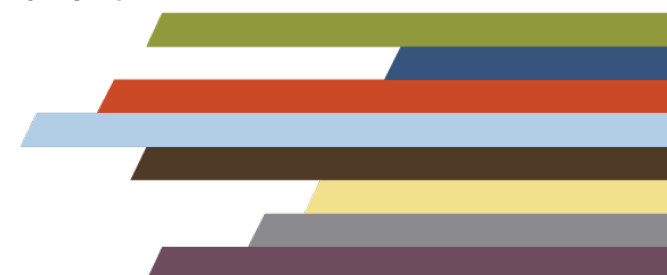
# Monthly Case Rate: Full Model

- A monthly case rate would reimburse a team for the full delivery of the CSC model. This case rate could be billed for any person meeting the target criteria who is receiving services for the full CSC model that month. Some people may require treatment with the full CSC model for as long as two years.
- The monthly minimum required services could include:
  - Two to three face-to-face visits or HIPAA-compliant telehealth contacts from a team member;
  - One collateral contact via an electronic modality (e.g. telephone, e-mail, phone-based app, or telehealth); and
  - One team staff meeting discussion with the full team, including the licensed professionals on the team.



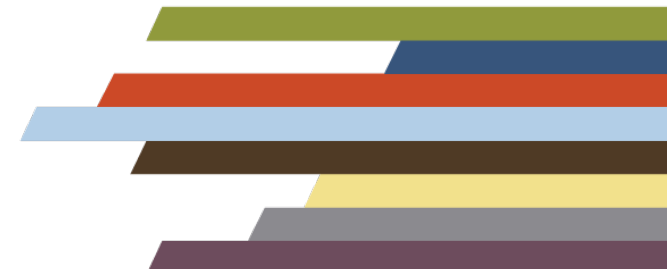
# Monthly Case Rate: Criteria to Define

- The following criteria would need to be clearly defined for a case rate:
  - Admission criteria to the program, including defining the target population clearly;
  - Recommendations for care, supervision, and treatment plans that are developed by a licensed practitioner;
  - Minimum staffing required for the program;
  - The minimum number of encounters that are required to be provided for a case rate to be billed;
  - Discharge criteria to ensure that people who should be transitioned to other levels of care do not remain on CSC caseloads
- *Payment Strategies for Coordinated Specialty Care Appendix 2 offers a draft proposal for admission and continued stay guidelines.*



# Encounter Rate: Less Intensive

- An encounter rate could be billed for each encounter when a person meeting the target criteria receives team-based services with less intensity than the full CSC model, but still meets the continued stay criteria.
- May occur due to hospitalization, transition to step-down levels of care, absence from the geographic area, etc.

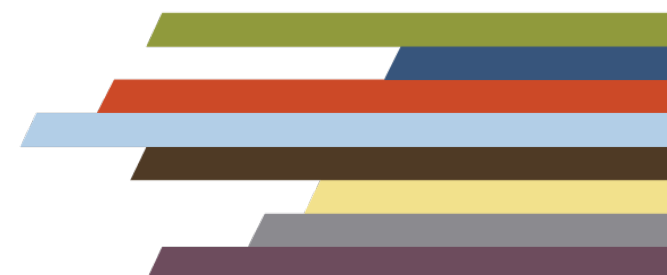


# Thank You

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For more information, contact Melissa Rowan at [mrowan@texasstateofmind.org](mailto:mrowan@texasstateofmind.org)





# Questions?

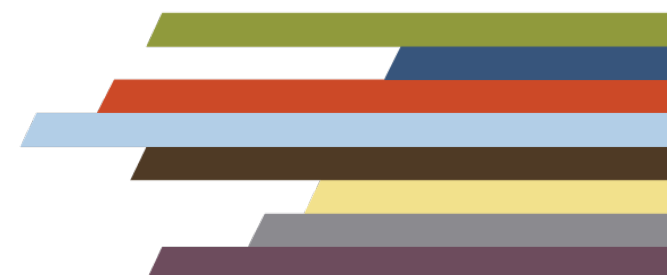
# Thanks for Listening!

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# Housekeeping Information



You are now able to unmute your microphone for Q&A



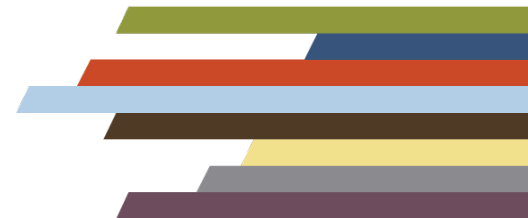
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# Upcoming Sessions

5/6/2020 - 2-3PM EST | **Ian Lang, MBA**, Executive Director of the Brookline Center for Community Mental Health, Former Executive Director Continuum Behavioral Health in Rhode Island

6/10/2020 - 2-3PM EST | **Yuhua Bao, Ph.D.**, Weill Cornell Medical College, Departments of Healthcare Policy and Research and of Psychiatry & **Lisa Dixon, MD, MPH**, New York State Psychiatric Institute, Columbia University Vagelos College of Physicians and Surgeons and New York-Presbyterian

Visit our website to register: <https://mhttcnetwork.org/newengland>

