



Monday, February 3, 2025, 12 p.m. – 1 p.m.

BHI Financing & Sustainability

BHI-CYCLE Commons



California Quality
Collaborative

Summary

- Importance of communication between BH team, Primary care, and Finance/Billing Departments
 - De-Siloing
- Be creative and be willing to try different ways of billing
- Importance of workforce and pipeline programs
 - Greater interest in in-person services especially for pediatric patients and how that impacts workforce needs
- Need for grants, philanthropy, and start up dollars for this work
- Desire to bill for care coordination services and consultation services as a lot of BH work is still not being captured or is not billable

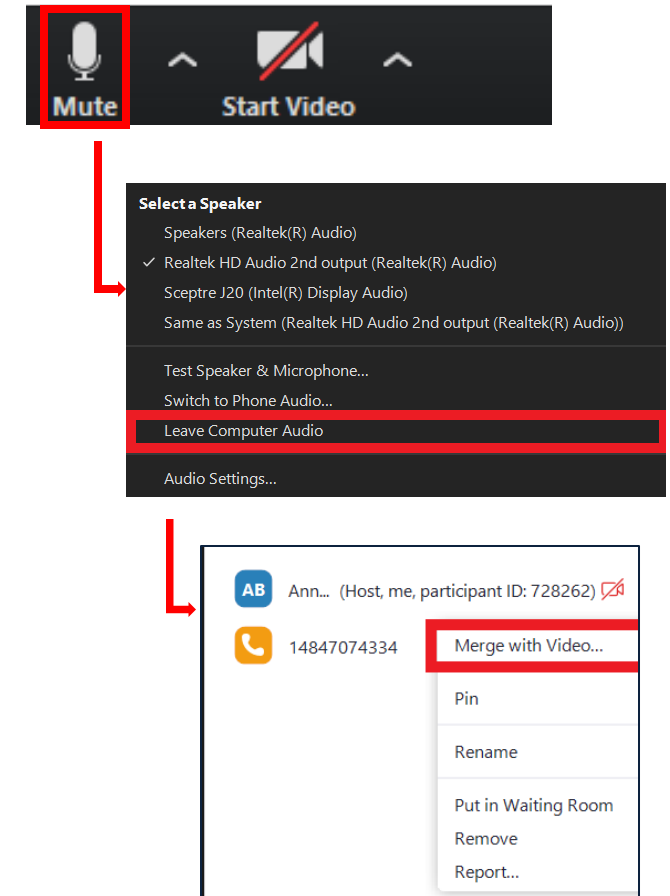
Zoom Tips

- Attendees automatically **MUTED** upon entry
- Use the **chat box** for questions
- Request closed captioning with 'Live Transcript' button

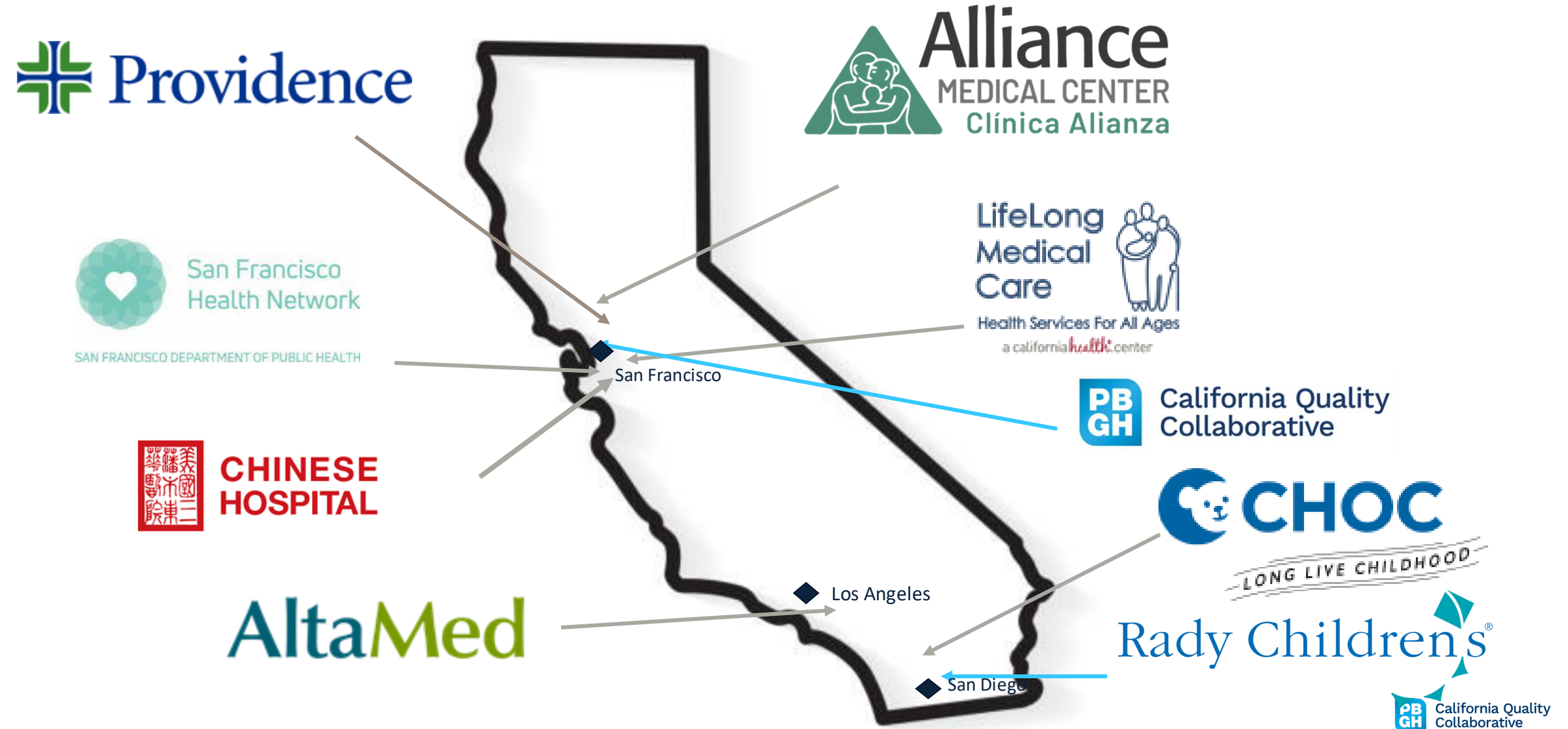


- Welcome to update name, pronouns and organization in your Zoom name
 - Right click on yourself → Rename
- **Direct message Erika** if you have any technical issues

If you've dialed in, please link your phone to your video/computer



Hello and Welcome!



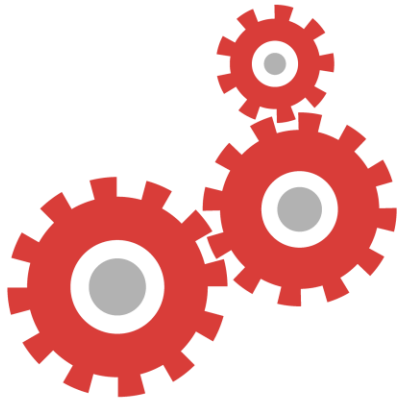
Anchoring Today

What has been a **win** for your integrated program around financing/ sustainability?

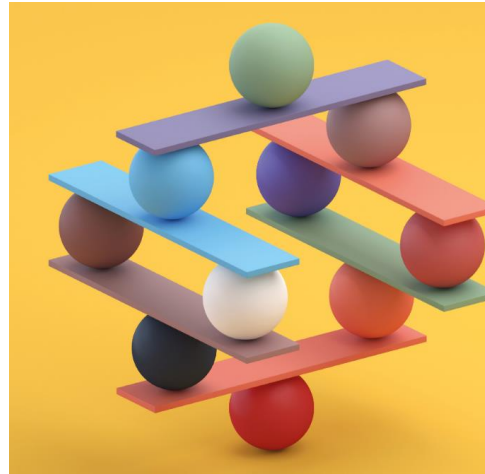


Today's Agenda

Today, we'll:



Review opportunities and lessons learned around BHI financing and sustainability



Discuss financing and sustainability opportunities with peers



Identify opportunity to engage colleague around BHI financing and sustainability

Welcome!



Taylor Beckwith

*Associate Director of Health Center
Optimization*

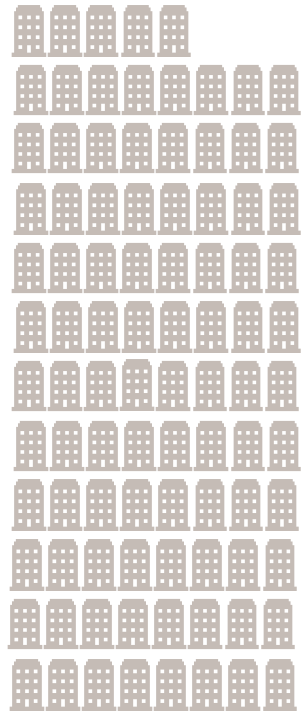
California Primary Care Association



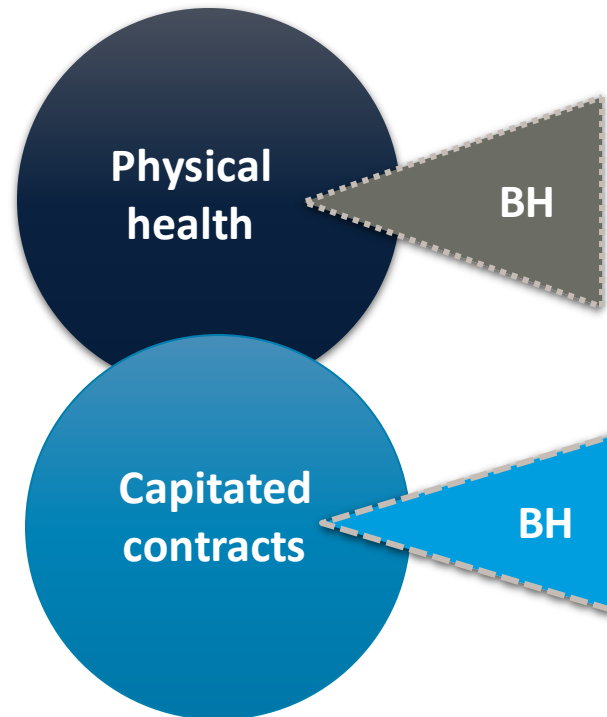
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BHI Financing & Sustainability

California's Context for BHI Payment

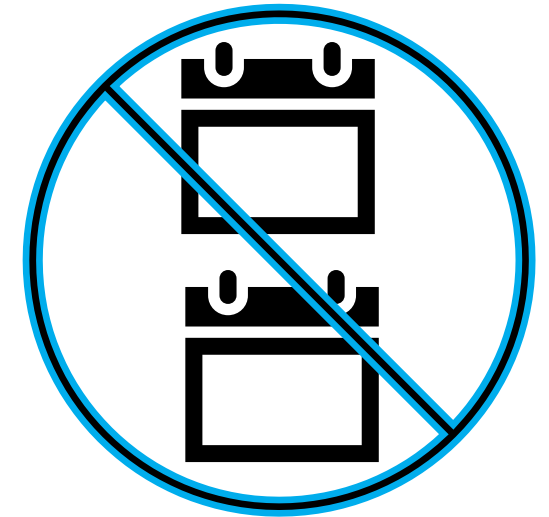


93 different payers (health plans and delegated provider organizations)



Two (often overlapping) carve-outs (largely commercial plans)

- Mental health benefits
- Capitated arrangements



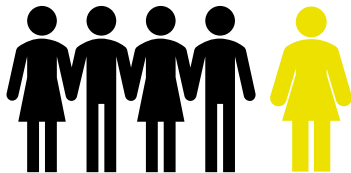
Same day billing prohibited for medical and behavioral visit for FQHCs

Integrated Care | Two Models, Two Payment Structures

Commercial Setting

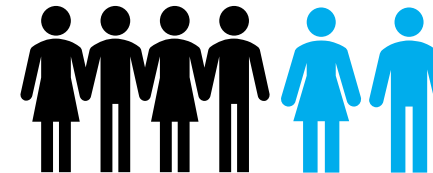
Primary Care Behavioral Health Model (PCBH)

- Available for primary care population for any behaviorally influenced concern
- Adds licensed behavioral health professional as behavioral health consultant
- Often billed under behavioral health benefits, directly by BH provider



Collaborative Care Model (CoCM)

- Targets specific population (mild-to-moderate depression) using registry and PHQ-9 and psychotropic medication
- Adds psychiatric consultant and behavioral health care manager
- Often billed under medical benefits, “incident to” PCP



Learn more:

- CQC [BHI Implementation Snapshot: Selecting an Integration Model](#)
- CQC [Webinar: BHI Concepts & Models \(6/13/23\)](#)

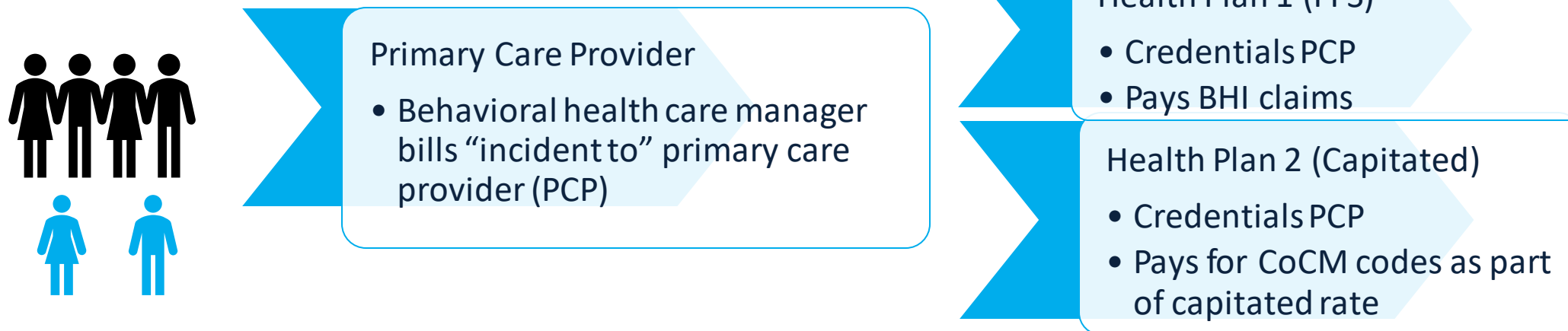
BHI Payment | Two Common Pathways

Commercial Setting

Primary Care Behavioral Health model



Collaborative Care Model

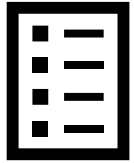


California – Opportunities for Pediatric BHI Payment



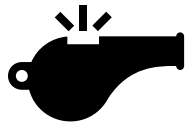
- **Dyadic Care (Medi-Cal):** Dyadic services are available to Medi-Cal members fee-for-service (FFS) through managed care plans (MCPs). DHCS also recently released the approved SPA-23-0010 setting payment for FQHCs/RHCs/Tribal providers. Dyadic services are a family and caregiver focused model of care intended to address developmental and behavioral health conditions of children and includes services provided to parent(s)/caregiver(s) (known as a “dyad”). Includes behavioral health visits.

- **Link (DHCS):** <https://www.dhcs.ca.gov/provgovpart/Pages/Dyadic-Services.aspx>



- **Children and Youth BH Initiative Fee Schedule:** Legislated coverage through Medicaid and private payers expanded number of professionals that will be able to get reimbursed for services in schools and through associated organizations. Many codes are even eligible for reimbursement via community health workers.

- **Link:** <https://www.dhcs.ca.gov/CYBHI/Pages/Fee-Schedule.aspx>

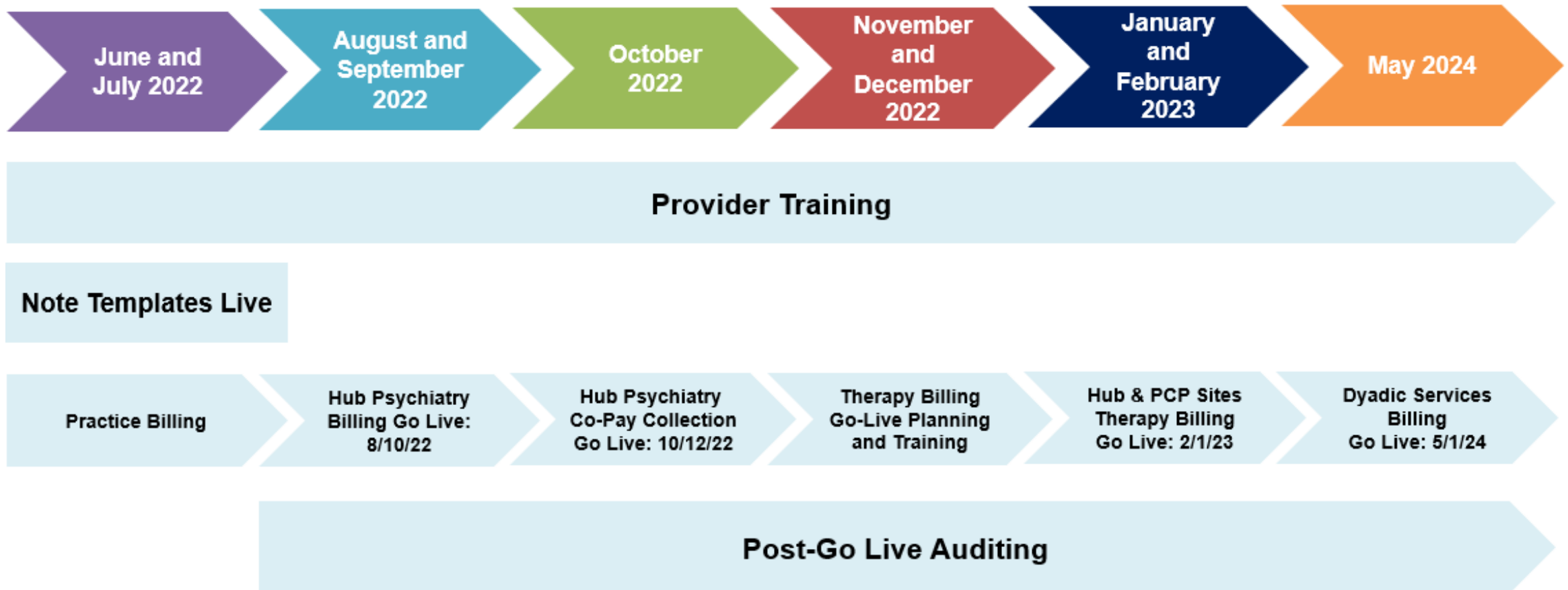


- **Certified Wellness Coaches (CWCs):** CWCs are intended to support non-clinical behavioral health needs and promote physical and mental health. DHCS announced a proposed state plan amendment (SPA) SPA-25-0014 to add [certified wellness coaches](#) (CWCs) as a Medi-Cal preventative service for members living with behavioral health needs.

- The proposed effective date of the CWC benefit is 01/01/25, but the SPA is subject to CMS approval. This benefit would be available to FQHCs/RHCs at a Medi-Cal Fee for Service (FFS) rate and the CWC service would be excluded from the annual reconciliation.

Rady Children's Hospital – Billing Implementation Timeline

- **August 2022:** Hub Psychiatry billing “go-live”
- **February 2023:** Therapy billing “go-live” at both regional hubs and primary care sites
- **May 2023:** Dyadic Services billing “go-live” at primary care sites



Rady Children's Hospital – Challenges, Successes, & Next Steps

Challenges & Growing Pains

- Cultural shift
- Impact to patient continuity of care and access to care
- Creation and implementation of new workflows and associated learning curves
- Timing of authorizations
- Increased coordination and communication required

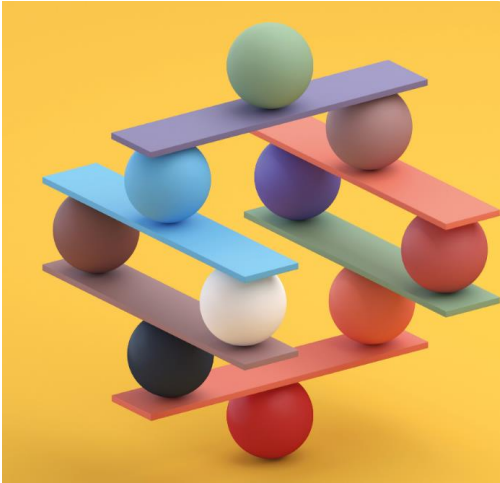
Successes & Next Steps

- Successful billing of Medi-Cal and private insurance
- Stronger communication pathways and collaborative partnerships established with PCP partners and internal stakeholders
- Therapy/psychiatry billing rollout paved way for initiation of dyadic services billing
- Contracting for certain payors – in progress
- Community Health Worker (CHW) billing and reimbursement – in progress

Rady Children's Hospital – Lessons Learned

- Identify and assess needs, barriers, and current state to guide billing and financing decisions
- Understand your payor mix
- Communication with all stakeholders throughout the planning, initiation, and implementation phases is critical
- Keep providers and front desk teams in ongoing conversations / provide regular feedback so they can be prepared to best serve patients
- Ongoing meetings and trainings are necessary to maintain proper workflows
- Continuous quality improvement and monitoring of billing processes is important to address issues and challenges early

Opportunities: Aim for BHI Sustainability



1. Determine your payer mix
2. Identify your patient case mix
3. Identify which payment methodologies your payers use
4. Gain awareness of behavioral health carve-outs and carve-ins (including trifurcated systems if applicable)
5. Understand costs of your service model
6. Consider additional factors that influence financing
7. Monitor cost savings

Resources:

- Financial Modeling Workbook ([AIMS Center](#))

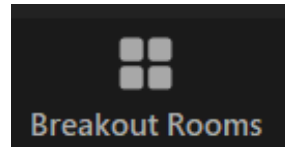


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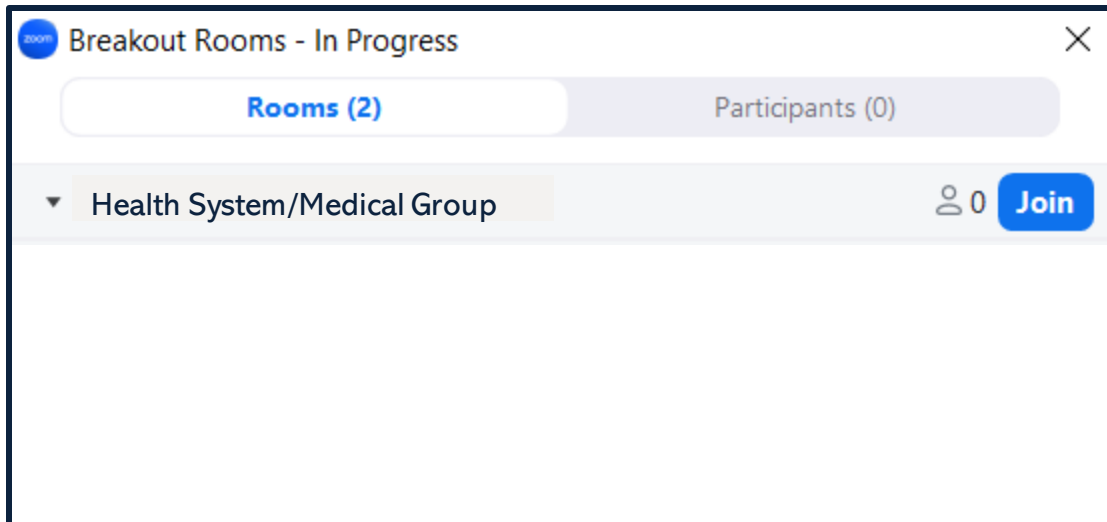
BHI Billing & Sustainability Discussion

Discussion Breakout Rooms

- FQHC: Stay in main room
- Health System/Medical Group: Go to breakout
- Discussion groups will be 20 minutes
- Click on breakout room icon at the bottom right of your toolbar



- Select your room and click **Join**



FQHC (main room)
Alliance Medical Center
AltaMed
Lifelong
San Francisco Health
Network

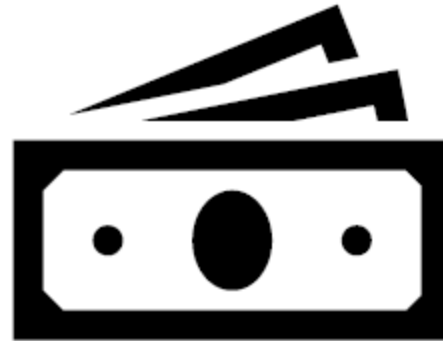
**Health System /
Medical Group**
Chinese Hospital
CHOC
Providence

Breakout Room: FQHC

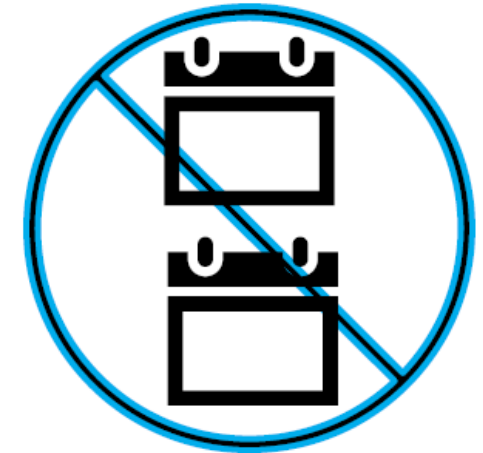
- CPCA will be publishing a Behavioral Health Survey Report in May 2025 that provides a landscape on behavioral health in community health centers statewide
- Challenges for BHI:



Interoperability and coordination of reimbursement structures, EHRs, and systems.



Reimbursement/Wage Increases impact program sustainability.



Same day billing prohibited for medical and behavioral visit for FQHCs

Breakout Room: FQHC

Discussion Questions

1. How are you currently getting reimbursed for BHI? Pediatric BHI?
2. What improvements are you looking to make?
3. What does your pediatric program need to be sustainable?
4. What level of education or interaction needs to happen with your finance and operations team?

CQC | Behavioral Health Integration (BHI) 2025 Commercial Payer Workgroup

- Integrating behavioral health into primary care ensures providers deliver timely, patient-centered, comprehensive whole-person care while expanding access to behavioral health services, improving patient outcomes, enhance care team satisfaction and reduce total cost of care.
- In 2025, CQC will be convening a workgroup supporting commercial health plans to:

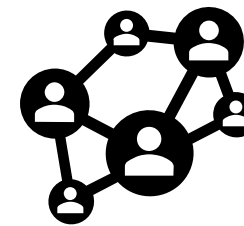


Collaborate with peers and BHI SMEs to facilitate BHI implementation for plans and providers



Co-design documents to help ready plans and providers for BHI implementation:

- BHI FAQ for plans
- BHI Implementation Guide for providers
- BHI data request process



Create a network of health plan leaders ready to support BHI

Participants

- Aetna
- Blue Shield
- Health Net
- Western Health Advantage & Optum
- United & Optum

Commitment

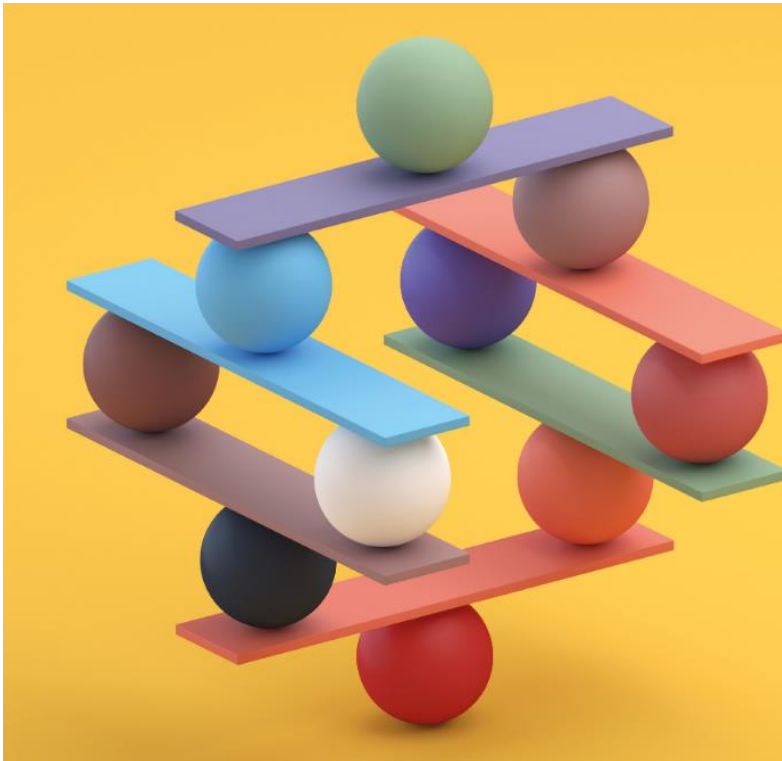
- Three 90 – minute virtual meetings
- Collaboration on workgroup products
- One in person meeting (Q4 2024)

Breakout Room: Health System/Medical Group

Discussion Questions

1. How are you currently getting reimbursed for BHI? Pediatric BHI?
2. What improvements are you looking to make?
3. What does your pediatric program need to be sustainable?

Wrapping Up

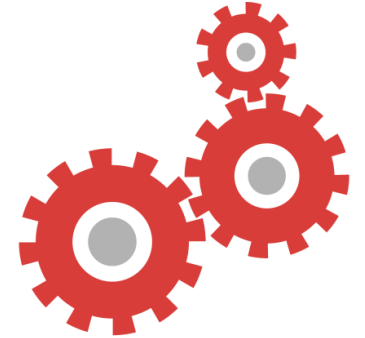


Write down **one thing** you want to share with another colleague at your organization around BHI billing, financing and/or sustainability.

Feedback please!

1. Today's webinar was useful for me and my work *[select one]*

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree



2. Of the topics we covered today, what was especially helpful? *[select multiple]*

- Review opportunities and lessons learned around BHI financing and sustainability
- Discuss financing and sustainability opportunities with peers
- Identify opportunity to engage colleague around BHI financing and sustainability

See you soon!

Rady Children's of San Diego Site Visit

- *When:* Friday, March 7, 2025
- *Time:* 9:30 a.m. to 3:30 p.m. (9 a.m. breakfast)
- *Questions?* Contact [Anna Baer](#)

Reminder: Return your travel honorarium/stipend forms to [Anna](#) as soon as possible



[Cal-MAP](#) is a mental health care access program designed to increase timely access to mental health care for youth throughout California's communities, especially in the state's most underserved and rural areas. California Primary Care Providers (PCPs) can connect with a team of psychiatrists, psychologists and social workers provide **no-cost consultation, education, and resource navigation** mental and behavioral health concerns in youth 0-25.

- **Providers** - [register](#) for Cal-MAP to receive
 - Consultation: Real-time, direct-connect PCP-to-child and adolescent psychiatrist consultation for California-based primary care providers regarding screening, diagnosis, and treatment for youth ages 0-25 M-F 8:30-4:30, as well as specialized psychologist consultation in Early Childhood, Eating Disorder, Substance Use, Autism, ADHD and Mood/Anxiety Disorders.
 - Education: PCPs, school-based clinicians and staff can access no-cost trainings that offer accredited continuing medical education (CME) and continuing education units (CEUs).
 - Resource Navigation: An LCSW social worker can provide guidance on resources and referrals to PCPs, and direct support for families facing significant linkage barriers to connect with services.
- **Families and patients** can access [handouts and resources](#).

Find all details on the [Cal-MAP](#) website

BHI – CYCLE Commons | Program Timeline

Topic

Presenter

Commons Webinar: Screening Mon. 1/6 (12 – 1)	Office Hour: Screening Mon. 1/21, (12 – 12:45)	Commons Webinar: BHI Financing and Sustainability Mon. 2/3 (12 -1)	Commons Webinar: BHI Sustainability <i>Continued</i> and In-Person Preparation Mon. 3/3 (12 – 1)
Providence			LifeLong Medical Care

Topic

Presenter

In Person Site Visit – Rady Children’s, San Diego March 7, 2025	By 4/1: BHI-CYCLE Program Survey	Commons Webinar: Engagement & Equity Mon. 4/7 (12 – 1)	Commons Webinar: Training and Development Mon. 5/5 (12 – 1)	Commons Webinar: Lessons Learned & Closing Mon. 6/2 (12 – 1)
		San Francisco Health Network	AltaMed	

Thank you!