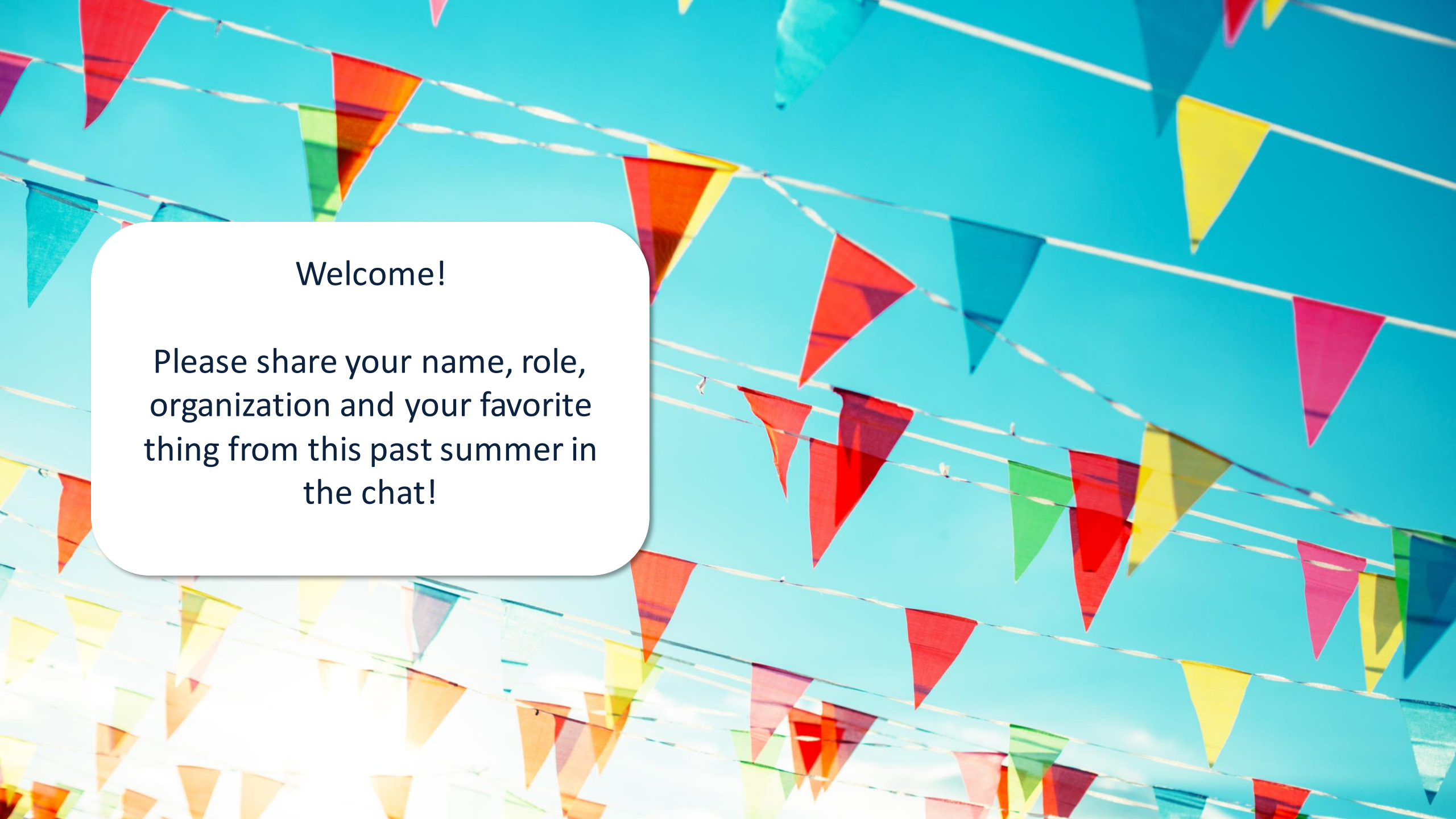
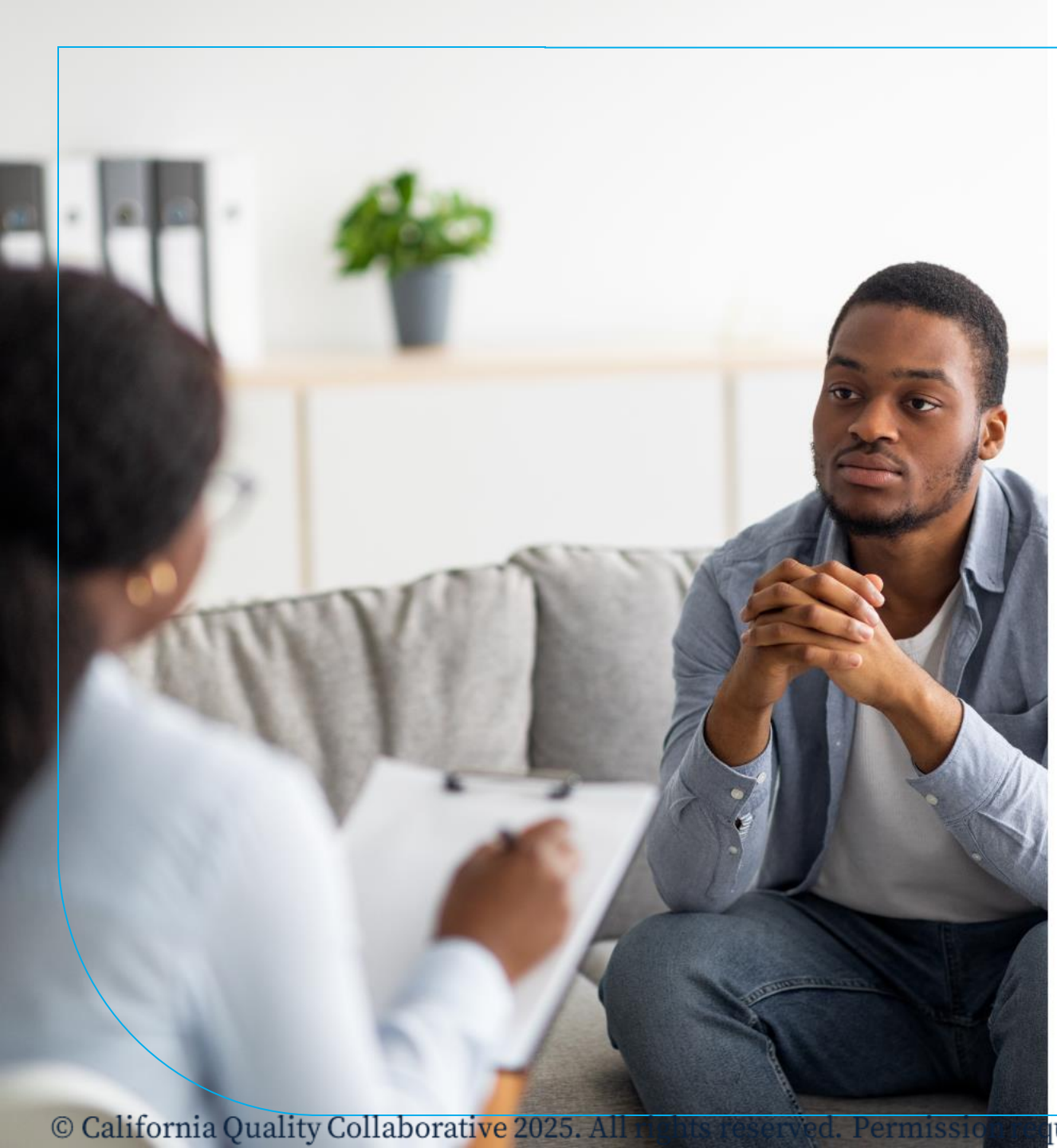

Welcome!
Please share your name, role, organization and your favorite thing from this past summer in the chat!



Tuesday, August 12; 11 a.m. – 12 p.m. PT

Sustainability Plan Section 1: Billing & Financing

CalHIVE BHI Commons

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Tech Tips

Welcome!

Add your organization to your name

Turn on video if possible

Engaging Today

- Share questions in the chat or come off mute

Need help?

Direct message
Anna Baer
if you have any technical issues

Announcement

New Role!

Daniela Vela Hernandez, LMFT
VP, Chief Behavioral Health Officer
Innercare

Lesley Manson, PsyD
Associate Chair of Integrated Initiatives
Clinical Associate Professor at Arizona State University's Doctor of Behavioral Health Program

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Welcome!

CHINESE HOSPITAL & CLINICS

Riverside Family Physicians

San Francisco Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

perlmanclinic

Scripps

POMONA VALLEY HOSPITAL MEDICAL CENTER

SHARP

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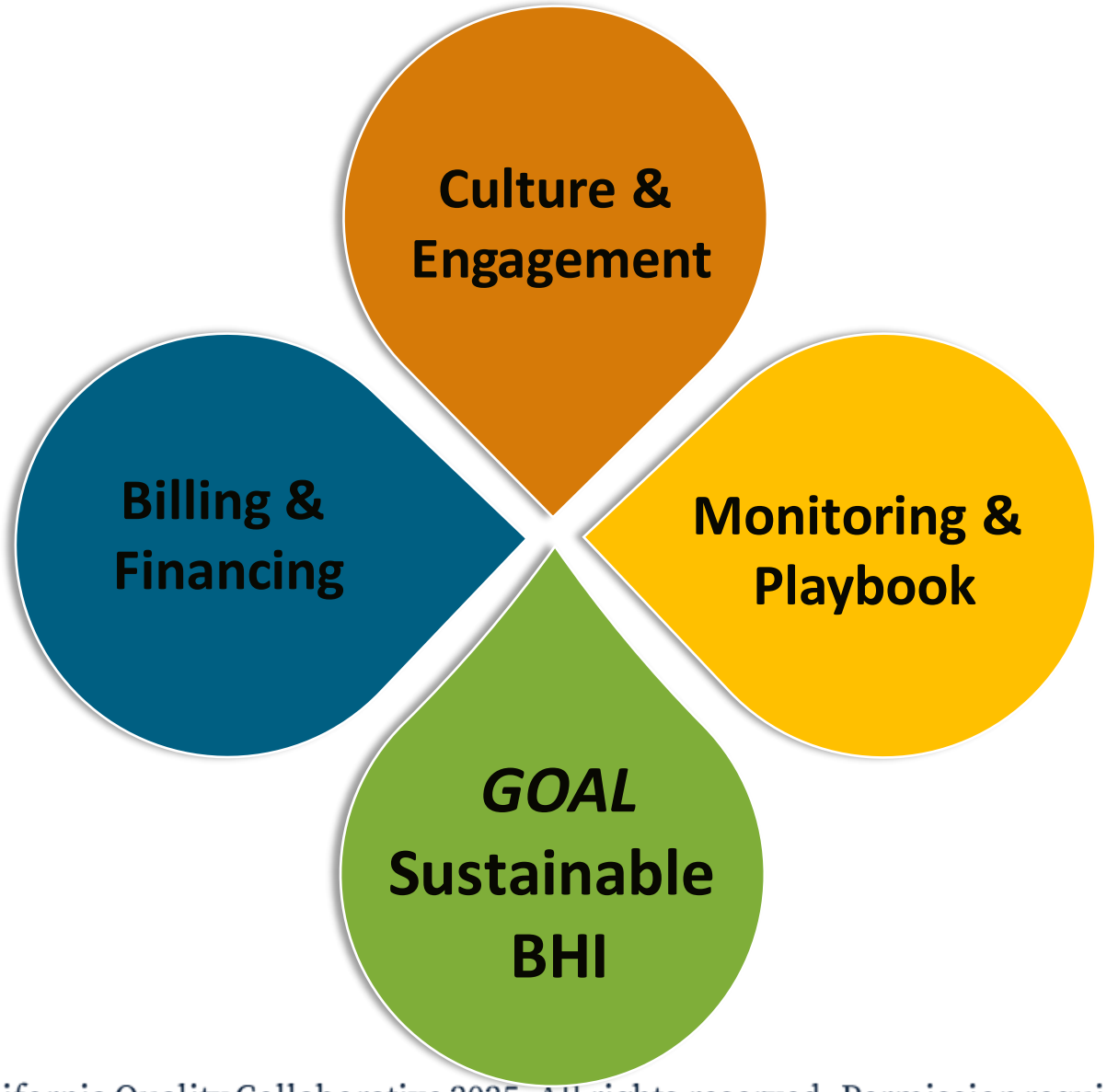
Introducing CalHIVE BHI | Sustainability Plan



Sustainability Plan is a Year 3 CalHIVE BHI deliverable

- Three focused sections → will coincide with upcoming BHI Commons
  - Billing & Financing (Aug)
  - Culture & Engagement (Sept)
  - Monitoring & Playbook (Oct)
- Menu of 6 core actions and 15+ optional actions
- Developed for:
  - Standardization
  - Prioritization
  - Customization

Our Objective

Today, we'll:

Understand the core billing and financing requirements of the Sustainability Plan

Identify common billing challenges and apply best practices for documentation, denial tracking, and team communication

Calculate a basic ROI and use it to support BHI sustainability planning and leadership engagement

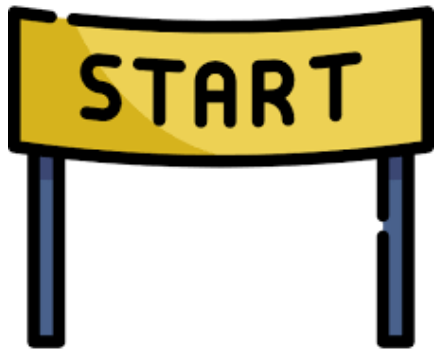
Setting the stage today

CalHIVE BHI Values

1. Collaboration around a common goal
2. Trust & transparency
3. Reflect, revise & adjust

Sustainability Plan Work

- Start now with planning, testing, improvement
- Identify opportunities for change & improvement
- Does not need to be complete by submission



Framing our work

- **Project planning:** project management and quality improvement activities
- **Patient family engagement:** feedback from patient and families
- **Workforce:** recruitment, hiring, retention and training
- **Health IT:** electronic health records, registries, privacy and security
- **Clinical/care model:** operational workflows and clinical decisions
- **Financing:** funding and financial planning
- **Data/reporting:** performance measurement and quality reporting
- **Sustainability:** creating standard work; spreading pilot
- **Health equity:** addressing disparities in care and outcomes

Billing and documentation considerations **must support the overall goal** of your behavioral health integration program.

Financing is often the **biggest barrier** to BHI implementation and sustainability.

CalHIVE BHI Bright Spots

- Chinese Hospital
  - Reviewing denials process, following up with payors
- Community Memorial
  - Fundraising
- Pomona
  - Credentialing BHI providers
- Scripps
  - Being in the “black”

What has been your financing win?

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Refining Billing

Planning beyond CalHIVE BHI

CalHIVE BHI Goal

- Strengthen your financial infrastructure so BHI continues **AFTER** CalHIVE BHI
- This is **NOT** about billing perfectly, but:
  - Revenue Education
  - Accountability
  - Robust Financial QI Process

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Sustainability Plan Walkthrough

Core Action Items

Action 1.1
Using Appropriate Billing Codes

	Collaborative Care Model (CoCM)	Primary Care Behavioral Health (PCBH)

Overview	• Billed incident to Primary Care Treating Provider
	• Billed under medical benefit (Cost Sharing)
	• Typical episode of care 3-9 months
	• Requires Primary Medical Provider, Behavioral Health Care Manager, and Psychiatric provider
	
	• CoCM specific CPT codes
	  • 99492 – Initial month of service
	  • 99493 – Subsequent months of service
	  • 99494 – add-on codes
	  • G0512* - FQHC, initial and subsequent
	
	  • General Behavioral Health Code (<20 min)
	  • 99484
	  • G0511 *FQHC
		• Billed Directly by Behavioral Health Provider
		• Billed under the patient's Behavioral Health Benefit (Cost Sharing)
		• Typically, 1-6 visits per presenting problem
		
		• Assessment CPT Code
		  • 90791 – not time based
		• Traditional Psychotherapy CPT Codes
		  • 90832 – 30 min
		  • 90834 – 45 min
		  • 90837 – 60 min
		• Health and Behavior Codes
		  • 96156- Assessment
		  • 96158- Intervention, individual
		  • 96164- Intervention, group
		• General Behavioral Health code (<20 min)
		  • 99484
		  • G0511 *FQHC

Link: https://www.pbgh.org/calhive-bhi/#learn

Changes to 2025 BHI Coding and Payment Guide

- **Updates in billing**
  - 99494 increase to up to 4 times month (Medicare)
  - Added Interpersonal Telephonic/Internet/EHR Consultation Codes
  - Added Digital Mental Health Treatment Devices
- **Two new sections**
  - Dyadic Service CPT Code primarily for Medi-Cal
  - California Health Plans and Managed Behavioral Health Organization

Cal BHI Coding and Payment Guide

Action 1.2
Documentation Requirements – PCBH & CoCM Notes

- Patient Identifiers
- Date
- Time spent
- Type of Encounter
  - Specify if: face-to-face, telephone or virtual
- Presenting Issues and Symptoms
- Diagnosis
- Interventions & Recommendations
- Progress
- Follow-up & Coordination

Documentation Requirements - Differences

PCBH

- Interventions & Recommendations
- Progress Notes

CoCM

- Treatment Plan & Goals
- Progress toward goals
- Document all activities attributed to CoCM
  - Registry maintenance
  - Psychiatric consultation
- **Track CoCM minutes for the month**

Patient consent documented in medical chart

Action 1.3
Conduct a claim denial review

Identify Denial Reason	Categorization & Prioritization	Root Cause Analysis	Claim Correction & Resubmission	Appeals Process	Tracking & Prevention
• Review incoming claim responses from payers to identify denied claims, noting the denial codes and reasons	• Classify denied claims based on reasons (e.g., coding errors, eligibility issues, missing documentation) and prioritize based on reimbursement value and filing deadlines.	• Investigate the specific cause of the denial by reviewing medical records, coding, insurance policies, and submission errors to determine corrective actions.	• Make necessary adjustments such as coding corrections, adding missing documentation, or verifying eligibility before resubmitting the claim within the payer's appeal timeframe.	• If the denial cannot be resolved through correction, prepare and submit an appeal with supporting documents, following payer-specific appeal procedures and timelines.	• Monitor trends in denials to identify recurring issues, implement staff training, improve documentation and enhance claim submission accuracy to reduce future denials

Most Common Causes for Denials

- Coding requirements
- License type/ Proper Credentialing
- Frequency
- Documentation requirements
- Time
- Link to diagnosis
- Documentation/filing completion time
- Lack of coding knowledge basics

Manson, L. (2024). Slide edit Readiness for Behavioral Health Integration: Sustainable Focus. Arizona State University.

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Action 1.4
Complete a basic Return on Investment (ROI)

Costs of Behavioral Health Integration

Initial Costs of Practice Change:

- Provider and administration time to plan and implement
- Care team training costs and workforce development
- EHR infrastructure development
- Workflow developing
- BILLING OPTIMIZATION

Ongoing Care Delivery Costs:

- BHI provider time
- Psychiatric Consultant time [if CoCM]
- Administration time and overhead
  - Including continuous quality improvement efforts

ROI Calculator Demo

With **6 patients/day** (half 90832, half 90834), your program shows a **positive ROI of 8%**, which:

- Validates financial sustainability
- Can support internal advocacy for continued staffing or expansion
- Improves over time with efficiency, group visits, or supplemental codes

Direct ROI $ Worksheet

1. Role/Process: LCSW/LMFT – PCBH BHC
2. Annual gain/income from individual/process (follow steps to calculate below)
   a. Billable patients/services each day: **#6**
   b. Daily revenue (calculate below)

Service codes	Revenue per code	# Patients/services per code	Total
90832	$75	3	$225
90834	$100	3	$300

Total daily revenue/gain = $ 525

   c. Monthly revenue (calculate below)

 # Days per month BHI provider works x Total daily revenue/gain = 18 $ 9450

   d. Annual revenue (calculate below)

Total monthly revenue x 12 = $ 113,400

3. Costs (provider annual compensation and benefits, facility/indirect): **$ 105, 000**
4. Calculate direct ROI $ (use formula below)

gain from individual/process – cost of individual/process / cost of individual/process	X 100 =	% of ROI

$ 113,400 - $ 105,000 / $ 105, 000 X 100 = 8% of ROI

5. Review results and evaluate:

Action 1.5
Identify ROI Findings to Share with Leadership

ROI isn't only about income – **it's about impact**

Why ROI Matters for BHI

- Shows decision-makers that BHI isn't just mission-aligned – it's financially sustainable
- Builds internal advocacy for long-term investment
- Supports funding requests and payer negotiations
- Helps prioritize BHI amidst competing initiatives
- Cost avoidance:
  - Prevented ED visits, reduced provider burnout, fewer specialist referrals
- Value add:
  - Patient retention, improved outcomes, provider satisfaction

Sustainability / Return On Investment (ROI)

	Collaborative Care Model (CoCM)	Primary Care Behavioral Health (PCBH)

Research Examples	• Over 85 publications
	• **IMPACT model:** 4 years depression, older population $840 savings PMPY
	  • 3363 4 years cost savings (not net savings) n=279
	• University of Washington
	  • Foundational Evidence Base
	• Data from the SUMMIT clinical trial found the costs of Collaborative Care are likely to be offset by savings if 25% of patients with opioid use disorder (one of the target conditions in the clinical trial) receive treatment in a panel size of about 85, while achieving better patient outcomes.
		• A 2022 study of PCBH implementation at URMC shows that for nearly 7,000 adults with at least one behavioral health diagnosis, rates of all-cause **emergency department visits decreased by 14.2% after PCBH implementation**
		• Population NET Savings in Alternative Payment Models:
		• Intermountain Integrated Care
		  • 113,000 patients average NET savings $105 PMPY For the population, not just the patients served. 11% fewer admissions, 23% fewer ER.
		• Colorado
		  • 6 practices, primary care 9,000 patients, NET savings $95 PMPY for the entire population, reduction in ER.
		• Cherokee Health System TN
		  • 70,000 patients high need. 28% reduction in total NET cost.

Both models:	• The plan is long-term to see savings	

Action 1.6
Create a Finance & Clinical Team Link

- Establish a consistent communication loop between billing/finance staff and the clinical team to:
  - Improve documentation and coding accuracy
  - Quickly resolve denied claims or billing issues
  - Align around shared BHI financial goals (e.g., revenue, ROI, sustainability)
- Next Steps
  - Designate a point person in finance/billing who understands BHI codes
  - Set a regular meeting rhythm (monthly or as-needed)
  - Create a shared tracker or feedback loop for claim issues and coding updates
  - Celebrate wins (e.g., a corrected denial recovered $1,200)

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Optional Actions Menu

Sustainability Plan | Improvement Actions

- Menu of 6 core actions and **12 Improvement Actions**
- Select minimum of 3 items from at least 2 different areas
- Improvement Areas:
  - Revenue Cycle Management
  - Documentation & Coding
  - Contracting & Credentialing
  - Cross-Team Communication
  - Innovation & Planning
- **Site Recommendations**

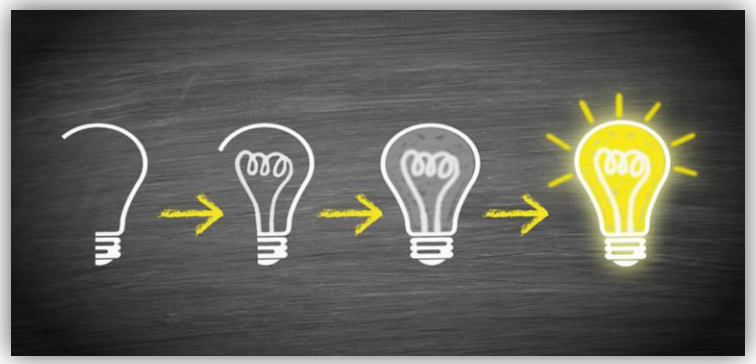
		Improvement Actions – Select minimum 3 items from at least 2 different areas		
Revenue Cycle Management	2.1	Implement a billing submission checklist	Ensure documentation accuracy before submission	All sites
Revenue Cycle Management	2.2	Build a dashboard for billing and revenue KPIs	Visualize and analyze financial performance	Sites with analytics capacity
Documentation & Coding	3.1	Train providers on billing-relevant documentation	Targeted training to increase reimbursement success	Site with varied provider engagement

Improvement Area	**Action #**	**Action**	**Description**	**Recommended For:**
Documentation & Coding	3.2	Create audit tool and process for BHI notes and regularly audit for billing readiness	Check if documentation meets standards	All sites
Contracting & Credentialing	4.1	Audit credentialing status for BHI staff	Ensure all eligible staff are credentialed	Sites scaling or hiring
Contracting & Credentialing	4.2	Create a payer matrix	Track accepted codes and restrictions by payer, including rates per codes and percentage of patients per payer	Sites with many contracts
Contracting & Credentialing	4.3	Include BHI strategy in meeting with at least one payer	Advocate for improved contract/billing arrangements supporting BHI. Recommended to have an annual routine request for rate increase	Advanced sites
Cross-Team Communication	5.1	Host billing training across teams, reflective of different roles	Improve understanding of roles and expectations	Sites with workflow misalignments
Cross-Team Communication	5.2	Designate an operational/administrative BHI billing lead	Point person for issue escalation	All sites
Innovation & Planning	6.1	Forecast revenue under different staffing models	Evaluate investment strategies	Sites exploring expansion
Innovation & Planning	6.2	Evaluate potential for alternative payment methods (i.e.: grants, external funding sources)	Align with state and federal trends	Financially strategic teams
Innovation & Planning	6.3	Explore expanded billing aligned with BHI workflows (e.g., eConsult, peers/ CHWs)	Identify future reimbursable services	Site using paraprofessionals

Questions

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]*
   - Understand the core billing and financing requirements of the Sustainability plan
   - Identify common billing challenges and apply best practices for documentation, denial tracking, and team communication
   - Calculate a basic ROI and use it to support BHI sustainability planning and leadership engagement

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Q3 2025 Sprint

JULY

Improvement Advising
- BHEIP Implementation (PDSA)

By Fri. 7/11 Cycle 5 Data Due

AUGUST

Improvement Advising
- CQC Billing and Coding updates
- Sustainability Plan work

Tues. 8/12 (11-12)
CalHIVE BHI Commons – Sustainability Part 1: Billing
- Review Sustainability Part 1 – Billing section
- Understand BHI revenue cycle
- Review BHI billing and coding documentation changes

SEPTEMBER

Improvement Advising
- Sustainability Plan work

Thurs. 9/9 (11-12)
CalHIVE BHI Commons – Sustainability Part 2: BHI Culture
- Strengthening staff engagement, physician engagement and internal leadership

Thurs. 9/11 (12-1) – Data Webinar – Cycle 6
- Review process and requirements for upcoming data cycle submission

Wed. 9/17 (1-2)
[OPT] CQC Public Webinar: Recommendations for BHI for Children and Youth
- Highlight learnings from BHI-CYCLE and how to optimize behavioral health integration for children and youth
- Spotlight one BHI-CYCLE participant experience

Wed. 9/24 (12-1)
[OPT] Cal – IN Peer Group Meeting
- Connect and learn from integrated peers

Improvement Advising
Webinars
In Person Events
Data / Reporting
Assignments

Thank you!

Program Advisor

Peter Robertson
Senior Director,
Practice Transformation

probertson@pbgh.org

Clinical Advisor

Dr. Brian Sandoval
Clinical Advisor, BH Integration

Improvement Advisors

Kristina Mody
CalHIVE BHI Director
Director,
Practice Transformation

kmody@pbgh.org

Daniela Vela Hernandez
CFHA Technical Assistance Associate

dvhernandez@cfha.net

Mary Nickel-Nguy
Senior Manager,
Behavioral Health Integration

mnickelnguy@pbgh.org

Lesley Manson, PsyD
Associate Chair of Integrated Initiatives
Clinical Associate Professor at Arizona State University's Doctor of Behavioral Health Program

Program Administration

Michael Au
Senior Manager,
Care Transformation

mau@pbgh.org

Anna Baer
Program Coordinator,
Care Transformation

abaer@pbgh.org

Erika Lind
Manager,
Care Transformation Events and Learning

elind@pbgh.org

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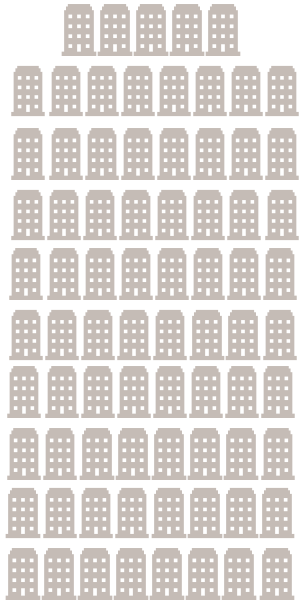
Appendix

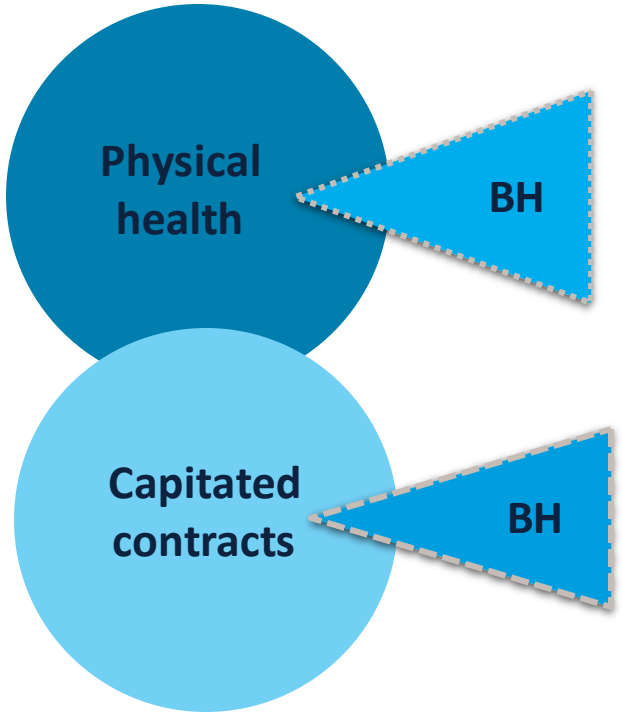
CalHIVE BHI Work supporting Billing & Financing

- Section 5 Implementation Plan – BHI Billing and Coding
- Financial Pilot Measure (via Tableau dashboard)
- Data Packet (May 2025 CalHIVE BHI Convening)
- SWOT Analysis (May 2025 CalHIVE BHI Convening)
- November 2023 Commons Webinar – BHI Billing and Coding
- February 2024 BeeHIVE Webinar – Billing and Coding Office Hours
- October 2024 Commons Webinar – BHI Revenue Cycle Successful Practices
- CA Billing and Payment Codes (revised July 2025)

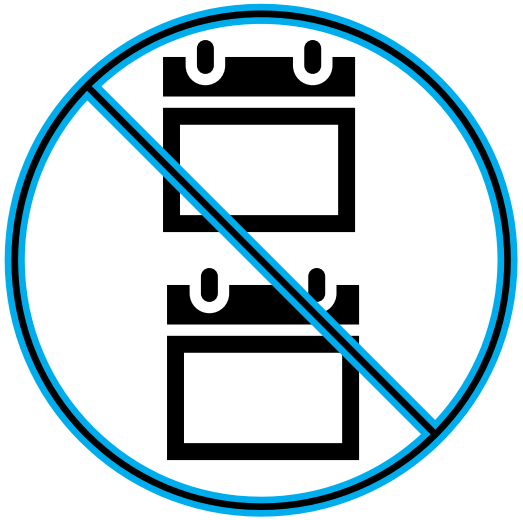
BHI Billing & Coding: Context in CA



93 different payers
(health plans and delegated provider organizations)



Two (often overlapping) carve-outs
- Mental health benefits
- Capitated arrangements



Same day billing prohibited for medical and behavioral visit for FQHCs

Sources: California Health Care Foundation. California Health Insurers and Enrollment – 2023 Edition
"Weaving Together Mental and Physical Health Care Outside the Safety Net," CQC (May 2020)

California Commercial Health Plans & Managed Behavioral Health Organizations

Health Plan

Medical Coverage
- Routine Well-being Visit
- Specialty Medical Care
- Speech/Occupational/Physical Therapy
- Emergency & Hospital

BH Carve Out

Managed Behavioral Health Organization (MBHO)

Behavioral Health
- Outpatient, Intensive Outpatient, Partial Hospitalization, and Inpatient Behavioral Health services
  - Mental Health
  - Substance Use Disorder
  - Neurological and Developmental Disorder

Health Plans	Managed Behavioral Health Organizations (MBHOs)
Aetna	Aetna
Anthem/Elevance	Carelon
Blue Shield of California (commercial)	Magellan Health
Cigna	Evernorth
Health Net	MHN (in-house)
United Healthcare of California	Optum Health
Western Health Advantage	Optum Health

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Credentialing General Tips

NPI

- Register the provider has an individual and/or group National Provider Identification (NPI) number(s) if they do not have one. This process is quick and easy.

Medi-Cal & Medicare

- **Medi-Cal** participants, register provider with DHCS first for a Provider Identification Number (PIN). Medi-Cal process can take up to 120 days.
- **Medicare** participants, enroll with CMS for a Medicare Provider Number. Medicare process can take up to 90 days.

CAQH

- Register provider with the Council for Affordable Quality Healthcare (CAQH) ProView. Application takes upward of 2 hours to complete but will reduce the time spent on applying to individual managed care plans. Credentialing can take up to 120 days.

Managed Care Plans

- Apply to be credentialed directly to managed care plans. Some plans are not found on CAQH. Credentialing directly with a managed care plan can take up to 90 days.

Resource: CA BHI Provider Credentialing Tip Sheet

PCBH Note Example

ASSESSMENT:
(Narrative 1-3 sentences here integrating the following: Stage of change, Motivation to change, Key area for intervention) Clinical opinion…what would help the patient…..
Stage of Change:

PLAN:
1. F/U with behavioral health consultant in *** week(s)
2. Medications: Unchanged.
3. Behavioral recommendation(s): A. *** B. ***

SUBJECTIVE:
Pt. referred by: PCP Name
Pt. here for {INITIAL CONSULTATION/ REFERRAL/ FOLLOW-UP/ OTHER} regarding ***. How long the symptoms have the symptoms impacted the patient….
Pt. reported the following symptoms/concerns: *** (1-3 sentences)
Duration of problem: ***
Severity: mild, moderate, severe

OBJECTIVE:
Orientation & Cognition: Oriented x3. Thought processes normal and appropriate to situation.
Mood: ***.
Affect:
Appearance: Optimal by patient standards.
Harm to self or others:
Substance abuse:
Psychiatric medication use: Unchanged from prior contact.
Scores on any assessments administered:

Diagnosis:
CPT Code:

Other(s) present in the room: None.
Time spent with patient in exam room: *** minutes

CoCM Note Examples

- https://micmt-cares.org/tools-and-documents

Smartphrases Used for CoCM Clinical Assessments

CoCM Intake Assessment

Use the assessment template when you speak with a patient/parent/caregiver for an initial assessment.

Reason for Contact:
Type of Contact:
Total Time Spent: *

Date of Service: @TD@
Treating Clinician/Clinic: @PCP@
Type of contact: {Type of Contact:38981}
Total time of contact: ***

Brief Summary: @NAME@ is presenting with depression and anxiety symptoms, seeking evaluation from the CoCM program. This writer spoke with (patient/parent/caregiver name(s) to complete this assessment.

PLAN:

Patient/parent/caregiver states that (s)he would like to work on the following concerns: (*** insert SMART goals). Patient/parent/caregiver will enroll in the CoCM program for assistance in monitoring

Smartphrases Used for Psychiatric Recommendations and Coordinating Care

Follow-up with PCP on Psychiatric Recommendation

Use to follow up with PCP regarding a recommendation from the psychiatric consultant. If PCP has not responded to recommendation within 1-2 days, recommended to place this progress note in chart and route to physician.

Reason for Contact:
Type of Contact:
Total Time Spent: *

This patient was reviewed with the CoCM psychiatric consultant, Dr. ***, on DATE***. Here are the recommendations:

RECOMMENDATIONS:

Please refer to Dr. ***'s full chart note on DATE*** for other pertinent information regarding this patient/recommendation.

BHCM is coordinating care with @PCP@ regarding recommendation.

--
[signature ***]

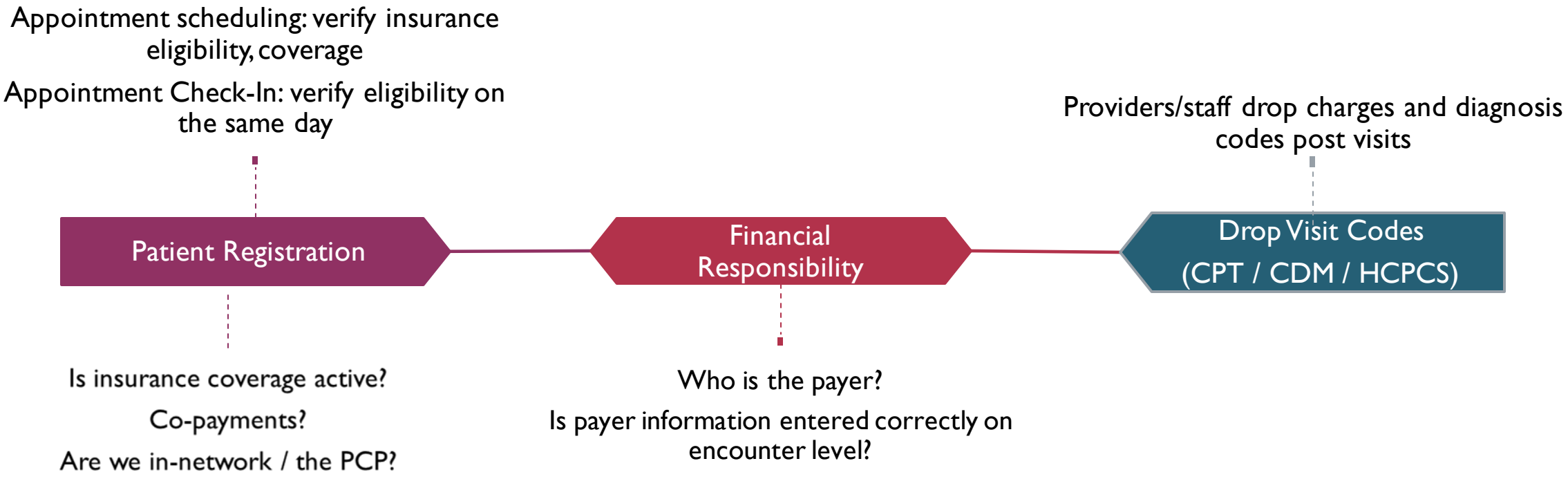
CHINESE HOSPITAL & CLINICS

BILLING/ CODING WORKFLOW

PRESENTER: RAIN ZHANG

Email:yingz@chasf.org
Phone:628-228-2628

WORKFLOW OVERVIEW



WORKFLOW OVERVIEW

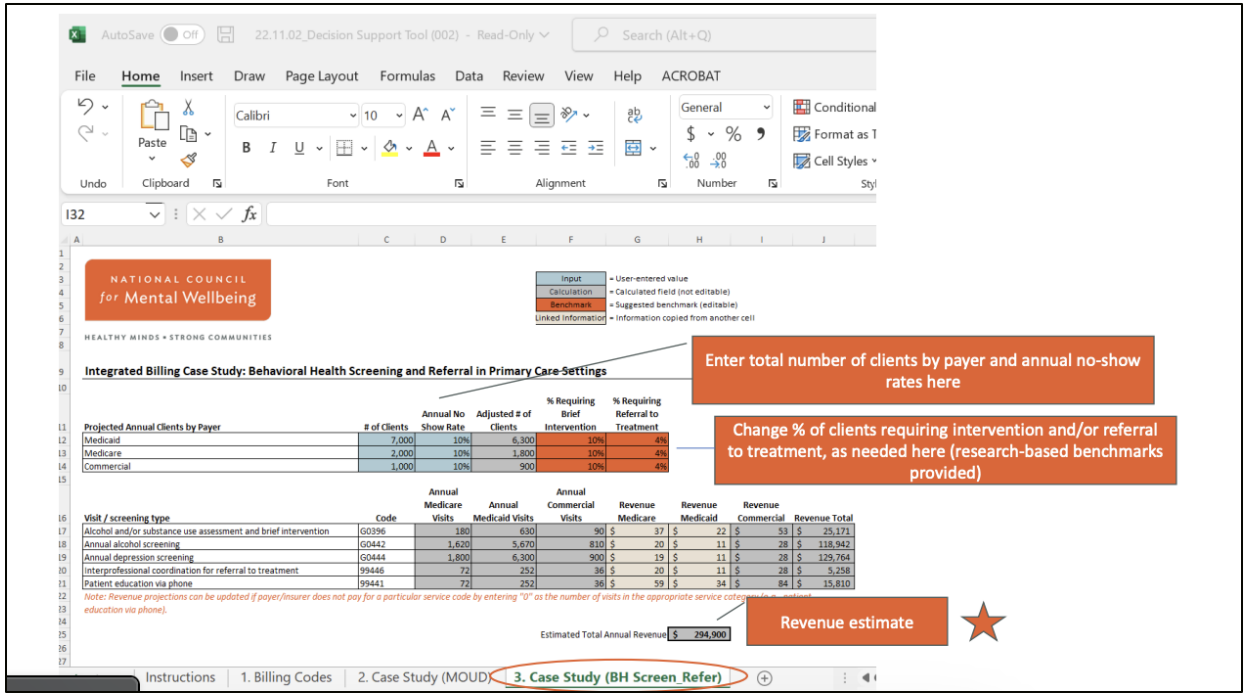
Billers review claims →
Send claims to clearing house →
Send claims to payers

Contact payers to appeal / reprocess denials or reimbursement errors

Payment posting
Line by line (each codes dropped) based on EOB

Decisional Support Tool

- Are the appropriate codes available in the EHR?
- Who will manage BHI coding, submission of claims, documentation?
- How will IT, billing, or coding team, help in the initial planning and building of streamlined documentation workflow [templates, built-in forms with CPT codes to choose from, software needs]?



https://www.thenationalcouncil.org/wp-content/uploads/2022/11/BBS-Finance-in-Integrated-Health-Webinar_11.10.22.pdf

Preparing for the Future Today Internally & with Health Plans

- ❑ Better understand your current contracts
  - ❑ Who internally holds the contract, and how can we increase visibility?
  - ❑ What could be doing that you're not currently to maximize reimbursement?
- ❑ Understand what you can put in a contract modification/amendment
- ❑ Who do we work with at our top health plans to ask questions and resolve issues for BHI?
- ❑ Invest in effective tracking of BHI work via effective documentation and coding today to support future amendments, and possible negotiations
  - ❑ How might we identify opportunities to ask for support, and be prepared for them?
- ❑ Identify which payers are including BH screening in their P4P programs
  - ❑ May be in P4P, and not DOFR
  - ❑ Are you tracking/weighting internally?
- ❑ Who are your MBHOs? Do you credential primary care?
  - ❑ Explore credentialing PCPs with MBHOs for depression screening

Team: Training, Education & Internal Alignment

- **Make sure provider perspective (medical and behavioral health) part of billing /coding work**

Action Steps:

❑ Review BHI Billing & Coding list with providers: What's currently happening? What could be/needs to be happening?

❑ For CoCM, ensure medical providers understand CPT codes are being billed "incident to" (under them)

- **When new workflows roll out, provide training/education around billing, coding & documentation**

Action Steps:

❑ Identify the changes needed – integrate with current workflows whenever possible

❑ Develop education materials (e.g. "tip sheets") for different audiences (e.g. for providers, billing/coding)

❑ Create a process for regularly updating education materials with current information

❑ Make sure BHI billing/coding is part of standard training / onboarding materials

See: Implementation Plan Section 5, Questions 1, 2, 3, 4

Monitoring Claims & Denials

- **Regularly monitor and share information on claims with providers**

Action Steps:

❑ Ensure you have a process to detect initial process and formal improvement cycle to close loops

❑ Leverage technology/automation to share feedback with provider regularly

- **Strengthen/create process to investigate denials**

Action Steps:

❑ For denials, investigate thoroughly (e.g., coding errors, missing/incorrect information, coverage, formatting)

❑ Brainstorm how different roles (not only provider) can help address denials and make corrections

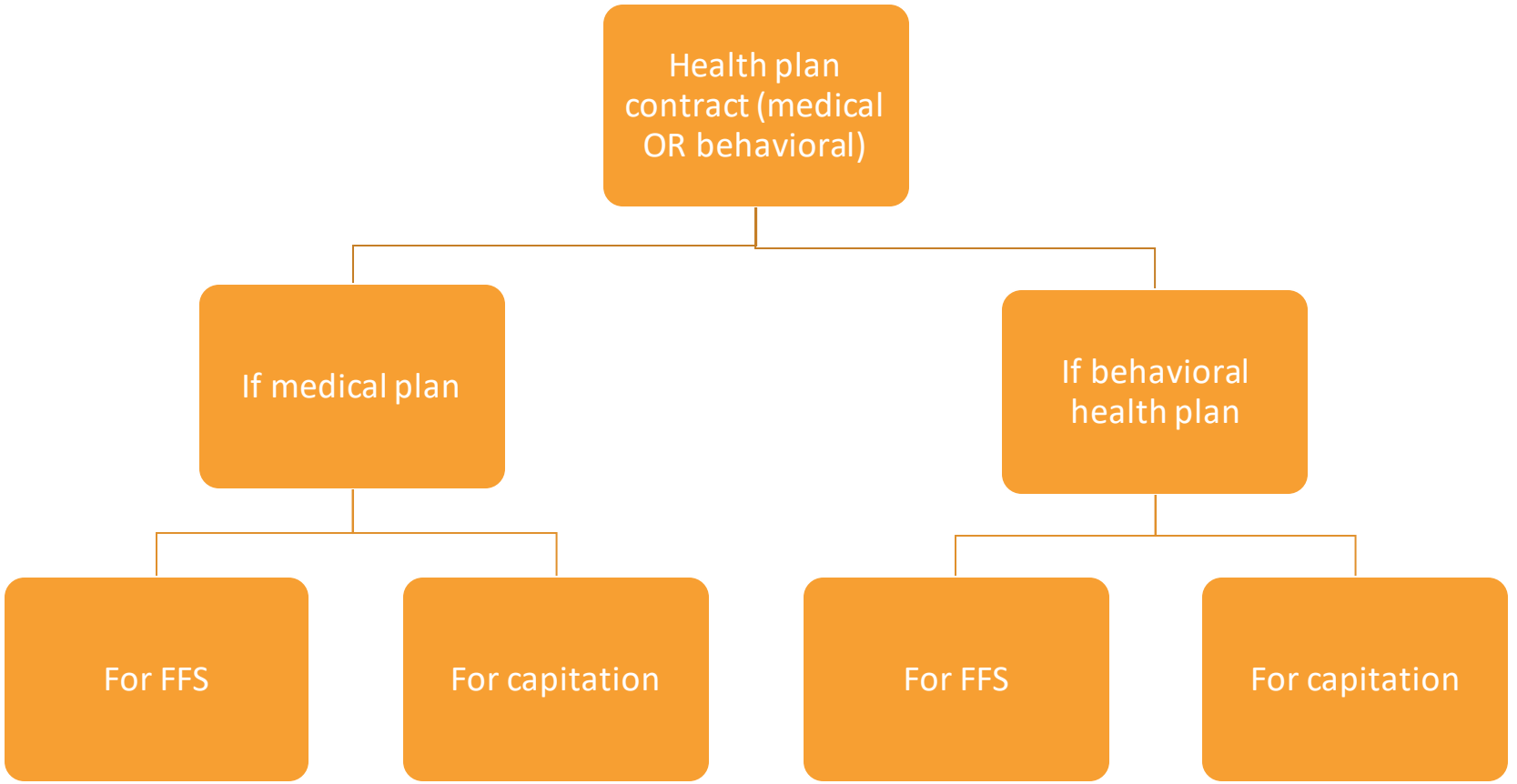
- ❑ What is the educational follow-up?
- ❑ Who are the point people?

❑ Identify changes needed to organizational policies

PCBH – Contracting

Billed under the patient's Behavioral Health Benefit (Cost Sharing)

Can be billed under either a medical or behavioral health contract, depending on specifics of the insurance plan and nature of the services provided.



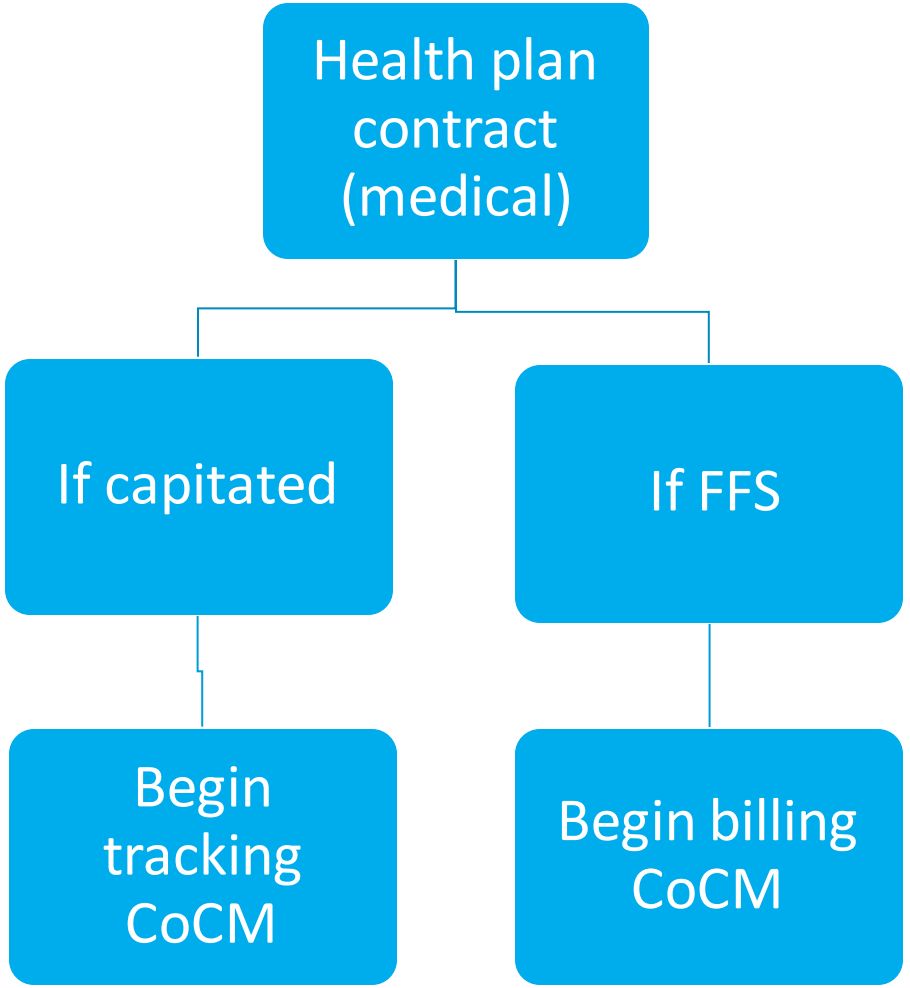
Action Steps:

- ❑ Action step: work with plans to identify contract specifics (especially if using trainees)
- ❑ Required: Credential BHC with appropriate plan
- ❑ *Recommended*: Credential BHC with BOTH plans
- ❑ For (new) BH plans, make sure your team has time to make connections with right contacts

*FQHCs may have specific billing requirements

CoCM – Contracting

Since CoCM bills under primary care provider, should not matter if BH carved out to BH plan *(though does not always hold true)*



Action Steps:

- ❑ Action step: work with plans to verify contract specifics
- ❑ Capture data to show impact of CoCM for: potential rate adjustment, wraparound CoCM payment
- ❑ Be prepared to share information on CoCM billing/coding

*FQHCs may have specific billing requirements

BHI Implementation | Conduct Training & Monitoring Approach

Director

- In charge of BHC, ran reports
- 10 patients this month uncompensated care

Supervisor

- Having conversation with BH care manager to understand root case

Quality Management team

- Look at time of referral before first interaction with BH care manager

Revenue Cycle

- Validate if care is uncompensated