

Session #C01 18496

# Sustainable Financing for Behavioral Health Integration: Progress from California

- Kristina Mody, MPH, Director, California Quality Collaborative/  
Purchaser Business Group on Health
- Mary Nickel-Nguy, DSW, LCSW, Senior Manager, Behavioral Health  
Integration, California Quality Collaborative/  
Purchaser Business Group on Health



# Faculty Disclosure

California Quality Collaborative, a quality improvement program of the Purchaser Business Group on Health, receives funding from Blue Shield Industry Initiatives of California.

# Learning Objectives

**At the conclusion of this session, the participant will be able to:**

- **Understand themes and challenges from provider organization and health plan interviews regarding behavioral health integration payment and financing**
- **Identify priority 'action areas' for alignment**
- **Review how organizations can engage providers and payors in their own regions**

# Welcome!



## **Kristina Mody**

Director,  
Practice Transformation  
California Quality Collaborative  
[kmody@pbgh.org](mailto:kmody@pbgh.org)



## **Mary Nickel-Nguy**

Senior Manager,  
Behavioral Health Integration  
California Quality Collaborative  
[mnickelnguy@pbgh.org](mailto:mnickelnguy@pbgh.org)

# CQC Issue Brief: BHI Sustainable Financing



[www.pbgh.org/resource/sustainable-bhi-financing-successful-practices-opportunities](http://www.pbgh.org/resource/sustainable-bhi-financing-successful-practices-opportunities)

# Anchoring Today

Share your biggest challenge with behavioral health integration financing

*(e.g., reimbursement, coding, billing, credentialing, ROI)*







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# California Quality Collaborative

About Us

# California Quality Collaborative

**Advancing the quality and efficiency of the outpatient health care delivery system by creating scalable, measurable improvement.**

Launched in 2007, CQC is a **multi-stakeholder quality improvement program** of the Purchaser Business Group on Health. Core funding comes from health plans sharing a delivery system.

**Identifies and spreads best practices** across outpatient delivery system in California

**Trains 2,000 individuals** from 250 organizations each year

CQC's track record includes **20% relative improvement** in clinical outcomes and **10:1 ROI**

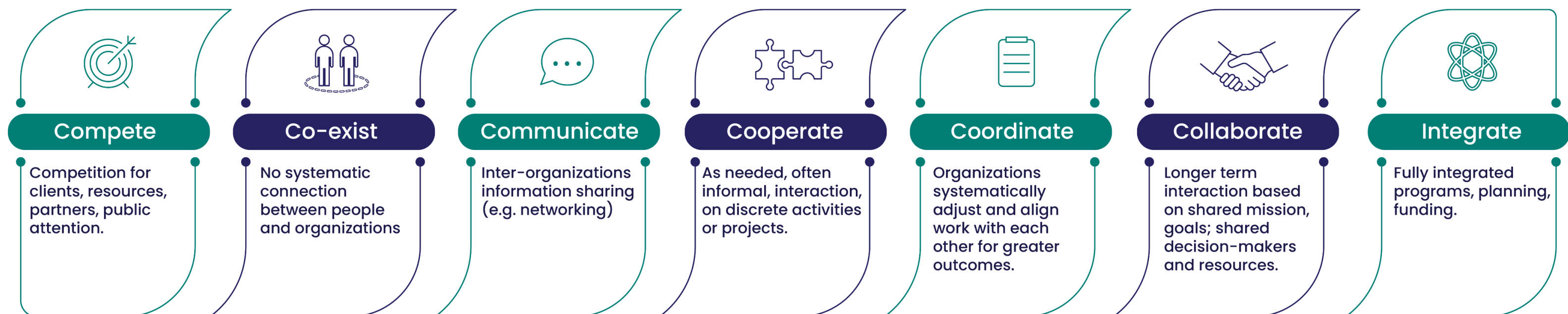
## Sponsors





# How Might We?

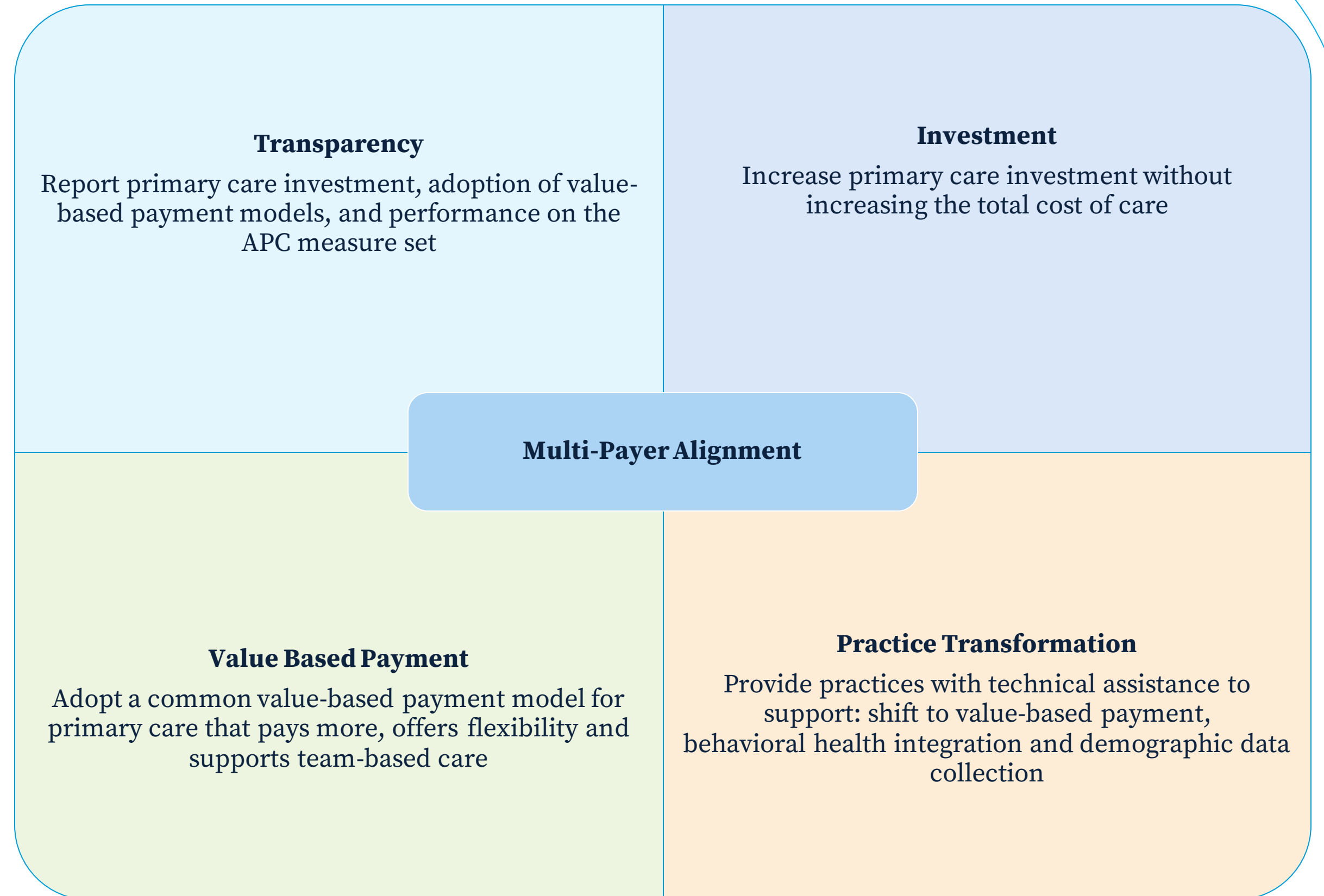
- Internal work: policies, procedures, allocation/funding, workgroups, training
- **Communicate:** share successful practices / approaches / tools
- **Cooperate:** offer feedback, improvements on projects
- **Coordinate:** align on approaches to implementation
- **Collaborate:** contracting, partnerships



# California Advanced Primary Care Initiative

CQC and the Integrated Healthcare Association (IHA) convened large commercial payers to voluntarily work together to strengthen primary care through a shared standard of [attributes](#) and [measures](#).

Payers signed a memorandum of understanding (MOU) committing to this effort through 2025. The MOU has four areas of focus:



 [Click Here to Read MOU](#)

# Lessons Learned

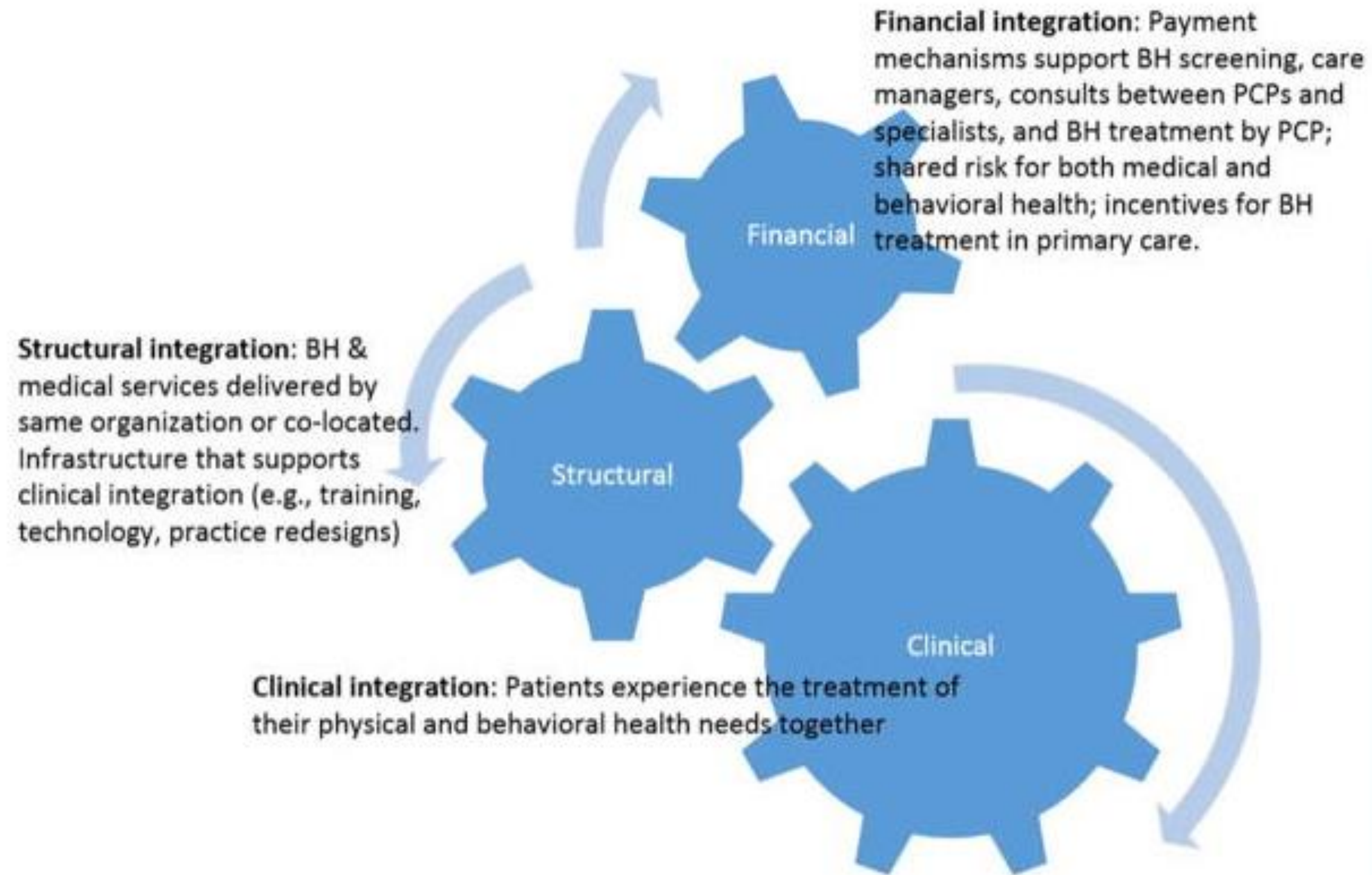


- 1. Work with neutral convener with experience driving multi-stakeholder consensus**

# Behavioral Health Integration in California

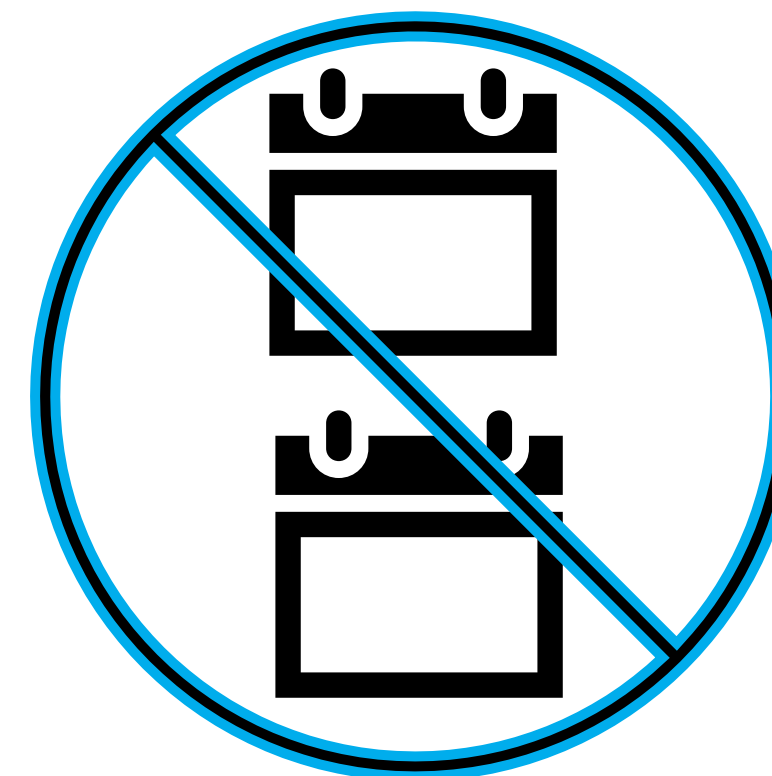
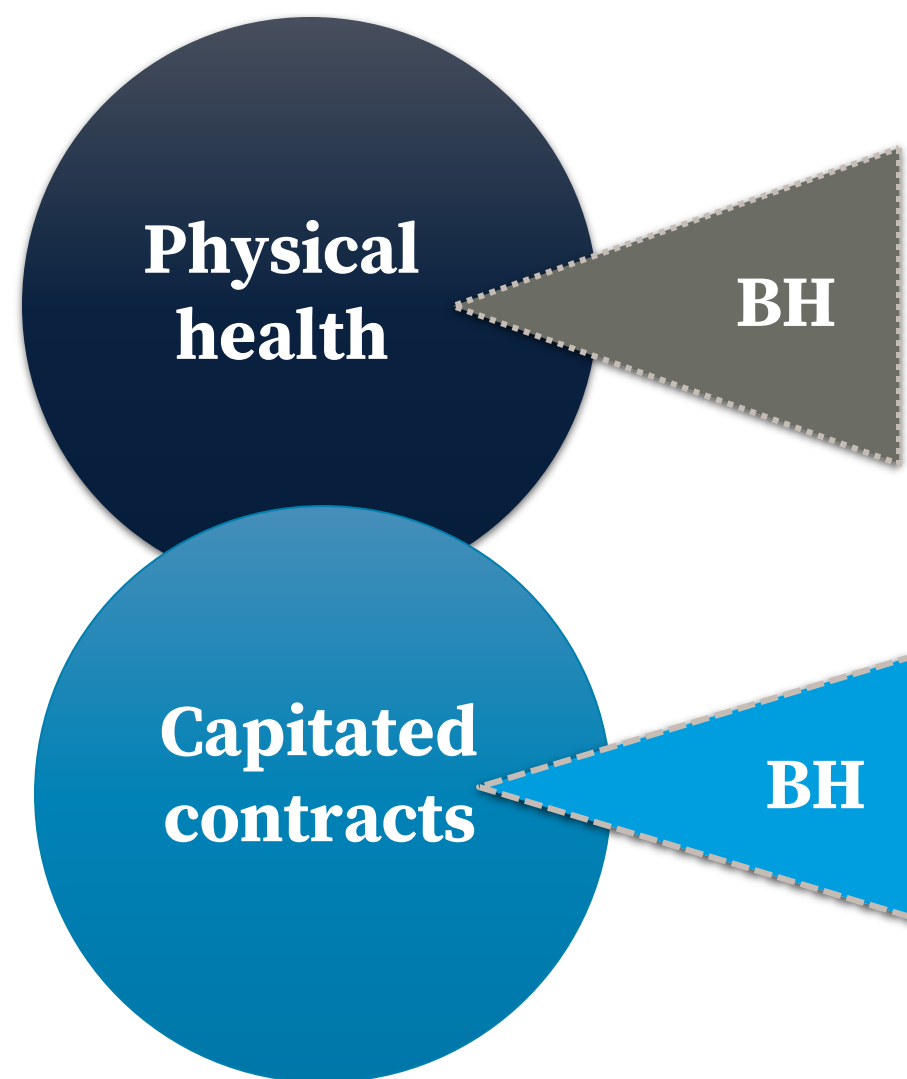
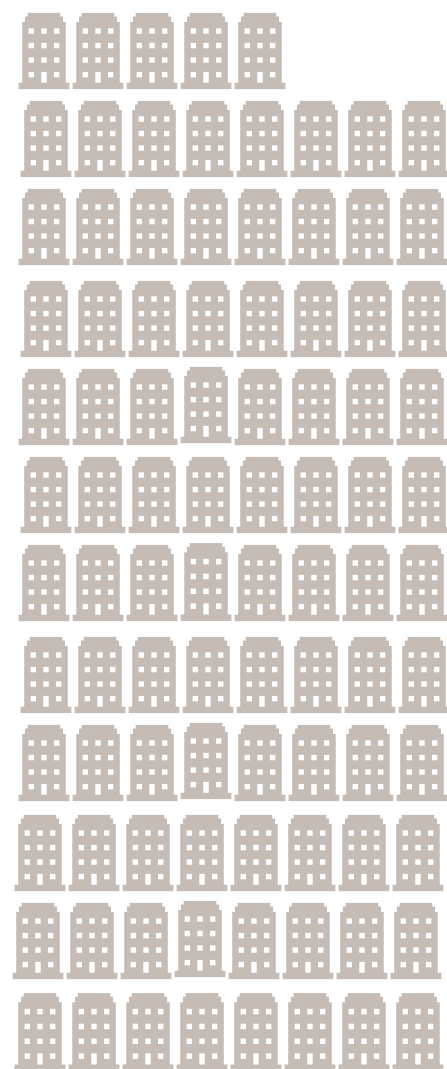
Financing Landscape

# Integration: Clinical, Structural & Financial



Based on Mauer, 2006

# California's Context for BHI Payment



**93 different payers** (health plans and delegated provider organizations)

**Two (often overlapping) carve-outs**

- Mental health benefits
- Capitated arrangements

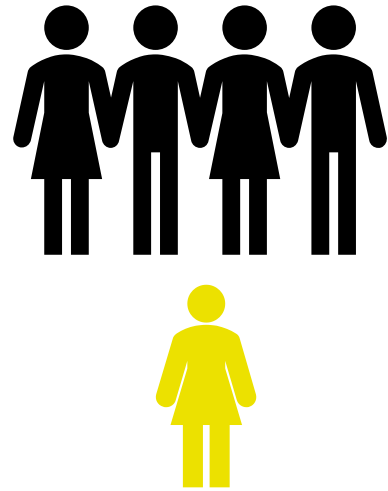
**Same day billing prohibited** for medical and behavioral visit for FQHCs

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)

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# Integrated Care | Two Models, Two Payment Structures

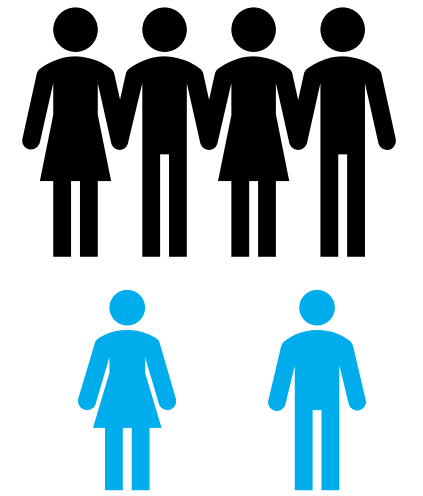


## Primary Care Behavioral Health Model

- 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

- 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

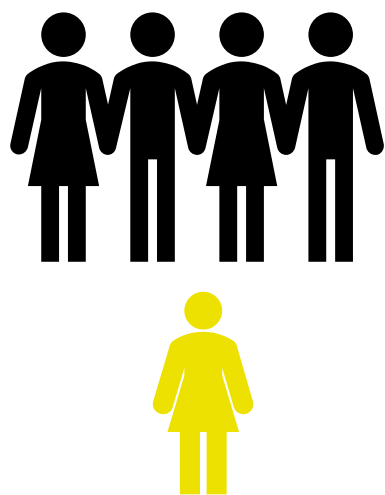


► **Learn more:**

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

# BHI Payment | Two Common Pathways

## Primary Care Behavioral Health model



### Primary Care Practice

- Implements and bills for PCBH model
- Behavioral Health Provider bills FFS

### Direct billing

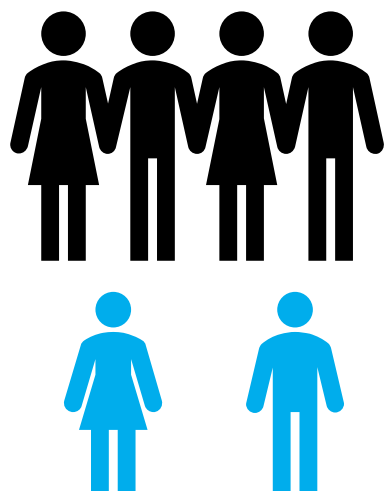
### Health Plan

- Carves Out BH

### MBHO

- Credentials BH Provider
- Pays BHI Claims

## Collaborative Care Model



### Primary Care Provider

- Behavioral Health Care Manager bills “incident to” Primary Care Provider (PCP)

### Health Plan 1 (FFS)

- Credentials PCP
- Pays BHI Claims

### Health Plan 2 (Capitated)

- Credentials PCP
- Pays for CoCM codes as part of capitated rate

# Lessons Learned



1. Work with neutral convener with experience driving multi-stakeholder consensus
- 2. Understand local environment**



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# Findings: BHI Financing Interviews

# Stakeholder Mapping

## Stakeholders

- Providers
- Payers (Plans and Provider Organizations)
- Patients
- Purchasers
- Regulators

## Activity

- As a group, let's spent a few minutes mapping one different stakeholders' roles in the delivery and financing of behavioral health integration into primary care, including their:
  - Goals with BHI
  - Constraints with BHI

# Lessons Learned



1. Work with neutral convener with experience driving multi-stakeholder consensus
2. Understand local environment
3. **Map (and connect!) stakeholder goals and constraints**



# CQC 2024 Project

## Sustainable BHI Financing in Commercial Settings

**Objective:** To work across California to identify, synthesize and communicate successful practices to ensure sustainable payment for behavioral health integration into primary care for commercial settings



**Conducted 11 interviews to date**

- 4 Providers
- 3 Health Plans
- 1 Managed Behavioral Health Organization
- 1 Health Plan/MBHO
- 1 IPA
- 1 Provider vendor
- 18 organizations outreached



**60-minute semi structured calls**

Focused on BHI payment in commercial setting



**Areas covered:**

- Contracting
- Credentialing
- Claims
- Strategic Planning / Sustainability
- Opportunities for Improvement & Alignment



**Stakeholder Meetings**

- Brought together 8 organizations to discuss report findings and brainstorm opportunities for collective action
- Virtual meetings:
- Health plans
  - Providers
  - Purchasers



**Publication**

Issue Brief Q4 2024

# Lessons Learned



1. Work with neutral convener with experience driving multi-stakeholder consensus
2. Understand local environment
3. Map (and connect!) stakeholders' goals and constraints
4. **Commit to ongoing outreach efforts**

# High-Level Findings: Providers

- **BHI billing success is possible**
  - Most payment for BHI reported to be facilitated in fee-for-service, rather than in capitated, arrangements
- BHI billing success **only after many months working with individual health plans to troubleshoot and problem-solve claim rejections and denials**
- Providers reported **finding the right contact** at the health plans able to answer questions regarding behavioral health integration “**extremely challenging**”
- **Credentialing process ranges from 3 to 6 months** from initial application to credentialed for BH providers
- **Confusion as to who the “final decision maker”** regarding operational and clinical issues that had compliance and billing implications
  - Statewide example: [California’s State Health Information Guidance](#) (SHIG)
- **Would value a strategic partner in plans** to support development and sustainability of BHI

# Claims and Billing Support

## Sample Patient Insurance Card

**Health Plan**

Member: SUBSCRIBER SMITH

Member ID: **123456789**      Group Number: **98765**

Dependents  
SPOUSE SMITH      Customer Literal Name Line 1  
CHILD1 SMITH      Customer Literal Name Line 2  
CHILD2 SMITH  
CHILD3 SMITH

Copays:      Payer ID 87726

Office: \$20	ER: \$300
UrgCare: \$75	Spec: \$30

INN:	DED IND/FAM	OOPM IND/FAM
OON:	\$99999/\$99999	\$99999/\$99999
	\$99999/\$99999	\$99999/\$99999

0501

Printed: 09/13/23

This card does not guarantee coverage. To verify benefits, view claims, or find a provider, visit the websites or call.

For Members:      888-888-8888

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For Providers:  
Medical Claims

Pharmacy Claims:  
For Pharmacia.....

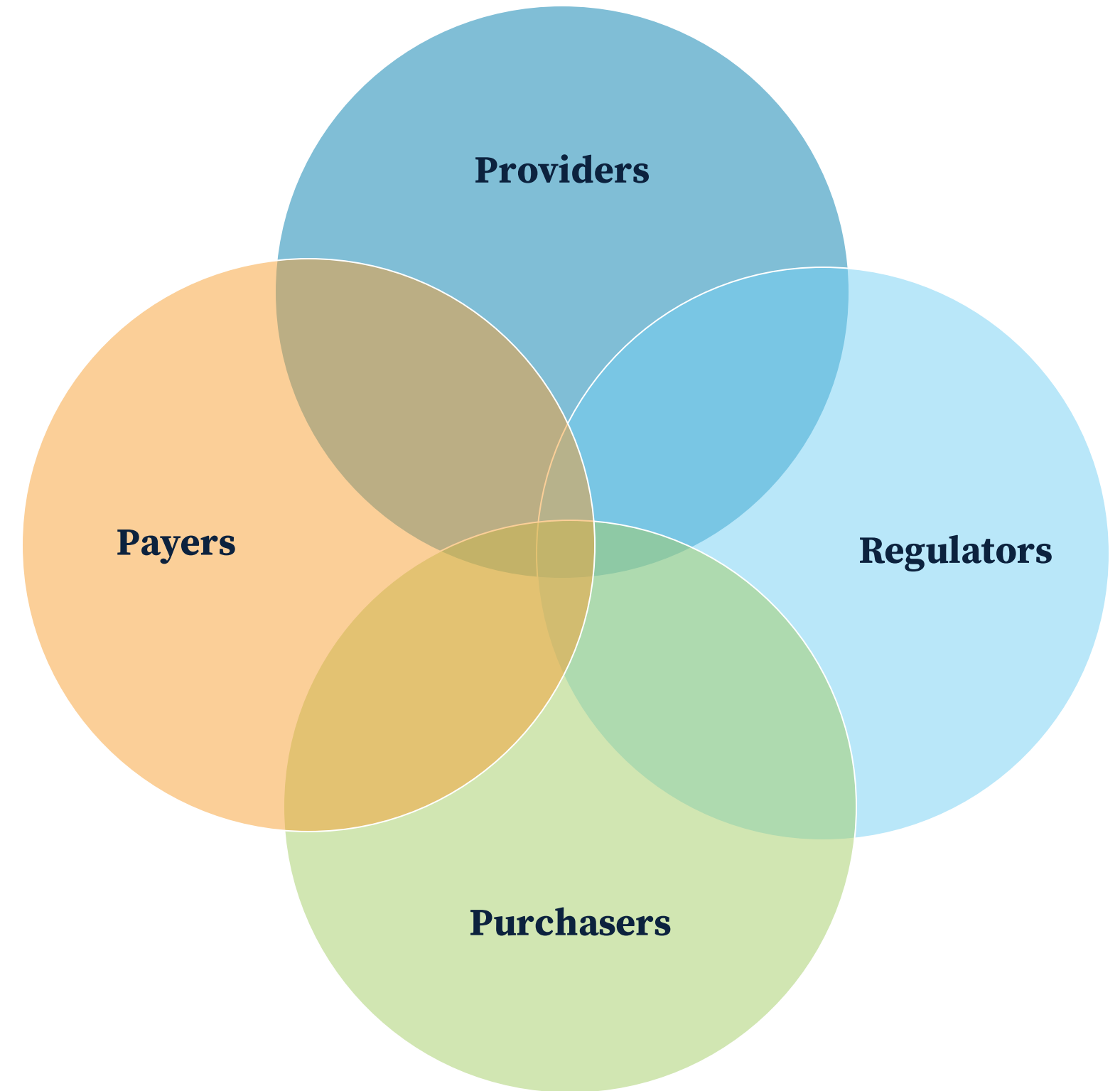
# High-Level Findings: Plans

- Several plans **expressed support for behavioral health integration**
  - Some plans have made recent organizational changes regarding behavioral health administrative and operational leads, and were **restructuring internally**
  - Plans are in different phases of their BHI strategy & described how they were **thinking expansively during the planning process**
- Most plans were **unaware of which providers in their network provide integrated care**
- Plans had plans or made early inroads into **administrative simplification**
  - Examples included streamlining billing platforms and aligning credentialing processes
- There is a desire from plans to **connect and collaborate with other plans**, and discuss and hear what other plans are doing this area to possibly adopt and sustain methods to reduce administrative complexity for providers



# Recommendations and Action Steps

- Opportunities for facilitating payment for behavioral health integration
- Recommendations and action steps in the areas of:
  - Contracting
  - Credentialing
  - Billing/Claims
  - Strategy





# Key Recommendations Providers

- Opportunity
- Action Step

**Providers**      **Plans**      **Regulators**      **Purchasers**

## Contracting

Integrated administrators: connect regularly with internal business team (e.g., payer strategy, managed care, value-based teams) to ensure that integrated program needs and outcomes are incorporated into contracting strategy and can represent behavioral health integrated programs accurately when negotiating



## Credentialing

Credential providers with all medical and behavioral health plans (medical and MBHO) to ensure coverage for more patients' insurance



## Billing

Providers should bill for the services that they are providing to be able to identify what denials/rejections come through and get credit for clinical care already being provided (e.g., for example, depression screening has a discrete code)



## Strategy

Providers and plans need to partner to better develop complementary strategies to improve behavioral health access and quality, including integrated BH in primary care



# Key Recommendations Plans: Individual Action

- Opportunity**
- Action Step**

	Providers	Plans	Regulators	Purchasers
<b>Billing</b>		◆		
<input type="checkbox"/> Aggregate information in a “Health Plan BHI Implementation Guide,” that includes billing codes accepted, documentation required and costs expected based on claims				
<input type="checkbox"/> Provide a specific role (with contact information) for technical issues and escalation in the event of claims rejected or denied		◆		
<b>Credentialing</b>		◆		
<input type="checkbox"/> Monitor average credentialing time cycle for BH, identify roadblocks and brainstorm solutions to ensure compliance with the 60-day cycle required by California law (Health & Safety Code § 1374.197)				
<b>Strategy</b>		◆		
<input type="checkbox"/> Understand which providers are providing integrated services by running reports based on CPT claims and/or surveying providers for interest and/or planning for BHI				

# Key Recommendations Plans: Collective Action

- Opportunity
- Action Step

	Providers	Plans	Regulators	Purchasers
<p><b>Contracting</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Plans that “carve out” behavioral health should maintain oversight as well as regular collaboration with their MBHO partners that includes reviewing BHI visit and access data</li> </ul>		◆		
<p><b>Strategy</b> - Providers and plans need to partner to better develop complementary strategies to improve behavioral health access and quality, including integrated BH in primary care</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Plans: share information with provider organizations to help them model if BHI is a financially sound investment (e.g., codes accepted, expected payment)</li> <li><input type="checkbox"/> Providers: use plan information to model out BHI implementation costs and expected revenue based on their payer mix and product lines</li> </ul>	◆	◆		
<p>Plans can champion BHI as part of their BH access and quality strategy</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Reduce the administrative burden for BHI, including: waiving co-pays for BH visits; making BHI visits a preventive service; eliminating patient prior-authorization requirements for BHI</li> </ul>		◆		

# Lessons Learned



1. Work with neutral convener with experience driving multi-stakeholder consensus
2. Understand local environment
3. Map (and connect!) stakeholders' goals and constraints
4. Commit to ongoing outreach efforts
5. **Identify individual and collective actions**



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# Moving Forward



# Moving Forward



- Work with your early adopters
  - Leveraging input of where to go first
- Creating multi-stakeholder road map
  - Moving forward on priorities identified



# Lessons Learned



1. Work with neutral convener with experience driving multi-stakeholder consensus
2. Understand local environment
3. Map (and connect!) stakeholders' goals and constraints
4. Commit to ongoing outreach efforts
5. Identify individual and collective actions
6. **Be flexible, creative and patient**

# A Parting Question

What have you heard today that you can take as an action step to support sustainable BHI financing?



# Q&A





# Thank you!



**Kristina Mody**

Director,  
Practice Transformation  
California Quality Collaborative  
[kmody@pbgh.org](mailto:kmody@pbgh.org)



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# Conference Resources

Slides and handouts, shared by our conference presenters, are available on the conference mobile app.

# Session Evaluation

Use the CFHA mobile app to complete the evaluation for this session.



# See you next year in Raleigh, NC!

