

# Financing Measurement-Based Care in Community Behavioral Health Settings

Substance Abuse and Mental Health Services Administration  
U.S. Department of Health and Human Services

**Webinar**

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**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration

# Center for Financing Reform and Innovation

CFRI is a SAMHSA contract with Westat that seeks to understand financing mechanisms of behavioral health care to identify opportunities, innovations, and challenges to service delivery and access.

CFRI provides SAMHSA with a dynamic mechanism to further its leadership and the field on immediate and relevant behavioral health financing and delivery issues.

Topics covered through CFRI include Financing Coordinated Specialty Care for first-episode psychosis, Value-Based Payment for SUD treatment, and many others.



## Center for Financing Reform and Innovation

[www.samhsa.gov/cfri](http://www.samhsa.gov/cfri)

# Webinar Overview



- I. Opening Remarks
- II. Report Findings
- III. Panel Discussion
- IV. Open Forum Q&A
- V. Closing Remarks

## Financing Measurement-Based Care in Community Behavioral Health Settings



# Key Terms

**Measurement-based care (MBC):** A clinical process that uses standardized, valid, repeated measurements to track a client's progress over time and inform treatment.

**Behavioral health (BH):** Behavioral health includes mental health, substance use disorders, and other factors that affect a person's well-being.

**Community behavioral health setting:** A location where behavioral treatment services are provided in the community. This includes outpatient mental health and substance use disorder clinics such as Certified Community Behavioral Health Clinics (CCBHCs), intensive outpatient programs, partial hospitalization programs, Opioid Treatment Programs, and outpatient community providers of integrated physical and behavioral health services.



# Benefits of MBC



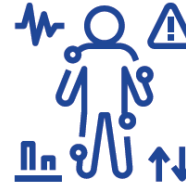
Improved decision making by providers



Increased client participation in treatment and care



Client centered treatment planning



Early detection of symptoms and symptom changes



Quicker reduction in symptoms



Improved client monitoring and progress

Empowered clients



# MBC in Integrated Care Settings

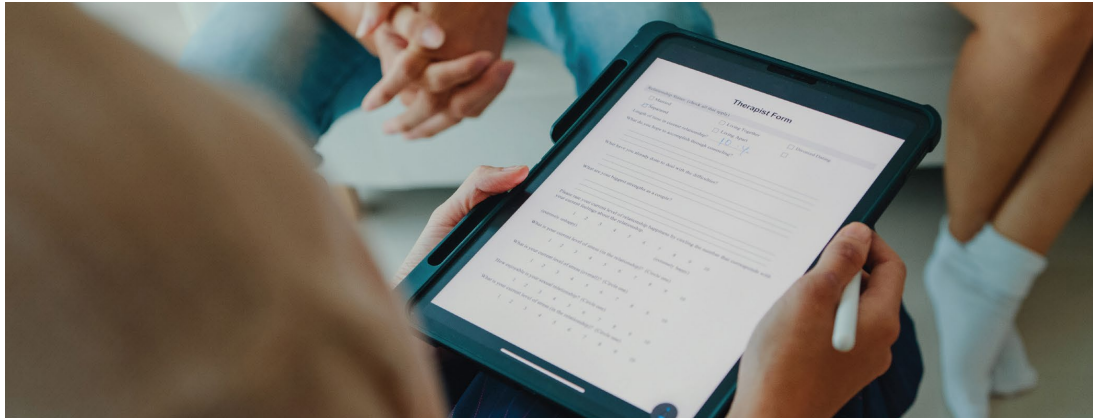


**Integrated Care:** The coordination and joint delivery of behavioral and primary care and other physical health services, which may include practices that share the same setting.

- Behavioral Health Integration (BHI) encompasses various levels of care coordination and collaboration and identifies methods for integrating BH services into primary care and specialty physical health care settings and primary care into BH settings.
- Depending on the specific strategy implemented, MBC may be a component of integrated BH care.
- One BHI strategy in primary care settings is the Collaborative Care Model (CoCM), an evidence-based team approach to care integration.

# Landscape of Financing MBC

- Despite the benefits of MBC, adoption has been slow. One significant challenge to the broader adoption of MBC for BH care is financing.
- This report explores MBC reimbursement options and identifies potential financing solutions for increasing use of MBC across diverse community BH care settings.
- Between March and May 2024, discussions occurred with payers, policy makers, BH financing experts, and providers. An environmental scan of published literature and reports was conducted in parallel.



# Value-Based Payment Approaches for Using MBC in BH Care

There is very little information about MBC payment mechanisms in the literature.

Value-based payment (VBP) models have potential as they focus on the value of care rather than the volume of services when determining payments to providers. These VBP models offer potential mechanisms for financing MBC.

## **Pay-for-Reporting**

Provides incentives, including financial rewards or penalties, to encourage reporting specific data.

## **Pay-for-Performance**

Provides incentives or penalizes providers based on performance in specific areas such as care quality, patient experience, and cost.

## **Bundled/Episodic**

Provides a single payment to cover the total cost of all the services a patient would receive per episode over a set time, such as a week, month, or year, for a certain problem or health condition.

## **Capitation**

Providers or provider groups are paid a fixed amount for each enrolled patient. The per-patient payment is based on the range of services that are provided during a specific period. Payment is typically based on the average expected health care utilization of that patient and may be adjusted for patient risk factors, demographic information, and location.



# Billing Codes for MBC

Code	Brief Description
96127	Used for brief emotional/behavioral assessments and screening. Code is charged per standardized instrument implemented. Examples of instruments include the PHQ-9 or GAD-7 scale. The code can be billed up to four times for unique screening instruments during one visit.
96110	Used for developmental screening in pediatric populations with scoring and documentation. Code is charged per standardized instrument implemented. While the 96127 code is used to screen and assess BH symptoms, this code is used when assessing whether a client is progressing and meeting developmental milestones (e.g., motor skills, language skills, and cognitive function).
96160	Used for the administration of a client-focused health risk assessment instrument, which will help identify specific health risks such as depression, anxiety, and substance misuse.
96161	Used for the administration of a caregiver-focused health risk assessment and used to measure how the caregiver's health may be impacting the client. Examples of instruments include the Edinburgh Postnatal Depression Scale (EPDS) and the PHQ-9.
<b>BHI Codes</b>	
99484 and G0323	Used for care management services for BH conditions that involve at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional such as a clinical psychologist or clinical social worker. Can be billed once per calendar month. The required elements include initial assessment or follow-up monitoring, which incorporates the use of applicable validated rating scales and BH care planning and coordination.
<b>CoCM Codes</b>	
99492	Used for the first 70 minutes during the initial month of psychiatric CoCM. Services can include outreach to the client, initial client assessment, and engagement in treatment
99493	Used for the first 60 minutes of subsequent psychiatric CoCM, not the initial month. Includes tracking clients for follow-up and progress.
99494	Used for each additional 30 minutes of an initial or subsequent psychiatric CoCM session.
G2214	Used for initial or subsequent psychiatric CoCM visits for the first 30 minutes in a month of BH care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional.

- Fee-For-Service (FFS) is a payment method in which health care providers are paid for each billable service performed.
- Current Procedural Terminology (CPT) codes are used for billing and documentation purposes.
- There are no specific MBC CPT codes, but there are CPT codes that can be used to support the implementation of MBC for BH services.
- This table provides an overview of these codes and their potential applications in BH care settings.

# Current MBC Financing

- Based on input from experts and the literature, the study findings show that a fee-for-service payment approach is a minimally used method of reimbursement for MBC for BH care.
- VBP arrangements carry potential to improve financing of MBC but are not commonly used. Some organizations and providers view MBC as foundational for future VBP and for obtaining leverage in contract negotiations with payers.
- The adoption of MBC in BH services is currently driven by its clinical utility rather than by financial incentives.
- Discussants identified significant challenges of financing MBC for BH services and highlight potential strategies to overcome them.



# Challenges and Potential Solutions: Payer Alignment

## Challenges

- Different payers and state Medicaid programs have varying policies and coverage criteria for MBC
- Lack of alignment increases burden and administrative complexities for providers

## Potential Solutions

- Develop reimbursement guidelines for MBC services
- Convene collaborative workgroups between payers and providers
- Encourage and test MBC within existing federal programs
- Implement a federal or state MBC demonstration program



# Challenges & Potential Solutions: Direct Billing

## Challenges

- The lack of MBC-specific CPT codes makes it difficult for providers to accurately document and directly bill for MBC services



## Potential Solutions

- Reward providers who utilize MBC and make it easier to bill for services
- Require commercial payers to include MBC for BH care in their contracts and provide support and incentives
- Incorporate and incentivize the reporting of additional outcome-focused BH quality measures
- Encourage and test MBC within existing federal and state efforts like CCBHC demonstrations

# Challenges & Potential Solutions: IT Infrastructure

## Challenges

- Robust IT infrastructure and integrated technology can be helpful for efficient data collection, analysis, and reporting
- Many small BH providers do not have the budget to develop or purchase IT infrastructure

## Potential Solutions

- Provide upfront funding to support integration of MBC into practice
- Integrate MBC tools into telehealth platforms



# Challenges & Potential Solutions: Workforce & Workflow



## Challenge

- Adopting MBC requires workforce and workflow changes and increase costs
- Expenses come from training staff on assessment tools, integrating MBC into treatment planning, documentation for billing purposes, and using IT platforms

## Potential solutions

- Provide technical assistance and training on how to integrate MBC into clinical workflow
- Utilize existing workforce by task-shifting and expanding staff roles
- Educate BH workforce on why MBC is crucial to providing evidence based and client-centered care
- Encourage accrediting organizations to adopt MBC standards

# Report Conclusions

- MBC increases client engagement, enhances treatment outcomes, and supports efficient and effective BH care. Yet uptake of this practice remains low.
- It is critical to ensure that efforts to increase adoption of MBC maintain a client-centered focus and promote the delivery of care that meets the individual needs of each client.
- Financing is needed to truly accelerate and sustain uptake of MBC for BH services, in addition to a variety of other interrelated supports.



**Simplifying billing processes** through the introduction of specific MBC CPT codes



**Increasing overall payments** to account for the extra costs associated with MBC



**Providing upfront capital** for IT infrastructure and technical assistance



**Encouraging MBC use** in existing federal and state programs



**Task-shifting available staff** to help offset costs and support workflow challenges



**Increasing research** on financing MBC use for SUD treatment service delivery.

# Panel Discussion



# Open Forum Q&A

# Register for SAMHSA's next CFRI webinar

## Behavioral Health Care Access Among Lesbian, Gay, and Bisexual (LGB) Populations

January 7, 2025

1-2pm EST



### Behavioral Health Care Access Among Lesbian, Gay, and Bisexual (LGB) Populations



Lesbian, gay, and bisexual (LGB) populations face elevated rates of mental health challenges and substance use, as well as significant barriers in access to care.

This webinar presents findings from a new SAMHSA report that investigates disparities in access to behavioral healthcare among LGB populations based on 2015-2019 National Survey on Drug Use and Health (NSDUH) data.

The webinar will include federal and national LGB leaders who will discuss strategies to promote equitable care and opportunities for action.

Register at [www.samhsa.gov/cfri](http://www.samhsa.gov/cfri)

# Thank You

SAMHSA's mission is to lead public health and service delivery efforts that promote mental health, prevent substance misuse, and provide treatments and supports to foster recovery while ensuring equitable access and better outcomes.



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