PAYMENT STRATEGIES FOR MENTAL HEALTH

Presented by:
Mental Health Leadership Work Group
Private Payer Advocacy Advisory Committee
What You See
Questions

• To ask a question during the webinar, please type your question in the box on the lower left.

• Questions will be answered at the end of the webinar, time permitting.

• Today’s webinar will be recorded and posted online at www.aap.org/mentalhealth and http://www.aap.org/en-us/professional-resources/practice-support/financing-and-payment/Pages/Private-Payer-Advocacy.aspx
AAP Mental Health Initiatives

*Mental Health is Mainstream Pediatrics*

- AAP Priority
  - Mental Health Leadership Work Group
    - System Transformation
    - Practice Transformation
    - Building Clinicians Skills
    - Enhancing Community Resources
    - Partnering with Families & Organizations
AAP Private Payer Advocacy

- Examine the effect of payment, plan medical policy & operations on pediatrics
- Identify strategies to enhance access through improved pediatric health care coverage
- Advise the AAP and its leadership on strategies to improve pediatrician’s economic and organizational position in the private marketplace
AAP Private Payer Advocacy: Multilevel Approach

• National
  • Dialogue with payers on AAP policy and specific carrier issues
  • Assistance to Chapters, Committees, Sections, Councils, and members
  • Resources on MyAAP site for members

• Chapters
  • Pediatric Councils meet with payers on regional issues
  • Hassle Factor Form Reports to identify member concerns

• Members
  • Appeal Letter Templates
  • Resources on coding, contracting, appeals, etc.
  • Members can report issues on the AAP Hassle Factor Form on MyAAP, private payer advocacy page
Chapter Pediatric Councils

A forum for chapters to meet with payers to discuss issues impacting access, quality, cost, coverage and payment by addressing payer policies, covered services and administrative practices affecting pediatric services.
Meet Our Speakers

- Madeleine Blancher, MD, FAAP - Alabama
  - Chapter Advocacy

- Deborah Ainsworth, MD, FAAP, North Carolina
  - Pediatric primary care perspective of an integrated practice

- Kimberly Spencer, LPC, North Carolina
  - Mental health professional perspective of an integrated practice
Alabama Chapter and Mental Health

- Healthy Kids 2010 grant project
  - “Navigating the Mental Health Maze” - 2005-2006
- AAP Mental Health Grant project – 2008
- Networking Dinners addressed:
  - Access
  - Primary Care/Mental Health Collaboration
  - Education for PCP’s
  - Payer Issues
Alabama Chapter and Mental Health

- Alabama Assuring Better Child Health & Development project (ABCD) – 2007-2009
  - Coordinated effort to introduce standardized developmental screens to providers
  - Development of linkages between Early Intervention and providers
Alabama Chapter and Mental Health

• Child and Adolescent Psychiatry Institute, 2005-2011
  • Collaboration between Alabama Chapter-AAP, Alabama departments of Mental Health & Public Health
  • Yearly meetings with child and adolescent psychiatrists and primary care pediatricians
  • Mainly for education purposes
Pediatric Council

• General education for payers
  • Statistics
  • “Wish List”

• Push for payment for developmental screens

• Push for payment to pediatricians to diagnose and treat ADHD
  • JAACP (Oct. 2012) vol 51(10) 990-1002
Results

• 2010
  • Medicaid pays for 96110 (up to 5 per visit)
  • CHIP pays for 96110 (4 lifetime)
  • BC/BS pays for 96110 (5 lifetime)

• 2013
  • BC/BS moving away from “carve outs” and capitated plans for mental health
    • PCP will now be paid for psychiatric diagnoses
Lessons Learned

- Strong partnerships with state agencies/payers
  - Avoid confrontations

- Consistent message-with facts and statistics

- Involved BC/BS medical policy maker in addition to medical director
  - Meaningful discussion on plans and networks
Lessons Learned

- Mental Health Parity Law and ACA
  - Education for providers
  - Education how providers and payers can work together for patient quality
Just Down the Hall

Children’s Mental Health in Primary Care Pediatric Practice

Deborah L. Ainsworth, MD FAAP
Washington Pediatrics
Washington Pediatrics

Started in 1955

Russel C. Cook, MD, FAAP
Deborah L. Ainsworth, MD, FAAP
Debra S. Clancy, MD, FAAP
Mark A. Karpinski, MD, FAAP
G. Edward Davis, MD, FAAP
Judit Aryanos, MD, FAAP
Sandra Johnson, FNP
Stephanie Cameron, PA-C
Meredith Wright, PA-C
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Stephanie Harris, LPA
Andrea Nikolia,
Mental Health as a Strategic Priority

- In 2004, the American Academy of Pediatrics elevated children’s mental health to be a strategic priority of the AAP

- AAP has engaged multiple liaisons, including:
  - National Alliance on Mental Illness
  - National Association of Social Workers
  - American Psychological Association
  - American Academy of Child & Adolescent Psychiatry
The North Carolina Pediatric Society

- The NC Chapter of the American Academy of Pediatrics has focused on multiple strategies:
  - training & educating pediatric providers (autism, anxiety, bipolar…)
  - collaborating with behavioral & mental health professions
  - promoting integration & co-location of services
  - initiating research efforts to improve outcomes (communications skills about mental/behavioral health for primary care physicians)
Types of Mental Health/Behavioral Health Services for Children

Washington Pediatrics psychologists see children ages 3 to 18

Services Provided:
- parent training
- interpersonal therapy
- cognitive behavioral therapy
- play therapy
- psychological testing (LD, ADHD, emotional disorders)

Accepts Payment from:
- Medicaid
- NC Health Choice (SCHIP)
- BCBS
- Self-Pay
- Other insurers depending on benefits/rates

Referrals to:
- public preschool programs
- speech therapists
- occupational therapists
- child psychiatrists
- family therapists
- Partnership for Children programs
- community parenting groups
- support groups
How It Works: Whole Child Assessment

- Ages & Stages Questionnaire or ASQ is a validated developmental screening tool targeting five different areas of development:
  - Communication, Gross Motor, Fine Motor, Problem Solving, Personal/Social
  - Parents complete the ASQ at each well child check
  - (4, 6, 9, 12, 15, 18, 24, 36, 48 and 60 months)
  - M-chat done at 18 and 24 months
- Follow up services depend on whether the child passes the ASQ and whether the parent has any concerns about the child’s development
Older Kids

- Somatic symptoms that would indicate a mental health issue – headache, stomach ache
- Parental concerns regarding school performance, attitude, depression
- “Not sure where else to go”
- School concerns reviewed at each WCC
- Teacher referrals
- TEACCH referrals
Physician/Psychologist Consultation

- A conversation between the physician and the psychologist starts when:
  - Child fails ASQ or Mchat
  - Typical WCC guidance does not fix problems the parents reported
  - Somatic symptoms, overt anxiety/depression, school “dysfunction”
So now what?

- Information package given to family
- Includes family and teacher questionnaires
- Mainly designed for ADHD but adaptable to other concerns
- Returned to office and psychologist reviews
- Assigned to one of two psychologists
- Intake appointment made – 90 minute slot
Next?

• Diagnosis – Made or Not?

• Therapy – Yes or No?

• Psychological Testing – Needed or Not?

• Medication – Yes or No? Ready or Not?
Sustainability-Making Co-Location Pay

- Patient volume
- Difficulties with obtaining provider credentialing with insurance plans including Medicaid
- Reimbursement rates – mental health parity not there yet
- Discounts or payment plans for self pay/underinsured
- Willingness of parents in crisis to pay for services
- Up front rules limiting no shows for appointments
- Need MA psychologists with PhD oversight
- Psychologist paid more for some visits than physician
- Physician time used more effectively
- Improved physician confidence in diagnosis and management
Sustainability-Making Co-Location Pay

• Physical, psychological and emotional needs all addressed – “Head attached to body”

• Decreased resistance for parents about need for medication after full evaluation and/or therapy

• Early intervention

• Team advocacy

• Medical Home
Maximizing Payment for Integrated Care

Kimberly Spencer, MA, LPC, NCC
Northern Pediatrics
First Things First: Credentialing

• Contact Payors and inquire about their process of being credentialed
• Most insurance companies require:
  • Provider’s name
  • National Provider Identifier #
  • Date of Birth
  • License
  • Social Security #
  • Curriculum Vitae
  • Malpractice Insurance
• If the Insurance Company denies you becoming credentialed:
  1. Ask them what information they require in order for you to become a provider
  2. Notify the Insurance Company that you are practicing in Integrated Care
  3. Be persistent – Call every week to inquire about what you need to do next to become credentialed
Communication

The Primary Care Physician and Mental Health Professional must develop an effective and efficient communication protocol.

• Face to Face Contact

• Electronic Medical Records

• Secured Email

• In-service trainings on mental health topics
A Day in the Life of a Mental Health Clinician at Northern Pediatrics
Assessment

The Primary Care Physician assesses their patient’s need for mental health services during an office visit using an assessment tool or the patient/ patient’s legal guardian report of mental health symptoms.

- The Primary Care Physician utilizes Primary screening tools to identify possible mental health treatment concerns
  - Ages and Stages Questionnaire
  - Edinburgh Postnatal Depression Screen
  - Modified Checklist for Autism (MCHAT)
  - Pediatric Symptom Checklist
  - Youth Pediatric Symptom Checklist
  - Bright Futures
  - PHQ-9 (Depression)
  - Vanderbilt ADHD Screening Tool
Completes Assessment

The Mental Health Clinician completes a Comprehensive Clinical Assessment and any other indicated Secondary Screening Tools related to the PCP’s evaluation.

- Examples of Secondary Screening Tools:
  - SCARED (Screen for Child Anxiety Related Disorders)
  - Child Depression Inventory
  - Child Trauma Screen

- If the patient is suicidal, the Mental Health Clinician can assist the PCP by completing a suicidal evaluation and then contacting Mobile Crisis if necessary reducing time spent with PCP
Multi-disciplinary Treatment Team

The Mental Health Clinician provides Evidence-based Therapeutic Interventions and triage for treatment options consulting with the multi-disciplinary treatment team.

- The Multi-disciplinary treatment team may include:
  - Primary Care Physician
  - Health professionals serving the patient, such as a Psychiatrist, Occupational Therapist, Speech Language Pathologist, Physical Therapist, Dietician, Developmental Pediatrician
  - Schools
  - Courts
  - Department of Juvenile Justice
  - Department of Social Services
Useful Resource

A useful resource in developing an Integrated Primary Care Practice.
Next Steps

• The PCP then notifies the patient and patient’s legal guardian of mental health services available at Northern Pediatrics. The PCP inquires if the patient and patient’s legal guardian would like to meet with the Mental Health Clinician the same day or schedule an appointment for another day.

• The front office staff must verify eligibility of the patient’s insurance for mental health services and/or need for a Prior Authorization before a billable service can be performed.

• The Mental Health Clinician meets the patient (“warm handshake”) even if a billable service is not possible the same day reducing the risk for no-shows and increasing the likelihood of the patient returning for future mental health appointments.
Northern Pediatrics

• 6 Board Certified Pediatricians
• 1 Licensed Professional Counselor
• Mental Health Services Provided: Ages 3 to 18
  • Comprehensive Clinical Assessment
  • Cognitive Behavioral Therapy
  • Motivational Interviewing
  • Trauma Focused – Cognitive Behavioral Therapy
  • Family Therapy
  • Play Therapy
  • Dialectical Behavior Therapy

• Payment for Services:
  • NC and VA Medicaid
  • NC Health Choice
  • Private Insurance
  • Self-Pay
Resources Available from the AAP

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™
Reducing Administrative & Financial Barriers to Access and Collaboration

- Outlines issues and potential solutions
- Makes recommendations to insurance purchasers, payers, and managed behavioral health organizations

Strategies for System Change in Children’s Mental Health: A Chapter Action Kit

• Strategies to:
  • Partner with families
  • Assess the service environment
  • Collaborate with mental health professionals
  • Educate chapter members
  • Partner with child-serving agencies
  • Improve mental health financing
Addressing Mental Health Concerns in Primary Care: A Clinician’s Toolkit

- Health Care Financing
- Community Resources
- Support for Children and Families
- Clinical Information Systems/Delivery System Redesign
Enhancing Pediatric Mental Health Care: A Report from the AAP TFOMH

- Strategies to Prepare a Community
- Strategies for Preparing the Primary Care Office
- Algorithms for Primary Care
AAP Private Payer Advocacy Resources on Mental Health Payment

• Several resources are available on the MyAAP site, Private Payer Advocacy page:

• Pediatric Council Guidebook

• AAP letters to payers and sample appeal letters members can send to payers

• Hassle Factor Form
  http://www.aap.org/moc/reimburse/hasslefactor/HassleForm.cfm
AAP Private Payer Advocacy Resources on Mental Health Payment

The AAP and chapter pediatric councils developed talking points and PowerPoint templates to use in discussions with payers:

• Talking Points on Improving Mental Health Services in Primary Care: Reducing Administrative and Financial Barriers

• Mental Health in the Medical Home PowerPoint Template
Questions?

Contact us:

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