Behavioral Health Sustainability
A Deep Dive

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Sustainability Plan Review

• Front End
• Back End
• Costs
• Expenses
• Billing, Coding
• Contracting
• Dashboard
Objectives

• Answer questions specific to your organizations around sustainability
• Provide more detailed information on developing a plan for sustainability
• Respond to feedback and requests from the prior webinar
Warm Handoffs

• To bill or not to bill........
• Workflows that support billing (empty slots, handoffs for billable payers)
• What do I code if I do bill ?
• How do I measure abstract revenue for doing hand-offs?
• What is an effective hand-off ?
• Who to use for hand offs (non billable)
Behavioral Health Codes-Optimal

• Behavioral health providers are licensed providers to treat mental illness....

*Per CFR Title 42, Part 410.73(b)(1) the services of a clinical social worker are limited to the diagnosis and treatment of mental illness.*
Some Asked About…

• HBAI Codes 96150 series
• Prevention Codes 99401 series

• These are not optimal……..
• Payment
• Services provided
• Optimizing/top of scope
• Prenatal
No Mental Health Diagnosis..F54

- Applicable To Psychological factors affecting physical conditions
- Approximate Synonyms Psychogenic skin disease
- Psychological factor in medical disorder
- Psychological factors affecting medical condition
- Psychosomatic factor in physical condition
- Skin disease, psychogenic
- Code First the associated physical disorder, such as:
  - asthma (J45.-)
  - dermatitis (L23-L25)
  - gastric ulcer (K25.-)
  - mucous colitis (K58.-)
  - ulcerative colitis (K51.-)
  - urticaria (L50.-)
- Type 2 Excludes tension-type headache
Sustainability Calculations

Data Points

- Staff Salary plus fringe and overhead 75,000
- Average reimbursement for visit 100.00
- 100 into 75,000 = 750 (HRSA 1550)
- 44 work weeks in a year
- 3.5 patients a day
- How does this change if you only collect 80% of what you bill?
- What if some of these are same day or not billable, these are only billable visits
Productivity and Capacity

• Calculation of billable visits is what percentage of day? Includes “intakes, treatment, crisis”
• What percentage of visits are not billable-some hands offs, same day, too short, case management
• Capacity 1.36 a day for 8 hour day
• Helps to start to paint the picture....
Now You Can Start to Paint the Picture
Screening Codes

- 96127 PHQ9, PHQ2
- 96110 MCHAT, Vanderbilt
- Substance Abuse (H0049)

- Code for tracking and billing
- Coding helps paint the picture
SBIRTing Much?

- Screening – H0049
- Brief Interventions –
- Referral – how can you track them both internal and external?
- Treatment- internal or external, perhaps consults
- SBIRT Codes
What is a crisis

- A 90839!
- May not need authorization
- Discontinue 60 minute visits that are not a crisis
- Helps with VBP
- Again, helps to paint the picture!
Scheduling

• Largest barrier for sustainability in many organizations
• Gap - full schedules and open slots
• Not training front desk (how to cancel, pre appt)
• Shadow scheduling
• Scheduling out by clinicians
• Not incorporating open access
Your Patients are Telling a Story - Listen to Them

- Not keeping intakes
- Second appointments
- Length of treatment
- Keeping my slot technique
Who pays you?

Payer Mix

Tying it all Together

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Know Your Payers!

- Know your payer mix
- Know what they pay for (MAT, )
- Know who they pay for
- Know how much you should get paid
- Know why they deny claims (sa)
- Know who credentials your providers
Some Data Points

- Denials, average denials
- Collection percentage
- Average reimbursement
- Open Encounters
- Open Slots (remember 20%)
- Average Collection (how much a month)

Remember time lapse for information ......
Where Do I Start?

• Follow your own advice - chunk it down!
• Pick one area to work on like scheduling or denials to optimize
• Identify the largest fire
Sometimes the best thing you can do is not think not wonder not imagine not obsess just breathe and have faith that everything will work out for the best.