



NATIONAL REGISTER
OF HEALTH SERVICE PSYCHOLOGISTS

The Philadelphia Experience: A Path to Sustainability and Workforce Development

NATALIE LEVKOVICH

CEO, Health Federation of Philadelphia

President, Collaborative Family Healthcare Association

Who We Are

- **Regional Network of FQHCs**
- **Patient Population**
- **Medicaid as Primary Payer**

How We Got Started

- Unique BH MCO – **single payer**
- **Worked collaboratively** from the beginning
- **Incremental approach**
- **Win-Win goal**
- **Provider driven**

Our Model

- **PCBH model, BHC Role**
- **BH fully embedded in primary care, not merely co-located**
- **Does not follow the traditional practice of specialty mental health treatment**
- **Population-based care**
- **Solution-focused**

Advocacy Process

- Educated MCO that **BH is included in FQHCs' federally defined scope of practice** (no state license required)
- **Created an educational event** for MCOs, county officials and philanthropy
- Advocated with the **State Medicaid Office re same day billing**

Payer Response

- **Recognized flexibility** inherent in the model
- Created **flat billing rate** based on T1015 code
- Created a **model-specific credentialing manual** and RFQ
- **Re-trained compliance auditors**
- **State paid PPS** reconciliation

Payer Response

- **Created a flat fee based on T1015 code:**

Healthcare Common Procedure Coding System (HCPCS) code T1015 identifies an all-inclusive clinic visit, which includes the diagnosis and treatment services rendered at a community health center. Only Federally Qualified Health Centers (FQHC) can file claims with HCPCS code T1015.

<http://www.cms.gov>

Prospective Payment System

- **Medicaid PPS** specified in section 1902(bb)(3) is determined separately for each individual FQHC or RHC (calculated on a per-visit basis), and does not include any adjustment factors other than a growth rate to account for inflation and a change in the scope of services furnished during that fiscal year. Therefore, we note that the methodology described under 1902(bb)(3) of the Act is significantly different from the PPS methodologies used by the Medicare program

<http://www.medicaid.gov>

Current Payment Arrangement

- Effective 2016, State Medicaid required **BH MCOs to pay FQHCs full PPS** based on T1015 billing code (including group visits)
- PA Medicaid adopted **Medicare definition of qualified providers**
- **Workforce supply is a challenge**
- **Medicare permits same day billing** but two co-pays is antithetical to integrated care

Challenge for non-FQHCs

- Currently, in PA, the path to Medicaid payment for BHC services is **challenging for non-FQHC practices**
- Outpatient CMH agencies, private practices and departments of psychiatry can contract and bill MCO, **but not primary care or specialty medical practices**
- **Commercial payers can negotiate contracts as they see fit, but typically carve out BH**
- Other state MA agencies **may have more liberal options within their plan**

Payment Reform Needed

- Typical FFS rules assume a **“one size fits all” mental health practice model**
- Various FFS coding schemes and workarounds **put medical and mental health services into separate boxes** and create inefficiencies and barriers to fully integrated care across the full continuum of assessment, prevention, health coaching, treatment, and population care management.

Payment Reform Needed

- **Bundled payment**, with adequate capitated and performance bonus arrangements, will allow the flexibility needed to achieve **Triple Aim goals** and encourage fully integrated care, and
- Will free providers from **workflows designed to maximize volume-based revenue.**

Addressing the Implementation Challenge

- The biggest barriers to bringing integrated care to scale are **payment challenges** and **implementation knowhow**.

Our Strategy

- Once we achieved **an understanding with our primary payer**, we had to address...

Sites' need for **technical assistance**, PC providers' need for **orientation**, BH providers' need for **training**

- **As a regional network**, we could tackle these challenges collectively

Key Ingredients: Collaboration, Resources and Persistence

- **Start-up grant** from Aetna Foundation
- **Consultation from national experts** – gradually built internal expertise
- **Provider-centered, practice-based training program** (driven by providers' needs and readiness for change)

Technical Assistance for Sites

- **Orientation for leadership**
- Site orientation and **internal advocacy**
- Help w/ BH **staff recruitment and selection**
- Post-implementation **debriefing, coaching**
- **Brief workshops** for PCPs on request
- **Implementation manual**

Initial Training for BHCs

- Opportunities to **shadow**
- Orientation to **model and role**, practice basics
- Manual with **onboarding tips and resources**
- **Shadowing/coaching** by Network Clinical Lead (w/ individual clinical supervision as needed)

Community of Practice

- **Intra-network listserve**
- **Monthly CE workshops** (topics driven by feedback and observed needs)
- **Periodic group supervision**
- **Lending library**
- **Leadership development**
- **Meetings for BH supervisors**

New Initiative #1

- New **BHC Boot Camp** – still in planning – to be offered annually
- **4-day intensive**
- **Open to new hires** (less than one year) and others who need “refresher” training

Boot Camp Content

- **Communications with PCP** and introducing BHC role to patients
- **Chronic health conditions**, tobacco/drugs, chronic pain and health coaching
- **Depression, anxiety, trauma**
- **Problem Solving/Solution Focused Therapy**, CBT, ACT, Motivational Interviewing
- **Basics of care management**, visit planning, treating to a target

New Initiative #2

- Developed a **rubric of BHC competencies**
- Piloted **competency rating process**
- Planning to **train network supervisors to use rating tool** for routine supervision and staff development
- **Goal: to build internal capacity** to sustain practice fidelity

Community of Practice Benefits

- Ongoing **professional development**
- **Peer support**
- Reinforce **professional identity**
- **Develop leadership**
- **Collective advocacy**
- Ongoing **program development/PI**
- Maintain **fidelity to model**
- **Capacity for replication**

Thank you for your attention!



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