



# Maximizing Revenue in CAHC's

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# Session Overview:

- Sustainable opportunities for SBHC's:
  - Revenue Maximization
  - Behavioral Health
  - Health Plan Contracting and Provider Enrollment
  - Questions

# Benefits of an SBHC

- ▶ Improve access to affordable, quality, primary care and mental health services, for school aged youth
- ▶ Provide patient-centered care services for all students, regardless of insurance status
- ▶ Reduce costs related to unnecessary hospital stays and use of Emergency Departments
- ▶ Improve educational outcomes
  - *Healthier kids learn better!*
- ▶ Save parent's time, by reducing missed work hours

# Assessing the Current State

- Do you currently bill for medical services today?
- Do you currently bill for behavioral health services today?
- How effective are you?
- How many health plans are you currently contracted with?

# Michigan Background

- Michigan Department of Community Health
  - Center requirements for grant dollars
  - School Community Health Alliance of Michigan (SCHA-MI) Support to field
- Medicaid managed care
  - State policies

# Revenue Maximization: Challenges

- Students do not have insurance cards when presenting for care or complete the registration form with all required information
- Preventative services not always payable
- High deductible plans
- Billing infrastructure not set up or not priority
- Payor contracting/Provider enrollment

# Understanding the elements for confidential visits

- ▶ Signs and symptoms

- Diagnoses

- For commercial insurances, consider billing the whole or partial services of the visit
    - Example: *Office visit with amenorrhea, N91- (626.0) instead of Z33.1 (V22.2)*

# Understanding the elements for confidential visits

- ▶ Services rendered
  - CPT: 81025, 36415
  - Behavioral Health service

# Revenue Maximization: Opportunities

- Administration Codes
- J1050 – injection, medroxyprogesterone acetate 1 mg (Depo-Provera)
- ***NDC format***
  - 11 digits (add a 0 to the sequence missing a digit; sequence, 5-4-2)
- Coding preventative services
  - appropriate age for E&M
- Providers entering services in EHR

# Revenue Maximization: Opportunities

- Proper use of Modifiers 25 and 59
  - Physical and office visit, Office visit with smoking cessation, Office visit with injection administration, office procedures performed in same setting
- Billing all services like:
  - Smoking cessation
  - Emotional/behavioral assessment (depression, ADHD) must be standardized instrument (96127)
- Code linkage/sequencing

# Revenue Maximization: Opportunities

- ▶ Important to check into payor/CCI edits, to ensure full reimbursement is received, and unnecessary write-offs are avoided
- ▶ There is some variance among payors regarding adjudication processes
- ▶ A couple of examples from Michigan payors...

# Revenue Maximization: Opportunities

First example is from HealthPlus of Michigan, Medicaid

- CCI edits: 99396 and 99212, with a MOD 25 on both lines of service

Procedure	Date of Service	Mod 1	Mod 2	Mod 3	Mod 4
99396	04/11/2015	25			
99212	04/11/2015	25			

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## Claim Audit Results

Allow 99396 04/11/2015 PREV VISIT EST AGE 40-64 25 3.54 100  
 Allow 99212 04/11/2015 OFFICE/OUTPATIENT VISIT EST 25 1.22 100

Second example is from BCBS, McKesson

- CCI edits: 99213 and 99406 with a MOD 25 on both, McKesson edits allow:

Line	Procedure	Mod 1	Mod 2	Mod 3	Date of Service	Place of Service
1	99213 25				04/10/2015	11
2	99406 25				04/10/2015	11

## Claim Audit Results

Line	Procedure	Description	Mod 1	Mod 2	Mod 3	Date of Service	Place of Service	Pay
1	99213	OFFICE/OUTPATIENT VISIT EST	25			4/10/2015	11	
	(Office) 0	Allow						
2	99406	BEHAV CHNG SMOKING 3-10 MIN	25			4/10/2015	11	
	(Office) 0	Allow						

# Revenue Maximization: Strategies

- Provider not recognized by payor or not enrolled in health plan system
- NDC numbers were not reported
- Diagnosis codes not sequenced correctly
- Incorrect preventative code used for age
- Patient not covered under that health plan
- Service not a covered benefit
- Patient has other primary coverage
- Subscriber date of birth or address is missing

# Revenue Maximization: Strategies

- Identify the services you provide and pair those with appropriate procedure code
  - Encounter form/Super-bill/Route slip
  - Provide education on how to choose appropriate services
- Continuing education
  - Attend billing/coding seminars
  - Subscribe to payor newsletters and enroll on List Serves

# Revenue Maximization: Strategies

- Revenue cycle management
  - Utilize payor tools (website/portal)
  - Defined process for working rejections
  - Implement chart audit process
  - Monitor activity using reports

# Behavioral Health: Barriers

- Confidential visits
- Understanding which payor(s) process Behavioral Health services
  - Payor carve-outs
- Referral/Authorization process
  - Varies by payor

# Behavioral Health: Opportunities

## Psychotherapy Codes

- Use the correct code based on time spent with patient and provider type

Code	Eligible Provider Type	Time (Min/Max Range)
90832	Licensed QMHPs only	30 minutes (16-37 minutes)
90833	MD or Psychiatric NP (PHMNP) only	30 minutes (16-37 minutes)
90834	Licensed QMHPs only	45 minutes (38-52 minutes)
90836	MD or Psychiatric NP (PHMNP) only	45 minutes (38-52 minutes)
90837	Licensed QMHPs only	60 minutes (53 minutes or more)
90838	MD or Psychiatric NP (PHMNP) only	60 minutes (53 minutes or more)

# Contracting Strategies

- Review your state's "model contract" with managed care organizations or other commercial payors
  - Does that fit your needs or does it require modification
- Negotiate EOB suppression (particularly for confidential information)

# Contracting Strategies

- Identify any “carve outs” for specific populations or services
  - Behavioral Health (common)
  - Do you need to contract/enroll with them
- Negotiate the fees for the services your center performs
  - Pay for Performance (P4P)
  - Preventative services/counseling

# Contracting Strategies

- Offer a mutually beneficial relationship
  - Quality care reporting
  - Access to care when/where needed
  - Reduce ER/AHC visits
- Be prepared to present your case
  - Cost benefit analysis
  - Access to care
  - Demonstrate impact on current (and future) population

# Contracting Strategies

- Determine top 5 payors in your area
- Explain how you are an integral part of Community Centered Medical Home and Integrated Care and Accountable Care Organizations within your community
- Partner with fiduciary or other centers within the area if you need to

# QUESTIONS?





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