

# Yours, Mine or Ours: Reimbursement, Revenue and Real Life Implementation

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# Preliminary Research

- Design your services to get paid
- Know which organization gets paid for what by CPT code
- Know which organization gets paid more for the same service
- Know where there are service limits and prior authorization or PCP referral requirements
- Know what provider qualifications are needed by payer
- Know what you might need to do that will not be reimbursable, e.g. treatment team meetings, consultation between providers
- Determine expected billable productivity
- Research grants to get you started and provide a reimbursement bridge

# Self Assessment

- **Inventory your provider licenses and qualifications**
- **Do your providers have the credentials needed for payment? Evaluate by CPT and provider.**
- **Do you have a software system and staff trained to manage billing and the entire revenue cycle?**
- **Can you bill Medicaid, Medicare and third party payers?**

# Considerations in Getting Paid

- What services (think CPT and HCPCS) do your clients and the patients of the FQHC need for optimal care or to achieve your goals?
- What credentials are needed to bill each service?
- Is physician supervision needed to bill?
- Is behavioral health a carve out within the Medicaid program? If yes, which “side” pays for what?
- What happens if a behavioral health provider bills a medical code and vice versa? Can they get paid?
- What are the documentation requirements for billing mental health versus medical codes?
- Which provider gets paid for what services? How much?

# More Considerations

- **Is there payment for non-traditional services for specific consumer populations? For which provider?**
- **Are there any billing (and therefore service) restrictions that limit your service design, e.g. same day of service restrictions**
- **Can either provider get paid for telephone consultations, if yes for what provider qualifications?**
- **What is the reimbursement environment for tele-health?**
- **Have any alternative payment systems been implemented (e.g. bundled payments, episode based payment) or in the planning stages?**

# The Bottom Line

- Have you done realistic financial modeling and projections?
- Are you working with the State level organizations to ensure that implementation of integration is actually possible?

# Design Options

- FQHC contracts with the Behavioral Health Provider and bills the service
- FQHC hires behavioral health and bills
- Behavioral health provider provides and bills the service within or outside of the FQHC Clinic
- Hybrid based upon service and reimbursement
- Don't forget tele-health (rules vary by payer)
- Remember, some business you may do with the FQHC and some separately and by referral

# Protect Your Revenue: Compliance

- **Education of providers**
- **Development and implementation of a Compliance Plan**
- **Robust medical records and coding audits**
- **Pre-billing audits if any problems are detected**



# Exercise

- **Codes, credentials and reimbursement by design option**