CPCA
California Primary Care Association
Health Care Access for All

A.B. 1445 (Chesbro) – Same-Day Behavioral Health Visits

Legislative Intent

Existing law provides that federally qualified health center (FQHCs) services and rural health clinic (RHC) services to Medi-Cal patients are to be reimbursed on a per-visit basis per the Prospective Payment System (PPS). For this purpose, a "visit" is defined as a face-to-face encounter between an FQHC or RHC patient and a specified health care professional, which, among others, includes both Licensed Clinical Psychologists and Licensed Clinical Social Workers who provide many critical behavioral health services for clinic and health center patients. In order to most effectively and efficiently provide behavioral health services to patients, many FQHCs and RHCs strive to provide medical and behavioral health services on the same day, which is the hallmark of the Integrated Behavioral Health Care model. However, Medi-Cal will not reimburse for a patient to see a primary care provider and a behavioral health specialist on the same day. Only one visit is reimbursed in this situation. While California's State Plan Amendment and Medi-Cal Provider Manual will permit federally qualified health centers and rural health clinics to be reimbursed for same-day medical and dental services, behavioral health services are excluded. Federal law permits reimbursement for same-day medical and behavioral health visits and for federal matching funds to be provided for states that choose to allow same-day visits. California, however, does not take advantage of these federal funds. This bill would amend California law to allow a behavioral health visit taking place at a clinic or health center on the same day as a medical visit to be independently reimbursable, provided that the patient is being treated by an additional health care professional who specializes in behavioral health for services unrelated in nature to those provided by the medical professional, or to treat a different diagnosis.

Background

Only half the population suffering from diagnosable behavioral health disorders seek any form of behavioral health care and of the half that do seek care, 50% receive it solely in the primary care setting.[1] Psychosocial problems, whether the result of medical illness or as a contributor to the onset of illness, are strongly related to poor general health status, functional disabilities, and chronic progressive diseases; ignoring these psychosocial needs invites uncontrolled escalation in medical visits, hospitalizations, and emergency room utilization.

- Studies have shown that those persons not receiving recommended mental health services visited a medical doctor twice as often for unnecessary care than persons who receive treatment.[2]

- While the annual number of overall emergency department visits in the United States increased by 20% between 1992 and 2001, the number of mental health-related visits increased by 40%.[3]

- People with serious mental illness, on average, die 25 years earlier, and the majority of these premature deaths are due to otherwise manageable medical conditions such as cardiovascular and infectious disease.[4]

Severe disorders, which complicate medical treatment and increase costs, are typically preceded by less severe conditions generally not brought to clinical attention. Because most people seek primary care services a few times each year, primary care providers have unparalleled opportunities to identify behavioral health problems early and intervene in a manner that prevents further deterioration and avoids significant future costs. Many interventions suggest that the provision of behavioral health services is a major medical cost containment strategy, with cost savings in the vicinity of 20-40%.[5]

- A targeted psychosocial intervention with "high utilizing" Medicaid outpatients found that medical costs declined by 21% at 18 months compared to an increase of 22% in those not receiving any behavioral health treatment.[6]

- A study of a large population of Medicaid recipients and federal employees found that patients with chronic medical illnesses (e.g., diabetes, hypertension, etc.) lowered their medical costs 18-31% after receiving targeted psychological services.[7]

- A study of the entire Georgia Medicaid population revealed the cost of providing mental health treatment was entirely paid for by the medical cost savings per patient of $1,500 over a two year period, resulting in psychologically and physically healthier patients at no charge.[8]

Psychosocial needs are clearly a predominant issue in primary care and the Integrated Behavioral Health Care Model seeks to most appropriately and cost-effectively care for patients' needs and support primary care providers by including behavioral health providers, such as psychologists and clinical social workers, as part of an interdisciplinary health care team. When during the course of a visit the primary care provider identifies a patient as needing further behavioral health assessment or services, he or she can call on the behavioral health provider to make a more formal assessment and, if indicated, affect a treatment plan. As trusted medical homes in the community, health centers play a unique role in treating individuals who otherwise might face stigma, cultural, financial, or other barriers to accessing behavioral health services anywhere else. Unfortunately, within health centers there remains a reimbursement barrier to providing these two visits on the same day, despite it being the best way to ensure patients receive the care they need in a timely manner.

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[1] Strosahl, K. and Sobel, D. Behavioral Health and the Medical Cost Offset. *HMO Practice*. 1996;10(4):156-162.
[2] Ibid.
[3] Larkin et al. Trends in U.S. Emergency Department Visits for Mental Health Conditions. *Psychiatric Service*s. 2005;56:671-677.
[4] National Association of State Mental Health Program Directors (NASMHPD). *Morbidity and Mortality in People with Serious Mental Illness.*2006.
[5] Strosahl, K. and Sobel, D. Behavioral Health and the Medical Cost Offset. *HMO Practice*. 1996;10(4):156-162.
[6] Ibid.
[7] Lechnyr, R. Cost savings and effectiveness of mental health services. *Journal of the Oregon Psychological Association*. 1992;38:8-12.
[8] American Psychological Association. Practice Directorate: Medical Cost Offset. 2007.