



Mental Health Clinic Financing Update

Fall 2010 Training Series

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Purpose of Presentation

- Updates on Services, Weights, Rates, Payment Arrangements for fiscal modeling -
 - Medication Treatment
 - Physical Health and Consultation
 - Modifier Arrangements
 - Interim Offsite for Crisis & Children's Services
 - Legacy Rate Methodology
 - Modeling Medicaid Managed Care Projections
- Plans for Projection Tool Updates
 - Availability & Technical Training

Medication Treatment Services

Changes in Minimum Time & Weight

APG 490 Injectable Medication Treatment CPT H2010

- No Minimum Time Limit (previously 15 minutes)
- APG Weight remains .4138

APG 426 Psychotropic Medication Treatment CPT 90862

- Minimum Time of 15 Minutes (previously none)
- APG Service Weight Changed from .8275 to .6620
- Example - Downstate Rate for Freestanding Clinic with QI changes from \$125 to \$100
- Can not be claimed when another Evaluation and Management visit done on the same day

Weights for Consultation/Physical Exam Services

Evaluation and Management Codes for Three Services

- Psychiatric Assessments – Alternate Codes
- Psychiatric Consultation
- Physical Health Examinations

CPT Codes for Psychiatric Assessment and Consultation

- New Patient 99201-99205
- Existing Patient 99212-99215

CPT Codes for Physicals

- New Patient 99382-99387
- Existing Patient 99392-99397

APG Weight –

- Based on 12 Diagnostic Groupings
- Weight Range .6352 (low) - .9476 (high)

Modeling Evaluation and Management Services

Projection of Diagnostic Mix for Psychiatric Assessment, Consultations, Health Physicals

New Projection Model Options –

- 'Default' Average Weight Option
 - Default weight of .8293 based on diagnostic frequency analysis of 270,000 upstate clinic claims
 - Diagnosis grouped to APG categories, Calculated 'Default' Average Weight
- Or, User Created Average Weight Option
 - New Projection Model Schedule
 - User Projects Service Volumes for APGs
 - Schedule Calculates Averages
 - Links to Revenue Projection for the New Services

Psychiatric Assessment, Consultations, Health Physicals

Clinic Weight & Rate Schedule Exhibit

OMH CLINIC - CPT PROCEDURE WEIGHT & RATE SCHEDULE				update	8/27/2010	WITH QI	WITH QI	WITHOUT QI	WITHOUT QI	Hosp Article 28			
						Upstate Article 31 & DTCs	County Article 31	Upstate Article 31 & DTCs	County Article 31	Upstate Hospital			
		Base Weight =	0.8275	\$	138.97	\$	193.35	\$	133.83	\$	186.21	\$	134.06
APG	CPT Procedure - OMH Regulatory Name	CPT Codes	Procedure Weights	Full Rate Per Procedure			Full Rate Per Procedure			Full Rate Per Procedure			
APGS for Psych Assessments, Consultations & Health Physicals are dependent on diagnostic categories as they appear below:													
820	Schizophrenia	Code Range	0.8969	\$	124.64	\$	173.41	\$	120.03	\$	167.01	\$	120.24
821	Major Depressive Disorders & Other Psychoses	Code Range	0.9476	\$	131.69	\$	183.22	\$	126.82	\$	176.45	\$	127.04
822	Disorders of Personality & Impulse Control	Code Range	0.8945	\$	124.31	\$	172.95	\$	119.71	\$	166.56	\$	119.92
823	Bipolar Disorders	Code Range	0.8574	\$	119.15	\$	165.78	\$	114.75	\$	159.66	\$	114.94
824	Depression Except Major Depressive Disorder	Code Range	0.6982	\$	97.03	\$	134.99	\$	93.44	\$	130.01	\$	93.60
825	Adjustment Disorders & Neuroses	Code Range	0.8061	\$	112.02	\$	155.86	\$	107.88	\$	150.10	\$	108.07
826	Acute Anxiety & Delirium States	Code Range	0.6352	\$	88.27	\$	122.81	\$	85.01	\$	118.28	\$	85.15
827	Organic Mental Health Disturbances	Code Range	0.7817	\$	108.63	\$	151.14	\$	104.62	\$	145.56	\$	104.79
828	Mental Retardation	Code Range	0.7149	\$	99.35	\$	138.22	\$	95.68	\$	133.12	\$	95.84
829	Childhood Behavioral Disorders	Code Range	0.6982	\$	97.03	\$	134.99	\$	93.44	\$	130.01	\$	93.60
830	Eating Disorders	Code Range	0.9135	\$	126.95	\$	176.62	\$	122.26	\$	170.10	\$	122.46
831	Other Mental Health Disorders	Code Range	0.7248	\$	100.72	\$	140.14	\$	97.00	\$	134.96	\$	97.17

Psychiatric Assessment, Consultations, Health Physicals

Projection Model Exhibit

PHYSICAL & CONSULTATION SERVICE PROJECTION BY APG						
Provider may choose weighting to be used in Clinic Model:						
Link To Weight & Rate Schedule:		Selection:	Selected Value	Default Value	Customized Value	
Psych Assessment - Alternate Code		Default	0.8293	0.8293	0.8008	
Psych Consultation		Default	0.8293	0.8293	0.8008	
Physical Exams		Default	0.8293	0.8293	0.8008	
CUSTOMIZED VALUE: ENTER # OF PROJECTED SERVICES IN YELLOW SHADED CELLS (COLUMNS F,G,H)						
Service		APG		Psych Assessment - Alternate Code	Psych Consultation	Physical Exams
Dx Categories		APG		Enter #	Enter #	Enter #
Schizophrenia		820		10	9	8
Major Depressive Disorders & Other Unspecified Psychoses		821		10	9	8
Disorders of Personality & Impulse Control		822		10	9	8
Bipolar Disorders		823		10	9	8
Depression Except Major Depressive Disorder		824		10	9	8
Adjustment Disorders & Neuroses Except Depressive Diagnosi		825		10	9	8
Acute Anxiety & Delirium States		826		10	9	8
Organic Mental Health Disturbances		827		10	9	8
Mental Retardation		828		10	9	8
Childhood Behavioral Disorders		829		10	9	8
Eating Disorders		830		10	9	8
Other Mental Health Disorders		831		10	9	8
Total Services				120	108	96
Average Service Weight = Total Weights/Total Services				0.8008	0.8008	0.8008
Dx Categories		APG	Weight	Freq x Wt	Freq x Wt	Freq x Wt
Schizophrenia		820	0.8969	8.97	8.07	7.18
Major Depressive Disorders & Other Unspecified Psychoses		821	0.9476	9.48	8.53	7.58
Disorders of Personality & Impulse Control		822	0.8945	8.95	8.05	7.16
Bipolar Disorders		823	0.8974	8.97	8.08	7.18
Depression Except Major Depressive Disorder		824	0.6982	6.98	6.28	5.59
Adjustment Disorders & Neuroses Except Depressive Diagnosi		825	0.8061	8.06	7.25	6.45
Acute Anxiety & Delirium States		826	0.6352	6.35	5.72	5.08
Organic Mental Health Disturbances		827	0.7817	7.82	7.04	6.25
Mental Retardation		828	0.7149	7.15	6.43	5.72
Childhood Behavioral Disorders		829	0.6982	6.98	6.28	5.59
Eating Disorders		830	0.9135	9.14	8.22	7.31
Other Mental Health Disorders		831	0.7248	7.25	6.52	5.80
Total Weights				96.09	86.48	76.87

Updates for Modifiers and Add-ons (599.14)

- **Physician add-on – Separate 837P Claim**
 - Billed when a physician facilitates or participates for at least 15 minutes in appropriate services.
 - Will pay a fixed \$56
 - Requires use of separate claim 837P
- **Languages other than English – U4 Modifier**
 - Computed at 10% of eligible service weight
 - Can be used for multiple services provided to a client in a day
- **School-based group sessions less than 60 minutes – U5 Modifier**
 - Must be a minimum of 40 minutes
 - Clinic will use CPT code 90853 but code with modifier
 - Will pay 30% less than a 60 minute group session
- **After-hours and Weekends – CPT Code 99051**
 - Weighted at .0759 of the peer group base rate
(ex. Downstate Art. 31 with QI would receive \$11.46)
 - Can only be used once per client, per day

Modifier Chart – Draft

OMH Service Name	Offsite (Awaiting Approval)	After Hours	Language other than English	Physician/NPP
Complex Care Management	x	x	x	
Crisis Intervention Service - Per 15 minutes	x	x	x	
Crisis Intervention Service - Per Hour		x	x	
Crisis Intervention Service - Per Diem		x	x	
Developmental and Psychological Testing		x	x	
Injectable Psychotropic Medication Administration	x	x	x	MD payment Included in rates
Psychotropic Medication Treatment - Minimum of 15 minutes	x	x	x	MD payment Included in rates
Initial Mental Health Assessment, Diagnostic Interview, and Treatment Plan Development	x	x	x	x
Psychiatric Assessment - Minimum of 30 Minutes	x	x	x	MD payment Included in rates
Psychiatric Assessment - Minimum of 45 Minutes	x	x	x	MD payment Included in rates
Individual Psychotherapy - Minimum of 30 Minutes	x	x	x	x
Individual Psychotherapy - Minimum of 45 Minutes	x	x	x	x
Group and Multifamily/Collateral Group Psychotherapy - Minimum of 60 Minutes		x	x	x
Family Therapy/Collateral w/o patient - Minimum of 30 minutes	x	x	x	x
Family Therapy/Collateral with patient - Minimum of 60 minutes	x	x	x	x
Outreach and Engagement (outside visit)	x	x	x	

Interim Offsite Funding

Potential of State Aid funding

- Offsite services for Children
- Crisis - brief
- Interim solutions pending Federal approval of Offsite payment

Clinic Projection Model –

- User to modify volume projection
- Limit offsite to Children's services and crisis brief
- Model to accommodate modifier rate if less than 100%

Clinic Legacy Blend Rate Update

Clinic Specific Legacy Blend Rates will be on OMH Website

➤ Legacy Blend Rates Reflect -

- Average Adjusted Medicaid FFS Payment Per-Visit
- Based on July 2008-June 2009 Claims Data
- Plus Current COPS Rate
- Plus Add-Ons for CSP (non-hospitals)
- Adjusted for 2nd Visit Activity

➤ Legacy Blend Rates to be –

- Paid Medicaid FFS & Medicaid Managed Care APG Blend Services
- Paid for One Blend Service Per Day
- At Phase-In %s – 75/50/25/0%
- Plus CSP Add-On (in capital field)

BLEND PAYMENT EXAMPLE

BLEND PAYMENT EXAMPLE	PHASE	1	2	3	4
APG SERVICE PHASE-IN %		25%	50%	75%	100%
BLEND LEGACY PHASE-OUT %		75%	50%	25%	0%
APG BLEND SERVICES	RATE				
CPT 90806 PSYCHOTHERAPY	\$ 115.00	\$ 28.75	\$ 57.50	\$ 86.25	\$ 115.00
LEGACY BLEND	RATE				
ADJUSTED MEDICAID FFS	\$ 70.00				
COPS	\$ 50.00				
CSP	\$ 10.00				
LEGACY BLEND TOTAL	\$ 130.00	\$ 97.50	\$ 65.00	\$ 32.50	\$ -
BLEND SERVICE + LEGACY PAYMENT		\$ 126.25	\$ 122.50	\$ 118.75	\$ 115.00
CSP (CAPITAL FIELD)		\$ 2.50	\$ 5.00	\$ 7.50	\$ 10.00
TOTAL PAYMENT		\$ 128.75	\$ 127.50	\$ 126.25	\$ 125.00

Modeling for Medicaid Managed Care

Current Understanding with DOH...

MMC Reimbursement will Parallel Medicaid FFS Arrangement –

For Full (No-Blend) Services –

- APG Service Value, 100% Phase-In, Year 1

For Blend Services –

- APG Service Value - Phase-In @ 25/50/75/100%, +
 - Legacy Rate – Phase-Out @ 75/50/25/0% - Freestanding, 50/25/0% - Hospitals
-
- Possibility of MMC Adjustment to Payment Amount

Modeling Medicaid Managed Care Revenues

Incorporating MMC into Clinic Revenue Projections

Modeling Components:

- MMC Projected Service Volume
- # Full & # Blend Services
- Average APG Weight for Full & Blend Services
- Same Day Service % for Blend Services
- Peer Group Base Rate
- Clinic Legacy Blend Rate
- MMC Payment Adjustment %

New Projection Model Schedule

- Linked to Other Schedules
- Reference to Medicaid FFS Values, or User Optional Values
- Generates MMC Projection, Phase-In Revenues

Revenue Projection Modeling for Medicaid Managed Care

MMC Projected Visits	Schedule 5	or	FFS Link	color code			
User Enters	MMC Projected		FFS Link				
Full Services (% Full / Total)			Sch 4			linked to other schedules	
Blend Services (% Blend/Total)			Sch 4			user data entry	
Full Services Average Weight			Sch 4			formula	
Blend Services Average Weight			Sch 4				
2nd Same Day Visit %			Sch 4				
Peer Group Base Rate	Sch 5						
Legacy Blend Rate	OMH Website						
MMC Payment %	TBD						
Phase-In Year			1	2	3	4	
NEW Phase-in Rate			25%	50%	75%	100%	
LEGACY Phase-in Rate			75%	50%	25%	0%	
NEW APG	FULL ANNUALIZED						
APG Full MMC Revenues	\$ -		100%	100%	100%	100%	
APG Blend MMC Services	\$ -		25%	50%	75%	100%	
Total New APG	\$ -		\$ -	\$ -	\$ -	\$ -	
LEGACY	PHASE-OUT		LEGACY METHOD				
MMC Legacy Blend			75%	50%	25%	0%	
LEGACY TOTAL			\$ -	\$ -	\$ -	\$ -	
MMC Payment Adjustment			\$ -	\$ -	\$ -	\$ -	
PHASE-IN REVENUE			\$ -	\$ -	\$ -	\$ -	
Revenue per Service Unit	Units		\$ -	\$ -	\$ -	\$ -	

Plans for Projection Tool Updates

Projection Tools Available on OMH Website -

http://www.omh.state.ny.us/omhweb/clinic_restructuring/projection_tools.html

- Weight & Rate Schedule
- CPT Revenue Calculator
- Clinic Projection Model (blank & illustrated)
- Impact Calculator
- Medicaid & CFR Datasets

- Webinar to be scheduled for detailed review of Projection Tool Updates