

Financing SBIRT in Primary Care: The Alphabet Soup and Making Sense of it

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Objectives

- **Understand the role of HRSA within the Department of Health & Human Services**
- **Describe the mission of HRSA through its Bureaus and Offices**
- **Discuss how HRSA grants help fund operations of the Community Health Centers**
- **Review the expansion of behavioral health care in primary care settings through implementation of integration models, including Screening, Brief Interventions and Referral for Treatment (SBIRT).**



Overview

In this session we will review:

- the overall mission of the Health Resources & Services Administration (HRSA)
- how HRSA funding for Community Health Centers provides for expansion of behavioral health care
- how HRSA partners with other stakeholders
- current reimbursement strategies for SBIRT





Health Resources and Services Administration

Improving health and health equity through access to quality services, a skilled health workforce and innovative programs



Updated August 18, 2015

HRSA
Office of Regional Operations

Health Resources and Services Administration

- Bureau of Primary Health Care
- Maternal and Child Health Bureau
- Bureau of Health Workforce
- Healthcare Systems Bureau
- HIV/AIDS Bureau
- Office of Legislation
- Office of Communications
- Office of Operations
- Office of Federal Assistance Management
- Office of Special Health Affairs
- Office of Regional Operations
- Office of Equal Opportunity, Civil Rights, & Diversity Management
- Office of Planning Analysis and Evaluation
- Office of Women's Health
- Office of Rural Health Policy

FY 2016 HRSA Budget: **\$10 Billion**

Program	Dollars (in Millions)
Health Center Program	\$4,191,422
HIV/AIDS	\$2,322,781
Maternal and Child Health	\$1,351,738
Health Workforce	\$1,799,178
Rural Health	\$127,562
Healthcare Systems	\$117,693
Program Management	\$157,061
Total	\$10,067,435

Agency Goals



**Increase
Access to
Quality
Health Care
and Services**



**Strengthen
the Health
Workforce**



**Build Healthy
Communities**



**Improve
Health Equity**



**Strengthen
Program
Operations**



Increase Access to Quality Health Care and Services



One in 3 people living at or below the poverty level relies on a HRSA-supported health center for primary medical care



One in 2 people diagnosed with HIV receives care through the Ryan White HIV/AIDS Program



9.7 million people living in health professional shortage areas receive primary medical, dental or mental health care from a National Health Service Corps clinician

Strengthen the Health Workforce



Support health centers that employ multi-disciplinary teams – **10,700+ physicians and 8,000+ nurse practitioners, physician assistants, and certified nurse midwives**



Support primary care residency programs in **60 Teaching Health Centers** to help train more than **550 residents annually**



Trained **4,000 new mental health providers** to increase access to mental health services, and make schools safer

Strengthen the Health Workforce



11,400 medical, dental, and mental and behavioral health care providers in the National Health Service Corps and NURSE Corps work in health professional shortage areas



1,100 students, residents, and health providers in training receive NHSC scholarships to work in underserved communities upon graduation and licensure



Support for targeted health professions training programs focused on **inter-professional care, geriatrics and autism**, among others, as well as programs that increase **workforce diversity**



Build Healthy Communities



Coordinate health care activities for **57 million rural Americans**



Support providers in rural and isolated areas improve patient care with the use of telehealth, telemedicine and health IT



Improve perinatal health outcomes and reduce racial and ethnic disparities by using community-based service delivery through Healthy Start

Improve Health Equity



Provide linguistically appropriate enabling services (e.g., housing, food, and job support) to more than **two million patients** through community health centers



Ryan White HIV/AIDS clients' **viral suppression rates improved nine percent in three years** – from 70% to 79% from 2010 to 2013. Viral suppression rates improved the most within disproportionately affected demographic groups, decreasing health disparities



Save qualified safety net organizations about \$3.8 billion annually through the 340B Drug Pricing Program

Mental & Behavioral Health

Health Center Program

- Today, over 1,300 Community Health Centers (CHCs) operate approximately 9,000 service delivery sites in every U.S. state, D.C., Puerto Rico, the Virgin Islands and the Pacific Basin; these health centers employ more than 170,000 staff who provide care for nearly 23 million patients.
- In 2014, health centers provided behavioral health services to more than 1.3 million patients, including those in need of substance abuse services

Behavioral Health Care in CHCs

- Nearly 77% of health centers provide mental health services
- Health centers employ more than 6,500 behavioral health staff (psychiatrists, psychologists, social workers and addiction specialists)
- In 2014, more than one million patients received behavioral health counseling at a HRSA-supported health center

SBIRT: Screening, Brief Intervention, and Referral to Treatment

- (SBIRT) is an evidence-based practice used to
- identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs.
- The SBIRT model was incited by an Institute of Medicine recommendation that called for community-based screening for health risk behaviors, including substance use.



SBIRT In Community Health Centers

- In 2014, the Bureau of Primary Healthcare, the HRSA Bureau which oversees the CHC program added a UDS measure for screening of depression and referral for follow up.

Uniform Data System Reporting 2014 Data

Section M – Patients Screened for Depression and Follow-up

Patients Screened for Depression and Follow-up		Total Patients Aged 12 and Older(a)	Estimated Number Patients Screened for Depression and Follow-up Plan Documented as Appropriate	Estimated % Patients Screened for Depression and Follow-up Plan Documented as Appropriate
21.	MEASURE: Patients aged 12 and older who were (1) screened for depression with a standardized tool and if screening was positive (2) had a follow-up plan documented	13,607,995	5,283,552	38.8%

Behavioral Health Expansion Grants

Behavioral Health Integration grants in FY 2014

- HRSA awarded \$54 million to fund 200 grant awards of up to \$250,000 each to current Health Center Program grantees in Fiscal Year 2014.

Purpose of these grants:

- increase access to behavioral health services, and
- increase the number of health centers with integrated primary care and behavioral health models of care



Behavioral Health Expansion Grants

November, 2014

- **51.3 Million was awarded in Affordable Care Act funding to support**
 - **47 states, the District of Columbia, and Puerto Rico to establish or expand behavioral health services**
 - **210 health centers in**
 - **for nearly 440,000 people nationwide.**



Behavioral Health Expansion Grants

2015:

\$350 million for 1,184 health centers to increase access to services such as medical, oral, behavioral, pharmacy, and vision care

2016:

\$94 million in Affordable Care Act funding to 271 health centers in 45 states, the District of Columbia, and Puerto Rico

- **improve and expand the delivery of substance use disorder treatment services**
- **specific focus on treatment of opioid use disorders in underserved populations.**



Funding of SBIRT

- The SBIRT section of the HRSA-SAMHSA Center for Integrated Health Services (CIHS) website provides resources on this evidence-based practice used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs.
- <http://www.integration.samhsa.gov/clinical-practice/sbirt>



Funding of SBIRT

Help is available on the CIHS website, which provides:

- **General Information / Cost Savings**
- **Purchasing Services / Insurance**
- **Medicaid Reimbursement**
- **Medicare Reimbursement**

<http://www.integration.samhsa.gov/clinical-practice/sbirt/financing>



Funding of SBIRT

General information:

- The [SBIRT reimbursement map](#) is an interactive tool designed to help determine whether billing codes are listed on a state's fee schedule.

Reimbursement for SBIRT:

- The American Medical Association (AMA) has approved several billing codes that will allow you to be reimbursed for providing screening and brief intervention services.
- Medical procedures are coded using Common Procedure and Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes. Screening and brief intervention may be provided in an office, emergency department or inpatient visit for both new and established patients



Funding of SBIRT

Medicaid Reimbursement

- **The Colorado Quick reference guide to billing for SBIRT**
- **Medicaid Reimbursement for Screening and Brief Intervention: Massachusetts' Preparations**
- **Screening, Brief Intervention and Referral to Treatment Coding, Billing and Reimbursement Manual, created by the Wisconsin Initiative to Promote Healthy Lifestyles**
- **Sample Change in CPT Code Application for SBIRT shares a sample CPT application for SBIRT-related CPT codes.**



Medicare Reimbursement

- SAMHSA is working with the Centers for Medicare and Medicaid Services to educate practitioners about the importance of SBIRT coverage and the Medicare billing rules around these services.
- SBIRT services are defined as alcohol and/or substance (other than tobacco) abuse structured assessment (for example, Alcohol Use Disorders Identification Test, Drug Abuse Screening Test) and brief intervention.
- Medicare may not pay for screening services unless specifically required by statute.



Reimbursement for SBIRT

Payer	Code	Description	Fee Schedule
Commercial Insurance	CPT 99408	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes	\$33.41
	CPT 99409	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes	\$65.51
Medicare	G0396	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes	\$29.42
	G0397	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes	\$57.69

Last Updated: 06/04/2015

<http://www.samhsa.gov/sbirt/coding-reimbursement>



Reimbursement for SBIRT: Medicaid

Medicaid	H0049	Alcohol and/or drug screening	\$24.00
	H0050	Alcohol and/or drug screening, brief intervention, per 15 minutes	\$48.00

Last Updated: 06/04/2015

<http://www.samhsa.gov/sbirt/coding-reimbursement>



Summary

- **HRSA is an agency of HHS and is fully invested in promoting primary and behavioral healthcare**
- **HRSA works closely with her sister agency SAMHSA in the HRSA-SAMHSA Center for Integrated Health Services**
- **Reimbursement for SBIRT in primary care settings is feasible, information is available on the CIHS website.**

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