Implementing Collaborative Models of Mental Health for Older Iowans

Models of Collaborative Care: Staffing

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Des Moines, Iowa
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11:15am – 12:00pm
Phil Hurd, MHA, CPC, CCP-Moderator
1. Staffing Overview
   • Medicare Credentialing
   • Medicaid Credentialing
   • State Licensing

2. Staffing Options for Consideration
   • “carve-in”
   • “carve-out”

3. “Unsupervised” and “Supervised” provision of services
   • “Incident to” services and billing implications
Staffing Credentialing

- Providers must obtain Provider Numbers
  - Medicare – National Provider Identifier-NPI
    - Should be issued by Medicare in 4-6 weeks
    - Should have number issued by May 23, 2007 for existing providers
    - Some delay in full implementation due to payor software issues (e.g., Small health plans have until May 23, 2008 to comply)
  - Medicaid – PIN
  - Other Payers

- Appropriate Licenses to perform specific services by the State

- Cannot bill until provider numbers are assigned
## Mental Health Services - Staffing

<table>
<thead>
<tr>
<th>Medicare</th>
<th>Medicaid</th>
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<tbody>
<tr>
<td>Physician</td>
<td>Physician</td>
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<tr>
<td>Psychologist</td>
<td>Psychologist</td>
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<tr>
<td>Licensed Clinical Social Worker</td>
<td>Licensed Clinical Social Worker</td>
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<tr>
<td>Nurse Practitioner</td>
<td>Nurse Practitioner</td>
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<td>Psychiatric Nurse</td>
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Staffing Options

“Carve-in” and “Carve-out” Models

• “Carve-In”- Mental Health Provider renders service in Primary Care MD’s office.
  – Mental Health provider is licensed and provides services unsupervised
  
  or

  – Provides service “Incident-to” the Primary Care provider service
Staffing Options – “Carve-In”

Unsupervised
• Qualified mental health provider who is licensed to bill and receive payment independently

• If referrals from a particular practice for mental health needs are sufficient consider providing therapy sessions for a half day, whole day or other in the primary physician office.
  – Convenient to patient, convenient for provider
  – “Expanded” service offering for primary care physician

• Keep arrangement simple with focus on patient needs
  – Bill separately
  – Pay Fair Market Value (FMV) rent to primary care physician (Stark)
Definition of “Incident To” -

“Incident-to services are services or supplies that are furnished as an integral, although incidental, part of the physician’s personal professional service in the course of diagnosis or treatment of an injury or illness”

Source: Medicaid Guidelines for Billing of Medical Care Iowa, Fall 2004, pg. 46
"Incident-to"

Coverage Guidelines

Services and supplies must be:

- Furnished during the course of treatment where that physician performs services of a frequency which reflect his/her active participation in and management of the course of treatment.

- An integral, although incidental, part of the physician’s professional service.

- Commonly rendered without charge or included in the physician’s bill.

- Of a type that are commonly furnished in the physician’s office/clinic.

- Furnished by the physician or by an individual who is an employee of the physician.

- Furnished under the physician’s direct supervision

Source: Medicaid Guidelines for Billing of Medical Care Iowa, Fall 2004, pg. 46
“Incident-to”

Who May Provide “Incident-to” Services?

– Anyone who meets the state licensure requirements of the state of residence, and

– A part-time or full-time employee of the supervising physician or physician group practice, and

– One of the following: nurse, advanced registered nurse practitioner, physician assistant, social worker, audiologist, occupational therapist, speech therapist, physical therapist, psychologist, licensed dietician (nutritional counseling only)
“Incident-to”

Direct Supervision

– In the office, “direct personal supervision” means the physician must be present in the same office suite, not necessarily the same room, and be available to provide immediate assistance and direction.

– Outside the office, “direct personal supervision” means the physician must be present in the same room as the auxiliary person.

– Note: Advanced registered nurse practitioner (including nurse midwife or CRNA) and physician assistants are exempt.
Staffing Options
"Carve-in" – “Incident-to”

• Billing is done under the employer physician’s provider number

• Provider functioning “incident-to” would not bill for his/her services directly
  – Primary care physician could pay mental health provider session rate or other compensation option
Staffing Option
“Carve-Out”

- Provider functions independently and bills separately

- Psychologist and LCSW can practice without supervision; Psychiatric nurse not eligible to bill professional fee and be paid independently

- In effect, function independently and receive referrals from primary care physician in community
Staffing Options
Hybrid

• Could consider a “hybrid model” depending on demand/need and provider interest flexibility

• Establish a private practice ("carve-out")-part-time

and

• Participate in one or more ("carve-in") arrangements

**Some advantages**
– Help support a full-time practice
– Meet a needed demand
– Help achieve mission of program

**Some disadvantages**
– Potentially difficult to establish part-time relationships
– May cause confusion/difficulty regarding billing
Staffing Options

• Determine existing program expansion or new service needs.

• Review State Licensing requirements for staff qualified to provide services.

• Review locations and primary care physicians and identify most appropriate staffing arrangement
  – “Carve-in”
  – “Carve-out”

• Enter into a signed agreement for services to be provided, rent if required, compensation if appropriate.

• Be sure to be compliant with Stark, FMV and Anti-kickback requirements.

• Assure service are medically necessary.

• Document all services, including date(s) and signature, and make sure it is legible.