

# Short Term Behavioral Health (STBH) Services

Policy Review and Utilization  
Presented by John Laukkanen

# Benefit started July 1, 2018

## Objectives:

- Increase access to behavioral health for low-acuity conditions
- Offer interventions for non-covered diagnoses
- Provide early intervention
- Increase member options on where to receive care

# Short-term Behavioral Health Codes

Procedure Code	Description
90791	Diagnostic Evaluation without Medical Services
90832	Psychotherapy—30 minutes
90834	Psychotherapy—45 minutes
90837	Psychotherapy—60 minutes
90846	Family Psychotherapy (without patient)
90847	Family Psychotherapy (with patient)

# Short-Term Behavioral Health Policy

## 6 Sessions within 12 months without covered diagnosis

- Must be in a primary care setting (PCMH) *[Billing Provider]*
- Must be provided by *[Rendering Provider]* a
  - Medicaid-enrolled,
  - Masters level or higher,
  - Licensed behavioral health provider
- Must meet medical necessity
- Must follow CPT coding practices
- Must follow documentation requirements

# *Short-Term Behavioral Health Policy*

## Does Not:

Add New Codes

Include Health and  
Behavior Codes

Solve Integrated Care

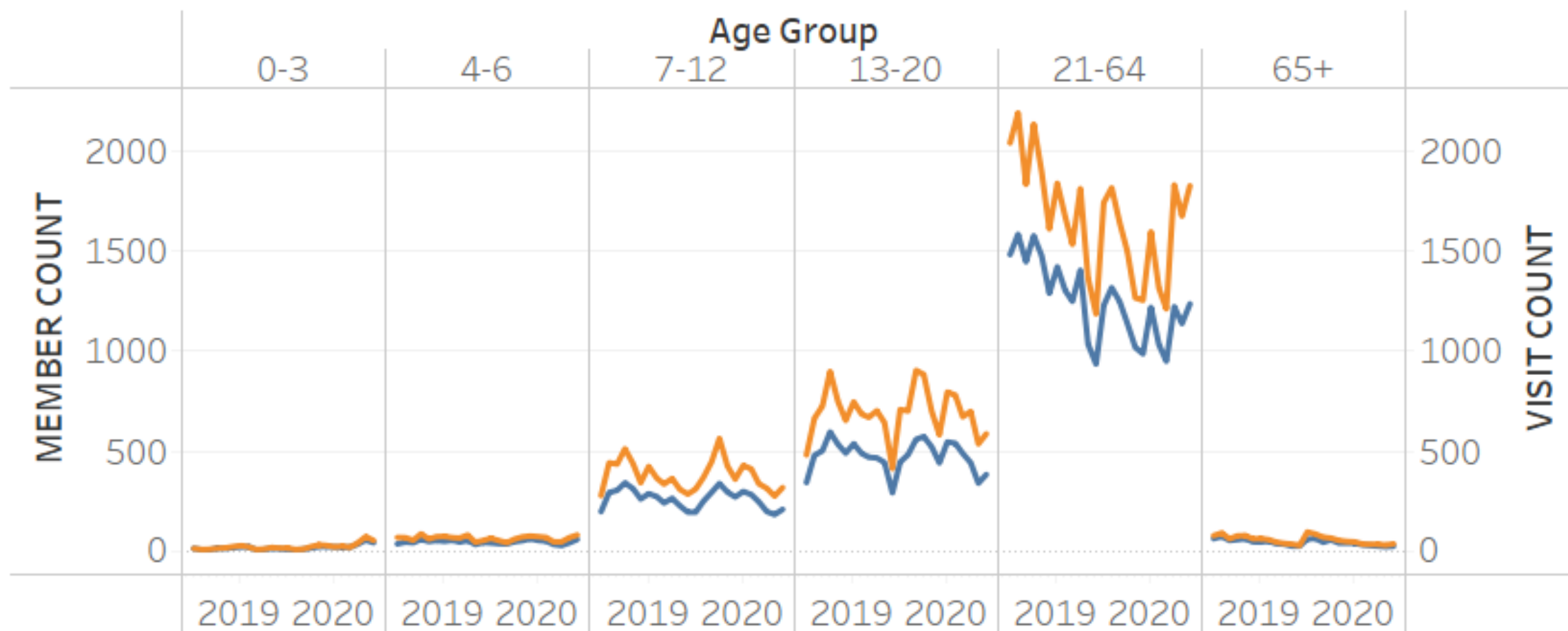
## Does:

Loosen Covered  
Diagnosis Requirements

Increase Access

Increase Member  
Options

# monthly trend age groups



## visits per provider

Fy Flag	Bill Prov Typ Desc	Distinct c..	VISIT COU..	MEMBER ..	visits per ..	clients per..
<b>FY1819</b>	Clinic - Practitioner	86	9,752	3,748	113	44
	Federally Qualified..	112	24,080	9,956	215	89
	Non-Physician Prac..	5	811	246	162	49
	Physician	1	18	13	18	13
	Rural Health Clinic	5	672	216	134	43
<b>FY1920</b>	Clinic - Practitioner	102	13,641	5,325	134	52
	Federally Qualified..	117	17,807	7,668	152	66
	Non-Physician Prac..	6	1,372	410	229	68
	Physician	1	1	1	1	1
	Rural Health Clinic	8	667	222	83	28

# PRIOR YR CAP CHART

Fy Flag	Prior Year Cap Flag	Visit Flag	
		% of Total DISTINCT CLIENT COUNT along Pan..	
		6 OR MORE VISITS	UNDER 6 VISITS
<b>FY1819</b>	1 BH CAP VISITS P..	5.81%	6.55%
	2 OR MORE BH CA..	47.70%	28.64%
	NO BH CAP VISITS ..	46.49%	64.81%
<b>FY1920</b>	1 BH CAP VISITS P..	6.61%	7.43%
	2 OR MORE BH CA..	34.30%	25.39%
	NO BH CAP VISITS ..	59.09%	67.18%



# CURRENT YR CAP CHART

Fy Flag	Current Year Cap ..	Visit Flag	
		% of Total DISTINCT CLIENT COUNT along Pane..	
		6 OR MORE VISITS	UNDER 6 VISITS
FY1819	1 BH CAP VISITS ..	9.75%	14.23%
	2 OR MORE BH C..	72.06%	39.40%
	NO BH CAP VISIT..	18.19%	46.37%
FY1920	1 BH CAP VISITS ..	8.74%	12.29%
	2 OR MORE BH C..	72.04%	42.68%
	NO BH CAP VISIT..	19.22%	45.03%

# Response to Benefit

- 2 Different responses/business models – FQHC vs. Clinic
- Some confusion in translating the benefit
  - Treatment Plan
  - Diagnosis
  - Billing
- Was not intended to resolve for “integrated care”
- Perceived as desirable, CCHAP has invested in creating training materials
- HCPF is working to measure impact

# How to Measure Success

## Challenges:

- There were no original benchmarks for this benefit
- Prevention is hard to measure
- Cost shifting vs. Cost savings
- No consistent model (FQHC vs. Clinic)

# How to Measure Success

## Considerations:

- Understand the population (Age, Diagnosis)
- Understand if benefit is being used as designed vs. what has been gained (unintended/unexpected)?
- Drill down on the clinics

## Ways to improve:

- Address episode of care
- Address Integrated Care concerns
- Redesign for 2 business models

# Questions/Suggestions

[CCHAP Practice Managers Meeting](#)

[SHORT TERM BEHAVIORAL HEALTH VISITS IN PRIMARY CARE –  
SEPTEMBER 30, 2019](#)

[Policy Summary and FAQ](#)

HCPF Contact

[alex.weichselbaum@state.co.us](mailto:alex.weichselbaum@state.co.us)