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Noridian Healthcare Solutions, LLC



# **BEHAVIORAL HEALTH WORKFORCE EXPANSION 2024 WAMSS CONFERENCE**

**Medicare Part B Provider Outreach and Education  
April 2024**



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- [Noridian Medicare website](#)
- [CMS website](#)



## **OBJECTIVE**

- The landscape of health care for Medicare is changing for mental health, this year it is expanding the care field, new services and additional provider types who can provide and bill directly for services. Learn what is necessary for you to become part of this expansion.

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## **AGENDA**

- Overview
- Enrollment Criteria
  - Who can enroll
- Expansion of Mental Health Services
  - 2024 Current Programs
  - Resources

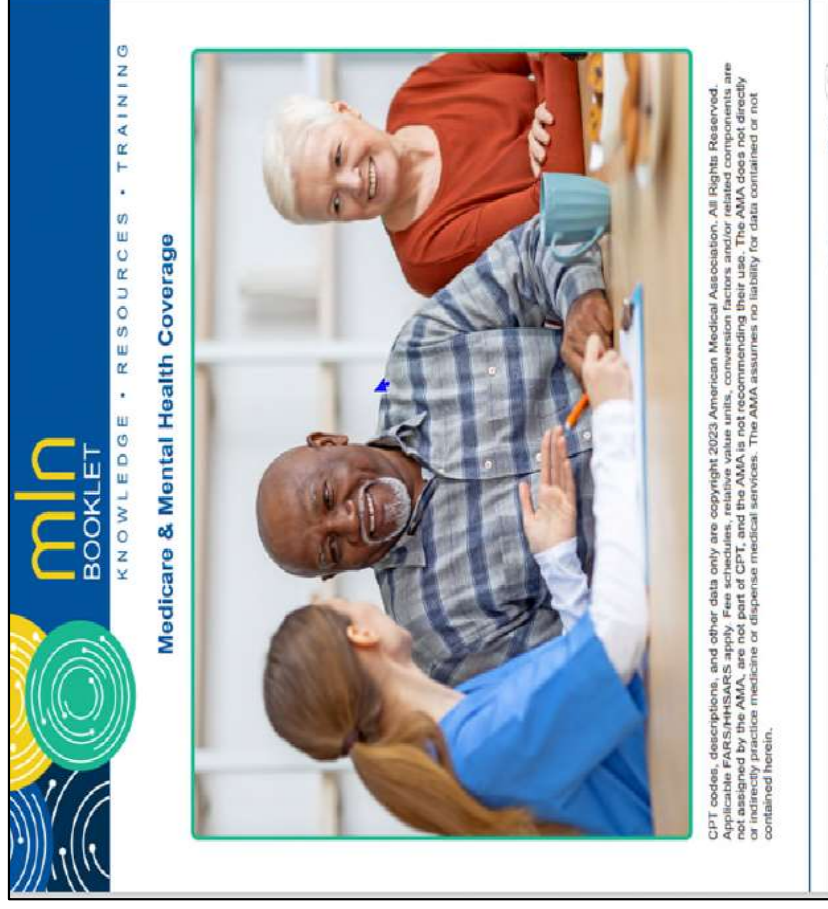


# **OVERVIEW OF MENTAL HEALTH EXPANSION**



# CMS NEW MENTAL HEALTH COVERAGE – BOOKLET

- [MLN1986542 – Medicare & Mental Health Coverage](#)
- Provides the most update information



## **BEHAVIORAL HEALTH AND WELLNESS SERVICES 2**

- Starting in 2024, coverage Social Determinants of Health (SDOH) Risk Assessment at no cost to the patient when it's provided as an optional AWW element (as part of the same visit with the same date of service as the AWW)
- The AWW can be a community health integration (CHI) or principal illness navigation (PIN) initiating visit when the practitioner identifies an unmet SDOH need that prevents the patient from carrying out the recommended personalized prevention plan
- Advance care planning (ACP) to discuss a patient's health care wishes if unable to make decisions about their care, as part of the AWW or a separate Part B service, including an advance directive
- Behavioral health integration (BHI) by clinical staff to assess, monitor, and plan care



## **BEHAVIORAL HEALTH AND WELLNESS SERVICES**

- Alcohol misuse screening and counseling for adults who use alcohol but not dependent; detected misuse, coverage up to 4 brief, face-to-face counseling sessions per year if the patient is competent and alert during counseling
- Alcohol treatment, detoxification, outpatient hospital treatment, and rehabilitative services, including inpatient hospital stays
- Annual wellness visit (AWV) to develop or update a personalized prevention plan, including health risk assessment and depression screening
- If Cognitive impairment during an AWV or other routine visit, a more detailed cognitive assessment and develop a care plan may be performed during a separate visit



# **ENROLLMENT**



## **ELIGIBLE PROVIDERS**

- Physicians (Medical Doctors (MDs) and Doctors of Osteopathy (DOs)), particularly Psychiatrists
- Clinical Psychologists (CPs)
- Clinical Social Workers (CSWs)
- Clinical Nurse Specialists (CNSs) Nurse Practitioners (NPs)
- Physician Assistants (PAs)
- Certified Nurse-Midwives (CNMs)
- Independently Practicing Psychologists (IPPs)
- Certified Registered Nurse Anesthetists (CRNAs) (supervision of diagnostic psychological and neuropsychological tests)
- Marriage and Family Therapists (MFTs) Mental Health Counselors (MHCs)



## ***MFT AND MHC ENROLLMENT AND BILLING***

- Expanding behavioral and mental health - January 1, 2024
  - Marriage and Family Therapist (MFT) and Mental Health Counselor (MHC)
    - Includes alcohol and drug addiction counselors if meets state laws
    - Performed at least two years or 3,000 hours of post master’s degree clinical supervised experience; state licensed or certified as MHC or MFT
  - Reimbursed at 75 percent of fee schedule
    - Equivalent to Licensed Clinical Social Worker (LCSW)

### ▪ [CMS FAQ](#)



## ***MEDICARE PARTICIPATION – REGULATIONS***

- Must be enrolled enable to:
  - Bill for services
  - Opt-out of the program

# NORIDIAN PROVIDER ENROLLMENT

- [JF Provider Enrollment](#)
- [Education on Demand](#)
- [Tutorials - JF Part B](#)
- Sign up for a webinar!!

**Noridian Medicare**  
Healthcare Solutions

JF Part B > Provider Enrollment

**Provider Enrollment**

- Enroll in Medicare
- Enrollment Application Status Search
- Enrollment Forms
- Make Changes
- MEPARTD
- Open Enrollment
- Opt Out of Medicare
- Order, Certify, Prescribe Part D Drugs
- PECOS and the Identity and Access Management System
- Provider Enrollment Reconsiderations, CAPs, and Rebutals
- Provider Enrollment Contact Center
- Reactivation
- Revalidation
- Total Enrollment
- Withdraw from Medicare

**Attend a Webinar**

Topic	Date
Enrollment Options for the Individual Provider	04/03/24
Sole Proprietor and Sole Owner Differences	04/10/24
Physician Assistants and Practice Ownership	04/17/24
Physician Assistants and Practice Ownership	04/17/24
MEI, MHC, and LCRW Enrollment as Practice Owners	04/24/24
Enrollment Ownership Managerial Reporting	05/01/24
Electronic Funds Transfer Authorization Agreement	05/08/24
What is a CHOW?	05/15/24
Enrollment Letters and Requests for Information	05/22/24

**Enroll or Make Changes via PECOS Web**

The quickest, most efficient way to submit a Medicare enrollment application is by registering and using the Provider Enrollment Chain and Ownership System (PECOS)

**Tell us what you think**  
Your comments will help us

**Provider Enrollment**

# STEPS TO ENROLLMENT

## ■ JF Enroll in Medicare

- Two ways paper and PECOS
- Enrollment has a very comprehensive webpage

The screenshot displays the Noridian Medicare website interface. At the top, there is a navigation bar with the Noridian logo and the text "Medicare Part B" and "Noridian Medicare Portal (NMP) Login". Below the navigation bar, there are several menu items: "Browse by Specialty", "Fees and News", "Policies", "Medical Review", "Education and Outreach", "Provider Enrollment", and "Forms". A search bar is located in the top right corner.

The main content area is titled "Enroll in Medicare" and includes a sub-section "Provider Enrollment". Below this, there is a list of links for various enrollment-related topics, such as "Enroll in Medicare", "Enrollment Application Status Search", "Enrollment Forms", "Make Changes", "MEDPAID", "Open Enrollment", "Get Out of Medicare", "Code, Clarify, Reconcile Part D Drugs", "SCOP and the Identity and Access Manager", "Provider Enrollment Responsibilities, CPEs, and Incentives", "Provider Enrollment Contact Center", "Reactivation", "Revalidation", "Total Enrollment", and "Withdraw from Medicare".

Below the list of links, there is a "Brief Details" section with a table of topics and their descriptions:

Topic	Brief Details
• Is Provider Eligible to Enroll in Medicare?	<ul style="list-style-type: none"><li>• View a list of eligible Part B specialties on the Eligible Specialties webpage. If a specialty is not listed, that specialty is not able to enroll in Medicare.</li><li>• If a provider is unable to enroll in Medicare, they should contact Washington Publishing Company (WPC) at 1-800-444-6292 for more information. For more information on Health Care Provider Taxonomy Codes, visit the Health Care Provider Taxonomy Codes website.</li></ul>
• How can I determine if I am eligible to enroll in Medicare?	<ul style="list-style-type: none"><li>• NPPES ID: Individuals and organizations who apply for NPIs and to keep their NPI information up-to-date, including addresses, phone numbers, and taxonomy codes.</li><li>• Individual providers must obtain a Type 1 (Individual) NPI.</li><li>• Organizations must obtain at least one Type 2 (Organization) NPI. The number of type 2 NPIs an organization obtains is an individual business decision.</li><li>• Type 2 NPIs are used to identify the following types of providers:<ul style="list-style-type: none"><li>• Type 2 NPIs - Physician groups, hospitals, nursing homes, group practices, pharmacies (not all-inclusive listing)</li><li>• Type 2 NPIs - Physician groups, hospitals, nursing homes, group practices, pharmacies (not all-inclusive listing)</li></ul></li><li>• When there are changes in information such as name, tax identification number (TIN), address, primary practice location, or code, organizations and individuals who have submitted applications must update their NPPES information and their Medicare enrollment within 30 days.</li></ul>
• How do I determine if I am eligible to enroll in Medicare?	<ul style="list-style-type: none"><li>• View the National Provider Identifier (NPI) webpage for more details.</li><li>• If providing Part B services in a Critical Access Hospital (CAH), a provider must be assigned to the CAH and must be enrolled in Medicare Part B and NPIs. Work for enrollment on Demand Application Tools for proper application instructions.</li></ul>
• How do I determine if I am eligible to enroll in Medicare?	<ul style="list-style-type: none"><li>• If a provider does not want to bill Medicare but is looking to enroll for the sole purpose of ordering, certifying, and/or prescribing Part B drugs, visit the Ordering, Certifying, and Prescribing webpage.</li></ul>

Below the table, there is an "Educational Resources" section with a list of links: "Application Fee", "Do Not Forward (DNF)", "Education on Demand Topics", "Electronic Funds Transfer (EFT)", "Enrollment Terms and Definitions", "National Provider Identifier (NPI)", "Provider Enrollment Corrective Action Plan (CAP)", "Reconciliation and Rebuttal Decision Tree", "Provider Transaction Access Number (PTAN)", and "Why are payments being held? DNF CME-Health Care Provider Taxonomy Constants?!"

# ***INTEGRATIVE BEHAVIORAL HEALTH MODEL***

[CMS Announces New Model to  
Advance Integration in Behavioral  
Health](#)



## **HEALTH BEHAVIOR ASSESSMENT AND INTERVENTION (HBAI) SERVICES**

- Health Behavior Assessment and Intervention (HBAI) services described by CPT codes 96156, 96158, 96159, 96164, 96165, 96167, and 96168, and any successor codes, to be billed by clinical social workers, MFTs, and MHCs, in addition to clinical psychologists.
- Health Behavior Assessment and Intervention codes are used to identify the psychological, behavioral, emotional, cognitive, and social factors included in the treatment of physical health problems.
- Allowing a wider range of practitioner types to furnish these services will allow for better integration of physical and behavioral health care, particularly given that there are so many behavioral health ramifications of physical health illness.





## ***WHAT IS BEHAVIORAL HEALTH INTEGRATION (BHI)***

- Care management service
  - Model of combining behavioral health care with primary care
- Way to improve outcomes
- Can be a single encounter, monthly service, or both
- Timed services
- Provided by billing practitioner, auxiliary personnel, or both



## **BHI OVERVIEW**

- Care planning by primary care team, or individual provider
- Care team may perform services general “incident to”
  - Overall direction of billing practitioner
  - General supervision = no physical presence by physician
  - Must have qualifying relationship with all team members
  - No time or service overlap
  - Place of Service (POS) – facility or non-facility settings



## **BHI COMPONENTS**

- Initial assessment
  - Initiating visit – Annual Wellness Visit or Evaluation & Management (E&M)
  - Any applicable validated rating scales
    - Evaluates patient’s treatment plan tolerability based on techniques
- Systematic assessment and monitoring
- Care planning by primary care team
- Facilitation or coordination of behavioral health treatment
- Continuous relationship with designated person

## **CPT CODE AND DEFINITION 2**

- Care management services for behavioral health conditions – HCPCS G0323
  - Monthly billed service of at least 20 minutes for Clinical Psychologist or Licensed Clinical Social Worker
    - Initial assessment or follow-up monitoring
    - Behavioral health care planning
    - Facilitating and coordinating treatment
    - Coordinating with physicians
    - Continuity of care



## ***CPT CODE AND DEFINITION***

- Care Management Services for Behavioral Health Conditions –  
CPT 99484
  - Monthly bill
  - Directed by physician or other qualified healthcare professional
  - Cannot overlap other care management codes
  - Required elements from slide eight

## **NEW SERVICES**

- Practitioners train caregivers to support patients w/certain diseases or illnesses (dementia)
- [Calendar Year \(CY\) 2024 Medicare Physician Fee Schedule Final Rule | CMS](#)
- Health and Wellbeing coaching services added to Telehealth Services list on a temporary basis for CY2024.
- Delayed in-person visit rule 12/31/2024.
- Services furnished in-home pay at non-facility rate



## ***BEHAVIORAL HEALTH***

- Marriage and Family Therapists, Mental Health Counselors, Addiction Counselors
  - G0017 and G0018
  - Clinical Social Workers
  - RHC and FQHC
- Hospice – Conditions of Participation
  - CSW, MFT, and MHC
  - POS - [Place of Service Codes for Professional Claims Database \(updated September 2023\) \(cms.gov\)](#)



## ***INTEGRATIVE BEHAVIORAL HEALTH(BH) MODEL***

- Test approaches for addressing concerns when medical conditions impact beneficiary's mental health
- Goal – improve outcomes for those with mental health and substance use disorders
- Community-based BH providers will form interprofessional teams, as well as community-based supports
  - Behavioral health, physical health, and community-based supports





## ***INTERPROFESSIONAL CARE TEAMS***

- Integration of services to bridge gaps
  - “No wrong door” approach
  - Get services no matter what door they enter through
  - Reduce program expenditures

# ***COGNITIVE ASSESSMENT AND CARE PLANNING (CACP)***

**CMS Cognitive Assessment & Care  
Plan Services**



## **CACP BASICS**

- Annual Wellness Visit (AWV) or (E/M) visit; provider notices, or beneficiary relates, about cognitive dysfunction or decline:
  - Psychosocial risks - depression, life satisfaction, stress, anger, loneliness, social isolation, pain, and fatigue
  - Behavioral risks - tobacco use, physical activity, nutrition, oral health, alcohol consumption, and home safety
  - Activities of Daily Living (ADLs) discussed later
- Involves MD, DO, nurse practitioner (NP), clinical nurse specialist (CNS), and physician assistant (PA)

## **CACP PURPOSE**

- Detect beneficiaries with signs of cognitive decline
  - Alzheimer’s disease and related dementias (ADRD)
- If primary provider sees additional cognitive assessment needed
- New CPT 99483
  - Improves detection, diagnosis, and care planning
  - Identify treatable causes or co-occurring conditions
  - Reimbursed for comprehensive visit resulting in written care plan

## **CACP BILLING AND CODING**

- CPT 99483
  - Assessment and care planning for patients with cognitive impairment like dementia or Alzheimer’s disease, at any stage of impairment
  - Billed once every 180 days (six months)
    - Per single physician or qualified health professional (QHP) provider
  - Diagnoses related to dementia or other cognitive impairments
- Place of service (POS) performed:
  - Office, outpatient setting, home, care facility, rest home or telehealth

## **CACP BILLING AND CODING 2**

- Typically spending at least 50 minutes
  - Over 50 minutes; utilize prolonged HCPCS G2212
  - Coinsurance and unmet deductible apply
- Do not report or bill if required elements not entirely performed:
  - Deemed unnecessary (simple forgetfulness-losing keys, wallet)

## **CPT 99483 NOT ALLOWED SAME DAY – ANY IMPAIRMENT STAGE**

- +90785 - Psychiatric complex interactive
- 90791 - Psychiatric diagnostic evaluation
- 90792 - Psychiatric diagnostic evaluation with medical services
- 96127 - Brief emotional and behavior assessment
- 96130 - Neuropsychological testing evaluation
- 99202- 99215 - Office or outpatient visits
- 99324-99337 - Domiciliary or home visits-new patient
- 99341-99350 - Home visits
- 99374 - Care Plan Oversight-CPO
  - 99497 - Advanced care plan; 30 minutes
  - +99498 - Advanced care plan; additional 30 minutes

# **SOCIAL DETERMINANTS OF HEALTH**





## ***WHAT'S NEW IN SOCIAL DETERMINANTS OF HEALTH (SDOH)***

- New stand-alone G code, G0136
- Pays for administering SDOH risk assessment
  - No more than once every six months
- G0136: Administration of standardized, evidence-based SDOH assessment, 5-15 minutes, not more than every six months
  - Can be provided with:
    - E/M visit, Behavioral health office visit, Annual Wellness Visit (AWV)
    - Follow up with patient
    - Include one diagnosis code: Z55-Z65

# SOCIAL DETERMINANTS OF HEALTH (SDOH) INFOGRAPHIC

**IMPROVING THE COLLECTION OF Social Determinants of Health (SDOH) Data with ICD-10-CM Z Codes**

**What Are Z Codes?**

- SDOH-related Z codes range from ICD-10-CM categories Z55-Z65 and are used to document SDOH data (e.g., housing, food insecurity, lack of transportation)
- Z codes refer to factors influencing health status or reasons for contact with health services that are not classifiable elsewhere as diseases, injuries, or external causes

**Using Z Codes for SDOH**

- SDOH information can be collected before, during, or after a health care encounter through structured health risk assessments and screening tools
- These codes should be assigned only when the documentation specifies that the patient has an associated problem or risk factor that influences the patient's health
- Coding professionals may utilize documentation of social information from social workers, community health workers, case managers, or nurses, if their documentation is included in the official medical record

**What Are SDOH & Why Collect Them?**

- SDOH are the conditions in the environment where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks<sup>1</sup>
- The World Health Organization (WHO) estimates that SDOH accounts for **30-55% of health outcomes**<sup>2</sup>

**Collecting SDOH can improve equity in health care delivery and research by:**

- Empowering providers to identify and address health disparities (e.g., care coordination and referrals)
- Supporting quality measurement
- Supporting planning and implementation of social needs interventions
- Identifying community and population needs
- Monitoring SDOH intervention effectiveness for patient outcomes
- Utilizing data to advocate for updating and creating new policies

**ICD-10-CM Z Codes Update**

- New SDOH Z codes may become effective each April 1 and October 1. New codes are announced prior to their effective date on [CDC.wastats](https://www.cdc.gov/wastats/).
- Use the CDC National Center for Health Statistics ICD-10-CM Browser tool to search for all the current Z codes.
- Join the public process for SDOH code development and approval through the [ICD-10-CM Coordination and Maintenance Committee](https://www.cms.gov/medicare/medicare-claims-operations/medicare-coverage-determination-process/).

**VIEW JOURNEY MAP**

**90.cms.gov/OMH**  
For Questions Contact: The CMS Health Equity Technical Assistance Program | [ICD-10-CM Official Guidelines for Coding and Reporting FY 2024](https://www.cms.gov/medicare/medicare-claims-operations/medicare-coverage-determination-process/)

<sup>1</sup>Health, People 2030 <sup>2</sup>World Health Organization

# SDOH INFOGRAPHIC 2

## IMPROVING THE COLLECTION OF Social Determinants of Health (SDOH) data with ICD-10-CM Z Codes

### Exhibit 1. Recent SDOH Z Code Categories and New Codes

- Z55 – Problems related to education and literacy**
    - Z55.5 – Less than a high school diploma (Added, Oct. 1, 2021)
    - NEW** • Z55.6 – Problems related to health literacy
  - Z56 – Problems related to employment and unemployment**
  - Z57 – Occupational exposure to risk factors**
  - Z58 – Problems related to physical environment (Added, Oct. 1, 2021)**
    - Z58.6 – Inadequate drinking-water supply (Added, Oct. 1, 2021)
    - Z58.8 – Other problems related to physical environment
    - NEW** • Z58.81 – Basic services unavailable in physical environment
    - NEW** • Z58.89 – Other problems related to physical environment
  - Z59 – Problems related to housing and economic circumstances**
    - Z59.0 – Homelessness (Updated)
    - Z59.00 – Homelessness unspecified (Added, Oct. 1, 2021)
    - Z59.01 – Sheltered homelessness (Added, Oct. 1, 2021)
    - Z59.02 – Unsheltered homelessness (Added, Oct. 1, 2021)
    - Z59.1 – Inadequate Housing (Updated)
    - NEW** • Z59.10 – Inadequate housing, unspecified
    - NEW** • Z59.11 – Inadequate housing environmental temperature
    - NEW** • Z59.12 – Inadequate housing utilities
    - NEW** • Z59.19 – Other inadequate housing
    - Z59.4 – Lack of adequate food (Updated)
    - Z59.41 – Food insecurity (Added, Oct. 1, 2021)
    - Z59.48 – Other specified lack of adequate food (Added, Oct. 1, 2021)
    - Z59.8 – Other problems related to housing and economic circumstances (Updated)
      - Z59.81 – Housing instability, housed (Added, Oct. 1, 2021)
      - Z59.811 – Housing instability, housed, with risk of homelessness (Added, Oct. 1, 2021)
  - Z59.812 – Housing instability, housed, homelessness in past 12 months (Added, Oct. 1, 2021)
  - Z59.819 – Housing instability, housed unspecified (Added, Oct. 1, 2021)
  - Z59.82 – Transportation insecurity (Added, Oct. 1, 2022)
  - Z59.86 – Financial insecurity (Added, Oct. 1, 2022)
  - Z59.87 – Material hardship due to limited financial resources, not elsewhere classified (Added, Oct. 1, 2022; Revised, April 1, 2023)
  - Z59.89 – Other problems related to housing and economic circumstances (Added, Oct. 1, 2021)
- Z60 – Problems related to social environment**
- Z62 – Problems related to upbringing**
- Z62.2 – Upbringing away from parents
  - NEW** • Z62.23 – Child in custody of non-parental relative (Added, Oct. 1, 2023)
  - NEW** • Z62.24 – Child in custody of non-relative guardian (Added, Oct. 1, 2023)
  - Z62.8 – Other specified problems related to upbringing (Updated)
  - Z62.81 – Personal history of abuse in childhood
  - NEW** • Z62.814 – Personal history of child financial abuse
  - NEW** • Z62.815 – Personal history of intimate partner abuse in childhood
  - Z62.82 – Parent-child conflict
  - NEW** • Z62.823 – Parent-step child conflict (Added, Oct. 1, 2023)
  - Z62.83 – Non-parental relative or guardian-child conflict (Added Oct. 1, 2023)
  - NEW** • Z62.831 – Non-parental relative-child conflict (Added Oct. 1, 2023)
  - NEW** • Z62.832 – Non-relative guardian-child conflict (Added Oct. 1, 2023)
  - NEW** • Z62.833 – Group home staff-child conflict (Added Oct. 1, 2023)
  - Z62.89 – Other specified problems related to upbringing
  - NEW** • Z62.892 – Runaway (from current living environment) (Added Oct. 1, 2023)
- Z63 – Other problems related to primary support group, including family circumstances**
- Z64 – Problems related to certain psychosocial circumstance**
- Z65 – Problems related to other psychosocial circumstances**



## ***OPIOID TREATMENT PROGRAM***

- Extend flexibilities periodic assessment via audio only end of CY 2024.

## **MENTAL HEALTH TELEHEALTH**

- CMS delays through December 2024:
  - In-person mandatory visit every six months
- Mental Health providers may render Telehealth via **audio only** when patient does **not** have access or refuses visual technology
  - Diagnosis, evaluation and/or disorder treatment (includes substance abuse)
- Periodic patient assessments (HCPCS **G2077**) via audio-video
- HCPCS **+G2080** (additional 30 minutes of counseling in week of medication assisted treatment with Medicare-enrolled opioid treatment program-OTP)
  - Therapy and counseling portions of weekly bundles with add-on code
  - Via audio-only technology, when audio-video not available
- Modifiers FQ or 93 = behavioral health with audio-only options

## **MEDICARE ADVANTAGE PLANS VS TRADITIONAL FEE FOR SERVICE**

- Medicare Advantage (MA) enrollees can get Part A, Part B, and Part D benefits under a single plan
- MA Plans provide Part B-covered mental health services and may offer certain (for example, telehealth) benefits beyond what Part B fee for service pays
- They may also provide supplemental benefits Parts A or B don't cover
  - For example, supplemental mental health benefits may address coping with life changes, conflict resolution, or grief counseling, all offered as individual or group sessions
- Check with the patient's individual plan for coverage and regulations
  - [IOM 100-16 Managed Care Manual](#)

# RESOURCES



## ***INNOVATIONS IN BEHAVIORAL HEALTH (IBH)***

- Begins Fall of 2024
  - Anticipated in eight states for 8 years
  - New model to test approaches
  - Improve quality of care
- IBH Model webpage
    - [CMS Innovation in Behavioral Health \(IBH\) Model](#)
  - FAQs about IBH
    - [CMS IBH Model Frequently Asked Questions](#)
  - Fact Sheet
    - [CMS Innovation in Behavioral Health Model \(IBH\) Overview Factsheet](#)



# IBH FACTSHEET

## Innovation in Behavioral Health Model (IBH) Overview Factsheet

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### MODEL TIMELINE

Key Activity	Timing
State awardee pre-implementation period	Q4 2024 - Q3 2027
Practice participant enrollment period	Q4 2024 - Q3 2025
Practice participant pre-implementation period	Q4 2025 - Q3 2027
Implementation period (state awardees and practice participants)	Q4 2027 - Q3 2032

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### CARE DELIVERY FRAMEWORK

IBH will offer integrated care in a behavioral health setting. This means that BH practices will offer person-centered care by screening for and addressing behavioral health conditions and physical health conditions. Since individuals with moderate to severe BH conditions may already visit a BH setting, the BH practice will facilitate close collaboration with primary care, other PH providers, and HRSN partners to support whole-person health.

#### CARE INTEGRATION

**What care is received?**

- Screening and assessment for BH and PH needs as well as HRSNs
- Person-centered planning and treatment of BH and PH needs with HRSN and referral to PH care
- Monitoring of BH conditions and certain PH conditions
- Care plan adjustments if outcomes are not improving

#### CARE MANAGEMENT

**Who provides care?**

- **Interprofessional team-based care**  
Develop care teams that reflect the needs of the service population, and include the beneficiary, PH expertise, and care coordination expertise
- **Ongoing care management**  
Monitor person-centered planning goals, treatment, and outcomes; coordinate beneficiary needs related to BH and PH conditions and HRSNs

#### HEALTH EQUITY

**How is equitable care supported?**

- Screen, refer, and follow-up for HRSNs; collaborate with HRSN partners
- Complete population needs assessment and develop a health equity plan

#### FOUNDATIONAL SUPPORT ACTIVITIES

CMS will provide infrastructure funding to Medicare practice participants beginning in the pre-implementation period for the below activities, which will support the care delivery framework. States will provide similar funding, through their cooperative agreements, for Medicaid-only practice participants.

**Health IT infrastructure capacity**, such as electronic health records (EHRs), interoperability standards, etc.

**Telehealth tools** to support delivery of integrated care

**Practice transformation activities** (IT workflows, staffing development and retention plans, systematic quality improvement, etc.)



## ***MENTAL HEALTH SERVICES AVAILABLE***

- [Behavioral Health Integration \(BHI\) Services](#) – Incorporates primary care with behavioral health
  - Psychiatric Collaborative Care Model (CoCM)
  - General BHI
  - [CMS MLN909432 Behavioral Health Integration Services Booklet](#)
- [CMS Psychotherapy for Crisis](#)
- [CMS Opioid Use Disorder Screening & Treatment](#)
- [CMS MLN2886155 A Prescriber’s Guide to Medicare Prescription Drug \(Part D\) Opioid Policies](#)



## ***CMS CACP RESOURCES***

- [Change Request \(CR\) 12247 CACP Services](#)
- [Alzheimer’s Organization CACP Toolkit](#)
- [CMS Cognitive Assessment & Care Plan Services](#)



## ***OTHER CMS RESOURCES***

- [CMS Behavioral Health Integration Services - February 2022](#)
- [CMS Medically Unlikely Edits \(MUEs\)](#)
- [CMS National Correct Coding Initiative \(NCCI\) PTP Coding Edits](#)
- [CMS Behavioral Health Integration FAQs](#)
- [CMS Care Coordination Services and Payment for RHCs and FQHCs](#)



## ***SDOH RESOURCES***

- [CMS Framework for Health Equity 2022-2032](#)
- [CMS Office of Minority Health](#)
- [CMS Improving Collection of SDOH Data Infographic](#)
- [CMS Z-Codes Infographic](#)
- [CMS SDoH by Dual Eligibility Status](#)
- [CDC Social Determinants of Health Maps-Socioenvironmental: Poverty](#)



## ***NORIDIAN WEBPAGE RESOURCES***

- [JFB Browse by Specialty Mental Health](#)
- [JFB Browse by Topic Incident To](#)



## ***SURVEY – MEDICARE MAC CUSTOMER EXPERIENCE (MCE)***

- Feedback Appreciated!
  - Emoji rating
  - Drive Change and Best Practices
  - Every Result Reviewed
- Scan the QR code below:

**THANK YOU!**



*Delivering solutions that put people first.*

Noridian Healthcare Solutions, LLC