

SB 1125: Same Day Billing Talking Points

March 4, 2018



COMMUNITY HEALTH CENTER BACKGROUND

- Today, more than 1,300 community health centers serve the state of California, and provide comprehensive, high quality care to 6.5 million people – or 1 in 6 Californians.
- Community-based primary care is often the first line of defense for detection and treatment of mental health issues. A UCLA Center for Health Policy Research report (2015) found that 70 percent of behavioral health conditions are first diagnosed in the primary care setting.
- Community health centers, known as Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs), are well-regarded for their diverse workforce and language capabilities, helping to make mental health and Substance Use Disorders (SUD) more accessible for many underserved populations.

MEDI-CAL PATIENTS WITH MENTAL ILLNESS AND SUBSTANCE USE DISORDERS (SUD)

- Compared to the general population, those with mental health issues or substance use disorders are more likely to have co-occurring diseases – including cardiovascular diseases and pregnancy complications.
- When left untreated, mental health and substance use disorders can result in worse quality-of-life and significantly shorter life expectancies in comparison to the general population, dying, on average, 25 years earlier than the general population.
- The integration of mental health and SUD services into comprehensive primary care settings, like FQHCs and RHCs, makes services more accessible, improves coordination of care, and supports a “whole person care” approach to serving Medi-Cal beneficiaries. [Talk about the importance of access to behavioral health services in your community and what services you provide]

THE PROBLEM

- In California, if a patient receives treatment through Medi-Cal at an FQHC or RHC from both a medical provider and a mental health specialist on the same day, the State Department of Health Care Services will only reimburse the center for one “visit,” meaning both providers can’t be adequately reimbursed for their time and expertise. A patient must seek mental health treatment on a subsequent day in order for that treatment to be reimbursed as a second “visit.”
- This policy creates an unnecessary financial barrier for FQHCs and RHCs, from maximizing their time with their patients by treating the myriad physical, mental, and substance use issues in a timely, comprehensive manner.
- We see the fallout of this misinformed policy and subsequent untreated mental illness on our streets, our jails, and our communities.

THE SOLUTION: SB 1125

- The federal Medicare program and the vast majority of states already allow for same day billing. Allowing health centers to access the same-day billing statute already in place in other public programs will ensure more early intervention in mental illness and guarantee that we are using the integrated health services available to our communities at their full potential.
- SB 1125 would allow FQHCs and RHCs to bill Medi-Cal for two visits if a patient is provided mental health services on the same day they receive other medical services.