

Senate Bill 1125: Same Day Billing

Senator Toni G. Atkins

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OVERVIEW

Today, roughly 1,300 community health centers (CHCs) in California provide high-quality comprehensive care to 6.5 million people – that’s 1 in 6 Californians. For decades, community health centers have provided care to everyone, regardless of their ability to pay, their immigration status, or their individual circumstances. Community health centers provide the full spectrum of care, from primary care to dental to mental health care and a variety of enabling and wraparound services.

Multiple studies have underscored the benefits of integrated health care, particularly when it comes to mental health. According to the Department of Psychiatry and Behavioral Sciences at UC Davis, as many as 40 percent of patients seen in a primary care setting on any given day have an active psychiatric condition. The ability to seamlessly transition a patient from primary care to an on-site mental health specialist on the same day has proven highly effective in ensuring a patient accesses needed care and follows through with treatment regimens. This is especially true in impoverished communities, where taking time off work and arranging transportation to and from a health center can become an insurmountable challenge.

THE PROBLEM

In California, if a patient receives treatment through Medi-Cal at a community health center 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 statute creates an undue financial barrier for community health centers, known as Federally Qualified Health Centers (FQHCs) and Rural Health

Clinics (RHCs), preventing them from treating their patients in a comprehensive manner in the same day.

Notably, this barrier doesn’t exist for similar health services. California currently allows FQHC and RHCs to bill for two separate Medi-Cal “visits” if a patient sees both a primary care provider and a dental provider on the same day. Further, the federal government encourages states to allow FQHCs and RHCs to bill for care provided by a primary care specialist and mental health specialist in the same day as two separate visits in recognition of the value comprehensive care generates. Most states already allow for same-day billing of medical and mental health services, as does the federal Medicare program.

Inexplicably, California has refused to change its Medi-Cal billing statute to align with federal policy and its own state policy regarding dental care. Emergency rooms are too often a costly point of entry for mental health services, and we see the fallout of untreated mental illness on our streets, our jails, and our communities.

THE SOLUTION

Senate Bill 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.

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.

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