

Senate Bill 66 (Atkins & McGuire)

Same Day Visit

April 12, 2019



OVERVIEW

Today, 1,330 community health centers (CHCs) provide high-quality, comprehensive care to 6.9 million people in California – that’s roughly 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 66 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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Talking Points/March 13, 2019



COMMUNITY HEALTH CENTER BACKGROUND

- Today, 1,330 community health centers serve the state of California, and provide comprehensive, high quality care to 6.9 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, also 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, including the 76 percent of CHCs patients who are at or below 200% of the Federal Poverty Level (FPL).

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.

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 66

- 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 66 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. This will help sustain the supportive services health centers provide, such as transportation vouchers and community health workers / health navigator positions, which are not currently funded under Medi-Cal but are crucial services for hard to reach populations.