

Saint Louis County Children's Service Fund Schedule B Unit & Rate Updates

CSF Board Presentation

September 21, 2022

Agenda

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- Project Overview
- Timeline of Activities to Date
- RVU Methodology
- Agency Engagement
- Units of Service and Rate Review
- 2023-2026 Significant Updates
- Conclusion

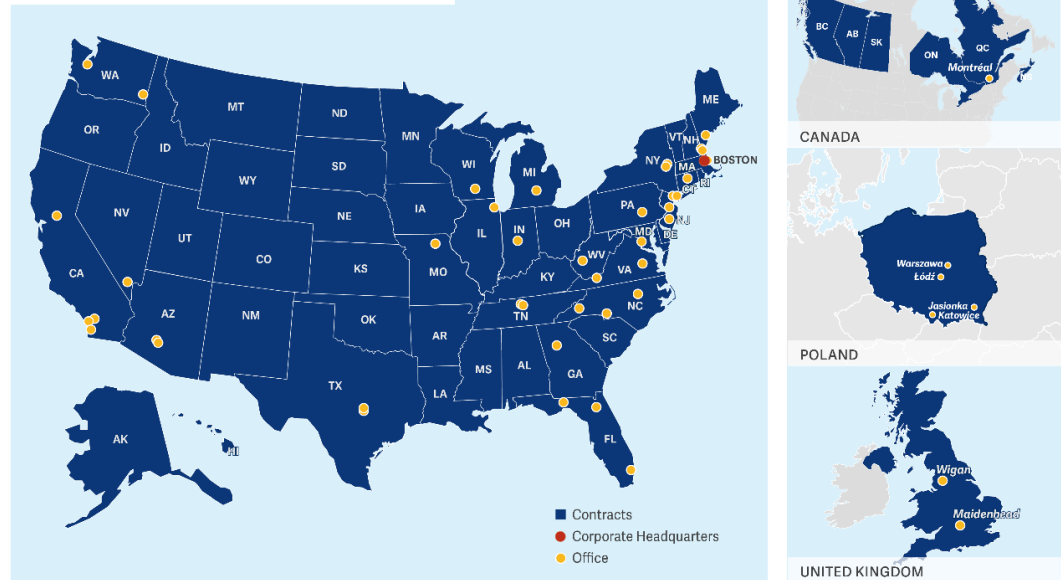


PCG Experience

- PCG is a management consulting firm established in 1986.
- More than 2,500 employees across >30 offices nationally.
- Our team has the focus and expertise on rate-setting and rate transformation for health and human services programs, at the state, county, and local levels.



PUBLIC CONSULTING GROUP | CURRENT CONTRACTS



- PCG performed this very same scope of work in 2014 and again in 2018!
- Since 2017, have been the RBRVS rate-setter of choice for the Arizona worker's compensation agency.
- Review and make payments based on RBRVS-based rates for our TPA contracts.



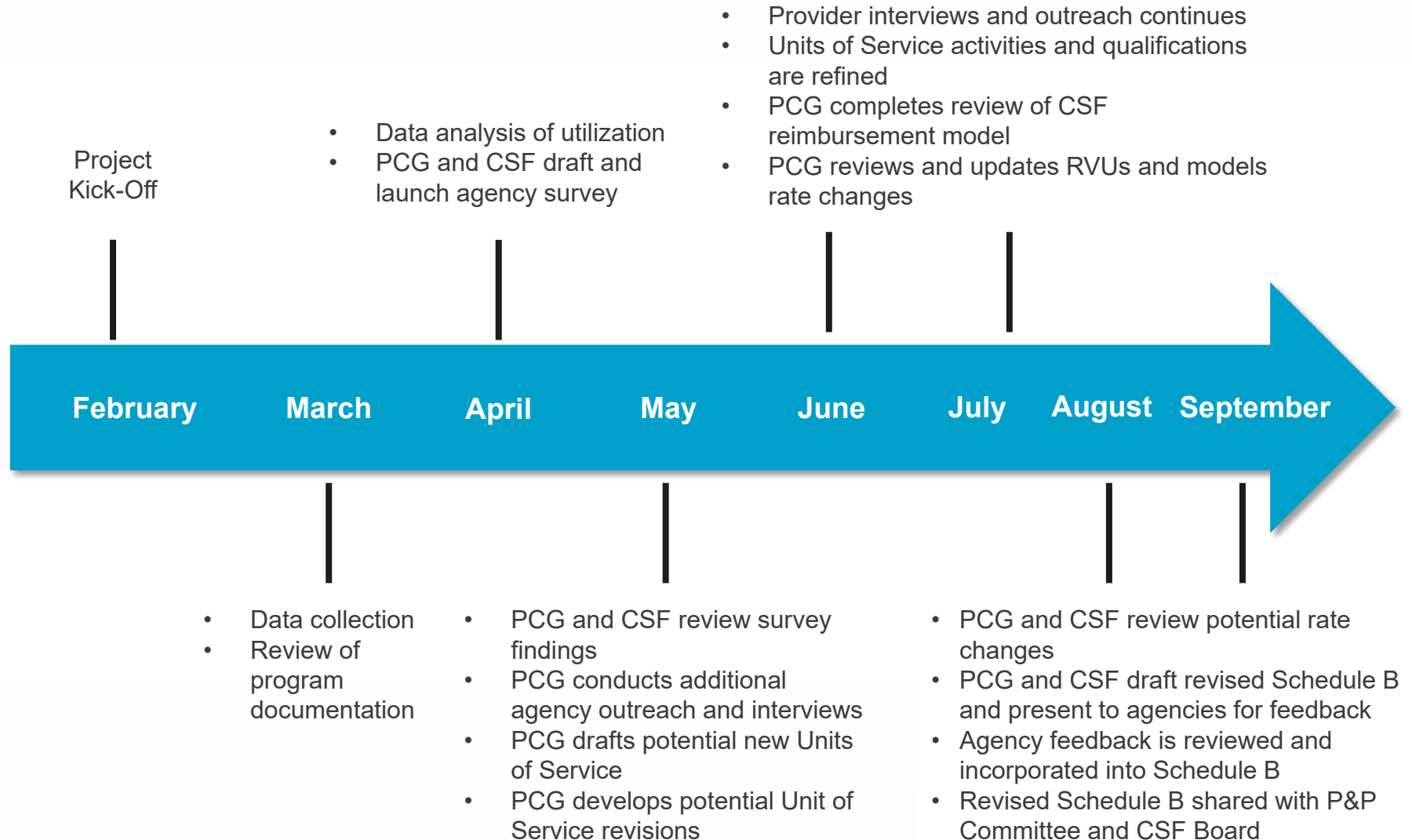
Project Overview

The goals of PCG's engagement with the CSF include:

1. Review and update current Units of Service
2. Review and update rates for the current list of approved services
3. As necessary, develop new units of service and calculate rates
4. Engage providers to ensure that their input is included in the service definition and rate-setting process
5. Provide feedback on services that may be good candidates for funding outside the units of service model
6. Update 2023-2026 Core List of Approved Units of Service (Schedule B)



Timeline of Activities To Date



RVU Methodology

Standard RVU Methodology

$$\begin{array}{l} \text{Work RVU x Work GPCI} \\ + \text{ Practice Expense (PE) RVU x PE GPCI} \\ + \text{ Malpractice Expense (MP) RVU x ME GPCI} \\ \hline \text{Total RVUs} \\ \times \text{ Conversion Factor} \\ \hline \text{Payment Amount for Specific Location} \end{array}$$

NOTE: CSF also uses a "Board Multiplier" to increase RVUs, as it deems necessary



RVU Methodology

Strengths

CSF rates are based on an RVU methodology, which has some benefits:

- RVU methodology accounts for fiscal cycles and costs of living in all areas nationwide
- RVUs can be easily updated on an annual basis
- RVU methodology simplifies the reimbursement process
- RVUs go through a full review approximately every 5 years
- Many of CSF rates for psychiatry, therapy and counseling are based on standard RVUs and updated by CMS

Weaknesses

However, RVUs can have some complications:

- Not all CSF services have published standardized RVUs requiring RVU cross-walking
- The AMA conversion factor is subject to Medicare budget neutrality and politics



Agency Engagement

Survey Purpose: To learn about agency experience with the Units of Service, costs for providing care, challenges they face and plans for the future.

Survey Stats:

- 458 individuals at 65 Core Partner agencies
- Total of 70 responses
 - 50 partner agency responses (77%)
 - 14 agencies submitted more than one response

Some of the key findings were:

- The majority of responses (64%) indicated that current rates did not meet their costs, however 36% said they did.
- Salaries and benefits, the major cost for most agencies, have increased, while rates have not.
- Staffing is a challenge, many positions are difficult to fill, primarily due to salaries but also because of the nature of the work.



Agency Engagement

In regards to changes implemented in reaction to COVID-19:

- Almost half of the agencies plan on continuing to use telehealth and offering a hybrid service model
- Agencies commented that they plan to continue to use Student units in part to supplement staffing challenges

PCG conducted additional outreach to providers to follow up on questions or comments regarding the Units of Service Definitions as well as their cost analysis



Units of Service and Rate Review

In conducting the Units of Service and Rate Review PCG has:

- Reviewed the qualifications, activities and minimum and maximum billing requirements for all Units of Service and is reviewed potential modifications with CSF
- Explored the creation of new Units of Service per CSF and agency requests
- PCG has updated CSF rates using 2022 RVUs and replicated the RVU crosswalk it conducted in its previous validation
- PCG collected data from Medicare, Office of Worker's Compensation, select Medicaid agencies, and a neighboring county for comparative analysis
- PCG reviewed the latest Missouri Medicaid rates that were updated in July 2022 for alignment
- PCG asked agencies to share any audited cost analysis during the agency survey
- Worked with CSF to evaluate potential changes in rates



Modeling of Potential Rate Changes

CSF asked PCG to build a model based on the potential updated rates to see what the overall spending could be.

For units where research indicated rates may have decreased, CSF decided to keep historic rates intact, so no unit rate decreased, and programs would not lose continuity.

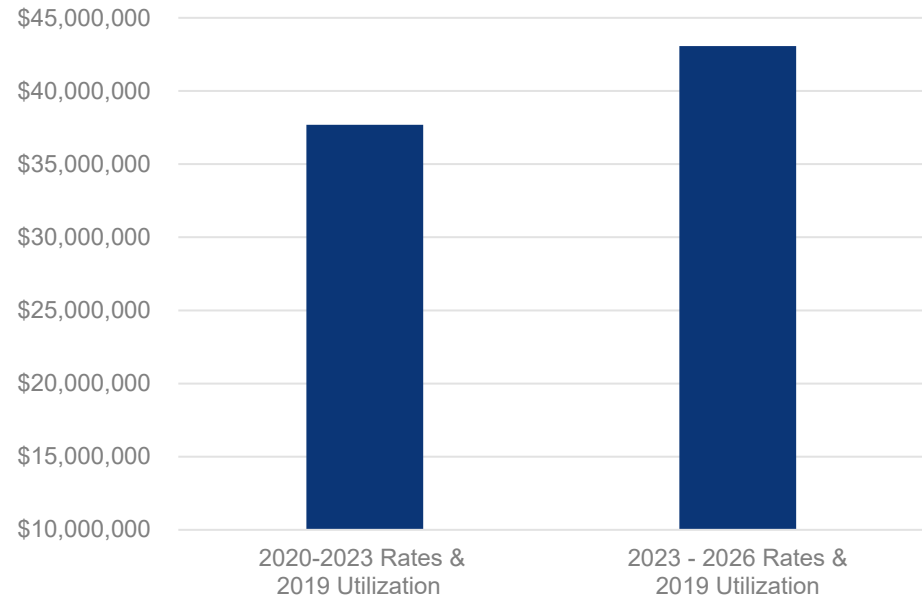
PCG used 2019 utilization data and 2020-2023 rates to build an initial model.

The total for CSF agencies using 2019 utilization and 2020-2023 rates and was \$37.6 million (please note this differs slightly from the actual spending).

Using the same utilization and the proposed rates we calculate \$43 million in spending, a 14% increase

- Using 2020 & 2021 utilization the proposed rates would show a 16% increase, however the overall utilization and spending in these years are unusual and not comparable.
- This is in part due to performance reimbursement obligation (PRO) funding which assumed full utilization at the beginning of the pandemic and is not captured in unit utilization data.

Model Cost Based on 2019 Utilization



2023 - 2026 Significant Updates

Telehealth Policy

- CSF proposes keeping the Telehealth units that were introduced in the 2020-2023 Schedule B, as well as incorporating the Telehealth units that were adopted in response to COVID-19.
- Telehealth units require two-way interactive telecommunications services, such as video conferencing or telephone.
- Agencies can use Telehealth units if they have approval to use the associated code.
- Not every CSF-funded unit is appropriate for Telehealth delivery. For units that do not have a Telehealth equivalent, an explanation is included in the Activities Included and/or Excluded section of the unit.
- The minimum billing guidelines for invoicing for the units listed below has been changed. The minimum time was raised from 5 minutes to match those of the in-person units.
 - 90832.T Individual Therapeutic Counseling (16 min minimum)
 - 90847.T Family Therapeutic Counseling (30 min minimum)
 - 99402.T Non-Therapeutic Counseling (16 min minimum)
 - 90832.03T Substance Use Individual Counseling (16 min minimum)
 - X0002.T Therapeutic Mentoring (15 min minimum)
 - 90834.02T Trauma-Specific Counseling (38 min minimum)



Community Outreach and Student Units

Student units and Community Outreach units that were added in response to the COVID-19 Pandemic were added to Schedule B:

Student Units:

- 90832.S Individual Therapeutic Counseling 30 Min (Student)
- 90834.S Individual Therapeutic Counseling 45 Min (Student)
- 90837.S Individual Therapeutic Counseling 60 Min (Student)
- 90832.01S Individual Therapeutic Counseling 30 min (In-Home) (Student)
- 90834.01S Individual Therapeutic Counseling 45 min (In-Home) (Student)
- 90837.01S Individual Therapeutic Counseling 60 min (In-Home) (Student)
- 90847.S Family Therapeutic Counseling (Student)
- 90847.01S Family Therapeutic Counseling (In- Home) (Student)
- 90849.S Family Therapeutic Group (Student)
- 90853.S Therapeutic Group (Student)
- H2011.S Crisis Intervention (Student)
- H2011.TS Crisis Intervention - Remote (Student)
- T1027.S Psychoeducational Group (Student)
- 90791.S Behavioral Health Diagnostic Evaluation (Student)
- 96130.S Psychological Assessment (Student)

Community Outreach Units:

- H0025.01O Outreach and Awareness Presentation (Single Presenter)
- H0025.02O Outreach and Awareness Presentation (Multiple Presenters)
- H2011.02O Community Outreach



Units Added/Deleted

The following units from the 2020-2023 Schedule B were **retired** because they were not being utilized by agencies, as most of these services can be provided under other units:

- Case Management Administrative Support Services (T1016.05)
- Day Treatment for Substance Use (H0035)
- Respite for Medically Fragile Children (T1005.03 and T1005.03I)
- Multisystemic Therapy (EBP-MST) (H2033)

The following units were **added**:

- Trauma Specific Behavioral Health Diagnostic Evaluation (90791.2)
- Therapeutic Preschool T1018P
- Psychological Assessment (Masters Level) (96130.1)
- Nurse Office Visit for Psychiatric Care (99211)
- Occupational Therapy: Evaluation (97165)
- Occupational Therapy: Re-Evaluation (97168)
- Occupational Therapy: Sensory Integration (97533)
- Occupational Therapy: Self Care (97535)
- Occupational Therapy: Therapeutic exercises (97110)
- Occupational Therapy: Neuromuscular reeducation (97112)
- Occupational Therapy: OT Therapeutic Activities Individual (97530)



Units Changed – Coding/Name Changes

The following units from the 2020-2023 Schedule B were **changed** to align with current CPT code conventions:

- 96103 Psychological Assessment has been changed to 96130
- 96102 Psychological Testing by Technician has been changed to 96138

The following CPT codes had their **names changed** to better reflect the minimum qualifications:

- T1016.01 Case Management (Bachelor Level) was renamed Case Management
- T1016.02 Case Management (Mental Health Professional) was renamed Case Management (Advanced Degree)
- T1016.03 Case Management (Forensic Master Level) was renamed Case Management (Forensic)



Units Changed – In-Home and Office

The Home and Community based units have been renamed **In-Home** and updated to reflect services conducted only in a client's home or residence. This applies to standard and student units.

The Office based units had the (Office) **removed from their name** as these units should be used for services delivered in any setting, including telehealth using the (T) CPT code, except for In-Home.

- 90832.01, 90834.01 & 90837.01 Individual Therapeutic Counseling (Home and Community) was renamed Individual Therapeutic Counseling (In-Home)
- 90847.01 Family Therapeutic Counseling (Home and Community) was renamed Family Therapeutic Counseling (In-Home)
- 90832.01, 90834.01 & 90837.01 Individual Therapeutic Counseling (Office) was renamed Individual Therapeutic Counseling
- 90847.01 Family Therapeutic Counseling (Office) was renamed Family Therapeutic Counseling



Units Changed – In-Home and Office (cont.)

The Non-Therapeutic Counseling Home and Community units have been **removed** and the Non-Therapeutic Counseling (Office) units have been **named** so that these services can use the same unit regardless of the place of service.

- 99402, 99403, 99404 Non-Therapeutic Counseling (Office) was renamed Non-Therapeutic Counseling
- 99402.01, 99403.01, 99404.01 Non-Therapeutic Counseling (Home and Community) were removed

90471 Outpatient Substance Use Treatment: Medication Administration

- This unit has been **renamed** Medication Administration: Outpatient Substance Use Treatment or Long Acting Behavioral Health Medication to reflect additional medications that can be administered using this unit
- Minimum **qualifications changed** to allow Licensed Nurse Practitioners (LPN) to provide the service where appropriate



Units Changed – Respite and Forensic Interview

The 7-hour daily cap on respite hours has been raised to 10 hours.

The following respite day units have been **removed**:

- T1005 Respite Day (Acute Individual)
 - T1005.10 Respite Day (Non-Acute Group)
 - T1005.10I Respite Day (Non-Acute Individual)
 - T1005.11 Respite Day (Acute Group)
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- Minimum qualifications for Forensic Interview (96101)
 - Bachelor's Degree and at least five years of experience in a child protection field, with formal training certification in forensic interviewing.



Conclusion

- PCG believes these researched rates will carry CSF and its funded agencies through the 2023-2026 rate cycle
- The new units and expanded activities included in the new Schedule B reflect best practices for behavioral health services for children, youth and their families
- Current providers provided a great deal of input to revised activities and rates through the survey, the town hall presentation, and individual interviews
- PCG would like to thank the agencies for their cooperation during this unit and rate review
- PCG would like to thank the board for its commitment to providing quality services to the children and families served by these units





Solutions that Matter