

Senate Bill 316 (Eggman)

Same Day Visit: Behavioral Health Access

February 26, 2021



OVERVIEW

Today, 1,366 community health centers (CHCs) provide high-quality, comprehensive care to 7.4 million people in California – that is 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 behavioral 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 receives the 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

The COVID-19 pandemic has negatively affected many people's mental health. According to a report by the Kaiser Family Foundation, during the pandemic, about [4 in 10](#) adults in the U.S. have reported symptoms of anxiety or depressive disorder, a share that has been largely consistent, up from [one in ten](#) adults who reported these symptoms from January to June 2019.

Unfortunately for people of color, the pandemic has had a more adverse impact on them and their mental health. According to the California Health Care Foundation, roughly 4 in 10 Black, Latino, or mixed-race individuals report symptoms of anxiety or depression at above-average rates. This is propelled by the fact that we continue to battle societal injustices and related inequities in access to overall healthcare services, including behavioral health. This bill would help address

this problem by making it easier for patients to access behavioral health services on the same day as a primary care visit.

In California, if a patient receives treatment through Medi-Cal at a CHC from both a medical provider and a mental health specialist on the same day, the State will only reimburse the center for one "visit," meaning both providers cannot be adequately reimbursed for their time and expertise. A patient must seek mental health treatment on a subsequent day for that treatment to be reimbursed as a second "visit."

Notably, this barrier does not exist for similar health services. California currently allows CHCs 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 CHCs 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.

THE SOLUTION

Senate Bill 316 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 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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Community Health Center Background

- Today, more than 1,370 community health centers serve the state of California, and provide comprehensive, high quality care to 7.4 million people – or 1 in 5 Californians.
- Community health centers provide the full spectrum of care, from primary care to dental to behavioral health care and a variety of enabling and wraparound services.
- In many rural communities throughout California, community health centers serve as the only source of medical and wellness care for middle and working-class families in the region.

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 cannot be adequately reimbursed for their time and expertise. A patient must seek mental health treatment on a subsequent day 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 316

- The Federal Medicare program and most 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 316 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.