

Community health centers, also known as Federally Qualified Health Centers or FQHCs, provide high quality, affordable primary and preventive health care to millions of uninsured and medically underserved people, regardless of their insurance status or ability to pay. Today there are almost 1,400 health centers with over 10,000 sites, serving over 27 million patients nationwide. **Since 2010, health center patient visits for behavioral health services, including mental health and substance use disorder services have grown by 83 percent**, outpacing the growth of medical visits and total visits overall, with providers seeing nearly 10 million patient visits for these services in 2016.¹ Health centers have long been at the forefront of treating behavioral health in America because they are:

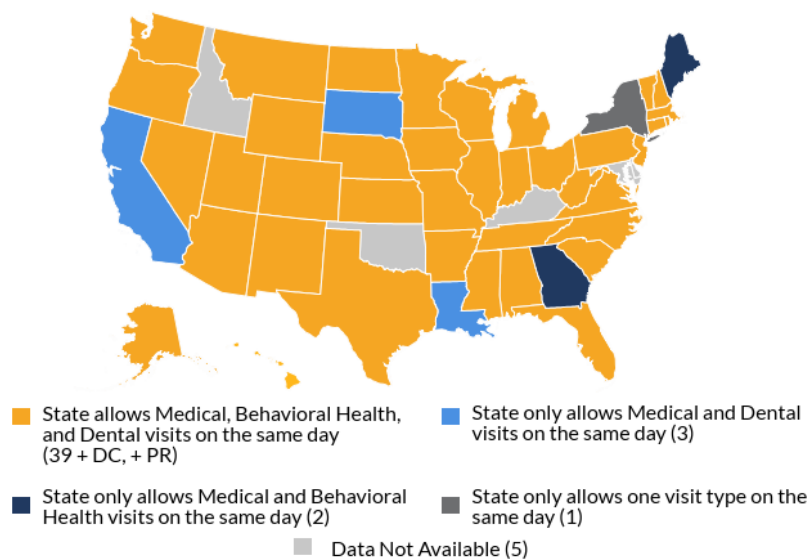
- **Accessible** – helping patients overcome barriers to care, including cost, transportation, and language;
- **Community-Based** – delivering culturally competent care in rural and urban communities;
- **Comprehensive** – offering a full range of medical, dental, and behavioral health services to help treat addiction as well as underlying pain or illness.

However, health centers face several barriers that limit their ability to provide the most comprehensive care to their patients.

Amending Federal and State Law to Adopt Same-Day Billable Visits

Allowing health centers to bill Medicaid for two different types of visits on the same day is the foundation for integrated care. Medicaid covers almost half of all health center patients, and Medicaid is the single largest payer for mental health in the United States.² Today, only 32 states and DC have amended their laws to enable Medicaid beneficiaries to receive multiple services in one day, rather than having to travel to multiple encounters.³ Additional uptake of same-day billing policies at the federal or state level would expand health centers' ability to serve patients in an integrated way.

Services Included in Same Day Billing




¹ Bureau of Primary Health Care, HRSA, DHHS. 2016 Uniform Data System.

² Medicaid and Chip Payment and Access Commission. 2015. Behavioral health in the Medicaid program—People use, and expenditure. In *June 2015 report to Congress on Medicaid and CHIP*, 89.

³ National Association of Community Health Center (NACHC). 2017 Primary Care Association (PCA) Policy Assessment.


Expanding the list of Billable Behavioral Health Providers under Medicare and Medicaid

Both Medicare and Medicaid set the minimum list of providers that can generate a reimbursable encounter under the FQHC payment system. Federal law requires Medicare and State Medicaid agencies to reimburse FQHC and Rural Health Clinics (RHCs) for behavioral health services provided by physicians, physician assistants, nurse practitioners, clinical psychologists, and clinical social workers practicing within their scope of practice.



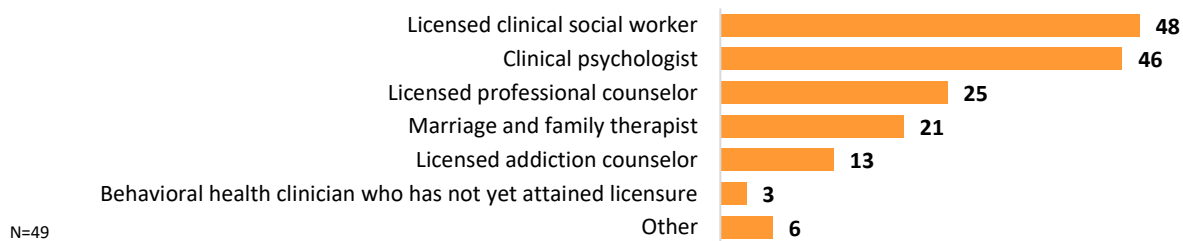
State in Focus: North Carolina
 The state allows for three billable visits: one medical, one behavioral health, and one subsequent injury or illness, different from the initial visit.
 Source: NACHC's 2017 Primary Care Association (PCA) Policy Assessment

State and federal policymakers can elect to add to the list of providers eligible for reimbursement. Legislative proposals to add FQHC providers such as Marriage and Family Therapists, Licensed Addiction Counselors, and Mental Health Counselors to the list of Medicare and Medicaid-covered providers could help health centers expand access to mental and behavioral health care.



State in Focus: Connecticut
 In 2015, Connecticut formally recognized licensed professional counselors and alcohol and drug counselors as billable FQHC providers.
 Source: NACHC's 2017 Primary Care Association (PCA) Policy Assessment

Number of States that Have Extended Behavioral Health Providers Covered under a PPS/APM Encounter



Source: NACHC's 2017 Primary Care Association (PCA) Policy Assessment *Data from ME & WY came from NACHC's 2016 Primary Care Association (PCA) Policy Assessment

Expanding Telehealth to Improve Behavioral Health Access

Health centers have increasingly recognized the potential for telehealth, in its various forms, to address service and access gaps resulting from mental health provider shortages. **In 2016, 57 percent of health centers across the nation had either begun using telehealth, were in the process of implementing a telehealth program, or were actively exploring its feasibility.**⁴ Although states have been increasingly active in the legislative and regulatory setting, inadequate reimbursement for utilizing telehealth modalities and inconsistencies across state policy continue to persist as barriers.

The Health Center Request:

Federal and State policymakers can better support health centers' ability to fully integrate behavioral health services into primary care settings. Three key strategies include:

- Improving reimbursement for multiple visits in the same day,
- Expanding the list of billable behavioral health providers,
- Robust investments in telehealth, including tele psychiatry.

For more information, please contact federalaffairs@nachc.org.
 Visit www.nachc.org/policy-matters/federal-issues/.