



## 3 Ways to Increase Revenue in Behavioral Health

Most Behavioral Health agencies are challenged to generate enough revenue to meet service targets. In this short paper, we've summarized 3 revenue initiatives recently recommended by various experts and conferences.

AT A GLANCE:

- Attract *more* of the *right* clients
- Fix billing and RCM
- Expand use of tele-health

1. ATTRACT MORE OF THE RIGHT CLIENTS FOR YOUR AGENCY

Currently, there is more demand for Behavioral Health services than supply. The challenge: how to get the right kind of demand (clients) to your agency.

To ensure a sustainable business, Behavioral Health organizations must have an effective plan to attract clients who match the type and quality of care provided. The first step is to clearly define which patients are the targets. Once determined, outreach efforts should focus on only those targets (this doesn't necessarily mean turning away walk-in's, referrals, etc., but it does mean being very focused in all agency messaging). The agency website is particularly key in how the organization is perceived by potential clients. And it is a positive way to use technology to attract the right clients and reinforce your value with existing clients.

Experts suggest that organizations create a website rich with content and information, but most importantly, one that is user friendly and easily understood by all demographics. Using basic terms and incorporating graphics and pictures of the work done within your agency will go a long way, suggested Dan Gemp, president and CEO of Dreamscape Marketing, during the Treatment Center Investment & Valuation Retreat in Scottsdale, AZ.[1]

"Write a ton of content that answers people's questions at an eighth-grade level. Don't use fancy words and doctors' language. It's quantity and quality – you need a lot of really good content on your website," recommends Gemp.

Regardless of the targeted patients, an essential element for success starts in the office. Treat clients, potential clients and families as people--so that they feel valued and want to return. Consider measuring customer (client) satisfaction so you know where you stand. Clients are much more likely to return for care and refer your agency to others when they feel cared for and satisfied with the care received.

High demand, tight budgets and insufficient staff often leads to using technology to manage inbound calls and scheduling. When doing so, it is imperative to recognize that voicemail systems and call centers can stand in the way of creating an engaging experience. This means that additional efforts are needed to connect and engage with clients. For example, always have a friendly, trained person available when someone asks for the "operator" or "an agent."

<sup>1</sup> Miller, Julie, "[4 Ways to Make Money in Behavioral Health](#)," Behavioral Healthcare Magazine, December 16, 2015

## 2. FIX BILLING AND REVENUE CYCLE MANAGEMENT INFRASTRUCTURE

Changes in reimbursement are not only affecting patients' ability to seek treatment but also providers' ability to provide services. Behavioral Health agencies are all too aware of the tendency of commercial insurers, including some operating managed Medicaid programs, to delay reimbursement and, in some cases, ignore provider concerns entirely. Even without these issues, billing claims are increasingly complex which can easily drive up denials and rejected claims. So an important initiative is to eliminate insufficient payment from insurers and establish a system to maintain consistent income.

As an initial step, agencies must ensure clean claims are filed when first submitted. Any claim that requires manual processing or additional adjudication by the insurer is less likely to get paid properly, so it is essential for the claim to include all necessary information upon receipt. Secondly, claims that are denied must be followed up quickly. If there is a pattern of denials, it often pays to schedule a call or meeting with the payer to review them. A focus on clean claims and rapid response to denials will also lead to more efficient billing processes. However, if this isn't possible, an agency should look at outsourcing the billing.

For those organizations seeking private equity or merger partners, it is essential to have good billing and to track financial metrics. Private equity investors are not interested in providers with questionable or unreliable billing practices; they won't be considered for deals. The current demand for Behavioral Health services in underserved markets, combined with increased service reimbursements, makes it prime time for Behavioral Organizations seeking private equity investors, and data can make the difference between moving forward on a deal.<sup>[2]</sup>

In a recent article, Becker's Healthcare described "[4 tips to reduce billing errors for behavioral health services.](#)" They include:

- Avoid documentation errors when claims are missing progress notes, physician orders or do not include a plan for long-term care that outlines specific services. "Specific documentation should include time sheets, encounter notes, time and place of service and evidence that a professionally led care team that included the patient and their family developed the plan," according to CMS.
- Avoid errors involving the number of units billed and use proper codes based on the time spent on therapy. For example, if a single treatment lasted 15 minutes, do not use a 1-hour code to bill the treatment.
- Prevent policy violations when healthcare providers fail to record progress notes in a timely manner or bill for services that Medicaid does not cover. These errors also occur when providers bill for services that require prior authorization without first receiving authorization. To avoid policy violations, it is vital providers "understand what services are covered through the state Medicaid plan, waivers and demonstration projects before providing those services to Medicaid beneficiaries," according to CMS.
- Implement a voluntary compliance program and seek state and federal educational opportunities on proper billing practices to reduce billing errors.

<sup>2</sup> Mahler, Kelsey, "[New Research: Three Trends Increasing Outpatient Behavioral Health Utilization.](#)" *The Advisory Board Company*, June 15, 2015

Agencies who are challenged to find sufficient staff or who don't have enough management time to focus on these issues are urged to look at outsourcing their billing. This is a very common practice across most healthcare specialties and one that is rapidly gaining momentum in Behavioral Health.

### 3. AGGRESSIVELY EXPAND USE OF TELEHEALTH

An increasingly popular way to increase access to Behavioral Health care is telehealth. Technology is rapidly evolving and as more organizations adopt this trend, agencies and clinicians must become comfortable with it and embrace it.

Telehealth programs report widespread patient acceptance of technologies like videoconferencing. They also find that telehealth offers added comfort to patients who otherwise might be fearful and resistant to meet face-to-face in a clinic.[3]

Telehealth within the Behavioral Health field (also known as Telebehavioral health) may be one of the more successful technologies across the spectrum of clinical services, as outcomes and patient acceptance for Telebehavioral health are comparable to in-person visits, according to recent studies.

Behavioral Health providers have found these approaches successful to incorporate telehealth technology into care delivery:

1. **Consultation:** a non-behavioral care provider uses telehealth to conduct distance-based consultation with a Behavioral Health specialist to discuss handling a patient's mental health needs
2. **Encounter:** patient participates in a videoconference session with a Behavioral Health specialist

Organizations serving large geographic areas that need to overcome distance and transportation challenges should be the first to find telehealth beneficial as another avenue to provide consultations and patient encounters.

The preferred care delivery model for patients with mental health disorders is shifting. Behavioral health services have historically been centered on inpatient and face-to-face outpatient care. The recent emphasis on expanding services while also reducing costs has led payers to support treatment delivered in lower-cost outpatient sites and, increasingly, via Telebehavioral health.

<sup>3</sup> ["Increasing Access to Behavioral Health Care through Technology \[PDF\]," U.S. Department of Health and Human Services \(HHS\), Health Resources and Services Administration \(HRSA\), February 2013](#)