Tele-Behavioral Health: Improving Access, Engagement, and Outcomes

October 15, 2025

Webinar support: Welcome to the Behavioral Health Substance Use Disorder Integration Technical Assistance webinar, Tele-behavioral Health Improving Access, Engagement, and Outcomes. This webinar is supported by the Bureau of Primary Health Care of the Health Resources and Services Administration. Participants have entered in a listen-only mode. Submit questions by using the questions and answer feature. To open the Q&A, click the Q&A icon at the bottom of your Zoom window. Questions will be submitted to the presenter and technical assistance support staff. You are welcome to submit questions at any time, and we've reserved time for Q&A at the end of the presentation.

We will also have a few polls throughout the presentation with an option to raise your hand to provide context to your responses. If you experience any technical issues during the event, please message us through the chat feature or email bphc-ta@bizzellus.com. This event is being recorded, and the slides, recording, and transcript will be available on the TA portal following the webinar. We're excited to share that we have more continuing education opportunities coming up for you. Please register for new fall events, and we'll add these links into the events chat so you can take a closer look.

I am pleased to introduce you to today's presenter. Laura Ross is a technical expert lead for JBS International, Inc., and a senior clinician and executive leader in behavioral health for over 25 years. She has directed state and federal grants using evidence-based and person-directed practices to provide telehealth in in-person behavioral health and medical care settings. She currently consults for organizations of all sizes, providing training and technical assistance on rural behavioral telehealth integration and primary care and behavioral health integration. It is now my pleasure to turn the webinar over to Laura. Laura, please go ahead.

Laura Ross: Thank you, Kayla. Welcome, and good afternoon or good morning, as the case may be for some of you. As Kayla said, my name is Laura Ross, and I'm excited to present today's webinar on tele-behavioral health. We'll begin our presentation today by establishing a collective understanding of what we mean when we refer to tele-behavioral health. Then we'll move to its applications, discuss strategies for implementation, and note considerations for both implementation and service delivery. Finally, we'll review best practices for tele-behavioral health service delivery. Next slide, please.

Our objectives today are to define tele-behavioral health and describe how it integrates into the health center model of care, identify benefits, limitations, and operational considerations of tele-behavioral health within health centers and similar settings, implement best practices to protect patient privacy, increase engagement, and deliver high-quality care through virtual platforms. We'll describe the importance of aligning medical care with behavioral health care

and community-based supportive services to improve care coordination and to apply strategies to reduce access barriers for tele-behavioral health use. Next slide, please.

All right. Let's pause for a quick poll to hear from you, our attendees. Because your input helps us tailor the rest of the session, we'll launch a polling question on your screen now. It should have maybe just popped up or be popping up. The question is, how would you characterize your health center or primary care association's status regarding tele-behavioral health? You'll see a few options to choose from, and we'll give everyone about 30 seconds to respond. Take your time. If you don't see the poll, try maybe minimizing any open windows or maybe check your Zoom toolbar. I'm interested to see how this group is engaged with tele-behavioral health.

Laura Ross: We should be approaching our 30 seconds. Great. Thank you for sharing. Let's take a quick look at the results. Wow, it looks like many of you are already implementing tele-behavioral health in some form, which is fantastic. 65% of you, to be exact. About 19% are piloting or have partially implemented tele-behavioral health. Excellent. Thank you so much. We're going to go a little bit deeper in this on the next slide. We'll go ahead and move to the next slide, please.

This is our second polling question, and it was designed to gain a deeper understanding of some of the variants we saw in that first poll. The question is, what is the greatest challenge your health center faces in delivering tele-behavioral health services? Again, you'll see there are several response options there. Again, you'll have about 30 seconds to respond. If you don't see the response option that represents your challenge, please feel free to share it with us by typing it into the chat or the Q&A. I'm curious about the distribution of these challenges. All right. Looks like we have most responses. Thank you for sharing. Let's take a look.

It looks like the biggest challenge, it's close. Reimbursement and billing complexities had the most responses with 37%. 33% of you indicated that technology and internet access for patients is a challenge. That's a predominance then. Then it looks like also, some staffing and provider availability is a challenge. I'm curious, before we leave this slide, would anyone like to share how they maybe have overcome some of the challenges listed here? For those of you that are already fully implemented at your health center, one of the best resources that we have is each other. I'm inviting you to please go ahead and raise your hand, and there will be-- Kayla can open your line, and then if you'll unmute, I'd love to hear.

Webinar support: Our first comment comes from Kevin.

Laura Ross: Hi, Kevin. Go ahead and unmute and I'd love to hear what you have to say.

Kevin: Oh, I didn't know I was going to be talking, but I'm happy to. For behavior health appointments, we ask people to come face-to-face because sometimes asking folks to present through telehealth initially can sometimes make it hard to get consents and there's paperwork.

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It seems like a barrier for us, a barrier for the client sometimes. I wonder if it discourages some people from participating because they have to show up face-to-face first.

Laura Ross: I'll ask if anybody or yourselves, if you have found any strategies to address that hesitance or that reservation about coming in for an in-person visit first.

Webinar support: If you have a comment, please use that raise hand feature within your Zoom toolbar.

Laura Ross: All right. I'm not hearing any. We'll go ahead and move on to our next slide, and hopefully, we can strategize and maybe share some strategies throughout the course of the presentation or later during the question-answer period to address some of your challenges. Let's begin with our foundational definition.

According to the Health Resources and Services Administration, or HRSA, tele-behavioral health is defined as the use of electronic information and telecommunication technologies to support long-distance clinical healthcare, patient and professional health-related education, health administration, and public health. This definition highlights that tele-behavioral health is more than just virtual doctor visits.

It includes a wide range of services from clinical care to education, administration, and even public health initiatives. HRSA also houses the Office for the Advancement of Telehealth, or OAT. Their mission is to improve access to care by supporting the integration of tele-behavioral health services across the healthcare system. This includes funding programs, supporting innovations, and helping health centers expand their tele-behavioral health capabilities. Next slide, please.

Tele-behavioral health is not just a technological advancement. It's a strategic solution to some of the most pressing challenges we face, provider shortages, geographic barriers, and the growing demand for mental health services. By integrating these tools into our care models, we can extend our reach, improve outcomes, and align medical, behavioral health, and community-based supportive services to improve care coordination. Let's walk through the core services that tele-behavioral health platforms support.

Therapy. Whether it's individual, group, or text-based, virtual therapy options allow patients to engage in care in ways that suit their schedules and their comfort levels. Remote access for addiction treatment helps maintain continuity of care, particularly for patients in recovery who benefit from frequent check-ins and structured guidance. Tele-behavioral health also enables prescribers to evaluate patients and prescribe securely, which reduces delays in treatment and improves medication adherence.

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Regarding mental health screening, the availability of digital screening tools in our EMRs allows for early identification of behavioral health needs, helping us intervene either before conditions escalate and also helps us track treatment progress throughout an episode of care.

Symptom monitoring. Monitoring symptoms of conditions such as anxiety and depression through digital tools supports data-driven decision-making and informs patient plan-of-care adjustments. We find that tele-behavioral health platforms often streamline both internal and external referral processes to ensure patients are connected to referrals and appropriate specialists in a timely manner. In each of these service modalities, tele-behavioral health affords us an opportunity to meet patients where they are, reduce stigma, and improve access for patients with transportation and/or mobility challenges.

Organizationally, the adoption of tele-behavioral health aligns with key priorities, improving health outcomes, improving access, and building sustainability. It also supports priorities around behavioral health integration and value-based care models. Investing in these technologies is not just about innovation. It's about access, improving outcomes, sustainability, and importantly, meeting our communities where they are at. Next slide, please.

Let's take a closer look at how tele-behavioral health is being applied in health center settings and the value it brings to both patients and providers. First, tele-behavioral health enhances access to multi-specialty care. This is especially critical in our health centers, where patients often face barriers to seeing specialists. Through virtual platforms, we can connect individuals to telehealth services, not only to behavioral health providers, but also to other integrated services without the need for travel or long wait times.

Second, we're seeing the benefits of both synchronous and asynchronous care models. Synchronous care, live video or phone sessions, supports real-time engagement, while asynchronous tools like secure messaging and digital assessments allow patients to interact with providers on their own schedules.

Third, tele-behavioral health contributes to increased continuity of care. Patients are more likely to stay engaged when care is accessible and convenient. We find that missed appointments decrease, follow-ups are easier to schedule, and providers can maintain therapeutic relationships over time and even across large distances.

Finally, one of the most impactful outcomes is the referral and enrollment process. Tele-behavioral health platforms streamline communication between departments internally, allowing warm handoffs and behavioral health referrals to be made and accepted quickly. External referrals are completed more efficiently, reducing delays in care transitions. These benefits aren't just theoretical. They're being realized in real time in many of the health centers that are represented here on this call and in health centers across the nation. As we continue to

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refine our tele-behavioral health strategies, we're not only improving access, we're strengthening the entire care continuum. Next slide, please.

Tele-behavioral health has opened new pathways for delivering behavioral health services in ways that are both flexible and patient-directed. Individual therapy is one of the most common applications. Patients can meet with clinicians from the privacy of their own homes, reducing barriers like transportation and scheduling conflicts. Group therapy is also increasingly offered via tele-behavioral health. Virtual groups allow participants to connect with others who share similar experiences, fostering both community and peer support.

When it comes to substance use treatment, tele-behavioral health plays a critical role. It increases initial engagement in services and ongoing retention and treatment, which is an essential element in maintaining recovery. Next slide, please.

Additional benefits of tele-behavioral health. Additionally, tele-behavioral health breaks down geographic and logistical barriers, allowing patients to connect with behavioral health providers regardless of their location, which is especially impactful, as we mentioned, for rural communities and individuals with limited mobility or transportation. Tele-behavioral health keeps primary care providers at the helm of the care team, affording them the opportunity to monitor patient progress and inform interventions and future care plans.

Finally, tele-behavioral health platforms streamline communication and coordination between internal teams and external referrals with community partners. Faster referrals, better follow-up, and integrated care planning contribute toward improving patient health, patient health outcomes, patient satisfaction, and continuity of care. These benefits make tele-behavioral health a powerful tool for expanding and enhancing behavioral health services in our health centers. Next slide, please.

While tele-behavioral health affords health centers many benefits, it's important to recognize and address its limitations and discuss considerations to ensure safe and effective delivery of patient care. Privacy laws and policy guidance must be strictly followed. Platforms used for tele-behavioral health must comply with HIPAA, 42 CFR, and all other federal and state regulations that apply. Health centers must stay apprised of evolving policy guidance to ensure secure data handling and patient confidentiality.

Keep in mind that electronic systems may not be available during some emergencies, and contingency plans for patient care and patient and provider communication must be in place in the event of a power outage. Also, recognize that establishing patient and provider relationships and building trust and engagement can be more challenging in a virtual setting. Building rapport virtually requires a unique set of communication strategies. All providers, clinicians, and patient-facing staff would benefit from reviewing virtual patient care best practices.

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Finally, not all patients or all conditions are appropriate for tele-behavioral health. We must assess for clinical suitability, ensure access to emergency protocols, and be mindful of limitations in remote patient care. By proactively addressing these areas, we can strengthen the quality and safety of tele-behavioral health services throughout our health centers. Next slide, please.

Getting started. Getting started with tele-behavioral health requires thoughtful planning and coordination across all health center disciplines. If you are offering tele-behavioral health or planning to offer or enhance tele-behavioral health, consider first beginning by developing a strategic plan. The plan should outline your goals, the patient groups you will serve, the scope of services, staffing needs, and how tele-behavioral health will integrate with existing clinical and administrative workflows.

Research billing and reimbursement. This is critical [chuckles] to following federal and state billing and reimbursement guidelines, pair policies, and documentation requirements to support reimbursement and sustainability.

Next, prepare your staff and patients. This is essential. Train providers on virtual care best practices. Ensure patients are informed about how to access virtual services, what to expect, how their privacy is protected, and who and how to request support and troubleshooting as the needs arise. For some of you, a virtual platform may already be integrated into your EMR. If it isn't, select a platform that's HIPAA compliant, is user-friendly, and is compatible with your EMR and your existing health center workflows.

Finally, incorporate evaluation measures from the start. Track utilization, patient outcomes, provider and patient satisfaction, and operational metrics so that you can continuously improve your program, and importantly, demonstrate impact. Next slide, please.

A strategic plan is the foundation for a successful tele-behavioral health program. It starts with building an implementation team with cross-functional expertise. In building your team, include representation from clinical, administrative, IT, and compliance departments, as well as stakeholders. As appropriate, research vendors and platforms to find one that meets your clinical needs and integrates with your systems and complies with privacy regulations.

Next, establish clear program goals. These are going to identify which behavioral services you'll offer and to whom, and how you will measure the success. It is helpful to select a patient group or a patient condition to serve as a pilot, and then ensure that your services are tailored and accessible. Then, create an implementation timeline with realistic milestones to guide your pilot or your rollout. Develop policies, workflows, and procedures that support consistent, compliant care delivery.

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Develop and implement a strong marketing strategy. This informs patients and engages patients and community partners, continuing to provide ongoing training for staff and clinicians so they are confident and prepared. Ultimately, finally, utilize your quality assurance and quality improvement measures to monitor your program performance and continuously refine your tele-behavioral health services. Now, let's gear up for our final poll. Next slide, please.

Sustainability is top of mind for all of us, and delivering tele-behavioral health services enhances patient care, and it must be sustainable to remain effective. This polling question is about billing and regulatory requirements. The question is, how confident are you in understanding the telehealth system? What related billing and regulatory requirements for health centers? Just like before, we'll give you 30 seconds to respond, so take your time.

If you don't see the response option that represents your confidence and understanding, please feel free to share it by either typing it in the chat or the Q&A, and we'll get those responses. It looks like we have most responses here. Thank you for sharing. All right, let's look at these results.

It looks like most of you selected somewhat confident, which is great. I would invite you, because this is a mutual sharing opportunity, to share in the Q&A what resources you use that has helped bolster that confidence for 64% of you. For those of you who the second most populous answer was not confident, and that represents 25% of you. For that 25%, I'm curious if you might add to the Q&A what resources might increase your confidence. I'll give you a moment to add either what has helped your confidence, what resources you have used, or what resources might be most helpful for you and your team.

Excellent. I appreciate your taking the time to do that. Keep in mind that this billing and understanding billing and regulatory requirements may be a topic that you choose to reach out to your state's PCA for guidance. All right, let's go ahead and move on. Next slide, please.

Let's get into the billing and telehealth. As we know, successful billing requires meticulous attention to coding, documentation, compliance, and continuous education. Federal and state policies and regulations define what services can be billed, who can provide them, and under what conditions. Staying current is essential. Make sure your implementation team includes experts that are familiar with payer and funder guidelines, as these often vary in coverage, in documentation requirements, and also in service limitations. If you haven't already, research and add the appropriate CPT and HCPCS codes to your EMR so that you can support accurate billing and reporting.

Educate those who document in the medical record on documentation requirements so that you can prevent claims denials and ensure timely reimbursement. You'll want to establish a schedule for conducting regular and frequent checks for billing and payment updates. Have a process in place to monitor and respond to updates so that your billing practices will stay

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current, aligned, and effective. Adhering to these billing practices and strategies not only supports effective reimbursement but also the long-term sustainability of tele-behavioral health services. Next slide, please.

All right. Let's talk about what it really takes to get everyone, staff and patients, ready for tele-behavioral health. First, education and training. It is important to make sure all staff, clinical, support, and administrative, understand the why behind tele-behavioral health. That means introducing all staff to the benefits, such as better access, fewer no-shows, and offering continuity of care. Include how each staff role will experience tele-behavioral health, the structure, the workflows, the policies, and procedures.

For clinical staff, train beyond the basics. Provide them an initial training and regular refresher trainings on things like clinical care in a virtual setting, emergency planning, documentation, and navigating scheduling and telehealth platform tools.

Next, prepare patients and families. This will help them understand how tele-behavioral health works and why it's valuable. Provide onsite training and offer multiple practice sessions for patients so that they feel confident logging in and engaging in the virtual care you're offering.

Finally, market your tele-behavioral health in all of your communications, in your EMR campaigns, on your website, in newsletters, posters in the exam rooms and lobby, brochures, and in community partner meetings that you attend. The more visible and familiar it becomes, the more likely people are to use it. Next slide, please.

Evaluation. No service is complete without ensuring that quality and compliance are part of the conversation from day one. This means involving your compliance team in every stage from planning to implementation to ensure you're aligned with regulations, privacy standards, and documentation requirements.

Incorporate a quality improvement tool like a Plan-Do-Study-Act or PDSA. It's a simple but powerful way to test the changes, learn from them, and keep improving your program over time. Think of it as a built-in feedback loop. Speaking of feedback, make a point of asking for feedback from your patients and your clinicians. Their experiences, both anecdotal and from formal survey responses, are gold. Ask them what's working, what could be better, what's frustrating. These regular check-ins, as well as surveys, formal and informal, and informal conversations, will inform process and workflow refinements, keeping your services responsive and patient-directed. Next slide, please. Let's look at some tele-behavioral health best practices. I'd like to highlight a set of best practices that can guide successful implementation and sustainability. Number one, security is foundational. Research and implement robust security measures such as encrypted platforms, secure data storage, and strong access controls, and include contingency plans for when technology isn't available. You want to be prepared to respond in unexpected circumstances and to feel confident that sensitive information is

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protected and that, of course, patient care isn't disrupted. Ensure that security practices and protocols adhere to state and federal laws, payer regulations, and any applicable accreditation standards.

Number two, select outcome measures that are representative of your patients' and your community's needs. Perhaps a specific condition, for example, depression, anxiety, or substance use disorder, and then establish clear outcome measures. These measures will help you track progress, demonstrate impact, and continuously improve patient care. Quality improvement tools like the PDSA offer a simple framework that helps you test challenges, learn from them, and revise them as you grow.

I'm curious to open the lines for just a moment and hear from those, I think it was about 65% of you, who have implemented tele-behavioral health, what some of your outcome measures are? What are some of the things that you measure so that you know if your tele-behavioral health program is working and if it's working well? How you might go about improving it over time? I'll request that Kayla go ahead and look for raised hands, and I, while looking for volunteers, to share with us what some of the outcome measures are that you utilize at your health center.

Laura Ross: Absolutely. To make a comment, just use the raised hand feature within the Zoom platform.

[pause 00:32:33]

Laura Ross: Outcome measures are certainly key in documenting progress and documenting success. I'm curious to hear what you're using. How are you tracking? This is maybe for the compliance folks out there.

Laura Ross: We have our first comment from Joe.

Kayla: Joe, feel free to go ahead and unmute yourself, and let's hear.

Joe: It doesn't apply to me specifically in my role. I'm no longer in behavioral health in that setting. You mentioned it previously in your presentation here, but missed appointments. It was data that we were tracking at the mental health center that I was at. Comparing our in-person visits, our telehealth visits, just missed appointments was one.

Laura Ross: Thank you for sharing that. Yes, absolutely. Missed appointments is probably one of the top concerns for health centers, right? No services is no reimbursement. That is definitely a lost opportunity. What I'm hearing from Joe is that at the health center you were at, you experienced a decrease in missed appointments by offering tele-behavioral health at the center.

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I think at the beginning of COVID, the health center I was working at experienced that too. That was one of the benefits of continuing. Once the return to in-person services happened, that we saw a significant decrease in missed appointments and patients presenting late for their appointments as a result of the virtual accessibility. Thank you. Others?

[pause 00:34:46]

Laura Ross: Let me ask another question. Those who have begun tele-behavioral health already, and it's up and running, and it's a part of your regular and routine process, did you start with a small pilot? If so, where did you start? With folks with a particular behavioral diagnosis, like depression or anxiety, how did you start?

I think this will be helpful for our colleagues on the line who are struggling with some of the aspects of starting. Excellent. I'll welcome you to put some of those in the chat.

In my experience in working with health centers across the nation and in the territories, beginning with a specific condition such as depression or anxiety is particularly helpful in as much as many times depression and anxiety are comorbid with some of our more common medical diagnoses and chronic health conditions that health centers treat, diabetes, hypertension, heart disease, et cetera. Excellent. All right. We'll move on to our next slide, please.

Number three. Another best practice is establishing protocols for screenings and referrals by developing standardized protocols for regular screening of behavioral health and chronic medical conditions. Pair this with clear clinical pathways and a well-maintained directory of referral resources and ensure timely access to both internal and external specialty services.

For those of us that have rolled out tele-behavioral health, we know that clinical pathways take the guessing work out of the care team's hands. They know under what circumstances to refer to whom and how to do that. A clear clinical pathway enhances much more than tele-behavioral health. It really enhances the care coordination among your care team. Let's look at number four.

Ensure comprehensive tele-behavioral health coverage by embedding tele-behavioral health into your organizational policies and procedures. These should be reviewed and updated regularly to reflect evolving needs and technologies.

Number five. Invest in initial education and ongoing training for both providers and patients. Regular refresher trainings are going to reinforce provider skills and keep all of the team members aligned with best practices.

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Finally, number six. Start small and expand strategically. If you didn't start small, you'll probably appreciate [chuckles] this sentiment. Begin with a focused pilot or a limited rollout and use your early learnings to refine your approach before scaling. This allows for a manageable growth and for stronger long-term outcomes. By following these best practices, we can build a more robust team and responsive, sustainable behavioral health infrastructure.

As we look at concluding the presentation portion of today's webinar, I'd like to express myself, having worked in health centers and in behavioral health for many years heartfelt gratitude for your commitment to serving all of our nation's communities and for the work that you do every single day. All right. Let's move now into the Q&A portion of our webinar. We'll go ahead to the next slide, please.

It's time to address any questions or thoughts you'd like to share. I'll ask Kayla, our facilitator, to share questions from the audience. If you have thoughts as well, if there are items that perhaps were not addressed or items that were not addressed, please feel free to address those, please ask those. If you have a great lesson learned, please share that. I'd love to be able to share that with the entire group as well. I'll give you a moment to add your questions. As you're adding questions, I'll go ahead and begin with the first one I see.

This question is from Leslie. Thank you, Leslie K., for sharing this question. It says, "Good morning. I have a question regarding billing Medicaid banner UFC for telemedicine modifier. We're told modifier GT is no longer valid effective 10-1. Does anyone else have the same issue and know what proper modifier to use?" This is a question for peers. The question is about, and if I'm saying what you're explaining incorrectly, Leslie, I'm going to invite you to raise your hand so we can unmute you and you can clarify that. Does anyone have the same issue about the modifier GT no longer being valid and what modifier they can use? I'm not hearing any other responses.

The modifier, as I understand it, and I have to be honest, I'm not sure I'm understanding your question exactly. We can certainly look into this, or I'm going to invite you to unmute and maybe clarify a little bit for me. Would you be willing to do that? How about others on the line? The next question was submitted by Carissa.

Carissa asks, "Can you give guidance on telemedicine CPT codes?" I'm going to ask the audience here. Can you give guidance on telemedicine CPT codes? Centers for Medicaid & Medicare Services (CMS) offers guidance. In fact, I think they typically keep an updated list. I think it is called, it is an annual update, and a recent one was just published within the last, I want to say four to six weeks, give or take, on telemedicine CPT codes. I'm not sure if you're talking about telemedicine or tele-behavioral health or both, but there is guidance available from CMS. I will invite you to take a look at that and to check back with us if you have additional questions.

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Then I see some comments. Leslie is having a little bit of microphone trouble. Mary asked if we could repeat the question. One question was about guidance on telemedicine CPT codes. For that question, I answered to check with CMS website and CMS guidance on that. The previous question, to repeat, was about a billing modifier for telemedicine. They got information that modifier GT is no longer valid for billing telemedicine, effective the 1st of October. Leslie is wondering if anybody else has the same issue and or knows what the proper modifier is to begin using. Again, I'll invite you to raise your hand.

Webinar support: We do have one hand raised if you're ready.

Laura Ross: I am ready. Let's go ahead.

Webinar support: Kelsy, your line is open.

Kelsy: Hi. Are you able to hear me?

Laura Ross: I am. Thanks, Kelsy.

Kelsy: Great. Thank you, Laura. My question here is, I am studying to be a nurse practitioner. I graduate here in May, and I'm interested in the behavioral health integration aspect of chronic care management and how to best run a practice. It seems like so many people are straying from helping those that are on Medi-Cal or Medicaid, Medicare, just because of the billing and what a headache it is to them. As I want to learn the ins and outs of how to run a private practice, this is really important.

I was under the assumption that this course was going to be more towards the specific practices and planning of documentation and billing, and coding. I just came here randomly, and I'm hoping to learn more about the specifics of how to incorporate this into a practice and to be able to keep a roof over our heads, as far as that goes with running a business. I would like to know if this is the right place. Have I found the right place?

This seems more like the benefits and how to help people understand the benefits of telehealth, which I'm already on that boat. I just want to know if you think I'm in the right place or if this is something that I should just find somewhere else that's a little bit more geared towards what I'm looking for.

Laura Ross: That's a great question, Kelsy. I'm going to restate the question to ensure I'm understanding you correctly. As a soon-to-be graduate and becoming a nurse practitioner and anticipating opening a private practice, where would you get guidance on integrated care and billing and coding, and documentation practices? Am I hearing that correctly?

Kelsy: Not so much. I know that there are billing and coding courses that I can take. I understand that CMS makes CPT codes and that there are handbooks on CMS website. I'm

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asking specifically, is this a place for me? Because, as I signed up for this course, it shows that there are seven or eight consecutive courses after this one. What specifically do you offer here that could help in running a private practice? Have I found a place that will help me to do that? Does that make sense?

Laura: It does make sense. This forum, this particular webinar, is for tele-behavioral health. As we said, the focus of it was to really discuss implementation, strategies, best practices, et cetera. To learn the ins and outs, I can direct you to some other-- This webinar, as I understand it, and I'm not sure which schedule, there are multiple schedules out for-- I would check the Bureau of Primary Care-- The Bizzell website that's been in your chat, that shows all of the different offerings for training and technical assistance that are being offered.

This webinar was scheduled as a standalone webinar. It is not one of the other services that we offer, which are communities of practice, which are one of eight sessions. That makes me think perhaps that's what you were referring to was a community of practice. There are communities of practice upcoming. I'll invite you to look in the chat, or by all means, we can put the contact link into the chat again for you. I know there's a lot in there, just so it's right at the top for you. Those may be a place to talk about that.

I also will suggest Primary Care Association. It sounds like you said Medi-Cal, and I did live in California for a while, so I'm assuming you're in California. I might also direct you to the state primary care entity to discuss how you actually might put that into action and what their experiences-- If you're a member of that Primary Care Association. They may also have some guidance for you for more specifics about billing in your practice.

Kelsy: That would be great. I'd love that recommendation. I'll go to the website and find that. I feel like people's questions are reflecting wanting more specifics on the documentation, billing, and coding side of things. I'm not sure if that's some feedback for the course, just because it says that we would gain insight on best practices for documentation, billing, and coding. I would just like to offer that as feedback.

Laura: Thank you. It does look like some of the communities of practice that you may be attending some of those. Feel free to ask those questions. Our communities of practice are also accompanied by an optional 30-minute office hours following each session. That is an opportunity to connect both with your peers in other health centers and also with the facilitators of the COP, so that you can ask more nuanced questions and discuss further the content. I invite you to do that in the communities of practice, also.

Kelsy: Thank you very much.

Laura Ross: Thank you, and thank you for the feedback. I have a response to the earlier question about the modifiers for telehealth and them changing. Mary S. offered that she

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believes the 95 modifier has replaced the GT modifier. Now, I will admit that I am not an authority on CMS billing and coding. I will ask for those-- Tandie was wondering where the guidance was provided. We had a question about where do we find the guidance that the modifiers are indeed changed as of October 1st? Then we have another respondent saying, "Yes, the modifier is now 95." We're getting some consensus on that. Thank you all for helping me help you. Excellent. Great conversation. I love this.

All right. Other questions, other thoughts, considerations, or feedback? All questions are worth asking. We not seeing any. I'm going to give a bit more time. We're just coming to a close. Perhaps as a Q&A, how about I give a few more seconds for anybody to type something in the chat? If not, we'll move forward with the completion of the presentation. I'll give you a few moments now. I'm not hearing any. Let's go ahead and move to our next slide.

On this slide, you'll see the Health Resources and Services Administration endnote. This is where you'll find the information that comes straight from HRSA that addresses all the aspects of telehealth that the Health Resources and Services Administration has most recently updated in 2022. I will invite you to take a look at that and use that as a resource and a jumping-off point to get a little bit more information or to dive deeper into the topic of telehealth. Next slide, please.

You'll find here resources. These are resources. Again, this may apply for you. Kelsy, maybe these will answer and help you fill in some of the gaps, creating emergency plans, looking at different services, and also looking at telehealth tips for providers, et cetera. Please feel free to access these resources. Again, the links will be in this deck, which will be published to the BIPIC portal following this webinar. Next slide, please.

Additional. Looks like there's a Medicare link there, telehealth treatment for substance use, integrating behavioral health and primary care. Again, some more recent and resourceful, and robust places where you can get additional information about some of the workings of telehealth and tele-behavioral health. Next slide, please.

Webinar support: Thank you so much. We offer behavioral health continuing education units for participation in BH/SUD integration technical assistance events. You must attend the event and complete the online Health Center TA Satisfaction Assessment form after the event. A link with instructions will be provided at the end of the session. CE certificates will be sent within five weeks of the event from Health Center BH/SUD TA Team via Smartsheet.

Access more behavioral health substance use disorder integration technical assistance opportunities by emailing the team, visiting the TA portal, and scanning the QR code to subscribe to Hub in Focus. We have other fall events coming up for your consideration. We'll add the links to the chat now so you can take a closer look.

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Laura: I'm going to add just one more comment. Kelsy, if you are there, if you would email the contact center, we have an audience member today who is willing, wants to share her email with you directly to assist with some coding documentation guidance. Kelsey, if you go ahead and send us your information, we'll make sure that you get that email address. Thank you for offering that, Bethany.

Kayla: Wonderful. The slides, recording, and transcript will be posted to the TA portal. References are included so you can delve more deeply into this topic. Don't forget, we offer behavioral health continuing education units for participation. You must complete the Online Health Center TA Satisfaction Assessment form to receive credit. We've added the link to the chat now for your reference. Thank you, all, so much for your attendance. This does conclude today's webinar. You may now disconnect.

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