

DHFS - Project Charter SBIRT Billing and Reimbursement	
Title:	SBIRT Governor's Policy Subcommittee on SBIRT Billing and Reimbursement
Justification:	One key to the sustainability of SBIRT service delivery is billing and reimbursement for services.
Description:	In SBIRT grant year 2 (fall 2007 through summer 2008), billing codes to reimburse for screening and brief intervention will be published by Medicare, Medicaid and CPT. The SBIRT project will need assistance in overcoming barriers to utilizing the billing codes. WIPHL sites will need guidance and technical assistance as they operationalize billing for screening and brief intervention.
Goals / Objectives:	<ul style="list-style-type: none"> 1 – Outline the policies and procedures for using HCPCS codes for WIPHL clinics. 2 – Outline the policies and procedures for using CPT codes for SBI services at WIPHL clinics. 3 – Outline the policies and procedures for using G codes for SBI services at WIPHL clinics. 4 – Provide guidance to clinics to overcome barriers around billing and reimbursement for screening and brief intervention.
Measurement Of Success:	<ul style="list-style-type: none"> 1 - 75% of eligible clinics will report that they have administrative and clinical systems in place to bill for SBI services. 2 - 75% of eligible clinics will bill Medicare and Medicaid patients for SBI services.
Timeframe:	<ul style="list-style-type: none"> 1 - CPT codes will be announced in November 2007 and will be available in January 2008. 2 - The first informational conference call and written guidance will occur in February 2008 for interested existing WIPHL clinics. 3 - The second information session and written guidance will be conducted during or near the April semiannual WIPHL meeting. 4 - Technical assistance will be provided by the WIPHL Coordinating Center at site visits, through teleconferences, one-on-one phone calls, and e-mails. 5 - A FAQ sheet will be available on the WIPHL website by July 2008 and it will be updated monthly/ as needed through out the life of the grant.
Project Organization:	<ul style="list-style-type: none"> Winter 2008- Appoint a Chair Chair can opt to appoint a co-chair or not Chair will work with the subcommittee to set a meeting schedule for 2008

	<p>Prior to the initial meeting all subcommittee members will watch the WIPHL orientation video via the website www.wiphl.com under "About Us"</p> <p>An initial face-to-face meeting of 2 hours will be convened to flesh out a work plan and committee member assignments. Subsequent monthly meetings will be held with the option to meet face-to-face or via teleconference.</p> <p>The subcommittee will consist of 5 -10 members.</p>
Communication:	<p>All subcommittees will publish an agenda and meeting location 1 week in advance of the meeting and will adhere to the meeting schedule initially established by the subcommittee.</p> <p>E-mail will be used for meeting notification and agenda and minutes distribution.</p> <p>The chair will report to the SBIRT Governor's Policy Committee on a quarterly basis.</p>
Resources:	<p>Budget - Participants need reimbursement for mileage to and from meetings, teleconference costs, and meeting refreshments.</p> <p>Staffing - A WIPHL staff member can assist the chair in coordinating meetings.</p> <p>Key Stakeholders - The subcommittee will be comprised of participants from umbrella organizations and participating health systems that will utilize billing codes, a representative from the Division of Healthcare Finance, managed care, and a member of the WIPHL Coordinating Center Staff.</p>
Deliverables:	<p>WIPHL and the subcommittee will:</p> <ol style="list-style-type: none"> 1) Prepare written guidance about using HCPCS codes and CPT and G codes. 2) Distribute written guidance to all participating WIPHL clinics. 3) Provide input to the development of educational materials and forums for education about SBI billing and reimbursement 4) Guide provision of technical assistance about CPT and HCPCS, and G code use
Issues and Constraints:	<ol style="list-style-type: none"> 1) DHFS and the WIPHL Coordinating Center will continue to work with SAMHSA to get clarification on the definitions for HCPCS codes so that they can be utilized. 2) The WIPHL Coordinating Center will continue to work with clinics on documentation and record keeping, in both paper and electronic medical records, to meet billing and reimbursement requirements.