

Integrated Managed Care Early Warning System Workgroup

The Early Warning System (EWS) uses both data and regular communication to track the transition to integrated managed care (IMC) regionally, enabling rapid feedback and identification of potential transition-related issues.

The EWS was developed in the Southwest Washington region in 2016 and is currently being used in the North Central region. The Health Care Authority (HCA) advises each region to create an EWS Workgroup that will be responsible for overseeing the EWS at the local level. This fact sheet provides guidance on the purpose and scope of work of an EWS Workgroup, as well as suggested participants and size of the group.

What is the purpose of an EWS Workgroup?

An EWS Workgroup provides recommendations that will inform the development of EWS metrics, participates in a monthly webinar review of EWS metrics, and participates once a week in an implementation-focused phone call led by HCA.

What kind of work is this going to entail? What will the workload be?

The EWS Workgroup will be responsible for overseeing the development and operation of an EWS in the region, as well as collaborating and coordinating with regional stakeholders to resolve issues that may arise from the transition to integrated managed care.

Specific tasks include, but are not limited to, the following:

- Reviewing standard indicators that HCA will collect and report on for each region.
- Discuss additional indicators to include in the EWS, to be collected, analyzed, and reported at the local level.
- Collecting baseline data for any selected “non-standard” indicators.
- Participating in weekly IMC check-in calls in January 2019, (participants will include HCA, apparently successful bidder managed care plans, the Behavioral Health-Administrative Service Organization (BH-ASO), and behavioral health providers.
- Participating in monthly webinars from February to July 2019, where HCA will report the EWS data.

Who should participate in the workgroup? How large should the workgroup be?

To ensure the EWS Workgroup represents the interests of affected regional stakeholders while remaining as effective as possible, HCA recommends that the EWS Workgroup have between 15 and 25 participants.

HCA strongly encourages representation from the following organizations:

- Apparently successful bidder managed care plans
- BH-ASO
- Behavioral Health Organization (BHO)
- HCA
- Consumer representative (or family member)
- Physical health providers
- Behavioral health providers (including both chemical dependency and mental health)
- Accountable Community of Health
- Criminal justice
- Behavioral health ombuds

For additional questions about the Early Warning System Workgroup, please contact Samantha Zimmerman at Samantha.Zimmerman@hca.wa.gov.



North Central Accountable
Community of Health

Early Warning System Overview

Okanogan County FIMC Provider Meeting

August 14, 2018

Early Warning System in North Central

- Early Warning System (EWS) is intended to provide a mechanism for rapid feedback and problem-solving, to identify any issues that arise specifically from the transition of BHO to MCOs and BH-ASO, and resolve those issues collaboratively
- Early Warning System is both data measurement and regular communications
- It is not about long term performance metrics, but about identifying transition issues and collaborative rapid resolution
- An Early Warning System Workgroup was created consisting of diverse stakeholder representatives to monitor process
- Last year, the Early Warning System indicators and process was an ACH deliverable to the Health Care Authority

Early Warning System Workgroup Members

- MCOs (Amerigroup, Coordinated Care, Molina)
- BH-ASO (Beacon)
- BHO (Behavioral Health Organization)
- Behavioral health Providers
- Physical Health Providers
- Accountable Community of Health
- Criminal and Juvenile Justice System
- Health Care Authority
- Analytic, Interoperability, and Measurement (AIM)

Data Collection

- EWS start in January, with 6 months of baseline data
- EWS will track data for 6 months after integration, then will transition to the Research & Data Analysis (RDA) Dashboard for more detailed long-term measurement

Development Process

- Start with defining main goals for transition period: what do we want to make sure is happening?
 - Timely provider payments
 - Smooth transition for the clients
 - The system of care is not disrupted
- Develop groups of key performance indicators
 - Access to Behavioral Health Services
 - Provider Payments
 - Crisis System
 - Eastern State Hospital
 - Criminal and Juvenile Justice System
- Develop specific key performance indicators, ensuring data is available to track and focus on metrics that can be tracked without significant lag time

NC Early Warning System Indicators

Access to Behavioral Health Services

- Bed availability
 - # of no bed reports
 - # single bed certifications
- Emergency Department visits for individuals with a history of BH problem
- Wait times for BH services
- Access to care for clients in border communities
- Out of region providers accepting NC clients
- Use of Detox Services by Medicaid/Non-Medicaid clients

NC Early Warning System Indicators

Provider Payments

- Behavioral Health Claim Status
 - # of BH claims submitted by BH provider
 - # of BH claims received by MCOs
 - # of BH claims paid by MCOs
 - # of BH claims denied by MCOs
- Top 5 reasons for BH claim or encounter resubmission

Crisis Services

- Hotline
 - # of incoming calls
 - # of calls answered
 - Call answer timeliness
 - Average speed of answer
 - Abandonment rate
- Investigations/Detentions
 - # Mental Health ITA investigations
 - # of SUD ITA investigations
 - # detained
 - # voluntary admit
 - # discharged with referral

NC Early Warning System Indicators

Eastern State Hospital

- Bed census
- Forensic flip census
- Discharges
- Waitlist

Justice System

- Chelan, Grant, Okanogan tracking BH indicators on intake forms
 - Are you currently suicidal?
 - Are you seeing a mental health provider?
- Chelan/Grant Juvenile Detention Center (*incorporated into crisis services indicators*)
 - Crisis line wait times
 - DMHP response times

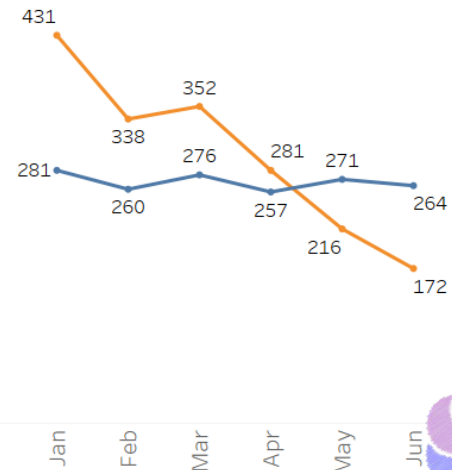
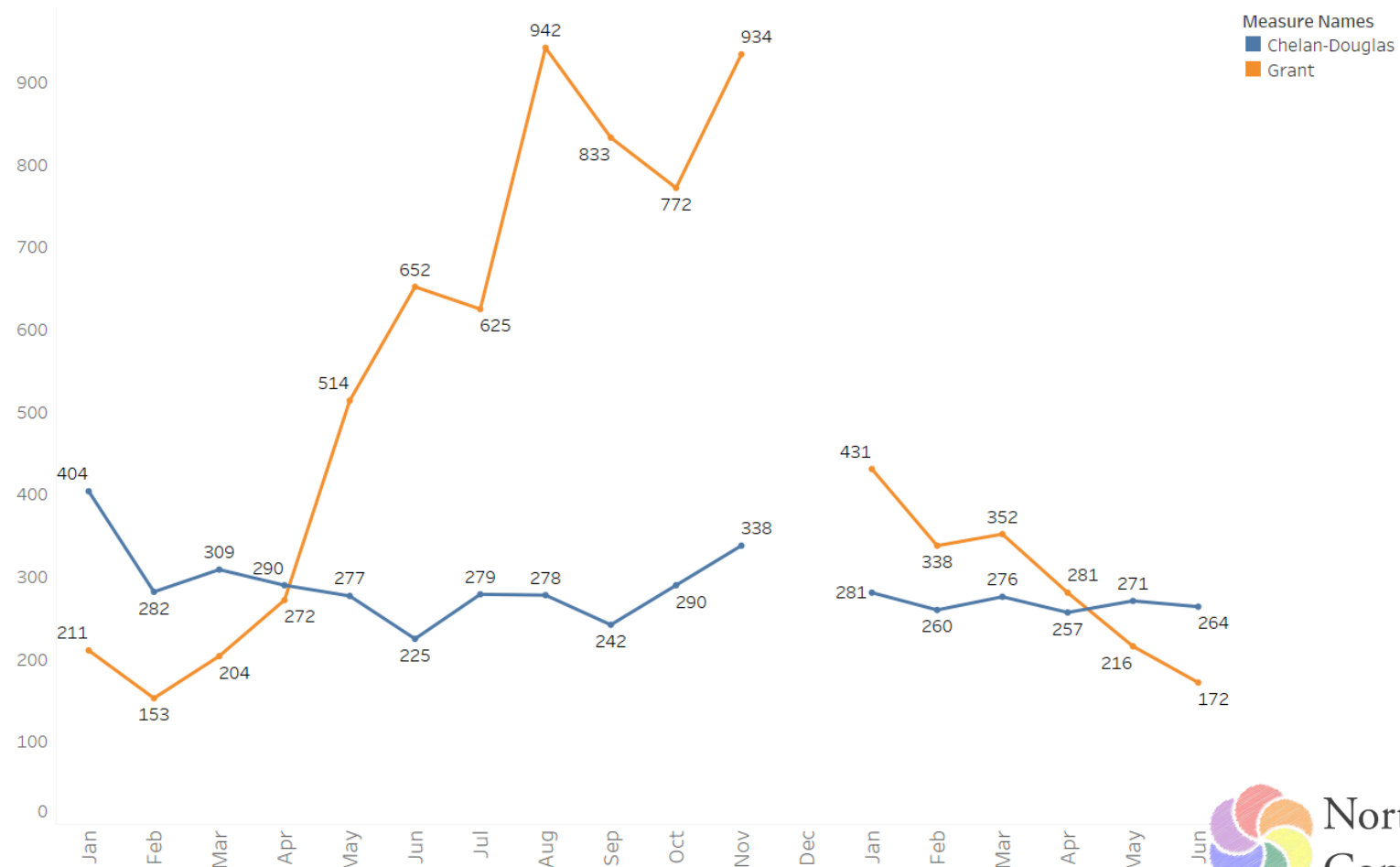
Example Data

Provider Payments



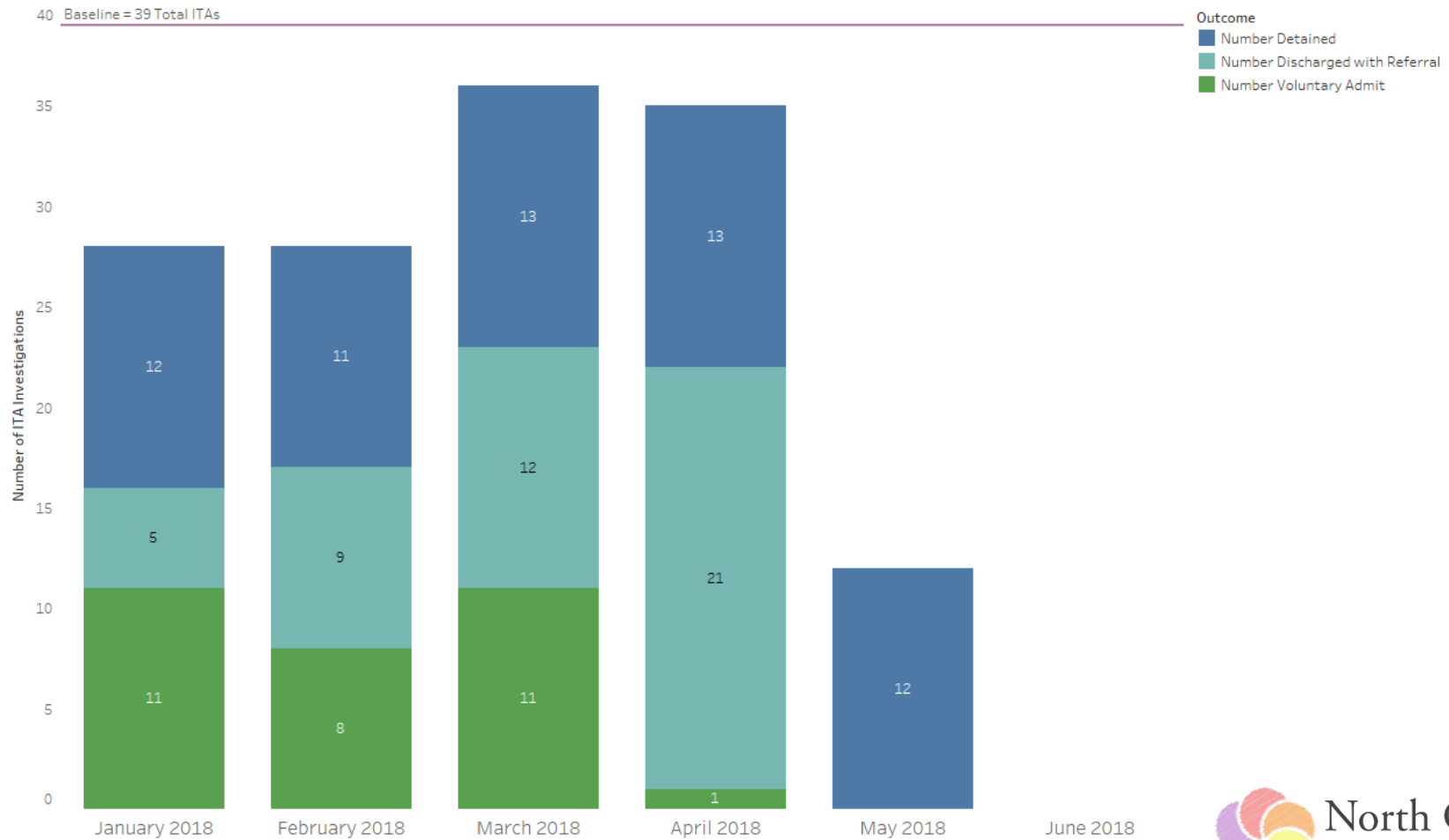
Example Data

Crisis Services: Crisis Line
Number of Incoming Calls



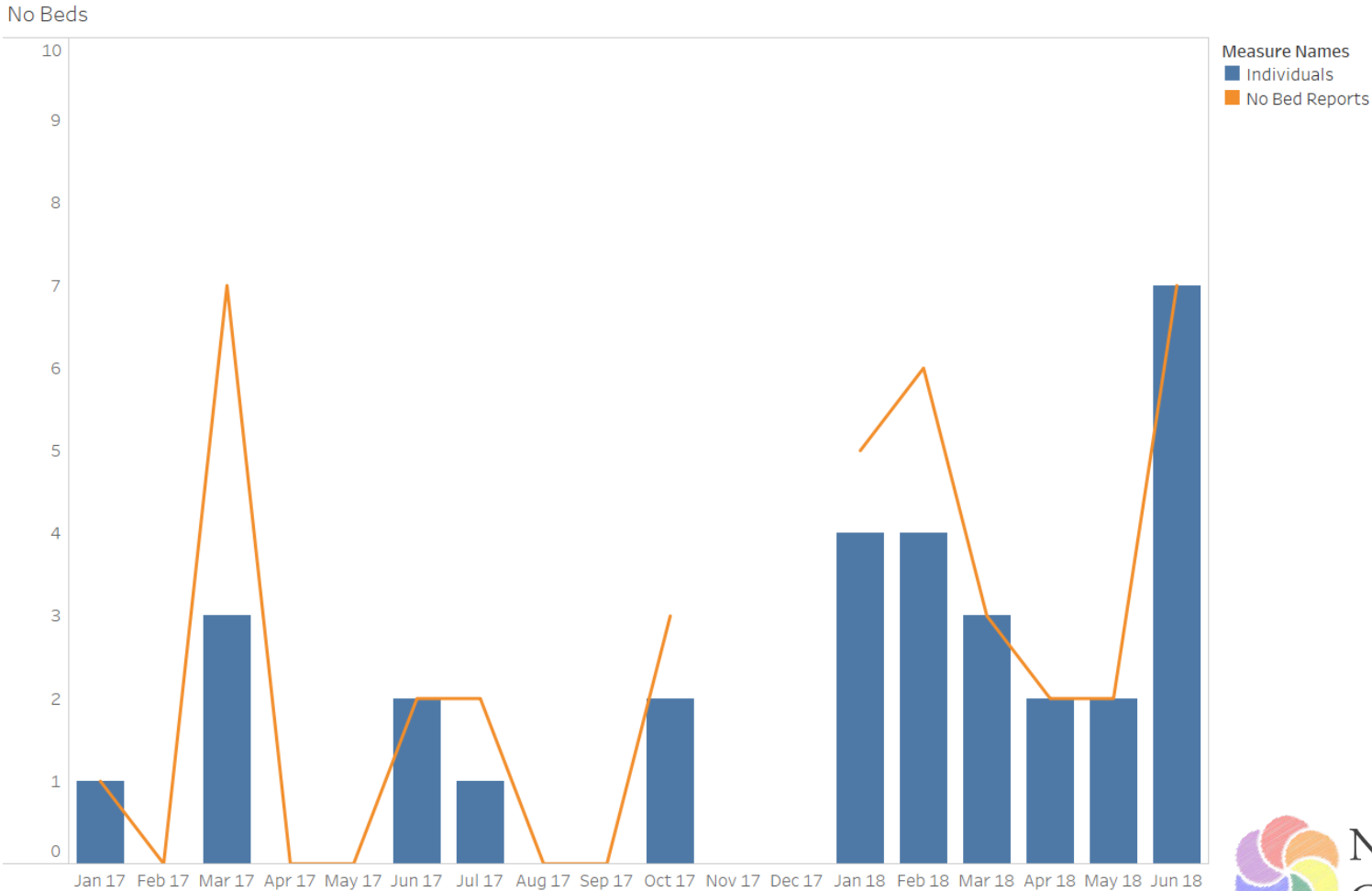
Example Data

Crisis Services: ITA's ITA Investigation Outcomes



Example Data

Access to Care: Bed Availability No Bed Reports in North Central



HCA's Plans for 2019 Transition

- Statewide data collection and monitoring calls
- AIM team will analyze data and producing graphs for selected statewide metrics
- Indicators that HCA will track:
 - Provider Payment Timeliness
 - Crisis System/ No Bed Reports/Single Bed Certs
 - EDIE Data
 - State Hospitals
- Additional indicators would need to be tracked by NCACH and partners
- Monitoring calls – Okanogan County weekly, or join Spokane regional calls?

Next Steps

- Okanogan Provider Group needs to:
 - Review indicators selected by HCA for statewide monitoring
 - Determine any necessary additional indicators
 - Is baseline data available/needed?
 - Who will manage the data collection and analysis of additional indicators?
- Determine plan for EWS monitoring meetings – statewide, Spokane BHO, Okanogan County?

RECOMMENDED NCACH Early Warning System Indicator Matrix

Indicator Category	Indicator Sub-Category	Specific Indicator Tracked	Owner for Reporting Baseline Data	Owner for reporting after January 2019	Frequency of Reporting
Provider Payments <u>Note:</u> HCA may be modifying the way we report these metrics. Finalized method TBD.	1. Behavioral Health Claims Status (Reported by each MCO for each BH provider individually)	a. # or rate of BH claims received by MCOs b. # or rate of BH claims rejected by MCOs	1a. N/A - Baseline is not collected on this metric 1b. N/A - Baseline is not collected on this metric	1a. MCOs 1b. MCOs	1a. Monthly 1b. Monthly
	2. Measure of top 5 reasons for BH claim or encounter re-submission	a. Top 5 reasons a BH claim or encounter is rejected and sent back to the provider	2a. N/A - Baseline is not collected on this metric	2a. MCOs	2a. Monthly
EDIE Data	1. ED Utilization	a. ED Utilization b. ED Utilization for client with past BH diagnosis	1a. HCA/AIM 1b. HCA/AIM	1a. HCA/AIM 1b. HCA/AIM	Monthly
	2. Percentage of ED visits with BH diagnosis	a. Portion of ED visits with BH diagnosis	2a. HCA/AIM	2a. HCA/AIM	Monthly
Crisis System	1. Crisis Hotline Calls	a. # of incoming calls	1a. BHO	1a. BH-ASO	1a. Monthly
		b. # of calls answered	1b. BHO	1b. BH-ASO	1b. Monthly
		c. # of call answer timeliness (within 30 seconds)	1c. BHO (if available)	1c. BH-ASO	1c. Monthly
		d. Average speed of answer (sec)	1d. BHO(if available)	1d. BH-ASO	1d. Monthly
		e. Abandonment Rate	1e. BHO (if available)	1e. BH-ASO	1e. Monthly
	2. # ITA investigations and outcome	a. # of Mental Health ITA Investigations b. # of SUD ITA Investigations c. # Detained d. # Voluntary Admit e. # Discharged with Referral	2a. BHO 2b. BHO 2c. BHO 2d. BHO 2e. BHO	2a. BH-ASO 2b. BH-ASO 2c. BH-ASO 2d. BH-ASO 2e. BH-ASO	2a. Monthly 2b. Monthly 2c. Monthly 2d. Monthly 2e. Monthly
	3. DMHP	a. DMHP response time	3a. BHO	3a. BH-ASO	3a. Monthly
	4. Bed Availability	a. # of No Bed reports b. # of Single Bed Certifications	4a. RDA 4b. RDA	4a. BH-ASO 4b. BH-ASO	4a. Monthly 4b. Monthly
State Hospitals- WSH & ESH	1. Bed Census	a. Average Daily census	1a. RDA	1a. RDA	1a. Monthly
		b. Forensic Flips census	1b. RDA	1b. RDA	1b. Monthly
		c. Discharges	1c. RDA	1c. RDA	1c. Monthly
		d. Waitlist	1d. RDA	1d. RDA	1d. Monthly

Okanogan County Fully-Integrated Medicaid Contracting Consumer Engagement Communications Plan

July – December, 2018

Consumer Engagement Communications Plan Objectives:

1. Provide a clear, consistent, and audience-appropriate message for the purposes of informing and engaging consumers and providers on Fully-Integrated Medicaid Contracting in Okanogan County.
2. Through audience communications, obtain feedback on concerns, suggestions, and ideas for NCACH during the transition to Fully-Integrated Medicaid Contracting in Okanogan County.

Strategy	Target Audience	Date	Lead(s)	Status/Notes
HCA Client Communications				
BHO Letter	Enrollees	10/1/18	HCA	To be sent by HCA to all beneficiaries
Booklet (with enrollment letter)	Enrollees	~12/1/18 Based on enrollment date	HCA	To be sent by HCA to all beneficiaries
Print Materials				
Postcard	Enrollees	8/14/18	HCA	Available in Media Toolkit
4 Key Bullet Points- postcard	Enrollees Health Homes Behavioral and Physical Health Providers Frontline provider staff Community Organizations Social Service Agencies	8/14/18	HCA	Available in Media Toolkit
1 pager with changes by plan table on back of page	Care Coordinators Health Homes Behavioral and Physical Health Providers Frontline provider staff Community Organizations Social Service Agencies Navigators	8/14/18	HCA	Available in Media Toolkit
PPT Presentation	Providers	9/1/18	NCACH	5-15 minute presentation – available in Media Toolkit
Media Outlets				
Public Service Announcement (Radio Script)	<ul style="list-style-type: none"> • KNCW/KOMW/KZBE - Omak • KAYG – Grand Coulee • KOZI – Chelan 	12/15/18	NCACH	PSA provided in Media Toolkit

Facebook	Enrollees	2 posts: End of November, 2 nd week of December	OBHC – Josie Bent Mid Valley – Mikayla Marian	Sample posts available in Media Toolkit
Websites	<ul style="list-style-type: none"> • NCACH • Community Choice • Behavioral Health Providers (OBHC, Family Health Centers, Confluence, Mid-Valley) 	10/1/18	Each Organization	Use Media Toolkit for sample text.
News Release	<ul style="list-style-type: none"> • Omak-Okanogan County Chronical • Okanogan Valley Gazette Tribune • Quad City Herald • Methow Valley News 	Mid-December	NCACH	News release template available in media toolkit if any organization would like to send their own releases.
Events				
	OBHC Recovery Event	9/22/18		
	Family Health Centers Health Fairs	August-September		
	Okanogan County Fair			
	Back to School Night		OBHC	

Okanogan County FIMC Media Kit

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How to use this kit

The Okanogan County 2019 Fully Integrated Managed Care (FIMC) Media Kit is intended to be a one-stop shop for resources and tools needed to help communicate the changes coming to Okanogan County's Apple Health plans and clients in 2019.

Signed into legislation in 2014, Washington State is requiring every county to adopt integrated managed care for Apple Health (Medicaid) clients by 2020. Also called "whole person care," an integrated managed care plan means that care is coordinated so that people get the help they need, for body (physical health) and mind (behavioral health, which includes mental health and drug or alcohol treatment).

As part of our commitment to deliver better care, Apple Health (Medicaid) plans in Okanogan County, will change beginning January 1, 2019. We recognize change can be disruptive, but we have put in place resources so the transition is as smooth as possible. You can help us spread the word.

This change will not reduce any benefits. Apple Health clients will continue to receive all of the same services they currently receive.

Use these resources to help spread the word

All of the resources contained in this kit are for you and your organization to use while communicating upcoming changes with your Apple Health (Medicaid) clients and providers who may have questions throughout the process. Feel free to amend or update the resources provided to meet your organization's needs.

Questions

If you are a provider with questions about the FIMC process, please contact North Central Accountable Community of Health Project Manager, Christal Eshelman:

Email: Christal.eshelman@cdhd.wa.gov

Phone: (509) 886-6434

Resources, updates, FIMC Provider meeting materials, and news releases are also available at: <https://ncach.org/ok-fimc>

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Frequently Asked Questions

What is FIMC?

Apple Health is shifting to whole-person care. This means care is coordinated so that people get the help they need, for body (physical health) and mind (behavioral health, which includes mental health and drug or alcohol treatment). Fully Integrated Managed Care, or FIMC, is the shift to whole-person care.

As part of our commitment to deliver better care, Apple Health (Medicaid) plans in Okanogan County, will change beginning January 1, 2019. We recognize change can be disruptive, but we have put in place resources so the transition is as smooth as possible.

This change will not reduce any benefits. Apple Health clients will continue to receive all of the same services they currently receive.

What's changing?

Beginning January 1, 2019 Apple Health coverage will continue to be available through Amerigroup, Coordinated Care, or Molina Healthcare. These plans will also start to cover any behavioral health treatment needed.

Apple Health coverage through Community Health Plan of Washington or United Healthcare of Washington will discontinue. Clients enrolled in those plans will be moved automatically to a different plan that will cover and coordinate all their services. *The change is automatic so that no one's coverage is interrupted.* Clients can explore their options and change to a different Apple Health plan any time they wish.

Beacon Health Options will manage the behavioral health crisis system for the region.

Why are the changes occurring?

Integrated managed care is first and foremost about improving the health and care of clients. The changes integrate behavioral health benefits into the Apple Health managed care program so that clients have access to medical and behavioral health services through a single managed-care plan.

How does North Central Accountable Community of Health fit into the picture?

North Central Accountable Community of Health (NCACH) is playing a supportive role for local area providers who serve Apple Health (Medicaid) clients across Chelan, Douglas, Grant, and Okanogan Counties. NCACH provided support and technical assistance with the FIMC transition efforts for Chelan, Douglas, and Grant counties during their transition in 2018.

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Apple Health (Medicaid) and FIMC are mandated by the Washington State Health Care Authority. Any policy decisions or mandates come from the Health Care Authority. NCACH is acting as an intermediary to assist local provider organizations as they transition to fully integrated managed care.

NCACH is also facilitating monthly Okanogan FIMC Provider meetings through December 2018. Providers and Managed Care Organizations (MCOs) are invited to a meeting the second Tuesday of each month to allow for planning and keeping stakeholders updated on the FIMC transition in Okanogan County.

For more information on FIMC or Apple Health, please visit: <https://hca.wa.gov>.

I'm a provider and my organization is being contacted by Apple Health clients who are concerned about their coverage. What should I do?

It is important to note that even if your client is on one of the managed care plans that will no longer be utilized under FIMC, *they will not experience interruptions in coverage or lose coverage.*

Your client will have the option to select or change their coverage provider if they would like, or they will be automatically added to a plan. Each MCO offers the same coverage benefits, so your client will still be eligible for all of the services they already receive, in addition to new coverage for services like behavioral health or substance use treatment on the same plan under FIMC.

If you would like to direct your client to someone to speak further about their coverage, or make an inquiry on their behalf, you can contact:

INSERT CONTACT INFO HERE (HCA and MCOs)

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2019 Okanogan County FIMC Communications Timeline

August.....Distribution of client flyer and provider 1-pager.

September 1st.....Provider presentation for providers to use with staff is finalized

October 1st.....Partners websites updated with FIMC information

October 1st.....Clients receive a letter from HCA stating that the way their behavioral health benefits are coordinated will be changing and the BHO will no longer be coordinating them.

November 20th.....Clients are enrolled into Integrated Managed Care plans.

December 1st.....HCA sends a letter to clients letting them know which managed care plan they are enrolled in.

December.....Social media postings.

December 15th.....NCACH News Release to Okanogan County media partners.

December 15 – 31st.....PSAs running on Okanogan County Radio Stations.

End of December.....MCOs distribute ID cards and member materials to clients.

Media Tools

Website and Digital Messaging

Your website is a powerful tool for communication. Many clients and community members will access your organization's website for information on services and with inquiries about their coverage. Adding a quick blurb about FIMC to your website will help your clients as they learn about changes coming to their coverage, as well as to provide front-line staff with information to share should they receive questions about the transition to Fully Integrated Managed Care.

Sample message to place on your website:

"For [ORGANIZATION NAME]'s Apple Health (Medicaid) clients: Beginning 2019, Apple Health is shifting to whole-person care. This means that care is coordinated so that people get the help they need for body (physical health) and mind (behavioral health), including mental health and substance use. Apple Health plans will change beginning January 1, 2019. This change will not reduce or take away any of your current health insurance benefits, and you will still receive all of the same benefits you currently receive. We are committed to your health and wellbeing, which is why [ORGANIZATION NAME] staff are happy to speak with you further about changes to your health plan.

Please contact [insert contact name] at [insert phone number] or [email] to learn more. You can always visit the Health Care Authority [hyperlink: <https://www.hca.wa.gov/health-care-services-and-supports/apple-health-medicaid-coverage>] to learn more or change your Apple Health plan at any time."

Social Media

Social media is also a powerful tool that can be used to communicate short bursts of information. There are several platforms used, and we have developed a series of sample messages you can use on your organization's Facebook or Twitter accounts over the next several months. The graphics can be accessed in .PNG form in the accompanying folder with the media kit.

Tips and best practices:

- Keep it short and concise. What do you want someone to know in 15 seconds or less?
- Photos and videos help attract engagement with your posts. Use a photo or other appealing visual to help draw attention to your post. If you are using an image that doesn't belong to you, make sure to credit appropriately.

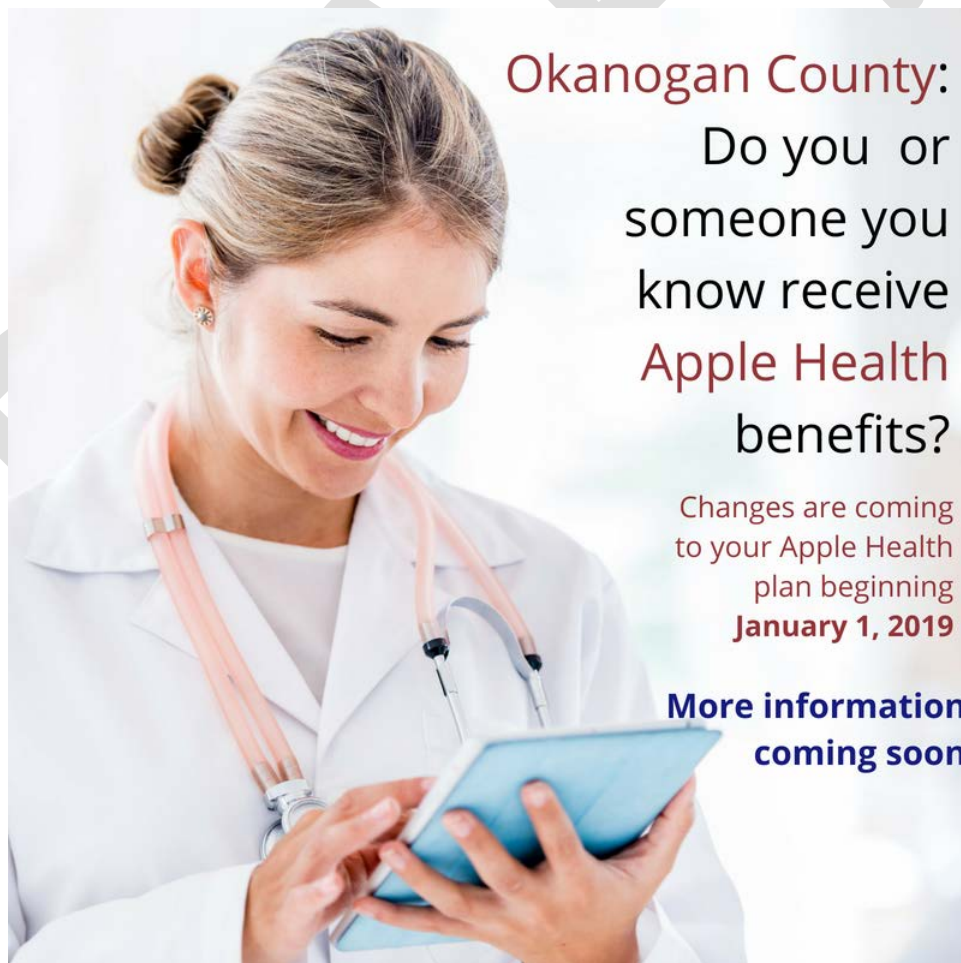
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- Cross-promote using handles. Both Facebook and Twitter offer the ability for you to link directly to another organization's account, which helps users navigate to other pages for more information.
 - E.g. @Washington State Health Care Authority (Facebook);
@WA_Health_Care (Twitter)
- If including a URL (recommended), we suggest shortening the URL using a free online URL shortening software (like Bitly.com, HootSuite, or Tiny URL).
- Use social media as a way to drive people to where you want them to go for more information. It's completely okay to say things like "for more information, visit:" or "check out our website [insert url] to learn more"

Facebook

Post 1

Do you live in Okanogan County? Are you covered by Apple Health? Your plan will change to include more benefits and offer whole person care, beginning January 1, 2019. Learn more: [\[insert hyperlink to learn more here\]](#)



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Post 2

Whole person care soon coming to Okanogan County beginning 2019! Your plan is changing to include expanded services like behavioral health options and personalized care.

Contact the number on your Apple Health insurance card to learn more. Questions about your benefits with us? Contact [insert org email address or phone number] to learn more

Okanogan County: Changes coming to your Apple Health Jan 1st



More information coming soon



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Post 3

IMPORTANT! Information on your Apple Health Care plan was mailed to your address. Please check your mail to learn more!



Information about changes to your
Apple Health plan has been sent to your
mailbox.

Questions?
Visit hca.wa.gov or call
1-800-562-3022

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Twitter

Post 1

Do you live in #Okanogan County? Are you covered by #AppleHealth? Your plan to change, beginning January 1, 2019. @WA_Health_Care Learn more: [\[insert hyperlink to learn more here\]](#)



Okanogan County:
Do you or
someone you
know receive
Apple Health
benefits?

Changes are coming
to your Apple Health
plan beginning
January 1, 2019

**More information
coming soon**

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Post 2

#AppleHealth is changing starting Jan 2019. Are you ready? Learn more: [\[insert link to learn more\]](#)

Okanogan County: Changes coming to your Apple Health Jan 1st



More information coming soon



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Post 3

That's right! #YouveGotMail from @WA_Health_Care Check your mailbox to learn more!
#AppleHealth



Information about changes to your
Apple Health plan has been sent to your
mailbox.

Questions?
Visit hca.wa.gov or call
1-800-562-3022

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Press Release

FOR IMMEDIATE RELEASE

[Insert Date Here]

Whole Person Care expands to Okanogan County on January 1, 2019

East Wenatchee – Beginning January 1, 2019 Washington Apple Health (Medicaid) clients in Okanogan County will join the other three counties in the state's North Central region (Chelan, Douglas, and Grant counties) and transition to a whole-person approach to care delivery. Services will be coordinated through a single health plan so that people receive the help they need for body and mind, including mental health and substance use treatment.

Apple Health coverage for people in Okanogan County will be covered by Amerigroup, Coordinated Care, and Molina Healthcare. Those enrolled in Apple Health Coverage through Community Health Plan of Washington or United Healthcare of Washington will be automatically moved to a different plan that will cover and coordinate their services without interrupting coverage.

The North Central Region's transition to whole person care comes on the heels of the Healthier Washington's Medicaid Transformation efforts – a 5-year demonstration period that improves the regional health and wellbeing of communities through a series of healthcare system reform and transformation projects. The region's Transformation efforts are currently managed by the North Central Accountable Community of Health (NCACH.)

In 2014, state legislation directed a transition to fully integrate the purchasing of medical and behavioral health services for Apple Health clients through a managed care system no later than January 1, 2020. The state's Apple Health (Medicaid) payer, the Washington State Health Care Authority, will be overseeing the statewide transition to whole person care.

Apple Health clients in Okanogan County are encouraged to learn more by contacting their current health insurance provider or by searching "Apple Health" on the internet. Clients can explore their options and change their healthcare plan anytime they wish at <https://www.hca.wa.gov/health-care-services-and-supports/apple-health-medicaid-coverage>.

For questions or inquiries about fully integrated managed care in Okanogan County, please contact Senator Linda Parlette, linda.parlette@cdhd.wa.gov.

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Public Service Announcement

NCACH will work with the Okanogan County Provider group to request PSAs be played on radio stations serving Okanogan County. If you have a media contact who is willing to play the following PSAs, please let Christal Eshelman (christal.eshelman@cdhd.wa.gov) know.

English:

Changes are coming January 2019 to Washington Apple Health in Okanogan County. The changes **will not** reduce any benefits. Apple Health plans available will be Amerigroup, Coordinated Care, and Molina Healthcare. Check your mailbox for more information or search for **Apple Health** on the internet to learn more.

Spanish:

En Enero de 2019 habrá cambios en Washington Apple Health, también conocido como cupón médico, para el condado de Okanogan. Estos cambios **no reducirán ningún** beneficio. Amerigroup, Coordinated Care y Molina Healthcare son los planes de Apple Health que estarán disponibles en este condado. Si quiere obtener más información de Apple Health revise su correo o **busque Apple Health** por internet.

PowerPoint Presentation

A PowerPoint presentation was developed to be used by providers to be able to efficiently share the basics of FIMC with all staff. Please feel free to share this presentation with your staff and partners. The 2019 Okanogan FIMC informational PowerPoint presentation can be accessed in .PPT or .PDF form in the accompanying folder with the media kit.

Print Materials

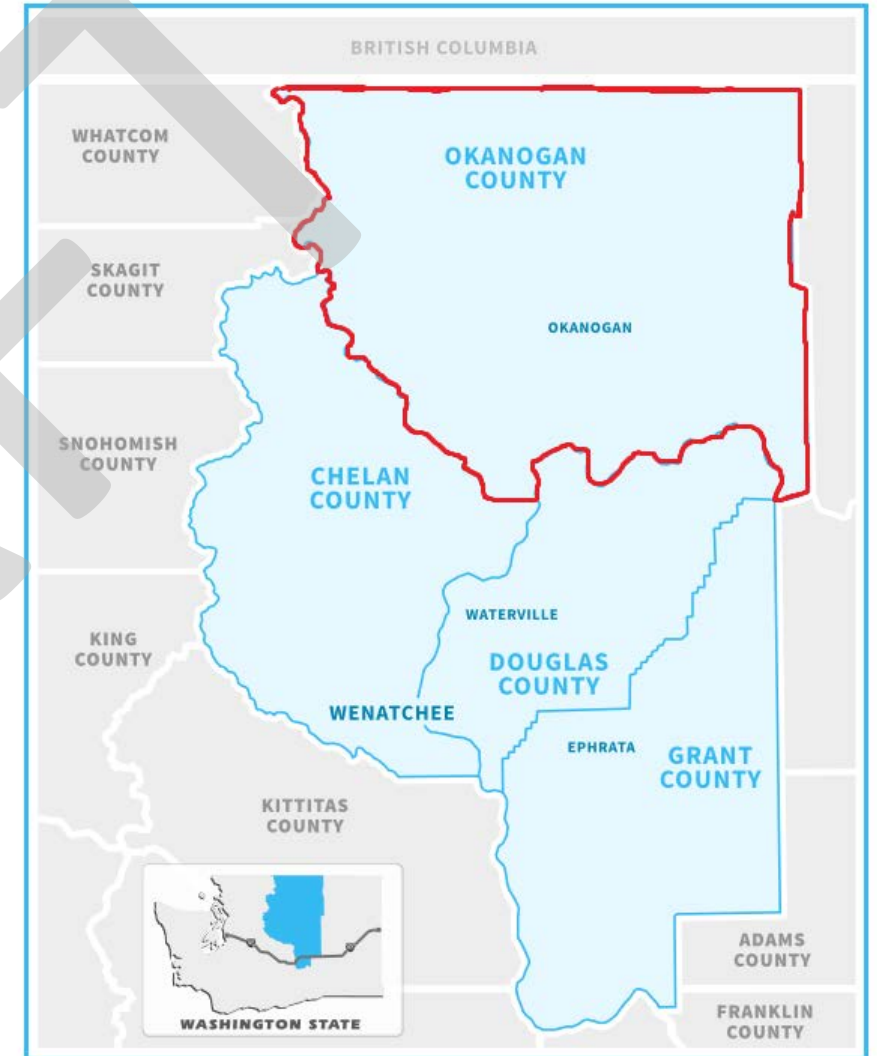
There are several print materials available in the accompanying folder with the media kit. They are:

- Important News is Coming Soon postcard, for clients
- Changes are Coming Flyer, for clients
- Changes are Coming to Washington Apple Health, for providers
- Behavioral Health Administrative Service Organization Fact Sheet
- Behavioral Health Services Only Fact Sheet
- Integrated Managed Care FAQs

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Delivering Integrated Managed Care to Okanogan County

Changes coming January 1, 2019



With support from



Integrated Managed Care

- State legislation directed the Health Care Authority to integrate the care delivery and purchasing of physical and behavioral health care for Medicaid statewide by 2020.
- Regional service areas have the choice to adopt the new payment model before 2020.
- Chelan, Douglas, and Grant counties opted to implement integrated care January 1, 2018.
- Okanogan County opted to implement integrated care January 1, 2019.

Overview Video: Integrated Managed Care



<https://www.youtube.com/watch?v=zwv1yX3czoU#action=share>

How does this help clients?

- The transition to integrate behavioral health services, which includes mental health and substance use disorder treatment, allows clients access to the full complement of medical and behavioral health services, through a single managed care plan.
- The transition to integrated financing is a fundamental step to support clinical integration at the provider level.

Okanogan County: Changes coming to your Apple Health Jan 1st



More information coming soon



How does this help clients?

- Over the past 20 years, evidence has been strong in supporting integrated care delivery to effectively address co-morbid conditions and deliver holistic care.
- Washington is part of a national trend to remove barriers to care and support coordination.
- In Southwest Washington, the first region to adopt this model in 2016, 10 of 19 outcomes measured in the first year showed statistically significant improvement, relative to other regions.

What changes in Okanogan County?

- Behavioral Health Services will no longer be coordinated or authorized by the Spokane County Regional Behavioral Health Organization (SCRBO), and will instead will be coordinated through Apple Health plans.
- Individuals may enroll in one of the three Apple Health Managed Care Organization (MCO) plans in the region: Amerigroup, Coordinated Care and Molina
- Community Health Plan of Washington and United Health Care will no longer be available plans for this region beginning January 1, 2019
- Beacon Health Options will be the Administrative Services Organization in North Central that will coordinate the crisis system

What do providers need to know?

- For providers to serve a Medicaid client they must be contracted with an organization in the region.
 - Molina, Amerigroup, Coordinated Care, or Beacon
- Providers must also be enrolled and in good standing with the state Medicaid program.
 - Providers may find information on enrolling with the Health Care Authority at <https://www.hca.wa.gov/billers-providers/apple-health-medicaid-providers/enroll-provider>

How can providers help clients navigate changes?

- Providers may receive questions about which plans are accepted
 - Individuals in **Molina**, **Amerigroup**, and **Coordinated Care** do not need to do anything, as their plans will just add behavioral health benefits on Jan. 1, 2019.
 - Individuals in Community Health Plan of Washington and United Healthcare will be automatically assigned to one of the three remaining plans.
- There are several ways a client can switch their plan:
 - Visit the ProviderOne Client Portal website: <https://www.waproviderone.org/client>
 - Change online at https://fortress.wa.gov/hca/p1contactus/client_webform
 - Call Apple Health Customer Service at **1-800-562-3022**.
 - Clients with a Washington Healthplanfinder account can change plans at www.wahealthplanfinder.org

How to get Services

GROUP	MEDICAL SERVICES	BEHAVIORAL HEALTH SERVICES
Apple Health Clients (unless explicitly exempted)	Through a Managed Care Organization's (MCO) Apple Health Plan	Through a MCO
Exempted individuals and individuals with the option to opt-out	Through Fee-For- Service (FFS) coverage (and/or additional coverage – i.e. Medicare)	Through an MCO in a “Behavioral Health Services Only” (BHSO) benefit
Medicaid eligible American Indian or Alaska Native	May choose through a MCO or FFS	May choose through a MCO /BHSO or FFS
Foster children (unless opted-out)	Through a specific MCO (Coordinated Care)	Through a specific MCO (Coordinated Care)

The Behavioral Health FFS Network

- Providers who wish to serve individuals in FFS for behavioral health services must be registered with the Division of Behavioral Health Services (DBHR) in addition to Health Care Authority
 - Contact DBHR at FFSquestions@dshs.wa.gov for more information on registering

Find out more

North Central Information:

North Central Flyer about changes (for clients)

North Central 1-page Fact Sheet (for providers)

Integrated Managed Care Information:

[Integrated Video: Integrating physical and behavioral health](#)

[FAQs: Why change Apple Health to an integrated care model?](#)

BH-ASO fact sheet

BHSO fact sheet



Important news coming soon!

Beginning **January 1, 2019** people with Washington Apple Health coverage in **Okanogan County** will have a managed care health plan that coordinates all of their care, including services for physical health, mental health, and drug and alcohol treatment.

Next month, the Health Care Authority, which administers Apple Health, will send a letter with more information.

Watch your mailbox!

HCA 19-0022 (8/18)



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¡Espere noticias importantes muy pronto!

A partir del **1 de enero de 2019** las personas con cobertura de Washington Apple Health en el **Okanogan County** contarán con un plan de salud de cuidado administrado que coordinará todo su cuidado, incluyendo los servicios de salud física, salud mental y tratamiento por drogas y alcohol.

El mes próximo, la Health Care Authority, que administra Apple Health, le enviará una carta con más información.

¡Esté pendiente de su buzón!

HCA 19-0022 (8/18) Spanish



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Things to know about changes to Washington Apple Health (Medicaid) in Okanogan County

Changes are coming January 1, 2019 to Apple Health (Medicaid)

This change will not reduce any benefits. Apple Health clients will continue to have access to all of the same services they currently do, but the state will pay for them differently.

What's changing

Three Apple Health plans will be available in Okanogan County:

- Amerigroup
- Coordinated Care
- Molina Healthcare

Two plans will not be available in Okanogan County:

- Community Health Plan of Washington; and
- United Healthcare of Washington

These plans will also cover mental health and drug/alcohol treatment services. Clients that are already enrolled in one of these plans don't need to do anything.

Clients enrolled in either plan will move to Amerigroup, Coordinated Care, or Molina Healthcare. The change will be automatic so that no one loses coverage, and you will have the option to change plans.

Learn more

Apple Health will send information about health plan enrollment before January 1. It will help you use your benefits and explain how you may change your health plan.



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Lo que debe saber sobre los cambios a Washington Apple Health (Medicaid) en Okanogan County

Se harán cambios a Apple Health (Medicaid) el 1 de enero de 2019

Este cambio no reducirá ninguno de sus beneficios. Los clientes de Apple Health continuarán recibiendo acceso a todos los mismos servicios que tienen actualmente, pero el estado los pagará de una manera distinta.

Lo que cambiará

Habrán tres planes de Apple Health disponibles en Okanogan County:

- Amerigroup
- Coordinated Care
- Molina Healthcare

Estos planes también cubrirán servicios de salud mental y de tratamiento para drogas y alcohol. Los clientes que ya estén afiliados a uno de estos planes no necesitan hacer nada.

Dos planes no estarán disponibles en Okanogan County: Community Health Plan of Washington y United Healthcare of Washington. Los clientes afiliados a cualquiera de estos planes serán transferidos a Amerigroup, Molina Healthcare o Coordinated Care. El cambio será automático para que nadie pierda su cobertura y usted tendrá la opción de cambiar de plan.

Más información

Apple Health enviará información sobre la inscripción en planes de salud antes del 1 de enero. Esta le ayudará a utilizar sus beneficios y le explicará cómo pueden los clientes cambiarse de plan de salud.



Lo que debe saber sobre los cambios a Washington Apple Health (Medicaid) en Okanogan County

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Changes are coming to Washington Apple Health (Medicaid) in 2019 for Okanogan County

We are making a shift to better care

Apple Health is shifting to whole-person care. This means care is coordinated so that people get the help they need, for body (physical health) and mind (mental health), including substance use.

As part of our commitment to deliver better care, Apple Health plans in Okanogan county, will change beginning Jan. 1, 2019. We recognize change can be disruptive, but we have put in place resources so the transition is as smooth as possible. This change will not reduce any benefits. Apple Health clients will continue to receive all of the same services they currently receive.

Available plans

Apple Health coverage will continue to be available through Amerigroup, Coordinated Care, and Molina Healthcare in 2019. These plans will also start to cover behavioral health treatment services.

In 2019, Apple Health coverage through Community Health Plan of Washington or United Healthcare of Washington will not be offered in Okanogan county. Clients enrolled in either of those plans will move to one of the offered plans. Apple Health will send clients information about the health plan they will be enrolled in before January 1. The mailing will explain how to make a change if the client wants to.

Beacon Health Options will manage the behavioral health crisis system for the region.

We will keep you informed

We will share information with clients and the wider community so that people are prepared for the change and clients have time to choose another plan if they want to.

Here are some key dates for clients:

October 1, 2018 – HCA sends a letter to Apple Health clients to summarize the changes to behavioral health services that start in January

November 20, 2018 – HCA begins enrollment process for Jan. 1, 2019

Late November, early December – HCA sends a letter with an online link to the benefits booklet to clients.

December 1, 2018 – HCA's website and customer service phone lines will be available to assist clients

How to contact us

Phone: **1-800-562-3022**

Email: **askmedicaid@hca.wa.gov**

The following table provides a brief overview you can use with your clients enrolled in the various plans. It helps explain how they can expect to get care starting January 1, 2019.

If you have the following type of Apple Health Plan:	Starting January 1, 2019:
Amerigroup	You will remain with the same health plan. It will cover and coordinate your physical and behavioral health (mental health and drug and alcohol treatment) services.
Community Health Plan of Washington	<p>This health plan will no longer be offered in your area. You will be assigned to either Amerigroup, Molina Healthcare or Coordinated Care. That plan will cover and coordinate your physical and behavioral health (mental health and drug and alcohol treatment) services.</p> <p>You will get a letter from the Health Care Authority in late November or December telling you what health plan you will be moving to. At first, HCA will make the change so that no one loses coverage. If you prefer another health plan, the letter will explain how you can make a change.</p>
Coordinated Care	You will remain with the same health plan. It will cover and coordinate your physical and behavioral health (mental health and drug and alcohol treatment) services.
Molina Healthcare	You will remain with the same health plan. It will cover and coordinate your physical and behavioral health (mental health and drug and alcohol treatment) services.
United Healthcare	<p>This health plan will no longer be offered in your area. You will be assigned to either Amerigroup, Molina Healthcare or Coordinated Care. That plan will cover and coordinate your physical and behavioral health (mental health and drug and alcohol treatment) services.</p> <p>You will get a letter from the Health Care Authority in late November or December telling you what health plan you will be moving to. At first, HCA will make the change so that no one loses coverage. If you prefer another health plan, the letter will explain how you can make a change.</p>
Fee-for-Service/ No Health Plan American Indian/Alaska Native Fee-for-Service	<p>If your physical health care coverage is <u>not</u> through an Apple Health plan, you will continue to receive medical services as you have been. However, you will be enrolled in either Amerigroup, Molina Healthcare or Coordinated Care for your behavioral health (mental health and drug and alcohol treatment) coverage. This is called a “Behavioral Health Services Only” plan.</p> <p>American Indian/Alaska Natives individuals: If you aren’t in one of the plans above, but you had chosen to have your behavioral health services covered by the Behavioral Health Organization, you will be enrolled in either Amerigroup, Molina Healthcare, or Coordinated Care for your behavioral health (mental health and drug and alcohol treatment) coverage. This is called a “Behavioral Health Services Only” plan. You will get a letter from the Health Care Authority in late November or December telling you the health plan you will be in. If you prefer another health plan, the letter will explain how you can make a change.</p>

HCA complies with all applicable federal and Washington state civil rights laws and is committed to providing equal access to our services. If you need an accommodation or require documents in another format or language, please call **1-800-562-3022 (TRS: 711)**.

[Spanish] Hay servicios de asistencia con idiomas, incluyendo intérpretes y traducción de materiales impresos, disponibles sin costo. Llame al **1-800-562-3022 (TRS: 711)**.

[Russian] Языковая поддержка, в том числе услуги переводчиков и перевод печатных материалов, доступна бесплатно. Позвоните по номеру **1-800-562-3022 (TRS: 711)**.

What is a Behavioral Health Administrative Service Organization (BH-ASO)?

The Health Care Authority (HCA) is transforming health care by focusing on the whole person and ensuring care is coordinated and delivered where and when a person needs it. By January 2020, all regions of the state will transition to an integrated system for physical health, mental health, and substance use disorder services in the Washington Apple Health (Medicaid) program.

In this integrated managed care program, most services for Apple Health clients are provided through managed care organizations. However, some services in the community, such as services for individuals experiencing a mental health crisis, must be available to all individuals, regardless of their insurance status or income level.

For this reason, HCA will contract with a Behavioral Health Administrative Service Organization (BH-ASO) to provide these services within [a region](#).

What services will the BH-ASO provide to anyone in the region, regardless of insurance status?

Certain services must be available to anyone regardless of their insurance status or income level. The following services may be provided by the BH-ASO to anyone in the region who is experiencing a mental health or substance use disorder crisis:

- A 24/7/365 regional crisis hotline for mental health and substance use disorder crises
- Mental health crisis services, including the dispatch of mobile crisis outreach teams, staffed by mental health professionals and certified peer counselors
- Short-term substance use disorder crisis services for people intoxicated or incapacitated in public
- Application of mental health and substance use disorder involuntary commitment statutes, available 24/7/365 to conduct Involuntary Treatment Act assessments and file detention petition

What services will the BH-ASO provide to people who are low income, uninsured, and not eligible for Apple Health?

The BH-ASO may provide certain mental health services and substance use disorder services to people who are not enrolled in or eligible for Apple Health. For some services, like services funded through the federal Substance Abuse Prevention and Treatment (SAPT) block grant, individuals may need to meet other priority population requirements to be considered eligible.

The BH-ASO may provide the following services to individuals who are not eligible for Apple Health:

- Mental health evaluation and treatment services for individuals who are involuntarily detained or agree to a voluntary commitment
- Residential substance use disorder treatment services for individuals involuntarily detained as described in state law
- Outpatient mental health or substance use disorder treatment services, in accordance with a Less Restrictive Alternative court order
- Within available resources, the BH-ASO may provide non-crisis behavioral health services, such as outpatient substance use disorder and/or mental health services, or residential substance use disorder and/or mental health services to low income individuals who are not eligible for Apple Health and meet other eligibility criteria

What other administrative functions will the BH-ASO manage in the region?

Within the region, the BH-ASO may:

- Provide a behavioral health ombudsman to assist individuals with grievances and appeals
- Manage the block grant based on locally approved block grant plans
- Manage Criminal Justice Treatment Account (CJTA) funds and Juvenile Drug Court funds

Learn more about the plan to integrate physical and behavioral health on the Healthier Washington website: www.hca.wa.gov/hw.

Understanding the Behavioral Health Services Only Program

The Health Care Authority (HCA) is transforming health care by focusing on the whole person and ensuring care is coordinated and delivered where and when a person needs it. By January 2020, all regions of the state will transition to an integrated system for physical health, mental health, and substance use disorder services in the Washington Apple Health (Medicaid) program.

What is the Behavioral Health Services Only (BHSO) Program?

For Apple Health clients who get their physical health care coverage through Apple Health's fee-for-service system, or through alternative coverage (such as Medicare), the HCA has created the Behavioral Health Services Only (BHSO) program. Through the BHSO program, clients get Apple Health coverage for their specialty mental health care and substance use disorder treatment (together, called behavioral health care).

Certain behavioral health care services are funded by the Washington State Legislature (outside of Apple Health) or by federal block grants. These services complement Apple Health benefits and will be available to BHSO-covered Apple Health clients who meet program and medical necessity criteria.

BHSO coverage is provided through Apple Health managed care plans. Having BHSO coverage does not change a person's primary care coverage through the Apple Health fee-for-service system, Medicare, or their own health insurance plan.

Who will be enrolled in a BHSO plan?

All Apple Health clients who receive their physical health care coverage outside of Apple Health managed care and who are eligible for Apple Health covered behavioral health care services, will automatically receive BHSO coverage. These Apple Health clients include:

- Individuals covered both by Medicare and Apple Health (Medicaid) (dual-eligible).
- Individuals receiving coverage under the Apple Health fee-for-service system.
- Individuals in foster care, foster care alumni, or individuals receiving adoption support.
- American Indians/Alaska Natives who exercise their federal right to opt-out of the integrated managed care program and receive their coverage under the Apple Health fee-for-service system and under Indian Health Service (IHS)-funded programs (such as IHS direct care facilities, Tribal 638 facilities, and urban Indian health facilities).
- Individuals who must meet spenddown requirements before they are eligible for Apple Health benefits.
- Certain populations of individuals who are under the age of 22 or over the age of 65 and residing in an institute for mental disease.
- Non-citizen pregnant women.
- Individuals in hospice before enrolling in managed care.
- Certain individuals who have private insurance coverage.

What services are covered in the BHSO program?

Mental health inpatient treatment

Medically necessary inpatient crisis care:

- Evaluation
- Treatment
- Community hospitalization

Mental health outpatient treatment

Mental health outpatient services may include:

- Intake evaluation
- Individual treatment services
- Medication management
- Medication monitoring
- Group treatment services
- Peer support
- Brief intervention and treatment
- Family treatment
- High intensity treatment
- Therapeutic psychoeducation
- Day support
- Stabilization services
- Rehabilitation case management
- Mental health services provided in a residential setting
- Special population evaluation
- Psychological assessment

Substance use disorder services

Substance use disorder services may include:

- Assessment
- Brief intervention and referral to treatment
- Withdrawal management (detoxification)
- Outpatient treatment
- Intensive outpatient treatment
- Inpatient residential treatment
- Opiate substitution treatment services
- Case management

How is the BHSO program different from the behavioral health organizations we were accustomed to using?

The coverage provided by the BHSO program is the same coverage provided to individuals who receive care through a behavioral health organization (BHO). The main difference between the BHSO program and the BHO is that the BHSO program is operated by the managed care plans, while the BHO is a county-based managed care entity.

How are clients enrolled in the BHSO program? How do clients pick their own BHSO plan?

Apple Health clients who are not enrolled in an Apple Health managed care plan but are eligible for the BHSO program will be automatically assigned to one of the available managed care organizations. Clients can change their plan by contacting the HCA Medical Assistance Customer Service Center toll-free at 1-800-562-3022, Monday through Friday from 7 a.m. to 5 p.m. (TTY/TDD 711 or 1-800-848-5429 for people with hearing or speech equipment.)

Learn more about Healthier Washington and integrating behavioral and physical health care at www.hca.wa.gov/about-hca/healthier-washington/integrated-physical-and-behavioral-health-care.

Why change Apple Health to an integrated managed care model?

Under the behavioral health organizations (BHOs) there is a single point of accountability and oversight for behavioral health services in every region, so how could it be better to divide accountability among as many as five entities?

Answer: Today, benefits for Medicaid clients are split between a BHO for behavioral health needs, and a managed care organization (MCO) for medical needs. There is no single point of accountability for the client. For the state Health Care Authority (HCA), integrated managed care is first and foremost about improving health outcomes and client care, and this requires care management through a single accountable insurance plan for the client – not two.

For example, a client may be depressed and approach the BHO system for help but does not meet the Access to Care Standards. They don't know who to turn to for help. On the other side, people with serious mental illness have an average lifespan 25 years shorter than those without, and the reason for this is lack of access to *medical care* to treat the chronic illnesses arising from lifelong need for psychiatric pharmaceuticals. Integrated managed care seeks to improve the current system, by placing a single insurance plan accountable for the full array of physical and behavioral health services and health outcomes.

Under the current system, as clients move around the state, the accountability for their health outcomes could transfer across 14 entities: nine BHOs and five MCOs. When integrated managed care is in place, this will be reduced to no more than five and no more than one at a time.

Counties currently have authority over the behavioral health delivery system because county commissioners sit on the BHO board. How will county authorities be able to respond to calls from constituents to fix problems in the system?

Answer: The transition to integrated managed care does not mean there is no role for the county. Counties will play a significant role, even though they are not the direct contract holder or are not at direct financial risk for providing behavioral health services. Counties will have the ability to shape their role. For example, Southwest Washington created a Regional Advisory Council, which is comprised of county commissioners and state legislators, and meets twice a year with the state, MCOs and the public to evaluate the effectiveness of service delivery in the region. HCA is willing to report to any entity chosen by county officials to ensure effective county involvement.

What role will the BHO have after integrated care is implemented?

Answer: The counties have the first right of refusal to act as the Behavioral Health Administrative Service Organization (BH-ASO). The BH-ASO delivers crisis services, administers certain non-Medicaid funding sources, and manages regional functions, such as employing an ombudsman and managing a community behavioral health advisory board. Additionally, The MCO contracts require that the MCO coordinate with county-managed programs, criminal justice, long-term supports and services, tribal entities, etc. via an Allied System Coordination Plan. This will ensure that those established relationships continue to stay strong as well as encourage the MCO to establish necessary relationships. For more information on the role of the BH-ASO and county options, HCA has developed a document outlining a possible [continuum of county options](#).

Is the state planning to implement the same model statewide that was developed in Southwest Washington?

Answer: No. The Southwest Washington model is not the only model. In mid-adopter regions, HCA is open to discussing regional variations and options with communities. The first step in that discussion is to submit a binding letter of intent to move forward with full integration before 2020.

BHOs are non-profit organizations. Won't this transition to managed care health plans result in less funding for a behavioral health system that is already under-funded?

Answer: Apple Health contracts strictly limit administrative overhead to population enrollment. The range of administrative load is 8.5 percent to 11.8 percent in 2017.

The contract limits the gains MCOs are able to take from premium dollars.

How do we know that funding for behavioral health services won't be diverted to pay for medical care, once the funds for medical and behavioral health services are blended together and the MCOs are working under a global budget?

Answer: There are a number of reasons this will not be an issue:

- The managed care contracts require the MCOs to provide certain behavioral health services and meet certain performance measures and quality of care standards. In order for the MCOs to provide these services and meet performance measures and quality standards, they must invest in behavioral health services.
- If a client's need for services meets level of care guidelines and is medically necessary, the MCO must ensure the client receives the behavioral health services.
- When managing a global budget, MCOs have incentives to invest in downstream services such as primary care and outpatient behavioral health, in order to meet performance measures and to achieve savings on high-cost upstream services such as emergency room visits.
- Behavioral health providers negotiate their payment rates and payment method with the MCO and should expect to be paid no less than what they are paid in the current BHO structure.

How will the managed care plans develop the needed competence to manage these complex services?

Answer: MCOs are already familiar with clients with serious mental illness and substance use disorder. These clients are among their most complex enrollees, and they currently provide care coordination, complex case management, and health home services to this high-risk population. What will require a knowledge transfer period is for the MCOs to learn the new provider network, service delivery, etc. that has been provided through the BHOs. HCA and Division of Behavioral Health and Recovery (DBHR) staff stand ready to assist with this knowledge transfer as MCOs are awarded contracts.

Counties already spend a high percentage of their budgets on their jails. If this transition reduces access to behavioral health services, individuals in need of treatment may end up in the county jail rather than in treatment. How do we monitor for this and make sure this transition does not increase the burden on jails?

Answer: There is no reason to expect reduced access to services for people in need of behavioral health treatment. In fact, the transition to integrated care is intended to improve the delivery of medical and behavioral health services, which may result in **reduced** incarceration of individuals with behavioral health conditions. To help ensure this happens, the Health Care Authority will work with counties to develop an “early warning system” that will track flow into the local criminal justice system. And the state’s contract will require MCOs to outline their best practice models for assisting with clients in transition.

This transition to integrated managed care seems to be focused on financial and contracting integration, not on clinical integration. How will the transition to integrated managed care support delivery system reform at the clinical level?

Answer: Integrated managed care is necessary but not sufficient to achieve clinical integration. By integrating the way the state purchases and administers medical and behavioral health services, this sets a foundation for managed care plans and providers to work towards integration at the delivery system level.

For example:

- Physical and behavioral health providers will be contracted with the same payers, and can negotiate payment for integrated clinical services with those payers. This does not exist in the current bi-furcated payment system.
- Integrated MCOs will cover all services and bring a patient’s health information and history to one source. This model makes it easier to share information between service providers so providers have a whole-person view of the patient and better understand what services the patient does/does not need. This more seamless sharing of information will facilitate coordination and collaboration between different provider types, thus promoting integration at the clinical level.
- MCOs will assist with client care coordination across the full continuum of services, so that care coordination and care management activity is not bi-furcated across multiple entities for a single client.
- MCOs will have a full network of both medical and behavioral health providers, which will allow them to facilitate referrals across provider types.
- Additionally, the recently approved 1115 DSRIP Waiver will complement the transition to integrated managed care, by making significant regional investments in integrated clinical models.

Is the state really going to be able to meet the January 1, 2020 deadline that was set in legislation E2SSB 6312?

Answer: Yes. All counties will operate in an integrated managed care model by January 1, 2020.
