



# North Central Accountable Community of Health

## Fully-Integrated Medicaid Contracting Advisory Committee **Report for the North Central Accountable Community of Health Governing Board**

July 10<sup>th</sup>, 2017

### **Advisory Committee**

The details of the Fully-Integrated Medicaid Contracting Advisory Committee meeting held on June 21<sup>st</sup> are below:

<b>Date and Location</b>	<b>Topics</b>
June 21st 10:00 – 11:30 AM  Confluence Technology Center	<ul style="list-style-type: none"><li>• North Central BHO Close-out plan – NCWBH has developed a comprehensive close-out plan for the remainder of 2017. This plan is available on the FIMC webpage and will be updated monthly by the BHO.</li><li>• Presentation by each of the Apparently Successful MCO Bidders: Amerigroup, Coordinated Care, and Molina. Each MCO described their organization and their plans to prepare for FIMC in NCW during the next 6 months. Key takeaway: the MCOs are committed to collaborating as much as possible in order to ease the burden on providers, in particular on Behavioral Health providers (ie. same credentialing process for all MCOs, joint MCO workshop in the fall).</li></ul>

### **Workgroups of the Advisory Committee**

#### IT/EHR Workgroup

The IT/EHR workgroup met on June 21<sup>st</sup>. Based on the IT Assessment results from Qualis, the Health Care Authority created a proposal for Supporting Billing/IT Capabilities of North Central Behavioral Health Providers (see attached draft). The workgroup agreed that Part 1: Project Management/Technical Assistance was a good use of funds and would be helpful in preparing for FIMC on Jan. 1, 2018. The HCA is working to put a short RFP together for Part 1 of this proposal which should be posted by July 14<sup>th</sup>. There was mixed support for Part 2 (Temporary Staff Support) and Part 3 (a tool to query Avatar Data) of the proposal. More information is needed to make decisions on those recommendations. The next meetings will focus on Behavioral Health provider recommendations from the individualized reports and allow providers to work together with the MCOs to address these recommendations. A charter for this workgroup was adopted on June 21<sup>st</sup>.

#### Early Warning System Workgroup

The Early Warning System (EWS) workgroup met on June 20<sup>th</sup>. We are continuing to identify indicators and delegating who will be responsible for reporting that data, both pre- and post-FIMC. A sub-group was created to identify and define the provider payment indicators. The draft indicator matrix is continuing to be populated throughout this process (see attached). The goal is still to collect 6 months of baseline data, however, some of this data will need be collected retroactively.

#### Managed Care Rates Workgroup

The Managed Care Rates workgroup held their final wrap-up conference call on June 30<sup>th</sup>. Milliman has received additional information on staffing models (vacancies, average salaries, growth plans, etc.) from each Behavioral Health Provider and on June 30<sup>th</sup> had an opportunity to get any clarification they needed on those models. A final summary report of the outcomes of this workgroup will be available later in the year once rates have been developed.

All meeting materials are available on the FIMC webpage at:  
<http://www.mydocvault.us/fimc-advisory-committee.html>



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## Consumer Engagement Workgroup

The Consumer Engagement workgroup met on June 21<sup>st</sup>. We are working with HCA to review and update their client communications (postcard, mailed Sept 1; flyer, mailed Oct 1; booklet, mailed Nov 1). We are continuing to develop a comprehensive communications plan for August-December. Key messages were developed prior to the meeting and were reviewed/recommendations made by the workgroup during the meeting. HCA is refining a tool created by Deb Miller that clearly shows the changes for an enrollee by current health plan and is working to refine key messages. A charter for this workgroup was adopted on June 21<sup>st</sup>.

## **Knowledge Transfers**

Knowledge Transfer meetings are a mechanism for MCOs, prior to contract implementation of Integrated Managed Care, to learn critical information about the new provider network and service delivery that has been provided through the BHOs. A variety of topics will be discussed in these meetings to prepare for implementation and a smooth transition between the BHO closing, and the MCOs becoming responsible for the coordination of behavioral health services. The first of these meetings was held on June 20<sup>th</sup>. The Healthcare Authority is facilitating and the NCACH is participating in these meetings. They are planned to meet twice per month, once in person and once via webinar, from June to December of 2017.

## **MCO and ASO Request for Proposals**

- *MCO*: The Apparently Successful Bidders have been announced – they are: Amerigroup, Coordinated Care, and Molina. There is a formal protest still underway.
- *ASO*: The Administrative Service Organization Apparently Successful Bidder has been announced as Beacon Health Options.

## **Upcoming Meetings**

### *Advisory Committee:*

Date	Location	Topic
July 12 <sup>th</sup> 10:00 – 11:30 AM	Confluence Technology Center	Apparently Successful Bidder for the Administrative Service Organization: Beacon Health Options
August 9 <sup>th</sup> 10:00 – 11:30 AM	TBD	TBD

### *Workgroups:*

Date	Location	Workgroup
July 11 <sup>th</sup> 1:00 PM – 2:30 PM	Chelan-Douglas Health District, 2 <sup>nd</sup> Floor Conference Room	Early Warning System
July 11 <sup>th</sup> 3:00 PM – 4:30 PM	Chelan-Douglas Health District, 2 <sup>nd</sup> Floor Conference Room	Consumer Engagement
July 12 <sup>th</sup> 3:30 PM – 5:00 PM	Chelan-Douglas Health District, 2 <sup>nd</sup> Floor Conference Room	IT/EHR

Call-in options are available – email [Christal.eshelman@cdhd.wa.gov](mailto:Christal.eshelman@cdhd.wa.gov) to request those details.

## **Attachments**

- DRAFT Technical Assistance Proposal from HCA
- DRAFT Early Warning System Indicator Matrix

All meeting materials are available on the FIMC webpage at:  
<http://www.mydocvault.us/fimc-advisory-committee.html>

## **DRAFT Proposal: Supporting Billing/IT Capabilities of North Central Behavioral Health Providers**

There are 5 behavioral health agencies (BHAs) in the North Central region that will transition from billing the BHO to billing MCOs as part of the transition to Integrated Managed Care by January 1, 2018: The Center for Alcohol and Drug Treatment, Grant Integrated Services, Children's Home Society of WA, Catholic Charities of Central WA, and Columbia Family Community Health Center.

After review of the NC BHA IT Readiness Assessment conducted by Qualis Health HCA proposes to offer technical assistance to the 5 North Central BHO-contracted providers, to assist with the billing/IT transition necessary to operate in an integrated managed care context.

HCA is proposing a 3-part approach to technical assistance provision, for discuss with the ACH, BHO and IT/EHR Workgroup:

1. **Provide Behavioral Health Agencies with Access to a Project Management/Technical Assistance Resource**
  - a. HCA proposes entering into a contract (either directly or via the ACH) with a consultant who can conduct project management in the region and provide both billing and IT technical assistance to help the BHAs prepare for Integrated Managed Care. The consultant can work with all 5 BHAs from September 1, 2017 – January 31, 2018. The technical assistance would focus on:
    - i. Project management support for the 5 BHAs implementing new billing processes and new practice management systems within their EHRs. This may require familiarity with the following systems: Avatar, ICAN-Notes, AthenaHealth, Cerner, & CareLogic;
    - ii. Coding assistance to set up new practice management systems including templates and billing rules;
    - iii. Technical assistance to implement new claims, encounter adjudication, and remittance processes, in accordance with managed care plan companion guides;
    - iv. Technical assistance to test claims generation and remittance posting;
    - v. Technical assistance to review managed care plan claims and remittance specifications and configure IT systems;
    - vi. Technical assistance to generate reports from new systems;
    - vii. Training for administrative staff to submit HIPPA-compliant claims and encounters, and to perform billing and reconciliation processes in new practice management systems, and in compliance with MCO requirements;
    - viii. Technical assistance to modify encounter generation processes to eliminate systemic reoccurring encounter errors and to include results received from TPL processing; and

- ix. Assistance with establishing/modifying procedures for service authorization, monitoring batch file creation and submission, reviewing error files, correcting and resubmitting rejected encounters, TPL billing, and eligibility verification, as needed.
- 2. Technical Assistance Funds for BH Providers to Support Temp Staff, etc.
  - a. HCA proposes contracting out funds for provider resource support (either directly or via the ACH). Providers would use these funds to obtain technical assistance & support during the transition, such as employing temp. staff to fill in for administrative staff, while administrative staff are receiving training on new billing systems. Temp staff could also assist with scanning client data into new systems, if needed. HCA is still considering how best this arrangement can be contractually structured.
- 3. Develop a Tool to query Avatar Data
  - a. If existing Avatar can be stored in a SQL database, HCA proposes contracting for the development of a tool that could query SQL so providers can access historical Avatar data.

**Note: The ability to use HCA funds for any of these proposals is contingent upon CMS approval.**

**DRAFT NCACH Early Warning System Indicator Matrix**

Indicator Category	Indicator Sub-Category	Specific Indicator Tracked	Owner for Reporting Baseline	Owner for reporting after
			Data	January 2018
<b>Criminal Justice</b>	<b>Jail Census</b>			
	1. Okanogan County Jail	a. Are you currently having thoughts of harming yourself or others? b. Are you seeing a mental health provider?	1) Noah Stewart (Okanogan)	1) Noah Stewart (Okanogan)
	2. Chelan Co. Jail	a. Are you currently suicidal, homicidal or both?  b. Are you being seen by anyone providing mental health care?	2) Curt Lutz (Chelan)	2) Curt Lutz (Chelan)
	3. Grant Co. Jail	a. Are you suicidal? b. Are you or have you been receiving Psychiatric Care?	3) Dan Durand (Grant)	3) Dan Durand (Grant)
	<b>Juvenile Detention Center</b>			
	4. Chelan County	a. Census	4. Gary Smith?	4. Gary Smith?
	5. Grant County	b. Census	5. Garth Kofoed?	5. Garth Kofoed?
<b>Access to Care</b>	1. Bed Availability	a. # of No Bed reports b. # of Single Bed Certifications	1a. DBHR 1b. DBHR	1. BH-ASO
	2. Accessing the correct level of care	a. # of Ed Visits	2a. HCA, MCO's, EDIE	2. MCO's EDIE
	3. Wait times	a. Time between request for services and intake assessment	3a. DBHR	3. TBD
	4. Access to care for clients in border communities and during MCO transition period moving to new plans	a. Anecdotal	4a.	4. Daily provider calls

**DRAFT NCACH Early Warning System Indicator Matrix**

Indicator Category	Indicator Sub-Category	Specific Indicator Tracked	Owner for Reporting Baseline	Owner for reporting after
			Data	January 2018
	5. Out of region SUD providers treating NC clients		5. BHO - Courtney	5. Anecdotal provider calls
	6. Community Hospital Beds	a. Psych admits in community hospital beds b. Number of days for psych admits in community hospital beds	6a. Krista will look into 6b. Kirsta will look into	
	7. Withdrawal Management Services	Detox admissions by: a. Medicaid b. Non-Medicaid	7a. BHO - Rosa 7b. BHO - Rosa	7a. The Center 7b. The Center
<b>Provider Payments</b> - Notes: Subgroup forming - ideas are Date of services to payment, date of submission to payment, Denial rate by provider, # of claims sent back due to error	1. Measure to claims "error rate"	1. # of claims sent back to the providers due to an error	1	1. MCO's
	2. Measure of top 5 reasons for claim or encounter re-submission	2. Top 5 reasons a claim or encounter is rejected and sent back to the provider	2	2. MCO's
	3. Time between first claim and submission payment	3. Length of time between first claim or encounter submission and payment for claim,	3	3. MCO's
<b>Crisis Services</b>	1. Crisis Line	a. # of incoming calls	1a. BHO - Christine	1. BH-ASO
		b. # of calls answered	1b. NA	1. BH-ASO
		c. # of calls answered withing 30 seconds	1c. NA	1. BH-ASO
		d. percentage of calls answered within 30 seconds	1d. NA	1. BH-ASO

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Indicator Category	Indicator Sub-Category	Specific Indicator Tracked	Owner for Reporting Baseline	Owner for reporting after
			Data	January 2018
		e. Average speed of answer (sec)	1e. NA	1. BH-ASO
		f. Abandonment Rate	1f. NA	1. BH-ASO
	2. ITA's	a. # of ITA Investigations	2a. BHO	2. BH-ASO
		b. # Detained	2b. BHO	2. BH-ASO
		c. # Voluntary Admit	2c. NA	2. BH-ASO
		d. # Discharged with Referral	2d. NA	2. BH-ASO
	4. Referrals to Detox	a. # of referrals from ER to Detox	4a.	
Eastern State Hospital	1. Bed Census	a. Daily census	1a. Eastern or DBHR	1