

North Central Accountable Community of Health

Rates Workgroup

FIMC Advisory Committee – North Central Accountable Community of Health

MEETING NOTES

8:00 AM – 9:00 AM April 28th, 2017

Attendance: Tim Hoekstra, Courtney Ward, Isabel Jones, John Schapman, Christal Eshelman, Linda Parlette.

Via phone: Thuy Hua-Lu, Sheila Chilson, Rosanne Martinez, Alice Lind, Justin Burrell, Jenny Gerstorff, Brad Diaz, James Mathisen, Gail Goodwin, Loc Ohl, Kristy Vaughn **Notes:** Teresa Davis

Goals of Workgroup:

- To ensure rates are adequate to provide services to those in need, and to provide relevant data and information to actuaries.
- Systematic collection of necessary data from all Behavioral Health providers to be submitted to the HCA actuary to produce adequate rates for NCW.

Expectations: We left the last meeting with the belief that there are many services that are not being captured and used in the rate setting process. In order to try to capture those services, Millimen created a template for providers to fill out. In addition, we will going to continue to brainstorm ideas on how to capture these services in a usable format.

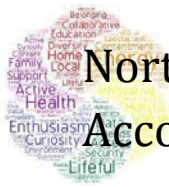
HCA does not know what the extent of rate adjustments that could come out of this workgroup. IT is important to remember that adjustments need to be actuarially sound in order for CMS approval.

Rates Template: Mercer has submitted the data for the rates to Millimen. There may be some missing data. Milliman provided a template to help guide providers in what information to submit. However if there is additional information that providers think would be useful, please include that information and fill it out the best you can.

- Unmet needs: how you will address those needs
- Missing encounters: there is a service provided that is not captured in our data – use calendar year 2015 but you can provide 2016 if you have it
- New outreach efforts that will change data
- Financial information: last three years of financials would help. If not, as much data as possible.
- Staffing: report current staffing, optimal staffing, and projected staffing

Providers can modify the spreadsheet as needed but make sure to include contact information so that HCA can follow up with any questions.

Prevalence: Tim Hoekstra: Prevalence rate is at par across that state, so the assumption would be that the crisis rate would also be at par. Historically it has not been coded correctly, but they are looking to make changes in reporting to reflect the true services in the future. Courtney said that they have created local codes to try to capture the services. Jay Johnson has a body of research that shows this information. Isabel explained that the providers are constrained to the SERI Guide and can't code for crisis. Justin clarified that when there is a medical service with a crisis component it is billed as medical. There is a mental health code but that does not reflect the time and resources that goes into that patient so in essence they are under coding. Thuy suggested that we share the prevalence report and then we can discuss this next time.



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Long-term Staffing Vacancies: Right now with the under-funding, they can't fill vacancies. Explain where the unmet need is and what is your plan to meet the need? If the rate was raised, what would you spend it on? With the lower rates, providers can't remain competitive salary wise with other parts of the state.

Parkside: 32 bed dually licensed bed facility. Planned to open Jan 2018. What type of information can be provided to take that into account? Justin said it goes back to proving the unmet need. Courtney can provide a no bed report, also has the functional plan for Parkside. Can also get the census for MU1 as well.

Next Steps:

- Reach out to Confluence about the MU1
- Send the report from Jay Johnson
- Complete the template and provide any additional information to Christal at christal.eshelman@cdhd.wa.gov by 5/12/2017

Next meeting: Wed, May 17th 2:00 PM at the Chelan Douglas Health District