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. <u>Provide Behavioral Health Agencies with Access to a Project Management/Technical Assistance Resource</u>
    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. <u>Technical Assistance Funds for BH Providers to Support Temp Staff, etc.</u>
   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. <u>Develop a Tool to query Avatar Data</u>
   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.

<u>Note:</u> The ability to use HCA funds for any of these proposals is contingent upon CMS approval.