HEALTH WEALTH CAREER

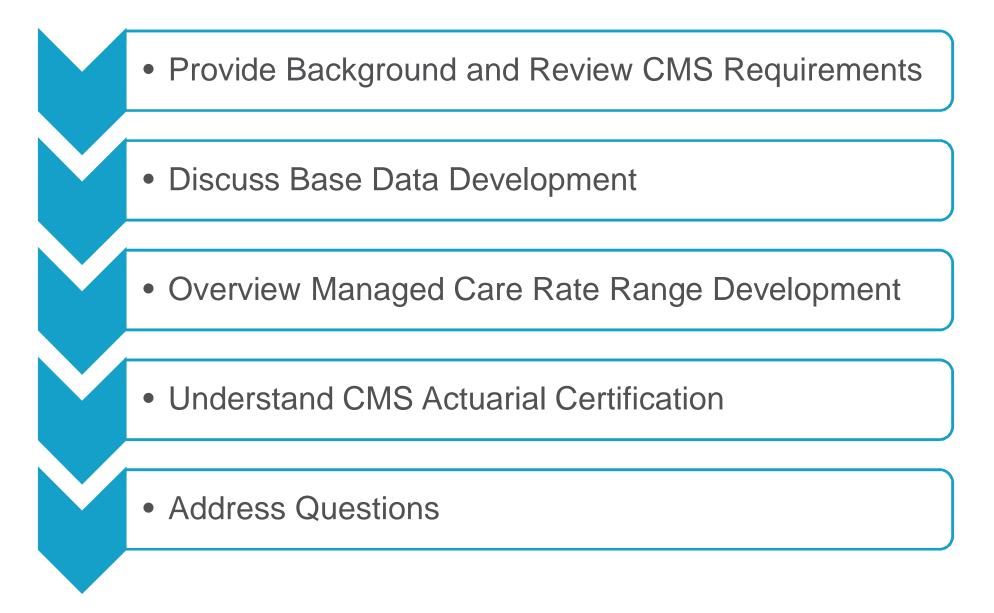
WASHINGTON BEHAVIORAL HEALTH DATA BOOK

STATE FISCAL YEAR 2018

OCTOBER 26, 2016

MAKE TOMORROW, TODAY MERCER

WHAT WE WILL COVER TODAY



BACKGROUND: MANAGED CARE REIMBURSEMENT

State established contracts with BHOs to coordinate care for a specific catchment area

The State issues monthly capitation payments* to the BHOs to cover services for each Medicaid eligible member.

BHOs subsequently establish contracts with provider organizations to deliver MH/SUD services to Medicaid eligible individuals

A pre-determined set of SUD services will be covered under the capitation payment while others will continue to be reimbursed through other funding mechanisms.

*Capitation payments are a fixed monthly payment that is made for each Medicaid eligible member in the respective catchment area regardless of whether that member presents for a service.

OVERVIEW OF CMS REQUIREMENTS

42 CFR 438.6(c) CMS Regulations for Risk-Based Contracts

"Rates must be actuarially sound" and developed by a credentialed actuary Appropriate for covered populations and benefit package

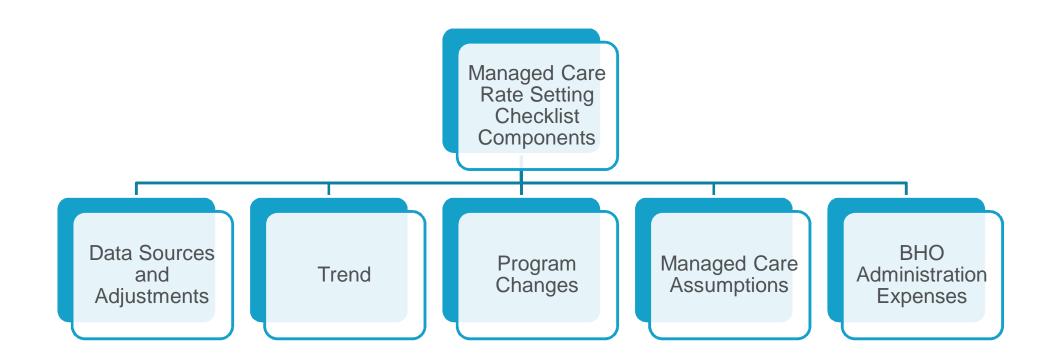
In accordance with generally accepted actuarial principles and practices

Actuarial Standard of Practice No. 49 on Medicaid Proposed Definition of Actuarial Soundness

"Medicaid capitation rates are "actuarially sound" if, for business for which the certification is being prepared and for the period covered by the certification, projected capitation rates and other revenue sources provide for all reasonable, appropriate, and attainable costs. For purposes of this definition, other revenue sources include, but are not limited to, expected reinsurance and governmental stop-loss cash flows, governmental risk adjustment cash flows, and investment income. For purposes of this definition, costs include, but are not limited to, expected neutral to, expected health benefits, health benefit settlement expenses, administrative expenses, the cost of capital, and government-mandated assessments, fees, and taxes."

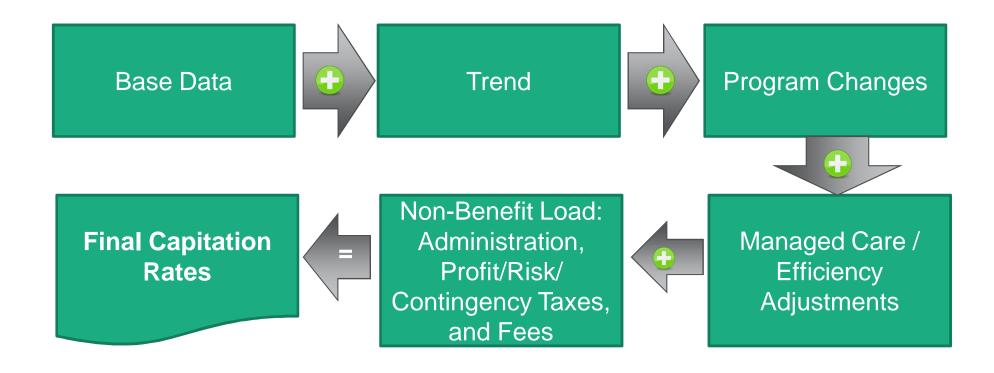
Actuarial certification will be submitted 90 days prior to contract period and reviewed against CMS Rate-setting Checklist and CMS Consultation Guide

OVERVIEW OF CMS REQUIREMENTS

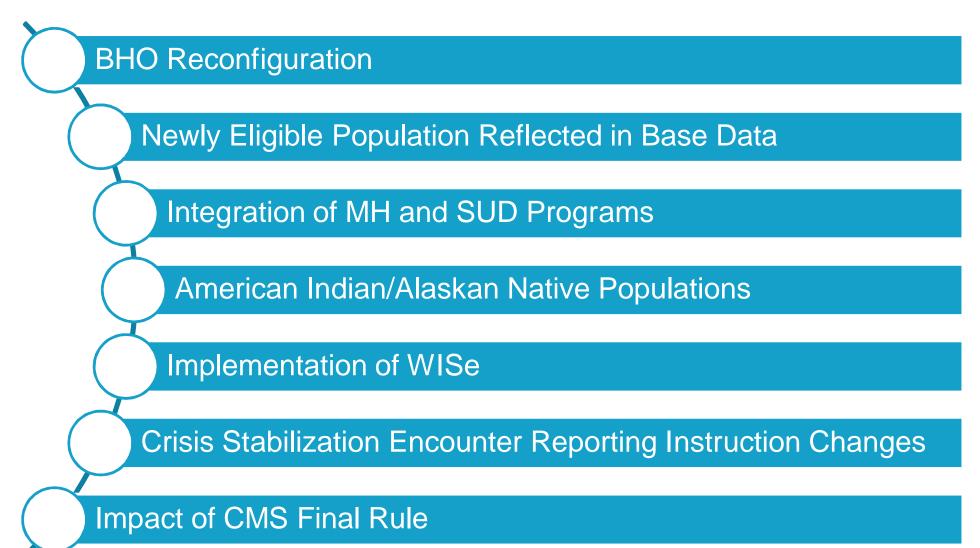


BASE DATA AND RATE DEVELOPMENT OVERVIEW





BASE DATA DEVELOPMENT PROGRAM CHANGES SINCE LAST DATA BOOK



BASE DATA DEVELOPMENT DATA BOOK DELIVERABLE

Forms the base data for development of SFY 17/18 rate ranges Represents the CY 2015 claims and encounters with actual or modeled CY 2015 costs

The Data Book

Documents the logic used to summarize the claims and encounters into the rate cells and service modalities

Provides a data summary for each combination of BHO and rate cell.

BASE DATA DEVELOPMENT OVERVIEW OF DATA SOURCES (SECTION 1)

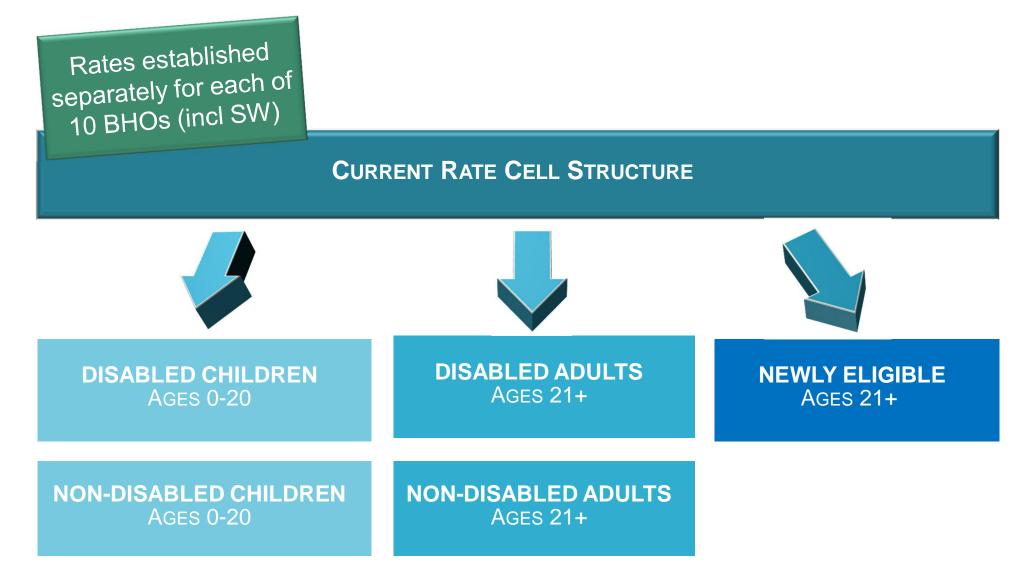
Primary Data Sources

- Mental Health
 - CY 2013 2015 Inpatient claim data
 - CY 2013 2015 E&T encounter data
 - CY 2013 2015 Outpatient encounter data
- Substance Use Disorder
 - CY 2013 2015 Provider One encounter data
 - CY 2013 2015 TARGET data
- Mental Health and Substance Use Disorder
 - CY 2013 2015 Medicaid eligibility data

Secondary Data Sources

- BHO revenue and expense reports
- BLS wage data and Washington area salary surveys compiled by Mercer
- Outpatient and E&T per diem data reported by BHOs
- SUD per diem data reported by BHOs

BASE DATA DEVELOPMENT COVERED POPULATIONS (SECTION 2)



BASE DATA DEVELOPMENT COVERED SERVICES (SECTION 3)

MH MODALITY				
Inpatient Hospital	Intake			
Evaluation and Treatment	Special Population Evaluation			
Residential MH Service	Medication Management			
Crisis	Medication Monitoring			
High-Intensity Treatment	Rehab Case Management			
Day Support	Community Psych Services			
Individual Treatment Services	Peer Support			
Group Treatment Services	Community Transition			
Family Treatment	Therapeutic Psychoeducation			

SUD MODALITY

Assessment Detoxification Outpatient - Individual Outpatient - Group Opiate Substitution Treatment Residential

BASE DATA DEVELOPMENT - UNIT COST MH COST DEVELOPMENT (SECTION 4)

The State provided encounter/claim level data for inpatient, E&T and outpatient services. However, for encounters, the MH data system does not capture payment information on services rendered.

Costs associated with inpatient, E&T and outpatient MH services were developed as follows:

- FFS claims contain payment information for services rendered.
- These amounts were used when developing the inpatient service costs included in the Data Book.

Inpatient

E&T

• Encounters do not collect payment information.

 Per diem information was gathered from the BHOs for each provider of E&T services.

- Encounters do not collect payment information.
- 24-hour level of care services based on BHO provided per diems.
- Hourly services based on unit cost modeling.



BASE DATA DEVELOPMENT - UNIT COST MH HOURLY COST MODELING (SECTION 4)

BLS Salary Data

- Analysis maintained three areas with distinct salaries
- Each BHO was mapped to one of three areas
- Salary was evaluated by provider type
- Employee-related expense (ERE) load of 30% of salary

Provider Overhead Assumptions

- Assumption was set at 40% of total expenses
- Includes consideration for all provider administrative costs

Provider Productivity Assumptions

- Modalities were classified as being primarily office-based, community-based, or crisis.
- Different provider types were allocated differing levels of paid time off, travel, supervision and note-taking responsibilities
- Consideration was also made for training, general administrative tasks and crisis on-call time
- Office-based modalities had the highest productivity assumptions and crisis services had the lowest productivity assumptions.
- Productivity assumptions for community-based modalities were lower for rural areas due to increased travel needs

BASE DATA DEVELOPMENT - UNIT COST MH HOURLY COST MODELING (SECTION 4)

For each modality, provider type, salary area and urban/rural/frontier designation, an hourly service rate was developed according to the following formula

(Hourly Salary) × (1 + ERE%) / (1 – Overhead) / (Productivity %)

EXAMPLE

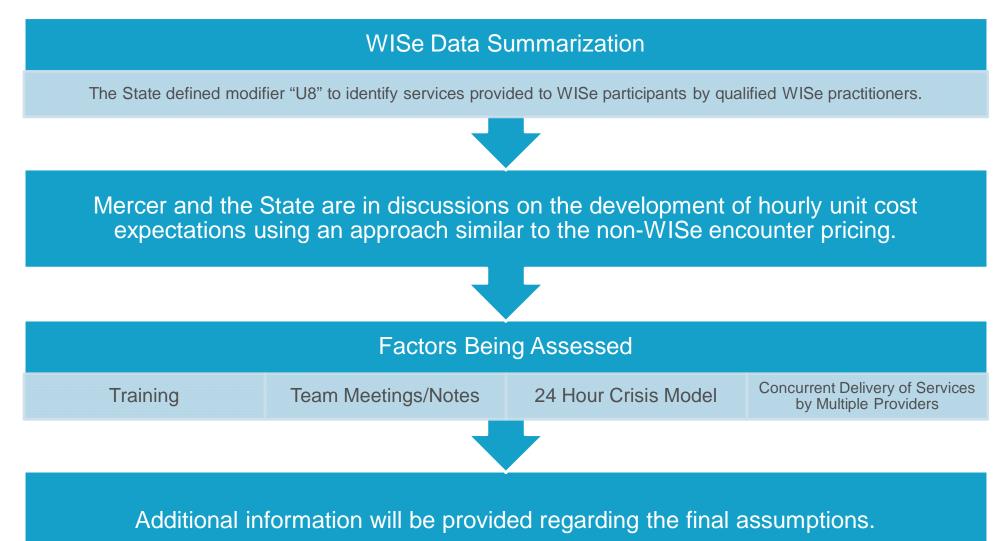
 $($20) \times (1 + 25\%) / (1 - 40\%) / (48\%) = $86.81/Service Hour$

The modeled cost was attached to each hourly encounter according to the following formula

(Encounter Minutes) × (Hourly Service Rate) / 60

The average hourly unit cost attached to the outpatient encounters increased by 16.3%

BASE DATA DEVELOPMENT - UNIT COST MH HOURLY COST MODELING (SECTION 4)



BASE DATA DEVELOPMENT - UNIT COST MH PER DIEM COST DEVELOPMENT (SECTION 4)

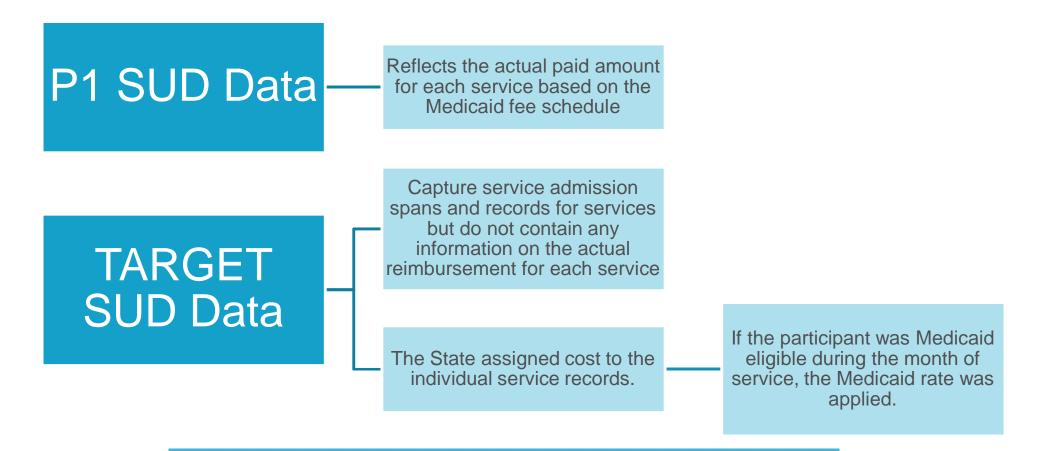
BHO Per Diem Request

- Collected actual or calculated per diems for each provider and per diem service code in encounter data.
- In instances where per diems were not provided, prior rate setting per diems were trended to the CY 2015 time period.

Mercer Review

- Mercer reviewed for reasonableness to identify outliers compared to other BHO arrangements for similar services.
- Utilized trended prior per diems as necessary.

BASE DATA DEVELOPMENT SUD COST DEVELOPMENT (SECTION 4)



Note that a prospective adjustment will be made to reflect the reimbursement structure in a managed care environment.

BASE DATA DEVELOPMENT DATA ADJUSTMENTS (SECTION 5)

CY 2015 Completion Factors

- Account for services rendered but not yet paid.
- Limited to SUD and MH inpatient P1 data
 - SUD: 1.031
 - MH Inpatient: 1.029

MH Outpatient Crisis Data

- Anticipated changes to the SERI prior to SFY 2018 for crisis stabilization code S9484 to be reported as a per diem for certain triage and 24-hour facilities, while the remaining facilities would report crisis stabilization under S9484 on an hourly basis
- Utilization for providers identified to be impacted by the change was summarized as days and priced according to the currently available S9485 per diem rates.
- BHOs most impacted include Great Rivers, Greater Columbia, North Sound, Spokane and Thurston Mason.

BASE DATA DEVELOPMENT DATA EXCLUSIONS (SECTION 5)

Mercer applied the following exclusions to the base data, with the CY 2015 exclusion percentages noted:

Non- Medicaid Eligibles

- MH claims/encounters: 6.8%
- SUD costs: 12.5%

Non-Medicaid Services

- MH claims/encounters: 1.3%
- SUD costs: 0.9%

Duplicate TARGET Records to P1

• SUD costs: 20.8%

Room and Board Services

• SUD costs: 1.7%

Department of Corrections

• SUD costs: 1.5%

BASE DATA DEVELOPMENT DATA EXCLUSIONS (SECTION 5)

Tribal Services for Certain Tribal Providers and the Enhanced Encounter Payment

• SUD costs: 17.6%

American Indian/Alaskan Native Claims

- MH claims/encounters: 2.4%
- SUD costs: 2.2%

Exclusion of IMD Services

- MH claims/encounters: 1.1%
- SUD costs: 9.8%

Consideration for IMD Excess Stay Claims

- MH claims/encounters: 0.3%
- SUD costs: 0.8%

BASE DATA DEVELOPMENT DATA COST ADJUSTMENTS (SECTION 5)

The following exclusions had minimal impact on the MH and SUD data:

Duplicate Claim Records

• MH claims/encounters: 0.2%

Bundled Services

• MH claims/encounters: 0.8%

Services Covered under WMIP, Healthy Options or FFS

- MH claims/encounters: 0.4%
- SUD costs: 0.1%

BASE DATA DEVELOPMENT DATA COST ADJUSTMENTS (SECTION 5)

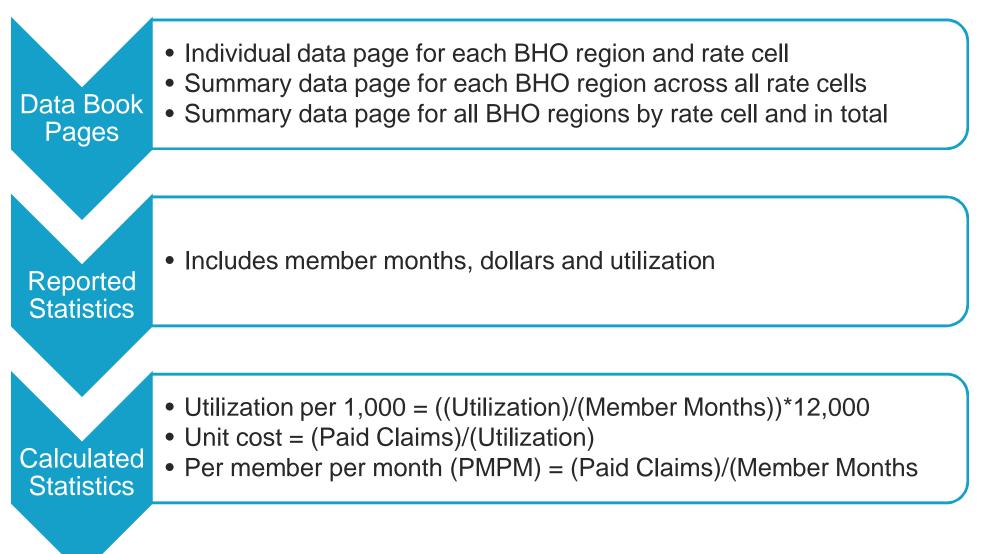
Dual Eligible Adjustment for Expected Medicare Financial Participation

• MH OP costs: downward adjustment of 0.6%

Certified Public Expenditure Hospital Claims

• MH IP costs: upward adjustment of 7.3%

BASE DATA DEVELOPMENT CY 2015 DATA SUMMARIES (SECTION 6)



BASE DATA DEVELOPMENT CY 2015 DATA SUMMARIES (SECTION 6)

STATEWIDE CY 2015 PMPMs as reflected in the Data Book

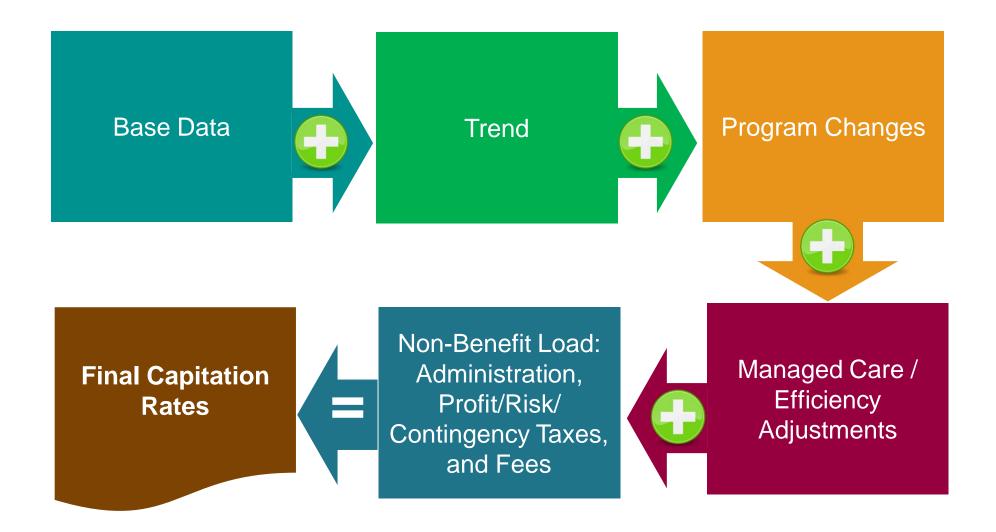
Rate Cell	МН РМРМ	SUD PMPM	Total PMPM
Disabled Adults	\$100.11	\$9.80	\$109.91
Non-Disabled Adults	\$15.82	\$6.65	\$22.47
Disabled Children	\$54.45	\$3.00	\$57.45
Non-Disabled Children	\$9.11	\$0.97	\$10.08
Newly Eligible	\$20.47	\$8.06	\$28.54
Total	\$21.45	\$4.72	\$26.17

BASE DATA DEVELOPMENT CY 2015 DATA SUMMARIES (SECTION 6)

CY2015 PMPMs BY BHO FOR ALL RATE CELLS AS REFLECTED IN		
THE DATA BOOK		

ВНО	МН РМРМ	SUD PMPM	Total PMPM
Great Rivers	\$22.93	\$7.22	\$30.15
Greater Columbia	\$15.15	\$3.19	\$18.34
King	\$22.59	\$5.49	\$28.08
North Central	\$10.76	\$2.43	\$13.19
North Sound	\$20.39	\$5.05	\$25.44
Pierce	\$23.59	\$3.93	\$27.52
Salish	\$28.44	\$6.28	\$34.72
Southwest	\$25.19	\$4.36	\$29.55
Spokane	\$24.67	\$4.24	\$28.91
Thurston Mason	\$20.14	\$5.84	\$25.98
Total	\$21.45	\$4.72	\$26.17

CAPITATION RATE DEVELOPMENT PROCESS



WASHINGTON BH RATE SETTING UPCOMING TIMELINES

Key Timelines

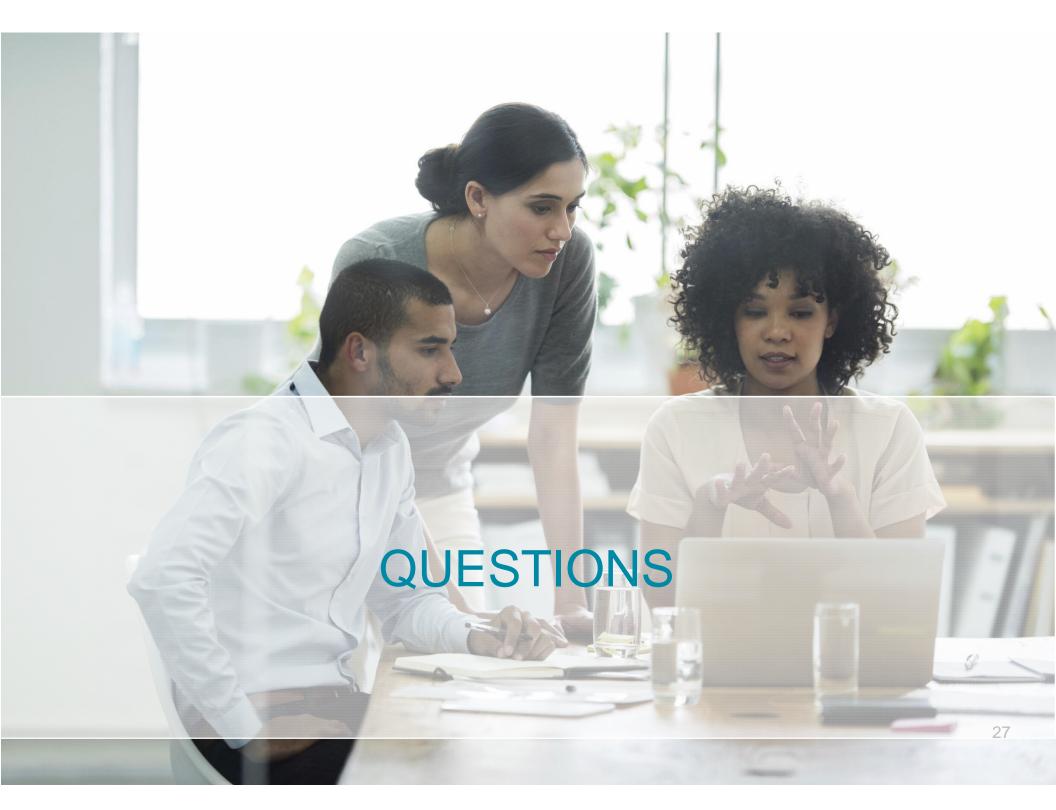
November 15, 2016: Deadline for BHO feedback regarding the Data Book

February 2017: SFY 17/18 rate discussions

End of February 2017: Finalize contracts

March 2017: Actuarial certification submission to CMS

July 2017: FY 17/18 contract period begins



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