

**Early Adopter Frequently Asked Questions**  
**Health Care Authority**  
**September 3, 2015**

*The following questions were provided to HCA from stakeholders in the Southwest Washington Regional Service Area, where fully-integrated managed care is being implemented in April 2016. The responses to these questions are specific to HCA's implementation of the fully-managed care program in Southwest Washington.*

- 1. Southwest Washington Behavioral Health (SWBH) regional support network (RSN) provides some state-only funding now to some providers to deliver mental health treatment to people receiving Medicare. Will state-only dollars be available to provide mental health treatment for people on Medicare and if so, how will it be managed?**

Yes, state dollars will be available to provide mental health treatment to individuals who are dually-eligible for both Medicare and Medicaid (dual-eligibles), and individuals who are not eligible for Medicaid. Dual-eligibles will be enrolled in the behavioral health services only program with a managed care plan, and the managed care plans will have access to state dollars to provide behavioral health services. A Behavioral Health-Administrative Service Organization (BH-ASO) will also operate on a regional basis, and will have access to state dollars for behavioral health treatment for individuals who are not eligible for Medicaid. For more information on the behavioral health services only program or the BH-ASO, see [RFP 15-008, 2.1 Background and Purpose](#) and the draft BH-ASO Contract, available on the Healthier Washington website on the [Integrated Physical and Behavioral Health care page](#).

- 2. How will WISe be managed in Early Adopter and who will be responsible to manage the Family Youth and Systems Round Table (FYSPRT)?**

See [Attachment 1](#), Sample contract, 6.1.9.4, 14.7.4, 16.5.16  
No determination has been made as to management of the Family Youth System Partners Round Table (FYSPRT).

- 3. Which functions and funding will the Behavioral Health Administrative Service Organization manage?**

HCA released a draft contract outlining the role of the BH-ASO on April 11, 2015. The contract is available at the Healthier Washington [Integrated Physical and Behavioral Health Care web page](#).

As outlined in the fully-integrated managed care RFP:

Certain services and functions that are currently managed by the County or the RSN are either insurance blind, or most effectively administered by one organization on a regional basis. HCA is releasing a separate Request for Proposals to procure a Behavioral Health Administrative Service Organization (BH-ASO) that will operate on a regional basis, in close coordination with the selected managed care organizations (MCOs), to manage certain behavioral health services for all individuals in the Southwest Washington RSA. The BH-ASO will receive direct state funding and SAPT block grant funding from HCA, and all MCOs operating in the SWWA region will be required to subcontract with the BH-ASO to provide crisis services to their enrollees.

The BH-ASO will manage the following services and functions regionally:

- Maintenance of a 24/7/365 regional crisis hotline, accessible to all individuals regardless of insurance status;
- Mental health crisis services, including dispatch of a mobile crisis outreach team staffed by mental health professionals and/or designated mental health professionals (DMHPs) and certified peer counselors;
- Administration of the Involuntary Treatment Act (71.05 and 71.34), including:
  - Reimbursing the county for court costs associated with Involuntary Treatment Act (ITA);
  - 24/7 availability of DMHPS to conduct assessments and emergency detentions;
  - 24/7 availability of DMHPS to file petitions for detentions and provide testimony for ITA services.
- Administration of the Chemical Dependency Involuntary Treatment Act (CD ITA) in accordance with RCW 70.96A.120-140, including the employment of a Designated Chemical Dependency Specialist (DCDS) to:
  - Provide services to identify and evaluate alcohol and drug involved individuals requiring protective custody, detention, or involuntary commitment services;
  - Manage the case finding, investigation activities, assessment activities, and legal proceeding associated with CD ITA cases.
- Substance use disorder crisis services on a short term basis to intoxicated or incapacitated individuals in public, including:
  - General assessment of the patient's condition
  - Interview for diagnostic or therapeutic purposes
  - Transportation home or to an approved treatment facility

- Operation of a behavioral health ombudsman.
- Monitoring Less Restrictive Alternative court orders for individuals who are not eligible for Medicaid.
- Evaluation and treatment services for individuals who are not eligible for Medicaid.
- Distribution of Mental Health Block Grant funds, under the regional Mental Health Block Grant plan, as approved by the Community Behavioral Health Advisory Board.
- Within available resources, and after prioritizing funds for crisis services, the BH-ASO may also provide behavioral health services to individuals who are not eligible for Medicaid.

**4. How will the behavioral health crisis system change in Early Adopter? What services will the MCOs be responsible for as it relates to their members?**

In April 2016, when the Apple Health Fully-Integrated Managed Care program is implemented, the RSN system that currently provides mental health services to individuals who meet Access-to-Care standards and manages the mental health crisis system will cease operations. As outlined in question 4, a BH-ASO will be procured by HCA to operate the crisis system regionally.

As outlined in the Contracts in Sections 9.16 and Section 16 ([Attachment 1](#)) and Sections 15 and 16 of the Behavioral Health Services Wraparound Contract ([Attachment 2](#)), the MCOs will be responsible for behavioral health services for their members *except* crisis services and services related to the administration of the Involuntary Treatment Act (RCW 71.05, 71.34) or the Substance Use Disorder (SUD) Involuntary Commitment statute (RCW 70.96A.140). This includes MCO's responsibility to provide evaluation and treatment services or SUD services for an involuntarily detained enrollee per RCW 71.05, 71.34 or 70.96A.140.

**5. How will the state determine if there are any savings from Early Adopter? How will those savings be spent and who makes that determination?**

According to SSB 6312, "As an incentive to county authorities to become early adopters of fully integrated purchasing of medical and behavioral health services, the standards adopted by the secretary and the Health Care Authority under subsection (5) of this section shall provide for an incentive payment to counties which elect to move to full integration by January 1, 2016. Subject to federal approval, the incentive payment shall be targeted at ten percent of savings realized by the state within the regional service

area in which the fully integrated purchasing takes place. Savings shall be calculated in alignment with the outcome and performance measures established in RCW 43.20A.895, 70.320.020, and 71.36.025, and incentive payments for early adopter counties shall be made available for up to a six-year period, or until full integration of medical and behavioral health services is accomplished statewide, whichever comes sooner, according to rules to be developed by the secretary and health care authority.” The incentive payment would be made to the participating counties, who would determine how the funds are spent.

**6. How will children in the foster care system be treated in Early Adopter?**

Children in the foster care program will be enrolled in Behavioral Health Services Only (BHSO) Program with a fully-integrated managed care plan operating in the SWWA RSA. They will receive physical health services through the statewide foster care managed care plan. Decision is pending on foster alumni and adoption support children.

**7. Is dental and long-term care services included in Early Adopter? If not, when will these programs be included?**

No. No decision has been made regarding inclusion of dental and long term supports and services.

**8. What will happen to the current Health Home program that HCA operates now in Early Adopter?**

A decision about the Health Home program in all counties has not been finalized.

**9. How will MCOs in Early Adopter work with Behavioral Health Organizations in other regions when using behavioral services outside of the region or a person comes from another region?**

MCOs will be expected to have a memorandum of understanding with BHOs to ensure smooth transition of services. For example, see [Attachment 1](#) 14.10.9, 14.11, 14.14

**10. How will the community know the status of implementation in the early months of Early Adopter?**

HCA proposes to have frequent, regular meetings with the Implementation Team during the implementation of Fully Integrated Managed Care. The Implementation Team includes representatives from Clark and Skamania counties as well as the Southwest Washington Accountable Community of Health (also called Regional Health Alliance). At first, daily status updates will be needed, and gradually these can transition to weekly and then biweekly meetings.

**11. What if an MCO doesn't have an adequate provider network by the time implementation begins?**

The provider network must be adequate for enrollment to begin.

**12. What native data will HCA require MCOs to collect from providers to satisfy block grant funding?**

HCA will require the submission of HIPAA 837 encounter transactions through ProviderOne. Additionally, DSHS will require the submissions of a set of data files to support state and federal reporting requirements associated with non-Medicaid funds. DSHS plans to publish the requirements for this reporting in early September at which time HCA will pass the requirements to prospective bidders.

**13. What data systems are HCA planning to use to collect data and when will stakeholders know about the specific data that needs to be collected?**

See Question #12.

**14. What will happen to the existing Regional Support Network?**

The existing RSN will cease operations when the Fully Integrated Managed Care program starts in April 2016.

**15. Will Klickitat integrate back into SW WA Regional Service Area or is the move to Greater Columbia final?**

HCA revised the Regional Service Area boundaries on June 29, 2015 and Klickitat County was re-designated as part of the Greater Columbia Regional Service Area. These revised RSA boundaries are transitional, and will remain in effect through the duration of the managed care system contracts: 2016-2017. No decision has been made about Klickitat County's RSA designation after 2017.

**16. How is alignment with the Accountable Community of Health impacted by the change to the SW WA Regional Service Area designation?**

HCA strives to maintain alignment between the Regional Service Areas designated for Medicaid purchasing, and the boundaries of the Accountable Communities of Health. As such, Klickitat County will participate in the Greater Columbia Accountable Community of Health. Partners in Klickitat County have also been invited to continue their engagement and participation in the Southwest Washington ACH during this transitional

period, if desired. HCA encourages ongoing engagement of partners in Klickitat county (in some capacity) to accommodate the anticipated future transition back to Southwest.

**17. How many MCOs will participate in the Early Adopter Regional Service Area?**

Per the RFP, “Up to three (3) successful bidders will be selected to serve the Regional Service Area. The awards will be given to the top two bidders unless a third bidder has an equivalent score within 2% of the total points.”

**18. How is HCA developing the rates for fully integrated managed care contracts?**

Bidders received a rates memo and databook as part of the RFP process.

**19. What changes (if any) will be made to the 834 enrollment files for the identification of individuals within the Early Adopting Regional Service Area?**

There will be two additions to the file layout. We are adding the fields “living arrangement” and “institutional setting”. Additionally, field values allowed in the files will be updated to include the two new programs unique to the Early Adopter region(s) - “fully integrated managed care” and “behavioral health services only.”

**20. Does the fully integrated managed care contract apply to the entire Apple Health population?**

See [Attachment 1](#), Exhibit G, for which Apple Health clients are enrolled in FIMC or BHSO.

**21. How will interpreter services be delivered and paid for in the behavioral health system?**

Any individual who needs interpreter services for a covered service, regardless of whether that service is funded by Medicaid, state-funds or a federal block grant, will be provided access to interpreter services. HCA will release additional information about how to obtain interpreter services.

**22. Many RSN's have had consortium-based electronic health record arrangements that has hidden/subsidized this cost of mental health providers. The Managed Care Organizations will not be taking on this role in Early Adopter in 2016 or in 2020. There are also a lot of providers who don't have electronic health records. What is the HCA thinking around the impact of that increased cost (\$50K to purchase + \$100K or more/year to maintain license + increased staffing to maintain the functionality) in purchasing a product and maintaining an electronic health record for behavioral health agencies?**

The Health Care Authority has contracted with OTB Solutions to conduct a community-based assessment over the next five months. The assessment will gain a better understanding of the EMR adoption rate among behavioral health providers and to learn about the obstacles and opportunities to adopting a low-cost EMR solution for these providers around the state. The project will be co-managed by HCA and DSHS and we will report the outcomes when the assessment is final.

**23. What state or federal funding will stay with the counties to manage?**

As is the case in all counties, the Substance Abuse Prevention and Treatment (SAPT) block grant dollars for prevention activities will stay with the county.

**24. Will there be training and technical assistance available to help providers with clinical integration after April 1, 2016?**

The HCA and DSHS have submitted a section 1115 Medicaid Transformation Demonstration waiver proposal to CMS that, if approved, would allow Washington State additional flexibility in how we spend Medicaid funds. The proposal would help accelerate the state's efforts toward the Triple Aim – better health, better care and lower costs. The application is available at the Healthier Washington [Medicaid Transformation web page](#).

This proposal recognizes that providers will need support to prepare for clinical integration and value-based payments. Please refer to the description of transformation projects in Section IV for more details.

**25. How will counties and the ACH be involved in the ongoing monitoring of Early Adopter implementation after April 1, 2016?**

The counties and the Regional Health Alliance are developing an early warning system to identify potential implementation issues to ensure rapid response with solutions. The system's development includes HCA and is expected to roll out after implementation. Potential elements of an early warning system include measurement of the following:

- Delay or decrease in provider payments (some have fewer than 30-day reserves)
- Increase in proportion of claims with errors or denials (requires MCO input)
- Spike in Emergency Department and jail use
- Spike in use of state hospital beds (given that use by SW WA has historically been below average)
- Spike in grievances, complaints to ombudsman
- Drop in numbers of Medicaid enrollees seeking treatment

- Extended wait time for treatment (substance use disorder in particular)
- Consumers are frequently shifted to different providers

This early warning system being developed in the Southwest region represents one example of HCA's vision for Accountable Communities of Health as future partners in purchasing across the state.

**26. Is HCA willing to explore the Centers for Behavioral Health Excellence model for the behavioral health system to help increase and improve access to care issues?**

We assume the question is referring to the demonstration grants available to states under section 223 of the [Protecting Access to Medicare Act of 2014](#). Washington State has chosen not to apply for the grant. However – integrated delivery of physical and behavioral health care is a priority for transforming the Medicaid delivery system as described in the Medicaid Transformation Demonstration waiver application referred to in the response to question #26. The waiver application is available at the Healthier Washington [Medicaid Transformation web page](#).

**27. What are some new pay for performance models HCA is researching? What's the timeline for HCA to move managed care from paying on a fee for service model to paying for performance?**

In 2013, with federal State Innovation Model (SIM) planning grant funding, the state developed its blueprint for Healthier Washington. We are now in the early stages of implementing that plan – details are available at the Healthier Washington website under [About the Innovation Plan](#).

Paying for value is one of the key Healthier Washington strategies to realize the Triple Aim – better health, better care and lower costs. Through alignment of Healthier Washington initiatives it is the state's intent that 80 percent of state financed health care (Medicaid and public employees) will be purchased through value-based payment arrangements by 2020. Tools to support this move include:

- A federal SIM Model test grant through which the state is testing four payment redesign approaches to reward quality and outcomes over volume of services. Please refer to the Healthier Washington website on the [Paying for Value](#) page. A recorded webinar was held July 30, 2015 that provides more information on the status of the four models.
- The Medicaid Transformation Demonstration waiver referred to in the response to question 26, through which Washington hopes to support Medicaid providers in an accelerated move to value-based payment. Please refer to the description of value-

based payments in Section IV for preliminary details and a rudimentary classification of value-based payment models.

**28. What performance health outcomes is HCA using to monitor MCOs performance in full integration? What are the behavioral health performance measures?**

See [Attachment 1](#), Exhibit F for a list of performance measures in the fully-integrated managed care contracts. HCA will also monitor for all measures that are part of the Washington State Common Measure Set for health care quality and cost, available on the Healthier Washington website on the [Performance Measures page](#).