

October 30, 2015

TRIBAL ROUNDTABLE #1
BHO WAIVER, BHSO WAIVER, AND FIMC SPA



BLESSING, WELCOME & INTRODUCTIONS



AGENDA SETTING & OPENING STATEMENTS



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Agenda Setting

Proposed Agenda

9:00 am	Blessing & Welcome/Introductions
9:05 am	Agenda Setting & Opening Statements
9:30 am	Overview of BHOs and Fully Integrated Managed Care
9:45 am	BHOs <ul style="list-style-type: none">• DSHS Presentation on BHOs and 1915(b) Waiver Amendment• Q&A and Discussion
10:45 am	Fully Integrated Managed Care (FIMC) + BHSO Program <ul style="list-style-type: none">• HCA Presentation on FIMC/BHSO, 1932 State Plan Amendment, and 1915(b) Waiver Amendment• Q&A and Discussion
11:45 am	Closing Statements
12:00 pm	Closing



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Opening Statements

- ❖ State Agency Representatives
- ❖ Tribal and Urban Indian Health Organization Representatives

OVERVIEW

BHO AND FULLY INTEGRATED MANAGED CARE

Initial Steps

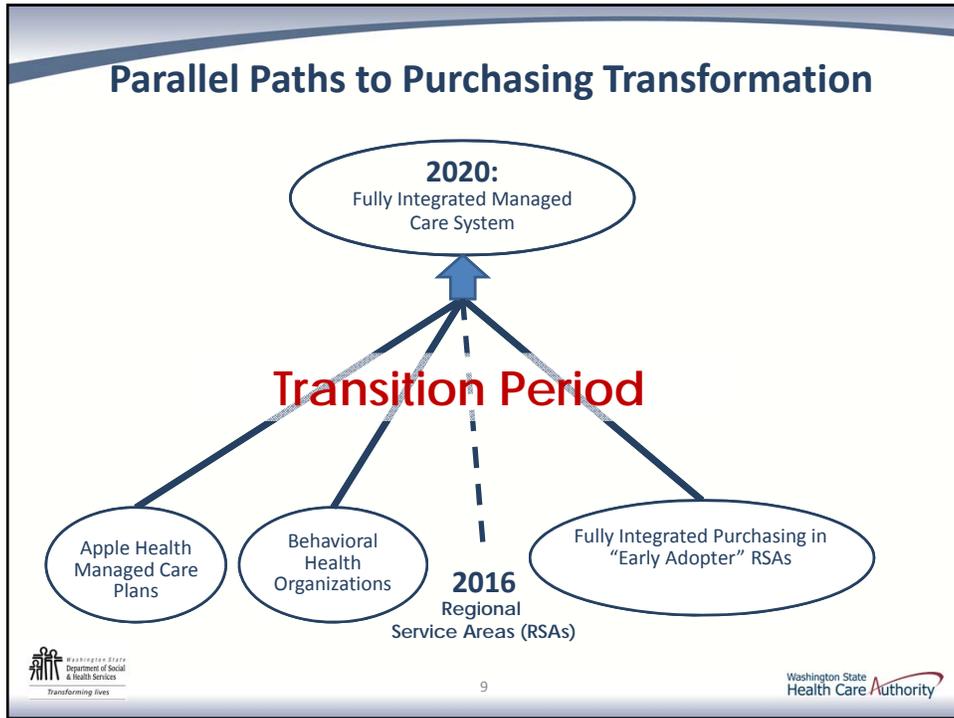
2014 Legislative Action: 2SSB 6312

- Regional Service Areas (RSAs) define new geographical boundaries for the state to purchase behavioral and physical health care through managed care contracts.
- RSAs were authorized in 2014 legislation and include contiguous counties, contain at least 60,000 people on Medicaid, possess an adequate number of health care providers, and reflect natural and behavioral health service referral patterns.
- By January 1, 2020, the community behavioral health program within each RSA must be fully integrated in a managed care health system that provides mental health services, chemical dependency services, and medical care services to Medicaid clients

Initial Steps

2014 Legislative Action: 2SSB 6312 (continued)

- State law also created Behavioral Health Organizations (BHOs) to purchase and administer public mental health and substance use disorder services under managed care.
- The legislation specifically gives the current Regional Support Networks (RSNs) the right of first refusal as the BHO through submission of a Detailed Plan to demonstrated the readiness of their entity to administer SUD treatment services.



2016 Medicaid Purchasing Context

Behavioral Health Organization (BHO) Regional Service Areas:

- Behavioral Health Organizations will provide substance use disorder services for all and mental health for individuals who meet the mental health access-to-care standards
- Apple Health Managed care plans contract for physical health for all Medicaid enrollees and mental health for individuals who do not meet access-to-care standards for services through RSNs

Fully Integrated Managed Care (FIMC) Regional Service Area (SWW)

- Fully integrated managed care plans will contract for all physical and behavioral health Medicaid services and assume full risk for both
- An Administrative Service Organization for Behavioral Health (ASO-BH) will provide crisis services for this region plus the non-Medicaid services for those not enrolled in Medicaid

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Washington State Health Care Authority

Managed Care: Two Types Allowed by Federal Rule

Managed Care Organizations (MCOs)

- Apple Health Medical and the Fully Integrated Managed Care are examples of this type of entity
- Comprehensive benefit package
- Payment is risk bearing with a capitated payment

Prepaid Inpatient Health Plan (PIHP)

- The current RSNs and future BHOs are examples of this type of entity
- Limited benefit package that includes outpatient, inpatient hospital or institutional services
- Payment is risk bearing with a capitated payment

What is Managed Care Designed to Do?

To provide quality health care in a cost effective way with three major goals:

- Improved quality and accessibility of health care,
- Improved outcomes and overall quality of life, and
- Appropriate utilization of funds to maximize

Managed care payment model includes:

- A prepaid per member per month premium (PM/PM) to provide and/or purchase covered services
- The PM/PM is considered full payment for all medically necessary services

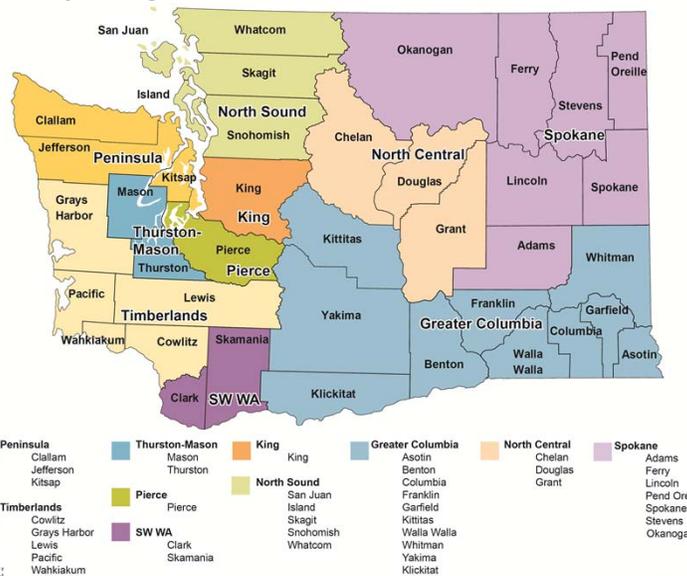
Required Elements of Managed Care

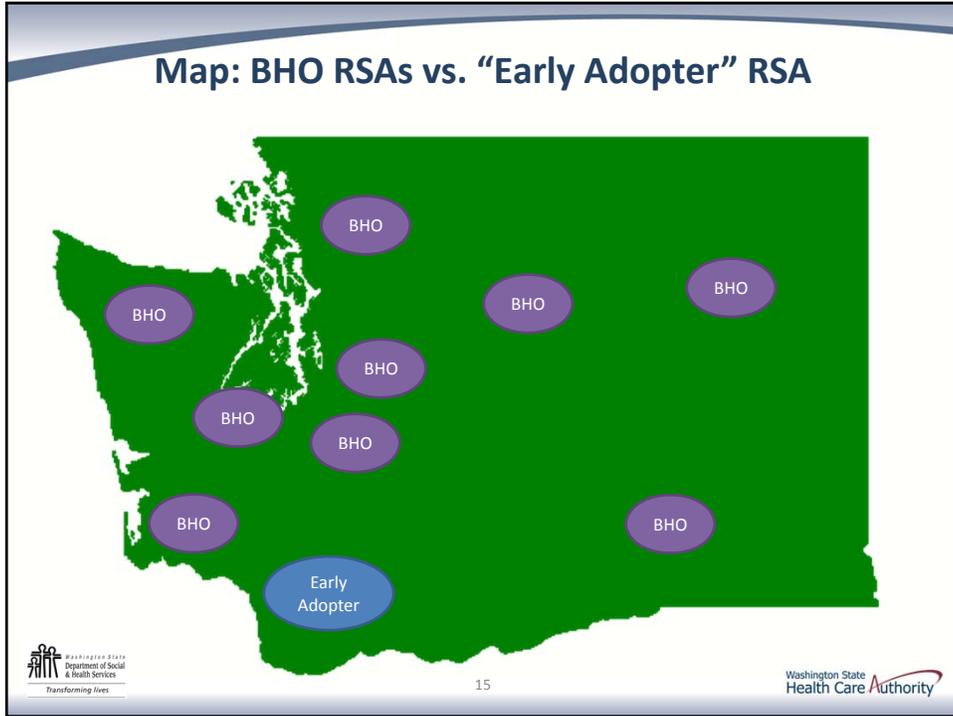
Quality Review- Implementation of quality programs and entities must have a quality strategy for continuous review and oversight including have an External Quality Review Organization (EQRO) to review compliance with federal requirements and oversight.

Network Adequacy- Sufficient number of providers, with an appropriate range of services to meet the medical necessity of the anticipated enrollees in the region. Time and distance standards apply and there can be no waitlist.

Grievance and Appeal Rights- Provides a check and balance to protect the enrollee's rights as well as a timely resolution to concerns and requests related to access to care, service provision and choice of providers.

Map: Regional Service Areas (RSAs) for 2016





Behavioral Health Organizations 1915(B) WAIVER AMENDMENT

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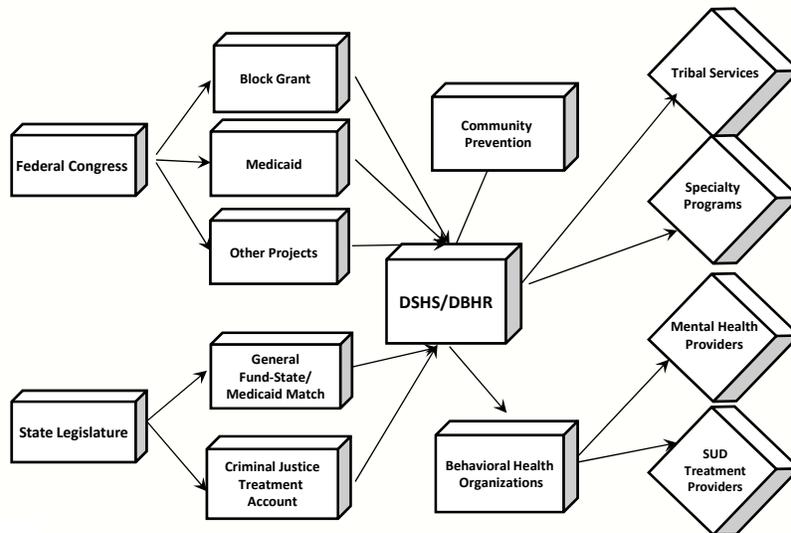
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Washington State Health Care Authority

Current Fee for Service vs. Managed Care/BHO

Fee for Service (FFS)	Managed Care/BHO
<ul style="list-style-type: none"> Providers hold Core Provider Agreement with HCA and agree to accept Medicaid rates as payment in full- payments made according to established fee schedule 	<ul style="list-style-type: none"> Managed Care entity accepts PM/PM premium as payment for all covered services
<ul style="list-style-type: none"> Enrollees choose providers from pool of providers willing to accept Medicaid beneficiaries 	<ul style="list-style-type: none"> Managed Care entity contracts with providers to provide services in benefit package and establishes payment methods and rates directly to the provider
<ul style="list-style-type: none"> Providers can limit the number of Medicaid enrollees they accept 	<ul style="list-style-type: none"> Must have adequate network to provide timely access to medically necessary services

BHO: Future Funding and Contract Flow



Eligibility for BHO-Administered Services

Once determined Medicaid eligible, the enrollee is entitled to services defined in the benefit package. The type, scope and duration is based on the medical necessity criteria and specialty services may have standardized medical necessity criteria

Eligibility: Medical Necessity

Medical Necessity for all Behavioral Health Services is based on the presence of a DSM 5 related diagnosis. *(The DSM 5 includes both mental health and substance use disorder diagnoses.)*

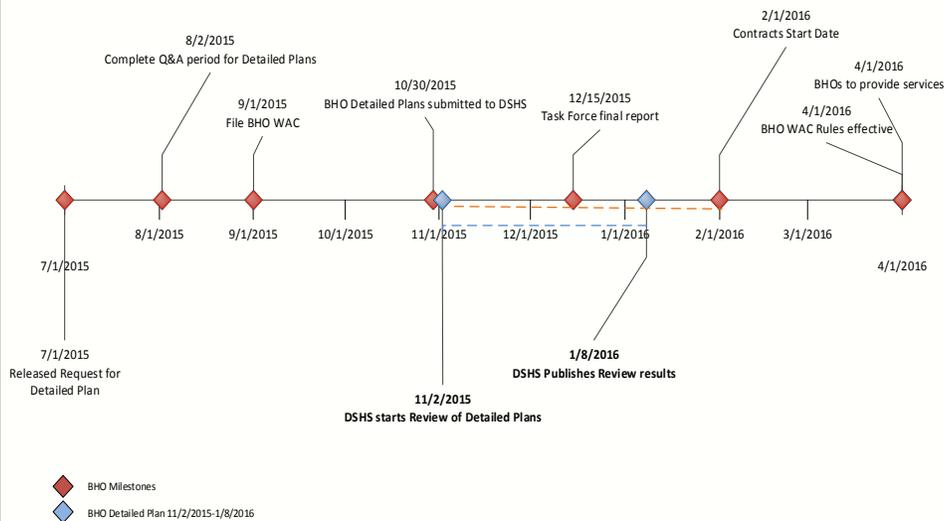
- Authorization of Mental Health (MH) Treatment Services are based on DSM 5 Diagnosis and meeting Mental Health Access to Care Standards with the primary diagnosis being MH related.
- Authorization of Substance Use Disorder (SUD) Treatment Services are based on the presence of a DSM 5 substance related diagnosis and application of the American Society of Addiction Medicine placement criteria following an Assessment.
- Individuals with co-occurring MH and SUD conditions may receive treatment from two provider types or from a provider that is licensed and staffed for both MH and SUD.

Medicaid State Plan Benefits

In addition to the Mental Health Medicaid State Plan Services currently administered by the RSNs the following Substance Use Disorder Medicaid State Plan Services are be covered by the BHOs and authorized based on Medical Necessity:

Substance Use Disorder Services
Brief Intervention Treatment
Withdrawal Management (Detoxification);
Assessment
Outpatient Treatment
Intensive Outpatient Treatment
Inpatient Residential Treatment
Opiate Substitution Treatment Services
Case Management

BHO Implementation Timeline



BHO Request for Detailed Plan

From RCW 71.24.380

Request a detailed plan from the entities identified that demonstrate compliance with the contractual elements of RCW 43.20A.894 and federal regulations related to Medicaid managed care contracting, including, but not limited to:

- Having a sufficient network of providers to provide adequate access to mental health and chemical dependency services for residents of the regional service area that meet eligibility criteria for services
- Ability to maintain and manage adequate reserves, and maintenance of quality assurance processes

Any responding entity that submits a detailed plan that demonstrates that it can meet the requirements of this section must be awarded the contract to serve as the behavioral health organization.

BHO Request for Detailed Plan Required Responses

- **General and Overall Transition Plan**
- **Transition and Coordination of Services Plan:** Before implementation, After implementation
- **Communications and Stakeholder Plan:** Consumers, Providers, Advisory Board, Stakeholders, Staff
- **Network Analysis and Development Plan:** Mental Health, Substance Use Disorder
- **Staffing and Workforce Analysis and Development Plan:** Training, Personnel, Ombuds
- **Tribal communication and Coordination and Communication Plan**
- **Behavioral Health Data Consolidation Project Plan**

BHO: Challenges & Opportunities

Challenges

- Maintaining and/or increasing the network of providers to meet the demand
- Financial risk to manage within the resources provided without regard to demand
- New process for accessing SUD Services through BHO authorization
- Understanding each other (SUD/MH language differences)

Opportunities

- Ensures access to all medically necessary services for enrollees
- Provides protections such as appeals that allow decisions about care to be reviewed
- Requires quality improvement processes
- Begins to move the system towards further integration

BHO: Communications & Ongoing Work

Communications:

- Statewide Notification for existing Medicaid Enrollees by letters that are mailed by Apple Health Benefit Exchange
- New Enrollee's will receive the notification as they apply and are notified of eligibility prior to April 1, 2016
- Other communications are being planned jointly with RSNs/BHOs for regional notification of changes and who to contact with questions regarding services

Ongoing Work:

- Washington Administrative Code is being amended to create the rules for the Administrative structure of BHOs and the delivery of services. Other WAC rules are planned for the future to work towards integration of services
- Revised Code of Washington amendments were done during the 2015 Legislative session to begin to incorporate BHOs into codes with more work to follow in the 2016 session

BHO: Additional Resources

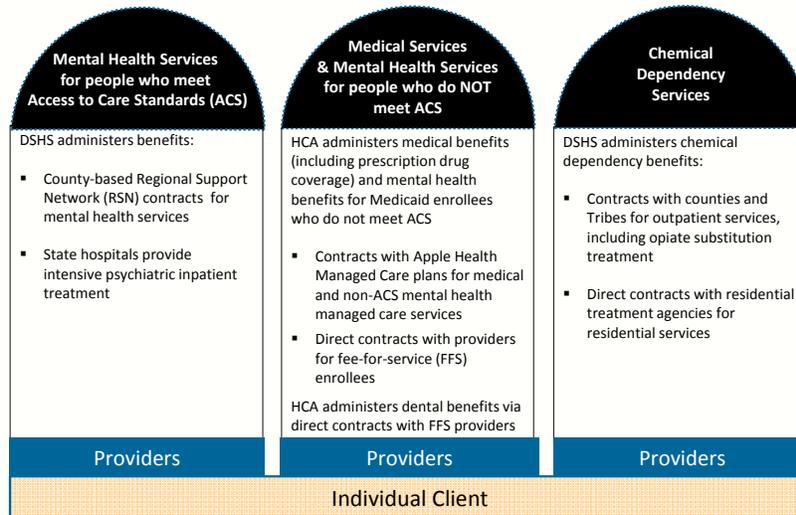
- Behavioral Health Organization Information
<https://www.dshs.wa.gov/bhsia/division-behavioral-health-and-recovery/developing-behavioral-health-organizations>
- Please submit BHO related questions to the BHO Mailbox
BHOtransition@dshs.wa.gov
- Link to ASAM website <http://www.asam.org/about-us>
- ASAM Frequently Asked Questions <http://www.asam.org/about-us/faqs>

Fully Integrated Managed Care (Clark and Skamania Counties) **1932 STATE PLAN AMENDMENT AND 1915(B) WAIVER**

Medicaid Purchasing in “Early Adopter” RSA

- **Local Decision-making**
 - Agreement by county authorities in Clark and Skamania for a regional service area
 - Strong county involvement in implementation process from start to finish
- **Changes in April 2016**
 - RSN will cease operations March 31, 2016
 - Health Care Authority (HCA) will contract with Managed Care Organizations (MCOs) at financial risk for full scope of Medicaid physical health, substance use disorder and mental health services on April 1, 2016
 - Behavioral Health Crisis System will be managed regionally
- **Consumer Choice**
 - HCA is conducting a competitive procurement so no fewer than 2 MCOs will serve entire region
 - MCOs that are successful bidders will be announced in November 2015

Current Silos of Medicaid Purchasing



April 1, 2016: Fully Integrated Managed Care

- For Apple Health clients in Fully Integrated Managed Care (FIMC), physical health, mental health and substance use disorder services will be managed by one Managed Care Organization (MCO) instead of three systems.
- Access to Care standards no longer apply; care is provided based on level of care guidelines and medical necessity.
- FIMC MCO contracts require coordination with county-managed programs, criminal justice, long-term supports and services, Tribes and urban Indian health organizations, etc., via an Allied System Coordination Plan.

April 1, 2016: Fee-for-Service and BHSO Coverage

For Apple Health clients who remain in the fee-for-service program (e.g., dual-eligibles, American Indians/Alaska Natives):

- Physical health services will be paid fee-for-service, and
- Mental health and substance use disorder services will be managed by one MCO under the Behavioral Health Service Only (BHSO) program.
 - Similar to the way all fee-for-service clients are mandatorily covered by the RSN/BHO system of care.
- FIMC MCO contracts require MCOs to administer the BHSO program.

What are the Milestones to April 1, 2016?

Fully Integrated Managed Care Contracts – <i>service begins April 1, 2016</i>	Dates
Medicaid contract reviewed by stakeholders (~1,000 comments)	May 27, 2015
Non-Medicaid contract released for stakeholder comment	June 4, 2015
MCOs RFP distributed	August 6, 2015
MCO RFP responses due	October 5, 2015
Successful MCO bidders announced	November 2015
Crisis and Other Services Contract – <i>service begins April 1, 2016</i>	
Administrative Services Organization contract released for stakeholder comments	August 24, 2014 (due date for comments)
RFP distributed	September 30, 2015
RFP responses due	November 25, 2015
Successful bidders announced	December 2015
Foster Care Contract – <i>service begins April 1, 2016</i>	Dates
Enrollment in Coordinated Care managed care organization for April 2016 coverage	Begins Feb 20, 2016
Communication on changes and coordination with Coordinated Care for Early Adopter implementation	Jan – Mar 2016

Who Will Be Affected by this Change?

Health care consumers, health care providers, and other providers or stakeholders who interact with the Medicaid population, particularly:

- Medicaid clients
- Medical practitioners
- Mental health providers
- Substance use disorder providers
- Hospitals
- Crisis services

What Services Will the MCOs Manage?

- All Medicaid benefits will continue to be defined by the State Plan
- FIMC MCOs will provide all Medicaid physical, mental health, and substance use disorder (SUD) services
- FIMC MCOs will also provide services to Medicaid enrollees that complement the Medicaid benefit package, funded by general state funds and federal block grants
 - ❖ Examples of these services include: services provided in Institutes for Mental Disease (IMD) interim SUD services, community outreach.
- FIMC MCOs will also provide services under the BHSO program
- MCOs must have an adequate provider network in place before enrollment begins

Different Enrollment Pathways

GROUP	MEDICAL SERVICES	MH AND SUD SERVICES
Clients enrolled in apple health-managed care plans today	Through FIMC managed care plans	Through FIMC managed care plans
Clients who are not enrolled in Apple Health managed care today (e.g., dual-eligibles on Medicare and Medicaid, American Indians/Alaska Natives)	Through fee-for-service coverage (and additional coverage)	Through FIMC managed care plans under "Behavioral Health Services Only" (BHSO), set up for ensuring those enrolled in Medicaid can continue to access services
Non-Medicaid	No change	Through Behavioral Health – Administrative Services Organization

What Does This Mean for Apple Health Clients?

- Physical and behavioral health benefits will be covered by fully integrated managed care plans – no Regional Support Network or county SUD system
- State Plan benefits stay the same
- 1 point of contact available for all services, instead of navigating up to 3 systems
- Still have choice of at least two managed care plans
- If a client's current managed care plan receives a contract to provide fully-integrated services, the client can choose to remain with the same managed care plan, or can choose to switch plans.

What Does This Mean for Apple Health Clients?

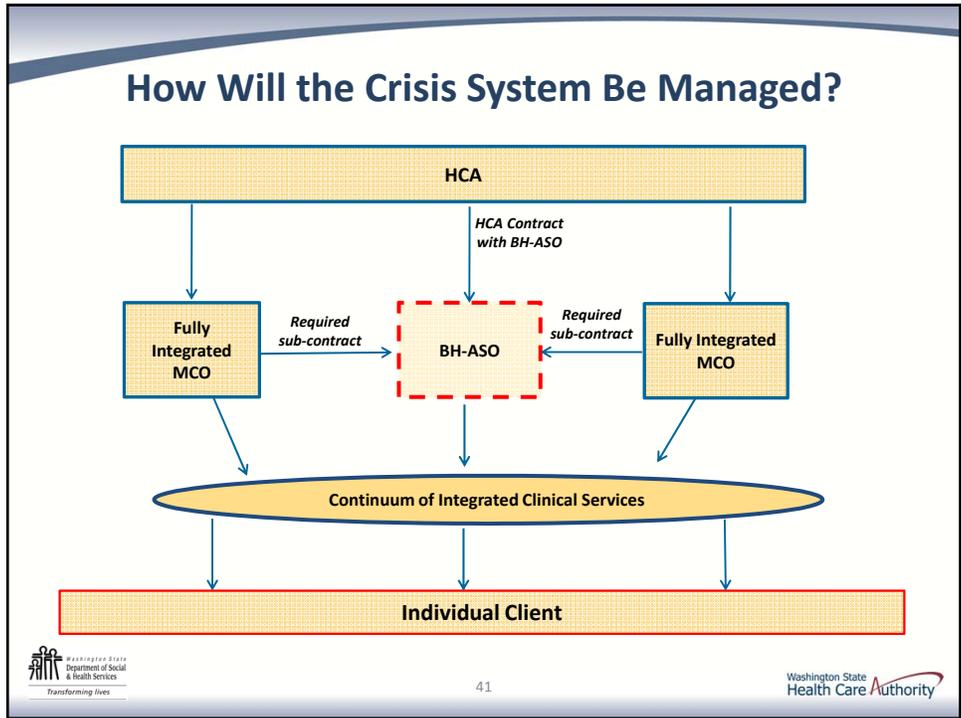
- Many things will stay the same, such as:
 - Interpreter and transportation requests will remain the same for Medicaid client benefits
 - Pharmacy benefits remain the same – clients need to use plan network pharmacies
 - American Indian/Alaska Native clients will still have the federal right to electively exempt themselves from managed care for their physical health care (Apple Health Managed Care)
 - American Indian/Alaska Native clients will still have the federal right to receive their care from IHS or Tribal health programs whether they are enrolled in FIMC or in Medicaid fee-for-service (with BHSO coverage)

What Does This Mean for Non-Tribal Providers?

- Providers must contract with FIMC MCOs in order to provide services to a Medicaid client as of April 1, 2016
- Providers must still be enrolled and in good standing with the State Medicaid program

What Does This Mean for Tribal Providers?

- IHS and Tribal health program providers will have the right, without being required, to contract with the FIMC MCOs in order to provide services to a Medicaid client in Clark and Skamania counties as of April 1, 2016
- IHS and Tribal health providers must be enrolled and in good standing with the State Medicaid program



- ### Additional Functions of the BH-ASO?
- Monitor Less Restrictive Alternative (LRA) court orders for individuals who are not eligible for Medicaid
 - Maintain a Behavioral Health ombudsman for SW Region
 - Administer the Mental Health Block Grant, CJTA Funds & Juvenile Drug Court funds, in accordance with local plans
 - Provide limited non-crisis behavioral health services to low-income individuals who are not eligible for Medicaid
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Accountability and Monitoring

- HCA and Southwest Washington are developing an early warning system to identify and rapidly respond to any gaps in services or issues that occur after April 1, 2016
- HCA contracts provide for strong monitoring and oversight of health plans
- SWWA Implementation Team turns into a Monitoring Team on April 1, 2016 to work directly with HCA on monitoring
- Performance measurement to track outcomes:
 - The measure set is of manageable size.
 - The measure set reflects state priorities.

Ten Performance Measures

Measures were developed after an extensive process that included the Statewide 1519/5732 Performance Measures Committee. Behavioral health measures are in alignment with BHO measurement in other regions of the State.

1. Alcohol or Drug Treatment Retention
2. Alcohol/Drug Treatment Penetration
3. Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia
4. Childhood Immunization Status
5. Comprehensive Diabetes Care
6. First Trimester Care
7. Mental Health Treatment Penetration
8. Plan All-Cause Readmission Rate
9. Psychiatric Hospitalization Readmission Rate
10. Well Child Visits

Early Adopter Transition Plan

Goals:

- Develop activities and accountability structures to support a smooth regional transition from the current administrative system to fully-integrated coverage beginning April 1, 2016
- Identify the risks and options for mitigating risks
- Establish an regional early warning capacity to identify and resolve implementation issues quickly
- Build relationships between providers and payers
- Develop a broad understanding and cross-fertilization across the region to prepare health and social services stakeholders for change
- Minimize continuity of care issues and coverage lapses for Medicaid enrollees. Develop and test multi-modal communication mechanisms for enrollees
- Monitor the availability of behavioral health and medical services throughout the transition, to avoid disruption or reduction in care before and after April 2016
- Ensure that behavioral health providers have go-live-critical tools (and procedures) in place to be successful partners in fully integrated managed care systems

Early Adopter (FIMC): Additional Resources

- Health Care Authority Fully Integrated Managed Care
http://www.hca.wa.gov/hw/Pages/fully_integrated_Medicaid_purchasing.aspx
- Please submit Early Adopter related questions to the Early Adopter Mailbox EarlyAdopterQuestion@hca.wa.gov

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