



Our Day at a Glance

- **First Session:** *State of the State: Why bother?*
- **Second Session:** *What is an Administrative Services Organization*
- **Third Session:** *What will change; what will stay the same... What will my job look like?*



Our Day at a Glance

- **Fourth Session:** *What to expect in Year One: Getting Started, Kicking the Tires,*
- **Final Sessions:** *In for the Long Haul.... Discussion and development*



Introduction

- Welcome & Introductions
- Background for our day
- Ground Rules
 - Lots of Discussion
 - Yes.... Turn off your phones
 - Ask Questions
 - You know a lot more than I do!



State of the State Why Bother?

- Fiscal Crisis
- Access to Services
- Meeting the needs of diverse populations
- Dissatisfaction with Services
- Lack of Accountability
- Opportunity for Innovation



State of the State: Stated Goals

- Expansion of treatment capacity and improved access to services
- Integration of care
- Cost and outcomes reform
- Provider payment and accountability reform
- Delivery system reform



Medicaid

- A couple of terms to get us started
 - Medicaid Federal Financial Participation (FFP)
 - State/Federal Share
 - State Medicaid Plan
 - Alternative Payment Arrangements
 - Federal 1115 Behavioral Health Waiver
 - HEDIS measures
 - EQRO (External Quality Review Organization)



The language of Medicaid

- Federal Government governs Medicaid program and grants waivers to states to implement a Medicaid managed care program
- An 1115 waiver is a waiver under section 1115 of the Social Security Act, which allows the Secretary of HHS to waive specific provisions ; long standing policy that waivers must be budget neutral



Administrative Services Organization



Administrative Services Organization

- What is your ideal? State Considerations
 - Profit/ Not for Profit Status
 - Licensed or Accreditation (NCQA)
 - Existing Relationship with Alaska/ where do you want corporate/ on ground staff located?
 - Knowledge of Alaska Culture/ BH needs
 - Standards of Care
 - Program Innovations
 - Alternative Payment Arrangements
 - Performance Risk



What are the functions of an Administrative Services Organization

- 24-7 capability/ Crisis response/hand off
- Information & Referral
- Community Outreach and Engagement
- Utilization Management
- Care Coordination/ High risk populations
- Network Management including provider credentialing, contracting, rate setting and monitoring



What are the functions of an Administrative Services Organization?

- Quality Management, including Complaints, and Grievances, Incident Management
- Data Management and Reporting
- Claims Payment
- Financial Management/ Compliance
- Linkages/agreements with other human services and health systems



The State Role



The Current State Role

- Current State Responsibilities
 - Policy, Program and Financial responsibility for behavioral health system in Alaska
 - How organized? How do regions intersect?
 - What are the Current Advisory/ other committee structures, eg State Planning Council
 - How is work accomplished? Teams across MH/SA; teams across human services departments?



The Current State Role

- Current State Role (continued)
 - Interface with Providers?
 - Licensure / Credentialing Activities
 - Provider Rate setting
 - Incident Review
 - Accountability
 - Human Services
 - Administration
 - Legislature
 - Stakeholders



The State Role

- Future State Role
 - Retain policy, program and financial leadership for BH services in Alaska
 - Interface with CMS
 - Interface with ASO
 - Set the Standards for the ASO
 - Monitor the Standards and outcomes
 - Report on the Behavioral Health Program
 - Interface with Stakeholders



Year One.... Getting Started



Year One.... Getting Started

- Readiness Review
 - Development of Instrument based on Standards
 - Identify standard and **evidence** to satisfy standard
 - Desk audit (examples)
 - Review and approval of Member Handbook/materials
 - Review of clinical review criteria
 - Review of adequacy of provider network
 - Review of operating policies /procedures related to quality, incident reporting, fraud, waste and abuse



Year One.... Getting Started

- Readiness Review
 - On-site review (examples)
 - Multidisciplinary team
 - Live Testing of member calls
 - Live Testing of claims systems
 - Staff interviews including medical director, key staff positions
 - Staff interviews with care managers



Other State Considerations at start-up

- How will program integrate/ coordinate into existing infrastructure at local level
- Letters of Agreement with physical health plans, school districts, other human services
- Development and monitoring of Provider Network- Role of County/ MCO
- Role of County in financial management, including provider rate setting- implications for non MA residents
- What are the capabilities of county staff to monitor- county options: 501C3 between multiple counties, county civil service staff; access to quality management, fiscal competency and physicians

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Role of Individuals, Advocates and Families at Start-up and On-going

- Participate at every level (*nothing about us without us*)
- Be part of readiness review
- Host /advocate members to educate about program
- Understand grievance/appeal processes
- Be part of ongoing monitoring; state advisory committee
 - Consumer /Family Satisfaction Team
- Trouble shoot

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Year One.... Monitoring

- Early Warning Monitoring System
 - CMS/SAMHSA /State collaboration
 - Stakeholder input
 - Establish methodology (benchmarks, baseline etc)
 - Examples
 - Authorizations of service levels, eg inpatient hospitalization, detox
 - Involuntary psychiatric commitments
 - Denials and Grievances



Year One.... Monitoring

- Consumer/Family Satisfaction Team
 - NAMI recognized best practice
- Consumer/Family Advisory Council (regional)
- Provider Advisory Strategy (with ASO)
- Weekly monitoring/check in's during ramp – up
- Bi-weekly /monthly monitoring meetings



Year One.... Communication

- Develop Communication strategy with ASO
 - Point of Contact
 - Project Lead
 - Team/ Trouble shooting
- Policy /Operational Clarifications
- Informal updates to stakeholders
- Formal reports on Early Warning



The Long Haul



The Long Haul

- Back to the Beginning: Ongoing monitoring
 - Expansion of treatment capacity and improved access to services
 - What does this look like, what are the expectations?
 - Overall Access or by population, location?
 - Do you want to do a quality metric around this
 - Integration of care
 - Physical health/ ACO/HealthHome
 - Human Services Integration



The Long Haul

- Cost and outcomes reform
 - Initial Savings
 - Long Term opportunities
- Provider payment and accountability reform
 - FFS payments with incentives
 - Bundled Payments/ Alternative Payment Arrangements



The Long Haul

- Delivery system reform
 - What does this look like?
 - Key Areas for reform?
 - How to benchmark and monitor?



Quality Management and Other Reporting

- Federal Requirements associated with the Waiver
- EQRO- quality review entity hired by state to review program (may be CMS requirement)
- Quality Management Plan: PEPS
 - Complaints and Grievances
 - Incidents
 - Consumer Satisfaction



Quality Management and Other Reporting

- Quality Management Plan (continued)
 - Provider Satisfaction
 - Root Cause Analysis
 - Identified Quality Metrics
 - Readmission rates
 - Follow up after discharge
- Fraud/ Waste/Abuse
 - Hotline
 - Compliance reviews



Data & Finance

- Authorizations (Early Warning)
- Encounter records (Claims)
- Monthly/Quarterly Financial Report
- Quality Management Data/ Outcomes
- Specialized Reports
- Annual Financial Audit
- Annual Onsite Program /Financial Audit



Lessons Learned

- There are always bumps
- Communication and quick deployment keys to success
- Members/individuals with lived experience need assurance and multiple avenues to express concerns
- Public Sector Providers need significant support based on experience with managed care
- KEEP TO THE BASICS



32

The Upside

- Tremendous impact for your state: In PA and in Philadelphia specifically we have met the goals of increased access, enhancement of quality and financial stabilization/savings
- Increased access thru serving 48,000 in year one to serving over 117,000 in 2016. Access was also increased thru expansion of our provider network with innovation program models and service access to more individuals.
- Created performance and quality monitoring system that is beginning to show benefits; also had resources to invest into evidence based practices
- Stabilized Medicaid funding; reinvestment opportunities thru savings into the community to support program priorities for the city



33

Alaska: What a Beautiful State *Thank you*



Resources

Contact Information:

Joan Erney, JD
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Pennsylvania resources

Parecovery.org

HealthChoices Program Standards:
<http://www.dpw.state.pa.us/PartnersProviders/MentalHealthSubstanceAbuse/003680389.htm>



35


