Workforce and rates subgroup

Wednesday, June 16th
10:00am – 12:00pm

Agenda Items	Lead
Introductions/Agenda review	**Laurie Lippold** • Small number of survey responses we will do a poll in the meeting on the priorities for 2021, followed with a new survey for those who are not attending today.
Certification process	**George Wagner, HCA-ProviderOne** *See page 3 for additional information from George.* • Federal rule that passed with ACA made enrollment with state Medicaid agency necessary for Medicaid reimbursement. • Online application available through a secure portal and website with instructions. • Additionally, the state must collect the application fee from "institution providers" only; but not from individual practices or groups. If an organization paid the fee in a different state, they are not required to pay again. • Currently there is no assistance for providers enrolling; the goal of streamlining the process is to eliminate the need for assistance. • The MCO's role is to minimize administration activities of the providers, but compliance restricts this goal. **Discussion:** • Perception that ProviderOne enrollment is a lengthy process. • Is there a way to streamline the process that fulfills the federal requirement? HCA process is intimidating. • Convene small group to identify strategies for reducing administrative burden (HCA, MCOs). Target places where we can get some successes. • What are the requirements? Who are they from? What does the process look like?
Updates	**Julia O'Connor, Workforce Board** • Once funding hits in July, the Board will continue to review workforce items. **Data gathering** • Need to start exploring getting parent input regarding access.
STEM Workforce	**Bish Paul, STEM Washington** • Behavioral health is part of STEM. • Working with the Workforce Board; emphasis on coordination and reducing duplicate efforts. • Looking at equity goals; demand for providers of color has increased. • Washington State Opportunity Scholarships can potentially help folks who want to get into BH.
Workforce Priorities	**Rachel Burke, HCA** *See page x for results of meeting poll.* • Nothing taken off the list. • Will review results at next meeting after surveying those who are not at this meeting. Then send shorter list to stakeholders.
Rates and access	**Hugh Ewart** • How do we define access? How do we know the system in the state of WA is allowing access to the BH system for children? Starting with what do we know? (data sources that track some aspect of access). **Tom Sebastian, Fourfront** *See fourfrontcontributor.org.*

	• Address workforce issues, BH providers experiencing 30% turnover rates; 15-30% vacancy rates.. • Alternative model: Compass and 3 other behavioral health providers teaming up – contracting directly with 5 MCOs and providing care coordination through a single contract. • Goal is to simplify the contracting process for payers and provide large geographic coverage through a single contract. • Providers and community based behavioral health agencies cannot compete on compensation rates; funding model is not the same as for FQHCs (federally qualified health centers).. • Possibility of initiatives for grants to support community systems. • Moving forward with private and public philanthropic sources. Forefront can offer a pace to test some models at scale. • Want to run through DEI lens once plans are settled. • SAMHSA grants – supported by National BH Council – to create a new system. States have to choose to participate; significant cost to states (match) – 12 states doing that. There's a model, a way to do this. **Discussion** • Just going back and saying we need an x% increase is not enough. • Is the goal to replicate the funding model of the FQHCs? Our focus is licensed CBHCs. Less replication; more parity. Can we come up with a model that brings us to parity? And, can we then provide the level of care needed for those community members with the most complex needs? • The State has no 10 year plan for the full continuum of behavioral health care – from prevention to the most advanced levels. • Worried about anything significant that would cause us to go through another big change. Administrative staff are transformed out. • Don't forget the commercial payers in a paradigm for services for children and youth – can see a therapist and can get IP services, nothing in between.

Attendees

Rachel Burke (Division of Behavioral Health & Recovery-Health Care Authority [HCA])
Frances Chalmers
Mary Clogston (Legislative staff)
Diana Cockrell (DBHR-HCA)
Jessica Diaz-Bayne (Medicaid Programs Division-HCA)
Anusha Fernando (Molina Healthcare
Kimberly Harris (DBHR-HCA)
Marissa Ingalls (Coordinated Care)
Avreayl Jacobson (King County Behavioral Health & Recovery)
Sarah Kwiatkowski (Association of Washington Health Plans, Premera Blue Cross)
Laurie Lippold (Partners for Our Children)
Sheryl Morelli (Seattle Children's Hospital)
Cindy Myers (Yakima Valley Farmworkers Clinic, Children's Village)
Julia O'Connor (Workforce Board)
Bish Paul (Washington STEM)
Steve Perry (DBHR-HCA)
Kari Samuel (DBHR-HCA)
Tatiana Sarkosh
Tom Sebastian (COMPASS Health)
Audrey Silliman
Melanie Smith (NAMI)
Lucas Springstead (DBHR-HCA)
Mary Stone-Smith (Catholic Community Services of Western Washington)
Suzanne Swadener (Policy Division-HCA)
Stephanie Tulley
Amber Ulvenes (Washington Chapter of the American Academy of Pediatrics)
Sarah Walker (UW Evidence-Based Practice Institute)
Alex Wehinger (Washington State Medical Association)
Michele Wilsie (Financial Services Division-HCA

From: Wagner, George (HCA)
To: HCA Children & Youth Behavioral Health Work Group;
Subject: RE: Workforce & Rates Subgroup Meeting
Date: Thursday, June 17, 2021 7:54:02 AM

CYBHWG team:

Thank you for inviting me Wednesday morning to the CBYHWG Workforce & Rates Subgroup Meeting in order to provide an overview of Washington State's Apple Health provider enrollment process. As a follow up, see below for the requested information on the HCA website and federal rules related to provider enrollment. Let me know if you have any questions.

George

HCA "Enroll as a provider" site is located at the link below. It has the information needed to enroll as a participating provider with the HCA, and also has information about the "Nonbilling" provider enrollment process we discussed in today's meeting. The Nonbilling process was designed as a streamlined HCA enrollment process for providers wishing to participate in Managed Care and not under the HCA Fee For Service program.

https://www.hca.wa.gov/billers-providers-partners/apple-health-medicaid-providers/enroll-provider

The Code of Federal Regulation (CFR) requirements related to Medicaid provider Enrollment:

42 CFR 438.602(b) – State enrollment requirement of MCO network providers

> (b) Screening and enrollment and revalidation of providers. (1) The St must screen and enroll, and periodically revalidate, all network providers of MCOs, PIHPs, and PAHPs, in accordance with the requirements of part 455, subparts B and E of this chapter. This requirement extends to PCCMs and PCCM entities to the extent the primary care case manager is not otherwise enrolled with the State to provide services to FFS beneficiaries. This provision does not require the network provider to render services to FFS beneficiaries

42 CFR 455.400 -- Subpart E -- Provider Screening and Enrollment requirements (455.400 through 455.450)

42 CFR 431.107 Required Provider agreement

> (b) Agreements. A State plan must provide for an agreement between Medicaid agency and each provider or organization furnishing services under the plan

42 CFR 455.460 Application fee

(a) Beginning on or after March 25, 2011, States must collect the applicable application fee prior to executing a provider agreement from a prospective or re-enrolling provider other than either of the following:

(1) Individual physicians or nonphysician practitioners.

(2)(i) Providers who are enrolled in either of the following:

(A) Title XVIII of the Act.

(B) Another State's title XIX or XXI plan.

(ii) Providers that have paid the applicable application fee to—

(A) A Medicare contractor; or

(B) Another State.

(b) If the fees collected by a State agency in accordance with paragraph (a) of this section exceed the cost of the screening program, the State agency must return that portion of the fees to the Federal government.

George Wagner
Provider Enrollment Manager
Program Integrity Division
Provider Enrollment
360-725-1455
George.wagner@hca.wa.gov

Washington State Health Care Authority
www.hca.wa.gov