

Frequently Asked Questions (FAQs) for the 2022 Behavioral Health Provider Cost and Wage Survey Updated as of October 25, 2022

These FAQs are updated and reflect questions asked during the Q&A live session held on October 20, 2022.

A. OBTAINING AND SUBMITTING THE SURVEY

1. When is the survey due?

November 10th, 2022

2. Where can I get a copy of the survey?

The Excel-based survey and all support materials can be downloaded from the HCA website: <https://www.hca.wa.gov/billers-providers-partners/behavioral-health-recovery/contractor-and-provider-resources>

If you are unable to use Excel, email us at AppleHealth.Info@Milliman.com and we will send you a pdf version of the survey that can be printed and completed as a hard copy, and then returned via email as a scanned document.

3. If we work with multiple MCOs, do we need to complete one Cost and Wage Survey for each contract?

Providers only need to submit one survey for all services provided. Providers may report more than one billing ID number in the workbook. Providers should only submit one survey on behalf of everyone for which they are an employer of record.

4. How do I submit the survey?

After downloading and completing the survey, attach the completed survey file to an email and send to: AppleHealth.Info@Milliman.com

5. Can I resubmit a survey that was submitted in error?

Yes, please resubmit the survey and we will exclude the previously submitted survey from our analysis.

B. SURVEY PARTICIPATION AND ACCESS TO SURVEY DATA

1. Why is my participation important?

The data that you and other providers submit will provide important insights into behavioral health provider costs and wages and inform the payment rate assumptions used to refine the behavioral health comparison rates developed in Phase 1. For more information about HCA's behavioral health comparison rate project, please visit: <https://www.hca.wa.gov/billers-providers-partners/behavioral-health-recovery/contractor-and-provider-resources>.

2. Who should complete the survey?

Providers delivering services under Section 13d Rehabilitative Services of Washington’s Medicaid State Plan. These include mental health and substance use disorder outpatient providers, substance use disorder and mental health residential providers, and WISE and PACT service providers. Note that the term “provider” refers to an individual or entity engaged in the delivery, ordering, or referring of the above-mentioned services.

3. Should I still complete the survey if I don’t provide BH services anymore, but have provided BH Medicaid services in the past?

Yes, if you have an active Medicaid provider agreement and have provided BH services in the last year, you should complete the survey.

4. Who will have access to the survey data?

Information reported by providers will not be available to HCA or any other providers or related entities. Individually reported information will be used and maintained only by Milliman and not externally shared with additional parties. Any information shared with HCA may become public record and subject to Freedom of Information Act (FOIA) requests. Therefore, Milliman will not be sharing the individual workbooks or provider-specific information with HCA.

5. How long does it take to complete the survey?

The time spent completing the survey depends on the services the provider has and the provider’s accounting systems.

C. TECHNICAL ASSISTANCE

1. I have questions on the Cost and Wage Survey, can somebody please call me to discuss?

Please review all instructions and training materials. If you still have questions after reviewing the support materials, please email Milliman at AppleHealth.Info@Milliman.com for additional support.

D. QUESTIONS RECEIVED DURING THE LIVE Q&A SESSION

1. Worksheets C and D (Wages): If I have staff members that have more than one role, how to count them on the FTEs count?

Please assign time to the provider group rows according to staff experience (e.g., if an individual is a SUDPT, their time should be assigned to the SUDPT row). If you have a staff member that has clinical and administrative responsibilities, please only include time related to clinical care in Columns C, E, and I (Number of Filled FTEs and Total Number of Unfilled FTEs) on Worksheets C and D.

2. Worksheet E (Bonuses): On the bonuses tab, how should we report the variability in the signing and retention bonuses that we provided over the reporting period and are anticipated to be provided in the next period?

Please report information on Worksheet E (Bonusses) based on the first six months of CY 2022. Providers can use the text box for Question 5 (Excel row 20) to provide all the additional details

about the signing and retention bonuses that have or will occur after July 2022 that might be helpful for HCA to consider during the analysis of the responses.

- 3. Worksheet J (MH Residential): Would we include staffing cost/productivity for our WM services in the RTF which bills S9486 and not the H0018, H0019 on the MH Residential tab?**

Please only include facilities that bill H0018 and H0019.

- 4. Worksheet B (Productivity): On the Productivity Tab, would we include Outreach staff providing Peer Services in the community? They aren't really billable since they serve non-enrolled clients mainly, but we get reimbursed for their wages and benefits costs.**

Worksheet B (Productivity) should include all clinical staff including staff providing peer services that are billed under H0038 (Peer Support). If outreach staff are primarily providing peer services that are not billable, do not include those positions when reporting hours on this worksheet.

Limitations

This document is subject to the terms and conditions of the Contract Agreement between the State of Washington, Health Care Authority (HCA) and Milliman, Inc. (Milliman) signed on July 14, 2021.

This document will be shared with the Washington Behavioral Health providers to facilitate in the development of the Washington behavioral health services comparison rates. This document should not be provided to any other party without Milliman's prior written consent. In the event such consent is provided, the survey must be provided in its entirety.

In performing this work, we relied on data and information provided by HCA and information provided by the workgroup. We have not audited or verified this data and information. If the underlying data or information is inaccurate or incomplete, the results of our assessment may likewise be inaccurate or incomplete.