

**Washington State Health Care Authority
Frequently Asked Questions (FAQs) for the
2024 Behavioral Health Provider Staffing and Expense Survey
Updated as of December 19, 2024**

These FAQs are updated and reflect questions asked during the Q&A live session held on November 12, 2024 and additional questions received through the AppleHealth inbox

GENERAL QUESTIONS

A. OBTAINING AND SUBMITTING THE SURVEY

1. When is the survey due?

January 17, 2025

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/program-information-providers/resources-behavioral-health-providers>

To find the survey link, scroll down to the “Behavioral health comparison rates project” section, click to display the section text, and scroll down to the header “Provider wage and cost survey”.

If you are unable to use Excel, email AppleHealth.Info@Milliman.com and Milliman will send you a pdf version of the survey that you can complete and print as a hard copy, and then return via email as a scanned document.

3. If we work with multiple MCOs, do we need to complete one Staffing and Expense 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. In what format should I submit the survey?

Please submit your organization’s survey in Excel format. Please send your completed survey to AppleHealth.Info@Milliman.com with your entities name saved in the file name (e.g., BH Provider Staffing and Expense Survey – ABC Provider).

6. 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 and the related minimum fee schedule. For more information about HCA's behavioral health comparison rate project, please visit:

<https://www.hca.wa.gov/billers-providers-partners/program-information-providers/resources-behavioral-health-providers>

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 do not provide BH services anymore, but have provided BH Medicaid services in the past and still have an active Medicaid provider agreement?

Yes, if you have an active Medicaid provider agreement and have provided behavioral health services in state fiscal year (SFY) 2024 (July 1, 2023 through June 30, 2024), you should complete the survey.

4. Do I need to respond to the survey if my organization is not a Behavioral Health Agency (BHA)

No, if your organization is not designated as a BHA, you do not need to respond to the survey.

5. Who will have access to the survey data?

Individual provider information reported by providers will not be available to the HCA nor other providers and their 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.

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

The time spent completing the survey can vary depending on several factors, such as the number of services you need to report data for and related provider accounting systems.

7. I have questions on the 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.

SURVEY QUESTIONS

C. INFORMATION AND ATTESTATION

1. **On worksheet 1. *Information and Attestation*, Section 2, what unit of measure should we use when reporting types of services our organization provides?**

Please use the approximate percentage of revenue associated with each service in rows A-L. Row M is automatically calculated based on percentages entered in rows A-L. In the available space under row M, please report any other services your organization provides that are not included in rows A-L.

2. **We provide inpatient co-occurring services. How should we complete worksheet 1. *Information and Attestation*, Section 2 with this in mind?**

The reported information in Section 2 is based upon revenue and should align with the services provided. If you offer inpatient co-occurring services, please report them on row M and indicate the type of inpatient services in the green text box below row M.

3. **What source of revenue (Medicaid, Medicare, etc.) should be considered when completing worksheet 1. *Information and Attestation*, Section 2?**

All sources of revenue and payers should be considered for this section.

4. **If my organization needs to report more than 16 NPI numbers on worksheet 1. *Information and Attestation*, where should the additional numbers be reported?**

Please list the first 16 NPI numbers in the allotted space on worksheet 1. *Information and Attestation*. For additional NPIs, please report those, separated by commas, on worksheet 9. *Survey Feedback* in the green box for 1. *Information and Attestation*.

D. DIRECT CARE STAFF AND SUPERVISORS

1. **If I have staff members that have more than one role, how do I report their FTEs on worksheets 2. *Direct Care Staff* and/or 3. *Supervisors*?**

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 their clinical responsibilities.

2. **Should we include supervisors on worksheet 3. *Supervisors* that do not supervise staff providing encounterable Direct Care services?**

No, the supervisors included with the survey should primarily be responsible for supervising direct care and clinical staff delivering encounterable services.

E. PRODUCTIVITY

1. **On worksheet 4. *Productivity*, how do I report inpatient claims billed on a per-diem?**

This worksheet should exclude all team-based services and any direct care/clinical staff performing services at residential and inpatient facilities.

2. **On worksheet 4. *Productivity*, how do I determine “Total Hours” if my organization’s system does not track all non-billable time?**

If your organization is unable to capture total hours worked, please provide an estimate by multiplying your standard workweek in hours (40 hours, 37.5 hours, etc.) by the number of direct care employees (i.e. clinicians and other staff providing billable services) working at the facility you are reporting on the worksheet. For example, if you have 5 employees working at Facility ABC and your standard workweek is 40 hours, you will report “Total Hours” of 10,400 (40 hours * 52 weeks * 5 employees). If employees work overtime, total hours will need to account for overtime hours as well.

F. TRAINING AND PTO

1. **Should data be reported on an annual basis for worksheet 6. *Training and PTO*?**

Training and PTO/Holiday data should be reported on a SFY 2024 basis (July 1, 2023 through June 30, 2024).

2. **How do I report data on worksheet 6. *Training and PTO* if our PTO policy includes two separate banks – one for vacation time and one for sick time?**

For purposes of reporting PTO, please combine vacation and sick time if your organization offers two separate banks.

3. **Are team-based services, such as WISe and PACT, reported on worksheet 6. *Training and PTO*?**

Yes, all full-time non-contracted employees should be considered for reporting on this worksheet.

4. **How should we report our paid time off (PTO) if our PTO policy varies by someone’s years of service?**

Please report the average PTO that aligns with the reporting period. Only report PTO hours if your organization follows a standardized policy that is applicable to the listed provider group modifiers; if you do not have a policy for PTO, do not report any time (you may still report paid holiday hours).

G. ADMIN AND PROGRAM SUPPORT COSTS

1. **When considering direct care transportation expenses on row E of worksheet 8. *Admin and Program Support Costs*, should costs transporting clients to appointments be reported?**

Yes, all transportation costs involving direct care services should be reported on row E. This would include any travel to and from a client in a home- or community-based setting, transporting clients to and from appointments, or any other travel time when a client is in the car with a direct care or clinical staff member.

2. **Where should administrative employee costs, such as information technology and human resources be reported at on worksheet 8. *Admin and Program Support Costs*?**

Please report the salaries and wages for administrative and support staff, including information technology and human sources, on row B. The employer taxes and fees associated with these salaries and wages should be reported on row C. Report other employee-related benefits, excluding taxes and fees, on row D. All other non-personnel expenses related to administrative and support staff should be reported on row F.

3. Why does the survey ask for non-allowable Medicaid expenses, such as room and board on worksheet 8. Admin and Program Support Costs?

Worksheet 8 of the survey aims to capture all costs incurred by the organization. This would include any non-allowable Medicaid expenses.

Limitations

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