

# Integrated managed care behavioral health provider support during the COVID-19 pandemic

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## Underlying principles

- Behavioral health (BH) providers are essential members of the caregiver community. Access to their services are critical to the health and well-being of our communities, including Apple Health (Medicaid) clients enrolled in integrated managed care (IMC).
- The COVID-19 pandemic is an unprecedented event. It is having an unprecedented impact on all providers, health plans, and regulators. An unprecedented event requires unprecedented levels of collaboration among managed care organizations (MCOs), BH providers and HCA.
- MCOs are committed to being part of the solution.
- The Centers for Medicare & Medicaid Services (CMS) and Congress are also providing new funding streams for eligible providers and small businesses. Depending on individual circumstances, these programs may be more advantageous to providers as there might not be expectations to repay loans. See link at <https://www.sba.gov/page/coronavirus-covid-19-small-business-guidance-loan-resources>
- HCA expects MCOs to release funds that will ensure adequate access to behavioral health services to their population while transitioning to telehealth services.
- The highest priority providers are those who rely on Medicaid reimbursement for the majority of their revenue; those whose Medicaid managed care contracts are mainly fee-for-service (FFS) or per diem and have experienced steep declines in the ability to bill under those arrangements; and providers who are the sole source of a BH service in a community. Consideration will be given to providers' ability to commit to maintaining services for Medicaid clients for the next 90 days.

## Actions HCA and MCOs will take to support BH providers

- MCOs will immediately work to clean up outstanding claims and accounts receivable.
- HCA will continue to share funding opportunities with providers as they become available from federal and state levels.
- HCA will assist Medicaid Integrated Managed Care Managed Care Organizations (IMC MCOs) to identify BH providers at risk of not meeting operational expenses due to the COVID-19 pandemic.
  - IMC MCO contracted BH providers should continue to send emails to HCA to alert us of upcoming financial shortfalls (less than four weeks operational expenses available). See instructions at end of this document under Provider Actions.
- HCA will share lists of Medicaid BH providers at risk with MCOs; we will continue to do so twice a week during the crisis period.
- MCOs will individually reach out to providers to offer appropriate solutions. These solutions may include:
  - Advance payments based on average historical monthly payments. These arrangements may include agreements between the MCO and provider that reconciliation and potential

- repayment will be conducted in the future once service delivery has stabilized (anticipating at least six months before any adjustment to future funding levels would be expected). These arrangements should be offered within three weeks.
- Capitated contracts. These arrangements may take additional time to execute; HCA is working with the Office of the Insurance Commissioner to remove lag time related to OIC approval of subcontracts.
  - Other funding approaches may be negotiated on a case-by-case basis, e.g., release of provider enhancement funds, budget-based contracts, etc.
- IMC MCOs will share all BH stabilization actions with HCA. HCA will work closely with CMS and our actuaries to ensure that the current impacts to the CY 2020 base data are appropriately addressed during future rate development.
  - **By WEDNESDAY, APRIL 8:**
    - Each MCO will complete its individual action plan documentation for each priority BH provider.
    - Each MCO will include contact information and respond to its network providers' calls about these plans/contract changes within 48 hours.
  - **BY WEDNESDAY, APRIL 15:**
    - First stabilization action plan is in place for priority high-risk BH providers with each MCO.
    - Each MCO will send its action plans to HCA on a weekly basis.
    - MCOs will use best efforts to ensure identified priority BH providers receive agreed upon payments from its contracted MCOs.

## Provider actions

If you are a Medicaid provider and cannot cover necessary operational costs over the next 2 to 4 weeks, please email the [HCAmcp@hca.wa.gov](mailto:HCAmcp@hca.wa.gov) inbox. The subject line of the email should be **URGENT FINANCIAL CONCERNS**.

Please provide:

- Basic contact information for your business
- Your location(s)
- The type of services you provide. If you are FFS for American Indian/Alaska Native only and do not contract with the MCOs, please specify.
- Number of inpatient/residential beds if applicable

Please specify the financial gap you are projecting (estimated amount) that would be necessary to cover key operations (payroll, facility costs, etc.) and include timelines (i.e. 14 days, 30 days, etc.)

Please respond rapidly to MCO requests for additional information and contract execution.