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Stakeholder Request: Logistics

- For an electronic version of the Targeted Comment Tracker, please contact: Samantha.Zimmerman@hca.wa.gov
- Please send your feedback by January 10, 2018 to: Samantha.Zimmerman@hca.wa.gov

Integrated Managed Care 2020 Regions: Request for Proposals Overview and Stakeholder Input Request

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Objectives for Integrated Managed Care

(From RFP, Section 2.2)

- Provide the full continuum of comprehensive services....;
- Involve the enrollee's support system ... to provide care coordination across systems;
- Develop appropriate systems of care and improve access to care for enrollees with high needs, by linking the crisis response system, community resources, and clinical services;
- Maintain a network capable of ensuring access and continuity of **all** covered services, including behavioral health services
- Provide seamless transitions based on the enrollee's needs and the enrollee's rights;
- Ensure continuity of care for members during the transition from the current BHO system to the Integrated Managed Care program; and
- Partner with the ACH...to improve the health and well-being of Regional Service Area (RSA) residents.

MCO RFP Timeline - Key Dates

- 2/15/18: Projected RFP Release Date*
- 4/12/18: Projected Deadline for Proposal Submission*
- 5/22/18: Projected Announcement of Apparently Successful Bidders (ASBs)*
- 1/1/19: Mid-Adopter Implementation Date
- 1/1/20: 2020 Adopter Implementation Date

* HCA reserves the right to amend RFP dates at any time.

Procurement Assumptions/Housekeeping

- **Design:**
 - MCO procurement open only to MCOs that already have Apple Health contracts in Washington
 - Procurement is focused on addition of BH services – Apple Health MCO's are already meeting standards for medical services
- **Stakeholder Request:**
 - HCA requests comment from 2020 regions on the statewide RFP questions, and recommendations for new questions, by January 10, 2018. A comment tool has been made available.
 - Legally we can only share the North Central RFP, which is the upcoming RFP – please keep in mind when commenting.

Request for Proposals: Key content areas

The Bidders must respond to questions related to various sections and topics, and each question is scored. Separate from the questions, the Bidders also must submit their network of providers. There will be a staggered network submission in this RFP – the details of this will be released with the RFP.

Additionally, not every question/section is weighted equally, additional weight is given to the questions that are deemed high priority.

Sections in the NC RFP included:

- MCO Management
- Behavioral Health Access
- Network Description
- Community Linkages
- Quality Assessment and Performance Improvement
- Information Systems/Claims
- Utilization Management Program and Authorization of Services
- Care Coordination

Management Section

- The management section had 9 questions and is focused on the Bidder's internal management and organizational structure to ensure all functions and contractual obligations can be effectively fulfilled.
- Request focus on the following topics:
 - Q's 2/4: Essential BH Functions/Delegation
 - Q 6: Addition of BH to customer service

Behavioral Health Access

- The Access section includes 6 questions that ask Bidders to demonstrate how they will ensure access to behavioral health services.
- Critical topics of focus:
 - Q 11: Does this question provide enough emphasis on inpatient options? Are there other services that can be challenging to access that should be highlighted? Should we ask a specific question about mental health E&T?
 - Q 12: This question is focused on SUD treatment. Is anything missing here?
 - Q 13: Is this question regarding community engagement sufficient? Are there are other linkages that should be called out?

Network Description

- 5 questions ask the Bidder about their approach for contracting with BH providers; implementing value-based purchasing; and complying with the CLAS standards. (Additional network submission scored separately.)
- Critical topics of focus:
 - Essential BH network – any missing?
 - Q 16: HCA anticipates modifying questions to make stronger connections to the 1115 Demonstration and VBP. Does this make sense to stakeholders?
 - Q 17: Support and Technical Assistance to BH Providers
 - Q 20: Network Transformation

Community Linkages

- This section has 5 questions, focused on linkages between the Bidder and the BH-ASO and the Bidder and the Accountable Community of Health.
- Critical topics of focus:
 - Q 21: This question relates to ensuring ties between the MCOs and the BH-ASO (crisis org).
 - Q 22: Aligning administrative processes with other payers.
 - Q 53: Collaboration to ensure continued investment in BH provider capacity building.

Quality Assessment and Performance Improvement

- This section includes questions about the Bidder's plans for quality improvement programs, Performance Improvement Projects (PIPs) and reducing re-admission rates.
- Recommend stakeholders review 3 questions:
 - Q 25: How will the quality improvement program include BH components?
 - Q 26: How will the Bidder implement clinical performance improvement projects (PIPs) related to BH?
 - Q 27: How will the Bidder monitor readmission rates for individuals with complex physical and BH conditions?

Information Systems/Claims

- This section includes 8 questions related to Bidder's plans for implementation of information/IT systems to implement a new benefit package of behavioral health benefits, claims payment, encounter submission, and plans for conducting coordination of benefits.
- Critical topics of focus:
 - Payment related, including:
 - Q 31: Coordination of Benefits and Third Party Liability
 - Q 34: Crisis services
 - Q 35: Behavioral health data exchange

Utilization Management Program and Authorization of Services

- This section includes questions related to the Bidders' utilization management policies and protocols and their policies for authorizing behavioral health services.
- Critical topics of focus:
 - Interested parties may want to review entire section
 - Q 36: Workflow for UM decision-making for BH services and programs
 - Q 37: Level of Care Guidelines for BH authorization decisions

Care Coordination

- This section includes 10 questions related to how the Bidder will coordinate care across the full continuum of physical and behavioral health services.
- Critical topics of focus:
 - Most highly weighted section – suggest review whole section.
 - Q 43: Developing Systems of Care (SOC)
 - Q 45: Implementing alternative care options
 - Q 47: Screening & stratification processes for care coordination
 - Q 50: Ensuring availability of enrollee healthcare information

Stakeholder Request: Logistics

- Please send your feedback by January 10, 2018 to: Samantha.Zimmerman@hca.wa.gov
- During your review, please also consider:
 - How much weight/points a question should be assigned
 - What needs to be strengthened?
 - Is any section overly prescriptive?
 - Has anything been left out?
 - Are there any questions that don't make sense?

Questions?

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