

King County Integrated Managed Care (IMC) and Integrated Care Network (KCICN) Overview for the MIDD Advisory Committee

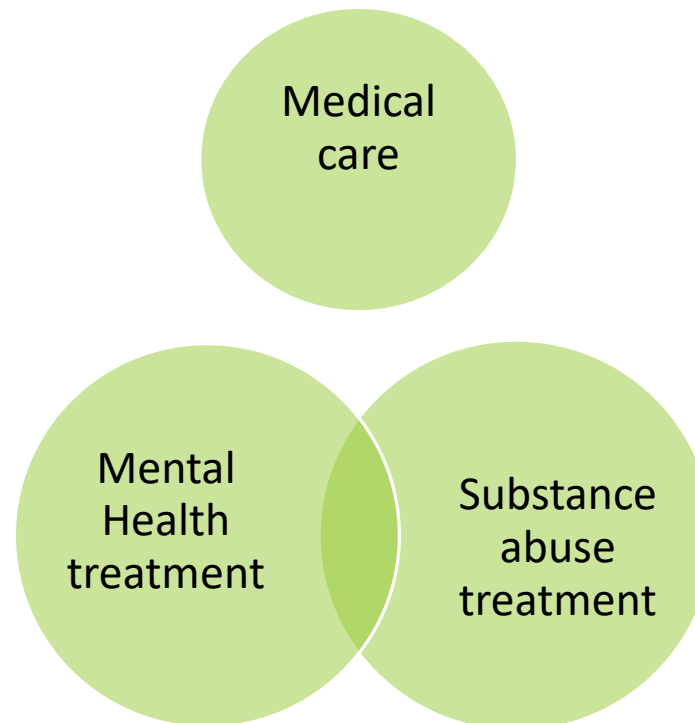
MARCH 28, 2019
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King County

Why Integrate Care?

While mental health and substance use treatment integrated in 2016, they remained apart from treatment for medical conditions – a fractured system, compromising whole-person care



Co-occurring conditions underscore the need for integration

- Almost 75% of Medicaid enrollees with significant MH and SUD had at least one chronic health condition
- 29% of adults with medical conditions have MH disorders
- Individuals with major mental illnesses die over ~15 years earlier than the general population, with 80% due to preventable conditions
 - Cardiometabolic (i.e., high blood pressure, cholesterol, diabetes)
 - Health behaviors (i.e., smoking, exercise, nutrition, substance use)
 - Suicide



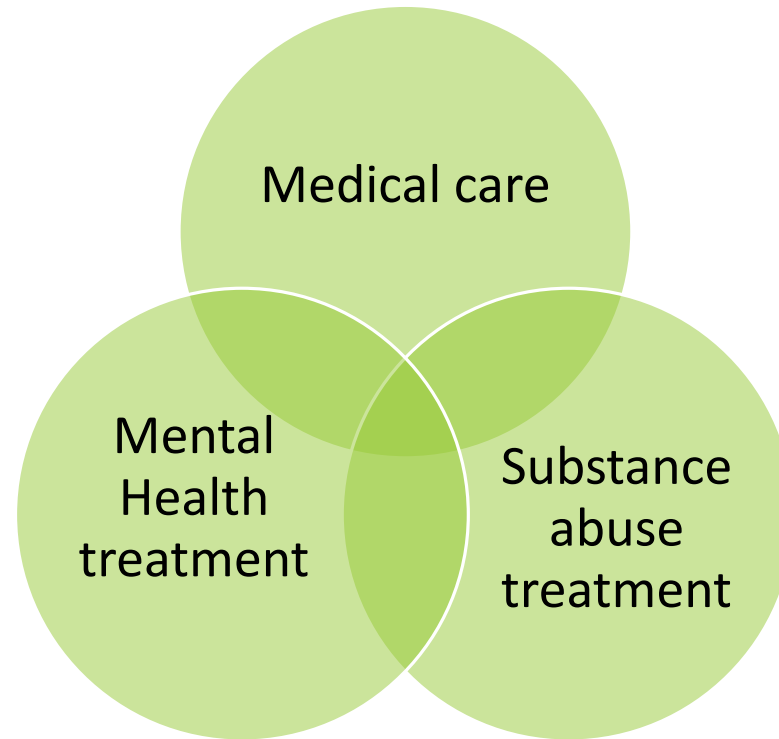
What is Integrated Managed Care (IMC)?

- State legislation directed the Health Care Authority to integrate the delivery and purchasing of physical and behavioral healthcare for Medicaid statewide by 2020
- King County opted to be a ‘mid-adopter’ of integrated managed care (IMC) by January, 2019 – and received incentive funding to do so.
- Integrated purchasing means that Medicaid funds flow from the state through managed care organizations (MCOs).

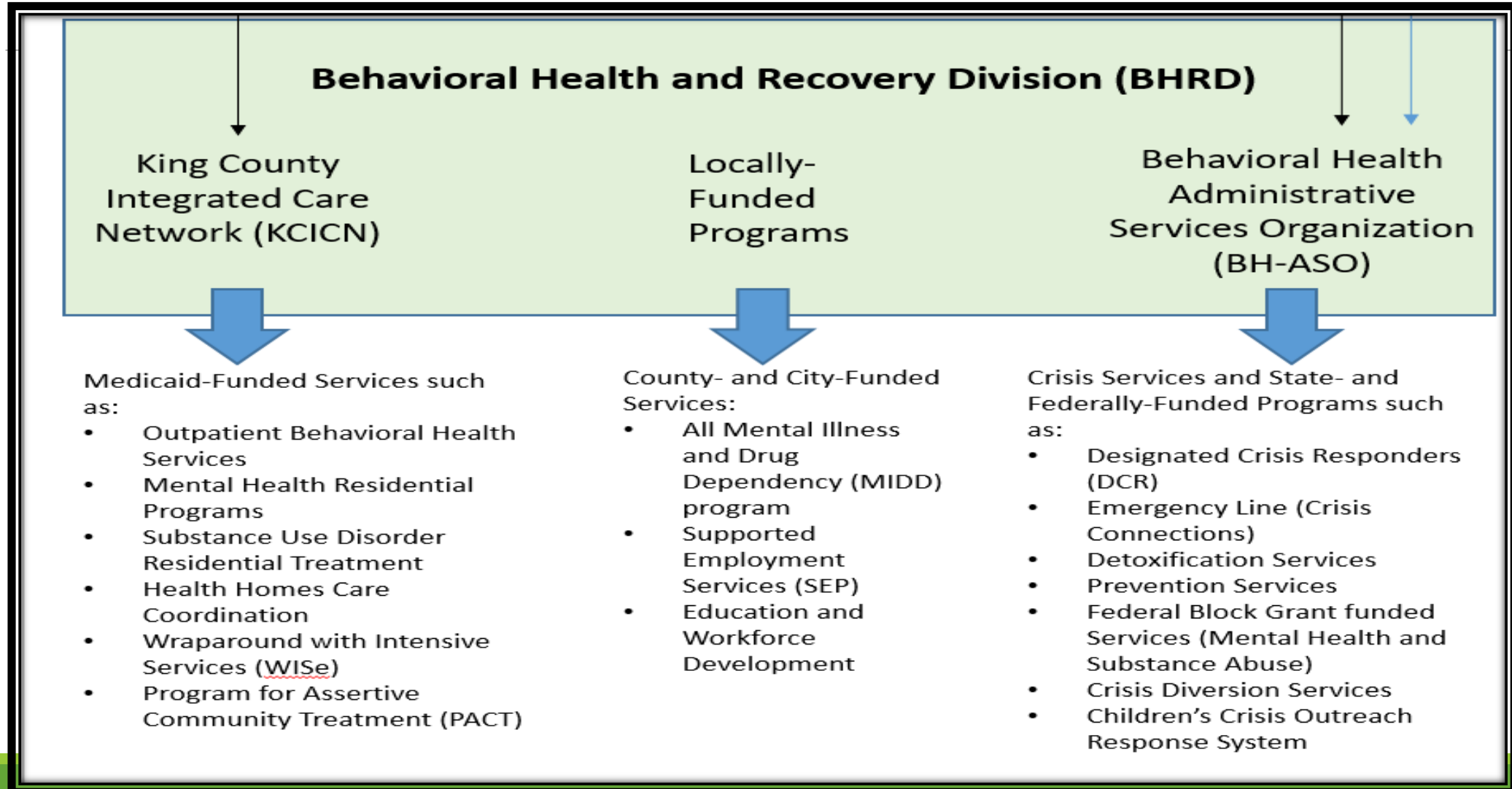
All 5 MCOs operating in King County have contracted with King County BHRD (many other regions have fewer MCOs operating). The 5 MCOs are:

- Amerigroup (AMG)
- Community Health Plan of Washington (CHPW)
- Coordinated Care (CC)
- Molina Healthcare (MHC)
- United Healthcare (UHC)

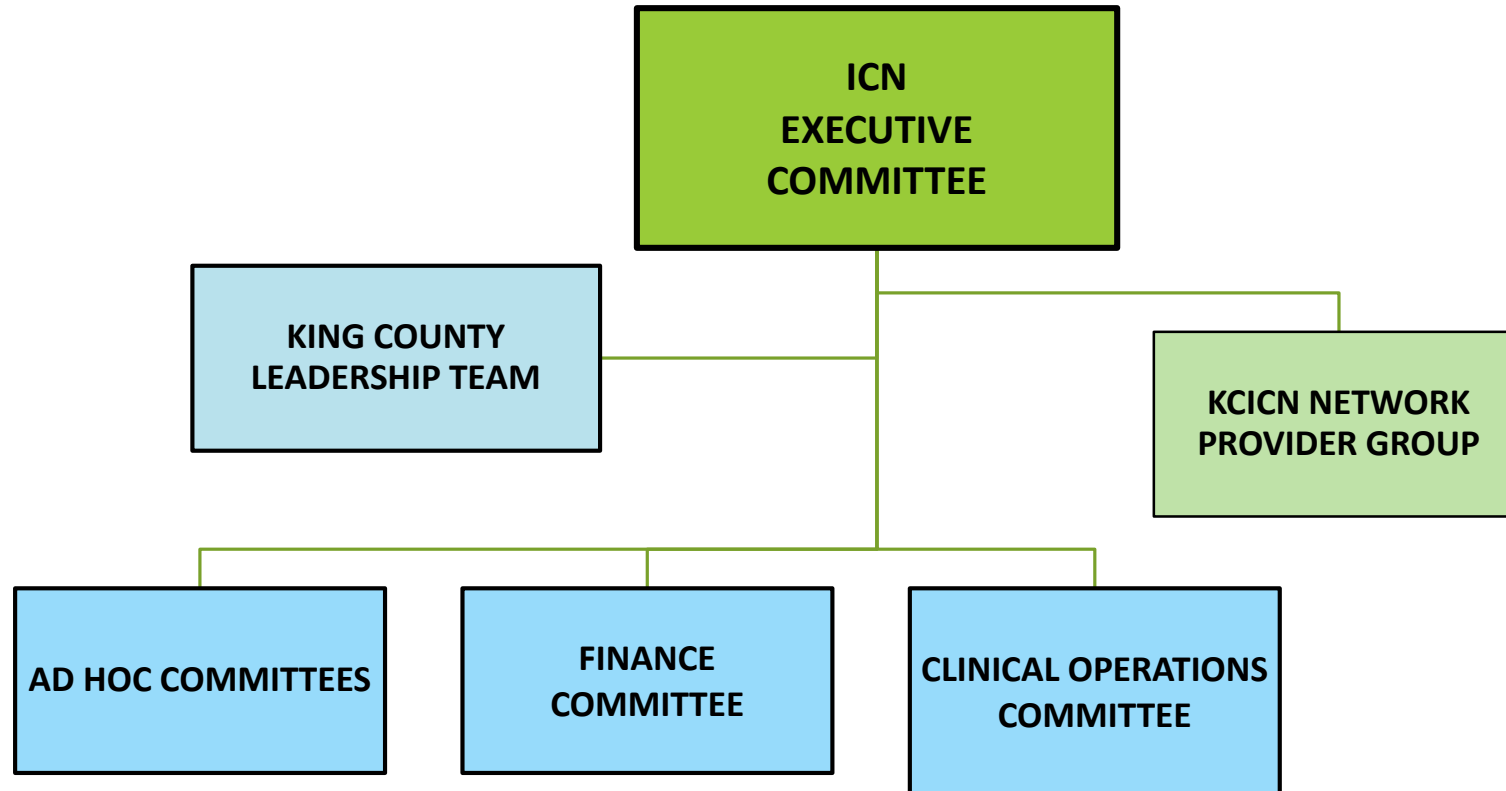
Integrated Care means Whole-Person Care



KC BHRD New Funding Structure



What is the King County Integrated Care Network? (KCICN)



A new partnership between King County Behavioral Health and Recovery Division (BHRD) and Provider Agencies to serve the Medicaid population in the King County Region.

The KCICN eliminates the need for providers to follow 5 different contracting, credentialing, service requirements, IT builds, rates, payment mechanisms, authorization processes, concurrent reviews, etc.

What is included in the King County Integrated Care Network (KCICN)?

KCICN is a new model— a partnership between King County BHRD and Behavioral Health providers who provide Medicaid-Funded Services, such as:

- Outpatient Behavioral Health Services
- Mental Health Residential Programs
- Substance Use Disorder Residential Treatment
- Health Homes Care Coordination
- Wraparound with Intensive Services (WISE)
- Program for Assertive Community Treatment (PACT)

What is included in the Behavioral Health— Administrative Services Organization (BH-ASO)?

BHRD runs the BH-ASO which provides Crisis Services in King County and manages State- and Federally-Funded Programs such as:

- Designated Crisis Responders (DCR)
- Emergency Line (Crisis Connections)
- Detoxification Services
- Prevention Services
- Federal Block Grant funded Services (Mental Health and Substance Abuse)
- Crisis Diversion Services
- Children's Crisis Outreach Response System

What is included in Locally-Funded services?

KCICN providers continue to receive local funds such as:

- Mental Illness and Drug Dependency (MIDD)
- Best Start for Kids levy (BSK)
- Veterans, Seniors and Human Services levy (VSHSL)

To support additional services such as:

- Supported Employment Services (SEP)
- Education and Workforce Development

Role of BHRD in KCICN

What is the role of BHRD in KCICN?

ICN Function	Value Add for MCOs	Value Add for Providers
Network Administration: <ul style="list-style-type: none"> • Technical Assistance for Providers • IT Support/data submission 	<ul style="list-style-type: none"> • One entity (vs. 5) to: <ul style="list-style-type: none"> -contract with vs. 5 MCOs -manage technical issues -contact point 	<ul style="list-style-type: none"> • Administrative Support • Administration processes largely same as in past past • Data Support
Provider Payment	<ul style="list-style-type: none"> • Simple Payment to one entity 	<ul style="list-style-type: none"> • Cash Flow (timeliness, case rate versus fee for service)
Contracting and Credentialing	<ul style="list-style-type: none"> • 1 contract versus 40+ • 1 negotiated rate versus 40+ 	<ul style="list-style-type: none"> • 1 contract and credentialing process vs. 5 • Reduced Administrative Burden
Program Quality Assurance/Compliance	<ul style="list-style-type: none"> • Delegated activity lowers administrative burden to MCO staff 	<ul style="list-style-type: none"> • 1 entity reviewing/auditing vs. 5 • Ability to inform (through KCICN Committees) Program Quality Assurance/Compliance processes

What is the role of BHRD in KCICN? (cont'd)

ICN Function (KC Backbone)	Value Add for MCOs	Value Add for Providers
Care Coordination/Care Management	<ul style="list-style-type: none"> • 1 entity organizing rounds/care coordination with 40+ agencies and 2400+ clinicians 	<ul style="list-style-type: none"> • Simplification of Care Coordination/Care Management • KC assists in triaging and resolving issues • Lowered Administrative burden
Risk Management/Stratification	<ul style="list-style-type: none"> • Limited or eliminated financial risk on delegated functions 	<ul style="list-style-type: none"> • Limited/shared risk • No need to shift to Fee-For-Service
Network Management and Provider Relations	<ul style="list-style-type: none"> • Ready-made network • Continuum of BH Care - including locally-funded services and addressing social determinants (e.g., housing, jail public health) • Delegated activities to an entity that knows what works 	<ul style="list-style-type: none"> • Longtime existing relationship • Ability and volume to bring all 5 MCOs together for problem solving • Provider Network Advocacy • Coverage of (sometimes required) services such as after-hours support

Notable Changes and Clarifications

New initiatives – example: EDUM

Leveraging local funds, BHRD launched an ED utilization management (EDUM) initiative with two components

ED rapid response teams

Valley Cities Counseling and Consultation and Harborview awarded funds to:

- Provide regionally positioned teams in downtown/First Hill and South King County
- Serve focus population of people with 20+ ED visits in the prior 12 months
- Provide rapid response to EDs for focus population
- Provide evidence-based interventions and linkage to services and supports to address SDOH to address drivers of ED use

Teams completing design phase and anticipate soft launch in late March.



EDUM cont'd

Support for behavioral health agencies to conduct EDUM

- Financially sponsoring countywide client list - and 'mapping' of the list for agencies to use EDie/PreManage to ensure that agencies can view ED utilization of all relevant clients without the need for additional technical work or cost
- Coordinating monthly PreManage usergroup to optimize ED population management strategies
- Supporting HealthierHere to use funds for additional technical assistance to agencies to conduct ED population health management
- Incentives to create workflows for agencies to interface with EDUM rapid response teams
- Tracking agency EDUM strategies, which thus far, include:
 - Increased outreach
 - Increased capacity for same day and next-day access to care and rapid access to psychotropic medications
 - Strengthening relationships with primary care partners via MOUs and other formal agreements
 - Implementing 'dose holds' after an ED visit so that methadone patients must speak with a provider before receiving dose
 - Conducting regular case staffings of ED high utilizers
 - Providing reminders to staff if clients have not been seen post-ED within designated timeframe

Eligibility for Care

- No ‘access to care’ criteria - instead use “KCICN Behavioral Health Risk Stratification Screening Tool” that identifies those eligible based on MCO criteria of serious mental illness (SMI) or serious emotional disturbance (SED)
- Clients not meeting the SMI/SED are still potentially eligible for mild-moderate services with the MCOs.
- KCICN providers can serve clients who do not live in King County.

Client Name:	DOB:
Date:	Medicaid ID:

KCICN BEHAVIORAL HEALTH RISK STRATIFICATION SCREENING TOOL

The following are intended to present minimum criteria for King County Integrated Care Network (KCICN) services. The following Behavioral Health Risk Assessment shall be used consistently for all clients entering services to establish whether KCICN shall be the payor for client’s care. For clients who do not meet the below criteria, agencies must assist with appropriate linkages to appropriate levels of care.

[Functional Criteria for Severe Emotional Disturbance \(SED\) Determination \(Mental Health services only—under age 21\)](#)

To meet the functional criteria for SED, a person must have, **as a result of a mental health diagnosis**, current dysfunction in at least one of the following five (5) domains, as described below.

Functioning in self-care Impairment in age-appropriate/developmental age self-care demonstrated by a person’s consistent inability to take care of ADLs.
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Where does the Medicaid waiver and HealthierHere fit in?

- HealthierHere is King County's Accountable Community of Health (ACH). ACHs were established regionally statewide as part of an agreement with the federal government to 'waive' some Medicaid regulation in order to improve health outcomes and cost savings
- The Medicaid 'waiver' is a 5-year demonstration program (2017-2021)
The ACH is leading work on 4 demonstration 'projects':
 - Bi-directional physical-behavioral healthcare
 - Transitional care
 - Chronic disease management
 - Addressing the opioid use crisis
- The ACH supports these projects through incentives for reaching metric targets, and support for health IT improvements as well as the transition to value-based payment
- In addition to the ACH, the 'waiver' supports selected services for older adults and limited additional supportive housing and supportive employment services

KC Heroin and Prescription Opiate Taskforce: MAT in Emergency Departments

Oct. 31 Convening held at Harborview on hospital (ED and inpatient) based treatment for people with OUD

- Over 100 people representing every major hospital system in KC participated

Follow up ½ day learning collaborative occurred on January 16 with appointed “OUD Physician Champions” from each ED in the county.

- Focus on ED initiation of buprenorphine.

Currently individual follow up with each ED in the learning collaborative to identify opportunities, challenges and amenability to treat individuals with OUD with buprenorphine in the ED.

Additional Resources and Contact Info

❖ Client Services Line: 800.790.8049

❖ Questions: KCICN@kingcounty.gov

❖ Kelli Nomura, Interim Director: Kelli.Nomura@kingcounty.gov

❖ Karen Spoelman, Chief of Managed Care & Contracting: Karen.Spoelman@kingcounty.gov

Questions?

