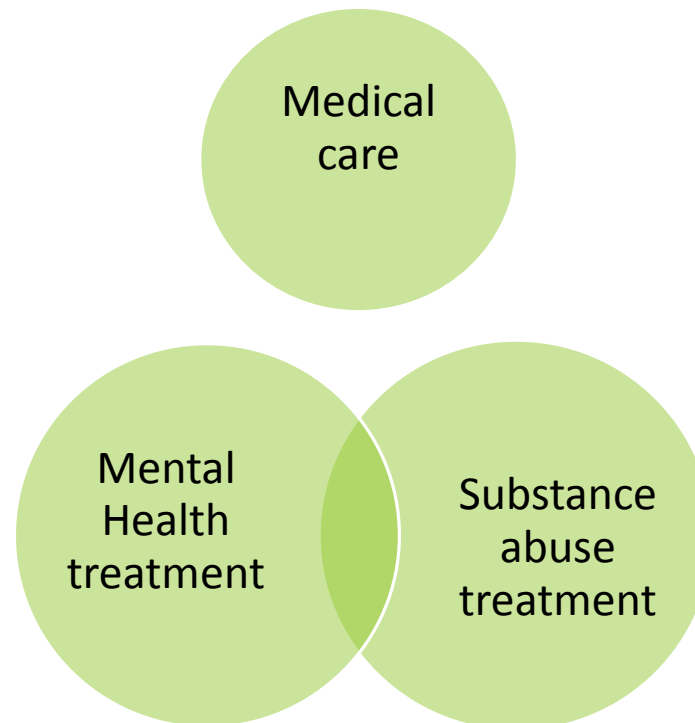# King County Integrated Managed Care (IMC) and Integrated Care Network (KCICN) Overview
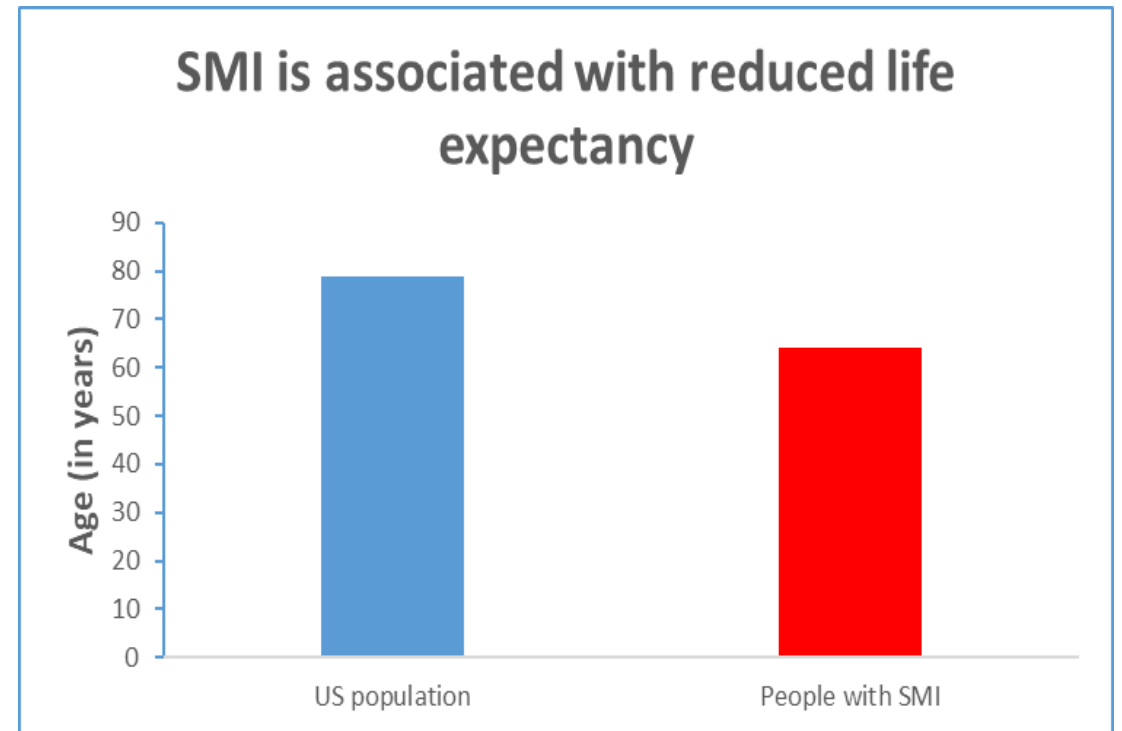
King County

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
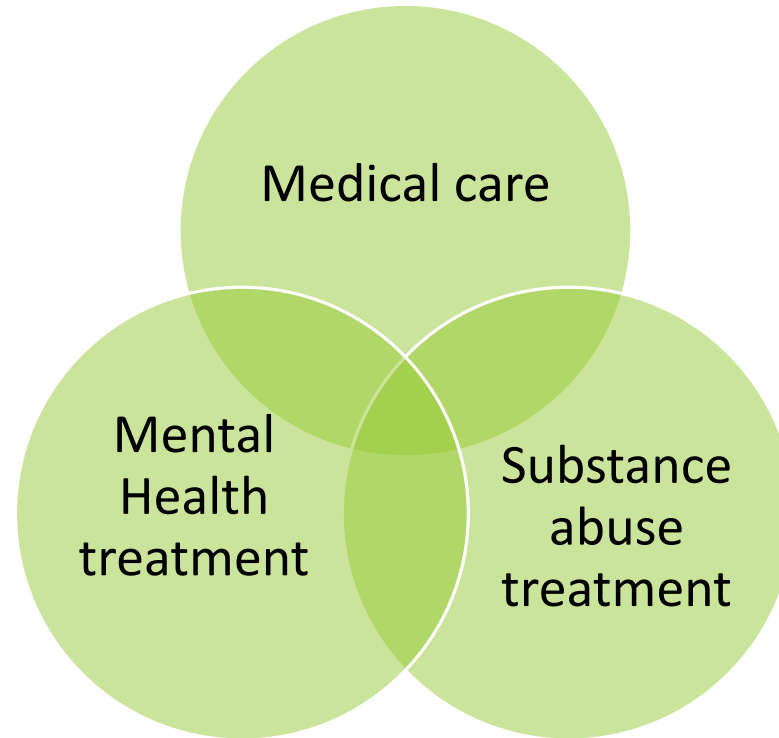 - Health behaviors (i.e., smoking, exercise, nutrition, substance use)
  - Suicide

SMI is associated with reduced life expectancy

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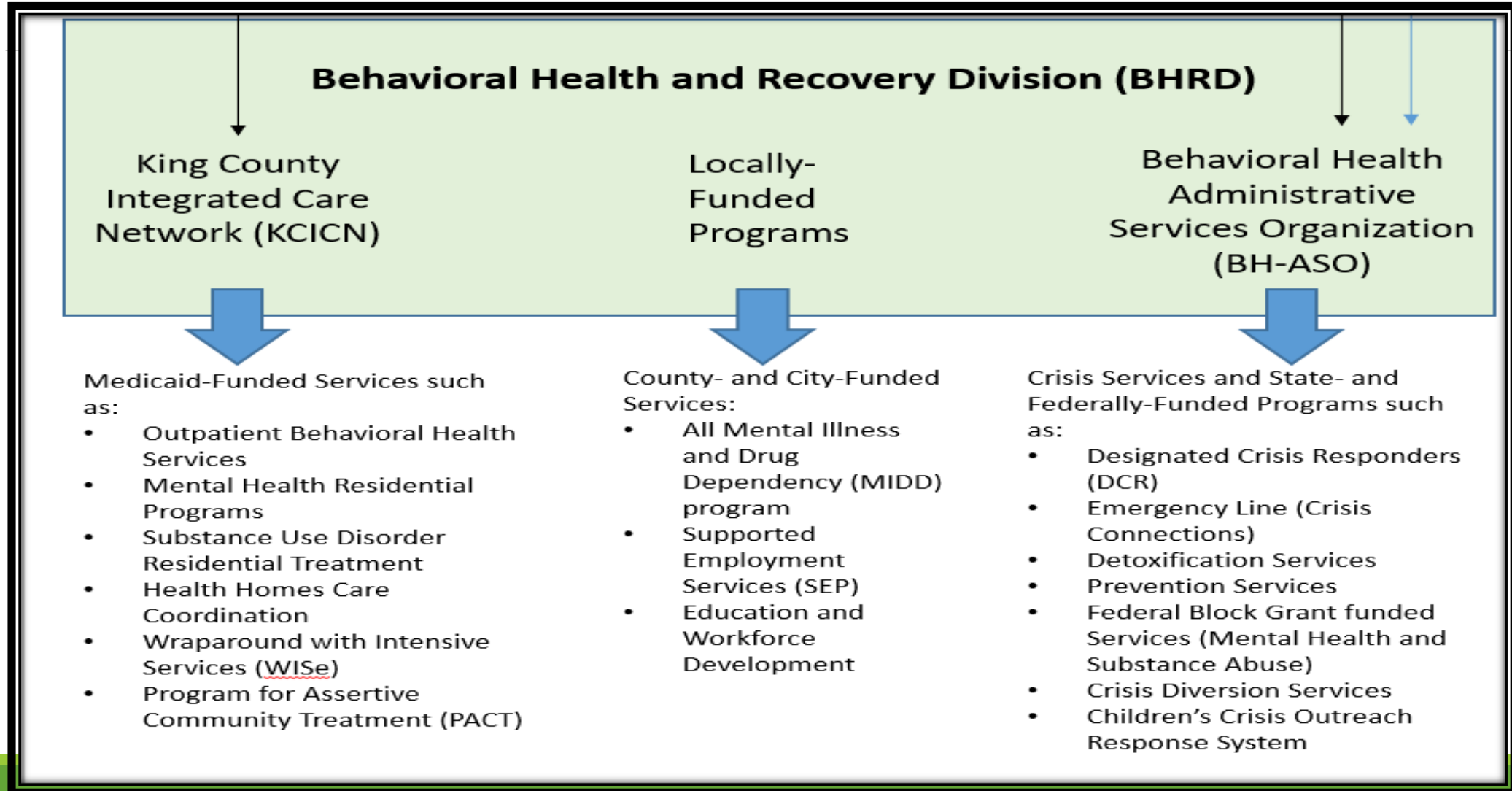
All 5 MCOs operating in King County have contracted with King County BHRD (many other regions have fewer MCOs operating). The 5 MCOs are:

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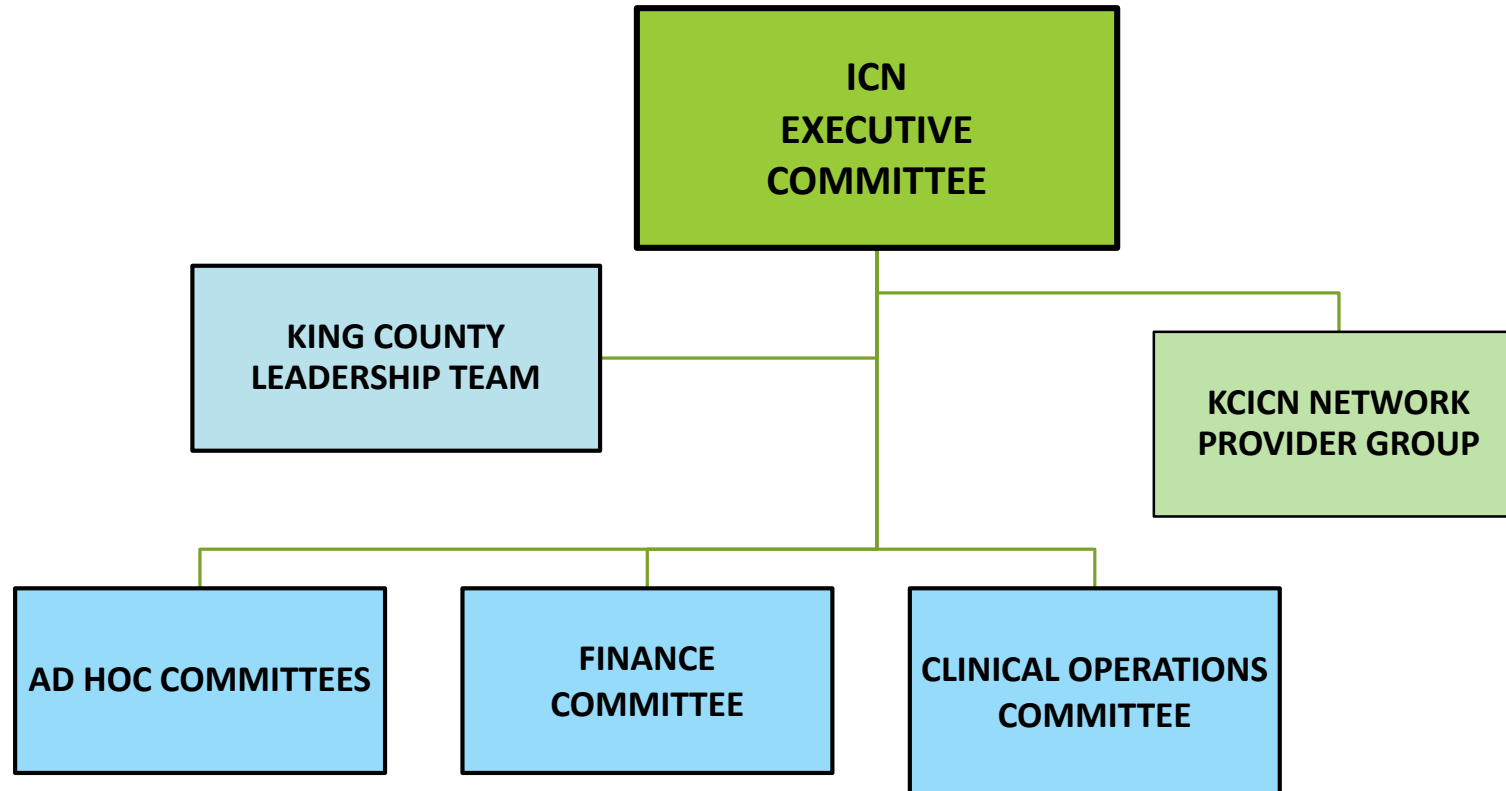 • Molina Healthcare (MHC)
  • United Healthcare (UHC)

Integrated Care means Whole-Person Care

KC BHRD New Funding Structure

Behavioral Health and Recovery Division (BHRD)

King County Integrated Care Network (KCICN)	Locally-Funded Programs	Behavioral Health Administrative Services Organization (BH-ASO)

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)

County- and City-Funded Services:
- All Mental Illness and Drug Dependency (MIDD) program
- Supported Employment Services (SEP)
- Education and Workforce Development

Crisis Services and 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 the King County Integrated Care Network? (KCICN)

ICN EXECUTIVE COMMITTEE

KING COUNTY LEADERSHIP TEAM

KCICN NETWORK PROVIDER GROUP

AD HOC COMMITTEES

FINANCE COMMITTEE

CLINICAL OPERATIONS COMMITTEE

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?

BHRD continues to manage all locally-funded (County- and City-funded) services, such as:

- All Mental Illness and Drug Dependency (MIDD) program

- 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:
• Technical Assistance for Providers
• IT Support/data submission
	• One entity (vs. 5) to:
	  -contract with vs. 5 MCOs
	  -manage technical issues
	  -contact point
		• Administrative Support
		• Administration processes largely same as in past
		• Data Support

Provider Payment	• Simple Payment to one entity	• Cash Flow (timeliness, case rate versus fee for service)
Contracting and Credentialing	• 1 contract versus 40+ • 1 negotiated rate versus 40+	• 1 contract and credentialing process vs. 5 • Reduced Administrative Burden
Program Quality Assurance/Compliance	• Delegated activity lowers administrative burden to MCO staff	• 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	• 1 entity organizing rounds/care coordination with 40+ agencies and 2400+ clinicians	• Simplification of Care Coordination/Care Management • KC assists in triaging and resolving issues • Lowered Administrative burden
Risk Management/Stratification	• Limited or eliminated financial risk on delegated functions	• Limited/shared risk • No need to shift to Fee-For-Service
Network Management and Provider Relations	• 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	• 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

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. When in doubt, call BHRD to verify client-specific eligibility.

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.

Checking Client Medicaid Eligibility

Requirement from Symposium:

Agencies must check client's Medicaid Eligibility before every *billable* service.

Clarification:

➢ This has always been a contract and HCA requirement.

➢ Agencies can self-determine how they implement this requirement.

➢The Extended Client Look-up System (ECLS) will be the source of truth to determine client's Medicaid Eligibility (updated daily).

➢Providers can use Provider One as a secondary source verification.

BHRD will continue to send agencies the daily change report indicating which clients have lost Medicaid coverage.

Eligibility categories in ProviderOne (P1)

Insurance Type Code	PCCM Code	Plan/PCCM Name	Plan/PCCM ID	Plan/PCCM Phone Number	PCP Clinic Name	Start Date	End Date
HM: Health Maintenance Organization	MC: Capitated	UHC Fully Integrated Managed Care	201609409	(877) 542-8997		01/01/2019	12/31/2999
HM: Health Maintenance Organization	MC: Capitated	King County Behavioral Health Organization	105020602	(800) 790-8049		11/01/2018	12/31/2018
HM: Health Maintenance Organization	MC: Capitated	UHC Healthy Options Blind/Disabled	201609404	(877) 542-8997		12/01/2017	12/31/2018

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Through 12/31/18, indication of eligibility in P1 was "King County Behavioral Health Organization"
As of 1/1/19, eligibility appears as one of the following 11 codes:

Medicaid Managed Care	Dually-enrolled (Medicaid/Medicare aka "CNP/QMB")
MHC Fully Integrated Managed Care	MHC Behavioral Health Services Only
UHC Fully Integrated Managed Care	UHC Behavioral Health Services Only
CHPW Fully Integrated Managed Care	CHPW Behavioral Health Services Only
AMG Fully Integrated Managed Care	AMG Behavioral Health Services Only
CCC Fully Integrated Managed Care	CCC Behavioral Health Services Only

OR   Coordinated Care Healthy Options Foster Care

Authorization for Care

King County successfully negotiated with the MCOs for delegation of **_almost all_** authorizations

Behavioral Health Provider Services Reference Guide

SERVICE TYPE AND DESCRIPTION	DESIGNATED UM AUTHORIZATION AUTHORITY			
	AMERIGROUP, CHPW, MOLINA, UNITED	COORDINATED CARE	KING COUNTY MEDICAID-FUNDED	KING COUNTY BH-ASO FUNDED
DETOXIFICATION (IN A RESIDENTIAL SETTING) • ASAM 3.7 • ASAM 3.2	N/A. KC to manage all UM.	N/A. KC to manage all UM.	**If Emergent: Prior-Auth <u>not</u> required.** Requires notification only within 24 hours followed by concurrent review. **If Planned: Prior-Auth required.** Requires pre-service review and concurrent review.	**If Emergent: Prior-Auth <u>not</u> required.** Requires notification only within 24 hours followed by concurrent review. **If Planned: Prior-Auth required.** Requires pre-service review and concurrent review *(as funding allows)*.
CRISIS STABILIZATION IN A RESIDENTIAL TREATMENT SETTING • Short term facility with designated beds.	N/A. KC to manage all UM.	N/A. KC to manage all UM.	**If Emergent: Prior-Auth <u>not</u> required** – requires notification only within 24 hours followed by concurrent review. **If Planned: Prior-Auth required** – requires pre-service review and concurrent review.	**If Emergent: Prior-Auth <u>not</u> required** – requires notification only within 24 hours followed by concurrent review. **If Planned: Prior-Auth required** – requires pre-service review and concurrent review *(as funding allows)*.

Grievances: p. 164 BHRD Provider Manual

Grievance: An expression of dissatisfaction about any matter other than an action or adverse benefit determination. Actions and adverse benefit determinations are authorization decisions about services.

➤ Does not need to be reported if it can be resolved at a lower level. I.e. if resolved and client does not want to file an official grievance, then this is not considered a "grievance" in 2019.

➤ Providers should send grievances for *Medicaid-funded services* directly to MCOs—BHRD **is not** involved in grievances for Medicaid-funded services.

➤ Providers should send grievances for *non-Medicaid funded services*, crisis services, and Federal- and State-grant funded services to BHRD.

Where to Send Grievances

Organization	Contact	Form Website Link
Amerigroup (P1: AMG)	(t) (800) 600-4441 (e) WA-Grievance@amerigroup.com	
Community Health Plan of WA (P1: CHPW)	(t) (800)-440-1561 (e) AppealsGrievances@chpw.org	https://www.chpw.org/for-members/grievances-and-appeals/
Coordinated Care (P1: CCC)	(t) (877) 644-4613 (e) WAQualityDept@Centene.com	https://www.coordinatedcarehealth.com/content/dam/centene/Coordinated%20Care/pdfs/508_member-grievance-form.pdf
Molina Healthcare (P1: MHC)	(t) (800) 869-7165 (e) WAMemberServices@MolinaHealthcare.com	
United Healthcare Community Plan (P1: UHC)	(t) (877) 542-8997 (e) WACS_Appeals@uhc.com	https://www.uhccommunityplan.com/wa/medicaid/community-plan/washington-unitedhealthcare-community-plan-grievance-and-appea.html
King County Behavioral Health and Recovery Division/BH-ASO p. 164 BHRD Provider Manual	(t) (800)790-8049	https://www.kingcounty.gov/depts/community-human-services/mental-health-substance-abuse/for-providers/~/media/depts/community-human-services/behavioral-health/documents/Provider%20Manual%20Links/1,-d-,1,-d-,19_2019_BHRD_Provider_Manual_MASTER.ashx?la=en

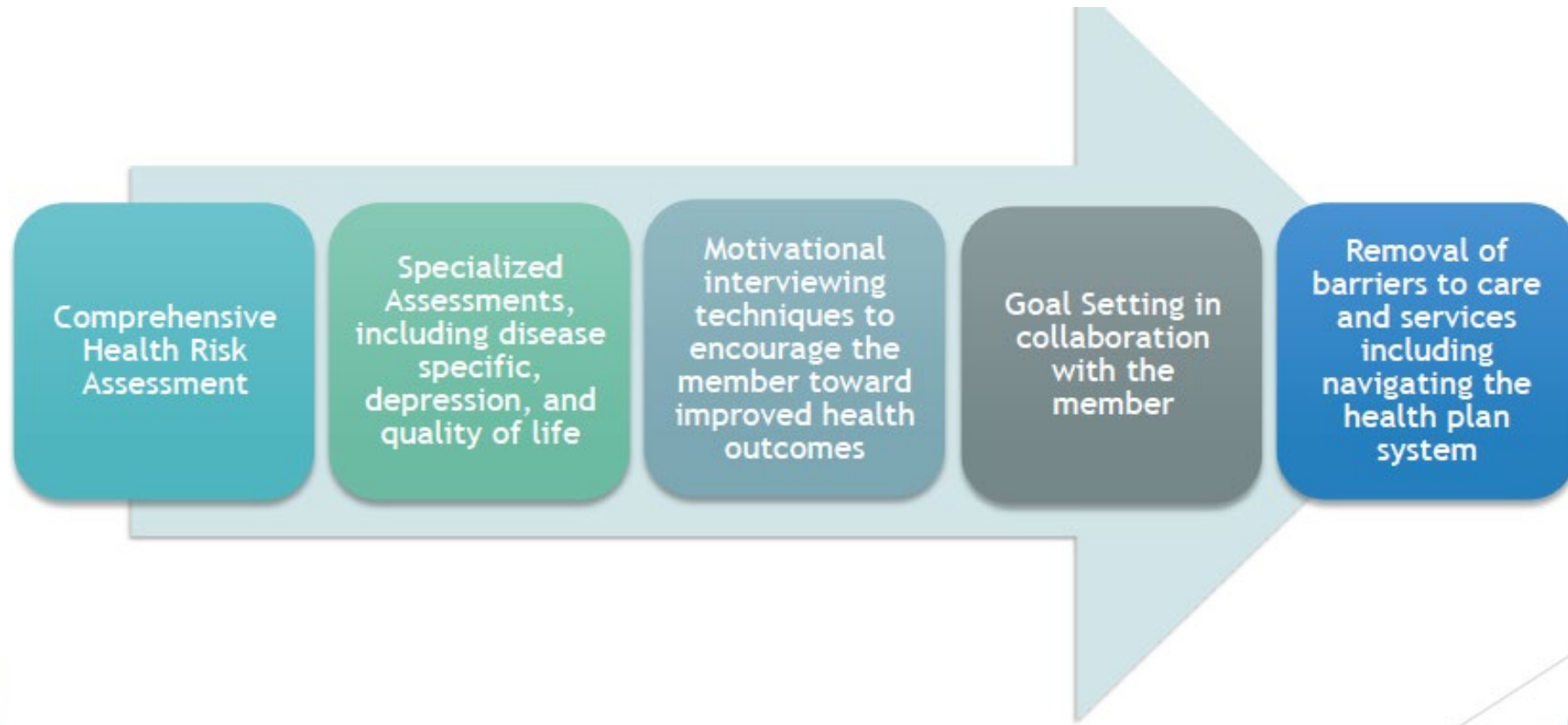# Critical Incidents—p. 165 BHRD Provider Manual

- Homicide

- Major Injury or trauma (includes overdoses, and attempted or completed suicides)

- Unexpected Death

- Abuse, neglect, or exploitation of an individual or client.

- Violent Acts—Violent acts allegedly committed by an individual or client to include:
  - (arson, assault resulting in serious bodily harm, homicide or attempted homicide by abuse, drive by shooting, extortion, kidnapping, rape/sexual assault/indecent liberties, robber, or vehicular homicide)

- Elopement of Mentally Ill offender or Sexual or Violent offender—Unauthorized leave of a mentally ill offender or a sexual or violent offender from a mental health facility, secure Community Transition facilities (i.e. Evaluation and Treatment Centers, Crisis Stabilization Units, Secure Detox Units, and Triage Facilities) that accept involuntary admissions.

- Media Attention—Any Event involving an individual or client that has attracted or is likely to attract media attention.

- Other: Each MCO may have additional reporting requirements.

Where to send Critical Incidents

Organization	Contact/Phone number	Link to CI Reporting Form
Amerigroup (P1: AMG)	(e) QMNotification@anthem.com	https://providers.amerigroup.com/Documents/WAWA_CAID_AMG CriticalIncidentReportForm.pdf
Community Health Plan of WA (P1: CHPW)	(e) Critical.Incidents@chpw.org (f) 206-652-7056	https://www.chpw.org/resources/Forms_and_Tools/Critical_Incident_form_12_4_2018.pdf
Coordinated Care (P1: CCC)	(e) WABHcriticalincidents@coordinatedcarehealth.com	https://www.coordinatedcarehealth.com/content/dam/centene/Coordinated%20Care/provider/PDFs/508-Critical-Incident-Reporting-Form.pdf
Molina Healthcare (P1: MHC)	(e) MHW_Critical_Incidents@MolinaHealthcare.com	https://www.molinahealthcare.com/providers/wa/medicaid/forms/PDF/provider-referral-form.pdf
United Healthcare Community Plan (P1: UHC)	(e) cindy_l_spain@uhc.com (t) 1-877-542-8997	https://www.providerexpress.com/content/dam/ope-provexpr/us/pdfs/adminResourcesMain/forms/wa_forms/waCritIncntRpt.pdf
King County Behavioral Health and Recovery Division/BH-ASO **p. 168 BHRD Provider Manual**	Client Services: 206-263-9000 (Fax 206-296-0583) (e) BHRDCriticalIncidents@kingcounty.gov	https://www.kingcounty.gov/depts/community-human-services/mental-health-substance-abuse/for-providers/~/media/depts/community-human-services/behavioral-health/documents/Provider%20Manual%20Links/1,-d-,1,-d-,19_2019_BHRD_Provider_Manual_MASTER.ashx?la=en

Additional care management resources

MCO care management provides health assessment, goal setting and assistance with barriers to care – and can be called upon for additional support

Comprehensive Health Risk Assessment

Specialized Assessments, including disease specific, depression, and quality of life

Motivational interviewing techniques to encourage the member toward improved health outcomes

Goal Setting in collaboration with the member

Removal of barriers to care and services including navigating the health plan system

To Engage Care Management Resources...

Entity	Number(s)
KCICN	1-800-790-8049
Amerigroup	855-323-4688 / 206-695-7081
Community Health Plan of Washington	1-800-440-1561 CareMgmtReferrals@chpw.org
Molina Health Care	https://www.molinahealthcare.com/providers/wa/medicaid/manual/PDF/Case-Management-Disease-Management-Referral-Form.pdf
UnitedHealthcare Community Plan	1-877-542-9231

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':
    o Bi-directional physical-behavioral healthcare
    o Transitional care
    o Chronic disease management
    o 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-base payment

- In addition to the ACH, the 'waiver' supports selected services for older adults and limited additional supportive housing and supportive employment services

Additional Resources

❖ BHRD Provider Manual

❖ KCICN Behavioral Health Risk Stratification Screening Tool

❖ Behavioral health provider services reference guide

❖ King County FAQs from MCO Symposium

❖ Client Services Line: 800.790.8049

❖ Questions: DCHSKCICN@kingcounty.gov