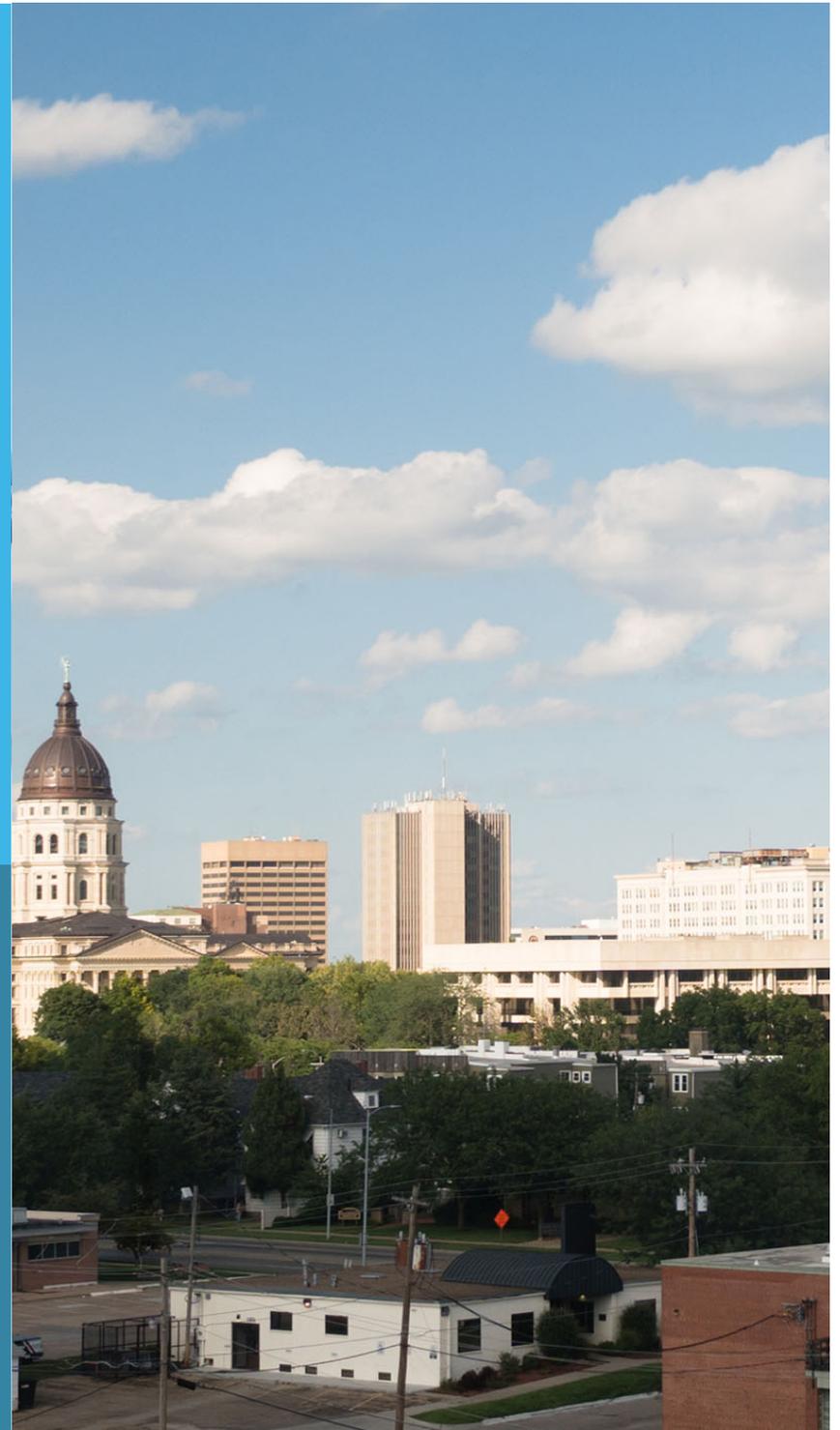




A BEACON HEALTH OPTIONS PRESENTATION:

# Replacing KCPC — Lessons from other States

DECEMBER 4, 2018



# Introductions

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# What We Want to Cover Today

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- Understanding the Challenges and Questions to be answered
- Overview of Beacon's Experience
- One State Example—
  - The Maryland Consumer Registration Module - Demo
  - The Maryland Outcomes Measurement System and Data Mart - Demo
- Potential Applicability in Kansas
- Questions / Next Steps

# Understanding the challenge, what is needed?

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- Real time financial and clinical eligibility determination for non-Medicaid members across State funding streams including:
  - SAPT Block Grant / DUI
  - PGAF (Gambling)
  - Private Pay
- Seamless medical management including:
  - An online clinical assessment (ASAM) tool and/or ability to electronically accept other approved alternatives
  - Electronic authorizations, support for care coordination, and wait list management
  - Single historical treatment record
- Collection and reporting of outcomes data for all Kansan's accessing BH care including:
  - State required measures
  - SAMHSA National Outcome Measures (NOMS)
  - Treatment Episode Data Sets (TEDS) reporting
- Intuitive claims submittal and payment
  - single claim and batch capability
- Discrete reporting and accounting
  - per funding stream,
  - by service category,
  - by agency

# KCPC Pros and Cons

PROS	CONS
Single source of eligibility for all non-Medicaid members.	Antiquated technology, unreliable platform with frequent downtime
Single state-wide assessment tool.	Length of Assessment - designed around licensure and SAPT BG requirements not presenting clinical needs.
Reduces provider administrative burden by conducting all utilization management in one system.	Increases provider burden by requiring dual entry into both EMR/KCPC and reliance on MCO/Beacon staff to work “manually” in the KCPC
Allows for the capture of NOMS / TEDS for all SUD users in the State.	Not easily updatable and programming is no longer supported - poverty percentage and ASAM criteria are not current.
Transfer of KCPC between providers creates natural coordination of care.	Transfer of KCPC between providers creates barriers to timely access to care.
Captures complete treatment history regardless of funding source.	Not HIPPA or 42CFR Compliant.

# Without the KCPC, what are we doing today?

Functions:	State	MCOs	Beacon
Online Eligibility Determination	Accenture - Medicaid Only	Not in Scope	No - Manual workaround for non-Medicaid SUD
Prioritization and tracking of Funding Streams	No	Not in Scope	No
Clinical Management	No	Yes – Paper	Yes – Online
Historical Treatment Record	No	Medicaid only and plan specific	Non-Medicaid only
NOMS/TEDS Collection	No	No	No
Claims Payment	No	Yes for Medicaid	Yes for Non-Medicaid
Discrete Reporting	No	Partial for Medicaid – no outcomes reporting	Partial for Non-Medicaid – no outcomes reporting

# Questions to be asked?

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To date, KCPC has been the single point of eligibility determination, clinical assessment / authorization and outcomes collection for all Kansas SUD services - the single “Source of Truth”.

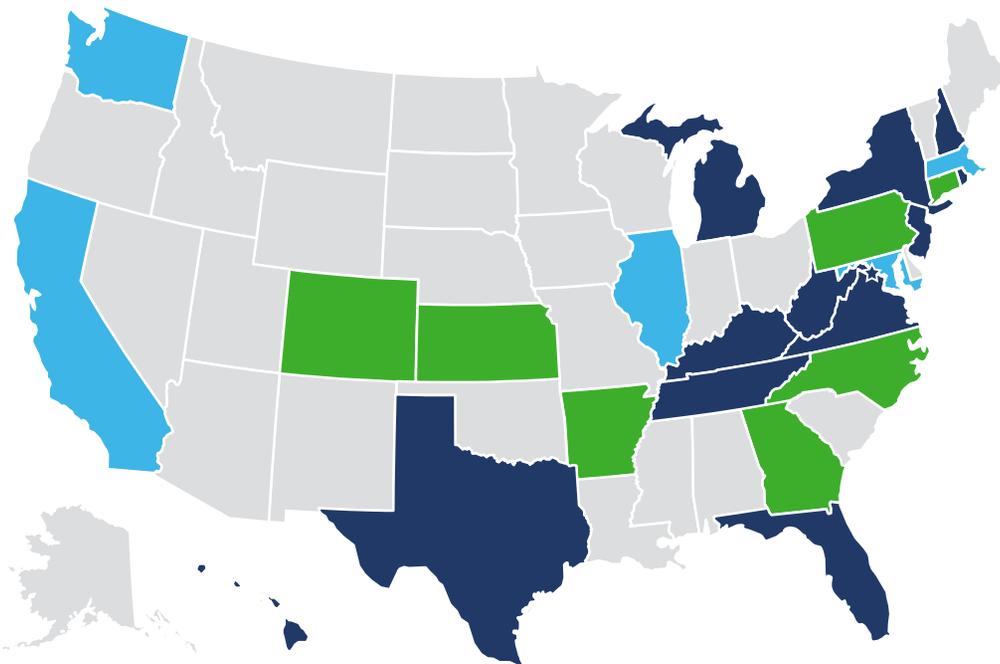


Should we continue to use a single system to submit assessments and authorizations or should each MCO/Beacon use their own?

Why shouldn't the MCOs / Beacon just collect the needed outcomes data on their respective members?

How does the Beacon platform work in other states and how does it enable States to manipulate data and use it for multiple purposes including federal reporting?

# Beacon has developed State specific NOMS/TEDS solutions across the country



- Direct to State/County
- Medicaid Health Plan
- Both Direct to State/County & Medicaid Health Plan

**Colorado Regional Accountable Entities— MH/SUD NOMS**

**Connecticut Behavioral Health Partnership—MH/SUD NOMS**

**Georgia—MH/SUD NOMS and TEDS**

**Illinois Mental Health Collaborative for Access and Choice—MH NOMS**

**Kansas—SUD NOMS and TEDS**

**Maryland—MH/SUD NOMS and TEDS**

**Massachusetts—MH/SUD NOMS and TEDS**

**Pennsylvania—MH NOMS**

**Texas—MH/SUD NOMS and TEDS**

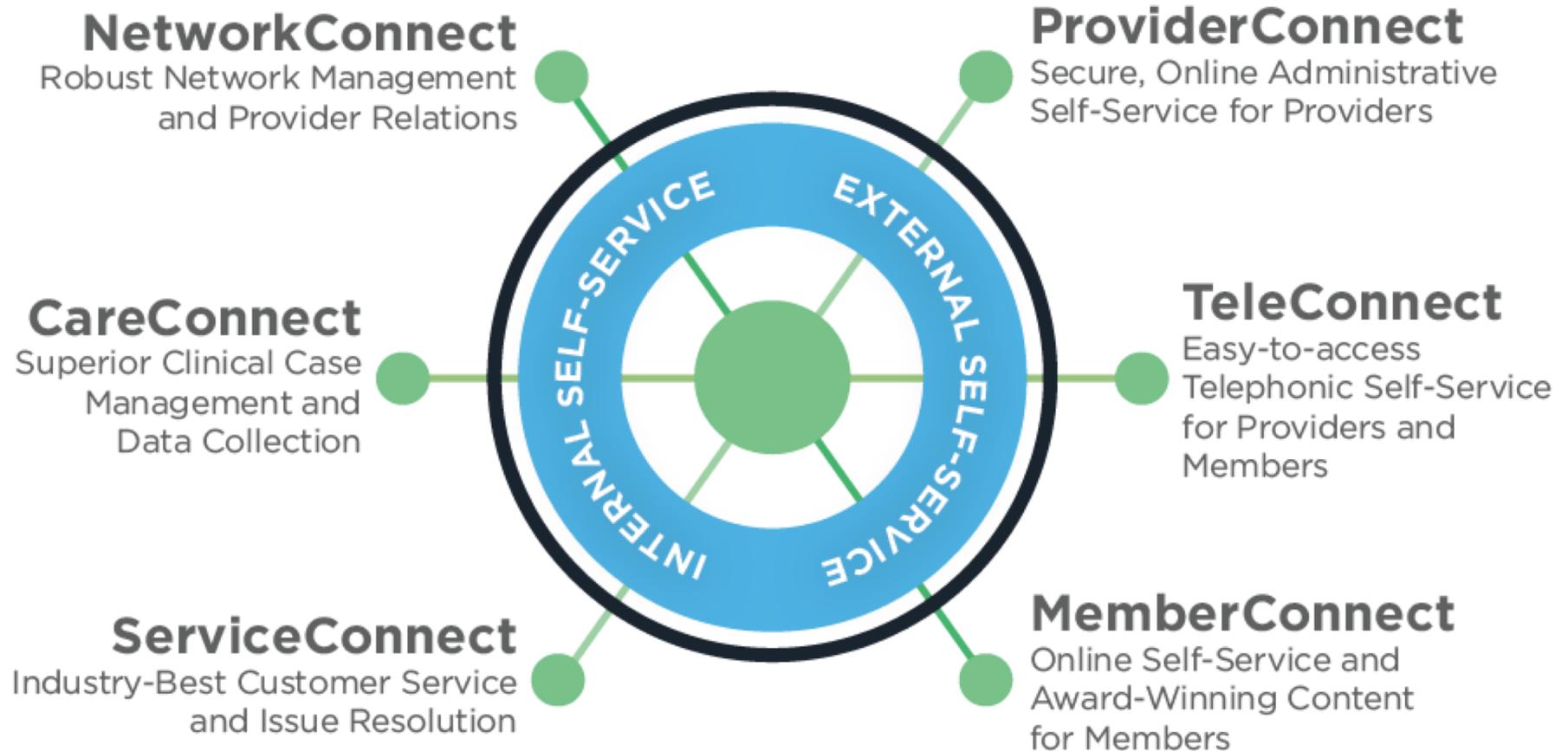
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# Lessons from Maryland

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# Beacon Health Options Integrated Platform



# Determining Eligibility - Maryland's Member Registration Module

Demo - Toby Scott, Director of Clinical, Central Region



**PROVIDERCONNECT**  
BEACON HEALTH OPTIONS

Member Registration

All fields marked with an asterisk (\*) are required.  
Note: Disable pop-up blocker functionality to view all appropriate links.

\*Registration Start Date (MMDDYYYY)  
12/16/2014

**Demographics**

\*Last Name: ASLAN  
\*First Name: SUSAN  
Middle Name:   
Suffix:   
\*Date of Birth (MMDDYYYY): 12/22/1979  
\*Social Security Number (SSN):   
\*Gender:  Male  Female  Unknown  
 Unknown  No SSN

\*Primary Address: 123 MAIN  
Address Line 2:   
\*City: BALTIMORE  
\*State: MD  
\*Zip Code: 21201  
Select City/State/Zip | Update Member Demographics

\*Country: SELECT...  
Phone:

**Requested Services**

\*Type of Service Requested

Grant Funded Substance Use Services. Check this box to register members associated with the grant based services for the Maryland Recovery Network, The Justice Services Program (8-507), and The Pregnant Women and Women with Children (PWC) Program. You may also check this box if you are entering a member for data collection only for services that have not yet transitioned to Beacon for payment, i.e. ASAM Level 3-1. If you are not certain whether the services you will be requesting for this member are considered grant-funded or are paid through Beacon Health Options, YOU SHOULD NOT SELECT THIS CHECKBOX. Please contact Customer Service for additional help.

Gambling Services. Check this box to register individuals receiving services with a primary diagnosis related to a gambling disorder. If you are a mental health provider servicing a Medicaid member, YOU SHOULD NOT SELECT THIS CHECKBOX. Please contact Customer Service for additional help.

**Eligibility Requirements**

Uninsured services will be approved if the Member meets all of the following requirements:

- \*Requires treatment for behavioral health diagnosis covered by the Public Behavioral Health System (PBHS)  
 Yes  No
- \*Meets the financial criteria  
 Yes  No
- \*Has a verifiable Social Security Number  
 Yes  No
- \*Is a Maryland resident  
 Yes  No
- \*Has applied to Medicaid, the Exchange, SSI or SSDI, if the individual has an illness/disability for a period of 12 months or more (or is expected to have an illness/disability for a period of 12 months or more)  
 Yes  No
- \*Meets the citizenship requirement  
 Yes  No

**Exceptions to Eligibility Requirements**

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# The Maryland Outcomes Measurement System (OMS) and DataMart

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# Value of the Outcomes Measurement System

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- Responsive to State and Federal reporting requirements
- Tracks how individuals receiving behavioral health services in the Public Mental Health System (PMHS) are doing over time
- Quantifies all required outcomes for individuals in PMHS outpatient services
- Capable of tracking system-wide trends
  - Useful at the aggregate provider, CMHC and Facility, and State/Regional levels
- Provides guidance to clinicians as tool in treatment planning

# Background and foundational principles

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- **Collaboratively developed**
  - Consumers
  - Providers
  - Stakeholders
  - Mental Health America
  - Core Service Agencies
  - Beacon Health Options
- **HIPAA Compliant**
  - Provides for the confidential handling of protected health information
- **Incorporates validated/reliable tools and questions**
  - BASIS 24<sup>®</sup> for Adults
  - University of Maryland KIDNET for children
  - Federal scales for functioning, social connectedness
- **Continuously Updated**
  - Operational since 9/2006, refined 9/2009, and again 9/2015

# Life Domains

The OMS collects information related to the following Life Domains:



Living Situation



Functioning



Legal system Involvement



Employment/School



Substance Use



Psychiatric Symptoms



Health/Smoking

These types of information are **not typically** collected by Payors

# OMS Requirements

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- All Consumers (regardless of Medicaid eligibility) ages 6-64 receiving outpatient or rehab option treatment at an outpatient mental health provider, hospital outpatient, FQHC, and/or local health department
- OMS conducted with each consumer or caregiver at intake and every six months in treatment
- Integrated into Beacon's service authorization system
  - Approval of service request contingent on OMS submission

# Maryland OMS DataMart

- Tony Ritter, Director, Business Intelligence Architecture

The screenshot shows the Maryland OMS DataMart website. At the top left is the 'beacon health options' logo. At the top right is the 'Maryland Behavioral Health Administration Outcomes Measurement System' logo. Below the logos is a 'Welcome to OMS' section with a paragraph of text and two buttons: 'OMS Questionnaires' and 'Additional OMS Resources'. A bolded notice states: 'Several changes to the OMS were made in January 2015. Most significantly, individuals receiving substance-related disorder (SRD) Outpatient Level 1 Treatment Services were included. As a result, displays for "SRD", "BOTH", and "ALL" begin with CY 2015.' Below this is a thank-you message. The 'Start Your Analysis' section features several radio button options: 'ALL (those receiving either MH or SRD services)', 'MENTAL HEALTH (those receiving MH services)', 'SUBSTANCE-RELATED DISORDER (those receiving SRD services)', and 'BOTH (those receiving both MH and SRD services)'. There are also options for 'CHILD & ADOLESCENT (6-17 years old)' and 'ADULT (18-64 years old)'. The 'FISCAL YEAR' is set to 2018, and there is a 'View Results -->' button at the bottom right.

beacon health options

Maryland Behavioral Health Administration  
Outcomes Measurement System

Welcome to OMS

OMS Questionnaires Additional OMS Resources

Welcome to the Maryland Department of Health (MDH), Behavioral Health Administration's (BHA) Outcomes Measurement System (OMS) Datamart. The OMS Datamart is designed to track how individuals receiving outpatient behavioral health treatment services in Maryland's Public Behavioral Health System (PBHS) are doing over time in various life domains, including housing, employment/school, psychiatric symptoms, functioning, substance use, legal system involvement, and general health. The OMS Datamart tracks trends in the PBHS as a whole, not the progress of specific individuals. The tabs above include materials related to using and understanding the OMS data.

**Several changes to the OMS were made in January 2015. Most significantly, individuals receiving substance-related disorder (SRD) Outpatient Level 1 Treatment Services were included. As a result, displays for "SRD", "BOTH", and "ALL" begin with CY 2015.**

Thank you to clients, children/adolescents, caregivers, and providers for their ongoing participation in the OMS. We would also like to acknowledge the University of Maryland Systems Evaluation Center and Beacon Health Options for their ongoing collaboration in the development of this OMS Datamart.

Start Your Analysis

ALL (those receiving either MH or SRD services)

MENTAL HEALTH (those receiving MH services)

SUBSTANCE-RELATED DISORDER (those receiving SRD services)

BOTH (those receiving both MH and SRD services)

CHILD & ADOLESCENT (6-17 years old)

ADULT (18-64 years old)

MOST RECENT INTERVIEW ONLY

INITIAL INTERVIEW COMPARED TO MOST RECENT INTERVIEW

FISCAL YEAR: 2018

CALENDAR YEAR:

For questions, please send an email to [omsdatamart.help@maryland.gov](mailto:omsdatamart.help@maryland.gov)

View Results -->

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# Potential Applicability in Kansas

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# Why look at a single statewide outcome management system?

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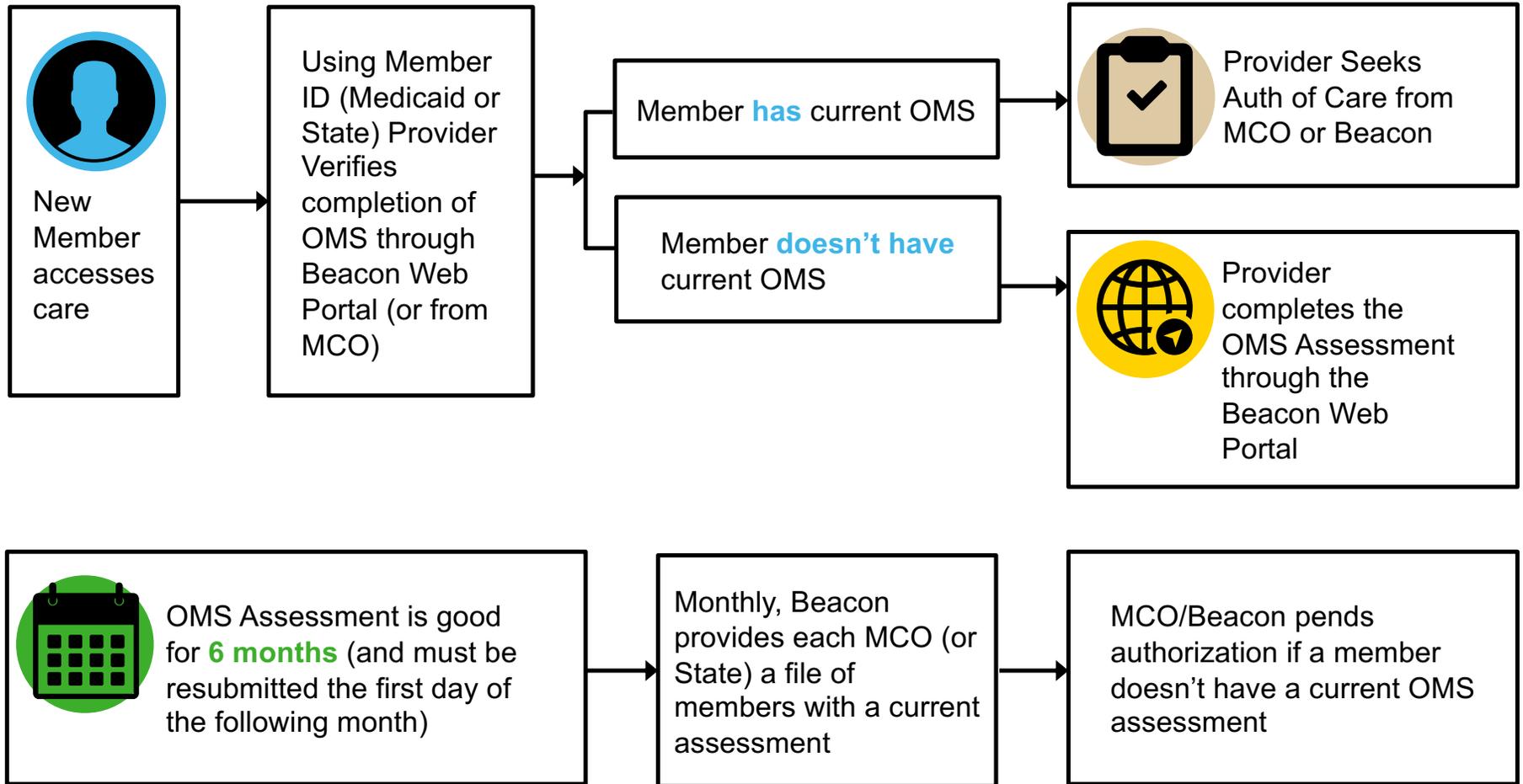
- SAMHSA requires outcomes information be collected for all individuals accessing the public behavioral health system.
- MCOs would be required to develop new collection methods / processes to meet SAMHSA requirements and create new logic that ensures that NOMS/TEDS are current. New EDI would be required to transmit NOMS/TEDS data to the State.
- While each MCO/Beacon can collect outcomes information, any movement between plans or changes in Medicaid eligibility would likely force providers into resubmitting NOMS/TEDS.
- The State would likely be faced with challenges related to duplication of data as member outcomes are merged from multiple MCOs/Beacon into a single record for reporting purposes.

# Would OMS work in Kansas?

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- OMS would provide Kansas a “Middle Ware” solution—a standardized and statewide system and process that sits between providers and the MCOs/Beacon
- Similar to the Maryland OMS, Beacon would deploy a web based portal and collect the required information from providers and from other State sources as necessary. Beacon will then act as an aggregator of data for reporting purposes.
- Similar to today, providers would be contractually expected to report on a member at intake and every six months thereafter. Through the Beacon portal (or MCO depending on design) a provider could verify if an OMS was current.
- Beacon would pass each MCO (or the State) a file of members with a completed assessment. To ensure collection, each MCO and Beacon could pend authorization until the data is complete.
- To accomplish this, Beacon would need a complete eligibility file with the Members MCO identified (either directly from the State or from the Plans).

# Potential Workflow



# Benefits of an OMS like solution

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- Single point of interaction for providers (regardless of the member's funding source)
- Allows for member data to follow the member as Medicaid eligibility or MCO membership changes
- Reduces provider administrative burden by only requiring initial and biannual reporting and by tying the required assessment to the member, regardless of treating provider
- Allows for tracking and trending of members information over time and provides an additional tool for provider practice management

# What about a historical treatment record?

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- There are two options for the creation of a historical treatment record, either:
  1. Replicate the KCPC with a single system that allows for eligibility determination, clinical assessment / authorization and outcomes collection for all Kansans accessing any BH service; or
  2. Complete clinical assessment and authorization in the MCOs platform and use EDI to collect all historical BH utilization in a single database - providing secure access to providers who have the appropriate releases.
- Beacon can accommodate either of these options through its Connects Platform.

# ProviderConnect – Spectrum Integrated Health Record

Providers can have access to all claims and auth history through Beacon’s member-centric integrated health record - Spectrum. Spectrum is a Web-accessible, secure member-centric record that facilitates coordination by providing access to critical information related to the participant’s plan of care and health services.

**Record**

Id: TEMP000163849    Name: SMITH,ALICE    Date of Birth: 01/05/1971    Age: 42    Phone: 715-379-4000    Effective Date: 05/05/2011    Expiration Date:

DEMOGRAPHICS	HEALTH CONDITIONS AND SERVICE	MEDICATIONS/LABS	CARE PLAN	CONTACT CENTER/CARE TEAM	RISKS/ALERTS/DECISION SUPPORT
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**Medication History**

Up to 150 of the most recent medications displayed based on available information.

Medication Claims \*\*10 Medications Taken\*\*    Expand/Collapse

Medication Name	Start Date	Discontinue Date	Fill Date	Days Supply	Quantity	Dosage	Prescriber Name	Data Source	Information Source
BUPROPION HCL	10/01/2012	08/01/2013	07/02/2013						
bupropion hcl 150 mg	10/01/2012	08/01/2013	07/02/2013	30	30	0mg	CRAIG SUSSMAN	CCA	CLAIMS
bupropion hcl 300 mg	10/01/2012	08/01/2013	07/02/2013	30	30	0mg	CRAIG SUSSMAN	CCA	CLAIMS
bupropion hcl 300 mg	10/01/2012	08/01/2013		30	30	0mg	CRAIG SUSSMAN	CCA	CLAIMS
bupropion hcl 300 mg	10/01/2012	08/01/2013	03/16/2013	30	30	0mg	CRAIG SUSSMAN	CCA	CLAIMS
bupropion hcl 300 mg	10/01/2012	08/01/2013	02/14/2013	30	30	0mg	CRAIG SUSSMAN	CCA	CLAIMS
bupropion hcl 300 mg	10/01/2012	08/01/2013	01/15/2013	30	30	0mg	CRAIG SUSSMAN	CCA	CLAIMS
bupropion hcl 100 mg	10/01/2012	12/30/2012	11/30/2012	30	60	0mg	SANGITA MALLICK	CCA	CLAIMS
bupropion hcl 100 mg	10/01/2012	12/30/2012	10/01/2012	30	60	0mg	GERMAN CRISOSTOMO	CCA	CLAIMS
LAMOTRIGINE	01/15/2013	06/24/2013	05/25/2013						
DOXYCYCLINE HYCLATE	05/23/2013	05/30/2013	05/23/2013						
IBUPROFEN	03/11/2013	03/31/2013	03/11/2013						
ALBUTEROL SULFATE	03/01/2013	03/16/2013	03/01/2013						
FLUTICASON PROPRIONATE	03/01/2013	03/31/2013	03/01/2013						
INHALER, ASSIST DEVICES	03/01/2013	03/31/2013	03/01/2013						
CLONAZEPAM	09/17/2012	02/08/2013	01/09/2013						
FLUOXETINE HCL	09/17/2012	10/01/2012	09/17/2012						
FLUVOXAMINE MALEATE	09/17/2012	10/01/2012	09/17/2012						

Key benefits include:

- Extended middleware capabilities enable flexibility to select and connect to Care Managers, the care management system, and integrate data from multiple sources into the single member record
- Improves coordination of care and enables continuity of participant engagement at each level of service
- Accessible by all treating providers (including primary care) with releases allowing for a consolidated view of participant’s treatment record

# Replacing the KCPC - Beacon Solutions

Functions:	Beacon
Online Eligibility Determination	Yes – through the ProviderConnect Member Registration module for all non-Medicaid members.
Algorithm Based Prioritization of Funding Streams	Yes – through the ProviderConnect Member Registration module for all non-Medicaid members.
Clinical Management	Yes – Online through ProviderConnect
Historical Treatment Record	Yes – Online through ProviderConnect / Spectrum for every Kansan accessing the public BH system.
NOMS/TEDS Collection	Yes – through the ProviderConnect Member Registration module / Kansas OMS for every Kansan accessing the public BH system.
Claims Payment	Yes for Non-Medicaid SUD
Discrete Reporting	Yes through Kansas OMS / DataMart

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# Questions

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# Additional Information: OMS Documentation

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Links to OMS documents are included as follows:

- OMS Website and DataMart

[http://maryland.beaconhealthoptions.com/services/OMS\\_Welcome.html](http://maryland.beaconhealthoptions.com/services/OMS_Welcome.html)

- OMS User Guide

<http://maryland.beaconhealthoptions.com/services/userguide.pdf>

- OMS Interview Guide

<http://maryland.beaconhealthoptions.com/provider/forms/oms/OMS-Interview-Guide-Dec-2014.pdf>

- Data Short created from OMS

<https://bha.health.maryland.gov/Pages/Data-Shorts.aspx>

# Thank you

