A BEACON HEALTH OPTIONS PRESENTATION:

Replacing KCPC — Lessons from other States

DECEMBER 4, 2018
Introductions

Eric Van Allen—SVP, Western Strategy & Development
Toby Scott —Director of Clinical, Central Region
Tony Ritter—Director, Business Intelligence Architecture
What We Want to Cover Today

• Understanding the Challenges and Questions to be answered
• Overview of Beacon’s Experience
• One State Example—
  o The Maryland Consumer Registration Module - Demo
  o The Maryland Outcomes Measurement System and Data Mart - Demo
• Potential Applicability in Kansas
• Questions / Next Steps
Understanding the challenge, what is needed?

• Real time financial and clinical eligibility determination for non-Medicaid members across State funding streams including:
  o SAPT Block Grant / DUI
  o PGAF (Gambling)
  o Private Pay

• Seamless medical management including:
  o An online clinical assessment (ASAM) tool and/or ability to electronically accept other approved alternatives
  o Electronic authorizations, support for care coordination, and wait list management
  o Single historical treatment record

• Collection and reporting of outcomes data for all Kansan’s accessing BH care including:
  o State required measures
  o SAMHSA National Outcome Measures (NOMS)
  o Treatment Episode Data Sets (TEDS) reporting

• Intuitive claims submittal and payment
  o single claim and batch capability

• Discrete reporting and accounting
  o per funding stream,
  o by service category,
  o by agency
### KCPC Pros and Cons

<table>
<thead>
<tr>
<th>PROS</th>
<th>CONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single source of eligibility for all non-Medicaid members.</td>
<td>Antiquated technology, unreliable platform with frequent downtime</td>
</tr>
<tr>
<td>Single state-wide assessment tool.</td>
<td>Length of Assessment - designed around licensure and SAPT BG requirements not presenting clinical needs.</td>
</tr>
<tr>
<td>Reduces provider administrative burden by conducting all utilization management in one system.</td>
<td>Increases provider burden by requiring dual entry into both EMR/KCPC and reliance on MCO/Beacon staff to work “manually” in the KCPC</td>
</tr>
<tr>
<td>Allows for the capture of NOMS / TEDS for all SUD users in the State.</td>
<td>Not easily updatable and programming is no longer supported - poverty percentage and ASAM criteria are not current.</td>
</tr>
<tr>
<td>Transfer of KCPC between providers creates natural coordination of care.</td>
<td>Transfer of KCPC between providers creates barriers to timely access to care.</td>
</tr>
<tr>
<td>Captures complete treatment history regardless of funding source.</td>
<td>Not HIPPA or 42CFR Compliant.</td>
</tr>
</tbody>
</table>
## Without the KCPC, what are we doing today?

<table>
<thead>
<tr>
<th>Functions:</th>
<th>State</th>
<th>MCOs</th>
<th>Beacon</th>
</tr>
</thead>
<tbody>
<tr>
<td>Online Eligibility Determination</td>
<td>Accenture - Medicaid Only</td>
<td>Not in Scope</td>
<td>No - Manual workaround for non-Medicaid SUD</td>
</tr>
<tr>
<td>Prioritization and tracking of Funding Streams</td>
<td>No</td>
<td>Not in Scope</td>
<td>No</td>
</tr>
<tr>
<td>Clinical Management</td>
<td>No</td>
<td>Yes – Paper</td>
<td>Yes – Online</td>
</tr>
<tr>
<td>Historical Treatment Record</td>
<td>No</td>
<td>Medicaid only and plan specific</td>
<td>Non-Medicaid only</td>
</tr>
<tr>
<td>NOMS/TEDS Collection</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Claims Payment</td>
<td>No</td>
<td>Yes for Medicaid</td>
<td>Yes for Non-Medicaid</td>
</tr>
<tr>
<td>Discrete Reporting</td>
<td>No</td>
<td>Partial for Medicaid – no outcomes reporting</td>
<td>Partial for Non-Medicaid – no outcomes reporting</td>
</tr>
</tbody>
</table>
Questions to be asked?

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

- **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
Lessons from Maryland
Beacon Health Options
Integrated Platform

- **NetworkConnect**: Robust Network Management and Provider Relations
- **ProviderConnect**: Secure, Online Administrative Self-Service for Providers
- **CareConnect**: Superior Clinical Case Management and Data Collection
- **TeleConnect**: Easy-to-access Telephonic Self-Service for Providers and Members
- **ServiceConnect**: Industry-Best Customer Service and Issue Resolution
- **MemberConnect**: Online Self-Service and Award-Winning Content for Members
Determining Eligibility - Maryland’s Member Registration Module

Demo - Toby Scott, Director of Clinical, Central Region
The Maryland Outcomes Measurement System (OMS) and DataMart
Value of the Outcomes Measurement System

• 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
  o 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

• Collaboratively developed
  o Consumers
  o Providers
  o Stakeholders
  o Mental Health America
  o Core Service Agencies
  o Beacon Health Options

• HIPAA Compliant
  o Provides for the confidential handling of protected health information

• Incorporates validated/reliable tools and questions
  o BASIS 24® for Adults
  o University of Maryland KIDNET for children
  o Federal scales for functioning, social connectedness

• Continuously Updated
The OMS collects information related to the following Life Domains:

- Living Situation
- Employment/School
- Psychiatric Symptoms
- Functioning
- Substance Use
- Health/Smoking
- Legal system Involvement

These types of information are **not typically** collected by Payors.
OMS Requirements

• 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
  o Approval of service request contingent on OMS submission
Maryland OMS DataMart

• Tony Ritter, Director, Business Intelligence Architecture
Potential Applicability in Kansas
Why look at a single statewide outcome management system?

- 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?

- 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**

1. **New Member accesses care**
   - Using Member ID (Medicaid or State) Provider Verifies completion of OMS through Beacon Web Portal (or from MCO)

2. **Member has current OMS**
   - Provider Seeks Auth of Care from MCO or Beacon

3. **Member doesn’t have current OMS**
   - Provider completes the OMS Assessment through the Beacon Web Portal

4. **OMS Assessment is good for 6 months** (and must be resubmitted the first day of the following month)
   - Monthly, Beacon provides each MCO (or State) a file of members with a current assessment

5. **MCO/Beacon pends authorization if a member doesn’t have a current OMS assessment**
Benefits of an OMS like solution

• 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?

- 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 it’s 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.

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

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

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

- OMS Interview Guide

- Data Short created from OMS
  [https://bha.health.maryland.gov/Pages/Data-Shorts.aspx](https://bha.health.maryland.gov/Pages/Data-Shorts.aspx)
Thank you