



Lessons Learned from Behavioral Health Transition into Health Plans

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Transition of Behavioral Health in Health Plans

- Loss of carve out for Behavioral Health
- Behavioral health integrated into 7 health plans and 3 RBHAs
- Systems Integration occurred October 1, 2018
- Payment change from capitated payments to Fee for Service
- Spent over a year preparing providers and plans
- Plans were not ready on October 1

Creating Data to Back Up Provider Complaints

- Previous experience with AHCCCS regarding transitions
- Committee of Council members formed to develop strategies
- Richard Cooper of SPSI (Southwest Provider Services, Inc.) volunteered to help

Transition Issues: Behavioral Health into Health Plans

- Contracting
- Credentialing
- Rates
- Payment - Claims submission and payment
- Implications of switch to fee for service
- Eligibility

Issues Identified by Committee

- Eligibility
- Credentialing
- Coding
- Timely Payment
- Correct rates not loaded (individual provider issue)

Data Monitoring - Introductions

- ▶ Southwestern Provider Services, Inc
 - Provider Focused, Workflow Re-Engineering
 - Electronic Payor Communication Including Traditional “Clearinghouse” Tools
 - Behavioral Health Population Served
 - Supporting 95% of Agencies in the Central GSA (Maricopa County)
 - Managing over 1.1 million claims

Data Monitoring - Introductions

- Scope of Transition
 - Move from a Single Payor to a Ten Payor Model
 - Move from a Block (Capitated) Payment System to Fee-For-Service Model
- Objective - Be Proactive and Avoid the Problems of Past Transitions

Data Monitoring - The Approach

- ▶ Consensus on Aggregation and De-Identification of Agency-Specific Data
- ▶ Formulation of Metrics to be Monitored
 - Communication Flow with Each of the Health Plan (Claims, Remits, etc.)
 - Monitor Cash Flow
 - Anticipated Problem Areas (Member Eligibility, Provider Setup, Fee Schedule Mgmt.)
 - Identify and Trend Claim Rejections / Denials

Data Monitoring - The Approach

- ▶ Detailed documentation of Issues
- ▶ Establishing Baseline Information (from Current Data)
- ▶ Timely Reporting (weekly updates)
- ▶ Health Plan Collaboration

Data Monitoring - Implementation

- Aggregation of Participating Agency Claims & Payment Information
- Web-Based Monitoring Reports available to all
- Health Plan Specific Monitoring
- Sample Reports
- Problem Areas
- Problem resolution

Data Monitoring - Outcome

► Today

- At a Pivot Point
 - Continue to Support Struggling Agencies
 - Continue to Build Communication with Health Plans

Data Monitoring - Outcome

▶ Lessons Learned

- Cost Burden of Late Contracting, Credentialing, and Fee Schedule Load
- Earlier & Ongoing Orientation
- Electronic Remittance Reporting

▶ Next Steps

- ▶ Build on Lessons Learned
- ▶ Improve the Model for Future Implementation (DD October, 2019)

Use of Data with AHCCCS

- AHCCCS required health plans to meet with providers-two series of meetings
- Plans were fined and/or given notices to cure
- AHCCCS investigated complaints regarding eligibility and credentialing
- AHCCCS worked with plans to set up advance payments for providers
- AHCCCS set up committee to review credentialing process

Lessons Learned

- Require that contracts covering scope of work are in place several months prior to go live date
- Require credentialing to be done prior to go live date
- Test claims process prior to go live date
- Require monthly meetings of providers and payors for 4 months prior to go live date

Lessons Learned

- Have data to demonstrate problems early in the process
- Have a plan for transitioning clients who are in mid-course of treatment
- Have reserve funds to cover delays in payment
- Plans and AHCCCS should have process for advance payments
- Advanced provider orientation and education on claims/payment processes

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