King County Integrated Managed Care (IMC) and Integrated Care Network (KCICN) Overview
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
  o Cardiometabolic (i.e., high blood pressure, cholesterol, diabetes)
  o Health behaviors (i.e., smoking, exercise, nutrition, substance use)
  o Suicide

![SMI is associated with reduced life expectancy](chart.png)
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)

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?

<table>
<thead>
<tr>
<th>ICN Function</th>
<th>Value Add for MCOs</th>
<th>Value Add for Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Network Administration:</td>
<td>• One entity (vs. 5) to:</td>
<td>• Administrative Support</td>
</tr>
<tr>
<td>• Technical Assistance for Providers</td>
<td>- contract with vs. 5 MCOs</td>
<td>• Administration processes largely same as in past</td>
</tr>
<tr>
<td>• IT Support/data submission</td>
<td>- manage technical issues</td>
<td>• Data Support</td>
</tr>
<tr>
<td>Provider Payment</td>
<td>• Simple Payment to one entity</td>
<td>• Cash Flow (timeliness, case rate versus fee for service)</td>
</tr>
<tr>
<td>Contracting and Credentialing</td>
<td>• 1 contract versus 40+</td>
<td>• 1 contract and credentialing process vs. 5</td>
</tr>
<tr>
<td></td>
<td>• 1 negotiated rate versus 40+</td>
<td>• Reduced Administrative Burden</td>
</tr>
<tr>
<td>Program Quality Assurance/Compliance</td>
<td>• Delegated activity lowers administrative burden to MCO staff</td>
<td>• 1 entity reviewing/auditing vs. 5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Ability to inform (through KCICN Committees) Program Quality</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Assurance/Compliance processes processes</td>
</tr>
</tbody>
</table>
What is the role of BHRD in KCICN? (cont’d)

<table>
<thead>
<tr>
<th>ICN Function (KC Backbone)</th>
<th>Value Add for MCOs</th>
<th>Value Add for Providers</th>
</tr>
</thead>
</table>
| 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.
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)

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:

<table>
<thead>
<tr>
<th>Medicaid Managed Care</th>
<th>Dually-enrolled (Medicaid/Medicare aka “CNP/QMB”)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MHC Fully Integrated Managed Care</td>
<td>MHC Behavioral Health Services Only</td>
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<tr>
<td>UHC Fully Integrated Managed Care</td>
<td>UHC Behavioral Health Services Only</td>
</tr>
<tr>
<td>CHPW Fully Integrated Managed Care</td>
<td>CHPW Behavioral Health Services Only</td>
</tr>
<tr>
<td>AMG Fully Integrated Managed Care</td>
<td>AMG Behavioral Health Services Only</td>
</tr>
<tr>
<td>CCC Fully Integrated Managed Care</td>
<td>CCC Behavioral Health Services Only</td>
</tr>
<tr>
<td>OR Coordinated Care</td>
<td>Healthy Options Foster Care</td>
</tr>
</tbody>
</table>


Authorization for Care

King County successfully negotiated with the MCOs for delegation of *almost all* authorizations

### Behavioral Health Provider Services Reference Guide

#### Designated UM Authorization Authority

<table>
<thead>
<tr>
<th>Service Type and Description</th>
<th>AMERIGROUP, CHPW, MOLINA, UNITED</th>
<th>COORDINATED CARE</th>
<th>KING COUNTY MEDICAID-FUNDED</th>
<th>KING COUNTY BH-ASO FUNDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Detoxification (In a Residential Setting)</td>
<td>N/A. KC to manage all UM.</td>
<td>N/A. KC to manage all UM.</td>
<td>If Emergent: Prior-Auth not required. Requires notification only within 24 hours followed by concurrent review. &lt;br&gt; <strong>If Planned:</strong> Prior-Auth required. Requires pre-service review and concurrent review.</td>
<td>If Emergent: Prior-Auth not required. Requires notification only within 24 hours followed by concurrent review. &lt;br&gt; <strong>If Planned:</strong> Prior-Auth required. Requires pre-service review and concurrent review (as funding allows).</td>
</tr>
<tr>
<td>- ASAM 5.7 &lt;br&gt; - ASAM 3.2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crisis stabilization in a Residential Treatment setting</td>
<td>N/A. KC to manage all UM.</td>
<td>N/A. KC to manage all UM.</td>
<td>If Emergent: Prior-Auth not required – requires notification only within 24 hours followed by concurrent review. &lt;br&gt; <strong>If Planned:</strong> Prior-Auth required – requires pre-service review and concurrent review.</td>
<td>If Emergent: Prior-Auth not required – requires notification only within 24 hours followed by concurrent review. &lt;br&gt; <strong>If Planned:</strong> Prior-Auth required – requires pre-service review and concurrent review (as funding allows).</td>
</tr>
</tbody>
</table>
Grievances: 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

<table>
<thead>
<tr>
<th>Organization</th>
<th>Contact</th>
<th>Form Website Link</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amerigroup</td>
<td>(t) (800) 600-4441</td>
<td></td>
</tr>
<tr>
<td>(P1: AMG)</td>
<td>(e) <a href="mailto:WA-Grievance@amerigroup.com">WA-Grievance@amerigroup.com</a></td>
<td></td>
</tr>
<tr>
<td>Community Health Plan of WA</td>
<td>(t) (800)-440-1561</td>
<td><a href="https://www.chpw.org/for-members/grievances-and-appeals/">https://www.chpw.org/for-members/grievances-and-appeals/</a></td>
</tr>
<tr>
<td>(P1: CHPW)</td>
<td>(e) <a href="mailto:AppealsGrievances@chpw.org">AppealsGrievances@chpw.org</a></td>
<td></td>
</tr>
<tr>
<td>Coordinated Care</td>
<td>(t) (877) 644-4613</td>
<td><a href="https://www.coordinatedcarehealth.com/content/dam/cen">https://www.coordinatedcarehealth.com/content/dam/cen</a>.</td>
</tr>
<tr>
<td>(P1: CCC)</td>
<td>(e) <a href="mailto:WAQualityDept@Centene.com">WAQualityDept@Centene.com</a></td>
<td>e/Coordinated%20Care/pdfs/508_member-grievance-form.pdf</td>
</tr>
<tr>
<td>Molina Healthcare</td>
<td>(t) (800) 869-7165</td>
<td></td>
</tr>
<tr>
<td>(P1: MHC)</td>
<td>(e) <a href="mailto:WAMemberServices@MolinaHealthcare.com">WAMemberServices@MolinaHealthcare.com</a></td>
<td></td>
</tr>
<tr>
<td>(P1: UHC)</td>
<td>(e) <a href="mailto:WACS_Appeals@uhc.com">WACS_Appeals@uhc.com</a></td>
<td>ty-plan/washington-unitedhealthcare-community-plan-grievance-and-appea.html</td>
</tr>
<tr>
<td>King County Behavioral Health and</td>
<td>(t) (800)790-8049</td>
<td></td>
</tr>
<tr>
<td>p. 164 BHRD Provider Manual</td>
<td></td>
<td>ce-health/documents/Provider%20Manual%20Links/1,-d,-1,-d,.</td>
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</table>
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

<table>
<thead>
<tr>
<th>Organization</th>
<th>Contact/Phone number</th>
<th>Link to CI Reporting Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amerigroup (P1: AMG)</td>
<td>(e) <a href="mailto:QMNotification@anthem.com">QMNotification@anthem.com</a></td>
<td><a href="https://providers.amerigroup.com/Documents/WAWA_CAIID_AMG">https://providers.amerigroup.com/Documents/WAWA_CAIID_AMG</a> CriticalIncidentReportForm.pdf</td>
</tr>
<tr>
<td>Community Health Plan of WA (P1: CHPW)</td>
<td>(e) <a href="mailto:Critical.Incidents@chpw.org">Critical.Incidents@chpw.org</a> (f) 206-652-7056</td>
<td><a href="https://www.chpw.org/resources/Forms_and_TOols/Critical_Incident_form_12_4_2018.pdf">https://www.chpw.org/resources/Forms_and_TOols/Critical_Incident_form_12_4_2018.pdf</a></td>
</tr>
<tr>
<td>Coordinated Care (P1: CCC)</td>
<td>(e) <a href="mailto:WABHcriticalincidents@coordinatedcarehealth.com">WABHcriticalincidents@coordinatedcarehealth.com</a></td>
<td><a href="https://www.coordinatedcarehealth.com/content/dam/centene/Coordinated%20Care/provider/PDFs/508-Critical-Incident-Reporting-Form.pdf">https://www.coordinatedcarehealth.com/content/dam/centene/Coordinated%20Care/provider/PDFs/508-Critical-Incident-Reporting-Form.pdf</a></td>
</tr>
<tr>
<td>Molina Healthcare (P1: MHC)</td>
<td>(e) <a href="mailto:MHW_Critical_Incidents@MolinaHealthcare.com">MHW_Critical_Incidents@MolinaHealthcare.com</a></td>
<td><a href="https://www.molinahealthcare.com/providers/wa/medicaid/forms/PDF/provider-referral-form.pdf">https://www.molinahealthcare.com/providers/wa/medicaid/forms/PDF/provider-referral-form.pdf</a></td>
</tr>
<tr>
<td>United Healthcare Community Plan (P1: UHC)</td>
<td>(e) <a href="mailto:cindy_l_spain@uhc.com">cindy_l_spain@uhc.com</a> (t) 1-877-542-8997</td>
<td><a href="https://www.providerexpress.com/content/dam/ope-provexpr/us/pdfs/adminResourcesMain/forms/wa_forms/waCritIn">https://www.providerexpress.com/content/dam/ope-provexpr/us/pdfs/adminResourcesMain/forms/wa_forms/waCritIn</a> cntRpt.pdf</td>
</tr>
</tbody>
</table>
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...

<table>
<thead>
<tr>
<th>Entity</th>
<th>Number(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>KCICN</td>
<td>1-800-790-8049</td>
</tr>
<tr>
<td>Amerigroup</td>
<td>855-323-4688 / 206-695-7081</td>
</tr>
<tr>
<td>Community Health Plan of Washington</td>
<td>1-800-440-1561</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:CareMgmtReferrals@chpw.org">CareMgmtReferrals@chpw.org</a></td>
</tr>
<tr>
<td>UnitedHealthcare Community Plan</td>
<td>1-877-542-9231</td>
</tr>
</tbody>
</table>
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