Metro Area Behavioral Health Transition Overview
# Health Share of Oregon

**Members**

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<tr>
<th>Service</th>
<th>OHSU Health</th>
<th>Legacy Health</th>
<th>Kaiser Permanente</th>
<th>Providence Health &amp; Services</th>
<th>CareOregon</th>
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<td>Primary Care &amp; Primary Care Behavioral Health</td>
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- Advantage Dental - CareOregon Dental - Kaiser Permanente - OHSU - Willamette Dental Group

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**Health Share of Oregon**

- County-Based Funding
- Public Health & Crisis Behavioral Health
- Clinical Integration
- Community Advisory Council
- Community Health Transformation
- Analytics
- Strategic Investment Fund
CareOregon made up new words

**Integrated Delivery System**
- Hospital-based delivery system including primary care, specialty and hospital
- Leverages a shared system to manage the total cost of care

**Integrated Community Network**
- Relies on the community safety net and private providers
- Focuses on integrated physical, behavioral, dental and non-emergent medical transportation (NEMT) benefits

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<th>OHSU Health (OHSU + Adventist + Tuality)</th>
<th>Legacy PacificSource</th>
<th>Kaiser Permanente</th>
<th>Providence Health &amp; Services</th>
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<td>Administrator: Moda</td>
<td>Administrator: PacificSource</td>
<td>Administrator: Kaiser</td>
<td>Administrator: Providence Health Assurance (for now)</td>
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Health Share 2.0 objectives

- CareOregon will operate as an Integrated Community Network with a focus on improving the integration of services for our members across physical, behavioral and dental care.
  - Increased integration will improve the experience of care for our members, increase quality and reduce costs to the system.
  - New 2020 contract requirements include a 1:15 ratio for required populations.
- Our top priority is to deliver a high-quality health care experience that improves health and reduces inequity for all OHP members in our region.
- We highly value our Health Share partners and believe that collaborating around scarce Medicaid resources is the best way to serve OHP members in our community.

Governor’s four CCO 2.0 priorities:

- Contain costs and achieve a 3.4% growth rate
- Increase value-based payments to providers
- Improve the behavioral health system
- Address social determinants of health
Health Share’s new role with behavioral health

From
• Holding contracts with provider network on behalf of counties
• Credential providers
• Monitoring compliance of provider contracts
• Holding the contract with PHTech to administer claims payment and authorization management centrally on behalf of the counties
• Convening three counties to jointly manage the system and make consensus decisions
• Liaison to OHA for BH-related issues and children in child welfare custody who are placed in hotels

To
• Launch and support BH council, a subgroup of the Clinical Advisory Panel
• Convene IDS and ICN leadership around BH
• Continue to be liaison to OHA
For members

- Members will call CareOregon rather than their county health department for help getting access to mental health and substance abuse treatment
- There will be one number to call for all three counties in our region (Multnomah, Clackamas and Washington)
- We plan to have the same network of providers available to members, and services should not be disrupted
- CareOregon will maintain the provider directory, so members will retain their ability to search for a provider
For providers

➤ Our goal is to create a system in which there is no wrong door for providers to enter. We’re here to help providers support all of their Health Share members.

• Instead of having three contracts (one with each county), providers will only have one contract with CareOregon to cover all Health Share members
• Providers will continue to submit claims using CIM
• CareOregon billing support will go through Provider Customer Service, so providers need to call only one number
PHTech – authorizations and Payment

• ALL requests for and notifications of treatment are submitted through PHTech

• UM decisions will be documented in PHTech

• **Payment amount tied to level of care (either case rate or max dollars for FFS billing)**
  - Outpatient MH providers with certain threshold of members are paid via case rate — different amount for each level of care, paid on first encounter following assessment and assignment to level of care
  - All other outpatient is paid FFS with a cap on total paid, all through PHTech
Contracts and Payment

Clackamas
Multnomah
Washington

MH and SUD providers

health share
Health Share of Oregon

MH and SUD providers

CareOregon
Utilization Management

Clinical Review Required

- Inpatient psych
- Applied behavior analysis (ABA)
- Level D outpatient — youth
- Level D ICM/ACT — adults
- Eating disorder PHP, IOP, residential
- ECT
- Subacute/PRTS/PDTS youth
- Adult PHP/IOP

No-Clinical Review Required

- Providers submit notification of level of care through PHTech, like an authorization request
- All notifications auto-approve unless member is open, with another provider or is not on the plan
- Allows care coordinators and UM staff to see all current treatment providers, level of care and frequency of utilization
Multnomah, Clackamas and Washington Counties

From
• Risk contract from Health Share to manage the specialty BH benefit for assigned members
• Provide utilization management functions blended with care coordination
• Convene and lead provider network meetings related to clinical models, payment, compliance, quality, etc.

To
• Provider contract from Health Share for crisis and safety net services, including peer support
• Provide Behavioral Health intensive care coordination on behalf of CareOregon
• Participate as appropriate in CareOregon-led meetings with provider network

Counties will continue to:
• Provide wraparound and system of care governance and oversight for children and families
• Provide CHOICE/AMHI model care coordination for adult members with SPMI
Role of counties

County crisis and safety net services, wraparound and CHOICE

Clackamas County
- Clackamas crisis walk-in clinic
- Mobile crisis services and 24-hour crisis line
- Behavioral Health unit with sheriff’s office
- Intensive transition team
- Regional suicide prevention program (Get Trained to Help)
- Peer support services

Multnomah County
- Cascadia urgent walk-In clinic
- Project Respond mobile crisis services
- 24-hour crisis line
- BH unit with Portland Police
- Intensive transition team (MITT)
- Addiction benefit coordinators (ABCs)
- Peer support services

Washington County
- Hawthorn crisis walk-in clinic
- Mobile crisis services and 24-hour crisis line
- BH staff embedded with sheriff’s office
- Intensive transition team
- Addiction benefit coordinators (ABCs)
- Peer support services
Current State:
Today, counties manage referrals/auths AND work with RAE’s care coordination teams.
**Future State**

CareOregon will manage UM function beginning 12/18. CareOregon RCT will provide routine BH care coordination for all Health Share members. County ICC teams will provide BH ICC for all Health Share members.
Resources

• Health Share Pathways provider resources page:
  ➢ https://www.healthshareoregon.org/providers/provider-resources/behavioral-health-resources

• CareOregon Behavioral Health provider resourced page:
  ➢ https://careoregon.org/providers/behavioral-health-providers

• CareOregon metro area Behavioral Health provider manual:
Resources

CareOregon and Health Share/CareOregon:
Call: 503-416-4100 or 800-224-4840
Text to Chat: 503-488-2887
Email: customerservice@careoregon.org
Hours: 8 a.m. to 5 p.m., Monday-Friday