Metro Area Behavioral Health Transition Overview
# Health Share of Oregon

## Members

<table>
<thead>
<tr>
<th>Service</th>
<th>OHSU Health</th>
<th>Legacy Health - Pacific Source</th>
<th>Kaiser Permanente</th>
<th>Providence Health &amp; Services</th>
<th>CareOregon</th>
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<tbody>
<tr>
<td>Primary Care &amp; Primary Care Behavioral Health</td>
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<td>Specialty Care &amp; Hospitals</td>
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<td>Specialty Behavioral Health</td>
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<td>Non-Emergent Medical Transportation</td>
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<td>Dental</td>
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Dental providers include Advantage Dental, CareOregon Dental, Kaiser Permanente, OHSU, and Willamette Dental Group.
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

- OHSU Health (OHSU + Adventist + Tuality) Administrator: Moda
- Legacy PacificSource Administrator: PacificSource
- Kaiser Permanente Administrator: Kaiser
- Providence Health & Services Administrator: Providence Health Assurance (for now)

CareOregon
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

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