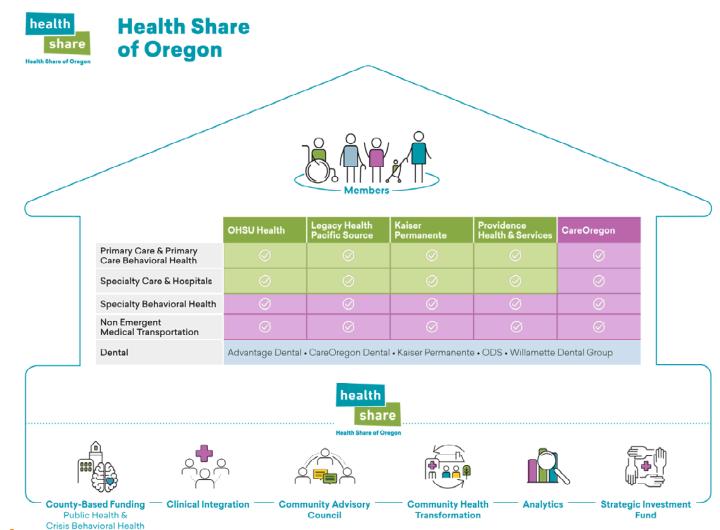
# Metro Area Behavioral Health Transition Overview

#### careoregon.org

twitter.com/careoregon facebook.com/careoregon







# 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

#### OHSU Health (OHSU + Adventist + Tuality)

Administrator: Moda

Legacy PacificSource

Administrator: PacificSource

Kaiser Permanente

Administrator: Kaiser

Providence Health & Services

Administrator: Providence Health Assurance (for now)

### **Integrated Community Network**

- Relies on the community safety net and private providers
- Focuses on integrated physical, behavioral, dental and nonemergent medical transportation (NEMT) benefits

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
- Check out our Behavioral Health landing page and Metro Provider Manual on CareOregon's website at https://www.careoregon.org/docs/default-source/providers/behavioral-health/hso-1956657-bh-provider-manual-1031.pdf

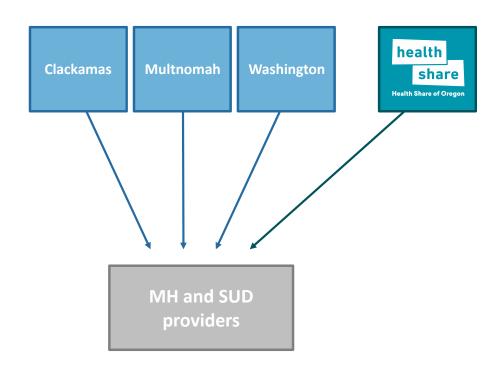


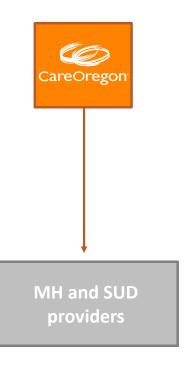
## PHTech – authorizations and Payment

- 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**







# **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

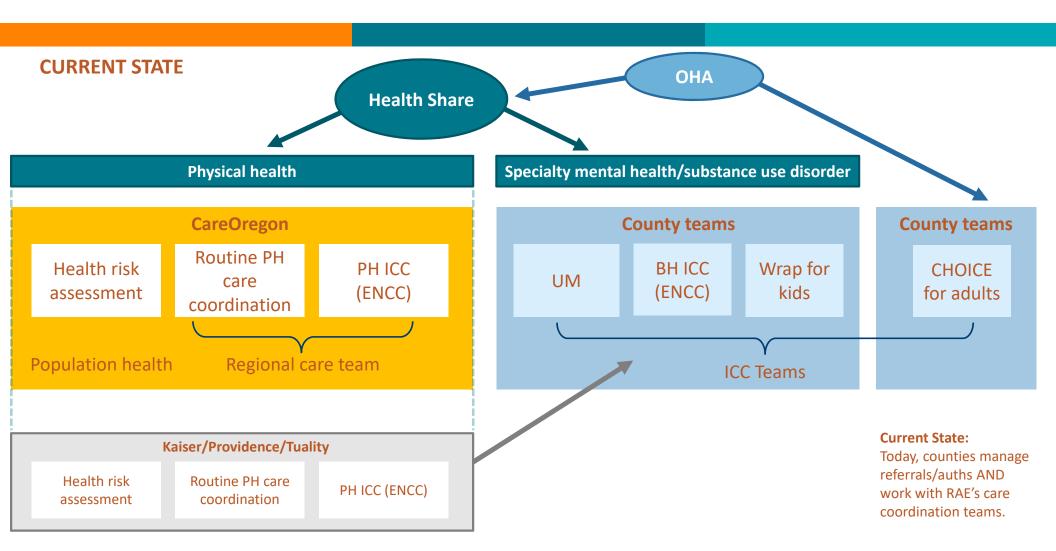
### **Multnomah County**

- 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

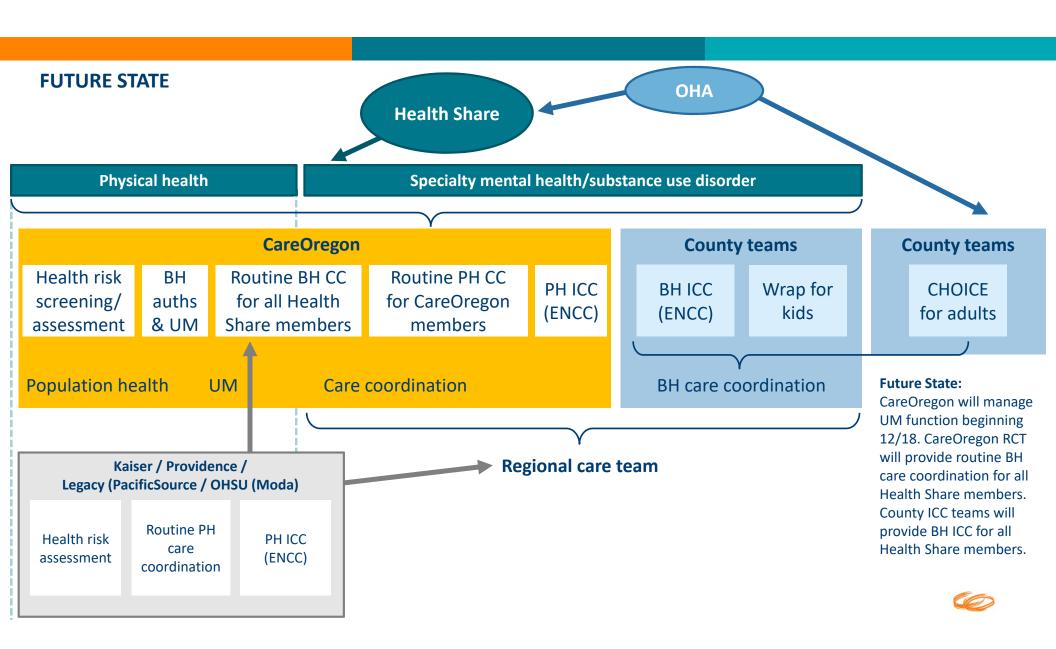
### Washington County

- 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









### 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:
  - > https://careoregon.org/docs/default-source/providers/behavioral-health/hso-1956657-bh-provider-manual-1031.pdf



## Resources

**CareOregon and Health Share/CareOregon:** 

Call: 503-416-4100 or 800-224-4840

**Text to Chat:** 503-488-2887

Email: <a href="mailto:customerservice@careoregon.org">customerservice@careoregon.org</a>

Hours: 8 a.m. to 5 p.m., Monday-Friday

