

**Early Warning System Workgroup  
November 13, 2018  
10:00 am to 11:00 am  
Meeting Minutes**

1. Attendees – Martin Sanchez-GCACH, Jenna Shelton-GCACH, Gordon Cable-Lourdes, Dana Oatis-Lourdes, Jeanette Hays-TCCH, Courtney Helsa-Comprehensive, Diane Halo-GCACH, Rick George-Comprehensive, Michelle Bagby-QBH, Steve Driscoll, Donna Arcieri-CHPW, Krista Concannon-HCA, Corey Cerise-Molina, Samantha Zimmerman-HCA, Shereen Hunt-Merit, Isabel Jones- HCA, Eric Nilsen-KFD
2. Update to Provider Metrics – HCA
  - Metrics are being updated. HCA will have a call with the MCOs on 11/20 to send the percentage of denied encounters and claims. There will be a baseline rate of 20%, meaning that if more than 20% of encounters and/or claims have been denied there will be a discussion.
  - HCA will be implementing a 4-question survey to the provides asking about denied or rejected claims, issues with an MCO or BH-ASO, and a narrative section for any further detail.
3. Description on monthly webinars - Sample webinar slides – HCA
  - HCA will be hosting monthly webinars in which data will be reviewed from the month prior. These webinars are likely to be held during the third or fourth week of the month.
  - Data will be presented similarly to the DMHP Response Time and Hospital Forensic Flips (examples in packet). During the meeting it was clarified that the DMHP response time is measured as a monthly average.
  - Currently GCACH does not have access to baseline data for DCR response time.



#### 4. Go over the Rapid Response Calls - HCA

- These will begin on 1/2/19. The purpose is to have a platform to check in on emerging systemic issues or questions needing immediate attention.



### Integrated Managed Care: Regional Rapid Response Calls

The Health Care Authority (HCA) invites you to participate in Rapid Response Calls related to the implementation of Integrated Managed Care.

**PURPOSE:**

The purpose of these calls is to respond to emerging systemic issues or questions needing immediate attention or resolution. Our goal is to provide support for issues arising from the implementation of Integrated Managed Care in affected regions.

**LOGISTICS:**

Beginning January 2, 2019, HCA will have set call-in times for each 2019 implementation region. Key players will be on the phone to answer questions, work to address issues, or set up necessary follow-up meetings. See page 2 for the call schedule by region.

While issues may not always be resolved during the call, it is the place to bring forward questions or concerns. The group can then determine a rapid response plan, which could include follow-up calls/emails/technical assistance, etc.

**Please note:** *These calls are not the appropriate venue for providers to bring forward: individual contract questions; claims inquiries; disputes with a single health plan; or issues unrelated to integration.*

**AGENDA:**

The standing agenda for these calls will be as follows:

- Roll Call by Organization
- Client Eligibility or Client Enrollment Issues
- Provider encounter/claims/billing/authorization questions or issues
- Crisis System Check-in
- Opportunity for any other topics

**Examples of questions/issues:**

- We are seeing a group of clients whose ProviderOne eligibility seems incorrect. What do we do, and who do we reach out to for help?
- We are having a problem accessing interpreters for a client. Can we get some technical assistance?
- We submitted claims to MCOs yesterday who denied them all due to errors. Who can help us figure out how to fix them?
- We are trying to refer clients to providers outside our region and they won't accept the referral. What should we do?
- We saw a non-Medicaid client who needs a specific services and navigate some complexities with serving them. Who can work with us on this?
- We need help at the juvenile justice center finding out which MCO a youth will be assigned to upon release. How do we find this out?
- As the Ombuds, I have been seeing similar issues being reported in a large-than-usual volume. I want to bring it to the attention of the group.

**REGIONAL CALL SCHEDULE:**

Monday (Core Group*)		Tuesday (Core Group*)		Wednesday (Extended Group**)		Thursday (Extended group**)		Friday (Core Group*)	
Pierce	8:30 – 9:00	King	8:30 – 9:00	Pierce	8:30 – 9:00	King	8:30 – 9:00	Pierce	8:30 – 9:00
Gr. Columbia & Klickitat	9:00 – 9:30	North Sound	9:00 – 9:30	Gr. Columbia & Klickitat	9:00 – 9:30	North Sound	9:00 – 9:30	Gr. Columbia & Klickitat	9:00 – 9:30
Spokane	9:30 – 10:00			Spokane	9:30 – 10:00	Okanogan	9:30 – 10:00	Spokane	9:30 – 10:00

**\*Core Group Participants:**  
 HCA  
 Managed Care Organizations (MCOs)  
 Accountable Community of Health (ACH) Representatives  
 Behavioral Health Providers  
 Behavioral Health Administrative Services Organization (BH-ASO)

**\*\* Extended Group/ Early Warning Systems Participants:**  
 HCA  
 MCOs  
 ACH  
 BH Providers  
 BH-ASO  
 Ombuds  
 PH Providers  
 Criminal Justice

**WEEKEND CALL SCHEDULE WITH CORE GROUPS - JANUARY 5/6 AND JANUARY 12/13 AND EXTENDED DURING JANUARY AS NEEDED**

Saturday		Sunday	
Pierce	8:30 – 9:00	King	8:30 – 9:00
Spokane	9:00 – 9:30	North Sound	9:00 – 9:30
Gr. Columbia & Klickitat	9:30 – 10:00		

## 5. Discussion on indicators

- There was discussion about the purpose of the Provider Input metrics, specifically the metric that tracks the number of referrals to crisis services. Diane will send an email to the Early Warning System group to gain clarity on the intent of tracking the number of referrals and how this data will be pulled. It was also discussed that this data could be pulled from the crisis system rather than having providers submit this.
- Within the GCACH region there is new hotline that will be implemented. It was discussed that there may be negative data that results from this new hotline, as it has been proven to have issues with response times. HCA responded that having the data will be good to facilitate discussion.
- Decision to remove the # of referrals to crisis services because it would be too much work for the providers to provide this information because it would require a hand tally. Diane will remove this from the Provider Payment category.
- At the next Provider Readiness Workgroup meeting we will show them the EWS indicators

GCACH Early Warning System Indicator Matrix

Indicator Category	Indicator Sub-Category	Specific Indicator Tracked	Owner for Reporting Baseline Data	Owner for reporting after January 2019	Frequency of Reporting
<b>Provider Payments</b> Note: HCA may be modifying the way we report these metrics. Finalized method TBD.	1. Behavioral Health Claims Status (Reported by each MCO for each BH provider individually)	a. # or rate of BH claims received by MCOs b. # or rate of BH claims rejected by MCOs	1a. N/A - Baseline is not collected on this metric 1b. N/A - Baseline is not collected on this metric	1a. MCOs 1b. MCOs	1a. Monthly 1b. Monthly
	2. Measure of top 5 reasons for BH claim or encounter re-submission	a. Top 5 reasons a BH claim or encounter is rejected and sent back	2a. N/A - Baseline is not collected on this metric	2a. MCOs	2a. Monthly
	EDIE Data	1. ED Utilization	a. ED Utilization b. ED Utilization for client with past BH	1a. HCA/AIM 1b. HCA/AIM	1a. HCA/AIM 1b. HCA/AIM
	2. Percentage of ED visits with BH diagnosis	a. Portion of ED visits with BH diagnosis	2a. HCA/AIM	2a. HCA/AIM	Monthly
<b>Crisis System</b>	1. Crisis Hotline Calls	a. # of incoming calls	1a. BHO	1a. BH-ASO	1a. Monthly
		b. # of calls answered	1b. BHO	1b. BH-ASO	1b. Monthly
		c. # of call answer timeliness (within 30 seconds)	1c. BHO (if available)	1c. BH-ASO	1c. Monthly
		d. Average speed of answer (sec)	1d. BHO (if available)	1d. BH-ASO	1d. Monthly
e. Abandonment Rate		1e. BHO (if available)	1e. BH-ASO	1e. Monthly	
2. # ITA investigations and outcome	a. # of Mental Health ITA Investigations	2a. BHO	2a. BH-ASO	2a. Monthly	
	b. # of SUD ITA Investigations	2b. BHO	2b. BH-ASO	2b. Monthly	
	c. # Detained	2c. BHO	2c. BH-ASO	2c. Monthly	
	d. # Voluntary Admit	2d. BHO	2d. BH-ASO	2d. Monthly	
	e. # Discharged with Referral	2e. BHO	2e. BH-ASO	2e. Monthly	
3. DMHP	a. DMHP response time	3a. BHO	3a. BH-ASO	3a. Monthly	
4. Bed Availability	a. # of No Bed reports	4a. RDA	4a. BH-ASO	4a. Monthly	
	b. # of Single Bed Certifications	4b. RDA	4b. BH-ASO	4b. Monthly	
<b>State Hospitals- WSH &amp;</b>	1. Bed Census	a. Average Daily census	1a. RDA	1a. RDA	1a. Monthly
		b. Forensic Flips census	1b. RDA	1b. RDA	1b. Monthly
		c. Discharges	1c. RDA	1c. RDA	1c. Monthly
		d. Waitlist	1d. RDA	1d. RDA	1d. Monthly
<b>Provider Input</b>	1. Encounter Data	a. # Screening	1a. Providers to GCACH	1a. Providers to GCACH	1a. Monthly
		b. Type of Assessments (CPT Codes)	1b. Providers to GCACH	1b. Providers to GCACH	1b. Monthly
		c. # of referrals to crisis services	1c. Providers to GCACH	1c. Providers to GCACH	1c. Monthly

6. Next Meeting December 11, 2018 at 10:00 am – 11:00 am

7. Future Meetings will be 2<sup>nd</sup> Tuesday of the month 10:00 am – 11:00 am