

Universal Contracts for State Behavioral Health Funding

September 23, 2022

1:30 - 3:00pm

CBHC Fall Conference, session #506

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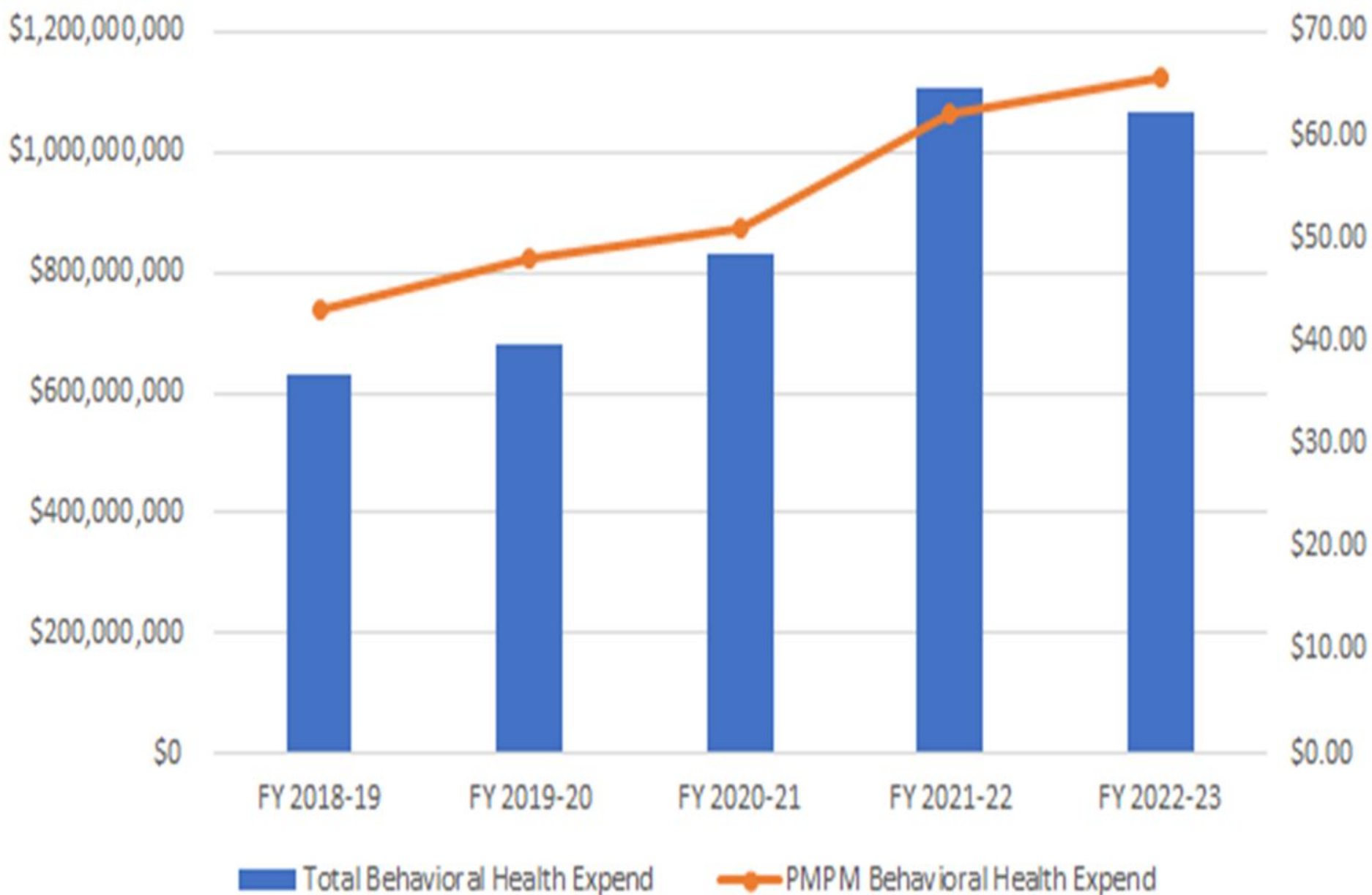
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Behavioral Health Expenditure: Total and PMPM



Strengthening & Expanding the Safety Net

New provider definitions

- Foundational standards for the BH safety net

More transparency and accountability

- Public dashboards, patient centered reporting

New financing

- Updated cost reports, APMs and VBPs

New oversight

- BHA, BHASOs, ACC 3.0

New technology

- Connecting BHA to HCPF IT systems



Behavioral Health Administrative Service Organizations (BHAsOs)

- What: Regional Entities that consolidate mental health, substance use disorder, and crisis services
- When: Launch by July 1, 2024
- Why: Address the bifurcation of services and ensure a continuum of services are offered in the region.

New BH Safety Net Provider Types

- Comprehensive
 - Replacing CMHC definition
 - More focus on collaborative models and SUD
- Essential
 - Small to medium providers
 - Higher reimbursement, increased accountability
- FQHCs

All regulations COMING, must be drafted by December/January



Creating a Unified Network

- State directed to share systems
 - BHA eligibility, claims, and encounter data connected to HCPF
 - BHA creating new public dashboards
- Ensure accountability, appropriate payer, enhanced federal funds
 - All BHA provider enrolled w/HCPF
 - BHA funding focused on safety net providers
 - HCPF provider network is include of safety net providers



All of this is connected through the Universal Contract Provisions

Holding providers, state payers, and intermediaries (RAEs, BHASOs) accountable to new standards



Universal Contract Provisions

Data collection and reporting

Grievance and occurrence reporting

Collaboration with other state agencies

Use of evidence-based practices

Access to care and quality of care standards

Programmatic and financial reporting

Consequences for not meeting contract requirements

Standard payment methodologies

Claims submissions and billing

Limitations of liability

Behavioral health safety net standards

Utilization management

Required tools or programs for quality outcomes, SDOH, affordability, referral efficiency

Policies on accepting, discharging, triaging, and denying services

Standards for serving priority populations and high-acuity clients

Responsibility of intermediary



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Universal Contracts in Legislation

HB 22-1278, HB 22-1302

27-50-203

(1) On or before July 1, 2023, the BHA shall work with HCPF, relevant stakeholders and other state agencies, to develop universal contracting provisions to be used by state agencies when contracting for behavioral health services in the state. The universal contracting provisions shall provide clear, standardized requirements addressing...(previous slide)

(2) The universal contracting provisions may include alternate standardized provisions, depending on its application, such as whether the provider is a comprehensive community behavioral health provider or an essential behavioral health safety net provider, the service type, or other factors.



Contract Framework

- Implementation process
 - Phase 1 - Comprehensive Safety Net providers with some broad provisions
 - Phase 2 - As system processes improve across agencies, evolve provisions to reflect greater streamlining of processes and standardization
 - Ongoing
- Contract impacts across the state
 - An exhibit to existing contracts
- Stakeholder Engagement & Technical Assistance
 - Hiring a vendor to begin stakeholder engagement of draft language
- Shared billing systems
 - MMIS and other systems



Formal Agreements

27-50-201(5)

The BHA shall collaborate with the Department of Health Care Policy and Financing to establish data collection and reporting requirements that align with the performance standards established in this section and that are of a high value in promoting systemic improvements. In establishing data collection and reporting requirements, the bha must consider the impact on behavioral health providers and clients and state information technology systems.





The agreements are
more than a piece
of paper.

Universal Contract vs. Inter-Agency Agreements

- State-to-state interactions use interagency agreements or formal agreement
- Contract language is meant to give direction from the State to its contractors
- The provisions will apply to providers who have direct contracts with state agencies and those with contracts for state agency funded services through an intermediary
- Intermediaries (RAEs, BHASOs, etc.) will be responsible for enforcing universal contracting provisions with the providers they contract with.

Example

UCP per Legislation

Universal contracting provisions shall provide clear, standardized requirements addressing at least the following:

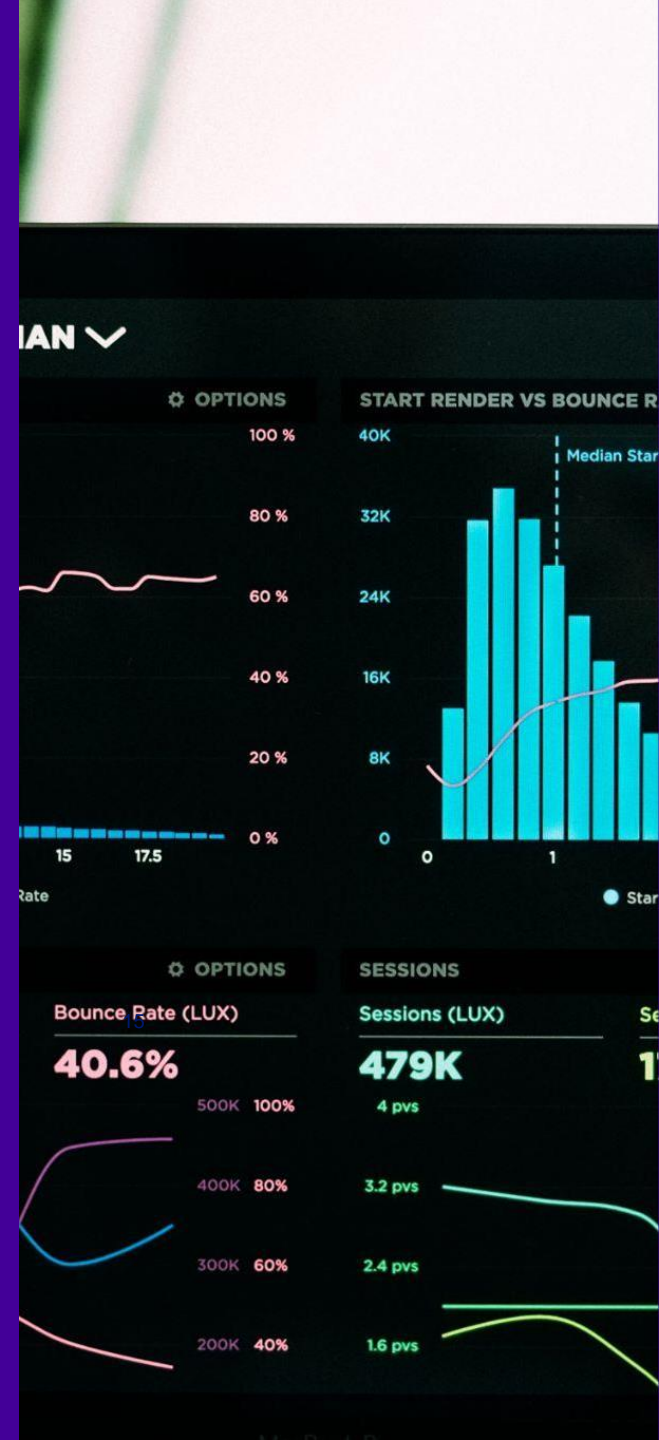
- (a) minimum data collection and reporting, including electronic data and participation in health information organization networks;

Reflected in Rule

BHA rules will *likely* contain data collection and reporting requirements for licensed and approved providers. The BHA rule requirements for data reporting needs to align with the Universal Contract data reporting requirements so the state receives standardized data which then can be more easily turned into system accountability platforms and data dashboards.

Universal Contract Provisions Oversight

- BHA Team & BHASOs
- Interagency Council
- BHA Advisory Council



What's Is Happening Now

1

Drafting of Rules

3

More Stakeholder Engagement

2

Stakeholder Engagement

4

Universal Contract Provisions
Developed by July 1, 2023

Upcoming Opportunities for BHASO Input

Rural Providers: Oct
11th @ 11am

RAEs: Oct 3rd @
11am and 12:30pm

Any/All Providers:
October 10th @ 11am

CMHCs: October 7th
@ 11am

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Discussion

There is still a lot to do and things we still don't know yet.

What are some challenges do you think the universal contract can address?

What didn't you hear that you were hoping to hear?



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Thank you!

