

The Georgia Collaborative ASO

Overview of Georgia Collaborative ASO

DD Advisory Council Presentation

3-20-2015

Agenda



- Introductions
- Background
- Overview
- Goals and Functions of the Georgia Collaborative
- Quality Management System Review

Introductions

- Department of Behavioral Health and Developmental Disabilities
 - Melissa Sperbeck, Deputy Chief of Staff
 - Anna McLaughlin, ASO Project Director
 - Eddie Towson, DD Quality Management Director

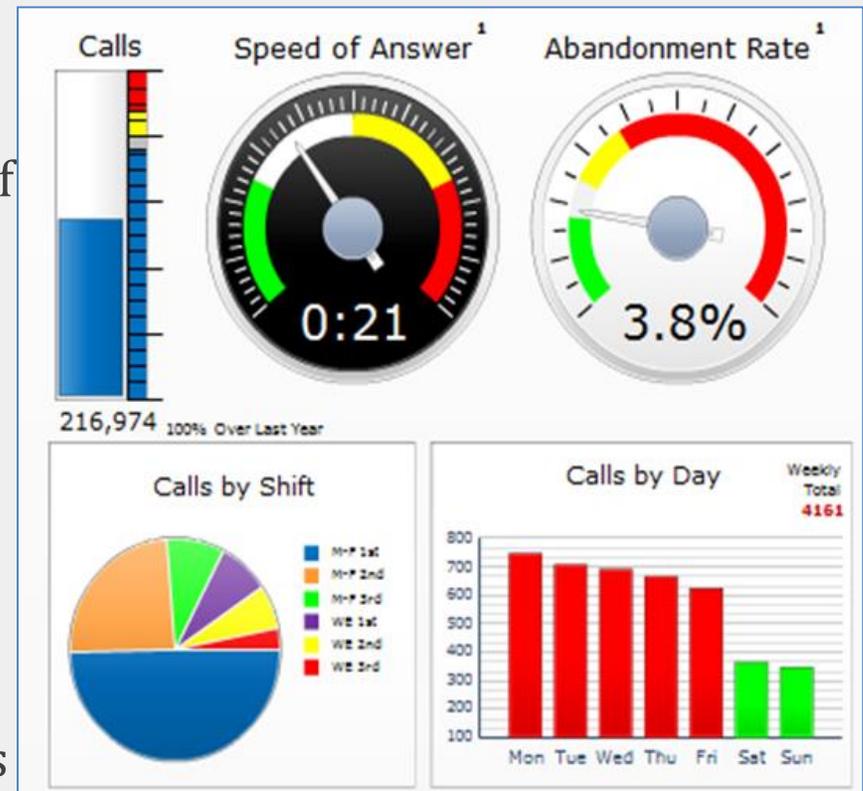
- Beacon Health Options
 - Jason Bearden, CEO, GA Collaborative ASO
 - Mona Allen, VP of Quality Management
 - Marion Olivier, IDD Director

Current State

- Currently, DBHDD holds contracts with four vendors to provide essential services to both Behavioral Health (BH) and Developmental Disabilities (DD) populations
 - Georgia Crisis and Access Line (Behavioral Health Link)
 - External Review Organization for Behavioral Health (APS Healthcare)
 - Developmental Disabilities Quality Management (Delmarva)
 - Columbus Information System (Columbus)
- The Department has re-procured these contracts as a single contract, the Administrative Services Organization or “ASO”

Current State: Georgia Crisis and Access Line (GCAL)

- GCAL was established in 2006
- Operated by Behavioral Health Link
- Serves both BH and DD Populations
- 24/7 toll-free line which provides brief clinical screening and referral in Georgia's 159 counties
- Assists callers seeking services throughout the state and facilitates referrals to DBHDD contracted providers
- Is the Single Point of Entry for Mobile Crisis Services (IDD and BH) and for CSUs and Inpatient Services in Regions 1, 4, 5, & 6
- Calls are answered by licensed professionals



Current State: External Review Organization (ERO)

- Supports Behavioral Health services only (no IDD)
- Provides many functions to support the administrative and oversight functions of Community Behavioral Health Services
 - Prior authorization for services via electronic and clinical review
 - Community Behavioral Health (e.g., Core, ACT, IFI, Peer, etc.)
 - PRTF services
 - Contracted Hospital Beds
 - Processing encounters and claims for services
 - Data collection, management, and reporting functions
 - Audits of services
 - APS Knowledgebase
 - Provider training (limited role)

Current State: DD Quality Management System

- This DD-focused service is operated by Delmarva
- Performs quality assurance and quality improvement activities to ensure services are integrated and working as intended to achieve the desired outcomes defined in the CMS Quality Framework for Home and Community-Based Services
 - Person-centered reviews (observation, interviews, record reviews)
 - Quality enhancement provider reviews
 - Follow-up with Technical Assistance Consultants
 - Quality improvement councils
 - Trainings
 - Reporting on quality standards
 - Public website with provider demographic information and findings

Current State: Case Management Information System

- This IDD-focused service is operated by Columbus Community Services
- Web-based information system that records, tracks, and reports data required to effectively manage the Medicaid Waiver and DBHDD sponsored services that are provided to individuals with DD statewide
 - Houses assessments, ISPs, and other consumer-specific information
 - Following I&E approval, creates electronic authorization for services
 - Provides accessibility to Support Coordinators and DBHDD Regional and State Office staff
 - Tracking and reporting system
 - Provides an interface with external DBHDD programs such as the Health Risk Assessment Tool (HSRT), Supports Intensity Scale (SIS), Waiver Information System (WIS), and the Department of Community Health's Medicaid Management Information System (MMIS)

ASO Procurement / Future State

Georgia Crisis and Access Line (Behavioral Health Link)

External Review Organization for Behavioral Health (APS Healthcare)

Developmental Disabilities Quality Management (Delmarva)

Columbus Information System (Columbus)

This procurement includes the consolidation of deliverables of existing contracts to gain efficiencies and improve service delivery and monitoring. This effort provides both shared and distinct benefits for behavioral health and developmental disabilities:

Administrative Services Organization

Improvements to Access and Quality for DBHDD System via:

Behavioral Health Benefits

System-Wide Benefits

Developmental Disabilities Benefits

Coordination

Accessibility

Funding

Communication

Transparency

Timeline Updates

- July 1, 2015:
 - Behavioral Health functionality
 - Quality Management processes

Developmental Disabilities Case
Management Information Systems
– target date under evaluation

The Georgia Collaborative ASO



- The right service
- In the right amount
- For the right individuals
- At the right time

Goals of the Collaborative

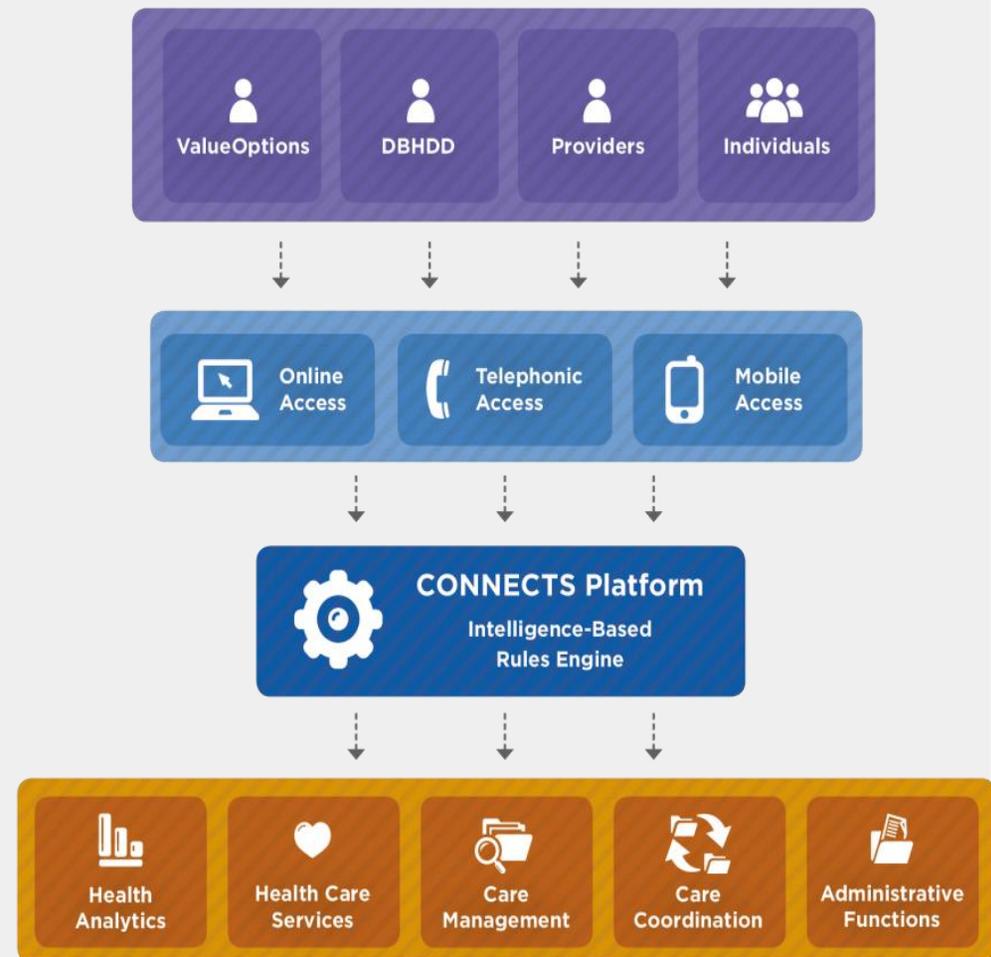
“Providing Easy Access to High Quality Care”

- Support recovery, resiliency and independence in community based service system
- Leverage technology through an integrated, customizable platform allowing all core functions to “communicate” (The CONNECTS platform)
- Coordination of previously disparate systems
- Improve outcomes and provider performance

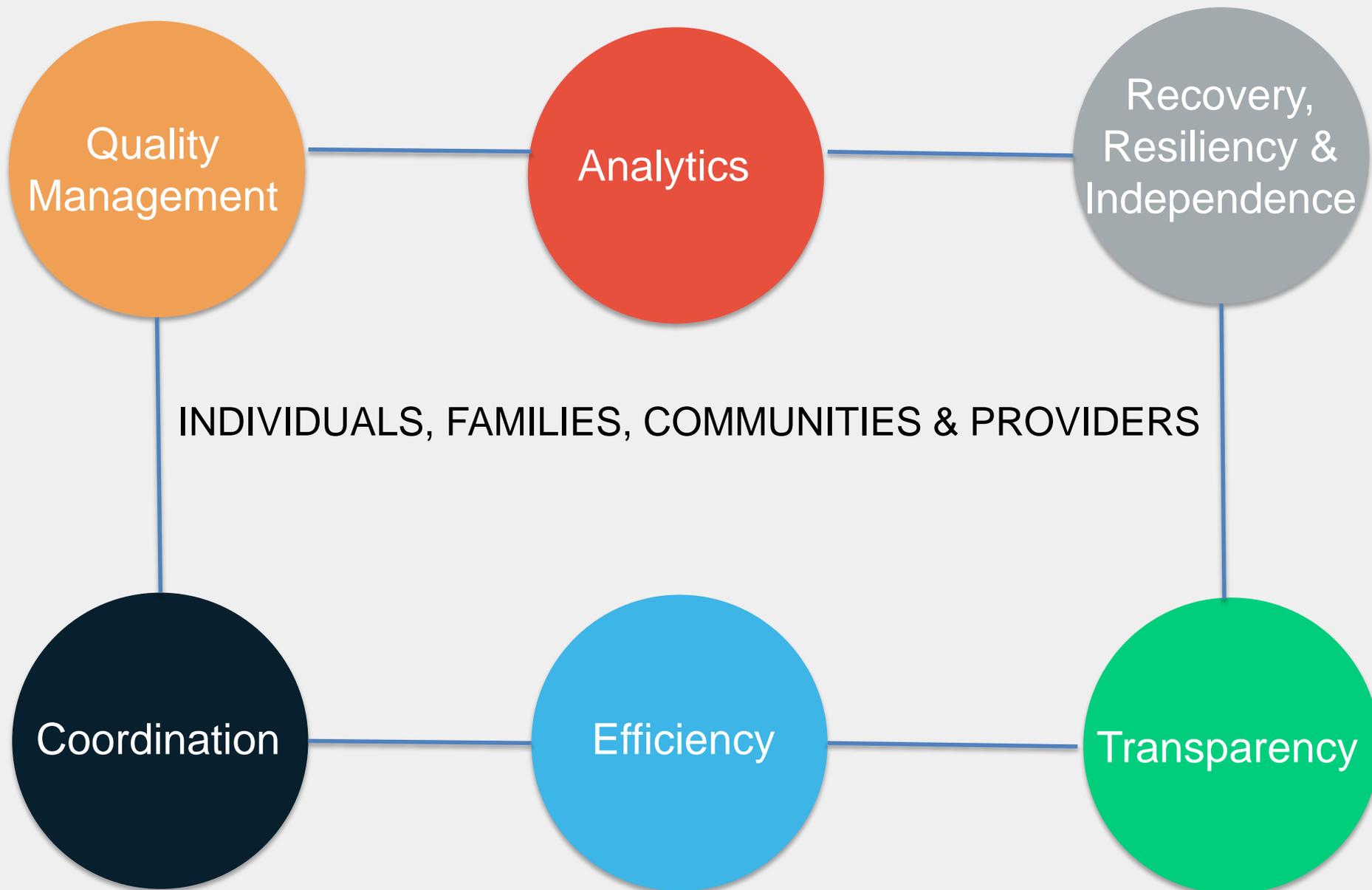
Data Driven Outcomes and Processes

Integrated, customizable platform allowing all core functions to “communicate”

- Eligibility
- Provider demographics & credentialing
- Authorization
- Care coordination
- Health analytics
- Data transfer
- Claims payment
- Reporting



Georgia Collaborative ASO Benefits



Coordination of Services



- Statewide Single Point of Entry and Preferred Point of Entry for all crisis services
- Electronic crisis plan
- Integrated IDD eligibility, authorization eISP and case management system
- Enhanced engagement and transition services
- Integrated coordination

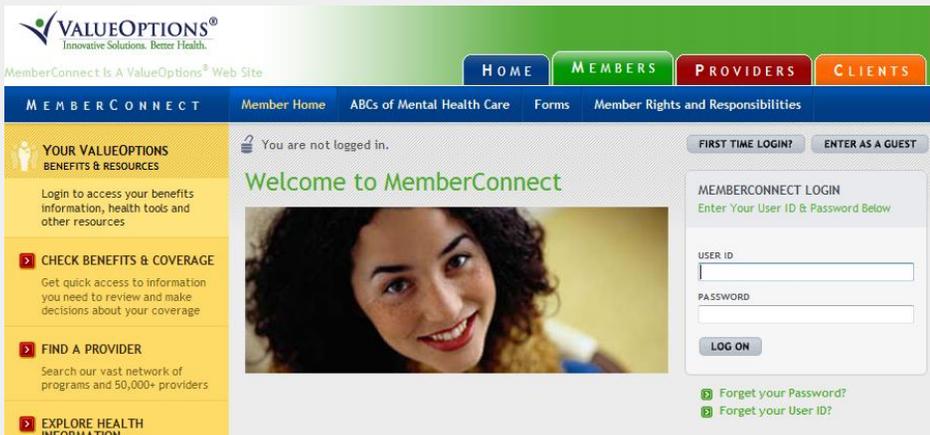
Business Intelligence & Data Analytics

- Advanced analytics leading to data driven decision making and policy management
- Provider portal to comprehensive claims and clinical data for enhanced care management
- Provides DBHDD, providers, and other stakeholders access to inpatient and outpatient utilization data for enhanced care coordination
- Provider Profiles and Key Performance Indicators



MemberConnectSM

- Free and secure online portal available 24/7 where members can:



- Verify their eligibility and benefits
- View authorizations and claims
- Locate a provider
- Individual appointment reminders
- BH, IDD and wellness resources focused on recovery, resilience, advocacy, medications, life skills and daily living skills

Recovery, Independence & Resilience Focus

- Strong voice for individuals and providers developing key performance indicators
- Community partnerships with advocacy and recovery communities
- Director of Recovery, Independence, & Resiliency
- Certified Peer Specialist & Care Transition Specialists
- Person-Centered reviews to evaluate individual impact
- “Nothing about us without us”



Quality Management System

Quality Management is a dynamic system which gauges the effectiveness and functionality of programs and pinpoints where attention should be devoted to achieve improved outcomes.



Quality Management System

In other words...

Let's make things
better.



Quality Review Processes



Quality Review Processes

The processes focus on six (6) key areas of a person's life and services:

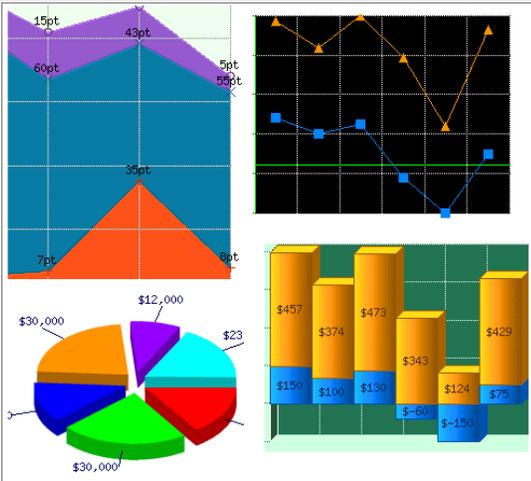


Quality Review Process

- **Individual Interview**
- **National Core Indicator Survey**
- **Staff Interview**
- **Observations**
- **Record Reviews**
- **Key Performance Indicators**
- **Claims Data**



Quality Improvement Processes



Date Driven Change



Training and Education



Quality Improvement Councils

Quality Review Summaries

Summary of Focused Outcome Area Findings and Administrative Review Findings:



Questions and Feedback

Questions and Comments?





Beacon Health Options (Parking Lot)

About Beacon Health Options

- Headquartered in Boston; more than 70 US locations and a London office
- 4,300 employees nationally and in the UK serving more than 45 million people
- 225 employer clients, including 45+ Fortune 500 companies
- Partnerships with more than 100 health plans
- Programs serving Medicaid recipients in 25 states and the District of Columbia
- Serving 8.6 million military personnel, federal civilians and their families
- Leader serving dual-eligible beneficiaries in six states
- Accreditation by both URAC and NCQA

Diverse Clients with Unique Needs

- Three major market segments:
 - Commercial market featuring national employers, labor and trust funds and health plans (all lines of business including commercial, Medicare Advantage, and Medicaid)
 - State and local governments managing Medicaid populations and other publicly funded programs
 - The Federal government, on behalf of the U.S. military, veterans, employees and their families