

REQUEST FOR BOARD ACTION

**HENDERSON COUNTY
BOARD OF COMMISSIONERS**

MEETING DATE: March 17, 2014
SUBJECT: Smoky Mountain Center Update
PRESENTER: Shelley Foreman
ATTACHMENTS: Yes

SUMMARY OF REQUEST:

Shelly Foreman, Senior Director of Planning & Public Affairs for Smoky Mountain Center, will be present to discuss the County Commissioner Advisory Council, provide background information, and give an update on regional planning and SMC activities.

BOARD ACTION REQUESTED:

No Board Action is requested. This item is for information only.

Suggested Motion(s):

No motion suggested.



Western Regional Partnership Information & Data Points

	CenterPoint Human Services	Partners Behavioral Health Management	Smoky Mountain Center	Western Regional Partnership
Go Live Date	February 1, 2013	February 1, 2013	July 1, 2012	No Later Than July 1, 2016
Number of Counties	4	8	23	35
Total Population*	538,726	906,567	1,068,594	2,513,887
Number of Staff	215	314 (budgeted for 323)	428	966
Medicaid**				
Unduplicated # Medicaid Members (% of Pop)	70,427 (13.0%)	124,952 (13.8%)	145,336 (13.6%)	340,715 (13.5%)
Unduplicated # that received MH/DD/SA Svs	4,134	10,469	8,476	23,079
Total # of Auth Requests Received	1,612	5,279	5,711	12,602
Total # of Claims Received	73,615	156,564	84,738	314,917
# of MH Adm to Com Psych Inpatient (Rate per 1000 Medicaid Members)	74 (1.05)	172 (1.38)	162 (1.11)	408
# of SA Adm to Com Psych Inpatient (Rate per 1000 Medicaid Members)	12 (.17)	21 (.17)	7 (.05)	40
State**				
Estimated Number of Uninsured	75,988	121,228	139,670	336,886
Unduplicated # that received MH/DD/SA Svs	2728	2913	2348	7989
Total # of Auth Requests Received (Aug 2013)	1291	1023	993	3307
Total # of Claims Received (Aug 2013)	18,230	42,050	27,243	87,523
# of MH Adm to Com Psych Inpatient (Rate of MH Adm per 1000 Uninsured)	87 (1.14)	138 (1.14)	114 (.82)	339
# of SA Adm to Com Psych Inpatient (Rate of SA Adm per 1000 Uninsured)	27 (.36)	65 (.54)	7 (.05)	99

* NC Office of State Budget and Management – 2012 Certified County Population Estimates – Updated 9/25/2013

** DHHS LME/MCO Monthly Performance Summary (October 2013) – Report submitted November 2013



Western Regional Partnership Information & Data Points

	CenterPoint Human Services	Partners Behavioral Health Management	Smoky Mountain Center	Western Regional Partnership
Emergency Department Utilization**				
# of ED admits for persons with MH/DD/SA	44	28	183	255
Rate per 1000 Medicaid Members	.62	.22	1.26	
Call Center**				
Total # of calls (re: services for consumers)	4129	5629	6636	16,394
DOJ Settlement***				
• Individuals in In-reach	25	102	178	215
• # Individuals in Transition Planning	15	14	42	71
• Number of Housing Slots filled	10	8	21	39
Medicaid Budget	\$128,353,642	\$252,900,000	\$281,186,532	662,440,174
IPRS/NC Tracks Budget (FY 13-14):				
• Federal	\$2,045,397	\$2,449,060	\$2,258,627	6,753,084
• Single Stream/State	\$17,168,860	\$30,109,376	\$45,160,246	92,438,482
DMH non-UCR			\$4,948,117	
DMH Admin			\$5,813,998	
3-way Beds			\$3,900,939	
County Funds	\$7,385,113	\$3,375,745	\$2,978,824	13,739,682

** DHHS LME/MCO Monthly Performance Summary (October 2013) – Report submitted November 2013

*** DHHS LME/MCO Monthly Performance Summary (August 2013) – Report dated 9/18/2013 and Revised 10/14/2013



Western Regional Partnership Information & Data Points

	CenterPoint Human Services	Partners Behavioral Health Management	Smoky Mountain Center	Western Regional Partnership
URAC Accreditation	Call Center Utilization Management Network Management	Call Center Utilization Management Network Management	Call Center Utilization Management Network Management	
QIO Certification	Yes	Yes	Yes	
HMS Review Results:				
<ul style="list-style-type: none"> • Claims Accuracy & Timeliness <li style="padding-left: 20px;">- Provider Payments Timeliness <li style="padding-left: 20px;">- Claims Processing Accuracy <li style="padding-left: 20px;">- Financial Accuracy 	99.91% 99.97% 99.76%	99.75% 99.85% 99.70%	99.66% 99.96% 99.81%	
• HIPAA Transaction Review	Compliant & Capable	Compliant & Capable	Compliant & Capable	
• Solvency Review (Feb – May 2013) (Ratio requirement is no less than 1.00)	1.63-1.72	2.49-2.63	2.46-2.95	

COMMUNITY NEWS

January/ February 2014

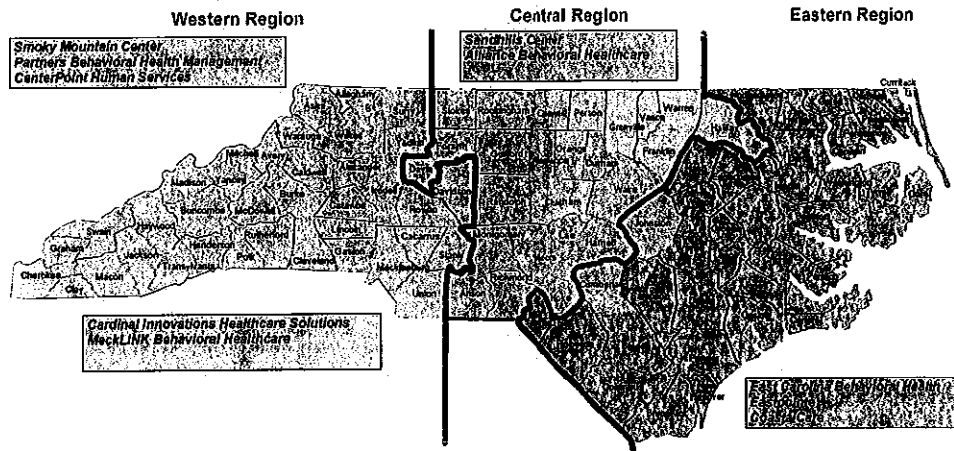
MENTAL HEALTH
DEVELOPMENTAL
DISABILITIES
SUBSTANCE ABUSE

LME/MCOs Agree on Regionalization Plan

LME/MCO leaders have agreed on a four region model to further improve operations and administration of the managed care program for Medicaid MH/DD/SA services. As described in the December DHHS press release, four regions have been proposed, taking into account issues of geography and Medicaid covered lives: one western, two central (southeast and northwest) and one eastern.

"The consolidation to four LME/MCOs will help create a more sustainable behavioral health system while continuing to improve services through more efficient delivery of care," said Mary Hooper, Executive Director of the NC Council. "We are strongly committed to the regionalization plan in support of a sustainable Medicaid program that has budget predictability and - most importantly - meets the needs of the people it is responsible for serving. We are engaged in this effort in partnership with DHHS, and appreciate the administration's support and recognition of the importance of public management of Medicaid dollars."

Proposed Local Management Entity - Managed Care Organizations (LME-MCOs)
As of 12/13/13



Over the next month, the NC Council and its members will work with DHHS staff to develop a timeline on mergers and consolidations in order to form the four regions. Discussions among LME/MCOs on these consolidations are on-going.

Western Regional Partnership

Smoky Mountain Center (SMC) began managing Medicaid and State funds for the counties that encompass Western Highlands Network (WHN) in October, 2013. This January, both boards approved the final merger of WHN with SMC, and approval has been obtained by Secretary Wos. SMC is now the largest LME/MCO to date with 23 counties.

The western part of the state will see further regionalization with the proposed Western Regional Partnership (WRP) initiative of CenterPoint Human Services, Partners Behavioral Health Management and Smoky Mountain Center. It is anticipated that a new entity will emerge from this pairing of MCOs which will build on each organization's strengths. The form of the new entity, its governance, location, leadership and staffing are all issues to be determined.

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continued from cover... **LME/MCOs Agree on Regionalization Plan**

The three CEOs are leading the operational efforts of the Western Regional Partnership through coordination of the Steering Group and Functional workgroups consisting of representatives from the three LME/MCOs. Through a process of discovery, analysis and recommendations, the workgroups are building on the statewide standardization efforts by developing strategies to be shared and implemented concurrently in each of the three LME/MCOs that will benefit consumers and providers.

Operational accomplishments of the Western Regional Partnership to date include:

- **Benefit Plans and Utilization Management**– Consistent authorization frequency/amounts for Medicaid services are being completed. A consolidated plan for state services allows for differences based on population needs in various geographic areas of the region.
- **Credentialing**– CenterPoint and Partners will contract with SMC under URAC delegation agreements for credentialing with an anticipated start date of July 1, 2014. Providers will be able to utilize one application procedure for all three MCO catchment areas.
- **WRP Provider Advisory Council**– The WRP has reached out to Provider Councils in the catchment areas of all three MCOs to form a WRP Provider Advisory Council that will represent a cross-section of providers across the three MCOs. This group will represent the larger Western Region provider network community in several ways: a) act as a “focus group” for the WRP to vet ideas and proposals developed as the three MCOs move forward with the creation of the larger regional entity; b) help the WRP to address challenges that providers will face with implementation of standardization plans and other policy decisions that impact providers; and c) help the WRP to develop and implement communication strategies for the larger provider network community assuring that the provider stays abreast of regionalization efforts.
- **Provider Network**– A list of shared providers (and completed monitoring of those providers) has been generated and shared across the three MCOs. This will enable the MCOs in the western region to coordinate their interactions with these providers serving consumers in all three catchment areas.
- **Hospital Services**– All three MCOs are reviewing hospitalizations for consistency and to enhance the ability to do more timely discharge planning.
- **Call Center Support**– All three MCOs will participate in a plan developed to cover one another’s roll over calls by July 1, 2014.

On the organization side, a draft Letter of Intent was presented to the WRP Board Steering Group on January 29, 2014. The letter outlines the Western Regional Partnership planning process, as well as the intent, goals, principles and commitment to the partnership.

The Western Regional Partnership publishes monthly updates that are available on each of the MCO’s websites to keep stakeholders informed of activities and accomplishments of the group.

Cardinal Innovations and MeckLINK

Cardinal Innovations will take over Medicaid consumer management for MeckLINK as of April 1st. In November, the Mecklenburg Commissioners voted to pursue an agreement with Cardinal Innovations for the operation of the Medicaid waivers. Later that month, the Cardinal Innovations Board approved the addition of Mecklenburg County effective April 1, 2014.

According to Pam Shipment, Cardinal CEO, “We are committed to making the transition as simple as possible for MeckLINK providers and will use available MeckLINK data as much as possible to avoid duplicative paperwork and processes related to enrollment and credentialing. Designated staff are working on this activity.

“There is a high level of commitment of both Mecklenburg County and Cardinal Innovations staff, and the transition process is working smoothly. The Department of Health and Human Services has been highly supportive of the efforts of Mecklenburg County and Cardinal Innovations to make the transition a success!”

MCOs Take on Health Choice

As a result of the increase in income levels (up to 133% of poverty) for Medicaid eligibility under the Affordable Care Act (ACA), LME/MCOs took over authorization and management of mental health services for over 70,000 Health Choice children that will now be served under Medicaid as of January 1.

Health Choice is a health program for children whose families do not qualify for Medicaid, but who cannot afford private health insurance for their children. The program covers mental health, medical services, dental, prescriptions, hearing, vision, emergency services and more. Value Options will continue authorizing all non-mental health services under the program.

For Health Choice providers who were not previously enrolled with the LME/MCO and only serve one Health Choice recipient, LME/MCOs are encouraged to use a single case agreement to minimize administrative requirements for these providers.

In its communications, DMA has advised the providers of affected consumers that this change constitutes a change in insurance carriers. As such, mental health providers who received authorizations from Value Options will now need to contact the appropriate LME/MCO to request authorizations for mental health services for these children. MCOs are encouraged to allow retrospective authorizations for the first 30 days to ensure continued coverage.

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The transition of these children from Health Choice to Medicaid was complicated by the fact that over 48,000 of the 70,000 children's Medicaid cards were accidentally mailed to the wrong addresses. The state expects it to take approximately 3 weeks to send out the new Medicaid cards that will include revised Medicaid ID numbers.

CMS Raises Questions

The federal Centers for Medicare and Medicaid (CMS) is requesting clarification from the NC Department of Health and Human Services regarding the expansion of the 1915 (b) (c) MH/DD/SA Medicaid waiver. DHHS has been asked to respond to questions regarding the RFP bid process. The Division of Medical Assistance is working with CMS to provide responses to all questions.

In order to provide additional context on the history of the waiver expansion, the NC Council sent a letter to Secretary Wos which details the evolution of the waiver expansion from the PBH pilot in 2005, to the General Assembly's legislation authorizing the expansion of the program statewide, to the LME/MCO's statutory authority to manage services. The letter also describes the RFP process in which MCOs applied to become managers for public MH/DD/SA services. The Council notes that the recent questions were addressed in those previous communications with CMS that resulted in CMS agreement to expand the waiver.

The NC Council letter points out that, "DMA staff and staff from CMS Atlanta Regional Office had detailed discussions."

SMOKY MOUNTAIN CENTER
 SLATE OF PROPOSED BOARD MEMBER NOMINATIONS
 10-31-13

Position Requirement as Specified in N.C.G.S § 122C-118.1	Recommended Candidate	Additional Information	County Commissioner/Manager Regional Affiliation
Current County Commissioner § 122C-118.1(b)(1)	Michael Lavender	County Commissioner McDowell County	SMC Central Region
Local Consumer and Family Advisory Committee Chair (CFAC) or designee § 122C-118.1(b)(2)	Judy Johannsen	SMC CFAC Chair's designee	
Local family member CFAC § 122C-118.1(b)(3)	Nancy Baker	Legacy Western Highlands Network (WHN) CFAC, family	
Consumer member of local CFAC § 122C-118.1(b)(4)	Pat McGinnis	SMC CFAC openly declared consumer	
Individual with health care experience in the fields of Mental Health (MH), Intellectual Developmental Disabilities (IDD) or Substance Abuse (SA) § 122C-118.1(b)(5)	Maggie Faulkner	Director/Disability Services Counselor, Blue Ridge Community College; Current WHN Board member	

Position Requirement as Specified in N.C.G.S § 122C-118.1	Recommended Candidate	Additional Information	County Commissioner/ Manager/ Regional Affiliation
An individual with health care administration expertise consistent with the scale and nature of the MCO § 122C-118.1(b)(6)	Jeff Heck, MD	CEO, Mountain Area Health Education Center (MAHEC)	
An individual with financial expertise consistent with the scale and nature of the MCO § 122C-118.1(b)(7)	Rick French	County Manager, Alexander County, Current Chair, SMC Board	SMC Central Region
An individual with insurance expertise consistent with the scale and nature of the MCO § 122C-118.1(b)(8)	Craig Sappenfield	NC Association of County Commissioners, Risk Manager	
Individual with social services expertise and experience in the fields of MH, IDD or SA services § 122C-118.1(b)(9)	Joyce Edwards	Caldwell County DSS, current SMC Board member	SMC Central Region
An attorney with health care expertise § 122C-118.1(b)(10)	Carolyn Coward	Health care specialist, Van Winkle Law Firm, Asheville	

Position Requirement as Specified in North Carolina General Statute 122c-118.1	Recommended Candidate	Additional Information	County Commissioner/Manager/ Regional Affiliation
Member who represents the general public and who is not employed by or affiliated with the Department of Health and Human Services as appointed by the Secretary of NC Health and Human Services § 122C-118.1(b)(11)	Ed Tarleton	Chair, North Carolina Council of Community Programs; past Chair SMC Board of Directors; current Wilkes County at-large SMC Board member	
President of the LME/MCO Provider Council or designee § 122C-118.1(b)(12) <i>Non-voting member</i>	Duncan Sumpter	President of SMC Provider Council; CEO Appalachian Community Services	
An administrator of a hospital providing mental health, developmental disability and substance abuse emergency services § 122C-118.1(b)(13) <i>Non-voting member</i>	Casey Cooper	CEO, Cherokee Indian Hospital	
Additional member- criteria or classification unspecified by statute § 122C-118.1(a)	Vicki Greene	Jackson County Commissioner; Jackson County SMC Board member	SMC Western Region
Additional member- criteria or classification unspecified by statute § 122C-118.1(a)	Ronnie Beale	Macon County Commissioner; Macon County SMC Board Member; President-Elect, NC County Commissioner Association	SMC Western Region

Position Requirement as Specified in North Carolina General Statute 122c-118.1	Recommended Candidate	Additional Information	County Commissioner/Manager/Regional Affiliation
Additional member- criteria or classification unspecified by statute § 122C-118.1(a)	Larry Cox	Alleghany County Commissioner; SMC Alleghany Board Member	SMC Northern Region
Additional member- criteria or classification unspecified by statute § 122C-118.1(a)	Judy Poe	Ashe County Commissioner; SMC Ashe County Board Member	SMC Northern Region
Additional member- criteria or classification unspecified by statute § 122C-118.1(a)	Mandy Stone	Assistant County Manager, Buncombe County, Current Western Highlands Network Board member	Western Highlands Region
Additional member- criteria or classification unspecified by statute § 122C-118.1(a)	D. Marche Pittman	Interim County Manager, Polk County, Current Western Highlands Network Board member	Western Highlands Region
Additional member- criteria or classification unspecified by statute § 122C-118.1(a)	Charles Vines	County Manager, Mitchell County, Current Chair, Western Highlands Network Board	Western Highlands Region
Additional member- criteria or classification unspecified by statute § 122C-118.1(a)	Carl Classen	County Manager, Rutherford County, Current Western Highlands Network Board member	Western Highlands Region



Western Regional Partnership Update – Nov. 1, 2013

The Concept

- Consistent with Governor McCrory’s “Partnership for a Healthy North Carolina,” CenterPoint Human Services, Partners Behavioral Health Management and Smoky Mountain Center formed the Western Regional Partnership.
- From this partnership, it is anticipated that an eventual “new entity” will emerge which will build from the current, strong operations of the three organizations. Corporate form, governance, location, leadership and staffing decisions are all real and challenging considerations that will be addressed at the appropriate time. Presently, all options for those key decision points are considered “on the table.”
- The three LME-MCOs see the work of this partnership occurring as part of two separate, but related, efforts. These efforts are occurring simultaneously, but have different degrees of complexity and pace.

Operational Effort

- The Western Regional Partnership is identifying opportunities for
 - administrative efficiencies,
 - standardization, and
 - sustainability and strengthening of local connections.
- Functional workgroups consisting of representatives from the three LME-MCOs are building on the statewide standardization effort. Through a process of discovery, analysis and recommendations, the workgroups are developing strategies to be shared and implemented concurrently in each of the three LME-MCOs.
- Ultimately, these strategies will contribute to an improved, streamlined and strengthened integrated healthcare system in North Carolina.

Organizational Effort

- This effort encompasses the exploration of a combined and enhanced regional LME-MCO. While there is currently no specific timeframe for MCO merger, this exploration is consistent with the continuation of Medicaid reform as proposed by the Governor, as well as the goals of comprehensive care provided through an accountable and efficient system.
- A regional LME- MCO will incorporate
 - person centered care,
 - the integration of “specialty care” with health related care, and
 - a continued commitment to local systems of care and ongoing relationships with valued community partners.

The Western Regional Partnership is committed to a transparent process with the goal of meeting the expectations for a bold framework of outcome focused, person centered, comprehensive care provided in a culture committed to excellent customer service.



Western Regional Partnership Update – Dec. 3, 2013

The Western Regional Partnership (WRP) is committed to a transparent process as representatives from CenterPoint Human Services, Partners Behavioral Health Management, and Smoky Mountain Center work together towards the anticipated goal of creating a new entity. The WRP has developed the following communication tools in order to keep all stakeholders educated and involved about the work of the WRP.

Communication Tools

- Monthly Update – Provides information regarding recommendations, plans, and decisions made by the leadership of the WRP
- WRP Data Points Table – Updated periodically as a snapshot in time to illustrate the strengths the three LME-MCOs bring to the Western Region
- Implementation Team Structure and Plan – Describes the scope and implementation of the work in progress

Operational Efforts

- WRP has formed and refined the Implementation Team Structure (CEO Group, Steering Group and functional Subgroups) and the Plan (Subgroup Charters and Strategies).
- The CEOs from CenterPoint Human Services, Partners Behavioral Health Management, and Smoky Mountain Center provide the leadership for the operational efforts of the WRP through coordination of the Steering Group and Subgroups to assure successful planning and implementation efforts
- A letter of intent is currently under development.
- The working timeline for the WRP will be to go live with a new entity **No Later than July 1, 2016**.
- The Subgroups will identify and develop standardizations that can be implemented now in order to position the WRP to accelerate the timeline if needed.
- A monthly meeting schedule for the Steering Group, made up of representatives from the three LME-MCOs, has been set.
- Subgroups will coordinate communication with providers across the Western Region to assure input on standardization recommendations.

Organizational Efforts

- Rhett Melton, Partners CEO, addressed the CenterPoint Board at its meeting on October 24th providing his philosophy of leadership, the process/successes/challenges of merging three LMEs into Partners and his vision for a new entity serving the Western Regional Partnership.
- A similar presentation by Brian Ingraham, SMC CEO, is planned but not yet scheduled.
- The Board Chairs and other Board members of the WRP LME-MCOs attending the NC Council's Pinehurst Conference will gather along with the CEOs on December 12th for lunch as an opportunity for dialogue and getting to know each other.
- Outreach to Legislators continues in order to understand their perspectives on the management of behavioral health services under waiver and to outline the plans underway for the creation of a new entity serving the WRP.
- The regional plans are also discussed as Local Business Plans are presented to the various Boards of County Commissioners.



Western Regional Partnership Monthly Update January, 2014

This is the third in the series of monthly updates that began in November, 2013 to share information regarding the Western Regional Partnership (WRP), the initiative established by CenterPoint Human Services (CenterPoint), Partners Behavioral Health Management (Partners), and Smoky Mountain Center (SMC). The initiative supports working together towards the anticipated goal of creating a new regional entity consistent with the expectations of the Legislature and the Secretary of DHHS.

DHHS Endorsement of Regions

NC DHHS Secretary Aldona Wos publically expressed her support for the LME-MCO proposal for consolidating to a four region behavioral health system, both at the NC Council of Community Programs conference in Pinehurst, and in a press release dated December 17, 2013. The Secretary acknowledged the work of the current LME-MCO leadership to plan for "more accountability, higher quality, and a willingness to evolve by consolidating."

http://www.ncdhhs.gov/pressrel/2013/2013-12-17_medicaid_managed_care.htm

Operational Efforts

- The CEOs from CenterPoint, Partners, and SMC lead the operational efforts of the WRP through coordination of the Steering Group and Subgroups to assure successful planning and implementation efforts. The CEOs participate in a weekly conference call/meeting to coordinate decisions and maintain momentum. WRP finalized its Implementation Team Structure (CEO Group, Steering Group and functional Subgroups) and Scope (Subgroup Charters and Strategies), and defined a monthly meeting schedule.
- A plan for provider engagement in the WRP planning process will be discussed at the three MCO Provider Council meetings in January 2014.
- **Accomplishments/Successes for December include:**
 - *Benefit Plans and Utilization Management*– Consistent authorization frequency/amounts for Medicaid services has been established. A consolidated plan for state services allows for differences based on population needs in various geographic areas of the region.
 - *Hospital Inpatient Authorization* – A Uniform pass-through for initial 72 hours (3 days) has been agreed to.
 - *Credentialing*– CenterPoint and Partners will contract with SMC under URAC delegation agreements for credentialing with an anticipated start date of July 1, 2014. Providers will be able to utilize one application procedure for all three MCO catchment areas.
 - *Call Center Support* A plan has been developed which will allow for two of the MCO's to cover one another's roll over calls by July 1, 2014.
 - *Joint MCO Provider Monitoring Plan* – under development.

Organizational Efforts

- The Board Chairs and other Board members of the WRP LME-MCOs attending the NC Council's Pinehurst Conference met along with the CEOs on December 12, 2013.
- The meeting resulted in agreement to establish the nine-member Board Steering Group. The Group's membership includes the Board Chair and two appointed Board members from each LME-MCO.
- The WRP Board Steering Group and CEOs will meet via video-conference in January 2014 to consider the draft Letter of Intent and the final draft's presentation to each full Board.

Upcoming Items of Focus

- Standardize and align crisis services plans with the DHHS Secretary's Crisis Initiative
- Initiate a group to review and standardize claims/billing processes across the three MCOs
- Initiate WRP Provider Advisory Group



The Western Regional Partnership (WRP) is committed to a transparent process as representatives from CenterPoint Human Services, Partners Behavioral Health Management, and Smoky Mountain Center work together towards the anticipated goal of creating a new entity. These monthly updates will be completed to keep all stakeholders involved and educated about recommendations, plans, progress, and decisions made by the leadership of the WRP.

The working timeline for the WRP will be to go live with a new entity consistent with the direction and pace set by the release of the Secretary's Medicaid Reform Plan in March of 2014 and with the final approval of DHHS and the Legislature. The WRP Steering Group and Subgroups are identifying and developing consolidations and standardizations of various business processes (consistent with current state-wide efforts) that can be implemented now to strengthen the current system across the 35 counties. These efforts and advances will strongly position the three MCOs for an efficient transition to a newly consolidated entity. Timelines for implementation of these business processes is immediate in some cases but in other cases are dependent upon analysis of IT (Information Technology) processes legal issues which are under review and evolving public policy.



Western Regional Partnership Monthly Update February, 2014

This is the fourth in the series of monthly updates that began in November, 2013 to share information regarding the Western Regional Partnership (WRP), the initiative established by CenterPoint Human Services (CenterPoint), Partners Behavioral Health Management (Partners), and Smoky Mountain Center (SMC). The initiative supports working together towards the anticipated goal of creating a new regional entity consistent with the expectations of the Legislature and the Secretary of DHHS.

Operational Efforts

- *Benefit Plan/Utilization Management Subgroup*
 - Cardinal Innovations B3 service definitions are being reviewed for implementation across the WRP to provide consistency.
 - Analysis is underway to determine the most effective use of UCR and expenditure-based reimbursement.
- *I/DD Innovations Subgroup*
 - Relative as Provider forms are in final draft. As soon as the accompanying processes, policies and procedures and work flows are developed, the final package will be submitted to the Steering Group.
 - I/DD and IT Subgroups will review items required to comply with Registry of Unmet Needs reporting requirements within AlphaMCS.
- *MH/SA Care Coordination Subgroup*
 - Care Coordination referral form is in final draft. As soon as the accompanying processes, policies and procedures and work flows are developed, the final package will be submitted to the Steering Group.
- *Hospitals and Crisis Services Subgroup*
 - The Subgroup expanded to include crisis services.
 - At the invitation of the western Hospital Consortium CenterPoint will attend its February 21st meeting, along with Partners and SMC.
 - All three MCOs continue to explore expanding the use of the RARF throughout the region.
- *Customer Services Subgroup*
 - All three MCOs continue to explore covering one another's roll over calls by July 1, 2014.
- *IT/MIS Subgroup*
 - An effective regional infrastructure model will be designed as soon as the organizational structure of the new entity is defined.
- *Network Management Subgroup*
 - SMC is in the process of modeling staff and workflow requirements for a regional credentialing service. SMC is also in the process of drafting a proposed contract for CenterPoint and Partners to use SMC as their credentialing agent by July 1, 2014 under a URAC delegation agreement.
 - Discussions about joint provider monitoring possibilities are delayed due to the Department's mandate to cease both Gold Star and routine monitoring pending direction and definition from the Department.
 - WRP is working with its three MCO provider councils to form the Provider Advisory Council (WRP PAC). It will include members representing all disabilities and age groups including an at-large LIP and an at-large hospital representative. The group will: a) act as a "focus group" for WRP to vet its ideas and proposals; b) work with WRP to address challenges that providers face with implementation of standardization plans and policy decisions; and c) help WRP develop and implement communication strategies for the larger provider network community.
 - A list of shared providers has been compiled to enable the WRP MCOs to coordinate interactions with their providers serving consumers in all three catchment areas.

Organizational Efforts

- The WRP Board Steering Group, comprised of the Board Chair and two appointees from the respective Boards of each MCO, held its initial meeting on January 29th.
- The Group addressed its role, processes and communication requirement.
- A draft Letter of Intent (LOI) was discussed. The LOI outlines WRP's planning process, as well as the three MCOs' intent, goals, principles and commitment to the partnership.

Upcoming Items of Focus during February, 2014

- WRP Board Steering Group members will present the Letter of Intent to their respective Boards in February.
- Nearly all Medicaid and Innovations service authorization guidelines have been agreed upon across the three MCOs. The Provider Advisory Council will be consulted to address implementation challenges and establish an implementation plan.

The working timeline for the WRP will be to go live with a new entity consistent with the direction and pace set by the release of the Secretary's Medicaid Reform Plan in March of 2014 and with the final approval of DHHS and the Legislature. The WRP Steering Group and Subgroups are identifying and developing consolidations and standardizations of various business processes (consistent with current state-wide efforts) that can be implemented now to strengthen the current system across the 35 counties. These efforts and advances will strongly position the three MCOs for an efficient transition to a newly consolidated entity. Timelines for implementation of these business processes is immediate in some cases but in other cases are dependent upon analysis of Information Technology (IT) processes, potential legal issues, and evolving public policy.

The Western Regional Partnership (WRP) is committed to a transparent process as representatives from CenterPoint Human Services, Partners Behavioral Health Management, and Smoky Mountain Center work together towards the anticipated goal of creating a new entity. These monthly updates will be completed to keep all stakeholders involved and educated about recommendations, plans, progress, and decisions made by the leadership of the WRP. Past updates and other information regarding the Western Regional Partnership can be found on the following websites.

CenterPoint Human Services

<http://www.cphs.org/waiver/western-region/>

Partners Behavioral Health Management

<http://www.partnersbhm.org/aboutus/wrp.aspx>

Smoky Mountain Center

<http://www.smokymountaincenter.com/announcements.asp?id=220>