

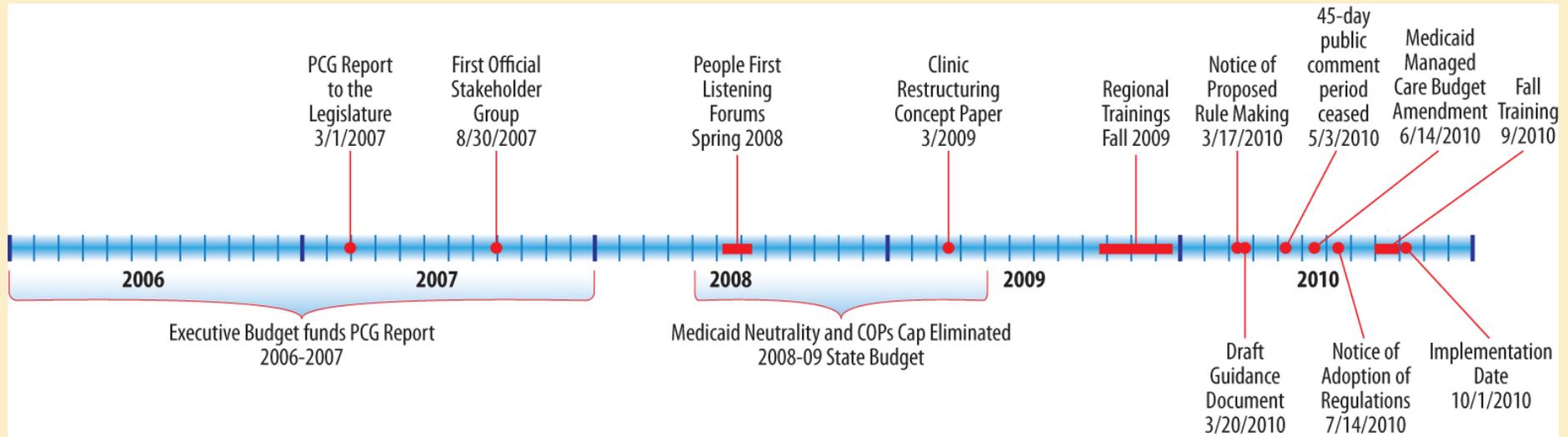
Regional Implementation
Briefing
September 2010

Clinic Reform. Now

Goals of Reform

- ✘ Sustain Mental Health Clinic services as the core level of ambulatory care
- ✘ Equitable reimbursement model that tracks clinical requirements
- ✘ Increase overall investment in clinics, improve access
- ✘ Create clinic model that positions providers better under Health Care Reform
- ✘ Gradual transition period allowing for adjustments, adaptation
- ✘ HIPAA Compliance

OMH Clinic Restructuring Milestone Timeline



Toward a Better Clinic Model

- ✘ Compliance with HIPAA requirements
- ✘ Clinically based service model
 - + Codes emulate good practice
 - + Multiple services in one visit
 - + Enhancements e.g. complex care management, wellness interventions
 - + Incentives for nights, weekends, language
- ✘ Resources in OMH system sustained
- ✘ Gross inequities eliminated

Implementation: Critical Success Factors

× State level

- + Long, participative planning
- + Gradual fiscal transition
- + Medicaid plans aligned
- + Collaborative monitoring for adjustments if needed

× Provider level

- + Leadership is the key to success:
 - × Set the tone, hear the concerns, plan the work
 - × Work the plan. Setting and monitoring benchmarks crucial to success

Public Process

✘ 39 official stakeholder meetings

Coalition of Behavioral Health Agencies

Conference of Local Mental Hygiene
Directors

New York State Children's Coalition

Families Together

Federation of Mental Health Centers

Greater New York Hospital Association

Healthcare Association of New York
State

Mental Health Association of NYS

NYAPRS

NYS Council for Community
Behavioral Health Care

NYS Psychiatric Institute

New York State Psychiatric
Association

New York State Rehabilitation
Association

United Hospital Fund

Extensive Training and Tools

- ✘ 70 OMH trainings, presentations, webinars
- ✘ OMH clinic financial projection model
- ✘ 2 Information technology presentations
- ✘ 2 Evaluation Group meetings (2010)
 - + next meeting Sept 2010

Improvements

Flexibility & Discretion

- Enhanced service array
- Optional health services (physicals and health monitoring for now)

Improvements

Equitable Funding

- Multiple procedures same day
- Fair Medicaid payment
- Payment differentiation among procedures
- After hours and language other than English payment enhancements
- Supplemental payments for some physicians services

Improvements

Equitable Funding Cont.

- Offsite – federal approval pending
- Interim state funding for children’s and crisis offsite procedures
- “Equivalent” Medicaid Managed Care rates
- Indigent care pool – approval pending
- Use of HIPAA compliant procedure codes – consistent with 3rd party payers

Provider Obligations

Accountability

- Immediate response to those in “urgent” need (forensic, inpatient, emergency, other determined by the County)

Access

- Provider and the County DCS shall develop policies to engage and serve individuals at risk. (after hours and urgent care)

Provider Impact

Financial

- Eliminate subsidy for Medicaid and non-MA
- Achieve reasonable productivity
- Phase out CSP subsidy
- Phase out county subsidies for other services

Business Practices

- Adapt claims processing to new rules
- Focus on supervision of staffing and clinical documentation
- Compliance with Medicaid rules

Clinic Reform And Health Care Reform

- ✘ Clinic reform positions providers for success under health care reform:
 - + Mainstream approach to billing services
 - + Ability to move toward integrated care
 - + Health plans aligned
- ✘ Health care reform aligned with clinic reform:
 - + Medicaid expansion
 - + Parity
 - + Integrated care concepts: ACO, Health Care Homes

Outstanding Issues

- ✘ Evaluation of Impacts
- ✘ Federal Approval of indigent care pool
- ✘ Federal Approval of off site services
- ✘ Implementation of “equitable” HMO rates
- ✘ CSP funding strategy, including managed care
- ✘ Support for county programs at risk
- ✘ Federal Reform and Managed Care

**It's Your Turn To Lead
Good Luck!**