

Local Initiatives for 2016-2019 LBP

LME Name:

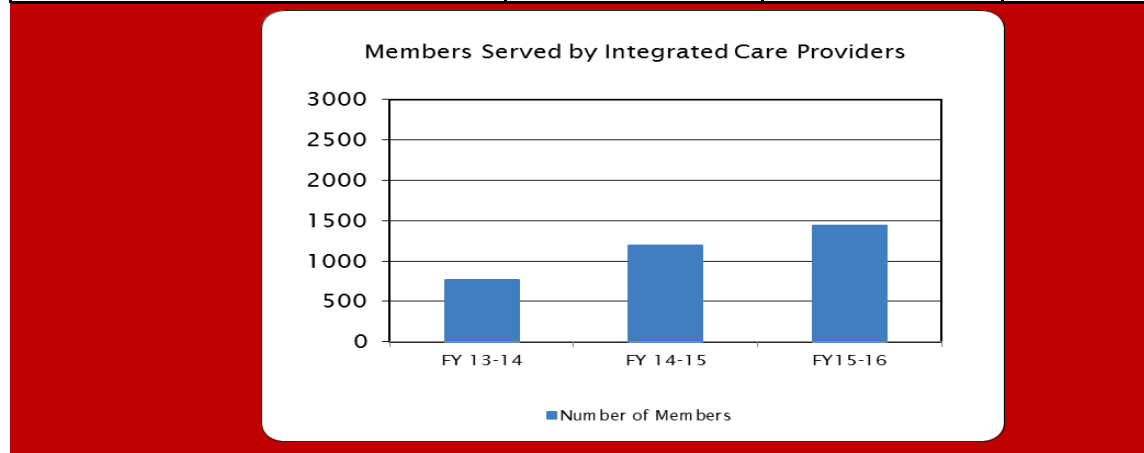
Local Initiative: 1 - Integration of Behavioral and Physical Health

GS 122C-115.2 Administrative Function Addressed with Initiative (select all that apply):

Planning	Provider Network Dev.	Service Management	Financial Management	Service Monitoring	Evaluation	Collaboration	Access
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Issue:

	June 2017	June 2018	June 2019
Members served annually by integrated care providers	1,500	2,000	3,000



Reasons for Action

Sandhills Center believes an integrated care model of behavioral health and medical health is in the best interest of those we serve. Combining the behavioral health expertise of MCO and provider staff with the medical health expertise of community partners allows the maximum opportunity for serving the whole being of our members. By operating under this integrative model, Sandhills Center has the opportunity to identify ways to ameliorate physical and behavioral health issues leading to a high risk/high cost designation of an individual member.

Measurable Goal(s) please specify if these are short term (< 1yr.) or long term (> 1yr.)

At least 10 integrated care pilot providers involved by June 30, 2017; 2 additional involved (12 total) by June 30, 2018; 2 additional (14 total) by June 30, 2019
 At least 1,500 members annually served by integrated care providers by June 30, 2017; At least 2,000 by June 30, 2018; At least 3,000 by June 30, 2019

LME plan for addressing issue and achieving goals

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Sandhills Center plans to continue and strengthen the use of community partners, recognized tools and independent expertise to assist in our integration efforts, including:

- * Convening collaborative technical assistance meetings with the integrated care partners participating in pilot projects
- * Review of behavioral and medical data from multiple sources on a regular basis to identify correctable clinical areas of concern that present indication of practice outside the clinical norm
- * Identifying and acting on Quality of Care Concerns around behavioral and physical issues through all clinical departments
- * Utilization Management staff evaluating authorization requests against clinical best practices and against a clinical polypharmacy work tool and drug/drug interaction work tool and other clinical departments use of integrated care scripts
- * Clinical expertise through contracted vendors including PREST, Inc and Care Management Technologies to identify quality of care concerns through a network of certified physicians performing independent review and through the use of quantitative data analysis
- * Incorporating recommendations for care including community standards of care and clinical best practices
- * Clinical Screening and Triage work processes which include assessments for active, comorbid medical problems as well as complicating substance use withdrawal signs and symptoms

If necessary, reference hyperlink for additional information on LME-MCO Website
If necessary, please list document name if attachments are submitted with printed copy of LBP

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LME Name:

Local Initiative: 2 - Integrated Transitional Care Team Pilot

GS 122C-115.2 Administrative Function Addressed with Initiative (select all that apply):

Planning	Provider Network Dev.	Service Management	Financial Management	Service Monitoring	Evaluation	Collaboration	Access
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Issue:

Reasons for Action

Sandhills Center has a vested interest in ensuring members receive the most appropriate care and have no need for repeated Emergency Department visits within a short period of time. To achieve that goal, and most importantly improve the health of our Mental Health, Intellectual and Developmental Disability and Substance Abuse members, Sandhills Center is **continuing** a local pilot project with a community provider to employ assertive engagement, increased access to preventive care and a more coordinated management of chronic conditions - both physical and mental - through an evidence-based transitional care team approach. This approach, using the Coleman Transitional Care Model and the CCNC Standardized Care Management Plan will coordinate with our local CCNC, P4CC, to assist those consumers presenting to the Emergency Department, inpatient unit or crisis unit with behavioral health issues. The overall objective will be to demonstrate a decrease in consumer readmissions and a corresponding increase in connection to behavioral health providers.

Measurable Goal(s) please specify if these are short term (< 1yr.) or long term (> 1yr.)

- * Community provider will make contact with consumer within 3 days of discharge, upon program implementation
- * Reduction on number of patients utilizing emergency department for behavioral health episodes by 25% by **June 30, 2019**
- * Reduce number of inpatient re-admissions by 25% by **June 30, 2019**
- * Improve Quadrant II and IV members successful linkages to behavioral health comes by 50% by **June 30, 2017**

LME plan for addressing issue and achieving goals

To achieve the goals outlined above, Sandhills Center will:

- * **Continue a contract** with a local community provider, operating a full continuum of community engagement services, who has a strong, active collaborative relationship with the LME-MCO and the local CCNC affiliate
- * **Continue initial pilot project in Guilford County and monitor progress of Transitional Care Team work**
- * Transitional care interventions to be used include:
 - Hospital contact with consumer
 - Face-to-Face visit after discharge
 - Follow-up calls and contacts to help with engagement and compliance
 - Medication reconciliation and education
 - Patient self-management coaching/"Red Flag" coaching
 - Appointment scheduling and follow-up with primary care and behavioral health providers
 - Daily consumer case triage with stakeholders

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LME Name:

Local Initiative: 3 - Assuring an Effective, Quality Provider Network

GS 122C-115.2 Administrative Function Addressed with Initiative (select all that apply):

Planning	Provider Network Dev.	Service Management	Financial Management	Service Monitoring	Evaluation	Collaboration	Access
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Issue:

Sandhills Center Provider Network (as of June 2016)	
Number of Providers in the Network:	648
Number of Client Specific Agreements Established:	45
Number of Total Credentialings Completed:	4,982
- Licensed Independent Practitioners	173
- Hospitals	38
- Agencies	437
- Clinicians within Agencies	2,657
- Other Provider Type	209

Reasons for Action

Per standards set forth by the North Carolina Department of Health and Human Services, Division of Medical Assistance, accessibility of service standards support a provider network whose services can be accessible to its customers within certain established time/mileage standards established for rural and non-rural areas. In addition, to ensure quality standards of care, the network will be evaluated and adjusted through an open, announced process and providers who fail to comply with regulatory standards will be subject to the application of identified sanctions. Effectiveness of the Sandhills Center provider network will be gauged through the implementation of the Gold Star Monitoring process with providers being encouraged to attain the highest monitoring level possible.

Measurable Goal(s) please specify if these are short term (< 1yr.) or long term (> 1yr.)

- * Maintain 95% accessibility for required community services by June 30, 2017; by June 30, 2018, by June 30, 2019
- * 95% of all enrolled providers will receive monthly monitoring to ensure accreditation, licensure and insurance certificates are current and compliant
- * Credentialing of 98% of network providers completed within required timeframes
- * Recredentialing of 100% of network providers to be completed within 3 years of initial date of credentialing

LME plan for addressing issue and achieving goals

To achieve the goals outlined above, Sandhills Center will:

- * Conduct a monthly review of all network providers through the agency's information system. This compliance review will focus on providers' current licenses, accreditations, and insurance certificates.

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- * For any provider found out of compliance with the monthly review, a standard letter outlining the out of compliance issue will be sent, using notification tracking as necessary, to allow the provider an opportunity to correct the out of compliance issue. If the provider does not correct the identified issue in a timely manner, provider sanctions will be considered to assist in correcting the deficiency or in limiting the access of the identified provider in the provider network.
- * Quarterly data will be reviewed, using geographic access to care information of members and service distribution, to meet the identified standards for network access and availability.
- * For any service found not meeting the identified standards for network access and availability, Sandhills Center will conduct an open and announced process to allow community providers the opportunity to express interest in filling the identified service

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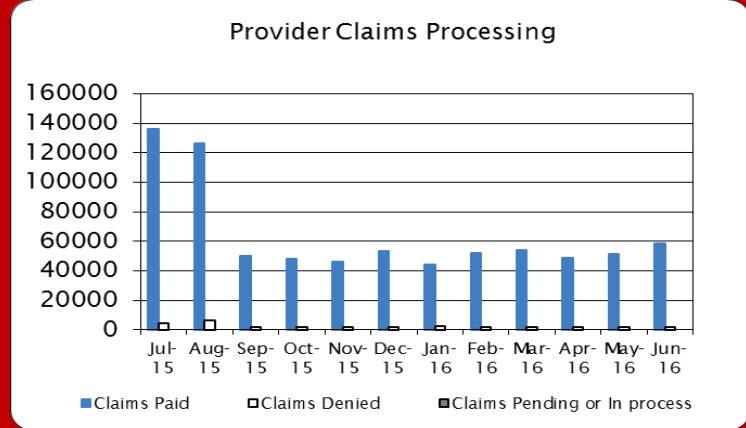
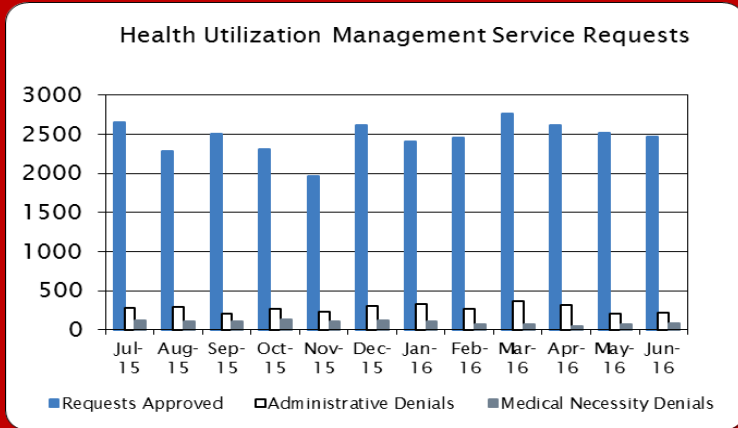
LME Name:

Local Initiative: 4 - Increasing Provider Community Efficiency in Managed Care

GS 122C-115.2 Administrative Function Addressed with Initiative (select all that apply):

Planning
 Provider Network Dev.
 Service Management
 Financial Management
 Service Monitoring
 Evaluation
 Collaboration
 Access

Issue:



Reasons for Action

During the transition from the traditional Fee For Service behavioral health reimbursement process to the 1915 (b)/(c) Medicaid Waiver environment, it has been a primary focus of Sandhills Center to assist the provider community in making this transition as seamless as possible. In spite of this primary focus, two notable issues Sandhills Center has noticed with the provider community has been the number of administrative denials issued by Utilization Management (**over 24% at implementation of waiver**) and the number of claims denials issued by Finance (**over 31% at implementation of waiver**). Sandhills Center has developed a coordinated effort to reduce these denials for the provider community **and has a goal of continuing these efforts to keep the denial rates low.**

Measurable Goal(s) please specify if these are short term (< 1yr.) or long term (> 1yr.)

- * 6 Provider Forums to be held to assist providers by **June 30, 2017**; 6 additional by **June 30, 2018**; 6 additional by **June 30, 2019**
- * Maintain no more than **15%** UM Administrative denials by **June 30, 2017**; no more than **15%** by **June 30, 2018**; no more than **15%** by **June 30, 2019**
- * Maintain no more than **7.5%** Finance Claims denials by **June 30, 2017**; No more than **7.5%** by **June 30, 2018**; No more than **7.5%** by **June 30, 2019**

LME plan for addressing issue and achieving goals

To increase the provider community's efficiency operating in the Managed Care environment, Sandhills Center has, or plans to:

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- * Medical Director and Clinical Department Directors offer face to face training/technical assistance presentation "Working Effectively with an MCO" to hospitals, outpatient providers, LIPs and CABHA Medical/Clinical Directors
- * Clinical Leadership Team technical assistance conference calls with area providers around problematic areas identified through Quality of Care concerns, under and over utilization data, Program Integrity referrals and Critical Incident data
- * Highlight common errors during Provider Forums and provide system wide training and technical assistance targeted to address the most common errors noted in the process and offering assistance in efficiently submitting authorization requests and claims
- * Identify providers needing continued assistance and provide individualized support, including direct communication from MCO executive leadership
- * Invite providers with continued need for assistance, including those with outlier denial numbers for more than 3 months, to a specialized training
- * Ongoing monitoring of both administrative denials and claims denials monitoring progress and identifying additional steps to be taken

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Local Initiative: 5 - Managing Clinical and Financial Risk in the Managed Care Environment

GS 122C-115.2 Administrative Function Addressed with Initiative (select all that apply):

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<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Issue:

Reasons for Action

Sandhills Center recognizes the importance of balancing both clinical and financial risk in its operation as a Managed Care Organization. The agency believes maintaining a sharp focus on both of these priorities will be critical to our long term success and the success of implementing a behavioral health managed care model for our members. The Sandhills Center Medical Director, who has previous private managed care experience, is leading the effort with MCO staff to implement the Managed Care model in a way that recognizes the entitlement we are managing and recognizes the funding available for serving our eligible population.

Measurable Goal(s) please specify if these are short term (< 1yr.) or long term (> 1yr.)

* At least 24 cross functional Clinical/Financial Risk Meetings, Clinical Leadership Team and Quality Management meetings by June 30, 2017; 24 additional by June 30, 2018; 24 additional by June 30, 2019

LME plan for addressing issue and achieving goals

To balance both its clinical and financial risk while operating as a Managed Care Organization, Sandhills Center:

- * Has developed a cross functional Clinical/Financial Risk Management Committee, Clinical Leadership Team and Quality Management Team, chaired by the agency's Medical Director, comprised of leadership from all departmental units including administration, clinical departments, finance, IT and HR, to weekly review integrated data and financial reports
- * The Committees act on real time problem solving of any agency issue that cannot wait to go through the normal committee process
- * Exchange and analysis of data, from and to, Quality Management, Program Integrity, Network Operations, Clinical Departments and Finance to assure all functional units are up to date on the operation of the organization
- * Continuous focus on identification of areas of immediate and long term risk whether it be financial, clinical or both
- * Solutions focused including adopting of continuous error reduction strategies with weekly effectiveness measures

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