Self-Assessment Survey Tool

Introduction and General Instructions

The Healthier Washington initiative has set a statewide goal of financially integrating physical and behavioral healthcare, including substance use disorder treatment (SUD), by January 2020. This change will impact billing processes, datasets, and electronic transactions. BHAs will be required to send service billing information to the managed care organizations (MCOs) that will be administering these newly integrated services.

In order to assist BHAs in preparing for these information and process changes, this survey is designed to obtain sufficient background information about each BHA's information technology (IT) and billing practices. It is intended to help individual agencies articulate their current state, begin to identify potential gaps – both operational and technical – that may exist and begin to think through their transition plans.

The survey, used in conjunction with the Transition Readiness Scoring Tool, will serve to accurately assess each BHA's level of readiness for operating in the new MCO environment.

Organization Overview

1. What are your total number of services provided by payer?

Contract Year	Last Year	Year to Date
Medicaid		
Medicare		
Privately insured		
Self-pay		
Other		

2. How many staff do you employ?

Clinical staff:

Administrative staff:

Billing/claims staff:

IT staff:

3. What percentage of your agency's revenue is from Medicaid?

4. Do you have Medicaid contracts with more than one Behavioral Health Organization in Washington?

☐ Yes ☑ No

If **yes**, when will the Behavioral Health Organizations transition to the MCO environment?

5. Is your organization affiliated with or part of a larger organization that provides mental health or substance use disorder (SUD) treatment services in other regions or states?

☐ Yes ☐ No

If **yes**, does the affiliate use the same EHR?

☐ Yes ☑ No

6. What services do you provide? Please indicate with an "X" in the columns below.

Service Type	Adults	Children
Outpatient mental health		
Outpatient SUD		
Crisis services		
SUD residential/detox		
Mental health additional/specialty services		
SUD additional/specialty services		
Other (please specify below)		

7. Are you providing Medicaid clients with services that are not reimbursed by your BHO? ☑ Yes ☐ No

Information Systems Overview

8. Are you using electronic health records (EHRs)?

☐ Yes ☐ No

If **yes**, complete the following questions:

- Which system(s) are you using?

- Is it commercially available or internally developed?

  ☐ Commercial product ☐ Internally developed

9. If you have an EHR, what functions are your clinicians using?

☐ Assessments
☐ Progress notes
☐ E-prescribing
☐ Other (please specify below)
☐ Treatment plans
☐ Medication lists
☐ Scheduling
☐ Don't know

10. Are you using any data from your EHR in the preparation of encounter submission for the BHO?

☐ Yes ☐ No

11. Are you maintaining paper medical records for your clients?

☐ Yes ☐ No

12. Complete the following table to indicate which applications you are currently using to support each of the functions listed in the left column.

Function	Name of System(s)
Intake	
Eligibility	
Authorization management	
Client scheduling	
Assessments	
Treatment planning	
Progress notes	
E-prescribing	
Medication management	
Laboratory results	
Medical records	
Case management	
Utilization review	
Billing	
Claims processing	
Electronic remittance posting	
Financial management (e.g., GL or A/R)	
Financial reporting	
Reporting (ad hoc)	
Data warehouse	
Analytical reporting	
Other:	

13. Do you have any unmet information technology needs at this time? (For example, are you planning to upgrade network capability or purchase additional software to automate manual functions?)

Information Technology Infrastructure

14. Do you outsource your IT support?

☐ Yes ☐ No

If **yes**, name the organization and describe the support it is providing to your organization.

15. Do you have an internal IT help desk?

☐ Yes ☐ No

16. Who do you contact when you have problems with your EMR/EHR?

17. Who do you contact when you have problems with your e-mail?

18. Who do you contact when you have a problem with data you are entering or sending to the BHO?

19. Does every clinician have access to the EMR/EHR system?

20. Do you have an on-site data center? Is any PHI stored within the onsite data center?

21. Where are patient treatment data stored?

22. Do your clinicians use laptops or other mobile devices to access patient data?

23. How do your field workers submit their progress notes and client data while working remotely?

24. Are all of your offices, including corporate affiliates, using the same EHR?

☐ Yes ☐ No

If **no**, provide the name of the EHR being used and indicate which offices/affiliates are using it.

25. Are you currently using an outside contractor to:

☐ Code services for medical records
☐ Perform revenue recovery
☐ Prepare claims
☐ Perform third-party administration (TPA)
☐ Pursue third-party liability (TPL)

26. Describe staffing for your revenue cycle processing operations (e.g., encounters, eligibility, authorizations, payment reconciliation, correction of encounter data, etc.). Include job titles and numbers of FTEs for each job title.

27. How many staff are involved in report generation? Include job titles and numbers of FTEs for each job title.

Information Technology Transition Plan

28. Are you planning to replace or install any new systems prior to the cutover to the integrated payment model and contracting with the MCOs?

☐ Yes ☐ No

If **yes**, briefly describe those changes.

If **yes**, why are you changing systems at this time?

29. Which EHR system do you plan to use post-transition?

30. Which billing system do you plan to use post-transition?

31. Have you written a transition plan for your data and IT systems?

☐ Yes ☐ No

If yes, what are the major milestones and due dates in the primary transition plan?

32. What is your contingency plan for transition if there is an unexpected delay in executing the primary transition plan?

33. What changes will you need to make to your current system to meet the billing requirements of the MCOs?

34. Do you have historical client data in your system? ☐ Yes ☐ No

If yes, will you need to obtain a copy of your historical data from the BHO? ☐ Yes ☐ No

Operations/Processes

35. Describe the process by which you are receiving payment for Medicaid services by the BHO.

36. Provide an overview of the process by which you submit encounters to the BHO. How do you prepare your service data for submission? (Attach a diagram or chart, if available.)

37. Describe the controls used to ensure all Medicaid service data entered into the system are submitted to the BHO.

38. Which file formats are used for sending claims/encounters to the BHO?

39. Do you send paper claims/encounters to the BHO?

☐ Yes ☐ No

40. Are you currently using any of the HIPAA EDI transactions in your data exchanges with your payers? Please indicate which you are currently using by placing an "X" in the appropriate box(es) below.

HIPAA Transaction	Description	Medicaid	Medicare	Private Insurance	Other
270/271	Eligibility Inquiry & Response				
276/277	Claim Status Request & Response				
278	Referral & Authorization				
834	Benefit Enrollment & Maintenance				
835	Claim Payment & Advice				
837I	Institutional Claim/Encounter				
837P	Professional Claim/Encounter				

41. Which Medicaid services require prior authorization?

42. How do you handle patient consent forms and other documents requiring patient sign-off?

43. What is your average Medicaid encounter submission per month (i.e., number of services)?

44. How frequently do you send your encounters to the BHO?

45. What is your average error rate for encounters submitted to the BHO?

46. What is the most common error on your Medicaid encounters?

47. Describe the process used to correct rejected or pended Medicaid encounters.

48. Do you use an intermediary to prepare your claims/encounters?

49. How and when does Medicaid eligibility verification take place?

50. Do you retain the Medicaid ID from the State/BHO? ☐ Yes ☐ No

51. Do you assign your own unique ID to Medicaid clients? ☐ Yes ☐ No

52. What steps do you take to ensure that your databases do not have duplicate records for members?

53. Do you bill Medicare? ☐ Yes ☐ No

54. Do you currently perform any coordination of benefits (COB) for Medicaid clients? ☐ Yes ☐ No

55. Do you bill any insurance companies for any of your clients? ☐ Yes ☐ No

56. Do you collect any co-insurance, co-pays, or client payments for any of your clients? ☐ Yes ☐ No

57. How do you reconcile your payments from the BHO to your service data?

Additional Comments

The responses to this survey provide a current state picture or baseline of your organization's information technology and billing capabilities.

The next step is to complete the Readiness Scoring Tool to identify the gaps in information systems, support, and billing procedures needed to meet the MCO reporting requirements. Upon completion of the readiness tool you will be prepared to complete the Transition Plan and have a tool to track your progress.

Acronyms, Terms, and Concepts

BHA	Behavioral Health Agency In Washington, the community mental health agencies, substance use disorder treatment providers, and private nonprofit agencies that provide mental health and SUD services and treatment. These are the agencies that will be making the transition. In this document the term is used interchangeably with "provider," "agency," and "organization."
BHO	Behavioral Health Organization In Washington, the regional entities that purchase and administer the delivery of publicly funded mental healthcare and substance use disorder treatment services for the State's Medicaid beneficiaries.
Claims/Encounters	These terms are used interchangeably throughout this document. Claims indicate that payment is expected and received on the transaction. Typically, encounters may contain the same data and go through the same processing and edit checks as claims, but there will be no payment. Medicaid managed care models require encounter data. Often, encounters are referred to as "shadow claims." Respondents to the survey may tell you that they do not process claims. This may be an indication that they do not have billing procedures in place.
Clearinghouse	A contractor who performs duties similar to a third-party administrator (TPA). A contractor takes data from a provider and generates claims or encounters for payers, then submits the claims or encounters to the appropriate payer organization. Once they receive the results from the payers, they send those results to the provider in an agreed-upon format.
COB	Coordination of Benefits In this context, COB indicates that an organization is obtaining all insurance/payer information on its clients in order to bill the client and insurance companies in the appropriate order. Medicaid is always the payer of last resort.
Cutover	The start date for using a new system in production mode. In this context it means the moment the BHA begins collecting data and submitting it to the MCOs and ceases to submit data to the BHO. In other words, it is the first day of the new contracts with the MCOs.
EHR	Electronic Medical Record and Electronic Health Record An EHR represents the information system applications the agency is using to record individual client medical data such as progress notes and treatment plans.
HIPAA-compliant electronic transactions	The standard file formats for exchanging data with other healthcare organizations.
MCO	Managed Care Organization In this context, MCO refers to the organizations that will be contracting with the providers in their regions.

Acronyms, Terms, and Concepts *continued*

Reconciliation	Reconciliation is used throughout this document to mean performing some level of check on the data sent to a payer organization and the data in the organization's database. Typically, the service data are sent to the BHO/payer and processed in the BHO/payer system, and the results are returned to the originating organization. The organization checks to see that all discrepancies between the two systems are resolved. In the case of submitting services to the MCOs, all errors should be corrected and resubmitted as encounters.
RCM	Revenue Cycle Management This encompasses the entire process of billing, reconciling, posting payments, reporting, and accounting for all payments.
TPA	Third-Party Administrator Contractor that will perform claims processing on behalf of a provider. They can provide a range of services, including authorizing services, reconciling payments, and generating reports and EOBs (explanation of benefits) for clients.
TPL	Third-Party Liability In this context, TPL means billing insurance companies and other entities for client services.

For more information on the Healthier Washington Practice Transformation Support Hub:

- Hub Help Desk: (206) 288-2540 or (800) 949-7536 ext. 2540
- Email: HubHelpDesk@qualishealth.org
- Healthier Washington: www.hca.wa.gov/hw/
- Qualis Health: www.QualisHealth.org/hub
- Hub Resource Portal: www.waportal.org

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