



Health Information Systems

Reinventing Managed Care in the Public Sector: Case Study

SAMHSA

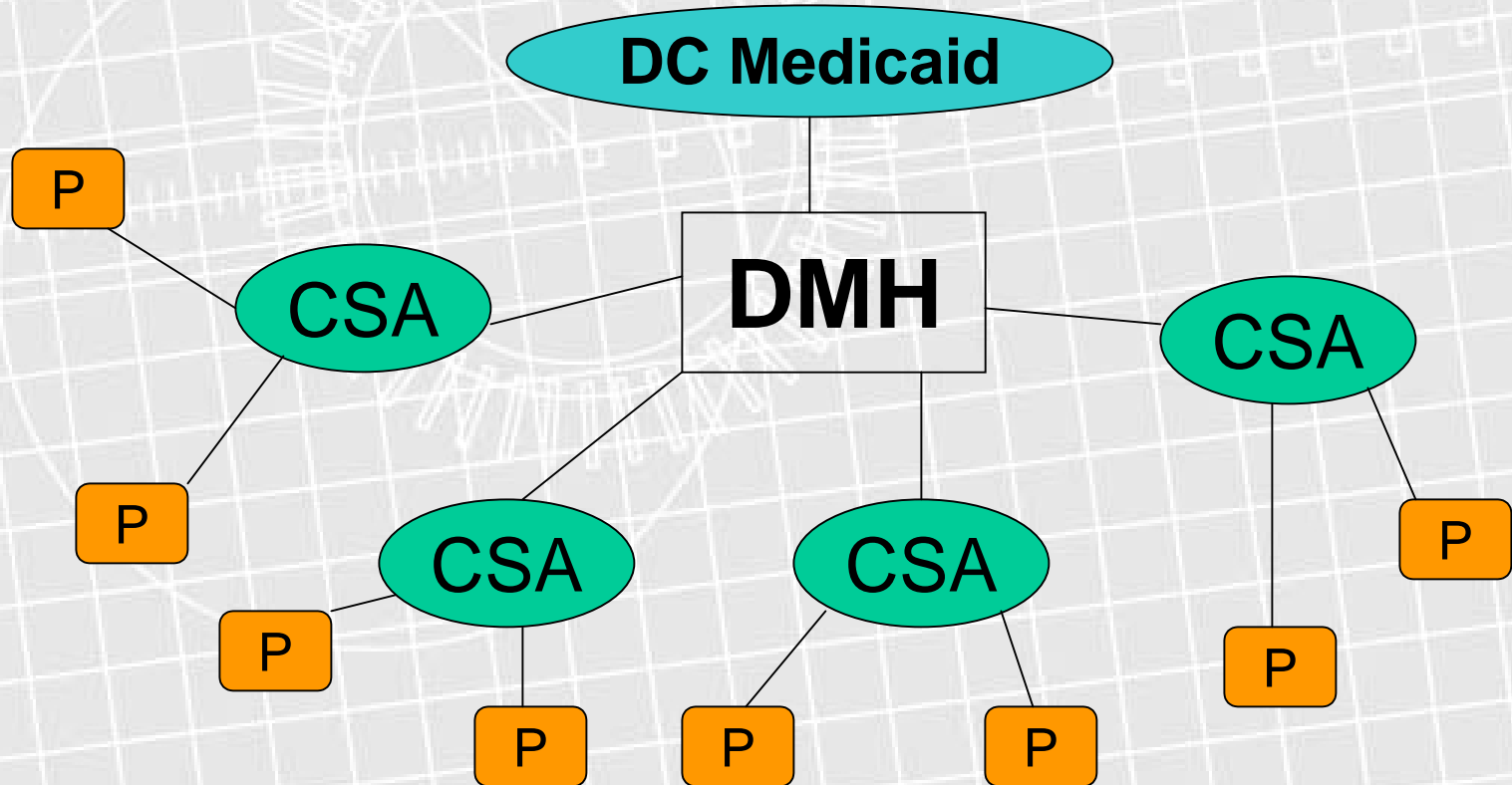
**2001 An Information Odyssey:
Celebrating the Past 50 Years and
Promoting the Future**

May 31, 2001

Case Study: District of Columbia, Department of Mental Health

- Approx. 200,000 covered Medicaid lives
- 7500+ consumers with mental illness and substance abuse disorders served annually
- DMH acting as at-risk MCO
- Community-based provider delivery system
- Transition from grant funding to fee-for-service billing

Business Model



DC Medicaid

- Provide eligibility data electronically to DMH
- Manage federal reimbursement process
- Medicaid disburses federal match to DMH

DMH Care Management

- Provider Network Management
- Track Medicaid Eligibility
- Coordinate Provider Authorizations
- Manage Benefit Plans and Service Utilization
- Process and Adjudicate Claims for Payment
- Produce Checks to Reimburse Providers

DMH Provider Network Management

- Certify Providers and Agencies to deliver MHRS and Supplemental Services
- Identify Provider Specialty Areas
- Establish DMH Service Taxonomy
- Determine Rates for Services Rendered
- Track Provider Agreements

DMH Medicaid Eligibility Tracking

- Maintain current (within 24 hours) version of Medicaid eligibility data
- Maintain all demographic data on the consumer with an indication as to when it was last updated
- Assign unique client identifier to track the client regardless of where services were received in the system

DMH Authorization Process

- Establish prior authorization data
- Determine whether service requires prior authorizations
- Associate authorizations to identified services and treatment plan
- Track benefit utilization against authorized treatments

DMH Clinical Case Management

- Track clinical record within CSAs and throughout provider network for each consumer
- Identify and review trends in patient behavior with CSAs
- Maximize impact of treatment modalities
- Modify treatment setting as needed

DMH Claims Processing

- HCFA 1500 claim forms received in paper form or electronically
- Claims are processed and adjudicated
- Adjudicated claims are either
 - Approved and sent for payment
 - Held for additional information
 - Rejected and sent back to agency

DMH Claims Payment Process

- Generation of remittance advice
- Generation of explanation of benefits
- Computation of adjustments
- Processing claims appeals
- Sending check, remittance advice, and EOB to provider

DMH Reimbursement Process

- Clean claims submitted to DC Medicaid Administration Authority
- DC Medicaid Administration Authority adjudicates claims
- Medicaid federal match is disbursed to DMH
- DMH updates accounts receivable to reflect receipt of federal match

CSAs Roles and Responsibilities

- Consumer chooses a CSA
- A diagnostic and assessment is administered
- Appropriate releases are obtained
- Discussion of the presenter's financial status and eligibility for MHRS
- Individual plan of care (IPC) or recovery plan (IRP) is developed for the consumer

CSAs Roles and Responsibilities

- Referrals are made as necessary
- If required the provider would obtain an authorization from DMH
- Services are coordinated at the CSA and with specialty and sub-contracted providers
- Once services are rendered, the CSA bills DMH for services provided by that CSA

Specialty and Sub-Contracted Providers

- Coordinate services with CSAs
- Request authorizations, when required, from CSAs
- Once services are rendered, the provider bills DMH for services which they have provided



Main Menu

CARING THROUGH INFORMATION,
MANAGEMENT & TECHNOLOGY®

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Summary Information

Name: Mathews, Eric
Status: Active

Last Name: Mathews
External ID:
Degrees: Undergraduate

Last Modification: November 29, 2000 at 11:04 by cCURA3 Administrator

Site Information

14 Main Street, Philadelphia, PA 19104

Last Modification: November 29, 2000 at 11:04 by cCURA3 Administrator

Contact Information

Administrative: Patricia Bowers

Agreement Information

January 1, 2000: Signed Contract Effective January 1, 2000 [Expiration December 31, 2001] (Insurer Type Agreement)
January 1, 1999: Signed Contract Effective January 1, 1999 [Expiration December 31, 1999] (Insurer Type Agreement)
January 1, 1998: Signed Contract Effective January 1, 1998 [Expiration December 31, 1999] (Sub-Cap Type Agreement)
January 1, 1990: Signed Contract Effective January 1, 1990 [Expiration December 31, 2001]

Agreement Type: Signed Contract

Insurer: ABC Health Plan

Agreement Date: 01/01/2000 Effective Date: 01/01/2000 Expiration Date: 12/31/2001

Signatory: Quadr A. Farook Provider Signatory: Patricia Bowers

Negotiator: Quadr A. Farook Billing Terms: 30 days Payment Terms: 90 days

Special Clauses: No Special Clauses on File

Notes:

Sub-Cap Rate: 0.00 Withhold: 0.00 %

Withhold Percent: 0.00 % Forfeit Code:

Covered Services:

\$60.00 [R] January 1, 2000 - December 31, 2001: MH - Out-Patient - Individual
\$55.00 January 1, 2000 - December 31, 2001: EAP - Mental Health - Professional Services

Last Modification: November 29, 2000 at 11:04 by cCURA3 Administrator

Done

Care Mgr.

957

Provider

Delete

Insurer Number

No Notes

Link Services

No Directions

Schedule

View Event

Delete

nc: Mrs.

No Notes

Membership Subsystem - John J. Johnson

File Edit Tools Help

Member Information Criteria Search Add Undo Delete Clinical User Alert Done

Name: Johnson, John J Sex: Male Birth Date: 11/23/1945 Age: 55 Full

SS #: 454-97-6583 Ref #: 970000000006 Religion: Protestant Ext ID: ID: 11 Hide Member

Race: Caucasian Language: English English Ethnicity: Unspecified Treatment Hist in Notes

COB Alias Info Dependent Employer Release Info PCP Sub-cap Notes

Last Modification: January 26, 2000 at 15:02 by Administrator, Ccura3

Demographic Information Add Undo Delete

Address: 5145 Roosevelt Boulevard Home Phone: 215-555-1212 08/16/1997 To Current

Work Phone: 215-555-1212 Ext: 06/01/1997 To 08/15/1997

Other Phone: - - Ext: 01/01/1990 To 05/31/1997

City: Philadelphia State: PA Zip: 19131- County: District: Pregnant Due Date: School: Grade: Marital: Married

Valid From: 08/16/1997 Valid To: No Notes

Last Modification: February 16, 1999 at 13:56 by Farook, Quadr

Insurance Information Add Undo Delete

ABC Health Plan Insurer: ABC Health Plan 01/17/2001 To 12/31/2001

ABC Health Plan - Premium Plus Plan: 01/16/2001 To 01/16/2001

ABC Health Plan - Premium Plus - Alpha Group Group: 01/09/1990 To 02/15/1998

MA Health Plan Policy Number: 1078463522 01/08/1990 To 01/08/1990

Valid From: 01/17/2001 Valid To: 12/31/2001

Status: Active Waive Co-pay Benefits No Notes

Verified By: Verified On: Last Modification: January 16, 2001 at 14:05 by Administrator, Ccura

Please enter Members Social Security Number

Medicaid Managed Care Intake

Page1 Page2 Page3 Page4 Page5 Page6 Page7

Caller's Information

Time of Call 12:35
Caller's Name John Johnson
Caller's Phone # 215-555-1212
Relationship to Member Self
Agency / Facility Name Behavioral Health Clinic
Agency / Facility Phone Number 800-844-4223
Extension 101

Presenting Problem

Developmental Disabilities

Mental Retardation [dropdown]
 Learning Disability
 Autism
 Pervasive Developmental Disorder

Mental Status

Risk Factors

Danger To Self 3 - Moderate
Danger To Others 1 - Absent
Homicidal Ideation [dropdown]
Homicidal Intent 3 - Moderate
Homicidal Plan [dropdown]
Homicidal Behaviors [dropdown]
Past Homicidal Attempts [dropdown]

Suicidal Ideation

Suicidal Intent 3 - Moderate
Suicidal Plan [dropdown]
Suicidal Behaviors [dropdown]
Past Suicidal Attempts [dropdown]
Violence Towards Self [dropdown]
Violence Towards Others [dropdown]
Violence Towards Property [dropdown]
Violence Towards Animals [dropdown]

Mood

Anhedonia
 Elated
 Helpless
 Hopeless
 Labile
 Silly
 Tearful
Angry / Hostile 2 - Mild
Anxious 1 - Absent
Depressed 3 - Moderate
Threatening 1 - Absent

Thought Content

Religiously Preoccupied

Suicidal Intent - Consumer indicates consideration of suicide. No plan in place.

Member Information

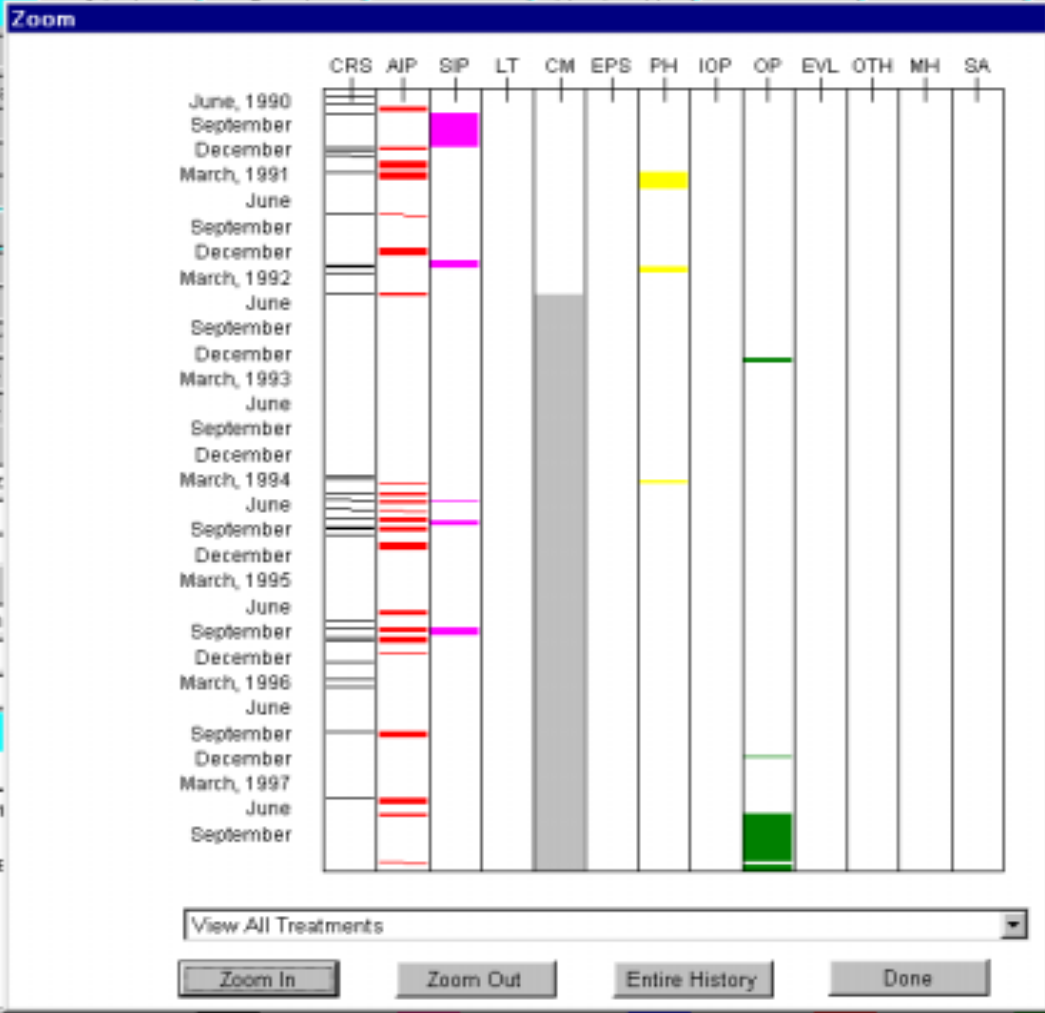
Name: Johnson
Address: 5145 Roosevelt Boul
City: Philadelphia
Home Phone: 215-555-1212
PCP Name:

Treatment

Treatment Number:
Provider: Mathews, Eric
Site: 14 Main Street, PH
Service: MH - Out-Patient -
LOC: MH - Out-Patient -
First Sess: 01/05/1990 00:00
Admission: 1. 295.10 - Schiz
Diagnosis: 2.
 3.
Discharge: 01/05/1990 00:00
Discharge: 1. 799.9 - Diagn
Diagnosis: 2.
 3.

Perpetual Calendar

Events Tracking:
 21: MH - CRISIS - 23 Hour Assessm
 .Crisis Center
 33: MH - SIP - Residential Treatme
 .Behavioral Health Clinic
 23: MH - OP - Individual
 Mathews, Eric



User Alert

97-6583 Full
 0000000006

Premium Plus [Active]
 Premium Plus - Alpha Group

View Summary

therine Bath
), 1992 at 12:20
 80, 1992 at 11:09
 er 1, 1991 at 10:47
 8, 1991 at 10:25
 er 30, 1991 at 11:01
 1991 at 10:43
 at 10:26
 at 30, 1990 at 10:03
 0, 1990 at 09:55
 1990 at 10:05
 ury 8, 1990 at 15:55

Unspecified

Types

11 12 13 14

Legend: [] [] [] []

View All Treatments

Zoom In Zoom Out Entire History Done

Total Authorizations: 2 No Show: 0 Confirmed: 0 Denied: 1 Approved: 0

View shorter treatment span

Claims Received Electronically or by Paper

HEALTH INSURANCE CLAIM FORM

1. Medicare Medicaid CHAMPUS CHAMPVA Group Health Plan FECA Bk Lung Other
(Medicare #) (Medicaid #) (Sponsor's SSN) (VA File #) (SSN or ID) (SSN) (ID)

2. Patient's Name (Last name, First Name, Middle Initial)
Member 1 Jen

3. Patient's Birth Date Sex
05/05/1944 M F

4. Insured's Name (Last name, First name, Middle Initial)

5. Patient's Address (No., Street)
132 Main Stree
City Philadelphia State PA
Zip Code 19111- Telephone (Include Area Code) 215-555-1212

6. Patient's Relationship to Insured
Self Spouse Child Other

7. Insured's Address (No., Street)
City State
Zip Code Telephone (Include Area Code)

8. Patient Status
Single Married Other
Employed Full Time Part Time
Student Student

9. Other Insured's Name (Last, First, Middle Initial)

10. Is patient's condition related to:
a. Employment? (Current or Previous)
 Yes No

11. Insured's Policy Group or FECA Number
a. Insured's Date of Birth Sex
M F

24. A		B	C	D		E	F	G	H	I	J	K
Date(s) of Service		Place of Service	Type of Service	Procedures, Services, or Supplies (Explain unusual circumstances.)		Diagnosis Code	\$ Charges	Days or Units	EPSDT Family Plan	EMG	COB	Reserved for Local Use
From	To			CPT/HCPCS	Modifier							

25. Federal Tax I.D. Number SSN EIN
111-22-3333

26. Patient's Account No.

27. Accept Assignment? (For govt. claims, see back)
 Yes No

28. Total Charge \$ 0.00

29. Amount Paid \$ 0.00

30. Balance Due \$ 0.00

Member Information

Name:	Jackson, John	P	Sex:	Male	Birth:	09/14/1955	SSN:	200-11-2131	Full
Address:	2217 Front Street		Race:	Caucasian	Ref Number:	010000000034			
City:	Plymouth Meeting	State:	PA	Zip:	19462-				
Home Phone:	484-530-1233	Work:	610-229-7008						
PCP Name:			Language:	English	Aetna Insurance - Health Plan 1 [Active]				
PCP Phone:					jones insure - better living [Active]				

Treatment Information

Insurer:			Effective:	//	//	Policy:			2/3
Service:	MH - Out-Patient - Evaluation		LOC:	MH - OP - Evaluation		IP/OP:	OP		
Treatment Number:	134	Provider Name:	stress management group			First Session:	01/01/2000		
Admission Date:	01/01/2000	Type:			Admission Diagnosis:	291.0 - Alcohol Withdrawal with Delirium			
Discharge Date:	//	Reason:			Discharge Diagnosis:				
Authorization Number:			Effective Date:	//	Expiration Date:	//			
Authorized Units:	1	Approved/Accepted Authorized Units:	0	Authorized Units Remaining:	1	Approved/Accepted Unauthorized Units:	0		

Claims Master

Claims Detail

Adjudication Status

Claim Number

200000000026

Claim Information

Claim Number:	200000000026
Provider Claim:	
External Patient ID:	
Received:	01/14/2000
Clean Claim Date:	01/14/2000
Due Date:	02/13/2000
Service Category:	Primary Service
Form Type:	Standard Claim Form

Pay To Information

<input type="checkbox"/> Pay To Member						
Pay To:	stress management group	View Claim				
Address:		Phone:		No Notes		
City:		State:		Zip:		Relink Claim
Service Rendered By:		<input type="checkbox"/> Use Rendered By Rate	Other Info			

Infomc

Health Information Systems

eCura - Welcome to eCura ProviderConnect - Microsoft Internet Explorer

eCura
ProviderConnect

All Modules Help
eCura Home **Infomc**

Home Back Exit

welcome

You have reached My eCura Home.

By providing an alternative path for exchanging membership, clinical, and claim information, eCura ProviderConnect is designed to improve your business relationships, establish stronger lines of communication and reduce overall costs. In addition, it offers access to information to increase coordination of care, reduce miscommunication and ensure accuracy of information. sales server uses ProviderConnect to provide its partners with the information they need 24 hours a day, 7 days a week without relying on standard telephone communication.

eCura ProviderConnect is an e-HealthCare extension to the eCura Information System running at sales server. The eCura Information System is designed for the effective administration and management of Managed Behavioral Healthcare Organizations (MBHO) and Employee Assistance Program Vendors (EAP).

Press Alt-a on your keyboard to begin navigating through the modules of ProviderConnect.

User Name: test account Provider: General Hospital

Internet

Start | [Icons] | [Inbox...] | [Calen...] | [ACTI...] | [Micros...] | [Micros...] | [eCur...]

[Icons] | 3:59 PM

Member Search

All members

Enter Search Criteria

Last Name	<input type="text"/>	SS#	<input type="text"/>
First Name	<input type="text"/>	Reference#	<input type="text"/>
Middle Initial	<input type="text"/>	External ID	<input type="text"/>
Birth Date	<input type="text"/>	Race	<input type="text"/>
Sex	<input type="text"/>	Language	<input type="text"/>
<input type="checkbox"/> Search Alias Information			

Please note: In order to facilitate a quick and accurate member search, please enter your data by logically grouped search criteria, such as:

- Last Name, Birth Date, and Sex
- Full Social Security Number or full Reference Number
- Full First Name, Date of Birth, and Sex
- Partial Social Security Number, Last Name and Sex
- Partial Reference Number, Last Name and Sex

Authorization Status 33 record(s) found

Authorization Request Status

Status for **All members**
Status as of **04/12/2000**
Filtered time period **All Previous Authorization Requests.**
Filtered authorization status **Unprocessed, Pending, Approved, Denied**

First Name	guy	Last Name	1
Request Date	03/31/2000	Clinician	
Effective Date	03/31/2000	Expiration Date	12/31/2000
Units	6.00	Provider Auth.#	
Status	Unprocessed	Reason	
Level of Care	DD Acute In-Patient Residential Treatment		
Notes	Client being transferred from inpatient to outpatient care. Request 6 sessions for remainder of year.		
Approval Information			
Effective		Expiration	
Provider Auth. #		Units	6
Effective		Session Length(minutes)	0
Normal Frequency	1	Frequency	EveryDay

First Name	guy	Last Name	1
Request Date	03/29/2000	Clinician	Villa, Bob
Effective Date	01/01/2000	Expiration Date	01/02/2000
Units	2.00	Provider Auth.#	234234

Claim Status

Member: [Johnson, John J.](#)

Claim Number [10001000071](#)
Member [Johnson, John J.](#)
SS# [454-97-6583](#)

Claim Information

Provider Claim Number		External Patient ID	
Received	04/10/2001	Clean Claim Date	04/10/2001
Due Date	07/09/2001	Service Category	Primary Service
Form Type	Standard Claim Form		

Claim Totals

Claimed	Approved	Co-Pay	Deductible	Accepted	Pended	Denied	Not Covered	Withheld	Paid
50.00	50.00	10.00	40.00	0.00	0.00	0.00	0.00	0.00	0.00

Pay To Information

Pay to Name [Mathews, Eric](#)
Address [14 Main Street](#)
City [Philadelphia](#)
State [PA](#)
Zip Code [19131-](#)
Phone [215-444-7777](#)

Service Rendered By

Treatment Information

Service [MH-OP-Individual](#)