ADPI

Planning for the Medi-Cal Eligibility Expansion

The Future of Substance Use Disorder Treatment Services in Los Angeles County

Planning Horizon

- This is a business plan, not a strategic plan.
- Planning horizon is much shorter.
- Focus today is on the next few months.

Where Do You Want To End Up?

- What is your vision?
  - Able to document program effectiveness.
  - Client-centered linkages to primary care.
  - Working in partnership with other high-performing agencies.
  - Adequately capitalized.
  - Managing a coverage-based revenue cycle.
  - Strong staffing pattern.

So . . . .

What are you going to do?

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Implementation Timetable

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In the next few months . . .

In General -

- Your board is aware of the challenges ahead.
- SWOT analysis and business plan is complete.
- Staff is informed.
- You know how to stay current on developments in HCR implementation.
- You know who to call with questions.

In the next few months . . .

Finance –

- Conduct an internal assessment.
- Select a financing strategy – DMC, Commercial Plans, or something else.
- Calculate actual vs. planned unit of cost.

In the next few months . . .

Treatment Services –

- Client survey regarding health, income, coverage etc.?
- NIATx – What have you learned. What have you done about it. Where are the data?
- What is your cost to produce outcomes?

In the next few months . . .

Marketing –

- Decide who are you marketing to. Purchasers or clients or both?
- What are your success stories? Define/refine your message.
- Do you have the data you need to tell your story?

In the next few months . . .

Networks –

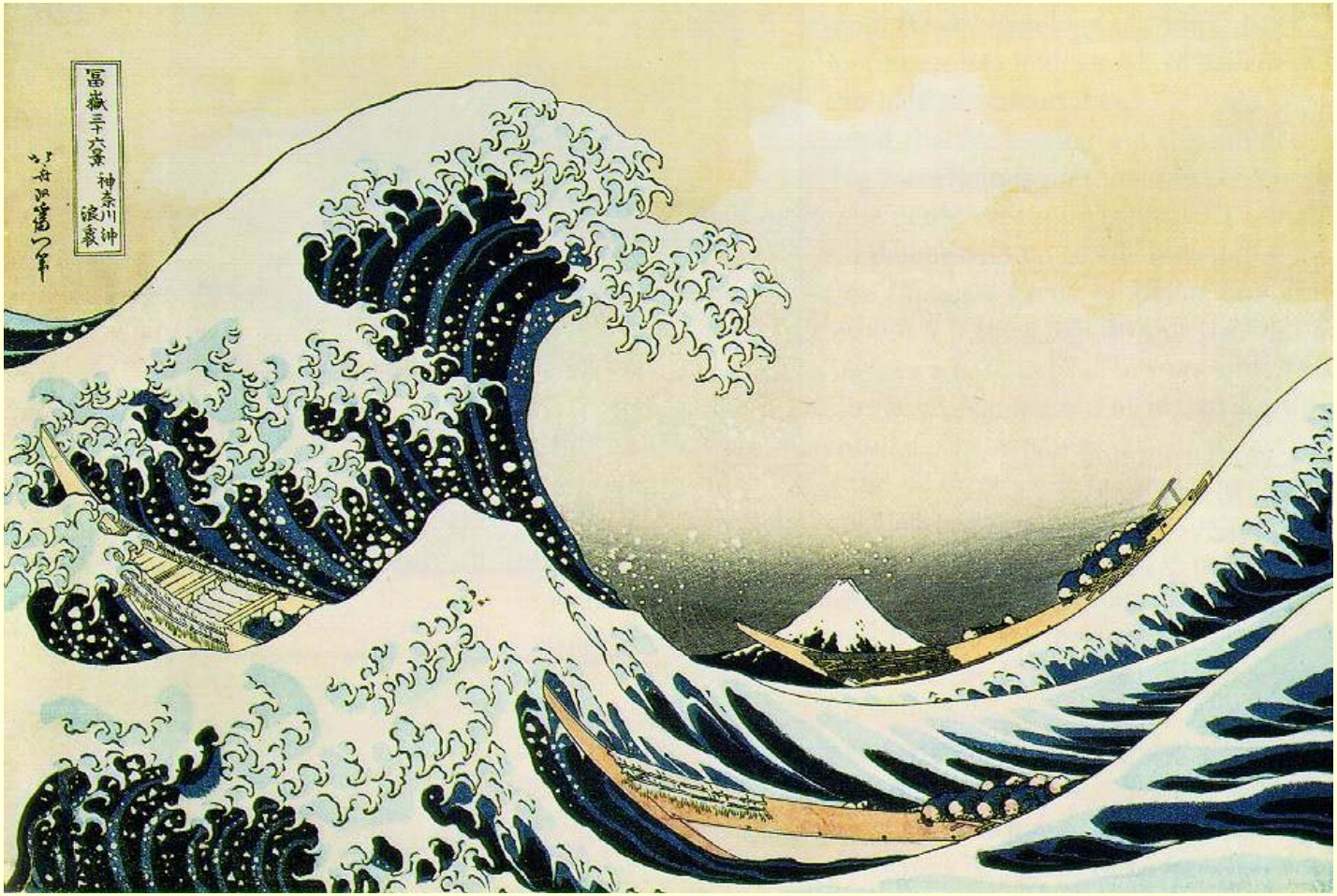
- Identify the pieces of the system of care puzzle in your service area.
- Who are likely participants? What do they bring to the table?
- Do your research. Check their 990's.

Month	Task
Nov	- Inform Board and staff. Begin planning process. Request DMC application from ADP. - Is billing commercial plans in your future?
Dec	- What are your internal sources of data regarding finances, clients, program performance, client outcomes? What are you missing? How are you going to get it? - Identify possible network partners.
Jan	- Survey clients regarding: health issues, health care, health care coverage, income, and PCP. Ask every new client between now and December 2013. - State budget for FY 13-14 is introduced.
Feb	- Establish linkages with local PC providers. - Begin discussions with potential partners about the specifics of network formation.
Mar	- Identify areas of shared cost & responsibility among network members.
Apr	- Begin to draft MOU's for network partners - 1115 Waiver Behavioral Health Plan for CA is issued.
May	- Analyze treatment program operations in light of M-C covered benefits & reimbursement rates. (These should be available by this point or perhaps earlier.) - Will you develop a COD treatment track?
Jun	- Pilot test network operations – shared business functions, staffing, client services.
Jul	- FY 13-14 begins. - Make adjustments to network design.
Aug	- Develop draft marketing plan using financial and clinical data you and network members have collected.
Sep	- Formalize network . - Are you ready to negotiate contracts as a group?
Oct	- Develop staffing plan for claim creation and handling denials. - What about clinical staff – MD, MFT/LCSW? - Finalize marketing plan.
Nov	- Develop plan for getting clients signed up for coverage. - Identify billing opportunities outside the SUD carve-out: MAT, wellness promotion, chronic disease management, etc.
Dec	- Take a look around. Is everything in order?
Jan	- Your goal is to get every client signed up for coverage.
Feb	- Submit first benchmark Medi-Cal claims.
Mar	- Get first M-C denials; correct them and resubmit. Repeat . . .

Milestones to Track

- Jan 2013 - State Budget.
- February 2013 – Deadline to introduce legislation.
- April 2013 – 1115 Waiver Behavioral Health Plan.
- First Quarter 2013 – Medicaid & Parity regulations for SUD coverage. *Maybe sooner.*

Questions?



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