

# The Recovery Collaborative of Oklahoma



# Need for Change

- **The mental health and substance abuse treatment system in Oklahoma has evolved, piecemeal, over time, into a complex and often fragmented delivery system containing a number of different agencies and providers.**



# **The Fragmented System Affects Providers, Consumers and the Agencies**

- **Data elements are not easily integrated**
- **Providers have different requirements for each agency's system**
- **Consumers must go through multiple eligibility, screening and assessment processes, and seek services at multiple, uncoordinated locations**



# **The Fragmented System Affects Providers, Consumers and the Agencies**

- **The current systems do not permit evaluation of combined treatment outcomes or support cross-system care coordination**
- **Duplicate billing and fraudulent practices are difficult to identify across the two systems**
- **Communication between Provider and Agencies not uniform**



# Collaborative Vision

- The Adult Recovery Collaborative of Oklahoma includes the Oklahoma Health Care Authority, the Oklahoma Department of Human Services and the Oklahoma Department of Mental Health and Substance Abuse Services
- This group was organized with the purpose of developing a comprehensive and cost-effective solution for delivering mental health and substance abuse services to Oklahoma adult consumers



# Solution

Develop and implement integrated eligibility, case management and claim processing systems for agencies serving low-income mental health and substance abuse consumers that will reduce the administrative burden on providers and simplify access to services for consumers.



# Meeting the MITA Objective

- The agencies involved in the collaborative have aligned this project with the MITA objective by designing a integrated eligibility, case management and claim processing system that will emphasize:
  - Interoperability with several state healthcare organizations
  - Promote a patient-centric view
  - Highlight web-based access and integration



# Solution Requirements

- Develop and implement a single-point eligibility application process for Behavioral Health Clients and coordinate with OKDHS for Medicaid eligibility
- Modify the MMIS to accommodate the Behavioral Health project
- Provide outreach to clients, providers and public health agencies

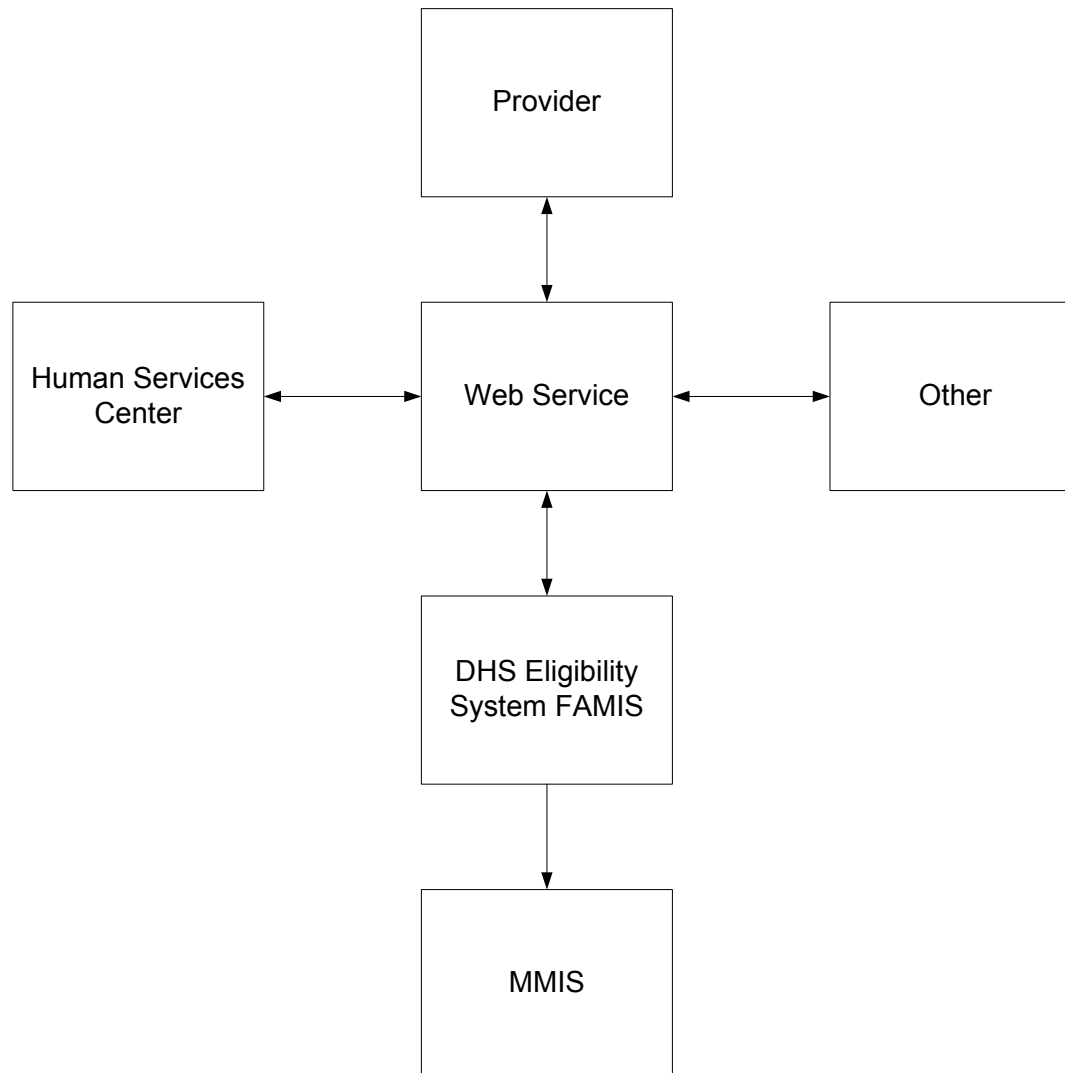


# Multiple Access Points of Eligibility

- **Eligibility applications will be processed through a web service at multiple locations such as a DHS office or provider location. This will allow the client to gain access to services real time and with minimum effort.**

# Multiple Access Points of Eligibility

## Eligibility Application Process



# Overview of Eligibility Determination





# Modifications to MMIS

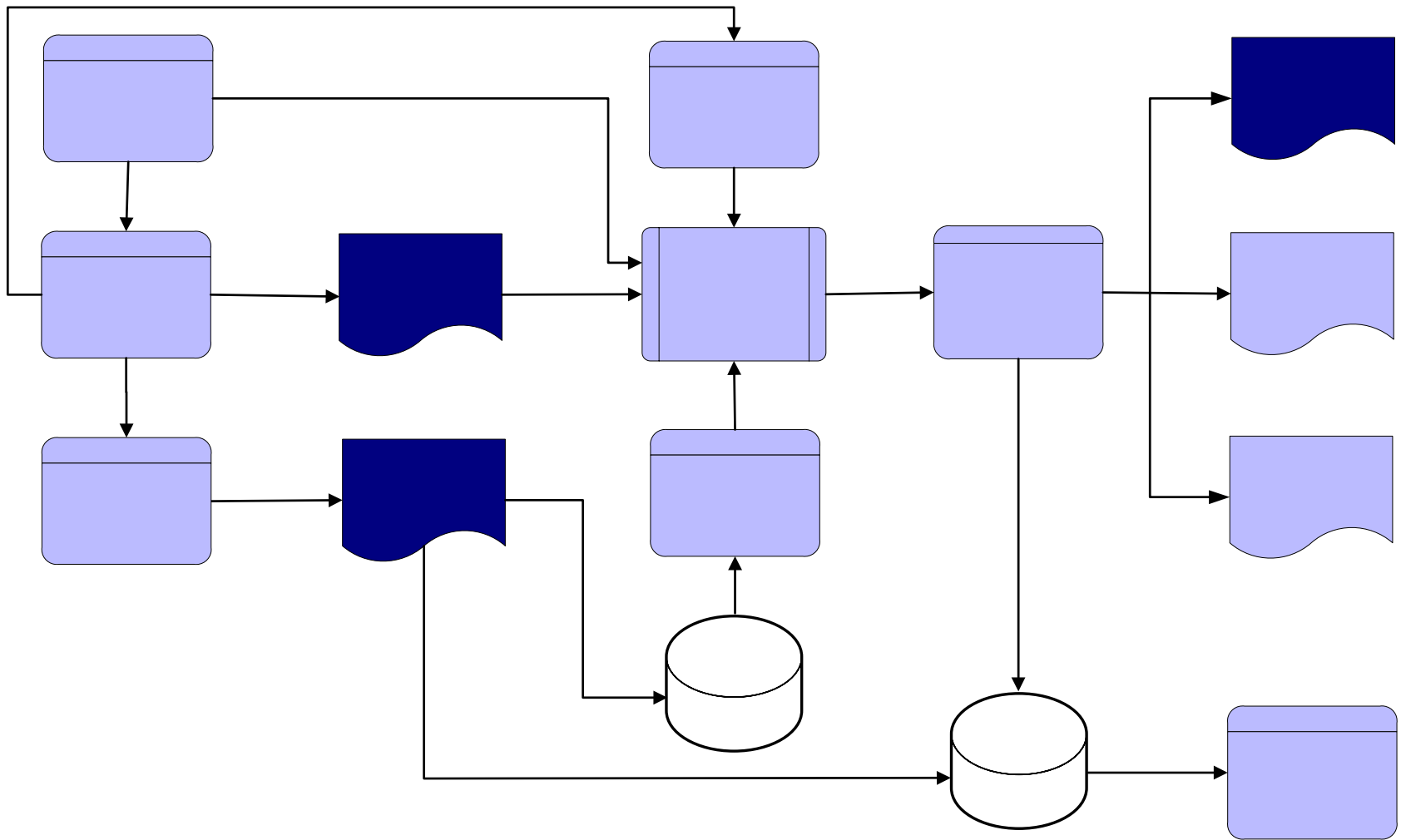
- Assign T19 or ODMHSAS eligibility to the program recipients
- Develop new codes and edits for behavioral health eligibility transactions between OHCA and OKDHS
- Process claims for program services and recipients



# Modifications to MMIS

- Develop MAR reporting for the program
- Modify the quarterly MSIS eligibility tape to report on program recipients
- Develop Universal Claims Extract files for program recipients
- Develop a mechanism to report, analyze and store clinical data

# Overview of Core Claims System





# Data Sharing Between Agencies

Supporting accountability for outcomes to a variety of stakeholders is a high priority of the Oklahoma collaborative. The MMIS data warehouse can be accessed by the agencies in the collaborative. The warehouse will be modified so that all data elements needed for performance monitoring and improvement are available for reporting.



# Solution Result

- Better service to clients
- Better service to providers
- Better monitoring of services delivered and claims payment
- Meeting MITA objectives
- Open architecture will make adding programs later easier



# Value to Consumer

- Better clinical outcomes
- Eligibility access at point of care
- Eliminate need to go into OKDHS Human Services Center
- Real time eligibility determination



# Value to Healthcare Provider

- Eliminate multiple contracts with the use of one contract
- Satisfaction of improved outcomes
- Improved patient satisfaction, safety and quality
- Single entry point for claims submission



# Value to Healthcare Provider

- One set of rules for claim payment
- Single call center for consumer and provider support
- Access to field representatives in provider offices



# Value from a System Perspective

- Uniform process for eligibility using a rules based engine for client service determination
- Standard service definitions
- Real-time access to integrated data for performance reporting and policy analysis
- Single entry point for clients from multiple locations
- Internet based solution



# Value to Agencies

- Timely and appropriate care
- Reduction in duplication of services
- Better opportunity for consumer profiling
- Better opportunity for provider profiling
- Improved data reporting



# Accomplishments

- Planning APD Approved
- Draft Implementation APD written
- Connected agencies through a common data line
- Access to DMH of online MMIS for research and eligibility reconciliations
- Created concept for all Medicaid eligibility
- Agencies meet at executive director level
- Governor and legislature support