

## **Brief Overview: Non-encounter Data Reporting Requirements in Integrated Managed Care Regions**

The integration of behavioral health and physical health services through the Integrated Managed Care model affects the business operations of Managed Care Organizations (MCOs), Behavioral Health-Administrative Services Organizations (BH-ASOs), and behavioral health providers. One operational area impacted by this transition is the collection and reporting of non-encounter data (i.e. “native transactions”). This document serves as a brief overview of HCA’s approach for native transaction data submission.

The majority of native transaction data is required to fulfill the federal Substance Abuse and Mental Health Services Administration’s (SAMHSA’s) Treatment Episode Data Set and National Outcome Measures reporting requirements. Native transactions are demographic and social determinate data elements that are currently defined in the DSHS Behavioral Health Data System Data Guide. However, the current infrastructure to collect and submit native transactions was not developed for the integrated managed care landscape.

Washington is in the process of developing a long-term solution to support the submission of native transactions. In February 2018, HCA submitted a two-year Corrective Action Plan (CAP) to SAMHSA that details HCA’s 3-part strategy for developing this long-term solution.

HCA has identified two main priorities for this work:

1. Meet or exceed SAMHSA block grant reporting requirements plus data or reporting needs of state agencies, stakeholders and MCOs and BH -ASOs.
2. Standardize the native data collection process to minimize the burden on behavioral health providers at the point of care.

In March 2018, SAMHSA approved of HCA’s CAP. Below are the highlights of the CAP and the timeline for completing this work:

	Activity	Estimated Timeline
Task 1	HCA will work with the BHOs, MCOs, BH-ASOs, and key community providers to confirm a set of data that includes the SAMHSA minimum data set as well as any additional data elements identified by the BHOs/MCOs/BH-ASOs as required to conduct their business. Once that data set is defined, the State will establish and define the minimum data set, including standard data definitions and transaction formats.	July 2018 - April 2019.
Task 2	Washington will convert SAMHSA reporting to the Mental Health (MH)-Treatment Episode Data Set (TEDS) format. This conversion effort will result in closer alignment with service encounter data	July 2018 - April 2019.  This task is concurrent with Task #1.

	already collected in ProviderOne, and will reduce the number of data elements that need to be collected in the supplemental native transaction submissions.	
Task 3	<p>Examine two system options for submission of the newly defined data set:</p> <ul style="list-style-type: none"> <li>– Continued collection of non-encounter data from payers (ASOs and MCOs) into the Behavioral Health Data Store (BHDS) with modifications to accept any new data elements, or</li> <li>– Enhance ProviderOne to accept a new transaction that aligns with the data elements defined in Task #1, eliminating the need for a second system to support SAMHSA data reporting.</li> </ul>	<p>April 2019 – April 2020</p> <p>We estimate 3 months for analysis of options, and 9 months for implementation.</p>

Next Steps:

During this two-year CAP interim period, providers will continue to report service encounter data to the MCOs and BH-ASO. The MCOs and BH-ASO will continue to submit this data to HCA through ProviderOne. BH-ASO’s will also still be required to report transaction 160.04 (DCR Investigation) and transaction 162.04 (ITA Hearing) during the interim period.

During this interim period, we encourage providers to continue collecting native transaction data, and to report the data if your region has a system and mechanism that enables you to do so. HCA will collaborate extensively with the MCOs, BH-ASO’s and the behavioral health provider community throughout this two-year process, and we will soon be reaching out to engage stakeholders in Task 1 of our CAP.

HCA looks forward to working with our stakeholders on the development this long-term data solution and we will continue to communicate regularly on our progress on the CAP. For questions about HCA’s CAP or this data gap issue, please contact Cathie Ott at [cathie.ott@hca.wa.gov](mailto:cathie.ott@hca.wa.gov) or Samantha Zimmerman at [samantha.zimmerman@hca.wa.gov](mailto:samantha.zimmerman@hca.wa.gov).