



Partners Welcomes Rutherford County: Provider Forum

March 19, 2019



Access to Care

Melissa Cline, MA, CCS, LCAS, LPC
Member Services Director

Access to Care



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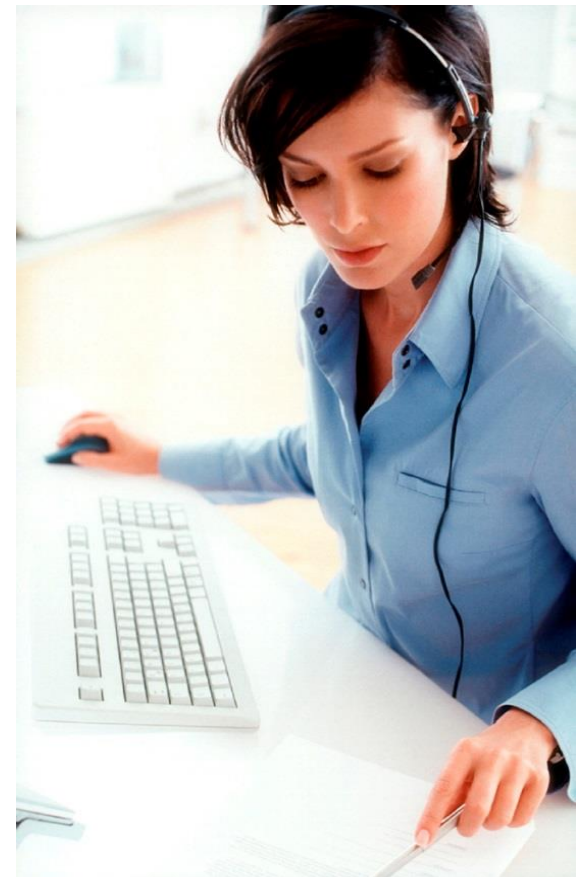
Access to Care Responsibilities



Responsibilities

1-888-235-4673 (HOPE)

- All Calls are confidential
- 24 hours a day, 7 days a week, 365 days of the year
- Toll-free telephone number
- Referral to Care Coordination
- Scheduling of appointments
- Crisis help
- Safety checks



Responsibilities

1-888-235-4673 (HOPE)

- ▶ Translation services
- ▶ Referral to Rapid Response beds
- ▶ TTY-800-749-6099
- ▶ Community resources
- ▶ Information
- ▶ Assistance with state hospitals
- ▶ Help with diversions



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Referral to Services



Referral

What Happens When a Call is Made to Access?

- ▶ Caller is greeted and basic information is obtained
- ▶ The level of urgency is determined
 - Emergent
 - Urgent
 - Routine
- ▶ Eligibility is determined
 - Medicaid
 - State Funded
 - Private Insurance



Triage Levels



Emergent Triage

ALL PERSONS ARE ELIGIBLE

One or more of the following....

- ▶ Moderate or severe risk related to safety or supervision
- ▶ Moderate or severe risk for substance withdrawal symptoms
- ▶ Mild or moderate or severe risk of harm to self or others
- ▶ Severe incapacitation in one or more area(s) of physical, cognitive, or behavioral functioning related to MH/DD/SU problems

Options....

- ▶ 2 hour or less face-to-face assessment with Mobile Crisis, or
- ▶ Directly linked to 911



Urgent Triage

MEDICAID AND STATE ELIGIBLE

One or More of the following....

- ▶ Moderate risk incapacitation in one or more area(s) of physical, cognitive, or behavioral functioning related to MH/DD/SU problems
- ▶ Moderate to mild expression of hopelessness, helplessness, or feelings of life stressors
- ▶ Providing care will likely avert a behavioral health emergency
- ▶ Intoxication or mild withdrawal from substances

Disposition....

- ▶ Appointment scheduled within 48 hours or less



Routine Triage

MEDICAID AND STATE ELIGIBLE

One or more of the following....

- ▶ Mild risk of incapacitation of safety, or physical, cognitive, or behavioral functioning related to MH/DD/SU problems

Disposition....

- ▶ Appointment scheduled within 14 calendar days



Crisis Calls



Crisis Calls

- **When a call comes in and a licensed clinician triages the call to be emergent...**
 - Clinician makes a referral to the First Responder
 - Clinician makes a referral to Mobile Crisis
- **First Responder/Mobile Crisis responds to the person within the community**
- **First Responder/Mobile Crisis is a 24/7/365 service**



Crisis Calls

- Sometimes calls are so serious that an immediate referral to 911 is needed
 - Persons who are actively suicidal and have a plan
 - Persons who are actively homicidal and have the means
 - Persons who are actively psychotic
 - Persons who are in severe withdrawal
- Access staff stay on the phone with caller until help arrives

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Suicide Follow-up Process



Suicide Follow-up Process

- **Licensed clinicians keep track of callers who express current suicidal gestures**
- **Licensed clinicians make follow-up calls**
 - 2 hours after the call has ended
 - 24 hours after the call has ended
 - 7 days after the call has ended
- **Licensed clinicians check to see if member is feeling better and following through with services**



Suicide Follow-up Process

Partners BHM is the only LME/MCO in the state of North Carolina that implements this process



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Access to Care Staff



Access to Care Staff

► Independently Licensed Professionals

- Licensed Professional Counselors
- Licensed Clinical Social Workers
- Licensed Clinical Addictions Specialists
- Certified Substance Abuse Counselors
- Registered Nurses
- Licensed and Certified Supervisors



Access to Care Staff

- 29 full-time staff
 - 6 Eligibility and Enrollment Staff
 - 1 Eligibility and Enrollment Supervisor
 - 10 Licensed Clinicians
 - 8 Qualified Professionals
 - 3 Access to Care Supervisors
 - 1 Director
- 5 PRN staff



Coordination is the Key!

Access Works with.....

- Providers who key in appointments in the scheduler
- Callers who are triaged and given appointments
- Mobile Crisis Teams
- First Responders
- Facility Based Crisis Units
- EMS
- Local and state hospitals
- Physicians offices
- Local law enforcement
- Other community agencies



Partners BHM and Vaya Health's Rollover Call Agreement



PARTNERS
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A Western Regional Partnership

- Partners BHM's Access to Care department and Vaya Health work together to provide assistance with coverage during high volume call times
- When all phone lines are busy at Partners BHM, calls roll over to Vaya to answer, caller is triaged and referred to services



Rollover Calls

July 2018 – February 2019

- Partners BHM handled 519 rollover calls from Vaya
- Vaya handled 435 rollover calls from Partners BHM



Hospital Tracking



Hospital Tracking

- **Access to Care staff contacts our area's:**
 - Emergency Departments
 - Inpatient Psychiatric Units
 - Facility Based Crisis Units
 - Rapid Response Bed Providers
- **Real time information is provided to facilities**
 - Bed Availability
 - Emergency Placement Options



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Care Coordination



Care Coordination

- **Who Gets a Care Coordination Referral?**
 - All hospital discharges processed through the Call Center
 - State facility discharges processed through the Call Center
 - Assistance is provided for non-hospital care coordination referrals

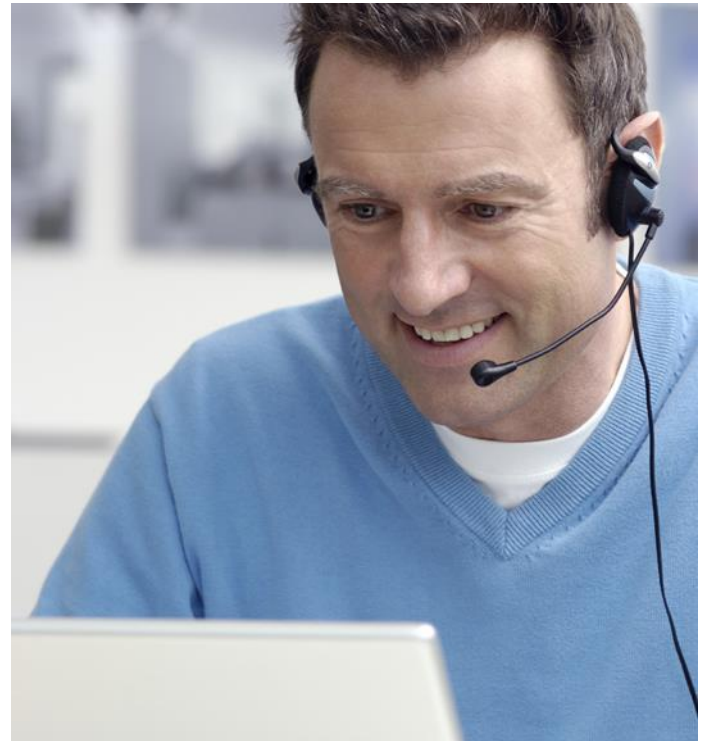


Concerns/Complaints



Concerns/Complaints

Because a concern or complaint can happen at anytime, our Access to Care department works closely with our Grievance Coordinator to make sure **someone is available to take your concern 24/7.**



Performance Standards



HEALTH CALL CENTER July 2017 – June 2018

URAC Performance Measure	URAC Standard	Benchmark	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
Blockage Rate: Percentage of incoming calls not completed because switching or transmission capacity is not available.	HCC 11(a)	5%	0%	0%	0%	0%
Average Speed to Answer: Average delay in seconds that inbound telephone calls encounter in the telephone queue.	HCC 11(b)	30 Seconds	6 seconds	7 seconds	7 seconds	7 seconds
Abandonment Rate: Percentage of calls that disconnect after 30 seconds when a live person would have answered the call.	HCC 11(c)	5%	.866%	.997%	.982%	1.26%
Triage Disposition: Percentage of consumers who are provided with an appointment within the required timeframe.	HCC 16	E= 95%	100%	100%	100%	100%
		U= 85%	93%	96.5%	96.3%	97.3%
		R= 85%	99.2%	99.5%	97.9%	98.2%

Comments: Call Center continues to meet benchmarks.

LME/MCO Monthly Monitoring Report

LME/MCO Monthly Monitoring Report Medicaid and State Combined		Partners Behavioral Health Management							
		LME/MCO:							
		Light Blue Highlighted cells contain locked formulas.							
Monitoring Area	Standard	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Call Center									
Total Number of Calls (re: services for consumers)		3,085	3,102	2,797	3,028	2,613	2,290	2,821	2,625
# of Calls Abandoned		39	13	12	12	15	8	9	11
% of calls Abandoned	<5%	1.3%	0.4%	0.4%	0.4%	0.6%	0.3%	0.3%	0.4%
Average Speed to Answer Calls (seconds)		7.0	7.0	7.0	6.0	7.0	7.0	6.0	7.0
# of Calls Answered within 30 seconds		2,991	3,044	2,739	3,001	2,587	2,263	2,800	2,607
% Answered within 30 seconds	95.0%	97.0%	98.1%	97.9%	99.1%	99.0%	98.8%	99.3%	99.3%

Contact Information

- Melissa Cline
- Member Services Director
- Office - 828 323-8032
- mcline@partnersbhm.org
- Jeanie Jefferies
- Access to Care Supervisor
- Office 704 884-2563
- jjefferies@partnersbhm.org
- Sandy Walker
- Access to Care Supervisor
- Office 336 527-3260
- swalker@partnersbhm.org
- Kirsten Martinson
- Access to Care Supervisor
- Office 336 527-3270
- kmartinson@partnersbhm.org
- Becky Ford
- Eligibility and Enrollment Supervisor
- Office 336 527- 3211
- bford@partnersbhm.org



Questions?

**Come see us at the
Access to Care table in the lobby!**





Opioid Initiatives

Barbara Hallisey, MSW, LCSW
Associate Clinical Services Director

Partners' Approach

- ▶ Data Driven
- ▶ Collective Impact
- ▶ Strategic Planning
- ▶ Evidence-Based and Innovative



Funding

- ▶ Medicaid Savings Reinvestment
- ▶ 1915(b) Waiver Opportunities
- ▶ State Opioid Response (SOR) Funding
- ▶ SAMHSA Grants



Medicaid Savings Reinvestment

\$2.2 million over five years focused on Opioid Solutions

- Health Summits – Partners has hosted three full-day summits focused on the opioid epidemic
- Expert Consultation & Strategic Planning
- Supporting County Efforts – matching funding
- Harm Reduction – Naloxone Overdose Reversal Kits
- Criminal Justice Initiatives
- Overdose Response Teams
- Recovery Support and Celebration



Educate and Mobilize

Opioid Health Summits

- ▶ ***Opioid Summit*** – March 2016
 - A. Thomas McLellan, PhD – Disease & Treatment
 - Sarah Potter - Prevention
- ▶ ***Struggles of Opioid Addiction*** – October 2016
 - Mel Pohl, MD – Medication Assisted Treatment
 - Omar Manejwala, MD – “Craving: Why We Can’t Seem to Get Enough”
- ▶ ***Treating the Opioid Crisis*** – April 2018
 - Omar Manejwala, MD – “The Opioid Epidemic: A Wicked Problem”

Experts



A. Thomas McLellan, PhD

“How conflicted our feelings, as a society, are about this disease...the science is clear on this point. Addiction is a disease — and like so many other diseases — its onset is caused by an inextricable cluster of biological, behavioral and environmental factors. But for some reason, this disease still inspires a socially acceptable prejudice that is simply not appropriate and certainly is not right.”

Researcher, father, chief science editor



Coalitions

Active and Supported by Partners

- ▶ **DACI** – Drug-Alcohol Coalition of Iredell
- ▶ **Project Lazarus** – Catawba and Yadkin Counties
- ▶ **BSAN** – Burke Substance Abuse Network
- ▶ **GCSC** – Gaston Controlled Substance Coalition
- ▶ **Lincoln County Substance Use Coalition**
- ▶ **SAPC** – Cleveland County Substance Abuse Prevention Coalition
- ▶ **Surry Opioid Response Team**



Law Enforcement Assisted Diversion

LEAD and Recovery Courts

- ▶ **Iredell LEAD** – funded through NCHRC from legislature
- ▶ **Catawba LEAD** – 2017 began in Hickory, Medicaid Savings
- ▶ **Burke LEAD** – 2018 kicking off through Medicaid Savings

- ▶ Drug or Recovery Courts
- ▶ Catawba maintained when state funding ended
- ▶ Gaston actively exploring funding to restart one

Harm Reduction & Education

- ▶ Established contract with Olive Branch Ministry
- ▶ Developed, printed, and distributed Opioid Brochure
- ▶ Purchased and assembled Overdose Reversal Kits
- ▶ Outreached, supplied, and trained law enforcement (Fire & EMS)
- ▶ Trained and supplied behavioral health providers for high risk
- ▶ Funded needle disposal & fentanyl test strips for distribution
- ▶ Educate on STOP Act and Good Samaritan Law



1915(b) Waiver Opportunities

- Alternative Payment for Opioid Treatment Program
 - Reduce administrative burden
 - Encourage clinical decision on medications
- Bundled payment for OBOT for SOR funds
- B3 services
 - Peer Support
 - Supported Employment



Expand Quality MAT

- ▶ Working with OTPs & Office-Based Opioid Treatment (OBOT)
- ▶ Alternate Payment for OTP approved for state funding (5/1/18)
- ▶ Fund medications (buprenorphine combination product)
- ▶ Fund regular drug testing – 10 panel Point of Care cups
- ▶ Meetings with & technical assistance to ASOUD providers
- ▶ Recruiting new providers and new sites (closed network gap)
- ▶ Collaborating with providers on sliding fee scale
- ▶ Working toward Value Based Contracting for recovery services



SAMHSA Grant

- Gaston-Lincoln MARS Project
 - Medication Assisted Recovery Services
 - MAT – Prescription Drug and Opioid Abuse (MAT-PDOA) – three year, \$1.6 million
 - Comprehensive, recovery-focused opioid treatment, involving medications, peers, health, housing, and employment



Gaston-Lincoln MARS Project

- ▶ 9/30/2018 – 9/29/2021
- ▶ Only LME-MCO led MAT-PDOA grant
 - ▶ 2nd in state
- ▶ Establishing Quality Circle to learn from other grant
- ▶ Engaging both OTP and OBOT
- ▶ Will serve 160 uninsured
- ▶ Engaging local coalitions, integrated care centers, churches, businesses, hospitals, and government



State & National Work

- ▶ Relias Impact Nation Presentation
 - 2016 – Shared results of prescriber outreach initiative
- ▶ National Quality Forum
 - 2017 – Opioid Stewardship Action Team
 - Helped develop Opioid Stewardship Playbook
 - 2018 - Presented on community coalitions
- ▶ NC Council of Community Programs
 - 2017 – Annual conference presentation
- ▶ I2i Center Value Based Purchasing Workgroup



Lessons Learned

- Peers have a very positive impact on engagement
- Great deal of prejudice & stigma still exists against what the clinical evidence shows as the most effective treatment for OUD – Medication Assisted Recovery (MAT)
- Detox increases the risk of overdose death and turns people off from treatment
- Treatments must be recovery-focused and long-term



Questions?

Elizabeth “Bess” Stanton, MD, MBA, DFAPA

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Utilization Management

Charity N. Bridges, MA, LPA
Utilization Management Director

The UM/Appeals Team

The team currently consists of 53 total staff:

- ▶ (1) Director
- ▶ (2) UM Managers
- ▶ (1) Clinical Analyst
- ▶ (4) UM Supervisors
- ▶ (4) UM Team Leads
- ▶ (1) MHSU UM Specialists
- ▶ (4) Admin Staff
- ▶ (32) Care Managers
- ▶ (1) Appeals Supervisor
- ▶ (1) Appeals Clinician
- ▶ (2) Appeals Specialists



Who are Our Customers?

➤ Internal:

- Board of Directors
- Executive Leadership Team
- Management Team
- Other Departments

➤ External:

- Consumers
- Stakeholders
- Providers
- Community



UM Operations

- ▶ **Service Authorization Request (SAR) Processing**
 - Service Requests/Approvals
 - Administrative vs. UTP
 - Medical Necessity Denials
 - Expedited Requests
- ▶ **Technical Assistance**
 - Working with providers to improve documentation
- ▶ **Management of Care**
 - Review for quality of care
 - Use of Evidence Based Practices
- ▶ **Monitoring Over & Under Utilization**



UM Operations

➤ Volume of Business:

- UM processes an average of 5,000 (Medicaid and State Funded) SARs per month
- Average approval percentage per month is 95%
- Clinical Denials average 4% per month
- Administrative Denials average less than 1% per month



Peer to Peer and Appeals

- UM receives approximately 8 Post-Decision Peer-to-Peer Conversation Requests per month (3% of denials)
 - ~34% decisions are changed (partial or full overturn)
- UM Appeals team processes, on average, 20-25 appeals per month (~8% of denials)
 - ~26% are overturned/partially overturned with the receipt of additional information
 - ~65% are upheld
 - ~9% are withdrawn prior to review



Peer to Peer Conversation

- Optional part of Peer Review
 - Not Reconsideration or Appeal
- Interaction between Partners' decision-making psychiatrist/psychologist (Peer Reviewer) and lead clinician involved with the request
- Opportunity to present new information
 - Peer Reviewer may request additional information before the conversation
- This conversation may help to mitigate the need for a Reconsideration or Appeal



Peer to Peer Conversation

Pre-decision

- In order to provide every opportunity for the ordering or treating provider to discuss the case prior to the clinical peer reviewer completing an adverse action for prospective and concurrent requests, the peer clinical reviewer may attempt to contact the provider to discuss the case.

Post-decision

- The clinical peer reviewer is available for peer to peer conversation upon request within five working days of the action. Conversation occurs within one working day.



Peer to Peer Conversation

- Results of P2P:
 - ✓ Unchanged
 - ✓ Reversed
 - ✓ Partially Upheld

- If this action is Unchanged or Partially Upheld, yet the consumer is dissatisfied, the next step is a Local Reconsideration.



Appeals

- An **appeal** is defined as a request for review of an “adverse benefit determination or action”
- What is considered an action?
 - ✓ Denial or limited authorization of a requested service
 - ✓ Reduction, suspension, or termination of a previously authorized service
 - ✓ Denial of payment
 - ✓ Failure to authorize or deny services in a timely manner
 - ✓ Failure to act within timeframes per 42 CFR
- How to file an appeal?
 - ✓ Appeal rights belong to the member/guardian. Instructions on filing an appeal are included in the Notice of Adverse Benefit Determination letter that is mailed out to the member whenever a request is administratively or clinically denied.



Appeals

▶ Appeal Timeframes & Process:

- Consumer/LRP has **60 days (Medicaid) / 15 days (Non-Medicaid)** to request an appeal (“Reconsideration”) of LME/MCO action
- Standard Request: 30 days (non-urgent)
- Expedited Request: 72 hours (urgent; health and safety concerns)
- ▶ Individuals must exhaust the Appeal Process (“Reconsideration”) before accessing State Fair Hearing (Medicaid) or DMH (Non-Medicaid)

▶ State Fair Hearing/DMH

- Any appeal (“reconsideration”) not decided wholly in favor of the enrollee, must include notice of State Fair Hearing (“appeal”) rights
- Consumer/LRP has **30 days** to request State Fair Hearing from the date of the appeal (“reconsideration”) decision
- At the level of State Fair Hearing request: there is opportunity for both Mediation and, if no resolution, Office of Administrative Hearing (OAH) Proceedings for determination of appeal



Questions?

**Come see us at the Utilization Management
table in the lobby!**



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MHSU Care Coordination

Lynne Grey, MA, LPC, LCAS
MHSU Clinical Director

MHSU Care Coordination

- ▶ Care Coordination
- ▶ Dual Diagnosis Youth with Complex Needs
- ▶ Transitions to Community Living Initiative (TCLI)



What is Care Coordination?

- ▶ Service that coordinates care and ensures members are connected to the right treatment, at the right amount, at the right time
- ▶ Assists in connecting members to community resources
- ▶ Ensures connection and communication among all members of the treatment team (consumer, provider, natural supports etc.)



Dual Diagnosis with Complex Needs

- ▶ Medicaid eligible children ages five through 21 who:
 - Have been diagnosed with a developmental disability (including Intellectual Disability and/or Autism Spectrum Disorder)
 - Have been diagnosed with a mental health disorder
 - Are at risk of not being able to return to or maintain placement in a community setting

- ▶ Exhibit one or more of the following risk factors:
 - Behaviors that are a danger to self or others
 - Have been expelled or is at risk of expulsion from school due to disruptive or dangerous behaviors
 - Have experienced incidents for crisis such as frequent Emergency Department (ED) visits, out of home placements, involvement with criminal justice system, or involuntary commitments



Transitions to Community Living

- ▶ Identified Population includes:
 - Members who are living in adult care homes who have a diagnosis of serious and persistent mental illness
 - Members who are at risk of going to an adult care home with a diagnosis of serious mental illness



Contact

- ▶ To find out who assigned Care Coordinator is, you may:
 - Contact Access to Care line at 1-888-235-4673
 - Or email MHSA_CC@partnersbhm.org
- ▶ Referrals can be made using the Care Coordination Referral form

**If you have any questions,
please visit the
MHSU Care Coordination
table in the lobby.**





Intellectual & Developmental Disabilities (IDD) Care Coordination

**Rachael Jerzak, IDD CC Manager
Southern Region**

Intellectual and Developmental Disabilities

Partners' IDD CC Organizational Structure

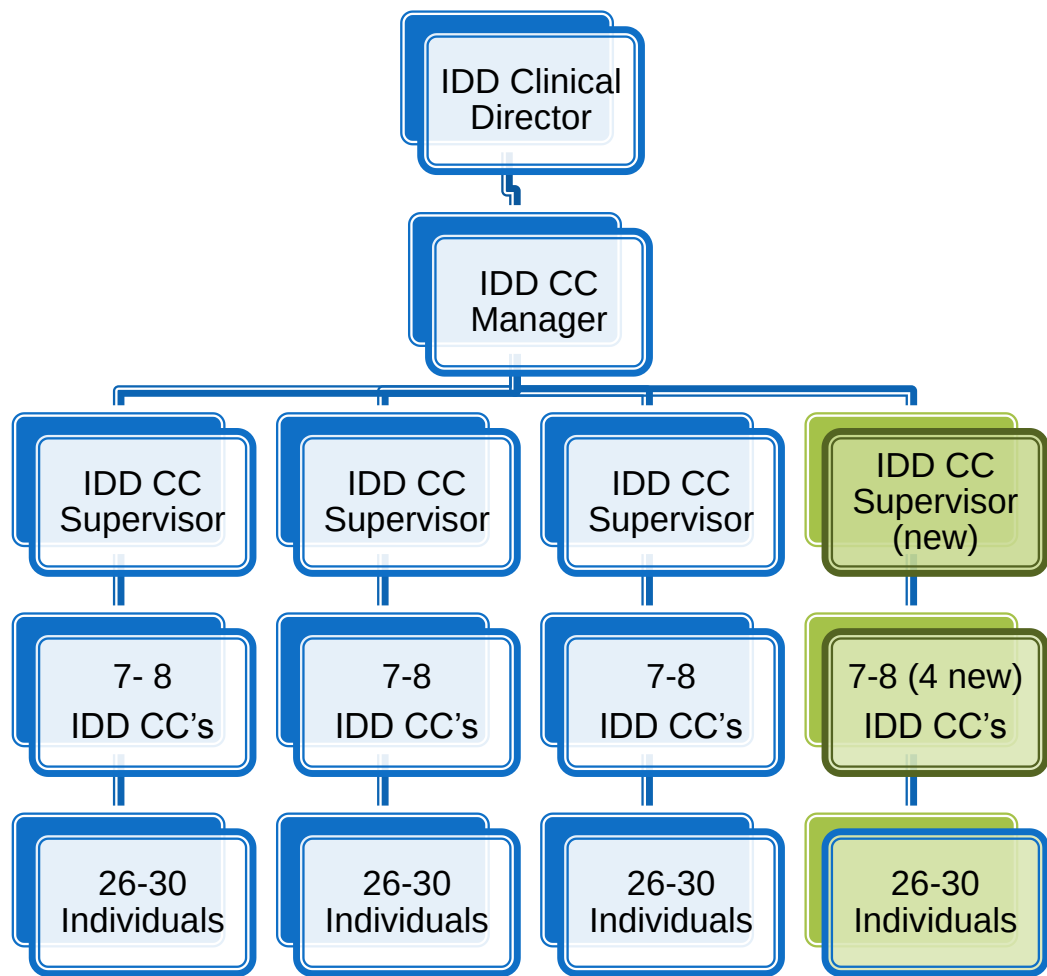
Three main units within our IDD CC Department:

- **Southern Region** – Cleveland, Gaston, Lincoln and Rutherford Counties
- **Northern Region** – Burke, Catawba, Iredell, Surry, Yadkin Counties
- **IDD CC Systems** – All nine counties



Organizational Structure

Southern Region – Rutherford Expansion



Intellectual and Developmental Disabilities

Service Array

- NC Innovations – Medicaid Waiver
- IPRS – Limited State Dollars
- B3 – Medicaid
- Medicaid – In Lieu of Service (Long Term Community Supports)
- Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IID)
- Specialty Programs



IDD Care Coordination

Roles and Responsibilities

NC Innovations

- ▶ Coordinate all Medicaid funded services
- ▶ Refer to Community Navigator for Non-Medicaid needs
- ▶ Educate about available services
- ▶ Write Individual Support Plans as the Team requests
- ▶ Submit Service Authorization Requests
- ▶ Monitor Services as outlined in the plan
- ▶ Monitor for Health and Safety



Intellectual and Developmental Disabilities

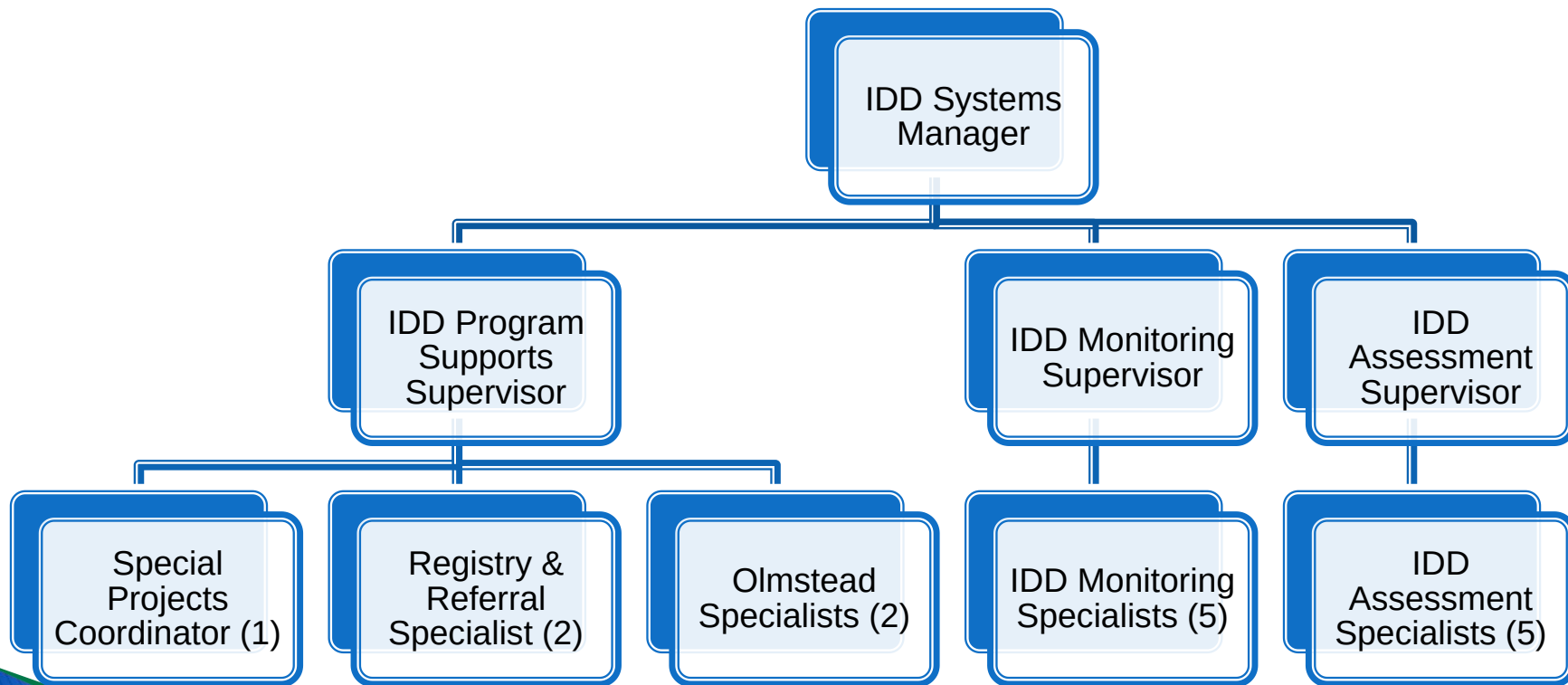
IPRS, B3 Medicaid, In Lieu Of, Other

- Provider is “Clinical Home”
- Care Coordinator assigned to each individual, a go-to person for questions or concerns
- Community-based care coordination as needed



Intellectual and Developmental Disabilities

IDD Systems Unit – Organizational Structure



Intellectual and Developmental Disabilities

IDD Systems Unit – Program Supports

- Program Support Specialist
 - State Reporting, NCI Survey, Multiple Committees
- Registry and Referral Specialists
 - Intake, Registry of Unmet Needs (RUN), Referrals, Care Coordination for individuals on RUN or receiving non-Innovations IDD Services
- Olmstead Specialists
 - Statewide Specialty Programs \ ICF IID Contacts \ MFP

Intellectual and Developmental Disabilities

IDD Systems Unit – Monitoring Specialists

- ▶ Assist Care Coordinators with face-to-face monitoring in Residential and AFL Settings
- ▶ Monitor for Home and Community Based Standards
- ▶ Maintains a residential vacancy listing from providers
- ▶ Assist residential providers with brainstorming challenging situations
- ▶ Monitor Health and Safety



Intellectual and Developmental Disabilities

IDD Systems – Assessment Specialists

- ▶ Certified Supports Intensity Scale (SIS) Assessors through the American Association on Intellectual and Development Disabilities (AAIDD)
- ▶ Certified Personal Outcome Measures (POMs) Specialists through the Council on Quality and Leadership (CQL)
- ▶ Conduct SIS assessments every 2-3 years
- ▶ Assist individuals in identifying and planning for their personal goals through POMs



**Have questions? Come see us
at the IDD Care Coordination
table in the lobby!**

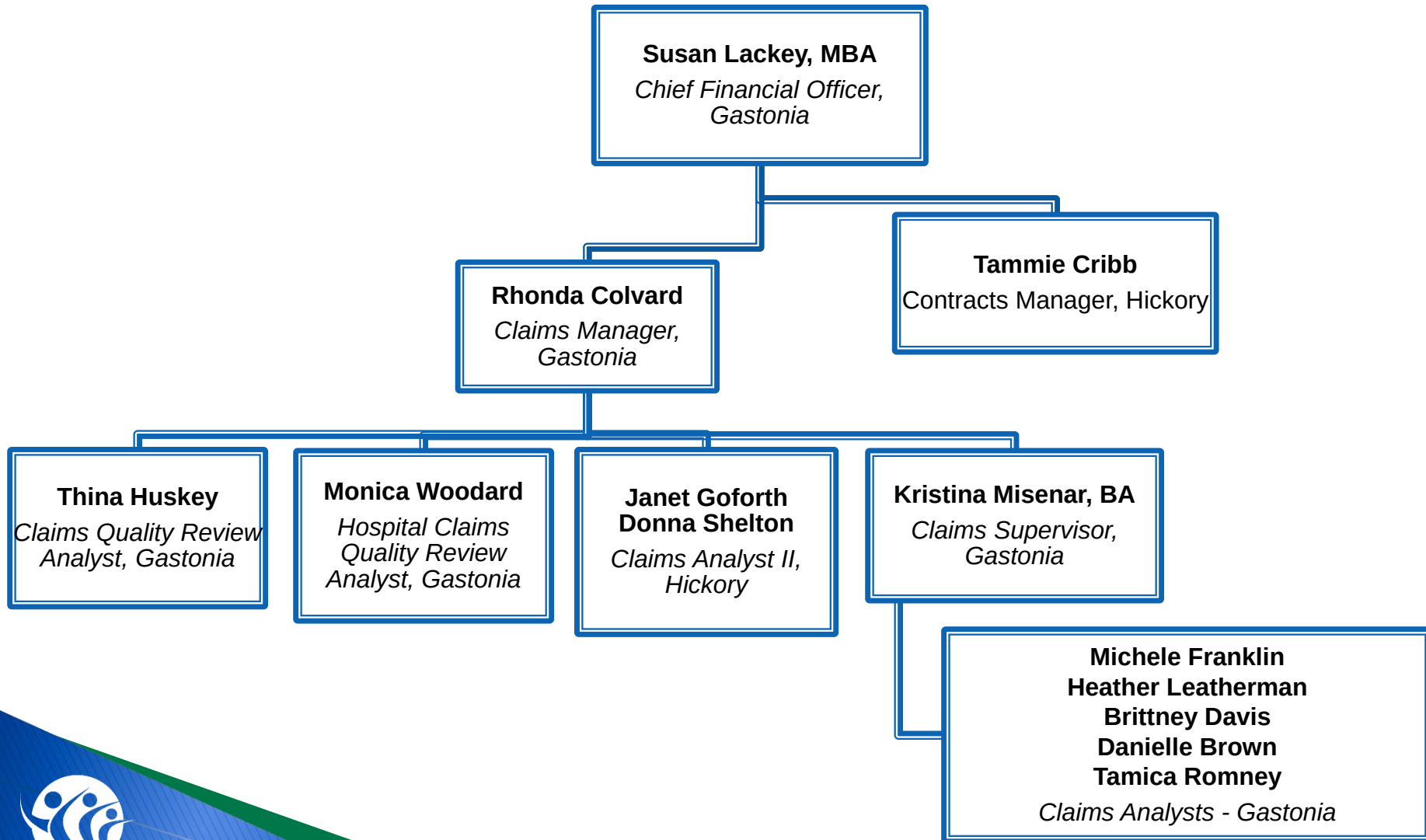




Contracts and Claims

Rhonda Colvard
Claims Manager

Claims



Scope of Work

- ▶ Manage Medicaid, State, and other county-funded provider contracts
 - During fiscal year 2018, Partners processed 2,466,219 claim lines for 496 providers
- ▶ Provide customer service to assist providers with claims processing issues via email and phone
- ▶ Work with other departments to resolve claims processing issues



Scope of Work

- ▶ Conduct quality assurance of claims adjudication through continuous monitoring and quality control measures
- ▶ Review professional/inpatient claims and perform a 3% audit of claims
- ▶ Complete manual adjudication and auditing of Emergency Department claims



Scope of Work

- ▶ Audit claims submitted with Coordination of Benefits
- ▶ Validate that all claims received are processed timely
- ▶ Participate on select workgroups to resolve statewide issues and issues related to the Managed Claims System



Scope of Work

- ▶ Process all State Benefit claims that receive retro-active Medicaid
- ▶ Reconcile Upstream/Downstream/835 processing for Medicaid and State Benefit
- ▶ Provide monthly reports for DHB, DMH, and Partners' Executive Leadership Team
- ▶ Offer and participate in various claims trainings



Questions?

**Please stop by the Claims and
Contracts tables in the lobby!**



Contact Information

ClaimsDepartment@partnersbhm.org

704-842-6486





Quality Management

Bill Rankin, MHDL, BS

Quality Management Director

QM and Provider Interactions

- ▶ NC-TOPPS
- ▶ Back-Up Staffing
- ▶ Quality Improvement Projects (QIPs)
- ▶ Global Continuous Quality Improvement Committee (GCQI)
- ▶ Monitoring
- ▶ Consumer Rights and Incident Reporting
- ▶ Employer of Record (EOR)
- ▶ Relative as Direct Support Employee (RADSE)
- ▶ Block Grant Provider Monitoring



NC-TOPPS

The QM Department reviews and analyzes NC-TOPPS data.

- ▶ Monitors compliance of provider data submissions
- ▶ Evaluates for trends
- ▶ Provides technical assistance
- ▶ Manages the “superuser” directory for providers
- ▶ Provides feedback of compliance status
- ▶ Provides webinar training & discussions for applicable users
- ▶ Partners’ Staff Contact:
 - Veronica Somerville, vsomerville@partnersbhm.org



Back-Up Staffing

The QM Department reviews and analyzes failure to provide back-up staffing data.

- ▶ Monitors incidents of providers' failure to provide back-up staffing
- ▶ Provides technical assistance for accurate data collection
- ▶ Provides training for providers regarding submission of back-up staffing incidents
- ▶ Partners' Staff Contact:
 - Renae Cheek, rcheek@partnersbhm.org

Quality Improvement Projects (QIPS)

Partners maintains internal quality improvement projects, monitors initiatives of providers, and monitors QIP effectiveness.

- ▶ Projects may involve provider data and/or participation
- ▶ Technical assistance with QIPs is available to providers upon request
- ▶ Partners Staff Contact:
 - Tamikka Woods, twoods@partnersbhm.org



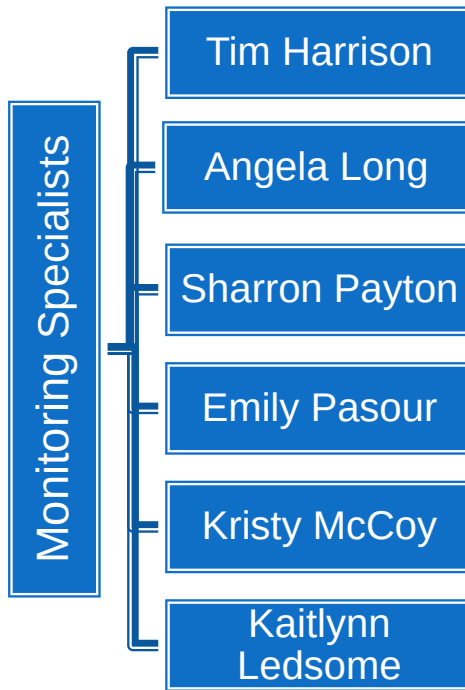
Global Continuous Quality Improvement Committee (GCQI)

- ▶ QM staff work as liaisons to the provider led and facilitated GCQI Committee
- ▶ GCQI Committee meets quarterly on the first Friday of March, June, September, and December
- ▶ GCQI meetings are open meetings
 - Contact a Partners' liaison to be added to the distribution list
- ▶ Partners' Staff Contact:
 - Terry Arndt, tarndt@partnersbhm.org



Monitoring Specialist Roles

Larry Holcombe, Monitoring Manager



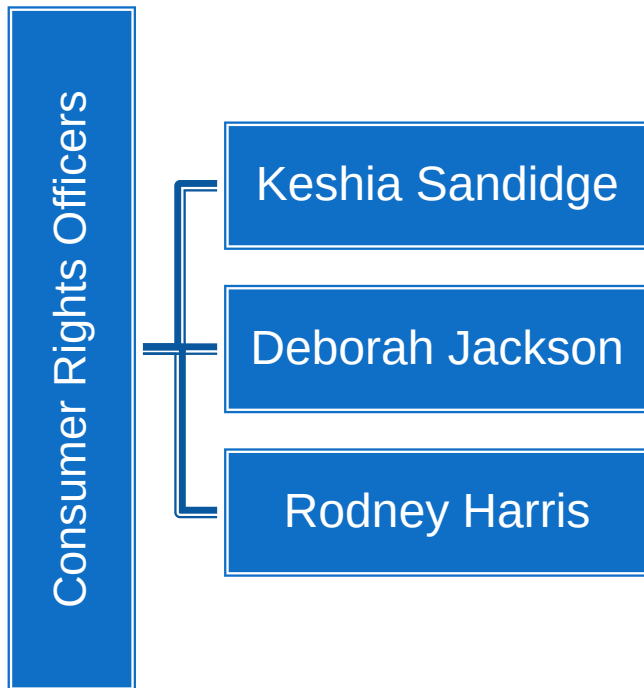
The Monitoring Manager oversees the functions of the monitoring unit in the QM department. This position also reviews all Relative as Direct Support Employee (RADSE) Requests. Monitoring Specialist perform the following duties:

- complete initial, on-site health and safety reviews for all new providers that submit credentialing applications
- complete on-site health and safety reviews for all providers requesting recredentialing
- complete initial, on-site reviews for providers adding a new site to their contract
- monitor contracted agencies and licensed independent practitioners, which includes a detailed monitoring report for the provider and the state
- schedule and perform on-site monitoring and targeted reviews
- participate and/or assist with complaint investigations/grievances when appropriate
- participate and/or assist with Program Integrity audits
- conduct Employer of Record (EOR) Reviews annually



Consumer Rights Officer Roles

Larry Holcombe, Monitoring Manager



- ▶ Reviews Level II & III Incident Reports in IRIS
- ▶ Monitors statistical reporting and trends
- ▶ Performs targeted health and safety reviews and assists with grievances
- ▶ Serves as the Human Rights Committee (HRC) liaison
- ▶ Participates as members of the Quality of Care Committee (QoCC)
- ▶ Offers education and trainings for providers
- ▶ Assists with Employer of Record reviews

Employer of Record (EOR)

- ▶ Conducted annually by a team of three staff: two Monitoring Specialists and one Consumer Rights Officer
- ▶ Utilizes a modified DHHS Post Payment Tool for Innovations Waiver (removed items not applicable and included Incident Reporting)
- ▶ Extensive technical assistance is given with recommendations to correct any out of compliance findings, including additional trainings as needed
- ▶ Summary of reviews is provided to Partners' IDD Department



Relative as Direct Support Employee (RADSE)

- ▶ The RADSE process applies only to relatives/legal guardians living in the home of adult (age 18 or older) recipients of NC Innovations services.
- ▶ Provider agencies must submit requests for approval to Partners' QM Department using the appropriate state form, *Verification of Relative/Legal Guardian as Direct Support Application*.
- ▶ Providers no longer have to receive approval from Partners for requests of 40 hours or less; however, providers must report the employment of the relative/legal guardian through the RADSE process (this applies to new and existing relatives/legal guardians providing direct support).
- ▶ Report the relative/legal guardian's employment by completing the RADSE Reporting Verification Form. Submit the completed form to RADSE@partnersbhm.org. You will receive email confirmation of your submission.
- ▶ Complete the RADSE Application Form for requests of 41-56 hours. This form must be completed for new and existing relatives/legal guardians providing direct support who wish to request more than 40 hours.
- ▶ Complete the RADSE Application Form electronically, print a hard-copy original, obtain signatures, scan the application, and email to RADSE@partnersbhm.org.
- ▶ For questions, please contact Larry F. Holcombe at lholcombe@partnersbhm.org or go to the RADSE page on Partners' website: <https://providers.partnersbhm.org/relative-direct-support-employee/>.

Grants Monitoring Specialist Role

- ▶ Assures providers' compliance with all applicable regulatory and contractual requirements
- ▶ Conducts external provider audits, assures audits are meeting regulatory authority deliverables
- ▶ Facilitates educational training for external stakeholders related to grant requirements
- ▶ Partners Staff Contact:
 - Bonnie Stanifer, bstanifer@partnersbhm.org

THANK YOU



If you have questions, please visit us at the Quality Management table in the lobby!

QM Contact Information

Bill Rankin, QM Director

704-884-2546

brankin@partnersbhm.org

Tamikka Woods, QM Manager

704-884-2568

twoods@partnersbhm.org

Deborah Sprinkle, Assistant QM Director

336-527-3231

dsprinkle@partnersbhm.org

Larry F. Holcombe, QM Monitoring Manager

704-884-2528

lholcombe@partnersbhm.org





Provider Network

Elizabeth Lackey, MSW, LCSW
Provider Network Director

Provider Network Functions

- Development
- Enrollment
- Credentialing
- Hospitals
- Out of Network Agreements
- Disputes
- Account Specialists/Helpdesk



Network Development, Enrollment & Credentialing

▶ Development

- Roanna Newton
- Lakisha James
- Tricia Plaster, Disputes

▶ Enrollment

- Danielle Clark, Supervisor
 - Jeanene Srout
 - Amber Herman

▶ Credentialing

- Supervisor, Jason Arenillas
 - Melissa Griffin
 - Elizabeth Bridges
 - Karen Allmendinger
 - Laura Schramm
 - Angela Stevenson

Natalie Mooneyham, Regional
Manager - Credentialing, Enrollment
& Development





Credentialing

CAQH

All clinicians must ensure that their CAQH information is up-to-date:

- A state release will become available in CAQH once credentialing staff adds the clinician to the CAQH Partners BHM roster
- Credentialing staff will notify the agency and clinician once they are added to the CAQH Partners BHM roster
- The state release can be found in the document section in CAQH
 - Sign and date and upload back into CAQH

Re-Credentialing/Contract Notices

- Six Months prior to the credentialing expiration, each provider (clinicians, LIPs, and agencies) receives a re-credentialing notification.
 - The notice to associated clinicians and LIPs goes to the last e-mail address on file for the clinician/LIP.
 - The notice for agency re-credentialing goes to the agency credentialing primary contact via e-mail as well as to the CEO via certified mail.
- If Partners BHM has not received an application 90 days prior to credentialing expiration, then providers receive another e-mail notification.
 - Agencies and LIPs also receive a **contract warning** notice via certified mail at this point.

Re-Credentialing/Contract Notices

- No further notification is sent to associated clinicians. If an application is not received prior to the expiration date of credentials, then the clinician is removed from the network.
- If Partners BHM has not received a **complete** re-credentialing application from LIPs and agencies **60 days prior to credentialing expiration**, then Partners BHM issues a **contract non-renewal letter** via certified mail ending your participation in the Partners BHM network, effective the date of the credentialing expiration. Partners BHM is required to begin notifying consumers that the provider is no longer eligible to offer services in the network at this point.

Agency/LIP Application Deadlines

The application must be **complete** (information in the application is correct/accurate and no additional information is needed) in order to avoid or stop the contract non-renewal process.

Please remember: the contract non-renewal process can be avoided entirely by submitting your complete re-credentialing application in advance of the deadline specified in the notification(s) you receive from us.

Credentialing vs. Enrollment

Credentialing and enrollment are two different processes and departments within Partners BHM.

Partners BHM enrollment is separate from NCTracks enrollment.

Application for enrollment with NCTracks should be completed first (for providers who are new to Partners).

While the NCTracks application is being processed, the provider should apply for credentialing with Partners.

The **credentialing** application process with Partners **CAN** be completed while enrollment with NCTracks is still pending.

Enrollment (in Alpha) with Partners **CANNOT** be completed until enrollment with NCTracks is completed.

Credentialing vs. Enrollment (cont)

- A provider CAN be **credentialed** with Partners BHM BEFORE being **enrolled** with NCTracks OR Partners BHM.
- A provider CANNOT be **enrolled** with Partners BHM before being BOTH **enrolled** in NCTracks AND **credentialed** with Partners BHM.
- When initiating credentialing for an agency, be sure to submit the Provider Change Form to initiate credentialing for the associated clinicians that will provide the services with the agency at the same time.
- The Provider Change Form lists out all the information needed to initiate credentialing for a clinician.



NPPES

- ▶ Addresses, taxonomies, and NPI numbers must all match in NCTracks, NPPES, and Alpha
- ▶ Inconsistencies among these databases will not stop your credentialing application from being processed but will prevent you from billing
- ▶ NPPES must have the most current address/taxonomy information for the agency under the NPI# associated with each site
- ▶ Partners' Credentialing staff will verify that the site/taxonomy in the application are registered in NPPES under the NPI# listed for it



NPPES – Making Changes to Information

- ▶ If you need assistance making changes to NPPES:
 - For **individual** NPI numbers:
 - Call 800-465-3203
 - For **organization** NPI numbers:
 - Call 866-484-8049
 - Select the option called “**Identity & Access**” (I&A)
 - Ask for guidance in processing a “**role request**” to gain access to organization NPI information
 - For all changes related to the organization NPI, you will likely need to have your W-9 handy when you call



Making Changes to Provider Info

- ▶ For any changes such as name changes, license updates, adding a site, adding services, and updating taxonomy/NPI# to the Partners BHM contract, the provider will need to submit a Provider Change Form with the specific change and information listed.
- ▶ The Provider Change Form is found on the Partners BHM website under the “Provider Knowledge” tab at the top of the website. From there, click the “Credentialing and Enrollment” tab, then scroll down the page to find the actions grid where the Provider Change Form is located.
- ▶ Please submit a Provider Change Form to the credentialing team email (CredentialingTeam@partnersbhm.org) for any changes needed to be made to the agency.

Agency Primary Contact Info

- ▶ Please ensure the primary contact information for the agency is correct in the application.
- ▶ If the primary contact for the agency changes, let Partners BHM know by submitting a Provider Change Form to update the primary contact info for the agency.
- ▶ This will ensure correspondence is not missed and is communicated effectively.

Clinician Insurance Requirements

- Must submit a Certificate of Insurance for the agency's Professional Liability insurance with Partners listed as a Certificate Holder.
- If the clinician is covered under the agency's Professional Liability insurance, please submit either a roster of covered employees or documentation on agency letterhead evidencing that the clinician is covered by the policy.
- In the event the clinician is not covered under the agency's Professional Liability, please submit a Certificate of Insurance for the clinician's individual/personal policy.
- This certificate must list Partners as a Certificate Holder as follows: Partners BHM, Attn: Credentialing Dept., 1985 Tate Blvd. SE, Suite 529, Hickory, NC 28602.

Agency Insurance Requirements

- ▶ Partners BHM is required to be listed as “additionally insured” under the General Liability coverage.
- ▶ Partners BHM is required to be the “certificate holder” for all required insurance coverage policies for credentialing (General Liability, Professional Liability, Auto Liability, and Workers Compensation).



Recredentialing Providers

- ▶ Provider agencies, clinicians, and licensed independent practitioners can keep track of credentialing expiration dates via the lists on the Partners BHM website:
 - <https://providers.partnersbhm.org/provider-enrollment-credentialing/>
- ▶ The list of credentialing expiration dates are updated each month



If you have any questions, please visit us at the Credentialing table in the lobby.

- ▶ Jason Arenillas, Credentialing Supervisor
 - (828) 325-8142
 - Jarenillas@partnersbhm.org
- ▶ Credentialing Department
 - (704) 842-6483
 - CredentialingTeam@partnersbhm.org

Please be sure to communicate the credentialing information with the credentialing staff/primary contact for your agency. Thank you!





Enrollment and NCTracks

Enrollment in Alpha

- Provider Network Enrollment staff verifies that the provider is:
 - Credentialed with Partners
 - Enrolled in NCTracks
- If the provider is credentialed and enrolled in NCTracks:
 - The provider is enrolled in AlphaMCS
 - A contract is issued
- If the provider is NOT enrolled in NCTracks:
 - Partners cannot Enroll provider in Alpha and cannot issue a contract



Common Enrollment Issues for Associated Clinicians

- Practice address is not under Name/Address tab in NCTracks
- License has expired
- Clinician not affiliated with agency in NCTracks
- Taxonomy is not loaded in NCTracks/NPPES
- Taxonomy is not an acceptable billing taxonomy



Enrollment Cannot...

- Make any changes in Alpha until the changes can be verified in NCTracks
- Accept a managed change request as proof changes have been made



If Enrollment Status Letter is Received

- Once the manage change request is approved, please let enrollment staff know, so that the changes can be verified.
- Enrollment staff do not go back and check NCTracks for changes unless they are notified.



If you have Enrollment Questions

Please contact:

- Enrollment group:

enrollment@partnersbhm.org

or

- Danielle R Clark, Enrollment Supervisor:

dclark@partnersbhm.org

828-325-8158



Account Specialists

- Sherry Reece-Cota, Regional Manager
 - Account Specialists
 - Ami McGarity
 - Dana Robertson
 - Maria Ballard
 - Nina Harris
 - Lyndsey Greene
 - Julie McMurray-Kurtzman
 - Jeanna Lauffenburger
 - Network Performance Specialist
 - Lisa Jordan

[https://providers.partnersbhm.org/
find-provider-specialist/](https://providers.partnersbhm.org/find-provider-specialist/)



Resources

<https://providers.partnersbhm.org/>



Standard Meetings

- Monthly Provider Council – *Open Meeting*
 - Hickory Multipurpose Room – Basement
 - 4th Friday each month, 9:30 a.m.
 - **Next meeting is March 22, 2019**
- Licensed Independent Practitioner Collaborative Webinar
 - **Next webinar is Mar 27, 2019 at 12:00 pm - 1:00 pm EDT**
 - Please visit & join the meeting space from your computer, tablet, or smartphone:
https://www.gotomeet.me/partners_bhm/new-meeting-2

If you have any questions, please visit us at the Provider Network table in the lobby.

Beth Lackey, MSW, LCSW
Provider Network Director
blackey@partnersbhm.org
828-323-8058

Sherry Reece-Cota
Regional Manager
SReece-Cota@partnersbhm.org
(980)223-4476 Office

Natalie Mooneyham
Regional Manager
nmooneyham@partnersbhm.org
828-323-8048

Jason Arenilla
Credentialing Supervisor
Jarenillas@partnersbhm.org
828-325-8142

Danielle Clark
Enrollment Supervisor
dclark@partnersbhm.org
828-325-8158





System of Care & GAST

Jamie Sales, BA
System of Care Manager

Departmental Responsibilities

- ▶ Collaborate and develop networks among stakeholders
- ▶ Identify and resolve barriers to service entry/engagement
- ▶ Assist individuals and families with navigation through the service system through Family Partners
 - Family Partners now work in the Care Coordination department
- ▶ Provide a variety of trainings to help promote awareness of mental health services, early detection, and de-escalation of crisis situations
- ▶ Federal block grant monitoring & reporting/miscellaneous initiatives & partnerships



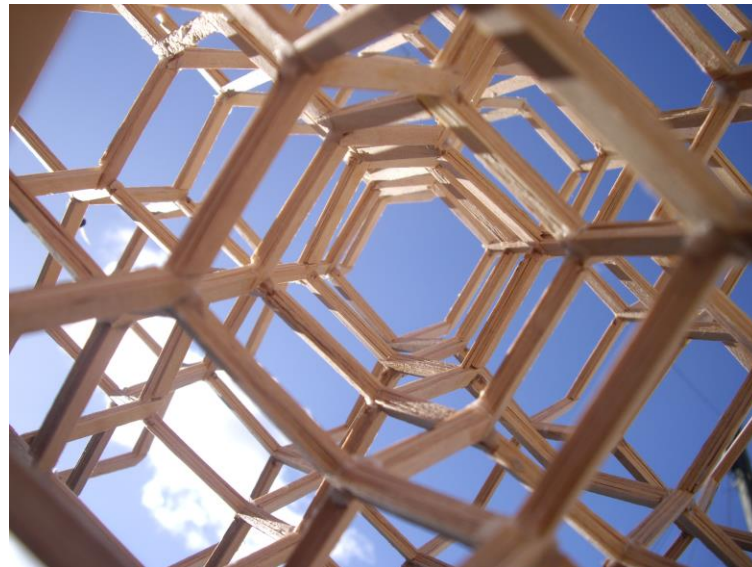
The System of Care Framework

- ▶ A system of care is a coordinated network of community-based services and supports that are organized to meet the challenges of children and youth with serious mental health needs and their families
- ▶ Families and youth work in partnership with public and private organizations so services and supports are effective, build on the strengths of individuals, and address each person's cultural and linguistic needs



Utilizing A System of Care is the...

...best way of planning, developing, and delivering services and support for children and their families.



System of Care Values

- Child-Centered and Family-Driven
- Community Based
- Culturally Competent

Expanded to Adult System of Care, and those values are:

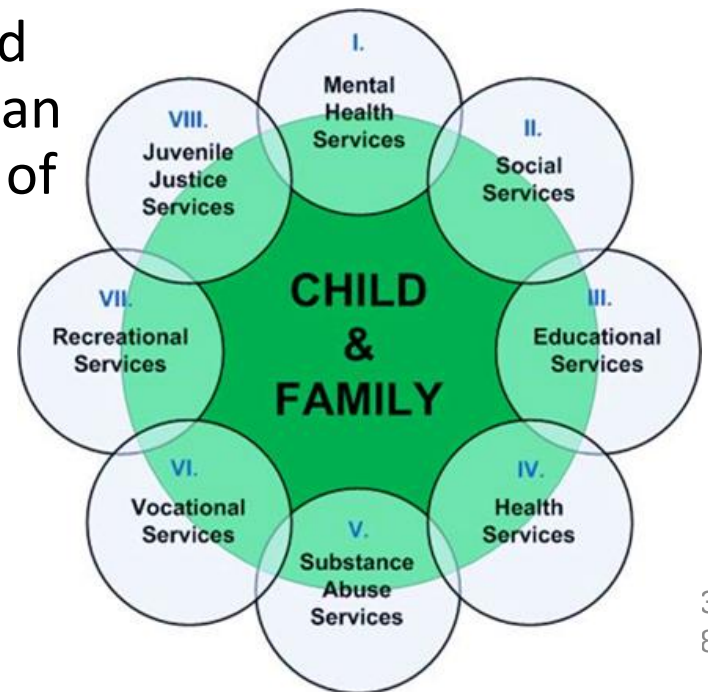
- Person Centered
- Individually Driven
- Strengths Based
- Community Focused



Child and Family Driven

- **Child and Family Teams**

- Supports and services are planned, coordinated, delivered, and monitored through a Child and Family Team
- A flexible mixture of formal agency services and informal supports
- Develops one unified Child and Family Plan that all participants use, regardless of their particular agency
- Constantly assess what's working and what's not working - changing the plan as needed to better meet the needs of the child and family over time



Community Collaboratives

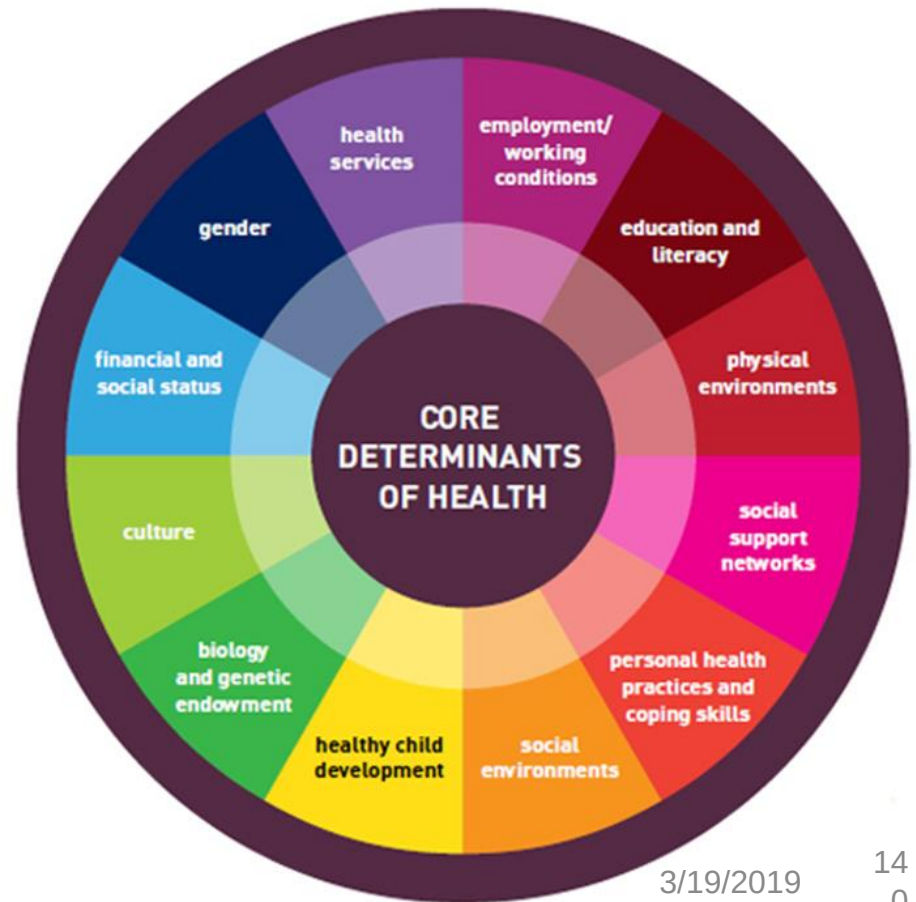
- Diverse teams that bring together decision-makers (people responsible for services) and stakeholders (people using the services) to “drive,” manage, and monitor the local System of Care
- Agencies and providers work together with families, individuals, and communities in a give-and-take way
- Open, public meetings

Community



Collaborative Groups

- ▶ A community care group (or collaborative group) is a group of individuals who work together in a specific community to
 - identify and solve problems for children, adolescents, adults, and families struggling with mental health and substance use
- ▶ Together, group members:
 - Identify gaps in services
 - Partner with agencies and families
 - Develop helpful resources
 - Assist providers and families with issues related to services
 - Ensure access to quality services



At Partners...

We have Adult and Child System of Care

16 Collaborative Groups

<https://www.partnersbhm.org/community-collaborative-groups/>

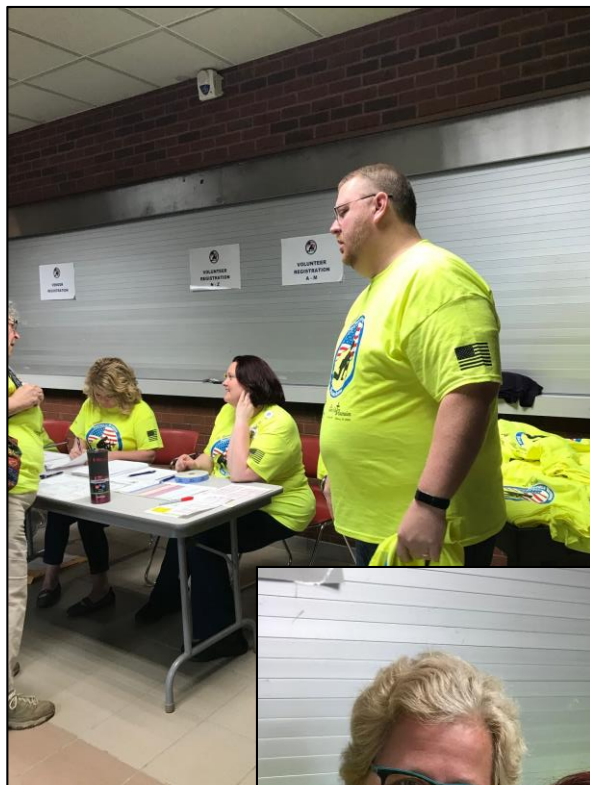


Partners SOC Involvement

- ▶ NC School Mental Health Initiative
- ▶ Community Resiliency Model
- ▶ Crisis Intervention Teams
- ▶ JJSAMHP/JJBH
- ▶ SAMHSA Jail Diversion Grant
- ▶ Community Trainings
- ▶ Cross Function Team (Internal Work Group)
- ▶ Community Events
- ▶ Community Partnerships



SOC Service Project



**SOC and GAST working
the 2018 Foothills
Veteran Stand Down –
Serving more than 300
veterans from 12
counties in one day with
medical, dental,
resources, a hot meal,
fellowship, clothing, and
more.**



PARTNERS
Improving Lives. Strengthening Communities.

Trainings Available From SOC?

- ▶ Mental Health First Aid (Adult, Youth, Veterans, Public Service)
- ▶ QPR – Question, Persuade, Refer (Suicide Risk)
- ▶ Darkness to Light
- ▶ I.C. HOPE
- ▶ Trauma 101
- ▶ CRM – Community Resiliency Model
- ▶ Child and Family Team Training
- ▶ Crisis Intervention Team Training



What trainings are available from GAST?

- ▶ Mood Disorders
- ▶ Anxiety Disorders
- ▶ Psychotic Disorders (Schizophrenia)
- ▶ Substance Use Disorders
- ▶ Cognitive Disorders (Dementia)
- ▶ Depressive Disorders
- ▶ Medications that treat the mentioned disorders
- ▶ Suicide Prevention
- ▶ Crisis Prevention
- ▶ Effective Communication
- ▶ Hoarding



SAMHSA Early Diversion Grant

- ▶ Focused on Iredell County
- ▶ \$1.5 million over 5 years
- ▶ Work with local law enforcement
- ▶ Create **24/7 drop-off** center
- ▶ Offer Peer Engagement for offenders/participants
- ▶ Provide training
- ▶ Encounter, Enable, Engage
- ▶ Create a sustainable **mental health/criminal justice partnership**



For those participating in the program,
we hope to see:

- an 80% reduction in subsequent contacts with Law Enforcement Organizations within six-months of intake
 - a 70% reduction in subsequent contacts with Law Enforcement Organizations within 12-months of intake and
 - an increase in psychiatric medication compliance by 50%
- To that end, we will demonstrate a 25% reduction of the number of individuals with SMI/COD entering the criminal justice system

Contact:
Project Manager, Kathi Perkins
at **828-325-8164**



System of Care & GAST Staff

- ▶ System Liaisons - Adult
 - **Jamie Piercy** – Cleveland, Gaston, Lincoln
 - **Beth Brooks** – Iredell, Surry, Yadkin
 - **Alice Horton** – Burke, Catawba
- ▶ System Liaisons - Child
 - **Jeanne Patterson** – Cleveland, Gaston, Lincoln
 - **Stephanie Funderburk** – Iredell, Surry, Yadkin
 - **Kimberly Rhoads** (Lead) – Burke, Catawba
- ▶ Geriatric Specialists (GAST)
 - **Brandy Lineberger** (Lead)
 - **Carla Bradshaw**
 - **Christine Borner**
 - **Christa Barbee**
- ▶ SAMHSA Grant Project Director
 - **Kathi Perkins** - Iredell



Questions?

**Come see us at the System of Care
table in the lobby!**



Contact Information

- Jamie Sales
- jsales@partnersbhm.org
- 828-323-8053





Health Information Management

Wendy Powers, BS, RHIA

Health Information Manager/HIPAA Privacy Officer

Ways HIM Interacts with Providers

- ▶ Releases of Information
- ▶ Records Management and Retention
- ▶ HIPAA Privacy
- ▶ Provider Closures/Network Termination
- ▶ Audits
- ▶ Duplicate Numbers
- ▶ Consumer Data Warehouse (CDW)

Releases of Information (ROI)

- ▶ ROI for continuity of care
- ▶ Resource if questions about ROI (subpoenas, court order, etc.)
- ▶ Gun Permit applications



Records Management & Retention

- Resource for Records Management questions
 - Signatures
 - General record documentation
 - APSM 45-2 Records Management and Documentation Manual
- Resource for Records Retention questions
 - Security and Maintenance
 - Retention timeframes
 - APSM 10-5 Records Retention and Disposition Schedule
 - Medicaid requirements
 - Block grant requirements

HIPAA Privacy

- Resource for HIPAA Privacy question
- Possible HIPAA violation or breach notification
- HIPAA trainings
- HIPAA Privacy Officer – Wendy Powers



Provider Closures/Network Termination

Partners BHM is required, by our contracts with the Division and DMA, to insure that consumer records are maintained, secure, and available.

- ▶ IPRS/State Funded – approved storage plan and logs to HIM
- ▶ Medicaid – approved storage plan and logs OR copies of complete record; Partners may request either



Audits

Partners BHM is involved in an annual financial audit.

- ▶ Contacts providers that have randomly selected consumers in the audit and request the necessary record documentation
- ▶ Collects the information from the provider
- ▶ Returns or insures the information is securely destroyed

Duplicate Numbers

Duplicate numbers found in Alpha are forwarded to HIM from the Access to Care Eligibility and Enrollment team.

If questions arise when trying to complete the number merge, HIM staff may contact you for clarification.



Consumer Data Warehouse (CDW)

The HIM staff insures that all CDW information is accurate and complete.

If missing or inaccurate data is found, you may be contacted to collect or verify the information.



Questions?

Come see us at the Health Information
Management table in the lobby!



Contact Information

- **Wendy Powers**, Health Information Manager & HIPAA Privacy Officer
- 828-323-8064
- wpowers@partnersbhm.org
- **Tina Meadows**, Lead HIM Specialist (H)
- 828-323-8065
- tmeadows@partnersbhm.org
- **Shannon Robbins**, HIM Specialist (H)
- 828-323-8066
- srobbins@partnersbhm.org
- **Anna Drum**, HIM Specialist (H)
- 828-325-8154
- adrum@partnersbhm.org
- **Kathleen Waggoner**, HIM Specialist (G)
- 704-884-2593
- kwaggoner@partnersbhm.org
- **Wendy Childress**, HIM Specialist (E)
- 336-527-3228
- wchildress@partnersbhm.org



Whole Person Integrated Care

Allison Gosda, MBA, LPCS, MAC, LCAS
Integrated Care Director

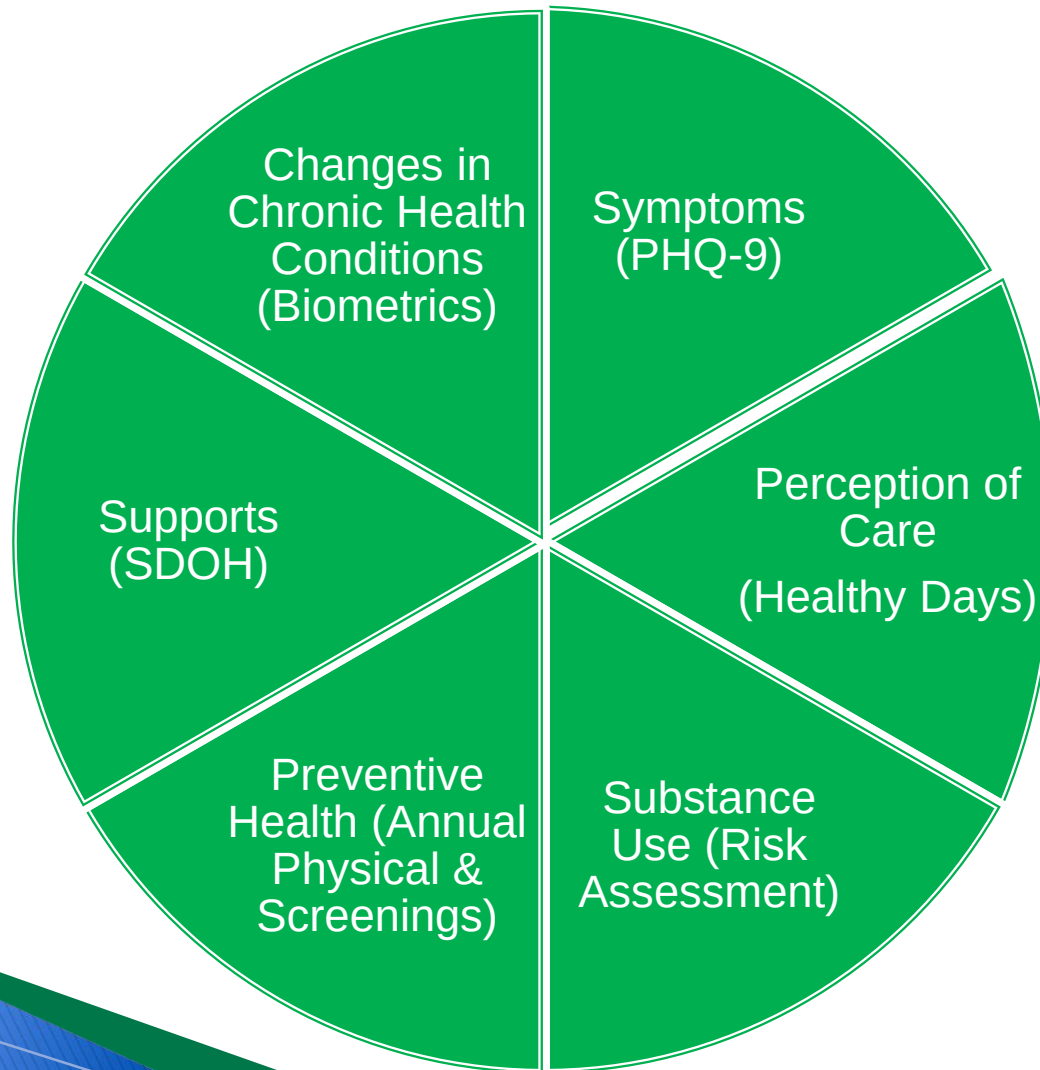
Vision

To raise the health index of all members through a person-centered approach, which:

- identifies and addresses care gaps
- and fosters behavioral, physical, and social health equity needs of a member – no matter where they seek care



What Defines the Health Index?

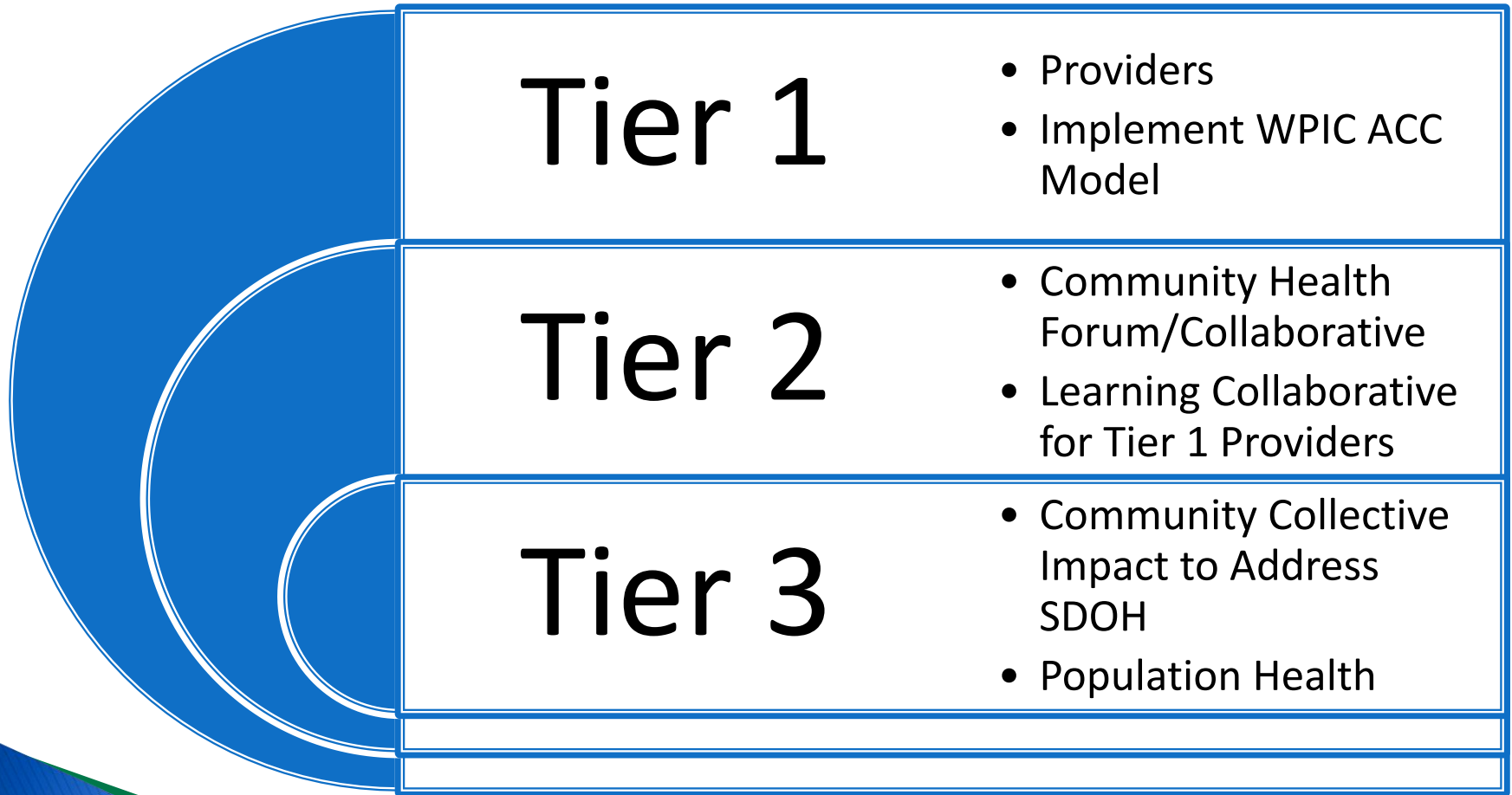


What is Whole Person Integrated Care (WPIC)?

- ❖ WPIC is an integrated care approach that addresses the behavioral, physical, and social needs of an individual
 - Adapted University of Washington Advancing Integrated Mental Health Solutions (AIMS) Institute ***Collaborative Care Model***
- ❖ WPIC utilizes a 3 Tiered Approach.
- ❖ WPIC Evaluation Team collects data, measures outcomes, and analyzes effectiveness



How Does the WPIC Model Work?



What Does a Tier 1 Provider Mean?

Elements of Collaborative Care Best Practices

Data/Outcomes Driven –
accountable care

Team Based
Care/Shared Culture –
shared vision, approach,
activities, decision-
making, responsibility for
care/outcomes

Evidenced Based Care

Population Based Care
– strategies for
optimizing the health of
an entire consumer
population

Address Social
Determinants of Health
Through Use of Peers &
Family Partners

Participant in
Community
Wellness/Health
Collaborative

Health Promotion –
outreach efforts &
wellness promotion
strategies

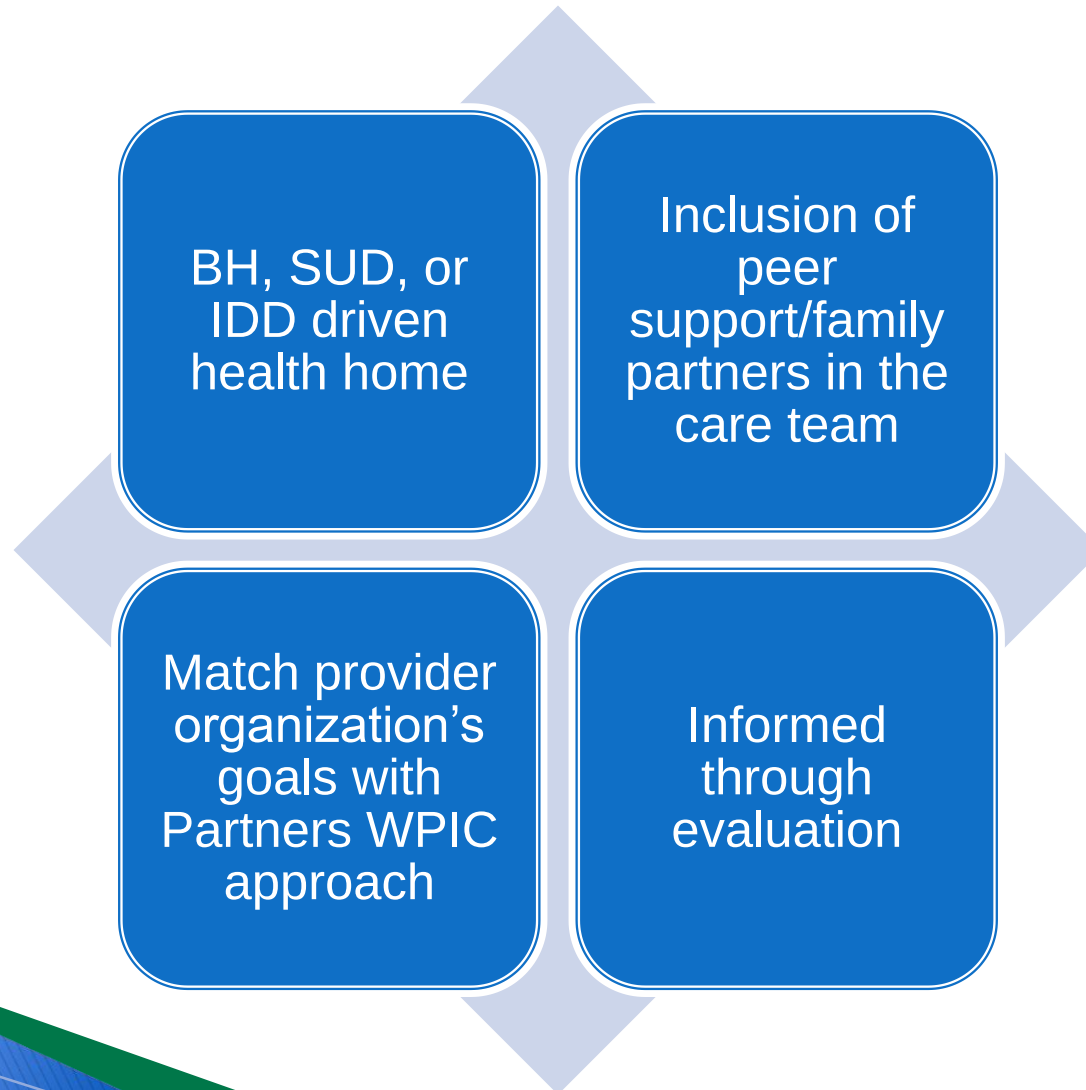


WPIC Outcomes

- Ensure appropriate access to care
- Improve consumer satisfaction
- Drive person-centered, whole person care SDOH
- Improve clinical outcomes and raise health index
- Promote wellness, prevention, and quality of life
- Manage costs



Opportunities



Questions?

Visit the Whole Person Integrated Care
table in the lobby!



Contact Information

Allison Gosda, Integrated Care Director

(828) 325-4687

agosda@partnersbhm.org

