



Board of Directors

Hybrid Meeting Agenda

October 13th, 2022

Board of Directors Members Present:

**North Sound Behavioral Health
Administrative Services Organization
(North Sound BH-ASO) Staff Present:**

Guests Present:

1. **Call to Order and Introductions** – Chair
2. **Revisions to the Agenda** – Chair
3. **Approval of the September 8th, 2022, Minutes, Motion #22-52**– Chair/Attachment
4. **Comments & Announcements from the Chair**
5. **Reports from Members**
6. **Comments from the Public**
7. **Update on Legislative Priorities, Brad Banks**
8. **Report from the Advisory Board** Attachment
9. **Annual Compliance Training, Charles DeElena** Attachments
10. **Report from the Finance Officer** Attachment
11. **Report from the Governance Operations Committee**

All matters listed with the Consent Agenda have been distributed to each Member for reading and study, are considered to be routine, and will be enacted by one action of the Board of Directors with no separate discussion. If separate discussion is desired, the item may be removed from the Consent Agenda and placed on the Regular Agenda by request of a Member.

Motion #22-53

- To review and approve the North Sound Behavioral Health Administrative Services Organization claims paid from September 1st, through September 30th, in the amount of \$2,253,475.28.
- Payroll for the month of September in the amount of \$169,060.42 and associated employer benefits in the amount of \$73,064.46

12. Action Items

For Board Approval

Summary

During the September 8th Board Meeting, **Motion # 22-49** was tabled. Discussion will take place during the 10/13/22 Governance & Operations Meeting.

The motion language is below:

Motion #22-49

To approve the 3.1% labor market adjustment to the current pay grid for implementation on January 1, 2023.

The BH-ASO Board Members tabled this motion. They would like the ASO to provide detailed information on each position individually.

They asked that the information be sent out to the Board Members prior to the Board Meeting. All were in favor of motion #22-49 being tabled.

Summary

Cumming Management Group

Cumming Management Group and Percival Health Advisors are embarking on the next phases of the Behavioral Health Needs Assessment. Phase I included Project Mobilization and Initial Workplan in the amount of \$12,000.

The next phases will consist of:

- Market & Strategic Priorities
- Demographics, Volume Projections & Gap Analysis
- Final Report

Motion #22-54

- North Sound BH-ASO-Cumming Management Group-22 Amendment 1 for the purpose of moving forward with phase two (2) and three (3) of the Needs Assessment. The funding for phases two and three is \$51,000 for a total on this contract of \$63,000.

Summary

Compass Health-Child Youth Mobile Crisis Outreach Team

Compass Health was the successful bidder for the team. There will be two teams, one serving Skagit & Whatcom Counties and one team serving Snohomish County. The startup funding for the program is \$494,463.30

Motion #22-55

- North Sound BH-ASO-Compass Health-ICCN-19-22 Amendment 10 for the purpose of providing the funding and program requirements for the new Child Youth Mobile Crisis Outreach Teams. The contract term is July 1, 2019, through June 30, 2023, with an automatic one-year renewal on July 1, 2023, based on continued compliance with the terms of the contract.

Summary:

HRSA Medication Assisted Treatment (MAT) SAMHSA Grant

The contracts listed below are participating in the HRSA Grant MAT services in Skagit and Island Counties. This is a renewable three (3) year Federal Grant.

NW Educational Service District (NW ESD) 189

Motion #22-56

- North Sound BH-ASO-NS WED 189-PSC-22 for the purpose of providing a student assistance/prevention intervention specialist in the Coupeville School District. The maximum consideration on this contract is \$87,834 for a 12-month period.

Compass Health

Motion #22-57

- North Sound BH-ASO-Compass Health-PSC-22 for the purpose of providing a Behavioral Health imbedded with Law Enforcement in East Skagit County. The maximum consideration on this contract is \$89,000 for a 12-month period.

Lifeline Connections

Motion #22-58

- North Sound BH-ASO-Lifeline Connections -PSC-22 for the purpose of providing a Nursing Care Manager. The maximum consideration on this contract is \$89,500 for a 12-month period.

Mount Baker Presbyterian Church (MBPC)

Motion #22-59

- North Sound BH-ASO-MBPC-PSC-22 for the purpose of providing and half time Recovery Support Specialist in East Skagit County. The maximum consideration on this contract is \$30,000 for a 12-month period.

Summary:

Holman Recovery Center

Holman Recovery Center is a substance use disorder (SUD) residential service provider in the North Sound Region. Holman Recovery Center was credentialed by North Sound BH-ASO in April 2022.

Motion #22-60

- North Sound BH-ASO-ICN-22 for the provision of SUD residential services. This is a fee for service contract with a term of January 1, 2023, through January 1, 2024, with an automatic one-year renewal on January 1, 2024, based on continued compliance with the terms of the contract.

13. Report from the Executive DirectorAttachments

14. Adjourn

Next Meeting: November 10th, 2022



Board of Directors

Hybrid Meeting Agenda

September 8th, 2022

Board of Directors Members Present:

- **Cindy Wolf**, Council Member, San Juan County; Vice Chair
- **Cammy Hart-Anderson**, Snohomish County Human Services; designated alternate for Dave Somers, Snohomish County Executive
- **Pat O'Maley Lanphear**, North Sound BH-ASO Advisory Board, Vice Chair
- **Jill Johnson**, Commissioner, Island County
- **Sam Low**, County Council; Snohomish County
- **Perry Mowery**, Behavioral Health Supervisor, Whatcom County; designated alternate for Satpal Sidhu
- **Kathy Kershner**, Whatcom County Council
- **George Kosovich, Public Health**, Skagit County, designated alternate for Peter Browning, Commissioner

North Sound Behavioral Health Administrative Services Organization (North Sound BH-ASO) Staff Present:

- **Joe Valentine**, Executive Director, North Sound BH-ASO
- **Darrell Heiner**, Senior Accountant, North Sound BH-ASO
- **Charles DeElena, Business Improvement Manager, Compliance Officer**, North Sound BH-ASO
- **Joanie Wenzl**, Clerk of the Board, North Sound BH-ASO

Guests Present:

Michelle Osborne, Nora Karena, Toni Belcher; Consultants; Diversity, Racial Equity, and Inclusion (DREI)

Call to Order and Introductions – Chair

Cindy Wolf, Vice-Chair, chaired the meeting for Peter Browning who was unavailable to attend the meeting today.

Revisions to the Agenda – Chair

Chair Wolf asked if there were any revision to the agenda. There was a suggestion to talk about the Opioid Summit.

WSAC had a briefing yesterday regarding Opioid monies. Discussion and questions took place regarding how the money will flow. It was noted that the Regional Prosecuting Attorneys (PAs) will be meeting soon via a regional call to further discuss the process.

Approval of the August 11th, 2022, Minutes, Motion #22-45 – Chair.... Attachment

Sam Low asked that his name be added to last month's meeting minutes, as he was in attendance and the adding of his name was missed.

The Clerk of the Board will add his name.

Jill Johnson moved the motion for approval, Cammy Hart-Anderson seconded, none opposed, no abstentions, all in favor, motion #22-45 carried, as amended.

Comments & Announcements from the Chair

The Vice Chair made comments on the WSAC Meeting and there was continued discussion.

Reports from Members

The Board Members gave updates on their respective county's behavioral health happenings.

Comments from the Public

There were no comments from the public

DREI Update

Michell, Nora, and Toni (DREI consultants) gave an update to the Board members regarding the status of their DREI work with the ASO. A question-and-answer session followed.

Report from the Advisory Board

Pat O'Maley Lanphear, Advisory Board Chair, gave the brief from the Advisory Board's most recent meeting and referenced the brief provided to Board members.

Report from the Finance Officer

- Conflict of Interest /Auditor Requirement

The Conflict-of-Interest form was briefly discussed and the reference to the RCW requirement, as well as it being audited each year for compliance. It was noted that Clerk of the Board will be sending them out to members for them to fill out and return.

Report from the Governance Operations Committee

All matters listed with the Consent Agenda have been distributed to each Member for reading and study, are considered to be routine, and will be enacted by one action of the Board of Directors with no separate discussion. If separate discussion is desired, the item may be removed from the Consent Agenda and placed on the Regular Agenda by request of a Member.

Consent AgendaAttachment

Motion #22-46

- To review and approve the North Sound Behavioral Health Administrative Services Organization claims paid from August 1st, through August 31st, 2022, in the amount of \$1,944,743.26.
- Payroll for the month of August in the amount of \$169,731.86 and associated employer benefits in the amount of \$72,694.76.

Jill Johnson moved the motion for approval, Cammy Hart Anderson seconded, none opposed, no abstentions, all in favor, motion #22-46 carried

Action Items

For Board Approval

Personnel

Summary:

Assisted Outpatient Treatment (AOT) Coordinator

Health Care Authority has funded a Full Time Equivalent (FTE) to coordinate the AOT program in the North Sound region. Assisted Outpatient Treatment is an order for Less Restrictive Alternative Treatment, this position will coordinate with local courts, behavioral health providers and Health Care Authority. The HCA funding available for this position is \$140,000 annually.

▪ **Motion #22-47**

To approve 1.0 FTE for an AOT Coordinator position.

Jill Johnson asked that it be noted that she will approve if the position is an in-office position. Discussion followed.

Sam Low moved the motion for approval, Jill Johnson seconded, none opposed, no abstentions, all in favor, motion

#22-47 carried

Summary:

Accountant

During our succession planning process, we decided it would be prudent to add an accounting position to the 2023 ASO budget. With increases in funding, the complexity of the funding and frequent reporting it is a high priority for the organization.

We are requesting authorization to post the position during the fourth quarter of 2022. Our current administrative budget has enough reserve to engage in recruitment and if necessary, up to two months of a wages and benefits.

▪ **Motion #22-48**

To approve 1.0 FTE for an Accountant position.

Jill Johnson noted that she will approve if the position is an in-office position. Discussion followed.

Sam Low moved the motion for approval, Jill Johnson seconded, none opposed, no abstentions, all in favor, motion # 22-48 carried

Summary:

Compensation

Compensation Works has recommended a 3.1% increase to current pay grid bringing it in line with the present labor market. The pay grid was last updated in 2016.

▪ **Motion #22-49**

To approve the 3.1% labor market adjustment to the current pay grid for implementation on January 1, 2023.

The BH-ASO Board Members tabled this motion. They would like the ASO to provide detailed information on each position individually.

They asked that the information be sent out to the Board Members prior to the Board Meeting. All were in favor of motion #22-49 being tabled.

Summary:

PEBB Resolution

Health Care Authority requires a Resolution of the Board of Directors authorizing the North Sound BH-ASO to apply for PEBB benefits.

▪ **Motion #22-50**

.....Attachment
To approve Resolution 22-002 authorizing the North Sound BH-ASO to apply to the PEBB for medical benefits for year 2023.

Cammy Hart-Anderson moved the motion for approval, George Kosovich seconded, none opposed, no abstentions, all in favor, motion #22-50 carried

Summary:

Child/Youth Mobile Crisis Team

The Child/Youth Mobile Crisis Team RFQ evaluation team met on August 4th and is recommending the Compass Health as the successful bidder for serving Skagit, Snohomish, and Whatcom counties. The funding in the amendment provides start-up funds allocated by HCA for the two 11-person teams.

▪ **Motion #22-51**

North Sound BH-ASO-Compass Health-ICCN-Amendment 10 for the provision of a Child/Youth Mobile Crisis Team in Snohomish, Skagit and Whatcom counties. The six (6)-month allocation on this contract is \$1,094,299.25. The contract term is July 1, 2019, through June 30, 2023, with an automatic one-year renewal on July 1, 2023, based on continued compliance with the terms of the contract

Jill Johnson moved the motion for approval, Sam Low seconded, none opposed, no abstentions, all in favor, motion #22-51 carried

Discussion Items

- Strategic Plan

The North Sound BH-ASO Strategic Plan was briefly discussed, and the attachment was referenced

Report from the Executive Director

The Report from the Executive Director was referenced as well as the corresponding documents:

- FACILITY NEEDS ASSESSMENT

- BEHAVIORAL HEALTH SERVICES COORDINATING COMMITTEE
- NORTH SOUND E&T RIBBON CUTTING
- CHILDREN, YOUTH AND FAMILY MOBILE CRISIS TEAMS
- CRISIS SERVICES UPDATE
- MOUNT VERNON CO-RESPONDER PROGRAM

Adjourn: 2:57 p.m.

Next Meeting: October 13th, 2022



Advisory Board Brief

October 4, 2022

The Advisory Board met on October 4, and the following items were discussed:

– Advisory Board

- **Pre-Meeting:** Kara Allen, Whatcom County Advisory Board Member provided a presentation of her non-profit organization Ascending Opportunities. The mission of the organization is designed to help re-define individual's self-worth and gain a second chance at life by assisting them with a successful reintegration back into society and providing clean sober housing, support, employment and community resources.
- Kaleb who is the North Sound Youth and Family Coalition, Youth Tri-Lead spoke to the Board of his active leadership in his community of Whatcom County. Kaleb is actively participating on the Strengths and Needs Assessment subcommittee and Outreach committee. The North Sound YFC new website was presented. The new website incorporates the Advisory Board Visual Art and Poetry 2018 contest winner's entries.
- Brad Banks, Legislative Liaison for the ASOs, was in attendance. Brad provided an overview of the draft legislative agenda. This was provided to help the Board guidance on how to support the BH-ASO in their legislative efforts.
- Nominations for 2023 Officers were opened. The Nominating Committee was formed. Nominations will be announced during the November meeting and official vote to occur during the December meeting.

– Executive Director

- The Executive Director reported on
 - Update on Behavioral Health Services Coordinating Committee
 - HB 1688 – Balanced Billing Act
 - Continuation of COVID Federal Block Grant Funding
 - Update on Facility Needs Assessment
 - Crisis Services Update
 - Update on the North Sound Rural Communities Opioid Response Program

- The Action Items were passed and recommended to the Board of Directors for approval
 - Motion pertaining to the Compass Health Child Youth Mobile Crisis Outreach Team approval. As a condition of this award, Compass Health shall establish a community oversight/advisory committee for its Child Youth Crisis Outreach Team that centers the voices of youth and families affected by mental health conditions in Skagit and Whatcom Counties. The purpose of this Advisory Committee is to support program accountability and transparency to the children, youth, and families that it serves so as to inform ongoing program improvement.

– **Finance/Executive Committee**

- The September Expenditures were passed and recommended to the Board of Directors for approval.

– **Advisory Board Resignation and Membership**

- **Island County 2 vacancies**
- **San Juan 3 vacancies**
- **Skagit 2 vacancies**
- **Snohomish 6 vacancies**
- **Whatcom 1 vacancy**



North Sound BH-ASO

2021 E. College Way, Suite 101, Mt. Vernon, WA 98273

Phone: (360) 416-7013 Fax: (360) 899-4754

www.nsbhaso.org

10/10/2022

Re: Required Centers for Medicare & Medicaid Services (CMS) Trainings

Dear North Sound Behavioral Health Administrative Services Organization (North Sound BH-ASO) Board of Directors,

As stipulated in North Sound BH-ASO contracts with the five (5) managed care organizations (MCOs), all members of the North Sound BH-ASO Board of Directors and their alternates are required to complete the following Medicaid Fraud, Waste and Abuse training:

- Combatting Medicare Parts C and D Fraud, Waste and Abuse Training

North Sound BH-ASO will provide information on how to access the approved web-based training provided by Centers for Medicare & Medicaid Services (CMS). A pdf of the training will also be provided to all board members and their alternates as an alternative format. The deadline for completion is December 2, 2022.

Each individual will need to complete an attestation form attesting to the fact they completed the required training. Completed attestations may be submitted via email to compliance_officer@nsbhaso.org.

We thank you in advance for your attention to this matter. If you have any questions about the request, please contact me at compliance_officer@nsbhaso.org or by calling 360-416-7013.

Sincerely,

A handwritten signature in black ink, appearing to read "Charles DeElena".

Charles DeElena MBA, MHA, CHC, PMP, CPHQ
North Sound BH-ASO Business Improvement Manager/Compliance Officer



North Sound BH-ASO

2021 E. College Way, Suite 101, Mt. Vernon, WA 98273

Phone: (360) 416-7013 Fax: (360) 899-4754

www.nsbhaso.org

COMPLIANCE TRAINING ATTESTATION STATEMENT

2022 Centers for Medicare & Medicaid Services Annual Attestation

I, _____, attest that I have read, acknowledge, and attest to
(printed name)

understanding and abiding by the following North Sound Behavioral Health Administrative Service Organization (BH-ASO) and Centers for Medicare & Medicaid Services policies, procedures, and training:

Centers for Medicare & Medicaid Services (CMS)		
Initials	Training	Date Completed
	Combatting Medicare Parts C and D Fraud, Waste, and Abuse https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/WebBasedTraining	

Signature

Date

Once completed, please:

1. Sign, date, and Scan this attestation
2. Name scanned attestation: "Last name, first name – 2022 CMS Attestation"
3. Email attestation to Compliance_Officer@nsbhaso.org

Submit Completed Forms to Compliance_Officer@nsbhaso.org



Combating Medicare Parts C & D Fraud, Waste, & Abuse



Synopsis

In this 30-minute course, learn about fraud, waste, and abuse (FWA) laws and regulations, potential violation consequences and penalties, and how Medicare Part C and Part D employees can recognize and prevent FWA.

- * Introduction
- * Lesson 1: What's Fraud, Waste, & Abuse?
- * Lesson 2: Your Role in the Fight Against Fraud, Waste, & Abuse
- * Assessment

Together we can advance health equity and help eliminate health disparities for all minority and underserved groups. Find resources and more from the [CMS Office of Minority Health](#):

- * [Health Equity Technical Assistance Program](#)
- * [Disparities Impact Statement](#)



The Combating Medicare Parts C & D Fraud, Waste, and Abuse course is brought to you by the Medicare Learning Network®



The Medicare Learning Network® (MLN) offers free educational materials for health care professionals on CMS programs, policies, and initiatives. Get quick access to the information you need.

- * MLN Publications & Multimedia
- * MLN Events & Training
- * MLN Newsletters & Social Media



This training helps Medicare Parts C and D plan sponsors' employees, governing body members, and their first-tier, downstream, and related entities (FDRs) satisfy their annual fraud, waste, and abuse (FWA) training requirements in the regulations and sub-regulatory guidance at:

- * 42 CFR 422.503(b)(4)(vi)(C)
 - * 42 CFR 423.504(b)(4)(vi)(C)
 - * Medicare and Medicaid Programs; Contract Year 2022 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, Medicaid Program, Medicare Cost Plan Program, and Programs of All-Inclusive Care for the Elderly
 - * Section 50.3.2 of the Compliance Program Guidelines (Medicare Prescription Drug Benefit Manual, Chapter 9 and Medicare Managed Care Manual, Chapter 21)
- Sponsors and their FDRs must provide additional specialized or refresher training on issues posing FWA risks based on the employee's job function or business setting.



Why Do I Need Training?

Each year, billions of dollars are improperly spent because of FWA. It affects everyone—including you. This training will help you detect, correct, and prevent FWA. You're part of the solution.

Combating FWA is everyone's responsibility. As an individual who provides health or administrative services for Medicare enrollees, every action you take potentially affects Medicare enrollees, the Medicare Program, or the Medicare Trust Fund.



Training Requirements: Plan Employees, Governing Body Members, & First-Tier, Downstream, or Related Entity Employees

Certain training requirements apply to people involved in Medicare Parts C and D administration. All Medicare Advantage Organization (MAO) and Medicare Drug Plan (Part D) (collectively referred to in this course as sponsors) employees must get training to prevent, detect, and correct FWA.

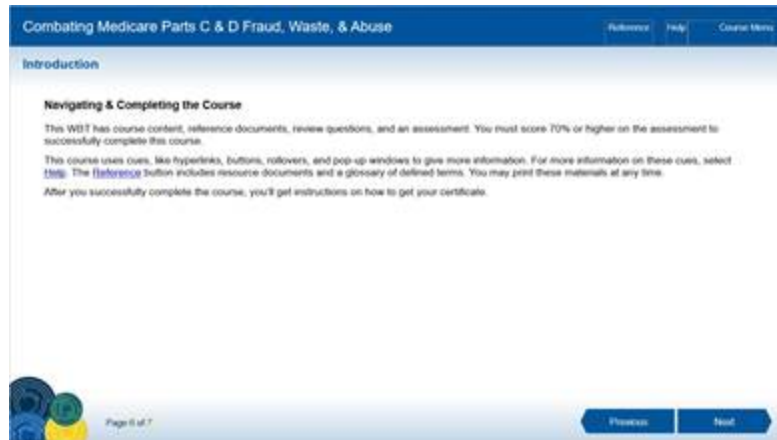
FWA training must happen within 90 days of initial hire and at least annually thereafter.

Compliance Training, Education & Outreach for Medicare Parts C & D Programs webpage has more information.

Medicare Part C, or Medicare Advantage (MA), is a health insurance option available to Medicare patients. Private, Medicare-approved insurance companies run MA programs. These companies arrange for, or directly provide, health care services to patients who enroll in an MA plan.

MA plans must cover all services Medicare covers (with the exception of hospice care). They provide Part A and Part B benefits and may also include prescription drug coverage and other supplemental benefits.

Medicare Part D, the Prescription Drug Benefit, provides prescription drug coverage to patients enrolled in Part A and or Part B who enroll in a Part D or an MA Prescription Drug (MA-PD) plan. Medicare-approved insurance and other companies provide prescription drug coverage to individuals living in a plan's service area.



Navigating & Completing the Course

This WBT has course content, reference documents, review questions, and an assessment. You must score 70% or higher to successfully complete this course.

This course uses cues, like hyperlinks, buttons, rollovers, and pop-up windows to give more information. For more information on these cues, select Help. The Reference button includes resource documents and a glossary of defined terms. You may print these materials at any time.

After you successfully complete the course, you'll get instructions on how to get your certificate.



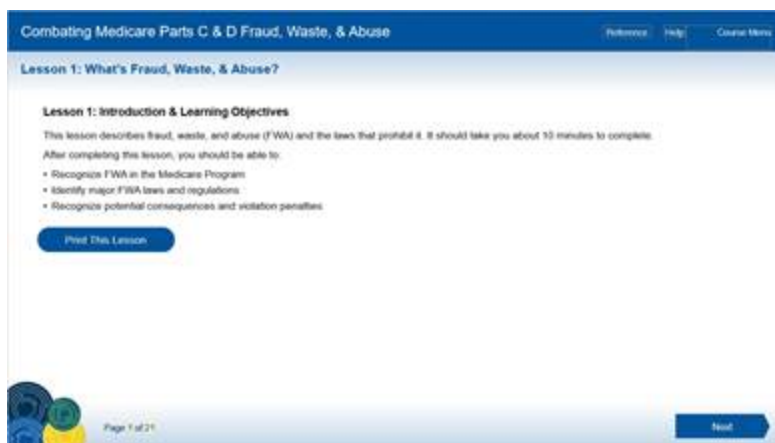
Welcome to the Combating Medicare Parts C & D Fraud, Waste, & Abuse Course

Course Objectives

After completing this course, you should be able to:

- * Recognize FWA in the Medicare Program
- * Identify major FWA laws and regulations
- * Recognize potential consequences and violation penalties
- * Identify methods to prevent FWA
- * Identify how to report FWA
- * Recognize how to correct FWA

Select Continue to return to the Course Menu. Then, select Lesson 1: What's Fraud, Waste, & Abuse?



Lesson 1: Introduction & Learning Objectives

This lesson describes fraud, waste, and abuse (FWA) and the laws that prohibit it. It should take you about 10 minutes to complete.

After completing this lesson, you should be able to:

- * Recognize FWA in the Medicare Program
- * Identify major FWA laws and regulations
- * Recognize potential consequences and violation penalties

Combating Medicare Parts C & D Fraud, Waste, & Abuse

Lesson 1: What's Fraud, Waste, & Abuse?

Fraud

Fraud is knowingly submitting, or causing to be submitted, false claims or making misrepresentations of fact to get a federal health care payment when no entitlement would otherwise exist. Knowingly soliciting, getting, offering, or paying remuneration (for example, kickbacks, bribes, or rebates) to induce or reward referrals for items or services reimbursed by federal health care programs. Making prohibited referrals for certain designated health services is another example.

Fraud requires intent to get payment and knowledge the actions are wrong.

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Fraud

Fraud is knowingly submitting, or causing to be submitted, false claims or making misrepresentations of fact to get a federal health care payment when no entitlement would otherwise exist. Knowingly soliciting, getting, offering, or paying remuneration (for example, kickbacks, bribes, or rebates) to induce or reward referrals for items or services reimbursed by federal health care programs. Making prohibited referrals for certain designated health services is another example.

Fraud requires intent to get payment and knowledge the actions are wrong.

Combating Medicare Parts C & D Fraud, Waste, & Abuse

Lesson 1: What's Fraud, Waste, & Abuse?

Fraud (continued)

The Criminal Health Care Fraud Statute (18 United States Code (USC) 1347) makes it a criminal offense to knowingly and willfully execute a scheme to defraud a health care benefit program. Health care fraud is punishable by imprisonment up to 10 years. It's also subject to criminal fines up to \$250,000. The statute prohibits knowingly and willfully executing, or attempting to execute, a scheme or lie connected to delivering or paying for health care benefits, items, or services to either:

- Defraud any health care benefit program;
- Get (by means of false or fraudulent pretenses, representations, or promises) money or property owned by, or controlled by, any health care benefit program.

Example Penalties

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Fraud (continued)

The Criminal Health Care Fraud Statute (18 United States Code (USC) 1347) makes it a criminal offense to knowingly and willfully execute a scheme to defraud a health care benefit program. Health care fraud is punishable by imprisonment up to 10 years. It's also subject to criminal fines up to \$250,000. The statute prohibits knowingly and willfully executing, or attempting to execute, a scheme or lie connected to delivering or paying for health care benefits, items, or services to either:

- * Defraud any health care benefit program
- * Get (by means of false or fraudulent pretenses, representations, or promises) money or property owned by, or controlled by, any health care benefit program

Example: Several doctors and medical clinics conspire in a coordinated scheme to defraud the Medicare Program by submitting medically unnecessary power wheelchair claims.

Penalties: Penalties for violating the Criminal Health Care Fraud Statute may include fines, imprisonment, or both.



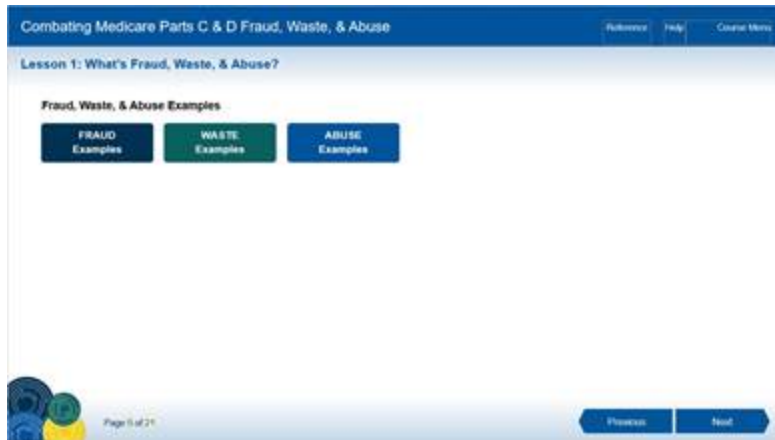
Waste & Abuse

Waste describes practices that, directly or indirectly, result in unnecessary Medicare Program costs, like overusing services. Waste is generally not considered to be criminally negligent but rather the misuse of resources.

Abuse describes practices that, directly or indirectly, result in unnecessary Medicare Program costs. Abuse includes any practice that doesn't provide patients with medically necessary services or meet professionally recognized standards of care.

-

Section 20 of Medicare Managed Care Manual, Chapter 21 and Prescription Drug Benefit Manual, Chapter 9 have fraud, waste, and abuse definitions.



Fraud, Waste, & Abuse Examples

Medicare fraud examples:

- * Knowingly billing for services of higher complexity than services actually provided or documented in patient medical records
- * Knowingly billing for services or supplies not provided, including falsifying records to show item delivery
- * Knowingly ordering medically unnecessary patient items or services
- * Paying for federal health care program patient referrals
- * Billing Medicare for appointments patients don't keep

Medicare waste examples:

- * Conducting excessive office visits or writing excessive prescriptions
- * Prescribing more medications than necessary for treating a specific condition
- * Ordering excessive lab tests

Medicare abuse examples:

- * Billing unnecessary medical services
- * Charging excessively for services or supplies
- * Misusing codes on a claim, like upcoding (assigning an inaccurate medical procedure or treatment billing code to increase payment) or unbundling codes

Combating Medicare Parts C & D Fraud, Waste, & Abuse

Lesson 1: What's Fraud, Waste, & Abuse?

Fraud, Waste, & Abuse Differences

There are differences between fraud, waste, and abuse. One of the primary differences is intent and knowledge. Fraud requires intent to get payment and knowledge the actions are wrong. Waste and abuse may involve getting an improper payment or creating unnecessary Medicare Program costs, but don't require the same intent and knowledge.

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Fraud, Waste, & Abuse Differences

There are differences between fraud, waste, and abuse. One of the primary differences is intent and knowledge. Fraud requires intent to get payment and knowledge the actions are wrong. Waste and abuse may involve getting an improper payment or creating unnecessary Medicare Program costs but don't require the same intent and knowledge.

Combating Medicare Parts C & D Fraud, Waste, & Abuse

Lesson 1: What's Fraud, Waste, & Abuse?

Understanding Fraud, Waste, & Abuse

To detect FWA, you need to know the laws.

The next pages provide high-level information about these laws:

- Federal Civil False Claims Act (FCA)
- Criminal Health Care Fraud Statute
- Anti-Kickback Statute (AKS)
- Physician Self-Referral Law (Stark Statute)
- Civil Monetary Penalties Law (CMPL)
- Exclusion Statute
- Health Insurance Portability and Accountability Act (HIPAA)

For details about specific laws, review the applicable statute and regulations.

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Understanding Fraud, Waste, & Abuse

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- * Anti-Kickback Statute (AKS)
- * Physician Self-Referral Law (Stark Statute)
- * Civil Monetary Penalties Law (CMPL)
- * Exclusion Statute

* Health Insurance Portability and Accountability Act (HIPAA)

For details about specific laws, review the applicable statute and regulations.

Combating Medicare Parts C & D Fraud, Waste, & Abuse

Lesson 1: What's Fraud, Waste, & Abuse?

Federal Civil False Claims Act

The civil False Claims Act (FCA) (31 USC 3729–3733) makes a person liable to pay damages to the government if they knowingly:

- Conspire to violate the FCA
- Carry out other acts to get government property by misrepresentation
- Conceal or improperly avoid or decrease an obligation to pay the government
- Make or use a false record or statement supporting a false claim
- Present a false claim for payment or approval

Additionally, under the criminal FCA (18 USC 287), individuals or entities may face criminal penalties, including fines, imprisonment, or both for submitting false, fictitious, or fraudulent claims.

Examples

Damages & Penalties

Penalties for violating the civil FCA may include recovery of up to 3 times the amount of the government's damages due to the false claim, plus \$11,000 per false claim filed.

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Federal Civil False Claims Act

The civil False Claims Act (FCA) (31 USC 3729–3733) makes a person liable to pay damages to the government if they knowingly:

- * Conspire to violate the FCA
- * Carry out other acts to get government property by misrepresentation
- * Conceal or improperly avoid or decrease an obligation to pay the government
- * Make or use a false record or statement supporting a false claim
- * Present a false claim for payment or approval

Additionally, under the criminal FCA (18 USC 287), individuals or entities may face criminal penalties, including fines, imprisonment, or both for submitting false, fictitious, or fraudulent claims.

Examples:

A Florida Medicare Part C plan:

- * Hired an outside company to review medical records to find additional diagnosis codes it could submit to increase CMS risk capitation payments
- * Was informed by the outside company that certain diagnosis codes previously submitted to Medicare were undocumented or unsupported
- * Failed to report the unsupported diagnosis codes to Medicare
- * Agreed to pay \$22.6 million to settle FCA allegations

The owner-operator of a California medical clinic:

- * Used marketers to recruit individuals for medically unnecessary office visits
- * Promised free, medically unnecessary equipment or free food to entice individuals
- * Charged Medicare more than \$1.7 million for the scheme
- * Was sentenced to 37 months in prison

Damages & Penalties

Penalties for violating the civil FCA may include recovery of up to 3 times the amount of the government's damages due to the false claims, plus \$11,000 per false claim filed.



The screenshot shows a course page with a blue header. The header text is 'Combating Medicare Parts C & D Fraud, Waste, & Abuse'. Below the header, the page title is 'Lesson 1: What's Fraud, Waste, & Abuse?'. The main content area is titled 'Federal Civil False Claims Act (continued)'. It contains three definitions: 'Whistleblower: A person who exposes information or activity that's deemed illegal, dishonest, or violates professional or clinical standards', 'Protected: A person who reports false claims or brings legal actions to recover money paid on false claims is protected from retaliation', and 'Rewarded: A person who brings a successful whistleblower lawsuit gets at least 15%, but not more than 30%, of the money the government collects'. At the bottom of the page, there is a 'Page 8 of 21' indicator and navigation buttons for 'Previous' and 'Next'.

Federal Civil False Claims Act (continued)

Whistleblower: A person who exposes information or activity that's deemed illegal, dishonest, or violates professional or clinical standards

Protected: A person who reports false claims or brings legal actions to recover money paid on false claims is protected from retaliation

Rewarded: A person who brings a successful whistleblower lawsuit gets at least 15%, but not more than 30%, of the money the government collects

Combating Medicare Parts C & D Fraud, Waste, & Abuse

Lesson 1: What's Fraud, Waste, & Abuse?

Criminal Health Care Fraud Statute

The Criminal Health Care Fraud Statute (18 USC 1346–1349) states, "Whoever knowingly and willfully executes, or attempts to execute, a scheme or artifice to defraud any health care benefit program or obtain, by means of false or fraudulent pretenses, representations, or promises, any of the money or property owned by, or under the custody or control of, any health care benefit program ... shall be fined under this title or imprisoned not more than 10 years, or both."

Conviction under the statute doesn't require proof the violator knew the law or had specific intent to violate it.

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Previous Next

Criminal Health Care Fraud Statute

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Conviction under the statute doesn't require proof the violator knew the law or had specific intent to violate it.

Examples:

A Pennsylvania pharmacist:

- * Submitted Medicare Part D claims for non-existent prescriptions and drugs not dispensed
- * Pleaded guilty to health care fraud
- * Got a 15-month prison sentence and was ordered to pay more than \$166,000 in restitution to the plan

The owner of multiple New York Durable Medical Equipment (DME) companies:

- * Falsely represented themselves as 1 of a nonprofit health maintenance organization's (that administered a Medicare Advantage plan) authorized vendors
- * Didn't provide DME to any patients as claimed
- * Submitted almost \$1 million in false claims to the nonprofit; was paid \$300,000
- * Pleaded guilty to 1 count of conspiracy to commit health care fraud

Combating Medicare Parts C & D Fraud, Waste, & Abuse

Lesson 1: What's Fraud, Waste, & Abuse?

Criminal Health Care Fraud Statute (continued)

Persons who knowingly make a false claim may be subject to:

- Criminal fines up to \$250,000
- Imprisonment for up to 20 years

If the violations resulted in death, the individual may be imprisoned for any term of years or for life.

[18 USC 1347](#) has more information.

Page 11 of 21

Criminal Health Care Fraud Statute (continued)

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- * Criminal fines up to \$250,000
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Combating Medicare Parts C & D Fraud, Waste, & Abuse

Lesson 1: What's Fraud, Waste, & Abuse?

Anti-Kickback Statute

The Anti-Kickback Statute (AKS) ([42 USC 1320a-7b\(1\)](#)) makes it a crime to knowingly and willfully offer, pay, solicit, or get any remuneration directly or indirectly to induce or reward patient referrals or business generation involving any item or service payable by a federal health care program. When a provider offers, pays, solicits, or gets unlawful remuneration, they violate the AKS.

The safe harbor regulations ([42 CFR 101.1001-952](#)) describe various payment and business practices that, although they potentially implicate the AKS, aren't treated as AKS offenses if they meet certain regulatory requirements. Individuals and entities remain responsible for complying with all other laws, regulations, and guidance that apply to their businesses.

[Comparison of the Anti-Kickback Statute and Stark Law](#) handout has more information.

Example

Damages & Penalties

Violations are punishable by:

- A fine up to \$25,000
- Imprisonment up to 5 years, or both

[Section 112805 of the Social Security Act](#) has more information.

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Anti-Kickback Statute

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violate the AKS.

The safe harbor regulations (42 CFR 1001.952) describe various payment and business practices that, although they potentially implicate the AKS, aren't treated as AKS offenses if they meet certain regulatory requirements. Individuals and entities remain responsible for complying with all other laws, regulations, and guidance that apply to their businesses.

Comparison of the Anti-Kickback Statute and Stark Law handout has more information.

Example:

A physician operating a Rhode Island pain management practice:

- * Conspired to solicit and get kickbacks for prescribing a highly addictive version of the opioid Fentanyl
- * Reported patients had breakthrough cancer pain to secure insurance payments
- * Got \$188,000 in speaker fee kickbacks from the drug manufacturer
- * Admitted the kickback scheme cost Medicare and other payers more than \$750,000

The physician was required to pay more than \$750,000 in restitution.

Damages & Penalties

Violations are punishable by:

- * A fine up to \$25,000
- * Imprisonment up to 5 years, or both

Section [1128B\(b\) of the Social Security Act](#) has more information.

The screenshot shows a presentation slide with a blue header: "Combating Medicare Parts C & D Fraud, Waste, & Abuse". Below the header, it says "Lesson 1: What's Fraud, Waste, & Abuse?". The main content is titled "Physician Self-Referral Law (Stark Law)".

Physician Self-Referral Law (Stark Law)
 The Physician Self-Referral Law (42 USC 1395nn), often called the Stark Law, prohibits a physician from referring a patient to get designated health services from a provider with whom a physician or a physician's immediate family member has a financial relationship, unless an exception applies.

Designated health services:

- Clinical lab services
- Physical therapy, occupational therapy, and outpatient speech-language pathology services
- Radiology and other imaging services
- Radiation therapy services and supplies
- DME and supplies
- Parenteral and enteral nutrients, equipment, and supplies
- Prosthetics, orthotics, and supplies
- Home health services
- Outpatient prescription drugs
- Inpatient and outpatient hospital services

Example

Damages & Penalties
 We don't pay Medicare claims funded by an arrangement that doesn't comply with the Stark statute. A penalty of approximately \$25,000 can be imposed for each service provided. There may also be a fine over \$160,000 for entering into an unlawful arrangement or scheme.
 Physician Self-Referral webpage and section 1127 of the Social Security Act have more information.

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Physician Self-Referral Law (Stark Law)

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- * Parenteral and enteral nutrients, equipment, and supplies
- * Prosthetics, orthotics, and supplies
- * Home health services
- * Outpatient prescription drugs
- * Inpatient and outpatient hospital services

Damages & Penalties

We don't pay Medicare claims tainted by an arrangement that doesn't comply with the Stark Statute. A penalty of approximately \$25,000 can be imposed for each service provided. There may also be a fine over \$160,000 for entering into an unlawful arrangement or scheme.

[Physician Self-Referral webpage](#) and [section 1877 of the Social Security Act](#) have more information.

Example:

A California hospital was ordered to pay more than \$3.2 million to settle Stark Law violations for maintaining 97 financial relationships with physicians and physician groups outside the fair market value standards or that were improperly documented as exceptions.

Combating Medicare Parts C & D Fraud, Waste, & Abuse

Reference Help Contact Menu

Lesson 1: What's Fraud, Waste, & Abuse?

Civil Monetary Penalties Law

The Civil Monetary Penalties Law (CMPL) (42 USC 1320a-7a) authorizes the Office of Inspector General (OIG) to seek Civil Monetary Penalties (CMPs) and sometimes exclusions for a variety of health care fraud violations. Violations that may justify CMPs include:

- Arranging for an excluded individual's or entity's services or items
- Failing to grant OIG timely records access
- Filing a claim you know or should know is for an item or service that wasn't provided as claimed or is false or fraudulent
- Filing a claim you know or should know is for an item or service for which we won't make payment
- Violating the AKS
- Violating Medicare assignment provisions
- Violating the Medicare physician agreement
- Providing false or misleading information expected to influence a discharge decision
- Failing to provide an adequate medical screening exam for patients who present to a hospital emergency department with an emergency medical condition or in labor
- Making false statements or misrepresentations on applications or contracts to participate in federal health care programs

[Section 1128A\(a\) of the Social Security Act](#) has more information.

Example

Damages & Penalties

Penalties and assessments vary based on the type of violation. Penalties can be approximately \$10,000–\$100,000 per violation. CMPs may also include an assessment of up to 3 times the amount claimed for each item or service, or up to 3 times the amount of remuneration offered, paid, solicited, or received.

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- * Filing a claim you know or should know is for an item or service for which we won't make payment
- * Violating the AKS
- * Violating Medicare assignment provisions
- * Violating the Medicare physician agreement
- * Providing false or misleading information expected to influence a discharge decision
- * Failing to provide an adequate medical screening exam for patients who present to a hospital emergency department with an emergency medical condition or in labor
- * Making false statements or misrepresentations on applications or contracts to participate in federal health care programs

Section 1128A(a) of the Social Security Act has more information.

Example:

A California pharmacy and its owner agreed to pay over \$1.3 million to settle allegations they submitted unsubstantiated Medicare Part D claims for brand name prescription drugs the pharmacy couldn't have dispensed based on inventory records.

Damages & Penalties

Penalties and assessments vary based on the type of violation. Penalties can be approximately \$10,000–\$50,000 per violation. CMPs may also include an assessment of up to 3 times the amount claimed for each item or service, or up to 3 times the amount of remuneration offered, paid, solicited, or received.

The screenshot shows a training module interface. At the top, it says "Combating Medicare Parts C & D Fraud, Waste, & Abuse" with "Reference", "Help", and "Course Menu" links. Below that is "Lesson 1: What's Fraud, Waste, & Abuse?". The main content area is titled "Exclusion Statute" and contains the following text:

The Exclusion Statute (42 USC 1320a-7) requires the OIG exclude individuals and entities convicted of these offenses from participating in all federal health care programs.

- Medicare or Medicaid fraud, as well as other offenses related to delivering Medicare or Medicaid items or services
- Patient abuse or neglect
- Felony convictions for other health care-related fraud, theft, or other financial misconduct
- Felony convictions for unlawful manufacture, distribution, prescribing, or dispensing controlled substances

The OIG also maintains the [List of Excluded Individuals and Entities \(LEIE\)](#) website.

The U.S. General Services Administration (GSA) administers the [Excluded Parties List System \(EPLS\)](#), which enables various federal agencies, including the OIG, to take debarment actions.

When looking for excluded individuals or entities, check both the LEIE and the EPLS since the lists aren't the same. [42 CFR 1001.1901](#) has more information.

At the bottom right of the content area, there is an "Example" button. At the very bottom of the slide, there are "Previous" and "Next" navigation buttons.

Exclusion Statute

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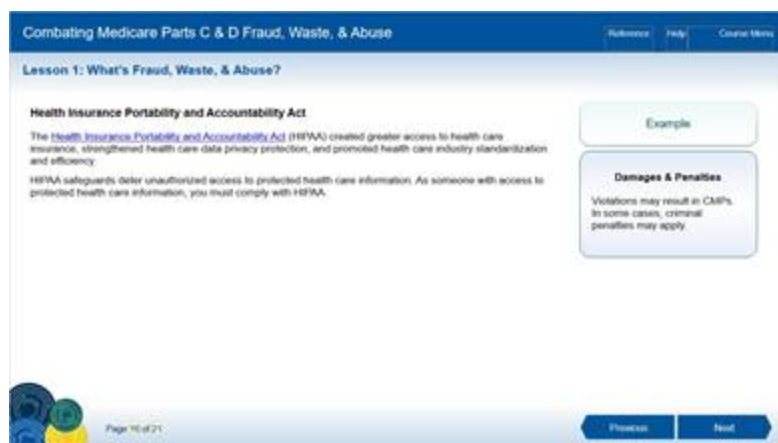
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When looking for excluded individuals or entities, check both the LEIE and the EPLS since the lists aren't the same. 42 CFR 1001.1901 has more information.

Example:

A pharmaceutical company pleaded guilty to 2 felony counts of criminal fraud for not filing required reports with the FDA about oversized morphine sulfate tablets. The pharmaceutical firm executive was excluded based on the company's guilty plea. When the unconvicted executive was excluded, there was evidence he was involved in misconduct leading to the company's conviction.



Health Insurance Portability and Accountability Act

The Health Insurance Portability and Accountability Act (HIPAA) created greater access to health care insurance, strengthened health care data privacy protection, and promoted health care industry standardization and efficiency.

HIPAA safeguards deter unauthorized access to protected health care information. As someone with access to protected health care information, you must comply with HIPAA.

Example:

A former hospital employee pleaded guilty to criminal HIPAA charges after getting protected health information with the intent to use it for personal gain. He was sentenced to 12 months and 1 day in prison.

Damages & Penalties

Violations may result in CMPs. In some cases, criminal penalties may apply.

The screenshot shows a presentation slide with a blue header and footer. The header text is 'Combating Medicare Parts C & D Fraud, Waste, & Abuse'. The slide title is 'Lesson 1: What's Fraud, Waste, & Abuse?'. The main content is titled 'Lesson 1 Summary' and contains the following text:

There are differences between fraud, waste, and abuse (FWA). One of the primary differences is **intent** and **knowledge**.

Fraud is knowingly submitting, or causing to be submitted, false claims or making misrepresentations of fact to get a federal health care payment for which no entitlement would otherwise exist.

Waste and abuse may involve getting an improper payment but not the same intent and knowledge.

Laws and regulations exist that prohibit FWA. Penalties for violating these laws include:

- * Civil Monetary Penalties
- * Civil prosecution
- * Criminal conviction, fines, or both
- * Exclusion from all federal health care program participation
- * Imprisonment
- * Loss of professional license

The slide footer includes a 'Page 17 of 21' indicator and navigation buttons for 'Previous' and 'Next'.

Lesson 1 Summary

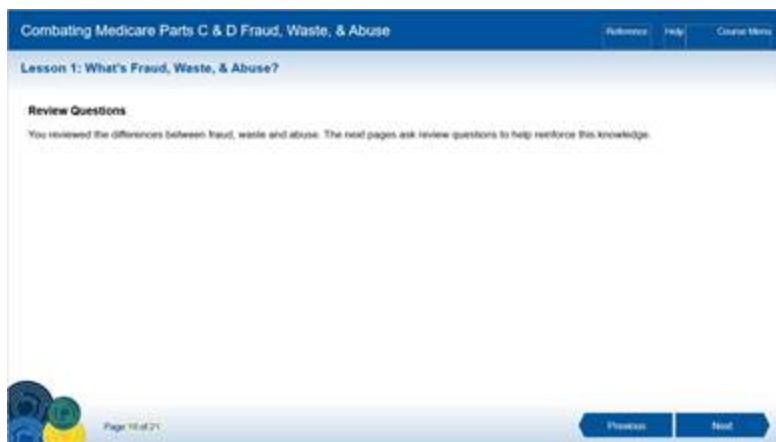
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Combating Medicare Parts C & D Fraud, Waste, & Abuse

Lesson 1: What's Fraud, Waste, & Abuse?

Review Questions

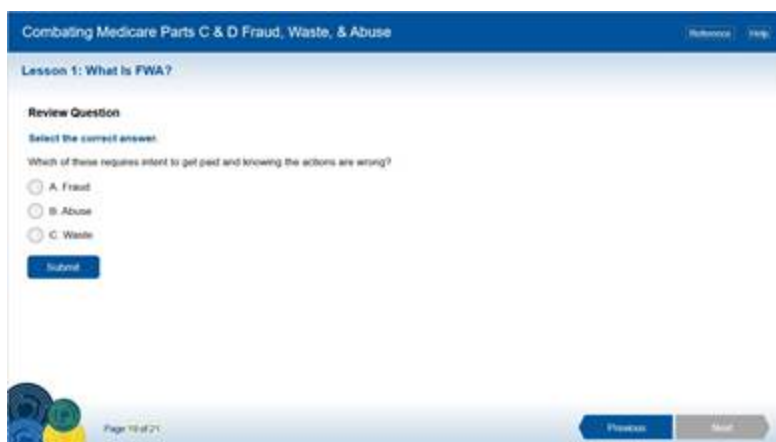
You reviewed the differences between fraud, waste and abuse. The next pages ask review questions to help reinforce this knowledge.

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Review Questions

You reviewed the differences between fraud, waste and abuse. The next pages ask review questions to help reinforce this knowledge.



Combating Medicare Parts C & D Fraud, Waste, & Abuse

Lesson 1: What is FWA?

Review Question

Select the correct answer.

Which of these requires intent to get paid and knowing the actions are wrong?

A. Fraud

B. Abuse

C. Waste

Submit

Page 10 of 21

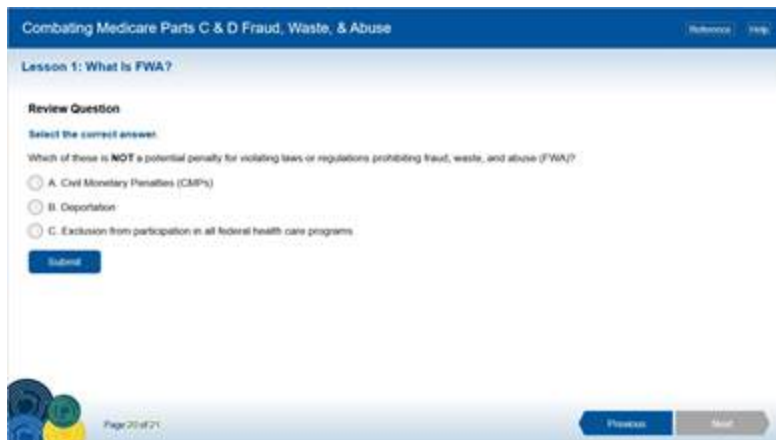
Previous Next

Review Question

Select the correct answer.

Which of these requires intent to get paid and knowing the actions are wrong?

- A. Fraud
- B. Abuse
- C. Waste



Review Question

Select the correct answer.

Which of these is NOT a potential penalty for violating laws or regulations prohibiting fraud, waste, and abuse (FWA)?

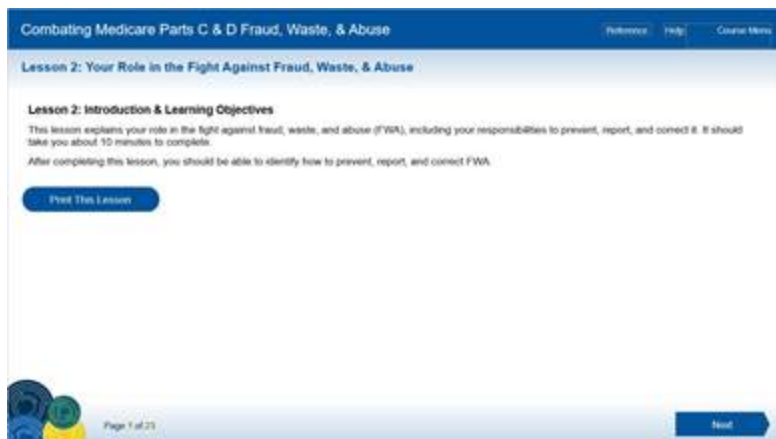
- A. Civil Monetary Penalties (CMPs)
- B. Deportation
- C. Exclusion from participation in all federal health care programs



You've completed Lesson 1: What's Fraud, Waste, & Abuse?

Now that you've learned about FWA and the laws and regulations prohibiting it, let's look closer at your role in the fight against FWA.

Select Continue to return to the Course Menu. Then, select Lesson 2: Your Role in the Fight Against Fraud, Waste, & Abuse.



Lesson 2: Introduction & Learning Objectives

This lesson explains your role in the fight against fraud, waste, and abuse (FWA), including your responsibilities to prevent, report, and correct it. It should take you about 10 minutes to complete.

After completing this lesson, you should be able to identify how to prevent, report, and correct FWA.



Where Do I Fit In?

As someone who provides health or administrative services to a Medicare Part C or Part D enrollee, you're likely an employee of a:

- * **Sponsor:** Medicare Advantage Organization (MAO) or a Prescription Drug Plan (PDP)
- * **First-Tier Entity:** Pharmacy Benefit Manager (PBM), hospital or health care facility, provider

group, doctor's office, clinical lab, customer service provider, claims processing and adjudication company, a company that handles enrollment, disenrollment, and membership functions, and contracted sales agents

* Downstream Entity: Pharmacies, doctors' offices, firms providing agent or broker services, marketing firms, and call centers

* Related Entity: Entity with common ownership or control of a sponsor, health promotion provider, or SilverSneakers®



Where Do I Fit In? (continued)

A Part C Plan Sponsor is a CMS contractor. Part C Plan Sponsors may enter into contracts with first-tier, downstream, or related entities (FDRs). This stakeholder relationship flow chart shows examples of functions relating to the sponsor's Medicare Part C contracts. Medicare Part C Plan Sponsor first-tier and related entities may contract with downstream entities to fulfill their contractual obligations to the sponsor.

Examples of first-tier entities may be independent practices, call centers, health services and hospital groups, fulfillment vendors, field marketing organizations, and credentialing organizations. If the first-tier entity is an independent practice, then a provider could be a downstream entity. If the first-tier entity is a health service and hospital group, then radiology, hospital, or mental health facilities may be the downstream entity. If the first-tier entity is a field marketing organization, then agents may be the downstream entity. Downstream entities may contract with other downstream entities. Hospitals and mental health facilities may contract with providers.

A Part D Plan Sponsor is a CMS contractor. Part D Plan Sponsors may enter into contracts with FDRs. This stakeholder relationship flow chart shows examples of functions relating to the sponsor's Medicare Part D contracts. Medicare Part D Plan Sponsor first-tier and related entities may contract with downstream entities to fulfill their contractual obligations to the sponsor.

Examples of first-tier entities include call centers, PBMs, and field marketing organizations. If the first-tier entity is a PBM, then the pharmacy, marketing firm, quality assurance firm, and claims processing firm could be downstream entities. If the first-tier entity is a field marketing organization, then agents could be a downstream entity.

Combating Medicare Parts C & D Fraud, Waste, & Abuse

Lesson 2: Your Role in the Fight Against Fraud, Waste, & Abuse

What Are Your Responsibilities?

You play an important role in preventing, detecting, and reporting potential FWA, as well as Medicare noncompliance.

- **First**, you must comply with all applicable statutory, regulatory, and other Medicare Part C or Part D requirements, including adopting and using an effective compliance program.
- **Second**, you have a duty to the Medicare Program to report any compliance concerns and suspected or actual violations you may know.
- **Third**, you have a duty to follow your organization's Code of Conduct that describes you and your organization's commitment to standards of conduct and ethical rules of behavior.

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What Are Your Responsibilities?

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Combating Medicare Parts C & D Fraud, Waste, & Abuse

Lesson 2: Your Role in the Fight Against Fraud, Waste, & Abuse

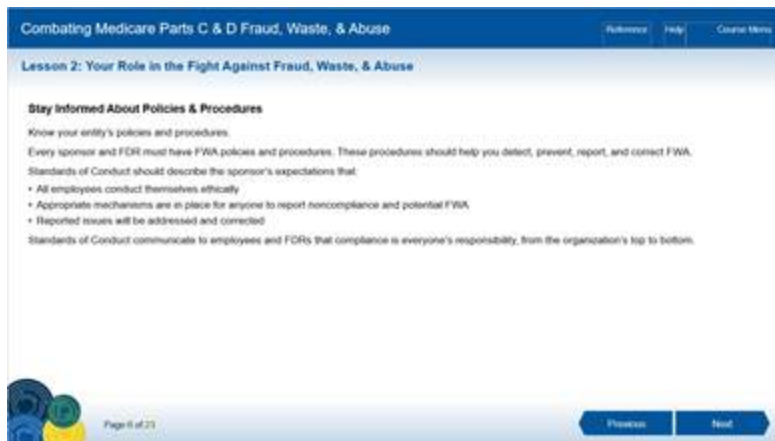
How Do You Prevent Fraud, Waste, & Abuse?

- Look for suspicious activity
- Conduct yourself ethically
- Ensure accurate and timely data and billing
- Ensure coordination with other payers
- Know FWA policies and procedures, standards of conduct, laws, regulations, and CMS guidance
- Verify all information you get

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How Do You Prevent Fraud, Waste, & Abuse?

- * Look for suspicious activity
- * Conduct yourself ethically
- * Ensure accurate and timely data and billing
- * Ensure coordination with other payers
- * Know FWA policies and procedures, standards of conduct, laws, regulations, and CMS guidance
- * Verify all information you get



Stay Informed About Policies & Procedures

Know your entity's policies and procedures.

Every sponsor and FDR must have FWA policies and procedures. These procedures should help you detect, prevent, report, and correct FWA.

Standards of Conduct should describe the sponsor's expectations that:

- * All employees conduct themselves ethically
- * Appropriate mechanisms are in place for anyone to report noncompliance and potential FWA
- * Reported issues will be addressed and corrected

Standards of Conduct communicate to employees and FDRs that compliance is everyone's responsibility, from the organization's top to bottom.



Report Fraud, Waste, & Abuse

Everyone must report suspected FWA. Your sponsor's Code of Conduct should clearly state this obligation. Sponsors may not retaliate against you for making a good faith reporting effort.

Report any potential FWA concerns to your compliance department or your sponsor's compliance department. They will investigate and make the proper determination. Often, sponsors have a Special Investigations Unit (SIU) dedicated to investigating FWA. They may also maintain a FWA hotline.

Every sponsor must have a mechanism for reporting potential FWA by employees and FDRs. Sponsors must accept anonymous reports and can't retaliate against you for reporting. Review your organization's materials for how to report FWA.

When in doubt, call your compliance department or FWA hotline.



Reporting Fraud, Waste, & Abuse Outside Your Organization

If warranted, sponsors and FDRs must report potentially fraudulent conduct to government authorities, like the Office of Inspector General (OIG), Department of Justice (DOJ), or CMS.

Individuals or entities who wish to voluntarily disclose self-discovered potential fraud to OIG may do so under the Self-Disclosure Protocol (SDP). Self-disclosure gives providers the opportunity to avoid costs and disruptions of a government-directed investigation and civil or administrative litigation.

Details to Include When Reporting Fraud, Waste, & Abuse

When reporting suspected FWA, include:

- * Contact information for the information source, suspects, and witnesses
- * Alleged FWA details
- * Alleged Medicare rules violated
- * Suspect's history of compliance, education, training, and communication with your organization or other entities

Where to Report FWA:

Medicare Providers:

HHS Office of Inspector General:

* Phone: 1-800-HHS-TIPS (1-800-447-8477) or TTY 1-800-377-4950

* Fax: 1-800-223-8164

* Online: [OIG.HHS.gov/report-fraud](https://oig.hhs.gov/report-fraud)

* Mail:

U.S. Department of Health & Human Services Office of Inspector General

ATTN: OIG Hotline Operations

P.O. Box 23489

Washington, DC 20026

Medicare Parts C and D:

* Investigations Medicare Drug Integrity Contractor (I MEDIC) at 1-877-7SafeRx (1-877-772-3379)

All Other Federal Health Care Programs:

* CMS Hotline at 1-800-MEDICARE (1-800-633-4227) or TTY 1-877-486-2048

Medicare Patients:

* Online: [Help Fight Medicare Fraud](https://www.cms.gov/Help-Fight-Medicare-Fraud)

The screenshot shows a training module interface. At the top, the title is 'Combating Medicare Parts C & D Fraud, Waste, & Abuse'. Below the title, there are navigation links for 'Reference', 'Help', and 'Course Menu'. The main heading is 'Lesson 2: Your Role in the Fight Against Fraud, Waste, & Abuse'. The section is titled 'Corrective Action'. The text reads: 'Once FWA is detected, promptly correct it. Correcting the problem saves the government money and ensures your compliance with CMS requirements.' Below this, it says: 'Develop a plan to correct the issue. Ask your organization's compliance officer how to develop a corrective action plan. The actual plan varies depending on the circumstances. In general:' followed by a bulleted list of four points. At the bottom left, there is a small graphic with the text 'Page 8 of 23'. At the bottom right, there are 'Previous' and 'Next' navigation buttons.

Corrective Action

Once FWA is detected, promptly correct it. Correcting the problem saves the government money and ensures your compliance with CMS requirements.

Develop a plan to correct the issue. Ask your organization's compliance officer how to develop a corrective action plan. The actual plan varies depending on the circumstances. In general:

- * Design the corrective action to fix the underlying problem that results in FWA violations and prevents future noncompliance
- * Tailor the corrective action to address the particular FWA problem or identified deficiency; include timeframes for specific actions
- * Document corrective actions addressing noncompliance or FWA committed by a sponsor's or FDR's employee, and include consequences for failing to satisfactorily complete the corrective action
- * Monitor corrective actions continuously to ensure effectiveness

Corrective actions may include:

- * Adopting new prepayment edits or document review requirements
- * Conducting mandated training
- * Providing educational materials
- * Revising policies or procedures
- * Sending warning letters
- * Taking disciplinary action, like marketing, enrollment, or payment suspension
- * Terminating an employee or provider

Combating Medicare Parts C & D Fraud, Waste, & Abuse

Lesson 2: Your Role in the Fight Against Fraud, Waste, & Abuse

Potential Fraud, Waste, & Abuse indicators

Now that you know about your role in preventing, reporting, and correcting FWA, let's review some key indicators to help you recognize the signs of someone committing FWA.

The next pages present potential FWA issues. Each page provides questions to ask yourself about different areas, depending on your role as an employee of a sponsor, pharmacy, or other entity involved in delivering Medicare Parts C and D enrollee benefits.

Page 10 of 23

Potential Fraud, Waste, & Abuse Indicators

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Combating Medicare Parts C & D Fraud, Waste, & Abuse

Lesson 2: Your Role in the Fight Against Fraud, Waste, & Abuse

Key Indicators: Potential Patient Issues

- * Does a prescription, medical record, or lab test look altered or possibly forged?
- * Does a patient's medical history support requested services?
- * Have you filled numerous identical prescriptions for this patient, possibly from different doctors?
- * Is the person getting the medical service the actual patient (identity theft)?
- * Is the prescription appropriate based on patient's other prescriptions?

Page 11 of 23

Key Indicators: Potential Patient Issues

- * Does a prescription, medical record, or lab test look altered or possibly forged?
- * Does a patient's medical history support requested services?
- * Have you filled numerous identical prescriptions for this patient, possibly from different doctors?
- * Is the person getting the medical service the actual patient (identity theft)?
- * Is the prescription appropriate based on patient's other prescriptions?

Combating Medicare Parts C & D Fraud, Waste, & Abuse

Lesson 2: Your Role in the Fight Against Fraud, Waste, & Abuse

Key Indicators: Potential Provider Issues

- Are the provider's prescriptions appropriate for patient's health condition (medically necessary)?
- Does the provider bill sponsor for services not provided?
- Does the provider write prescriptions for diverse drugs or primarily controlled substances?
- Does the provider perform medically unnecessary patient services?
- Does the provider prescribe a higher quantity than medically necessary for the condition?
- Does the provider's prescription include their active and valid NPI?
- Is the provider's patient diagnosis supported in the medical record?

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Previous Next

Key Indicators: Potential Provider Issues

- * Are the provider's prescriptions appropriate for patient's health condition (medically necessary)?
- * Does the provider bill sponsor for services not provided?
- * Does the provider write prescriptions for diverse drugs or primarily controlled substances?
- * Does the provider perform medically unnecessary patient services?
- * Does the provider prescribe a higher quantity than medically necessary for the condition?
- * Does the provider's prescription include their active and valid National Provider Identifier (NPI)?
- * Is the provider's patient diagnosis supported in the medical record?

Combating Medicare Parts C & D Fraud, Waste, & Abuse

Lesson 2: Your Role in the Fight Against Fraud, Waste, & Abuse

Key Indicators: Potential Pharmacy Issues

- Are drugs being diverted (drugs meant for nursing homes, hospices, and other entities being sent somewhere else)?
- Are dispensed drugs expired, fake, diluted, or illegal?
- Are generic drugs provided when prescription requires dispensing brand drugs?
- Are PDMS filled for unfilled or never-picked-up prescriptions?
- Are proper provisions made if entire prescription isn't filled (no additional dispensing fees for split prescriptions)?
- Do you see prescriptions being altered (changing quantities or Dispense As Written)?
- Are [Eligibility Facilitators Services \(EFS\)](#) and their information being used for purposes other than determining patient eligibility?

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Previous Next

Key Indicators: Potential Pharmacy Issues

- * Are drugs being diverted (drugs meant for nursing homes, hospices, and other entities being sent somewhere else)?
- * Are dispensed drugs expired, fake, diluted, or illegal?
- * Are generic drugs provided when prescription requires dispensing brand drugs?

- * Are PBMs billed for unfilled or never-picked-up prescriptions?
- * Are proper provisions made if entire prescription isn't filled (no additional dispensing fees for split prescriptions)?
- * Do you see prescriptions being altered (changing quantities or Dispense As Written)?
- * Are Eligibility Facilitations Services (E1s) and their information being used for purposes other than determining patient eligibility?

The screenshot shows a training module page with a blue header. The title is 'Combating Medicare Parts C & D Fraud, Waste, & Abuse'. Below the header, it says 'Lesson 2: Your Role in the Fight Against Fraud, Waste, & Abuse'. The main content area is titled 'Key Indicators: Potential Wholesaler Issues' and contains two bullet points:

- Is the wholesaler distributing fake, diluted, expired, or illegally imported drugs?
- Is the wholesaler diverting drugs meant for nursing homes, hospices, or AIDS clinics, marking up prices, and sending to other smaller wholesalers or pharmacies?

 At the bottom left, there is a small graphic of three pills and the text 'Page 14 of 23'. At the bottom right, there are two blue buttons labeled 'Previous' and 'Next'.

Key Indicators: Potential Wholesaler Issues

- * Is the wholesaler distributing fake, diluted, expired, or illegally imported drugs?
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The screenshot shows a training module page with a blue header. The title is 'Combating Medicare Parts C & D Fraud, Waste, & Abuse'. Below the header, it says 'Lesson 2: Your Role in the Fight Against Fraud, Waste, & Abuse'. The main content area is titled 'Key Indicators: Potential Manufacturer Issues' and contains two bullet points:

- Does the manufacturer promote off-label drug use?
- Does the manufacturer knowingly provide samples to entities that then bill federal health care programs for them?

 At the bottom left, there is a small graphic of three pills and the text 'Page 15 of 23'. At the bottom right, there are two blue buttons labeled 'Previous' and 'Next'.

Key Indicators: Potential Manufacturer Issues

- * Does the manufacturer promote off-label drug use?
- * Does the manufacturer knowingly provide samples to entities that then bill federal health care

programs for them?

Combating Medicare Parts C & D Fraud, Waste, & Abuse

Lesson 2: Your Role in the Fight Against Fraud, Waste, & Abuse

Key Indicators: Potential Sponsor Issues

- Does the sponsor encourage or support submitting inappropriate risk adjustments?
- Does the sponsor lead patient to believe the benefits cost a certain price, when the actual cost is higher?
- Does the sponsor offer patients cash incentives to join the plan?
- Does the sponsor use unlicensed agents?

Page 16 of 23

Key Indicators: Potential Sponsor Issues

- * Does the sponsor encourage or support submitting inappropriate risk adjustments?
- * Does the sponsor lead patient to believe the benefits cost a certain price, when the actual cost is higher?
- * Does the sponsor offer patients cash incentives to join the plan?
- * Does the sponsor use unlicensed agents?

Combating Medicare Parts C & D Fraud, Waste, & Abuse

Lesson 2: Your Role in the Fight Against Fraud, Waste, & Abuse

Lesson 2 Summary

- As someone providing health or administrative services to a Medicare Part C or D enrollee, you play an important part in preventing fraud, waste, and abuse (FWA). Conduct yourself ethically, stay informed of your organization's policies and procedures, and keep an eye out for potential FWA indicators.
- Report potential FWA. Every sponsor must have a mechanism to report potential FWA. Sponsors must accept anonymous reports and can't retaliate against you for reporting.
- Promptly correct identified FWA with an effective corrective action plan.

Page 17 of 23

Lesson 2 Summary

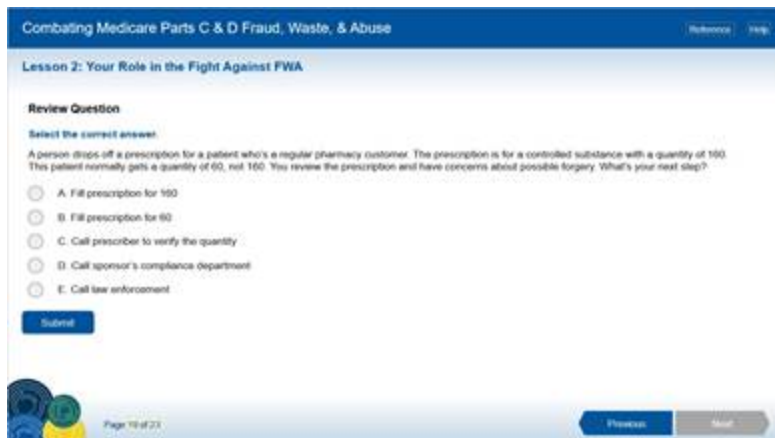
- * As someone providing health or administrative services to a Medicare Part C or D enrollee, you play an important part in preventing fraud, waste, and abuse (FWA). Conduct yourself ethically, stay informed of your organization's policies and procedures, and keep an eye out for potential FWA indicators
- * Report potential FWA. Every sponsor must have a mechanism to report potential FWA.

Sponsors must accept anonymous reports and can't retaliate against you for reporting
* Promptly correct identified FWA with an effective corrective action plan



Lesson 2 Review

You reviewed the role you play in the fight against FWA, including your responsibilities to prevent, report, and correct it. The next pages ask review questions to help reinforce this knowledge.



Review Question

Select the correct answer.

A person drops off a prescription for a patient who's a regular pharmacy customer. The prescription is for a controlled substance with a quantity of 160. This patient normally gets a quantity of 60, not 160. You review the prescription and have concerns about possible forgery.

What's your next step?

- A. Fill prescription for 160
- B. Fill prescription for 60
- C. Call prescriber to verify the quantity
- D. Call sponsor's compliance department
- E. Call law enforcement

The screenshot shows a training interface with a blue header bar containing the text 'Combating Medicare Parts C & D Fraud, Waste, & Abuse' and 'Reference Help'. Below the header, the page title is 'Lesson 2: Your Role in the Fight Against Fraud, Waste, & Abuse'. The main content area is titled 'Review Question' and includes the instruction 'Select the correct answer.' The question text reads: 'You're responsible for submitting a risk diagnosis to CMS for payment purposes. You use a specific process to verify the data is accurate. Your immediate supervisor tells you to ignore the process and adjust or add risk diagnosis codes for certain individuals. What should you do?'. There are four radio button options: A. Do what your immediate supervisor asked and adjust or add risk diagnosis codes; B. Report the incident to your compliance department (via compliance hotline or other mechanism); C. Discuss your concerns with your immediate supervisor; D. Call law enforcement. A 'Submit' button is located below the options. At the bottom of the page, there is a 'Page 20 of 23' indicator and navigation buttons for 'Previous' and 'Next'.

Review Question

Select the correct answer.

You're responsible for submitting a risk diagnosis to CMS for payment purposes. You use a specific process to verify the data is accurate. Your immediate supervisor tells you to ignore the process and adjust or add risk diagnosis codes for certain individuals. What should you do?

- A. Do what your immediate supervisor asked and adjust or add risk diagnosis codes
- B. Report the incident to your compliance department (via compliance hotline or other mechanism)
- C. Discuss your concerns with your immediate supervisor
- D. Call law enforcement

The screenshot shows a course interface with a blue header. The title is 'Combating Medicare Parts C & D Fraud, Waste, & Abuse'. Below the header, it says 'Lesson 2: Your Role in the Fight Against Fraud, Waste, & Abuse'. The main content is a 'Review Question' section. It asks the user to select the correct answer to a scenario about a diagnostic provider's excessive claims. There are four radio button options: A (Call Doe Diagnostics), B (Contact supervisor/compliance), C (Reject claims), and D (Pay claims). A 'Submit' button is at the bottom left. Navigation buttons 'Previous' and 'Next' are at the bottom right. The page number 'Page 21 of 33' is visible at the bottom left.

Review Question

Select the correct answer.

You're responsible for paying provider claims. You notice a certain diagnostic provider (Doe Diagnostics) requested substantial payment for a large patient group. Many claims are for a specific procedure. You review the same procedure type for other diagnostic providers and realize Doe Diagnostics' claims far exceed any other provider you reviewed. What should you do?

- A. Call Doe Diagnostics and ask for additional claim information
- B. Contact your immediate supervisor for next steps or contact the compliance department (via compliance hotline, Special Investigations Unit [SIU], or other mechanism)
- C. Reject the claims
- D. Pay the claims

The screenshot shows a course interface with a blue header. The title is 'Combating Medicare Parts C & D Fraud, Waste, & Abuse'. Below the header, it says 'Lesson 2: Your Role in the Fight Against Fraud, Waste, & Abuse'. The main content is a 'Review Question' section. It asks the user to select the correct answer to a scenario about a pharmacy inventory discrepancy. There are five radio button options: A (Call local law enforcement), B (Perform another review), C (Contact compliance department), D (Discuss concerns with supervisor), and E (Follow pharmacy procedures). A 'Submit' button is at the bottom left. Navigation buttons 'Previous' and 'Next' are at the bottom right. The page number 'Page 22 of 33' is visible at the bottom left.

Review Question

Select the correct answer.

You're performing regular inventory of the pharmacy's controlled substances. You discover a minor inventory discrepancy. What should you do?

- A. Call local law enforcement
- B. Perform another review
- C. Contact your compliance department (via compliance hotline or other mechanism)
- D. Discuss your concerns with your supervisor
- E. Follow your pharmacy's procedures



You've completed Lesson 2: Your Role in the Fight Against Fraud, Waste, & Abuse

Now that you've reviewed common problems plans encounter and how you can help address them, it's time to assess your knowledge. Select Continue to return to the Course Menu. Then, select Assessment.

North Sound Behavioral Health Administrative Services Organization October 13th, 2022 Board of Directors Financial Notes

HIGHLIGHTS

1. The Budget to Actuals Looks pretty good. Our state funds are still showing a large positive variance. Inpatient Treatment is still over budget, ITA Judicial is over budget, Mental Health crisis stabilization is currently showing a large variance, and Withdrawal Management is continuing to increase, also of note E&T services are increasing lately as is Mental Health Outpatient Services. HARPS and DOC housing is showing a large variance, I believe this is due to underestimating the expense and revenue when I built the budget, it may require a budget amendment later in the year, since this is an expense reimbursement program there won't be any financial impact. Most of the large positive expense variances are due to programs not running yet. Other SUD services has a large positive variance due mainly to the Recovery Navigator programs getting a late start.
2. The Revenue and Expense statement is still showing a large income which is mainly due to the payment of the November amendment amounts in January and additional annual Proviso payments received in July.
3. The one thing to note is the Medicaid fund balance, it has all been drawn down and the negative fund balance of \$778,773.00 had to be covered with State General Fund dollars, which we had enough of to cover but it has decreased our reserve to a very low level. The good news is that we have had meetings with all five MCOs and they have all agreed to increase their PMPM payments.
4. We have included a January to December projection of our revenues and expenditures to try and forecast possible areas of concern. There are some large projected variances including Inpatient, ITA Judicial, and Harps and DOC. Withdrawal Management and Crisis Stabilization are continuing to run higher than budgeted. The bottom line shows us as still running \$992,271 under budget for the year.

NOTES

1. We are presenting the financial statements for September 2022 for the Behavioral Health Administrative Services Organization (ASO).
2. These monthly statements are prepared for the Board's use only. They provide a snapshot of expenses and revenue for a single calendar month compared with a hypothetical "year to date" projection. However, neither revenues nor expenditures occur on an equal 1/12 amount each month.

3. The North Sound BH-ASO adopts “calendar year” budgets, but the allocations from the state are done on a state fiscal year basis [with adjustments every 6 months]. The exceptions are Federal Block Grant Funds which are allocated for the entire fiscal year.

4. Revenues and expenses are managed independently within each of the major fund categories: Medicaid, State General Fund, Mental Health Block Grant, Substance Abuse Block Grant, and SAMHSA [a direct grant we receive from the federal government for our rural Medication Assistance Treatment program].

5. Within ‘State General Funds’, allocations are further subdivided between general state funds, and the multiple “Proviso” funds allocated for specific services.

6. We have added two new lines at the bottom of the “Revenue and Expense” tab which shows the beginning and ending fund balance within each fund category for the state fiscal year. I also added some additional lines at the bottom to show the Net Income from Operations before the transfer of funds to the BHO.

7. The Budget to Actuals statement includes notes on areas where there is a variance between the hypothetical year to date budget and actual revenues and expenditures. I also added additional lines at the bottom to show the transfer of funds separate from the normal operations.

NORTH SOUND BH-ASO**Warrants Paid
September 2022**

Type	Date	Num	Name
Bill Pmt -Check	09/02/2022	550988	Carasoft Technology Corp
Bill Pmt -Check	09/02/2022	550991	Catholic Community Services
Bill Pmt -Check	09/02/2022	551002	Community Action of Skagit Co
Bill Pmt -Check	09/02/2022	551003	Compass Health
Bill Pmt -Check	09/02/2022	551004	Consejo Counseling
Bill Pmt -Check	09/02/2022	551033	Evergreen Recovery
Bill Pmt -Check	09/02/2022	551041	Frontline Cleaning Services LLC
Bill Pmt -Check	09/02/2022	551085	Lake Whatcom Center
Bill Pmt -Check	09/02/2022	551095	Lifeline Connections
Bill Pmt -Check	09/02/2022	551134	Office Depot
Bill Pmt -Check	09/02/2022	551143	Pioneer Center
Bill Pmt -Check	09/02/2022	551166	Save on Storage
Bill Pmt -Check	09/02/2022	551190	Snohomish Co Prosecutor
Bill Pmt -Check	09/02/2022	551191	Spokane County BHO
Bill Pmt -Check	09/02/2022	551202	Telecare Corporation
Bill Pmt -Check	09/02/2022	551223	US Bank
Bill Pmt -Check	09/02/2022	551194	WA State Auditors Office
Bill Pmt -Check	09/09/2022	551280	Board of Regents-Univ of Reno
Bill Pmt -Check	09/09/2022	551297	Compass Health
Bill Pmt -Check	09/09/2022	551365	Crothers, Linda-Reim
Bill Pmt -Check	09/09/2022	551318	Evergreen Recovery
Bill Pmt -Check	09/09/2022	551277	Fairfax Hospital
Bill Pmt -Check	09/09/2022	551341	Island County Human Services
Bill Pmt -Check	09/09/2022	551364	Lifeline Connections
Bill Pmt -Check	09/09/2022	551438	Skagit County Public Health
Bill Pmt -Check	09/09/2022	551449	SRS Property Management
Bill Pmt -Check	09/09/2022	551461	Telecare Corporation
Bill Pmt -Check	09/09/2022	551482	Volunteers of America
Bill Pmt -Check	09/09/2022	551498	Whatcom Co Superior Court
Bill Pmt -Check	09/16/2022	551514	Access
Bill Pmt -Check	09/16/2022	551528	AT&T
Bill Pmt -Check	09/16/2022	551533	Board of Regents-Univ of Reno
Bill Pmt -Check	09/16/2022	551547	Catholic Community Services
Bill Pmt -Check	09/16/2022	551557	Comcast
Bill Pmt -Check	09/16/2022	551558	Commercial Alarm and Detection Inc
Bill Pmt -Check	09/16/2022	551586	Evergreen Recovery
Bill Pmt -Check	09/16/2022	551594	Firstline Communications (All Phase)
Bill Pmt -Check	09/16/2022	551595	Frontline Cleaning Services LLC
Bill Pmt -Check	09/16/2022	551641	Lake Whatcom Center
Bill Pmt -Check	09/16/2022	551650	Lifeline Connections
Bill Pmt -Check	09/16/2022	551601	Lippman, Glenn

NORTH SOUND BH-ASO

**Warrants Paid
September 2022**

Bill Pmt -Check	09/16/2022	551727	Maharaj-Lewis, Starleen
Bill Pmt -Check	09/16/2022	551663	Mount Baker Presbyterian Church
Bill Pmt -Check	09/16/2022	551659	Osborne, Michelle, JD Associates LLC
Bill Pmt -Check	09/16/2022	551686	Pioneer Center
Bill Pmt -Check	09/16/2022	551703	San Juan County Health & Comm. Services
Bill Pmt -Check	09/16/2022	551710	Skagit County Public Health
Bill Pmt -Check	09/16/2022	551722	Snohomish Co Human Services
Bill Pmt -Check	09/16/2022	551723	Snohomish Co Juvenile
Bill Pmt -Check	09/16/2022	551684	St Joseph Medical Center, Peace Health
Bill Pmt -Check	09/16/2022	551734	Telecare Corporation
Bill Pmt -Check	09/16/2022	551740	Therapeutic Health Services
Bill Pmt -Check	09/16/2022	551760	Wave Business
Bill Pmt -Check	09/16/2022	551765	Whatcom County Health Department
Bill Pmt -Check	09/23/2022	551966	Hand up Project, The
Bill Pmt -Check	09/30/2022	EFT	Skagit County Auditor

NORTH SOUND BH-ASO
Warrants Paid
September 2022

Amount

-117.50
-9,850.06
-44,166.78
-658,413.80
-1,311.51
-148,632.50
-650.00
-10,031.50
-12,859.11
-8.91
-17,968.70
-510.00
-34,268.06
-725.00
-56,611.06
-2,127.19
-812.70
-380.00
-138,667.80
-43.75
-20,167.08
-30,628.47
-61,940.27
-125,773.26
-3,810.05
-10,952.00
-6,678.00
-226,864.41
-11,928.00
-1,270.55
-81.48
-480.00
-40,217.13
-355.47
-8,904.19
-16,761.24
-1,078.13
-650.00
-69,551.66
-20,398.16
-2,887.50

NORTH SOUND BH-ASO
Warrants Paid
September 2022

-45.00
-2,116.07
-7,000.00
-118,831.49
-34,974.73
-3,376.29
-16,641.42
-10,021.79
-28,599.28
-34,617.87
-19,389.52
-601.20
-66,059.71
-108,167.93
-3,500.00
-2,253,475.28
-2,253,475.28
-2,253,475.28

1. UPDATE ON BEHAVIORAL HEALTH SERVICES COORDINATING COMMITTEE

- In 2020, HCA and WSAC formed a “Behavioral Health Services Coordinating Committee” [BHSCC] to provide an opportunity for Counties and the State to improve communication and problem solving around behavioral health system issues. Both Jill Johnson and I represent the North Sound region.
- When county representative identified “network adequacy” as one of the top county concerns, a “network adequacy” sub-group was formed to provide input to the state on how to better define, measure and monitor network adequacy.
- Attached is an overview of a technical presentation HCA provided at the 2nd meeting of this sub-group. It outlines how the state has defined network adequacy in the past and challenges and opportunities in improving the measurement and monitoring of network adequacy to include a broader focus on actual “access to care” [attachment 1].
- Slides # 38-40 outline some of the options to consider in addressing availability of services.
- The BHSCC workgroup met a 2nd time on October 6. The MCOs shared a copy of a network survey they conducted for the first quarter of 2022 and plan to conduct every quarter thereafter. [Attachment #2]
- WSAC has voted to include network adequacy as one of its top legislative priorities for the upcoming legislative session.

2. HCA-NSBHASO QUARTERLY CHECK IN MEETING

- The Quarterly “HCA-NSBHASO” check in meeting will be held on October 12. A verbal update will be provided at the October 13 Board of Directors meeting.

3. HB 1688 – BALANCED BILLING ACT

- The recently passed “Balanced billing Act”, HB 1688, includes the requirement for commercial health plans to reimburse providers for “emergency services” including behavioral health crisis services.
- North Sound BH-ASO staff are participating in a state workgroup to recommend what process would be put in place to bill and receive payment from commercial carriers.
- The administrative burden either for providers or the BH-ASOs of collecting individual coverage data and billing commercial carriers would be significant. We are urging the state to adopt a method that minimizes this administrative burden.

4. 2023 MEDICAID RATE DECREASE

- Although the legislature approved a 7% provider rate increase next year, the proposal from the state's actuaries, Milliman, is to reduce the base 2023 Medicaid rates for behavioral health by 7.4% thus cancelling out any net increase for providers.
- Attached is a letter to legislators from the Washington Council for Behavioral Health voice the concern from providers on the impact of this underlying decrease in rates [Attachment #3]

5. CONTINUATION OF COVID FEDERAL BLOCK GRANT FUNDING

- HCA has applied for a no-cost extension of the current COVID relief Federal Block grant enhancement funding through June 2023. These funds were originally authorized to only go through March 2023.
- HCA will be exploring internally about the possibility of allowing the BH-ASOs to shift some of the unspent proviso related COVID block grant funds into other contracts and programs to better utilize the overall COVID block grant funds.
- The North Sound ASO will also be assessing programs that were provided COVID block grant funds that have either not yet started up or are projected to underspend their allocations.

6. UPDATE ON FACILITY NEEDS ASSESSMENT

- A survey has been distributed to Counties, providers, and the MCOs to gather information on gaps and need for both inpatient and outpatient services.
- To date, over 36 responses have been received.
- We have sent a second request to the MCOs to share whatever information they can since they feel some of our data request included proprietary information.
- Once all the survey and MCO responses are received, the consultant, Percival Health, will combine it with the results of their own demographic research to develop preliminary findings.
- These will be reviewed and discussed with the County Coordinators, Advisory Board, and Board of Directors.

7. CRISIS SERVICES UPDATE

- The Weekly Crisis Capacity Indicator snapshot through October 6 is attached [Attachment 4].
- For the last 4 weeks, both crisis calls and outreach services have been at the average number for the year.
- Although calls are going to the 988 line as well, VOA reports that it has not really reduced the kinds of calls that traditionally go to the regional crisis line.

8. UPDATE ON THE “NORTH SOUND RURAL COMMUNITIES OPIOID RESPONSE PROGRAM” [HRSA GRANT AWARD]

- We’re entering the second year of the 3-year federal grant award from Health and Human Services for the Rural Communities Opioid Response program,
- We used the grant to provide Opioid Use Disorder services in Island and East Skagit County. Specifically, it is funding an IMPACT team, Recovery Specialist, and MAT services in East Skagit County and a Prevention Specialist and MAT services in Island County.
- During the second six months of the grant period [March-August 2022], the unduplicated number of persons contacted by grant funded positions have tripled:
 - Total number of persons contacted: 393
 - Persons referred to supportive services: 150
 - Persons screened for substance use disorder (SUD): 47
 - Persons diagnosed with SUD: 40
- Most of the contacts have taken place in East Skagit County but MAT services have also been provided in Oak Harbor and a Prevention Specialist is being funded within the Coupeville School District.
- On September 28, an open house for the new Mount Baker Presbyterian Church (MBPC) building in Concrete was held. This building is located at 44942 State Route 20 and includes private offices where our coalition partners such as the Lifeline Connections MAT provider, and Community Action outreach teams can provide services and collaborate. The building may also serve as a future support site with access to shower and laundry for those in need. The event was well-attended with coalition partners, as well as County Commissioner Ron Wesen and Skagit County Public Health representatives

9. TEAMONITOR REPORT

- We’ve received the final report and score from HCA for this year’s TeaMonitor review.
- Of the 90 items reviewed, we received a “Not Met” for two of them and “Partially Met” for five.
- However, for the two “Not Met” and several of the “Partially Met” we had actually provided the required information in our submittals, but the reviewers [there were new reviewers this year, and different ones reviewed different sections] claimed they could not find the information in our materials. Even after we pointed out where the required information was, they still refused to change our score.

Medicaid Managed Care Provider Network Adequacy Current State

Current Collection of Behavioral Health Provider Types

- ▶ Licensed Mental Health Professionals
 - ▶ Working within a BHA*
 - ▶ Working with youth*
- ▶ Peer
- ▶ PACT
- ▶ WISE
- ▶ SUD
 - ▶ Opiate Substitution Treatment
 - ▶ Adult Outpatient*
 - ▶ Adult Intensive Outpatient*
 - ▶ Adult Intensive Inpatient
 - ▶ Adult Long Term
 - ▶ Adult ITA
 - ▶ PPW
 - ▶ Adult Recovery House

**must meet capacity threshold*

Behavioral Health Provider Types

- ▶ SUD Cont.
 - ▶ Youth Outpatient*
 - ▶ Youth Intensive Outpatient*
 - ▶ Youth Residential
 - ▶ Youth Recovery House
- ▶ Beds
 - ▶ Adult Residential
 - ▶ Youth Residential
 - ▶ ITA IMD
 - ▶ Pregnant Women Services
 - ▶ Parenting Women Services
 - ▶ Adult Detox IMD
 - ▶ Adult Detox Non-IMD
 - ▶ Youth Detox IMD
 - ▶ Youth Detox Non-IMD
- ▶ E&T

**must meet capacity threshold*

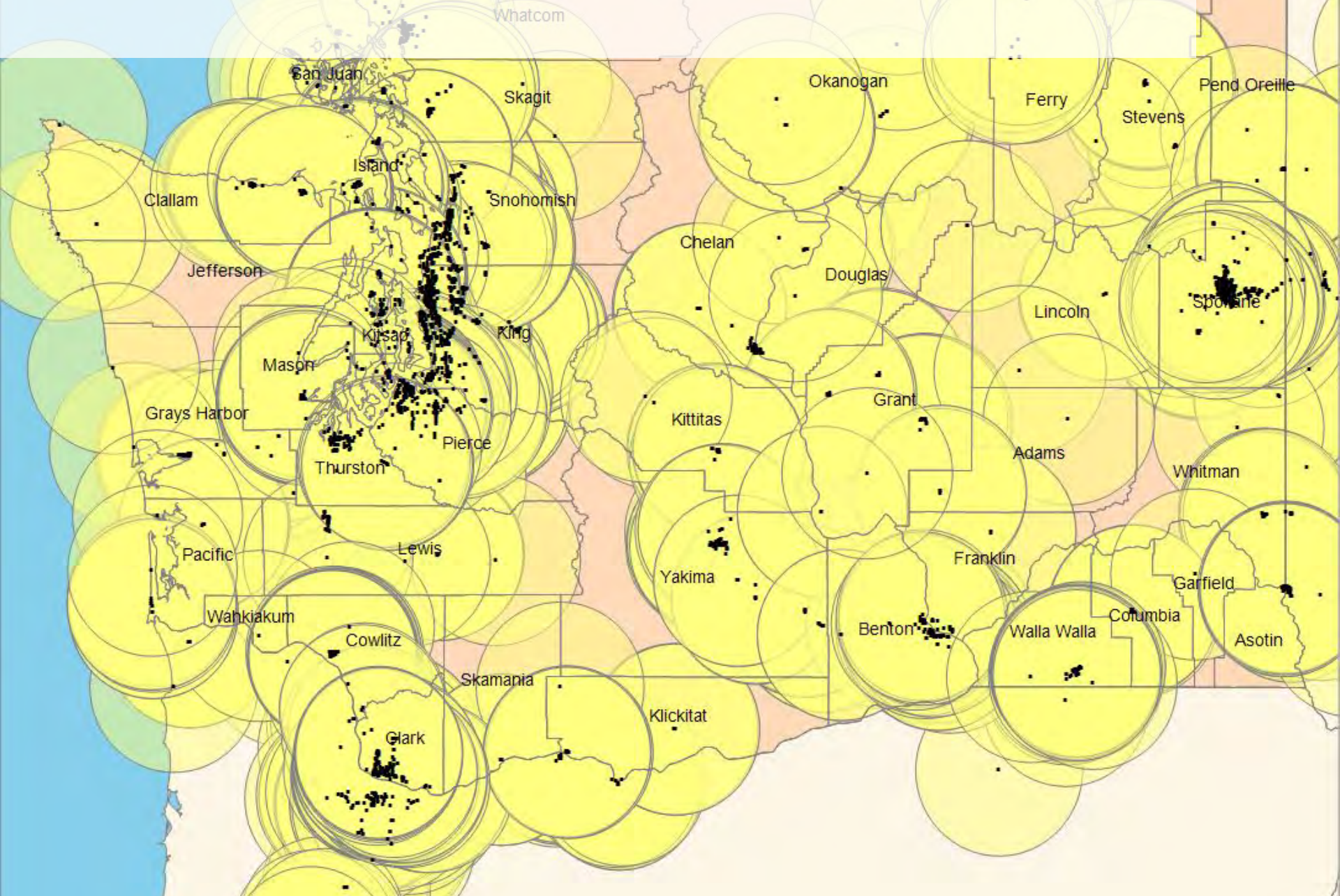
Disclaimer

- ▶ Please note that all information on the maps after this slide is a 'snapshot in time' and subject to change.
- ▶ Data is representative of what was turned in on the 3rd Quarter MCO provider network submissions on July 15th.
- ▶ As of October 15th, this information will no longer be representative of the MCO provider network and will be replaced by the 4th Quarter submission.

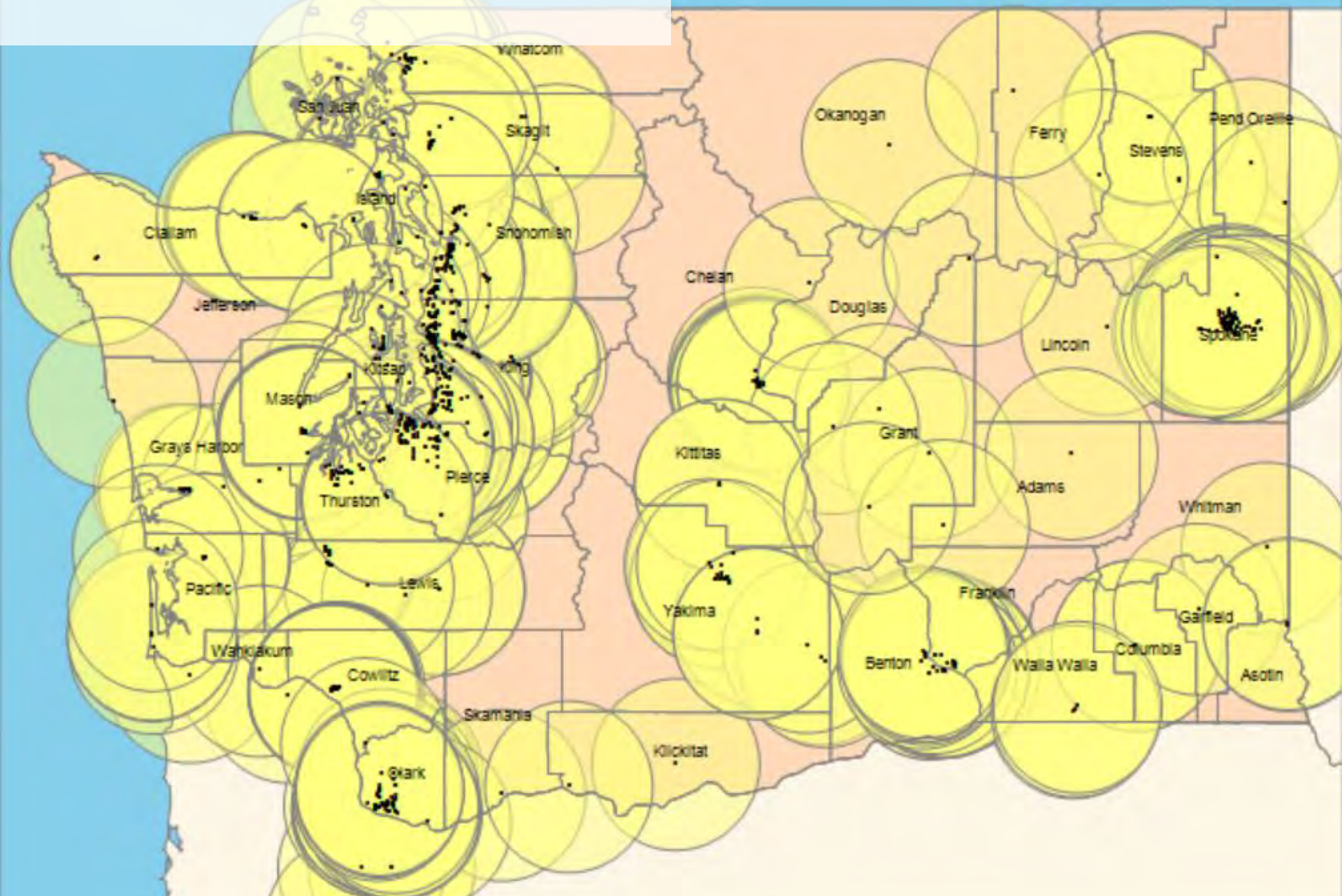
Mental Health

- ▶ Measured at an individual clinician level
- ▶ Must be contracted for IMC
- ▶ Must be accepting new patients
- ▶ License types for providers are captured
 - ▶ MD (Physician)
 - ▶ DO (Osteopathic Physician)
 - ▶ ARNP (Nurse Practitioner)
 - ▶ LW (Social Worker Advance License)
 - ▶ LF (Marriage and Family Therapist)
 - ▶ LH (Mental Health Counselor)
 - ▶ PhD/PsyD (Psychologist)
- ▶ BHAs reported must be present on the DOH directory and providing mental health outpatient services.

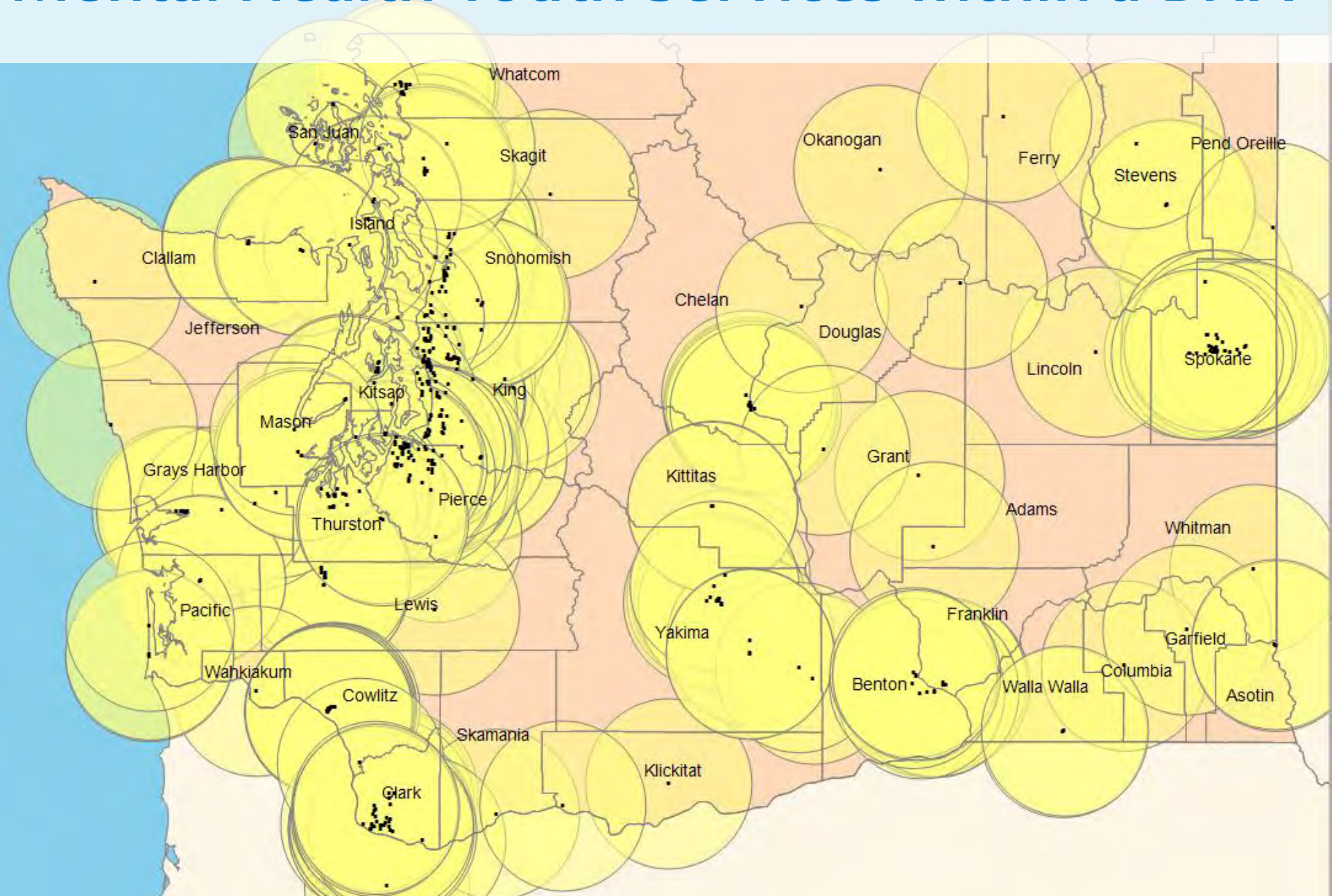
Individual Mental Health Clinicians



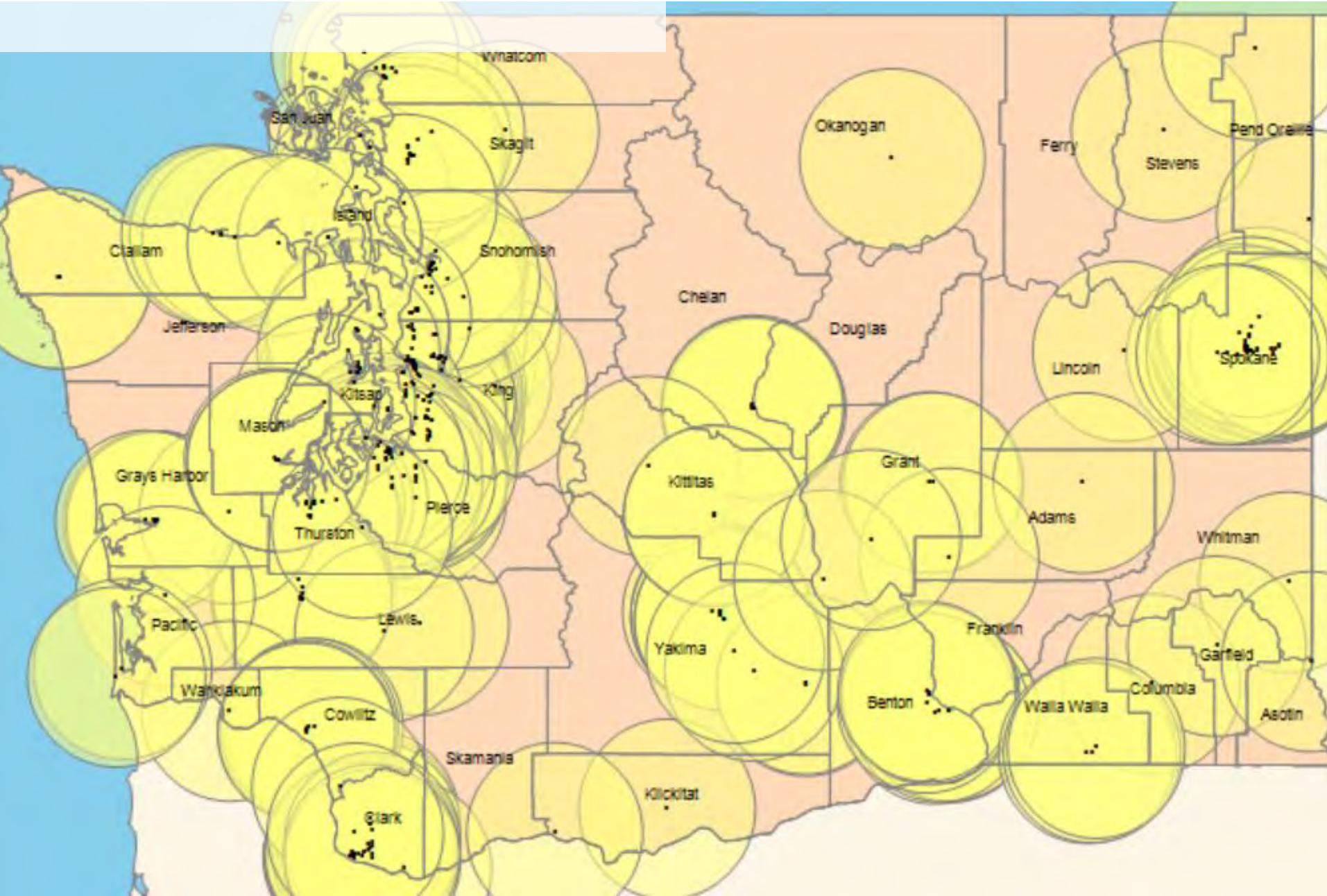
Mental Health BHA



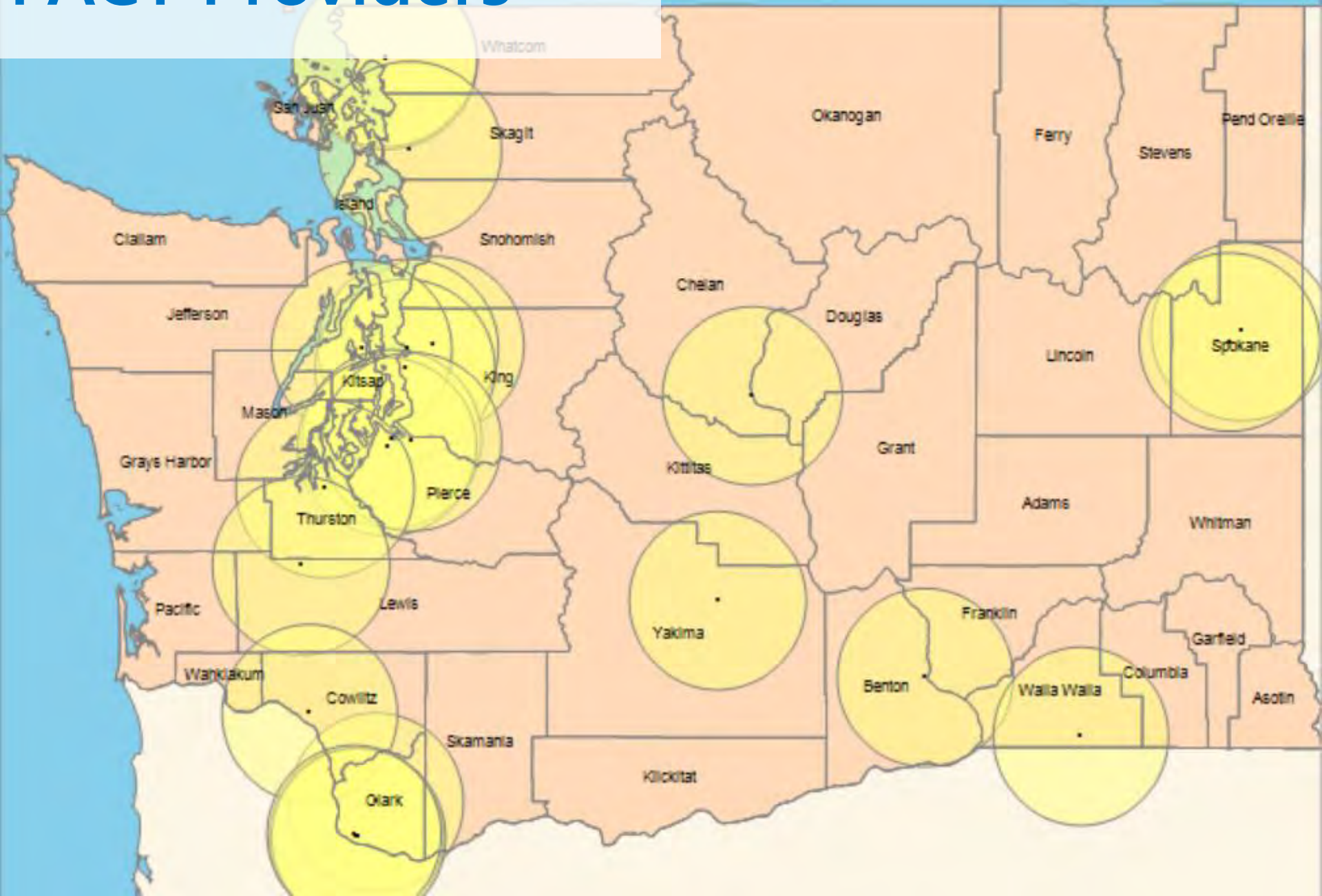
Mental Health Youth Services within a BHA



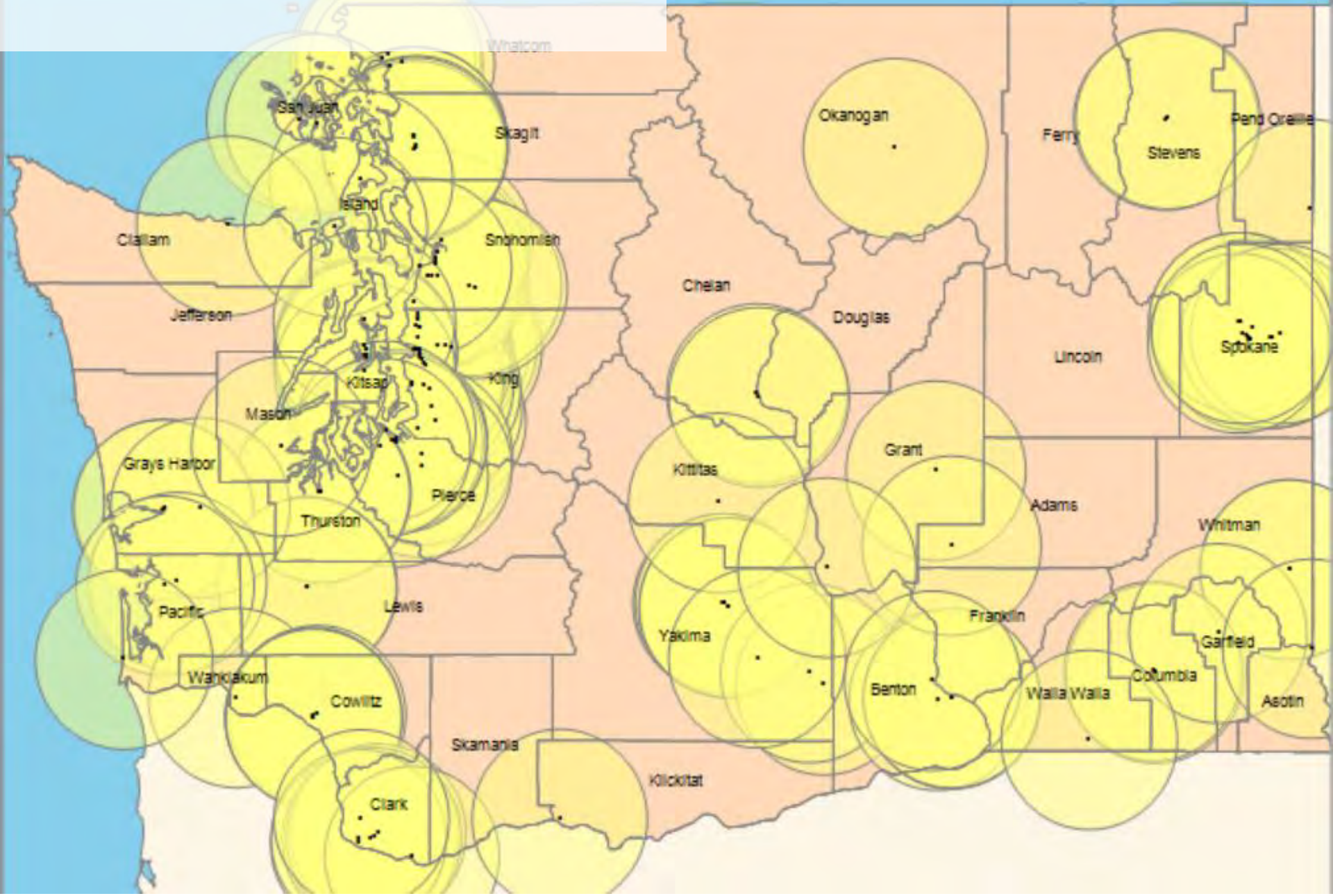
Peer Providers



PACT Providers



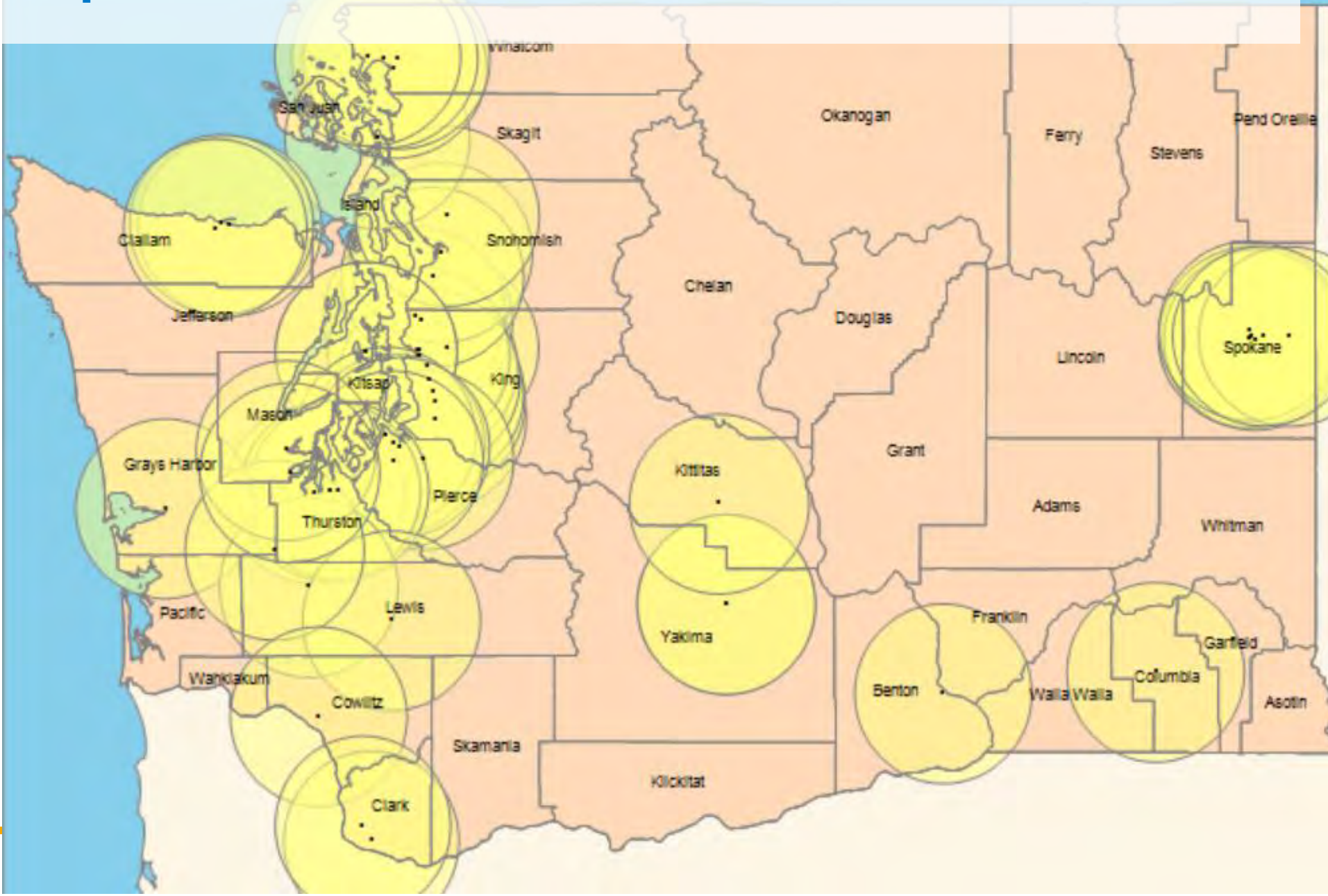
WISe Providers



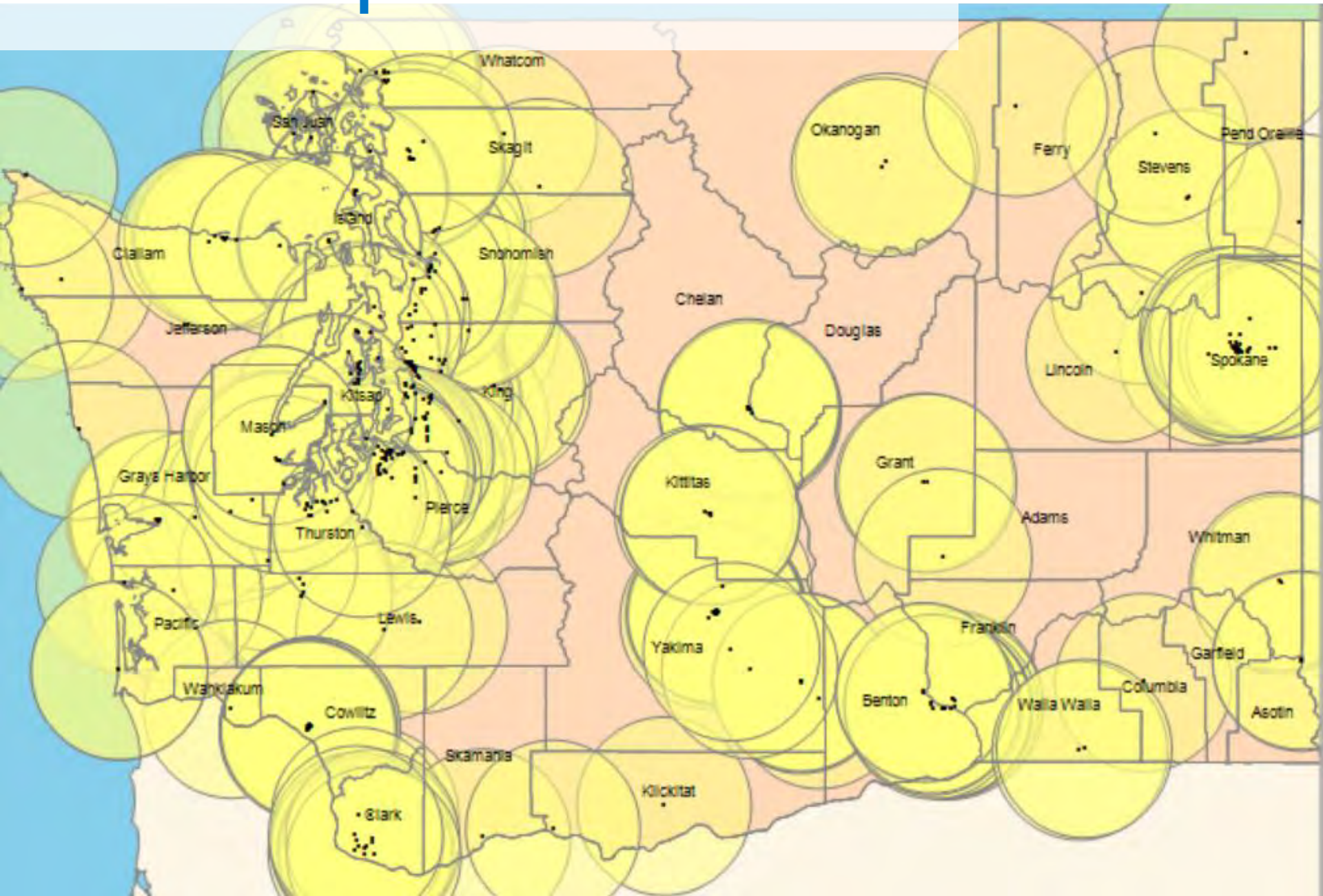
SUD

- ▶ Measured at a facility level
- ▶ Must be contracted for IMC
- ▶ Must be accepting new patients

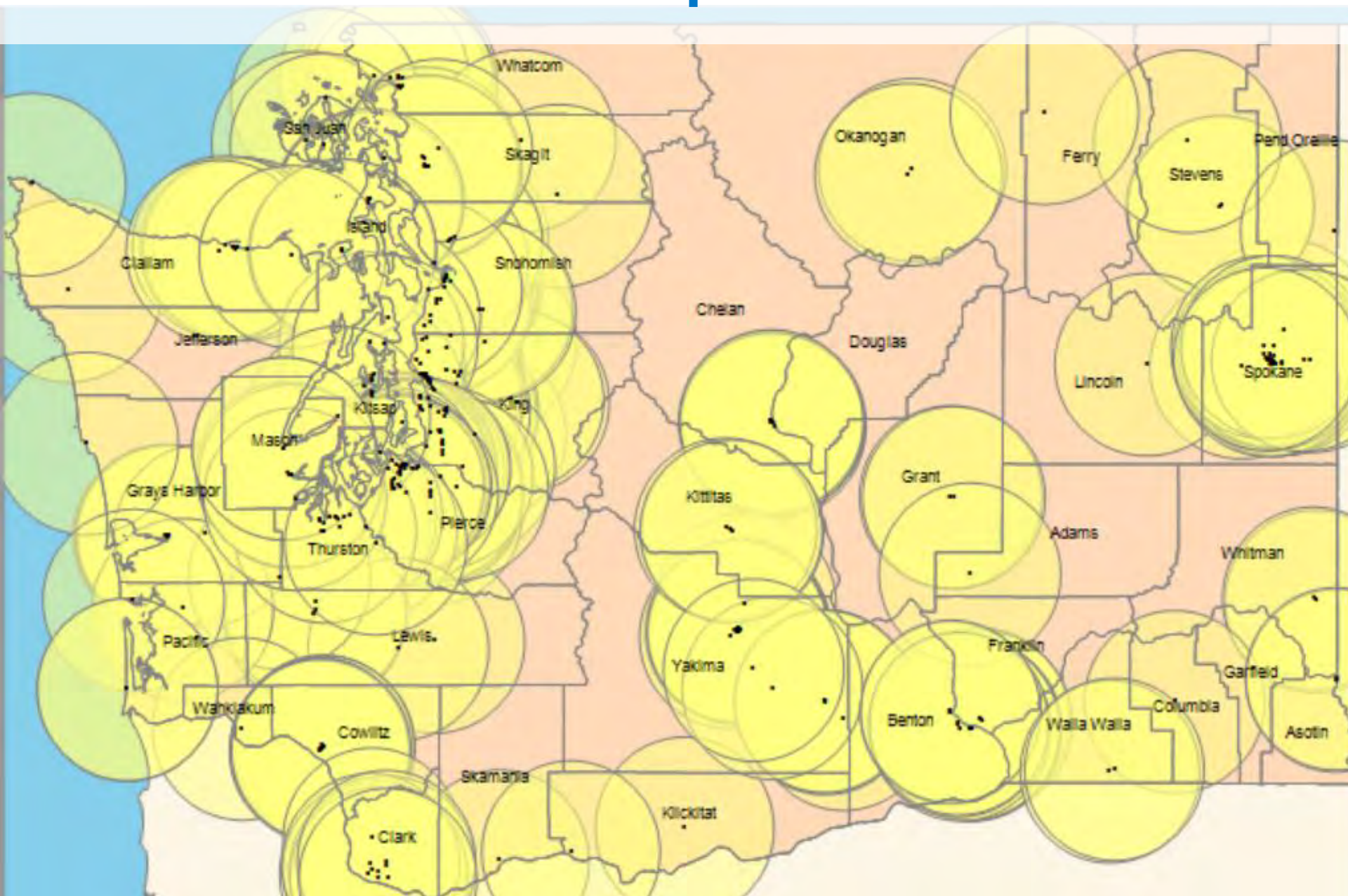
Opiate Substitution Treatment Providers



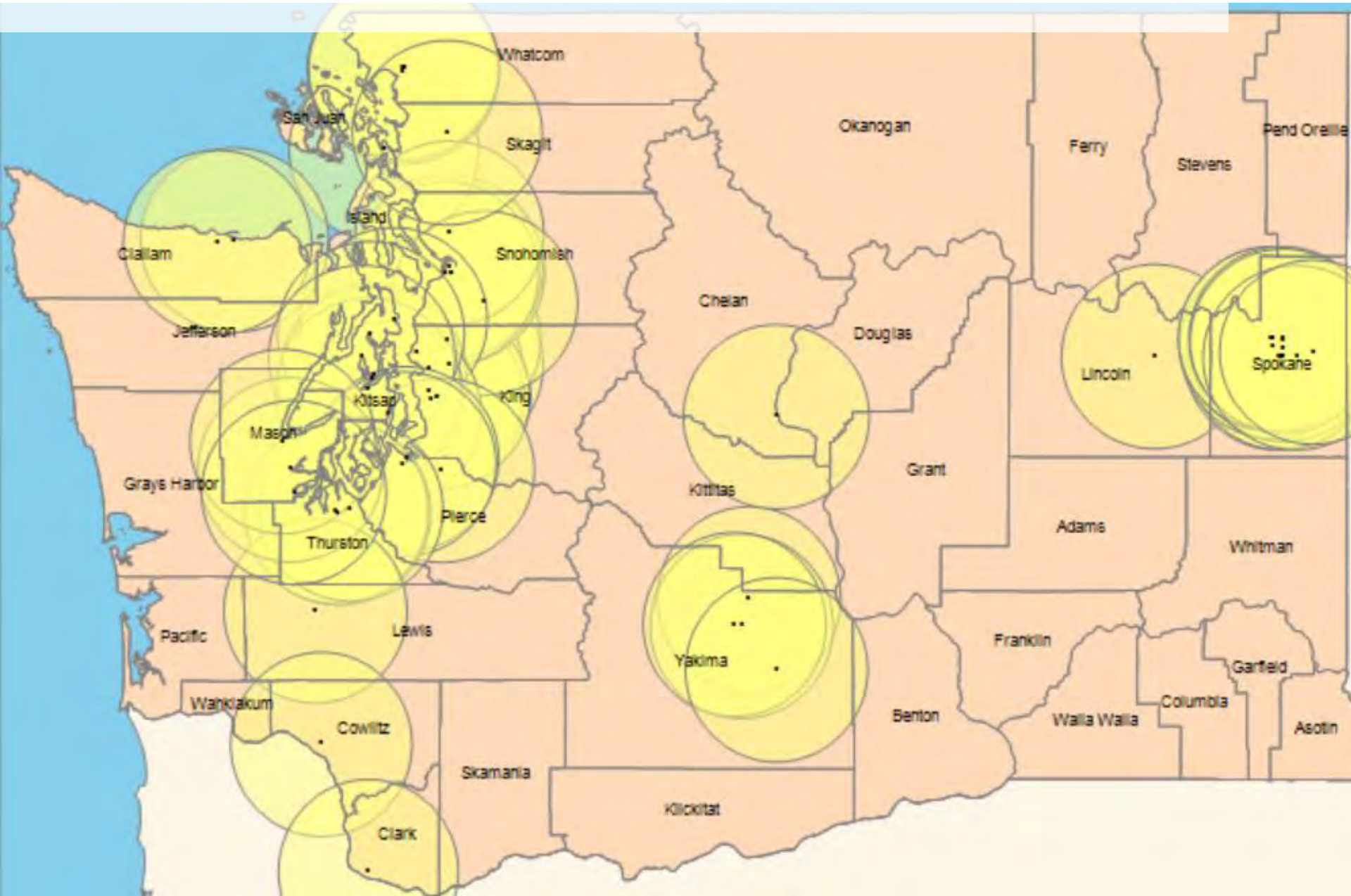
Adult Outpatient Providers



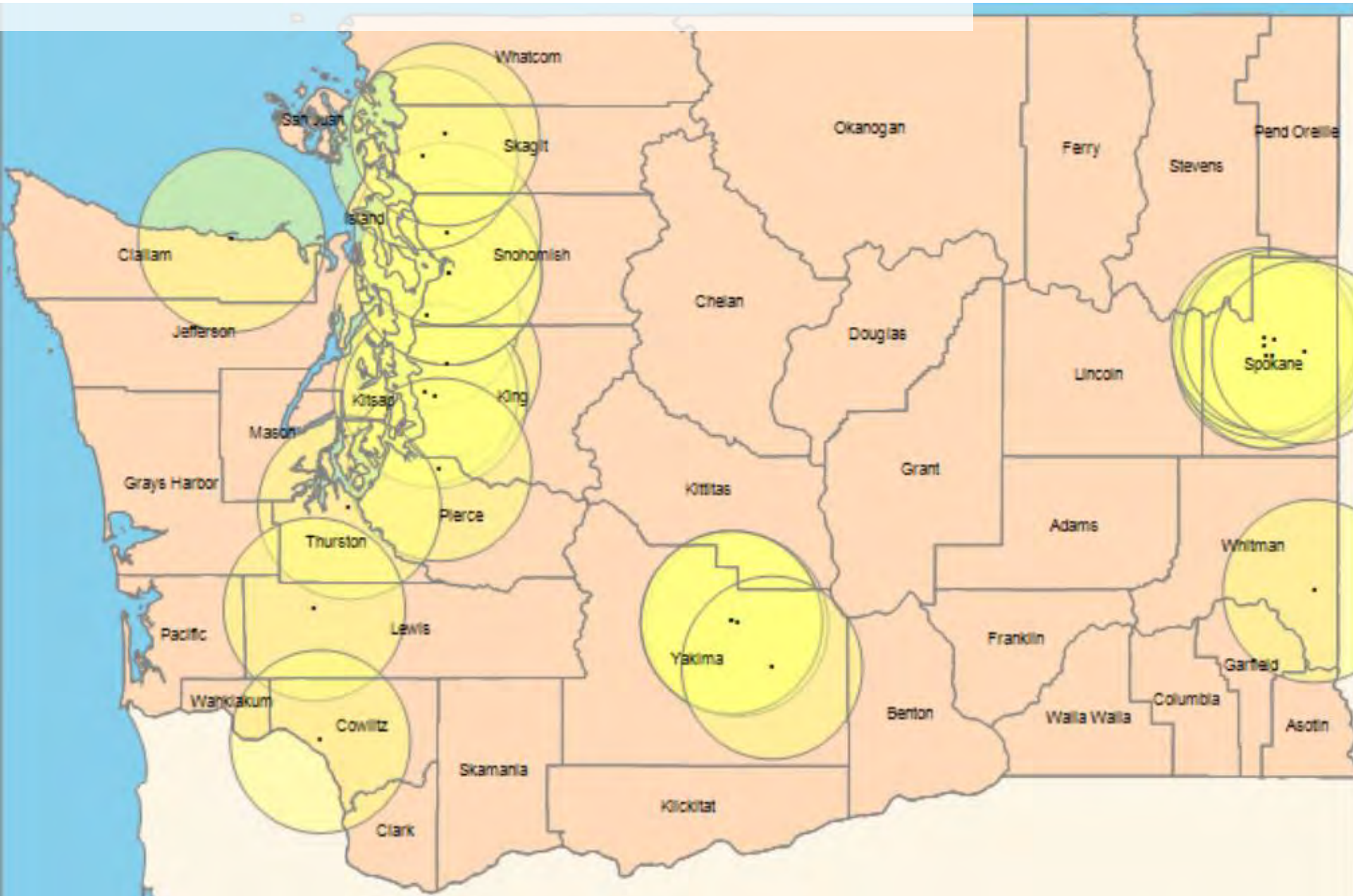
Adult Intensive Outpatient Providers



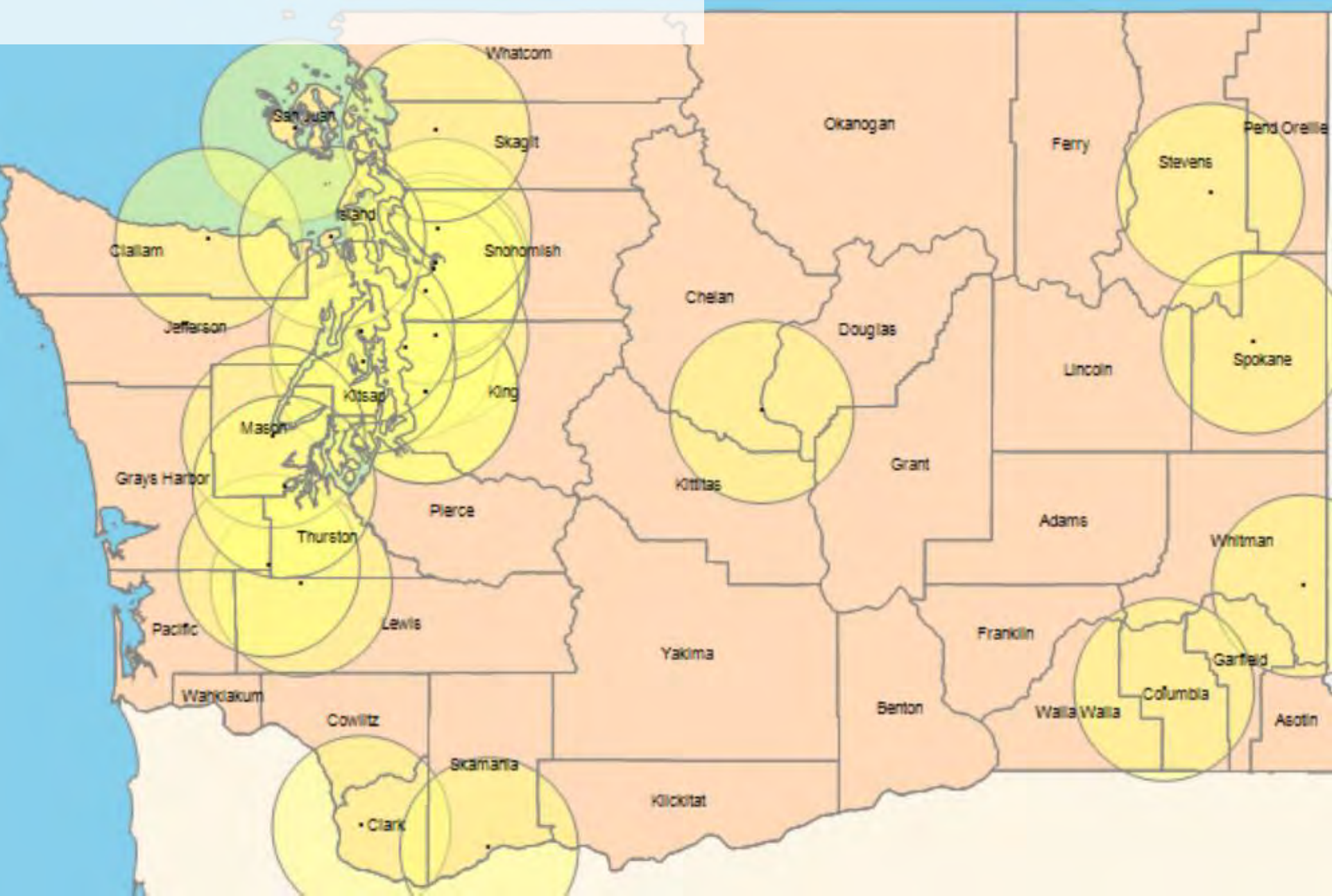
Adult Intensive Inpatient Providers



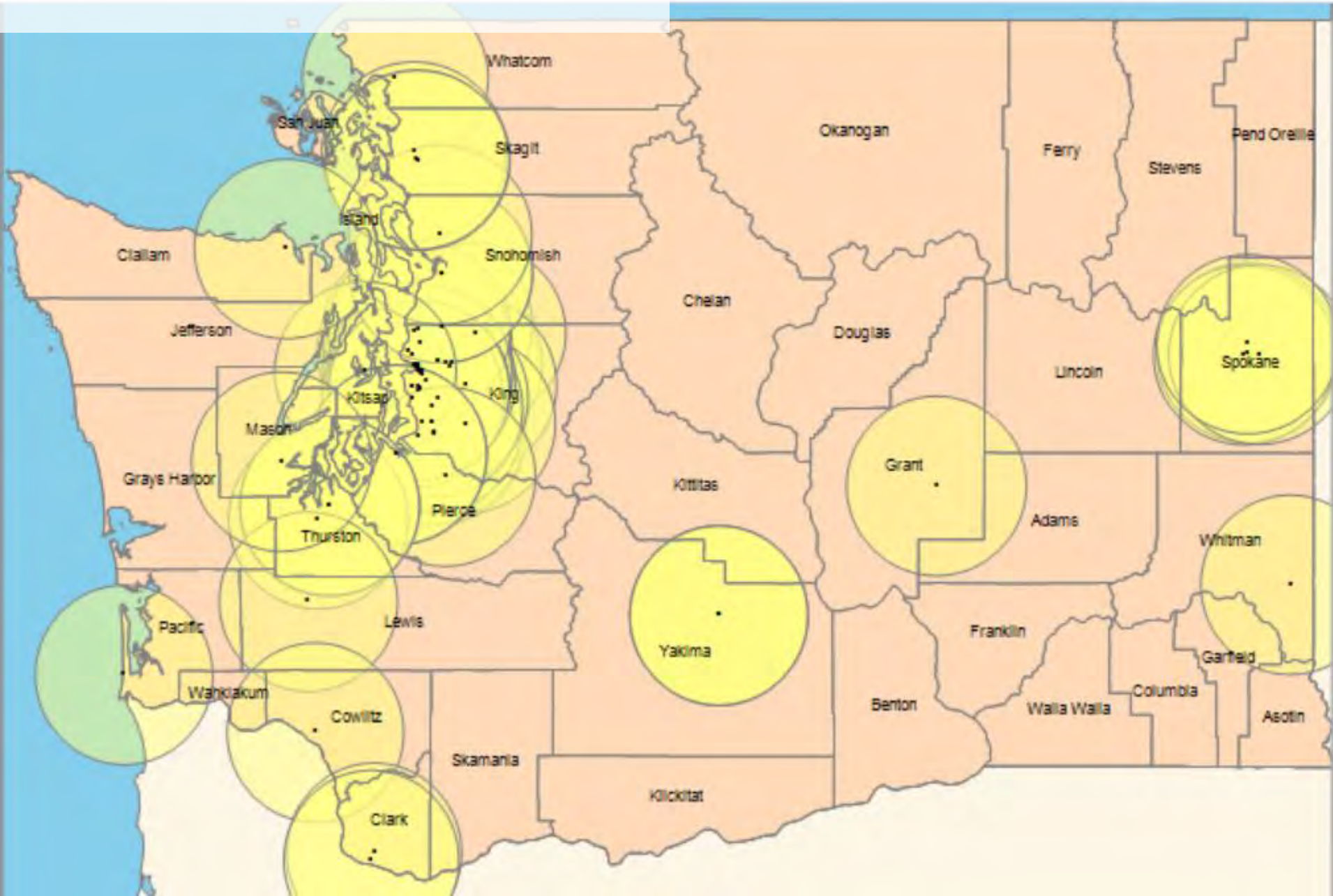
Adult Long Term Providers



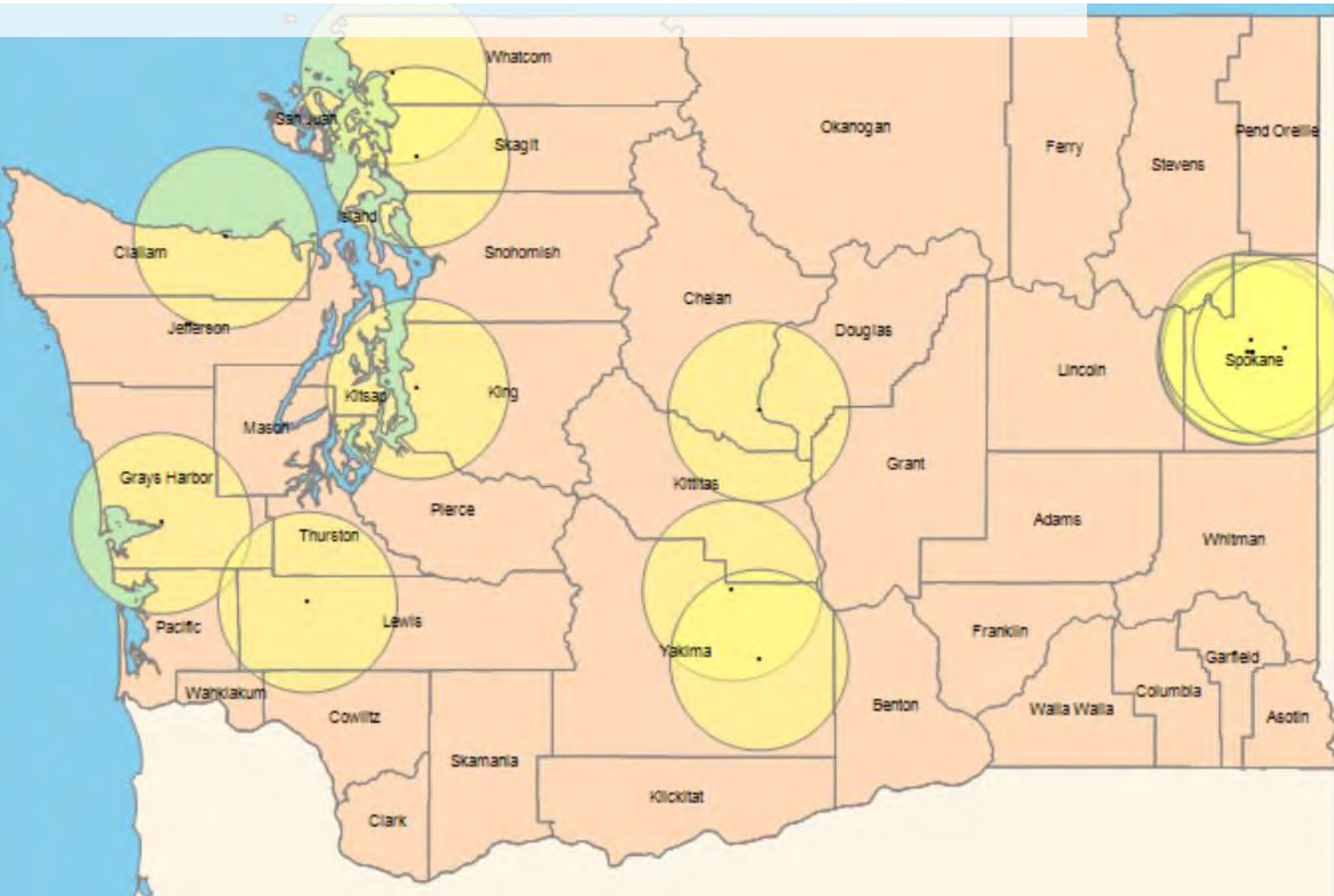
Adult ITA Providers



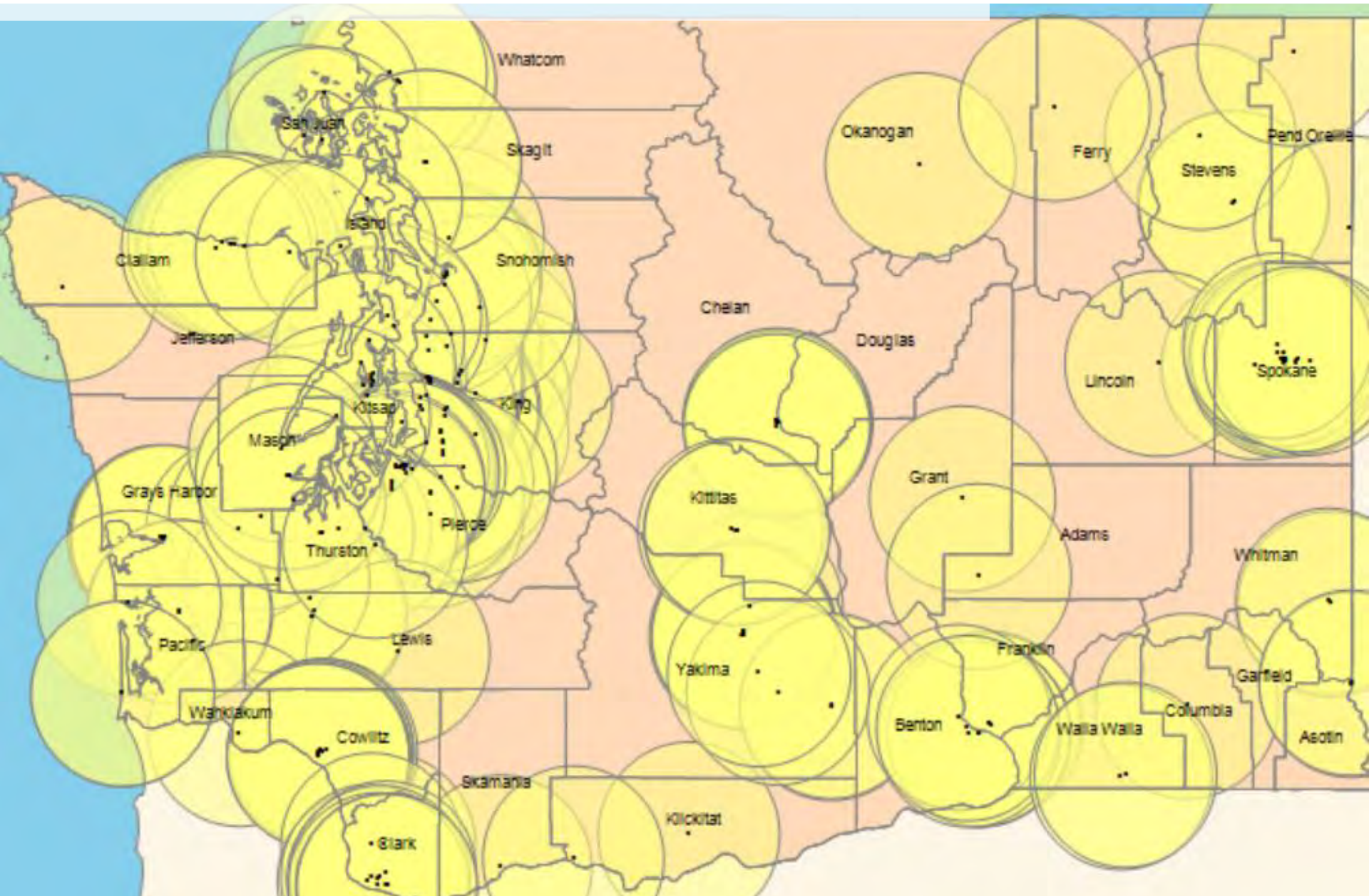
PPW Providers



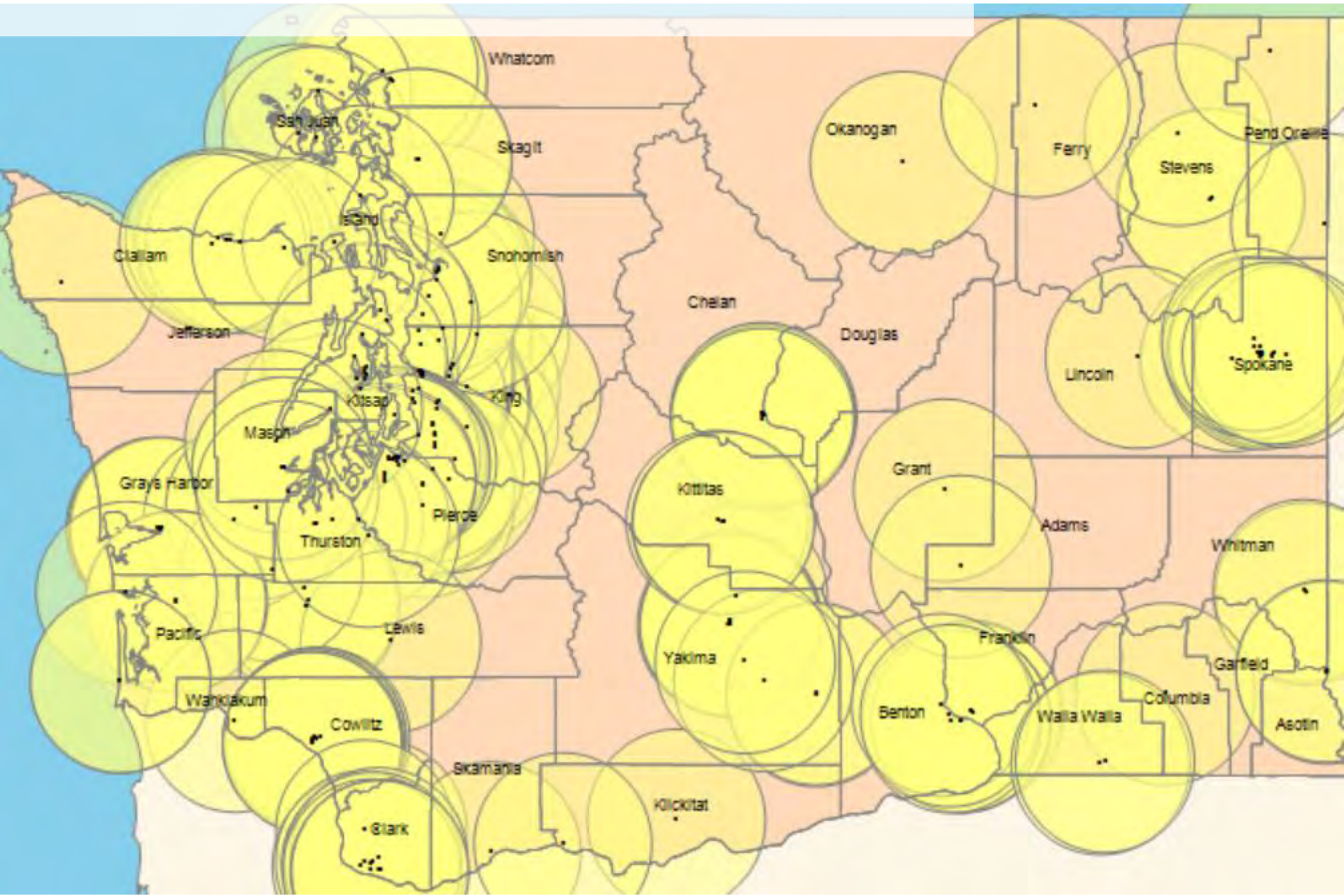
Adult Recovery House Providers



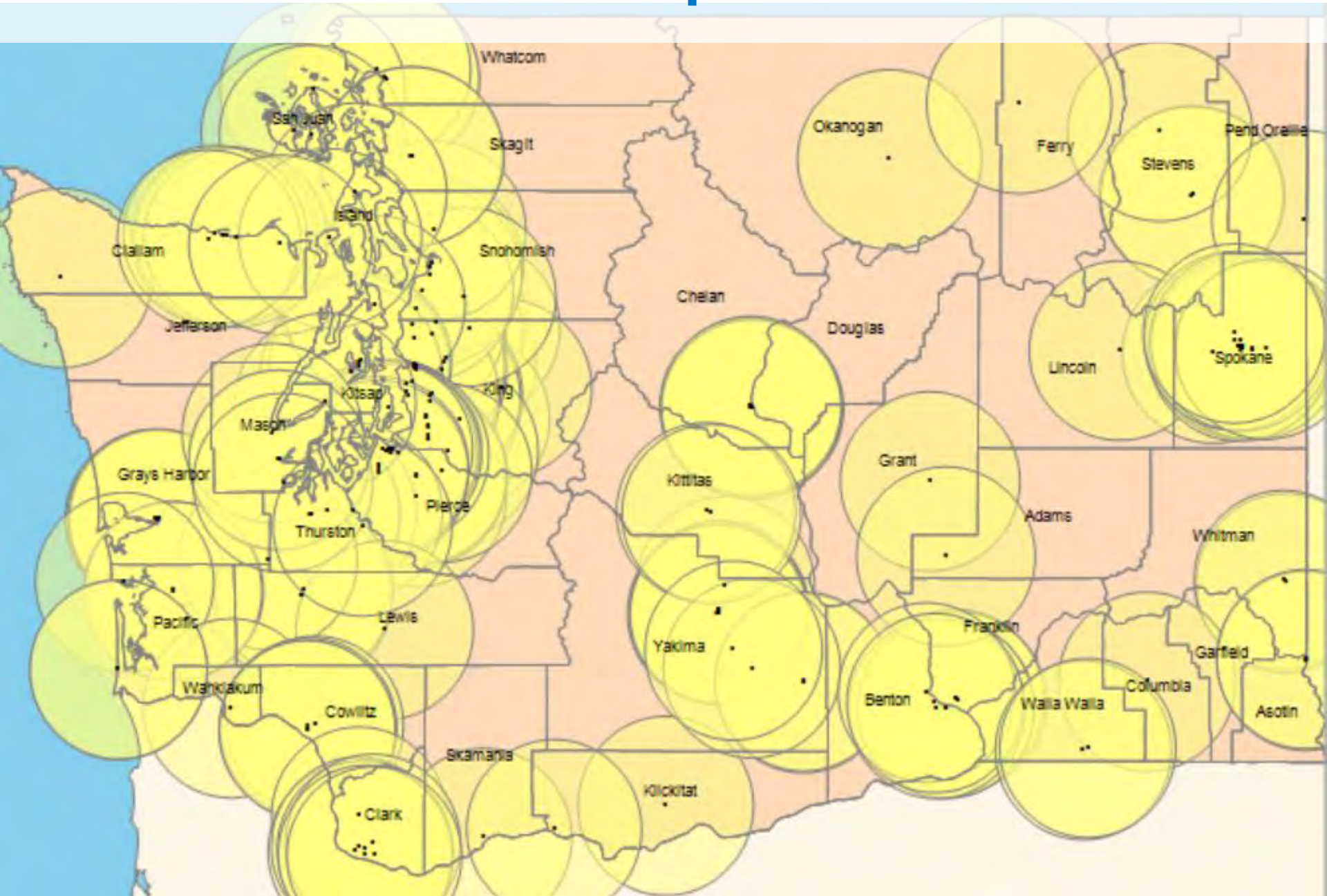
Youth Outpatient Providers



Youth Outpatient Providers



Youth Intensive Outpatient Providers



Youth Residential Providers



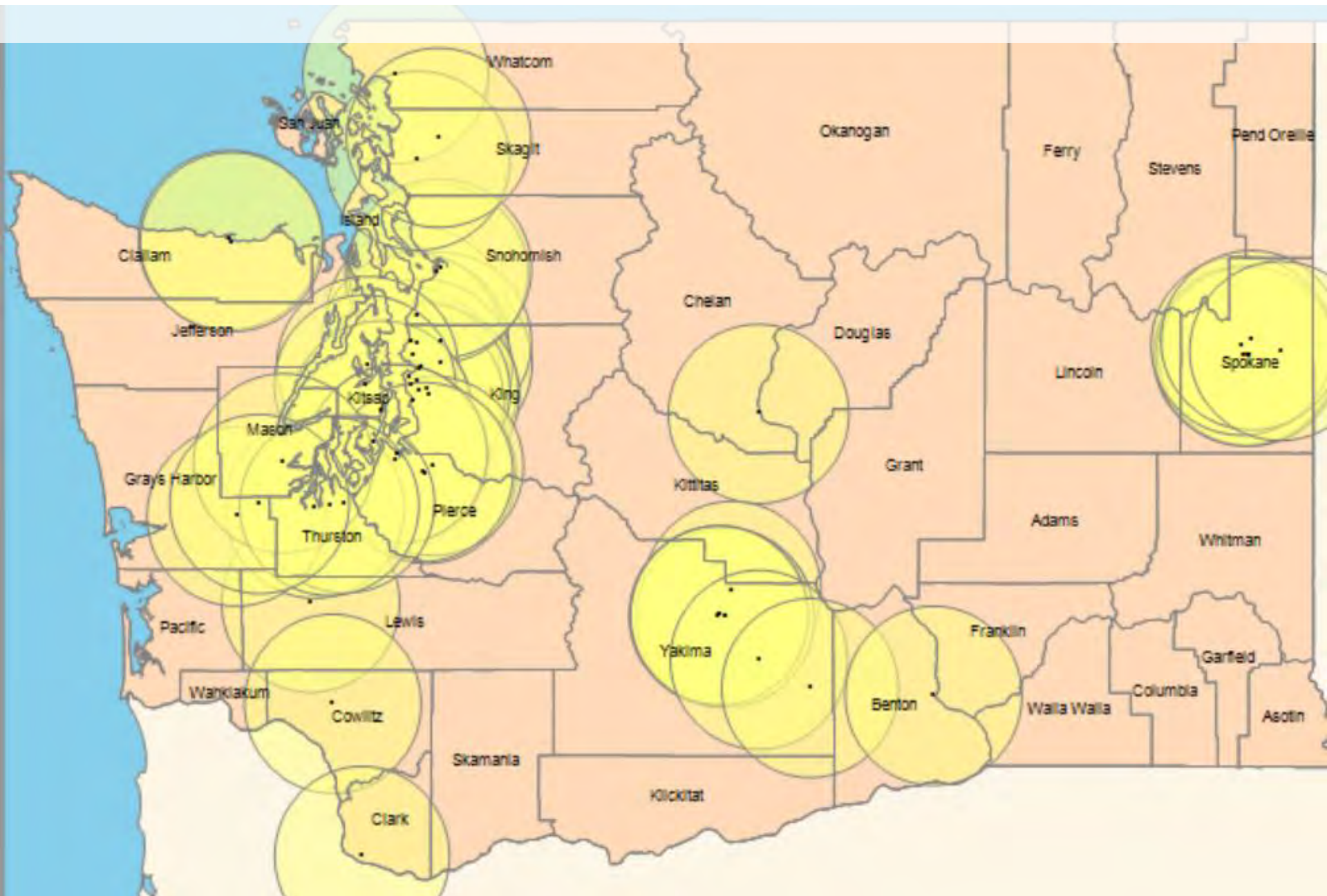
Youth Recovery House Providers



Bed Facilities

- ▶ Measured at a facility level
- ▶ Must be contracted for IMC
- ▶ Must be accepting new patients
- ▶ Include number of Medicaid beds at each facility

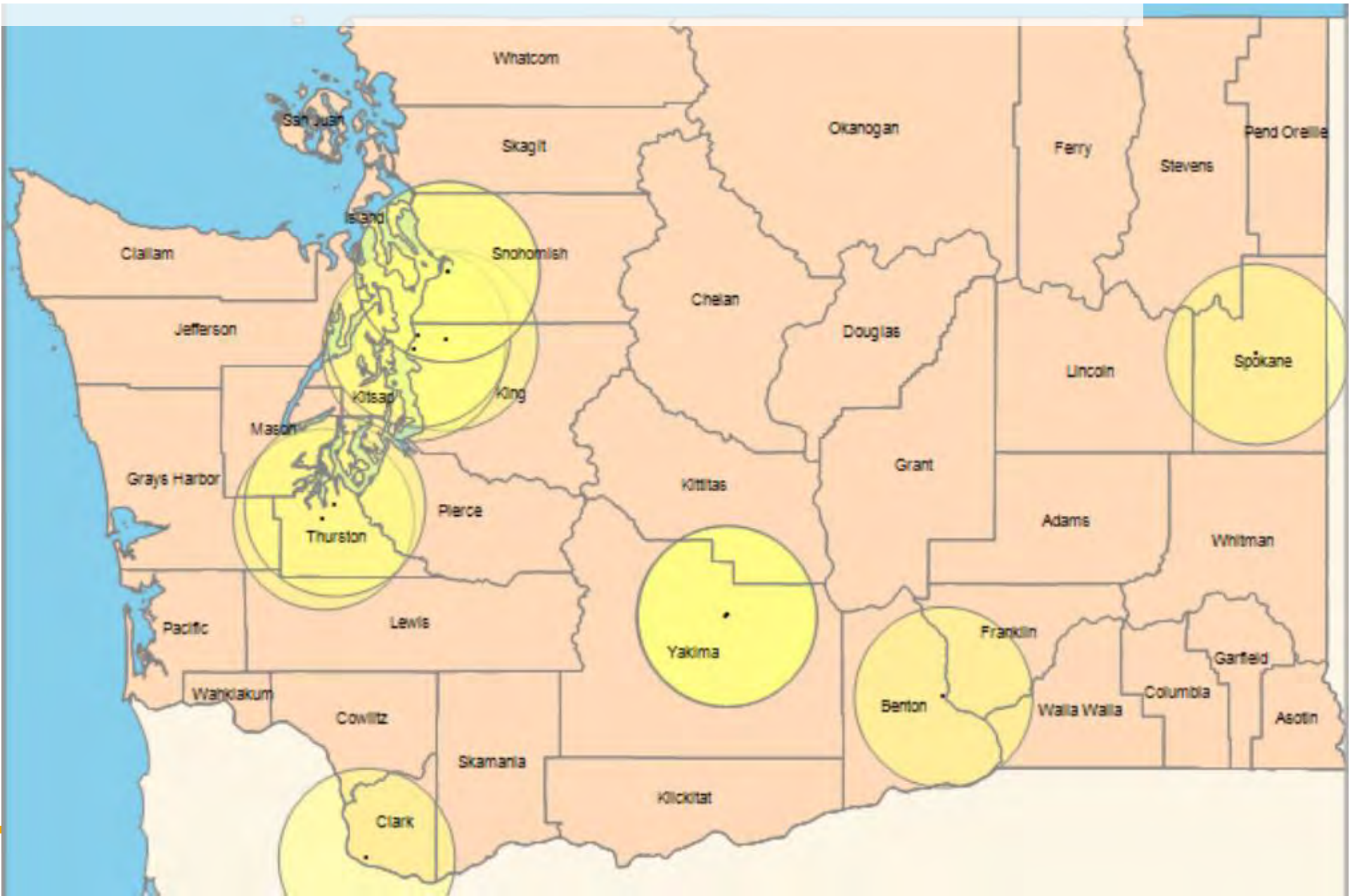
Adult Residential Beds



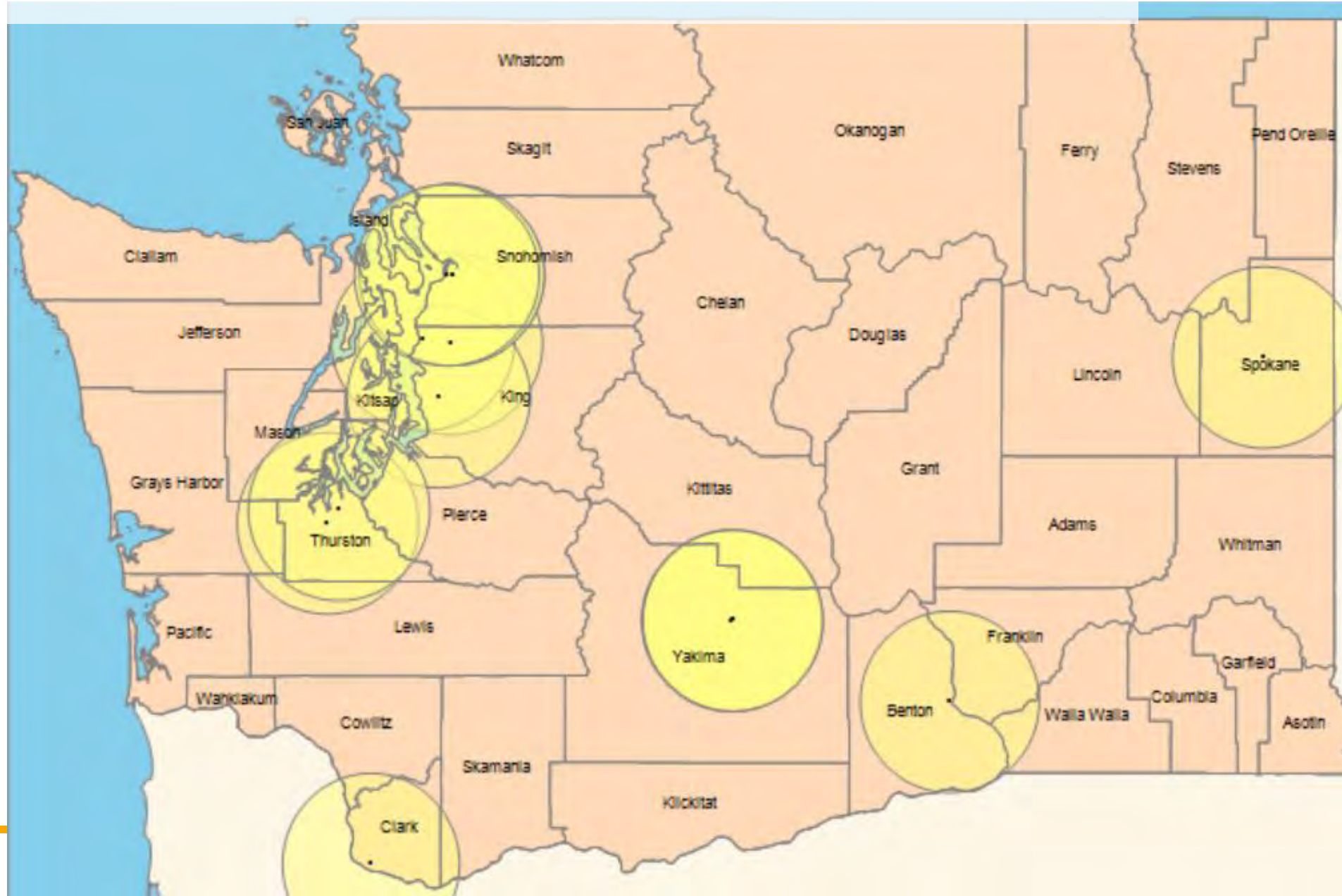
Youth Residential Beds



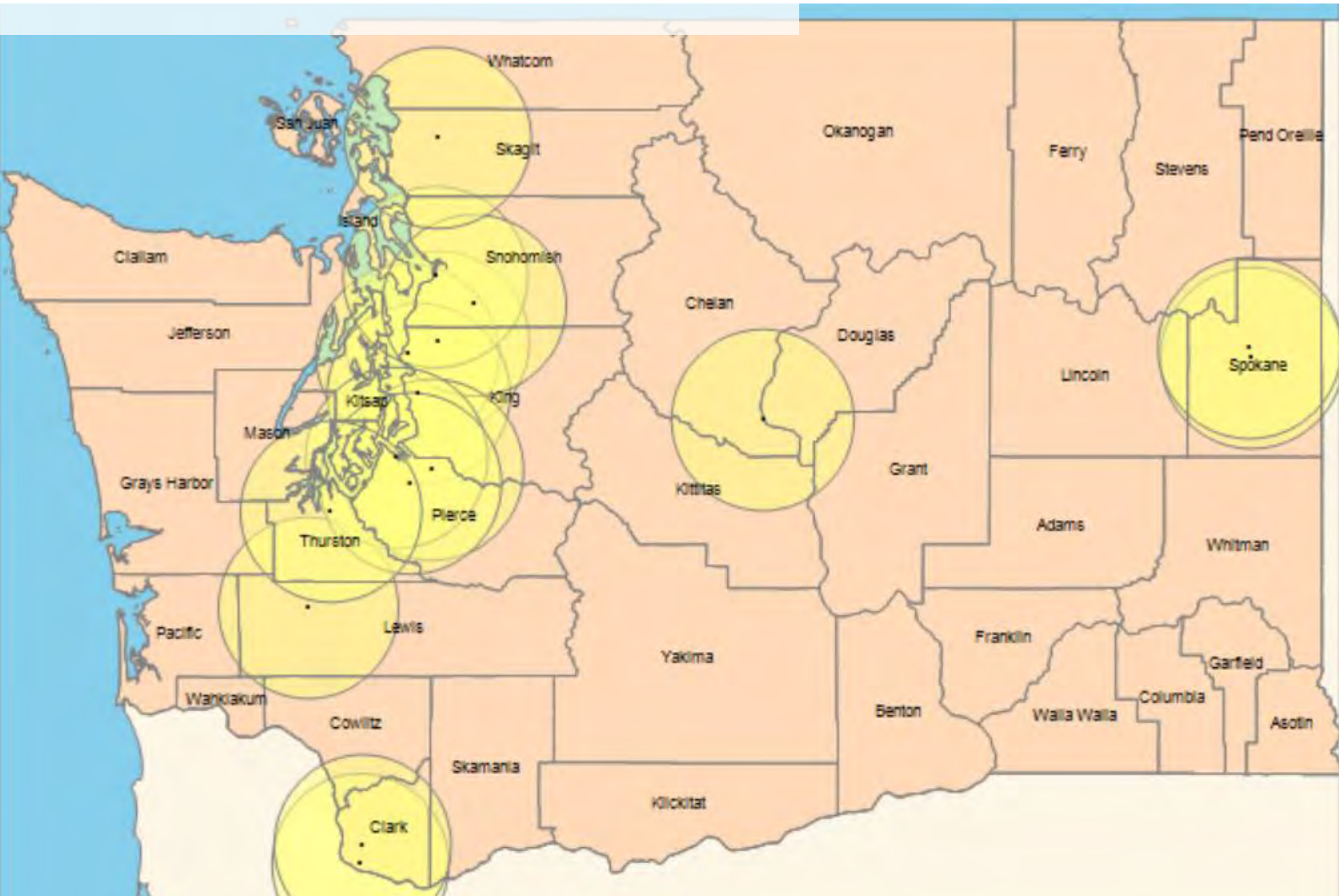
Pregnant Women Services Beds



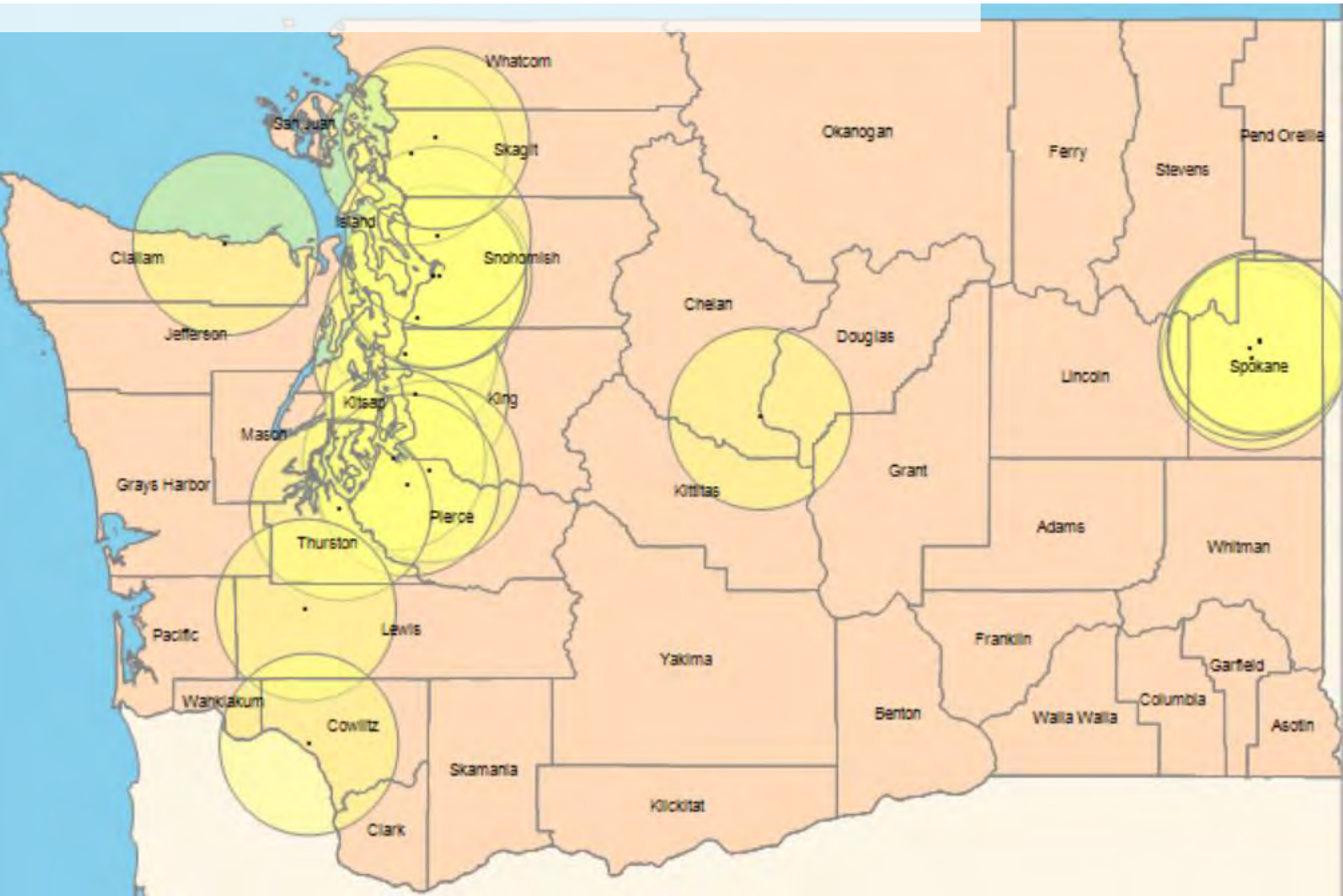
Parenting Women Services Beds



Adult Detox IMD Beds



Adult Detox Non-IMD Beds



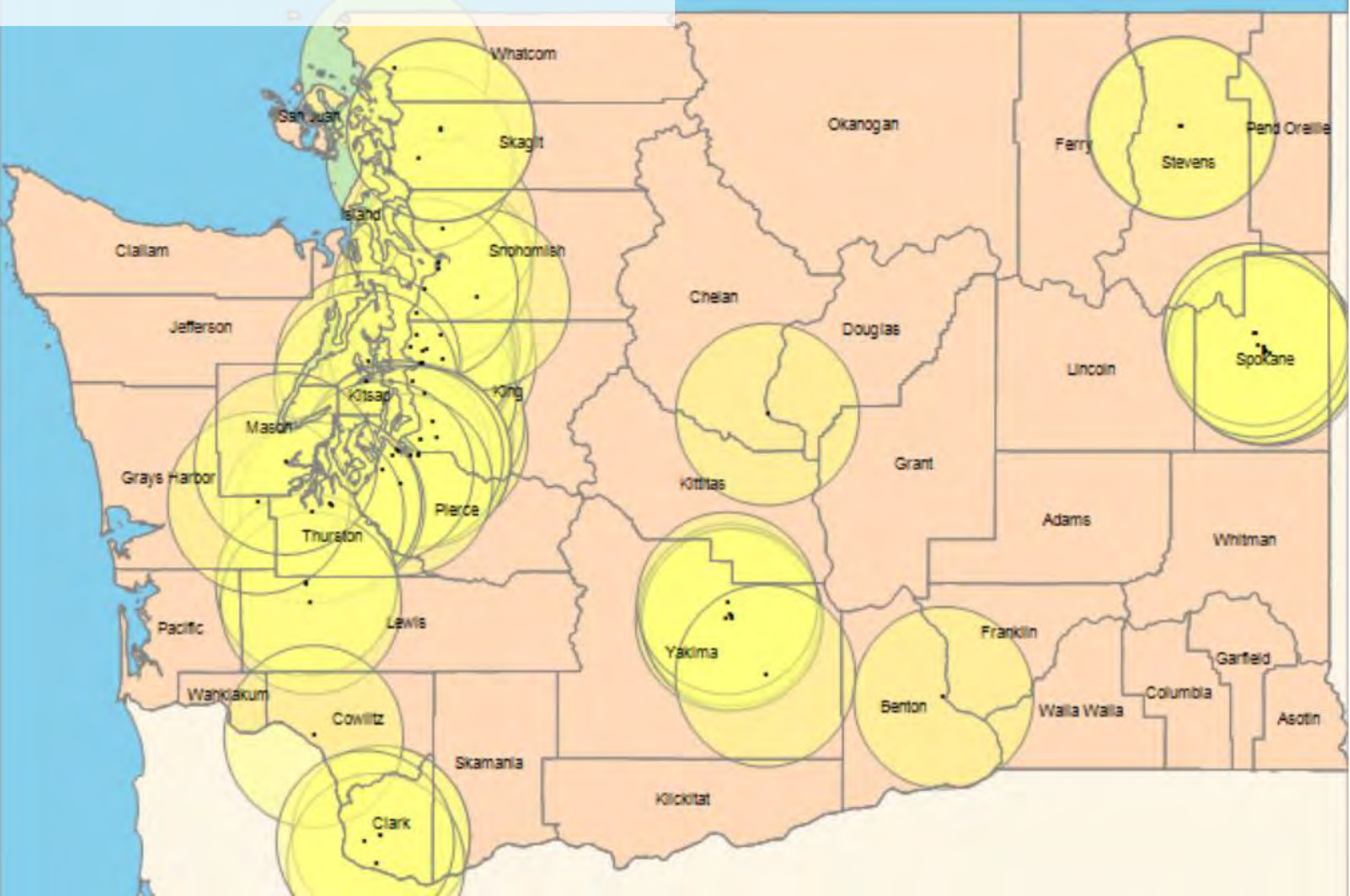
Youth Detox IMD Beds



Youth Detox Non-IMD Beds



E&T Providers



Current BHA Critical Provider Exceptions

- ▶ HCA has finalized the clean up of MCOs' outpatient behavioral health submission data and will be notifying the MCOs of the following outpatient exemption counties (below 80%):
 - ▶ All Mental Health and SUD outpatient
 - Lincoln and Okanogan Counties
 - ▶ Adult and Youth SUD outpatient
 - Grant County
 - ▶ Youth SUD services (outpatient and intensive outpatient)
 - Chelan, Douglas, and Whitman Counties
- ▶ If changed to 90% the following additional exception counties would need to be added:
 - ▶ All Mental Health and SUD outpatient
 - Kittitas, Whitman, Lincoln, Okanogan, Pend Oreille* Counties
 - ▶ Mental Health and Adult SUD outpatient
 - Adams County
 - ▶ Adult and Youth SUD outpatient
 - Chelan, Douglas, Ferry Counties
 - ▶ Youth SUD services (outpatient and intensive outpatient)
 - Clallam County

Availability of Service Challenges

- ▶ HCA has been made aware of situations where facilities are licensed to provide services, but do not have providers for those service on staff.
- ▶ Information does not measure timely access to services
- ▶ Accepting new clients is only reported quarterly and not real time

Options for Addressing Availability of Services

- ▶ To ensure that we are only counting locations that are staffed to actively provide tracked services, HCA has explored cold and/or warm calling these offices.
 - ▶ This would allow HCA staff to ask about service availability and appointment wait time to gauge actual availability of services. This would include whether the location is accepting Medicaid, new patients, and specific MCOs.
 - ▶ How would this work be prioritized? By region? By county? By service type?
 - ▶ Due to time constraints, this would only be done annually.
 - ▶ In the event providers can't or are unwilling to disclose information, what other avenues can be explored? If alternate methods of gaining this information are available, is it a better use of time to explore those first?

Options for Addressing Availability of Services (cont.)

- ▶ Measuring providers by license type
 - ▶ Agency affiliated
 - ▶ Do we need to consider additional license types? Additionally, are all license types equal (ex. patient ratios, service delivery, etc.)?

- ▶ Adding additional sub-categories
 - ▶ Medication Management
 - ▶ Crisis response
 - ▶ Spoken languages
 - ▶ Information is available for individual providers, but how would we track for facility level reporting?
 - ▶ Is there an established standard for this criteria? If not, how do we determine threshold per facility? Is there need for exceptions?

Options for Addressing Availability of Services (cont.)

▶ Telehealth

- ▶ Utilization data would need to be reviewed to determine what percentage of the capacity threshold telehealth can reasonably account for.
- ▶ Would out of state providers be measured differently? How would we track in state vs out of state?
- ▶ MCOs report capability of providers to offer telehealth services but tracking this would be a manual process.

▶ Reestablish and monitor “requests for services”

▶ Establishing a Panel size

- ▶ Percentage impacts
- ▶ What is a reasonable provider to patient ratio? Historically, HCA has used a 1:1200 ratio. Is this reasonable for the BH network? Do we need different ratios per provider type?
- ▶ Currently, this information is based on provider attestation. Is this reasonable? If not, how would we get and track this information?

Group Discussion and Next Steps

Questions

Jesica Mikesell

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Q1 2022 Statewide Behavioral Health Access Survey

Apple Health Integrated Managed Care



COMMUNITY HEALTH PLAN
of Washington™
The power of community



coordinated care™



MOLINA[®]
HEALTHCARE



United
Healthcare[®]
Community Plan

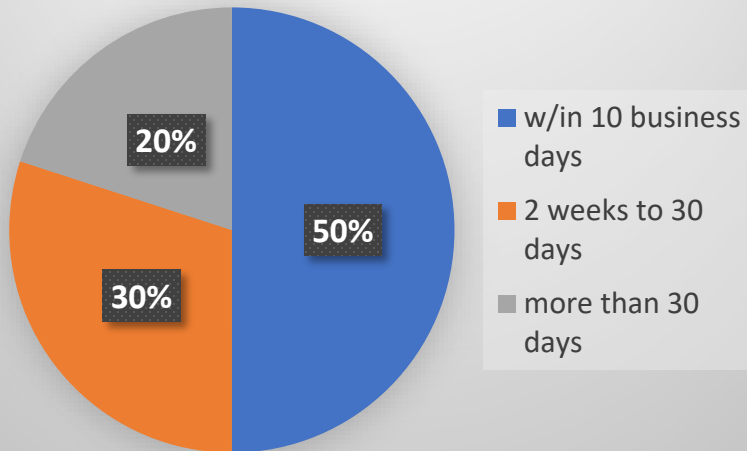
North Sound Survey Results

General Observations:

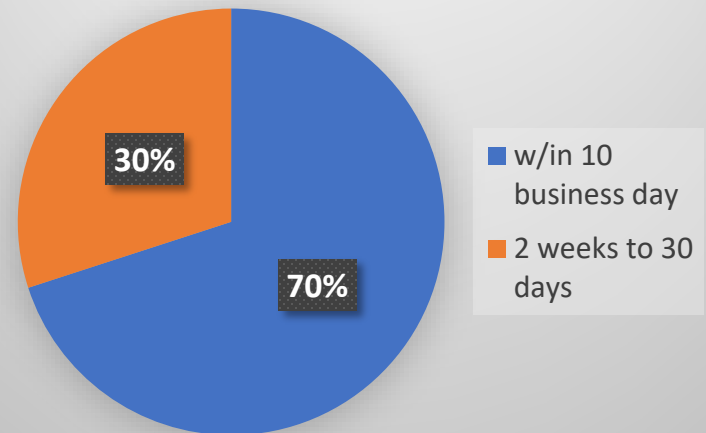
- 14 submissions received (93.3% response rate)
- 12 respondents (85%) expressed interest in a training to focus on learning best practices to increase efficiency (i.e. utilizing staff at highest licensure, involving other licensure types in treatment).
- 5 respondents (36%) expressed interest in being connected with telehealth resources.
- 5 respondents (36%) are not encountering Request for Services (H0046UB in SERI).

Adult Mental Health

Adult MH Intake Appointments

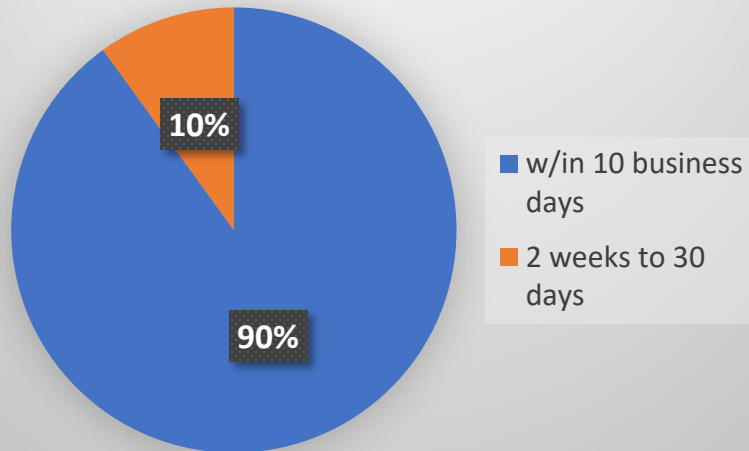


Adult MH OP Appointments Post Intake

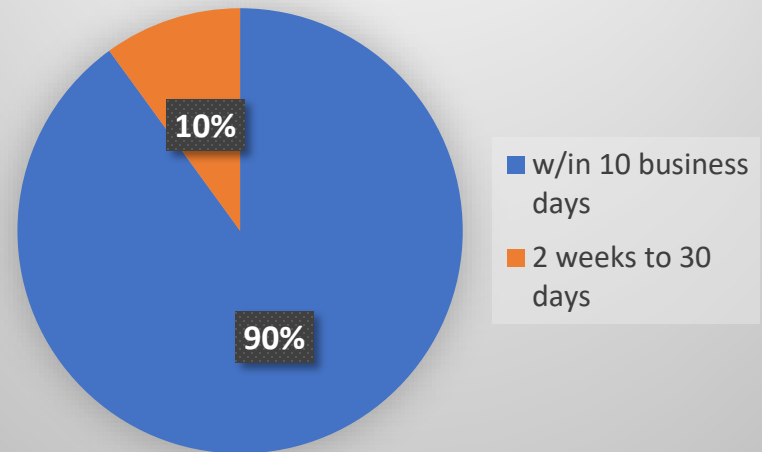


Adult Substance Use Disorder Services

Adult SUD Intake Appointments

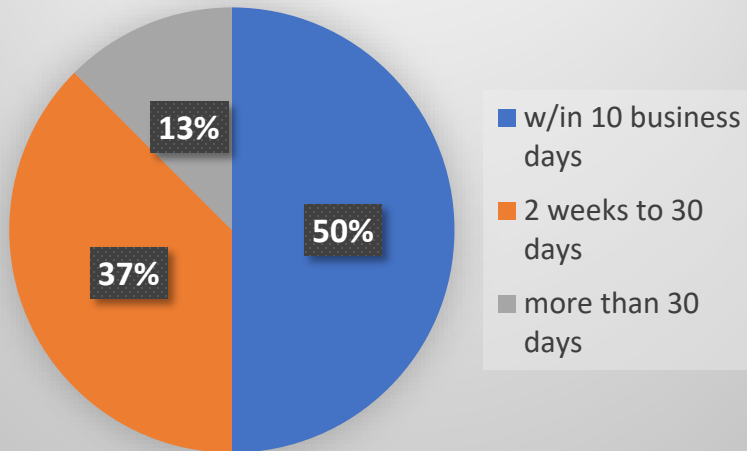


Adult SUD OP Appointments Post Intake

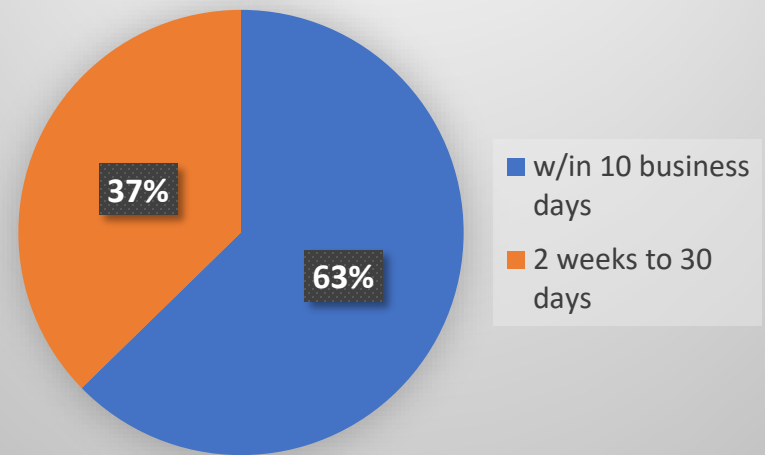


Child/Youth Mental Health

Youth MH Intake Appointments

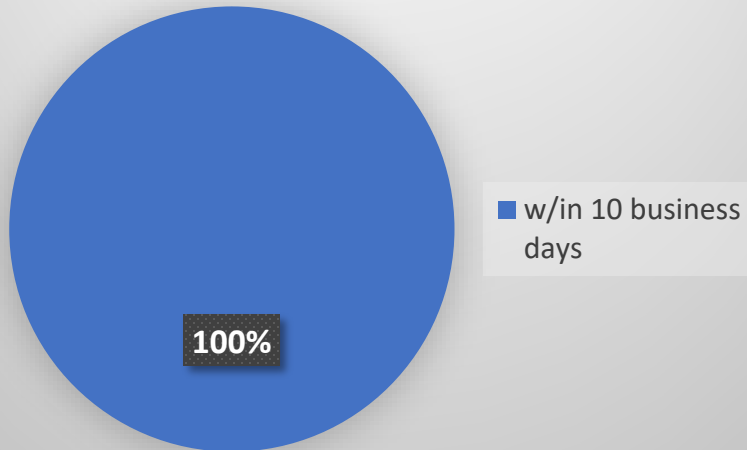


Youth MH Outpatient Appointments Post Intake

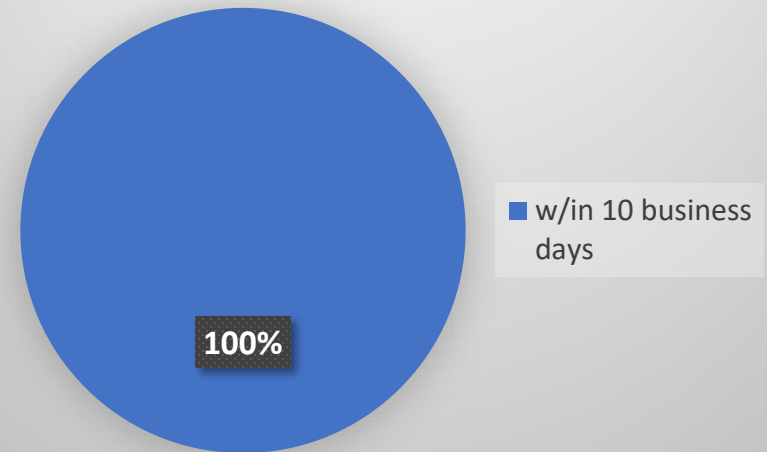


Child/Youth Substance Use Disorder Services

Youth SUD Intake Appointments



Youth SUD Outpatient Appointments Post Intake



Next Steps

Best Practices Training

An impressive majority of survey respondents expressed that they would be interested in a training that focused on learning best practices to increase efficiency (i.e. utilizing staff at highest licensure, involving other licensure types in treatment). MCOs would be very interested in partnering with HCA and others to develop a training to meet the need.

Telehealth Resources

MCOs will share resources regarding Telehealth Options with their provider Networks.

Engage Provider Agencies

MCOs have a new contract requirement to submit a quarterly Behavioral Health Access report. MCO's plan to engage provider communities using existing regional meetings to explore how to best meet this requirement with the least amount of provider burden.





WASHINGTON COUNCIL
FOR BEHAVIORAL HEALTH

October 6, 2022

The Honorable Jay Inslee
Sue Birch, Health Care Authority Director
Charissa Fotinos, MD, State Medicaid Director

REGARDING: 7% Medicaid Rate Increase for Community Behavioral Health Providers

Dear State Officials,

I write today as the CEO of the Washington Council for Behavioral Health, representing licensed behavioral health agencies (BHAs) across the state, our state's behavioral health safety net. We are deeply concerned by the 2023 community behavioral health rate information shared during the 9/23/22 Milliman presentation, *CY 2023 Managed Care Rate Development*, which showed there will be a significant rate cut in 2023 to the managed care organizations (MCOs) that could then be passed onto community behavioral health providers.

Low Medicaid rates = low salaries = workforce reductions. This was our rallying cry throughout last fall and during the 2022 legislative session. Access to care has been severely limited; programs and facilities were closed, and front door admissions restricted.

The legislature responded with strong support; and legislative intent in 2022 was clear and compelling, making two major investments in workforce stabilization:

- \$100 million in provider relief funds to jumpstart workforce stabilization investments beginning fall of 2022 (ESSB Sec. 215 (104)); and
- \$49.989 million provided solely to implement a 7% increase to Medicaid reimbursement for community behavioral health providers effective January 1, 2023 (ESSB 5693 Sec. 215 (58)).

HCA subsequently announced that BHAs would be receiving a 7% rate increase, and repeatedly assured providers that the rate increase would flow smoothly through the established directed payment mechanism, as required by the legislature.

- Many providers have already taken the leap of faith to implement salary increases early, hoping to stem the tide of staff turnover, and counting on the promise of a January 2023 rate increase.

However, **instead of going up by 7%, Medicaid behavioral health pmpm rates to Managed Care Organizations under Integrated Managed Care are being reduced by nearly 7%** (see slide 25; Milliman presentation)

- If passed along to providers, this would be a devastating blow to the community behavioral health system, dramatically reducing capacity and further limiting access to care. Some programs and agencies may not survive.
- At the same time, we know there is huge unmet need for behavioral health treatment, and many other state priorities (e.g., *Trueblood*, 988 Crisis Line implementation, Apple Health and Homes) are dependent upon an accessible, responsive community behavioral health system.

Washington cannot afford to lose anymore system capacity and infrastructure of the behavioral health safety-net.

- We recognize that Medicaid managed care rates must meet actuarial soundness, and that these calculations are closely tied to historical utilization, which has suffered substantially due to lingering effects of the COVID pandemic and the workforce shortage crisis leading to limited capacity. ***As we begin to rebuild capacity and try to meet community demand, we need to work with HCA and Milliman to move beyond historical utilization being the dominant driver of future rates and system resources. This is the system death spiral in action.***

I appreciated my discussion today with Dr. Charissa Fotinos, in which she provided some assurances regarding HCA's intentions to minimize any impact on community behavioral health providers. However, the entire system needs to receive clear information and reassurance as soon as possible that:

- 1) Overall, the community behavioral health system will continue to receive the same level of base funding and not be cut; and
- 2) The 7% rate increase will be distributed to all eligible community behavioral health providers through a transparent, directed payment method that is clearly communicated and easily tracked.

Bottom line, the system cannot absorb a funding cut instead of the intended and promised 7% rate increase as appropriated by the legislature. In the short term, we need immediate and clear communications about how the 7% rate increase will be rolled out so that providers can proceed with critical workforce interventions – including staff salary increases which are already underway – to rebuild system capacity and expand access.

Thank you for your attention. We look forward to hearing from you.

Sincerely,



Ann Christian
CEO

achristian@thewashingtoncouncil.org

206.628.4608 ex 14

Cc: Amber Leaders, Sr. Policy Advisor, Governor's Policy Office
Bryan Way, Budget Assistant, OFM
Keri Waterland, Director, Division of Behavioral Health & Recovery
Jason McGill, Assist. Director, Medicaid Programs Division
Rep. Timm Ormsby
Rep. Steve Bergquist
Rep. Mia Gregerson
Rep. Nicole Macri
Rep. Drew Stokesbary

Rep. Eileen Cody
Rep. Jessica Bateman
Rep. Joe Schmick
Andy Toulon
Sen. Christine Rolfes
Sen. David Frockt
Sen. Lynda Wilson
Sen. Keith Wagoner
Sen. June Robinson
Corban Nemath
Matt Bridges
Rashi Gupta
Mary Clogston
Samantha Gatto
Vicki Guse, Adams County Integrated Health Care Services
Laurie Tebo, Behavioral Health Resources
Richard Stride, Cascade Community Healthcare
Pam Brown Catholic Charities Eastern Washington
Mary Stone-Smith, Catholic Community Services Western Washington
Mike Wiser, CHAS Health
Andrew Tucker, Children's Home Society of Washington
Victor Jackson, Columbia River Mental Health Services
Drew McDaniel, Columbia Wellness
Tom Sebastian, Compass Health
Jodi Daly, Comprehensive Healthcare
Kim Zacher, Comprehensive Life Resources
Michelle McDaniel, Crisis Connections
Jim Novelli, Discovery Behavioral Healthcare
Daniel Malone, Downtown Emergency Service Center
Jeff Thomas, Frontier Behavioral Health
Dell Anderson, Grant Behavioral Health & Wellness
Terri Card, Greater Lakes Mental Healthcare
Stacey Devenney, Harborview Mental Health Center
Monica Bernhard, Kitsap Mental Health Services
Jenny Billings, Lake Whatcom Residential & Treatment Services
Heike Lake, Lutheran Community Services Northwest
Tim Holmes, MultiCare Behavioral Health & Navos
David Nielsen, NEW Alliance Counseling
Asif Khan, Northwest Integrated Health
David McClay, Okanogan Behavioral Healthcare
Michael Berney, Palouse River Counseling
Rebecca Hammill, Passages Family Support
Nicole Vangrimbergen, Pend Oreille County Counseling Services
Wendy Sisk, Peninsula Behavioral Health
Tamara Cissell, Skamania County Community Health

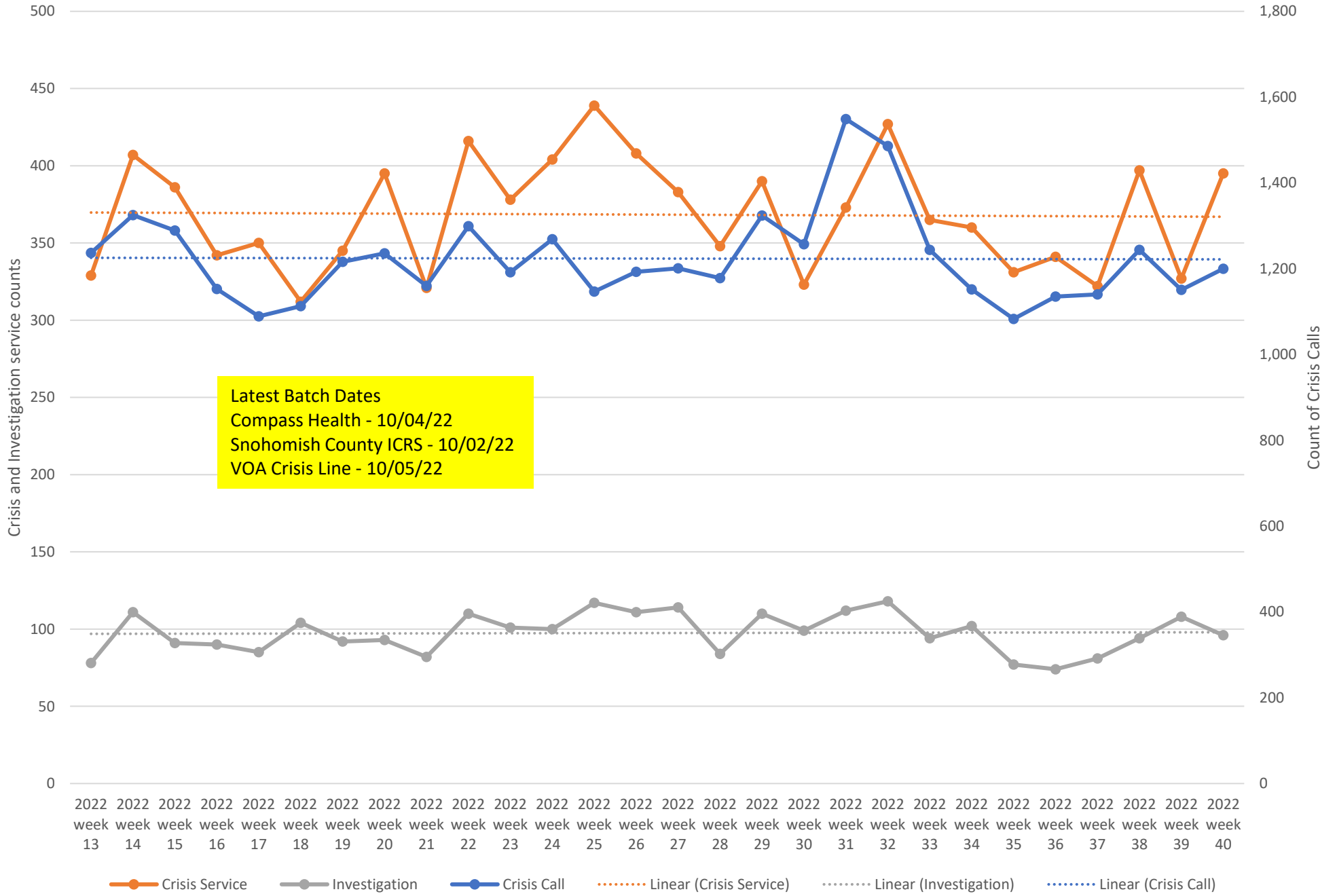
Patrick Evans, Sound
Anthony Angerillo, Sunrise Community Mental Health
Holly Borso, Telecare
Darcell Slovek-Walker, Transitional Resources
Shekh Ali, Valley Cities Behavioral Health Care
Levi Van Dyke, Volunteers of America Western Washington
Tanya MacNeil, West End Outreach Services
Salina Mecham, Willapa Counseling Center
Ben Beck-Coon, Yakima Valley Farmworkers Clinic, Behavioral Health Services



Weekly Crisis Capacity Indicator Snapshot

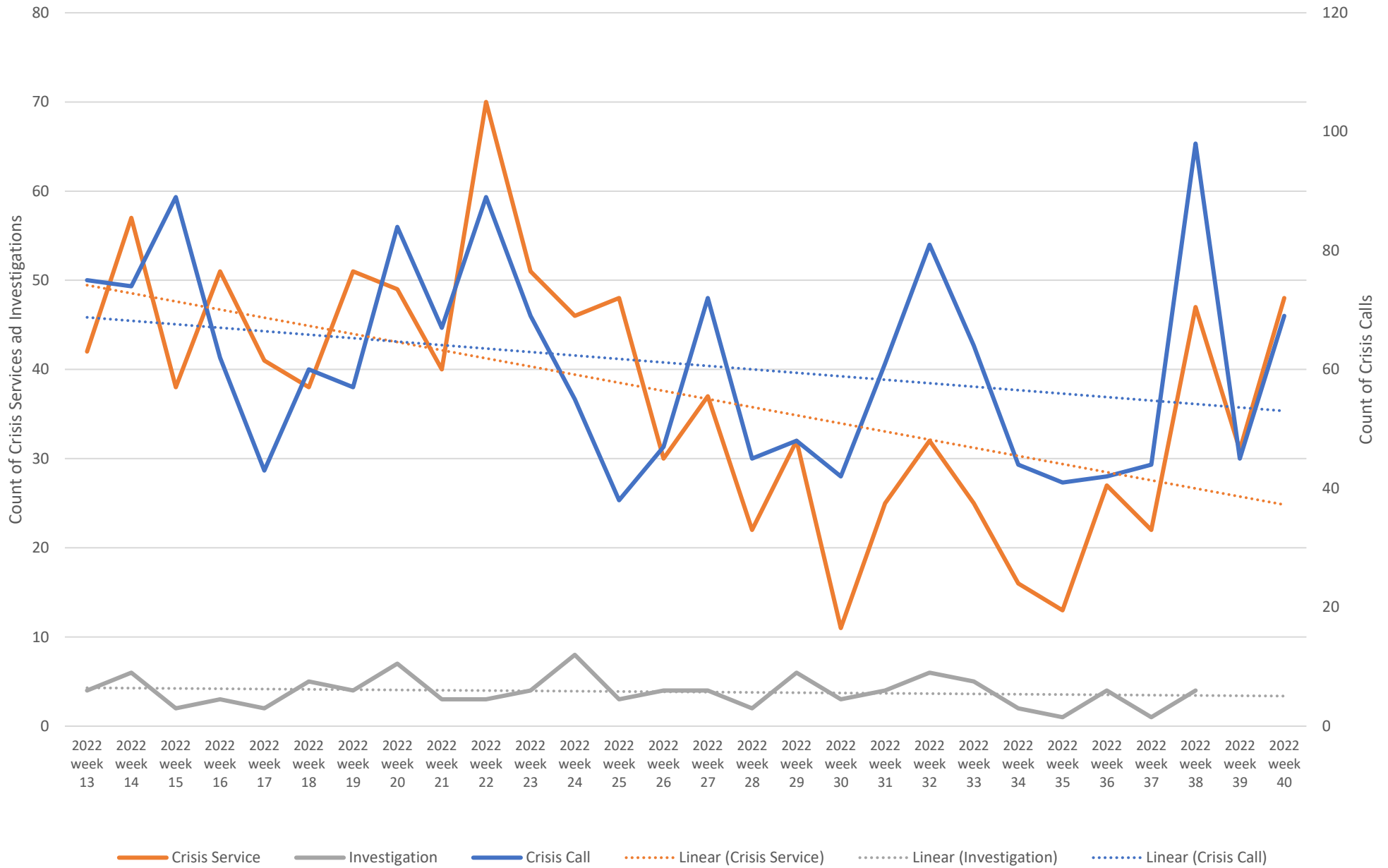
Page 2	Crisis Data - dates 03/20/22 to 10/01/22
Page 3	Crisis Data: Ages 0-17 - dates 03/20/22 to 10/01/22
Page 4	All DCR Dispatches - dates 03/20/22 to 10/01/22
Page 5	Weekly Staff Count - Staff providing Crisis or Investigation services 03/20/22 to 10/01/22
Page 6	Hospital placement locations (Invol and Vol) - No adjustment has been made for timely data - recent weeks likely low
Page 7	Telehealth only, crisis and investigation services from 03/20/22 to 10/01/22
Page 8	Crisis Service Unit Percent - Crisis Service units divided by Crisis units + Investigation units
Page 9	Washington State Indicators of Anxiety or Depression Based on Reported Frequency of Symptoms During Last 7 Days
Page 10	Place of Service -Crisis Services, percent of total by week
Page 11	Place of Service -Investigations, percent of total by week
Page 12	New COVID-19 Cases Reported Weekly per 100,000 population - 07/01/21 to 10/05/22
Page 13	Total Hospitalized Adults - COVID-19 (confirmed or suspected) 7 day average
Page 14	North Sound BH ASO Walkaway Chart 03/20/22 to 10/01/22

Crisis Data - dates 03/20/22 to 10/01/22

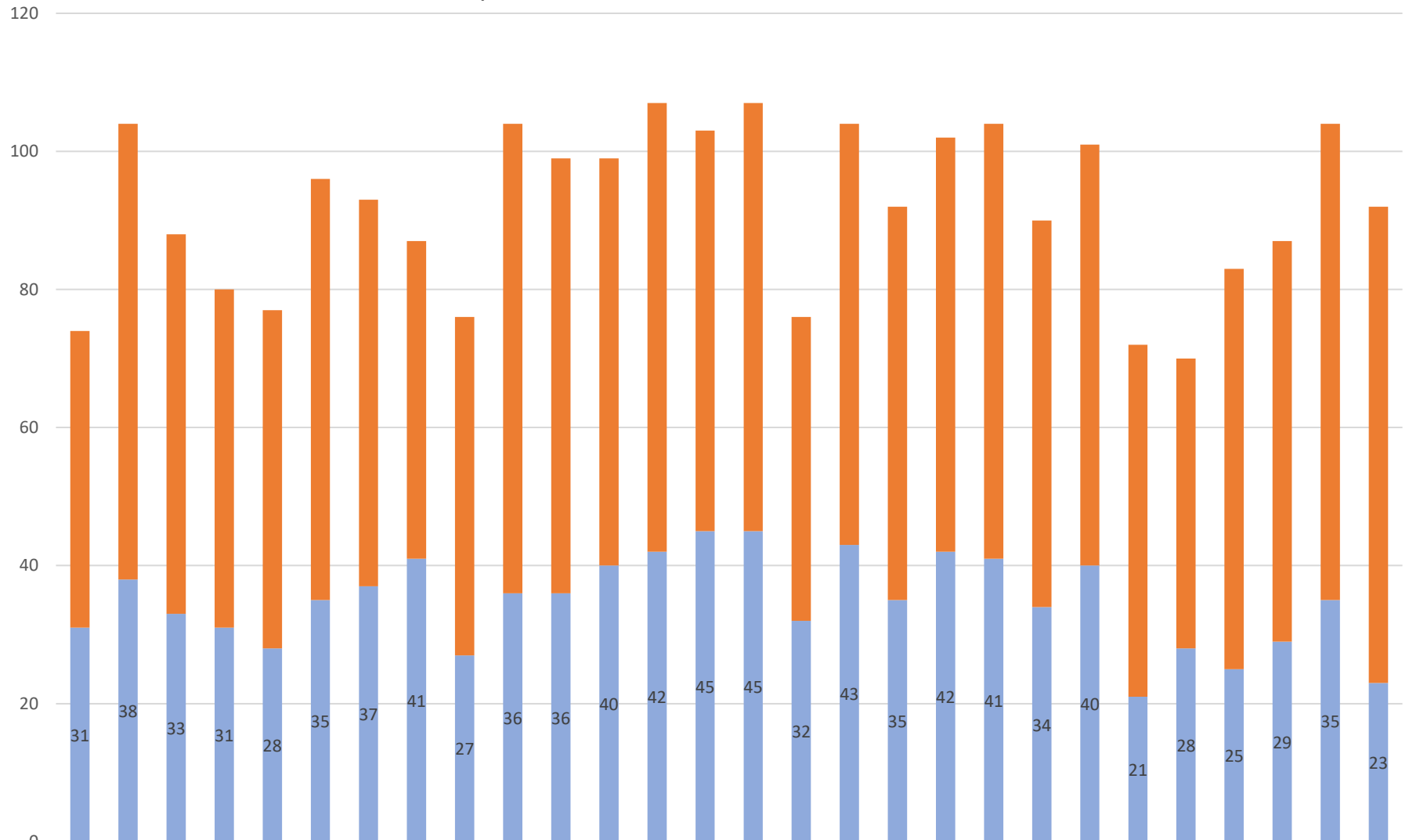


Latest Batch Dates
 Compass Health - 10/04/22
 Snohomish County ICRS - 10/02/22
 VOA Crisis Line - 10/05/22

Crisis Data: Ages 0-17 - dates 03/20/22 to 10/01/22

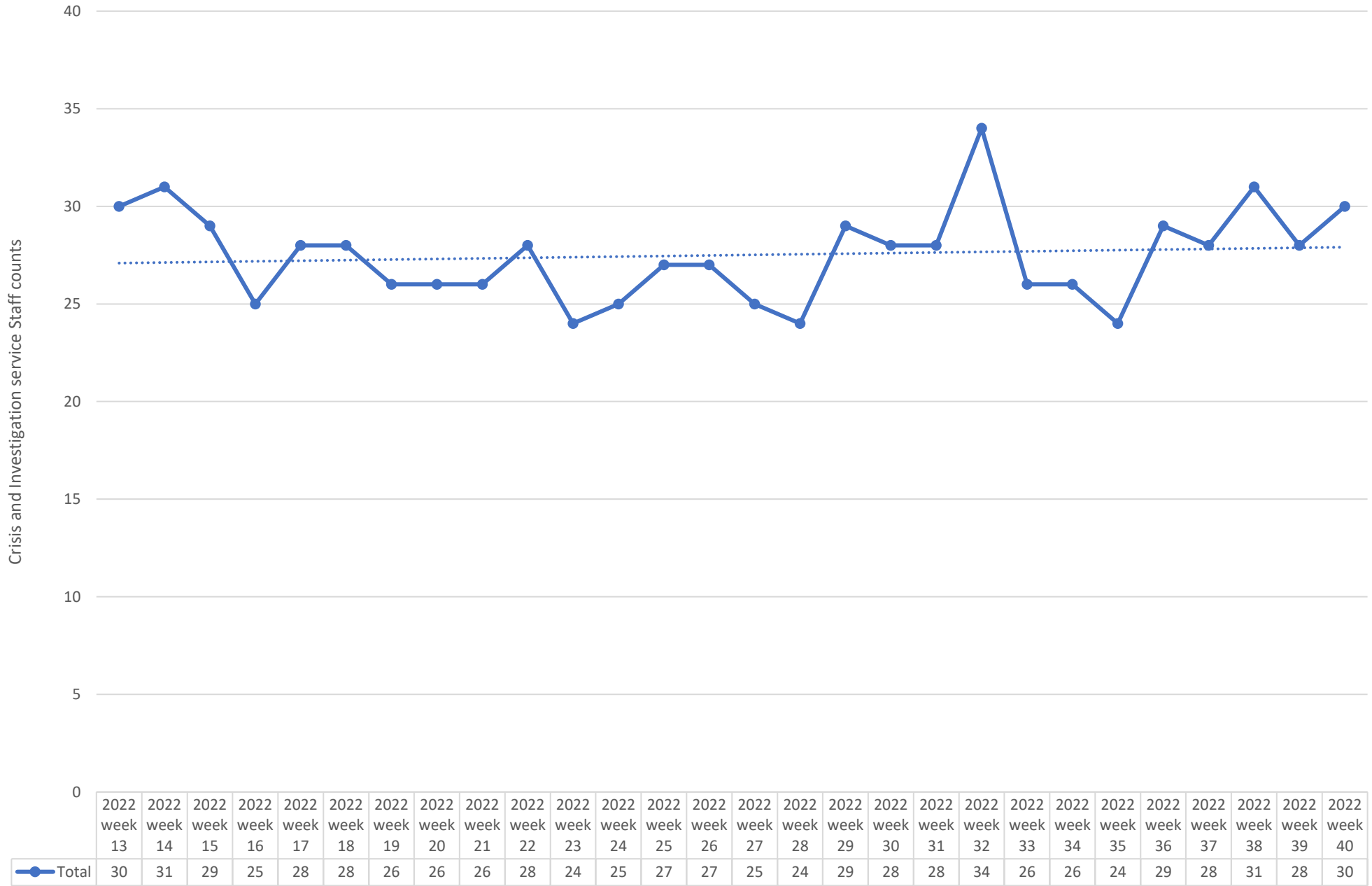


All DCR Dispatches - dates 03/20/22 to 10/01/22



■ dispatch resulting in other outcome	43	66	55	49	49	61	56	46	49	68	63	59	65	58	62	44	61	57	60	63	56	61	51	42	58	58	69	69
■ dispatch resulting in detention	31	38	33	31	28	35	37	41	27	36	36	40	42	45	45	32	43	35	42	41	34	40	21	28	25	29	35	23

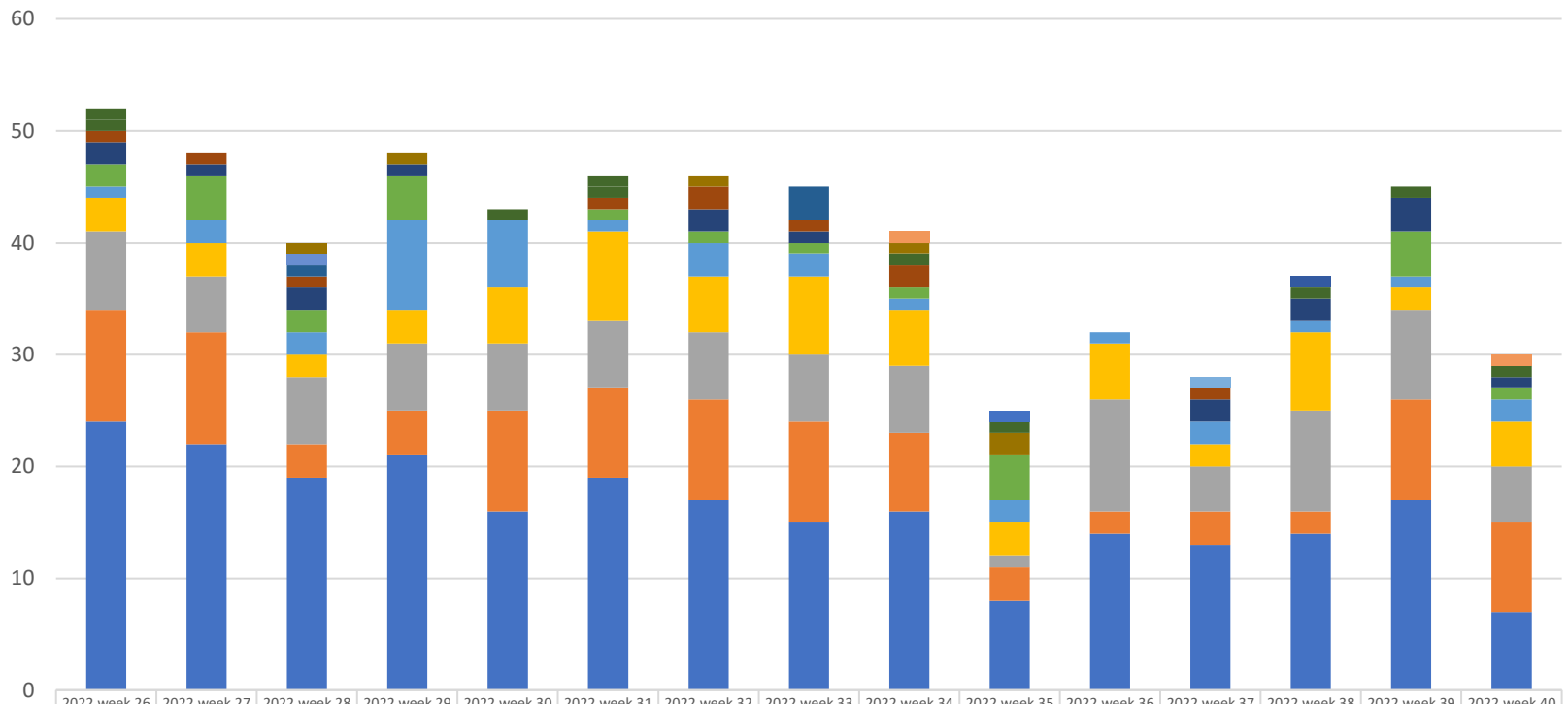
Weekly Staff Count - Staff providing Crisis or Investigation services 03/20/22 to 10/01/22



2022 week 40 ending 01/00/00

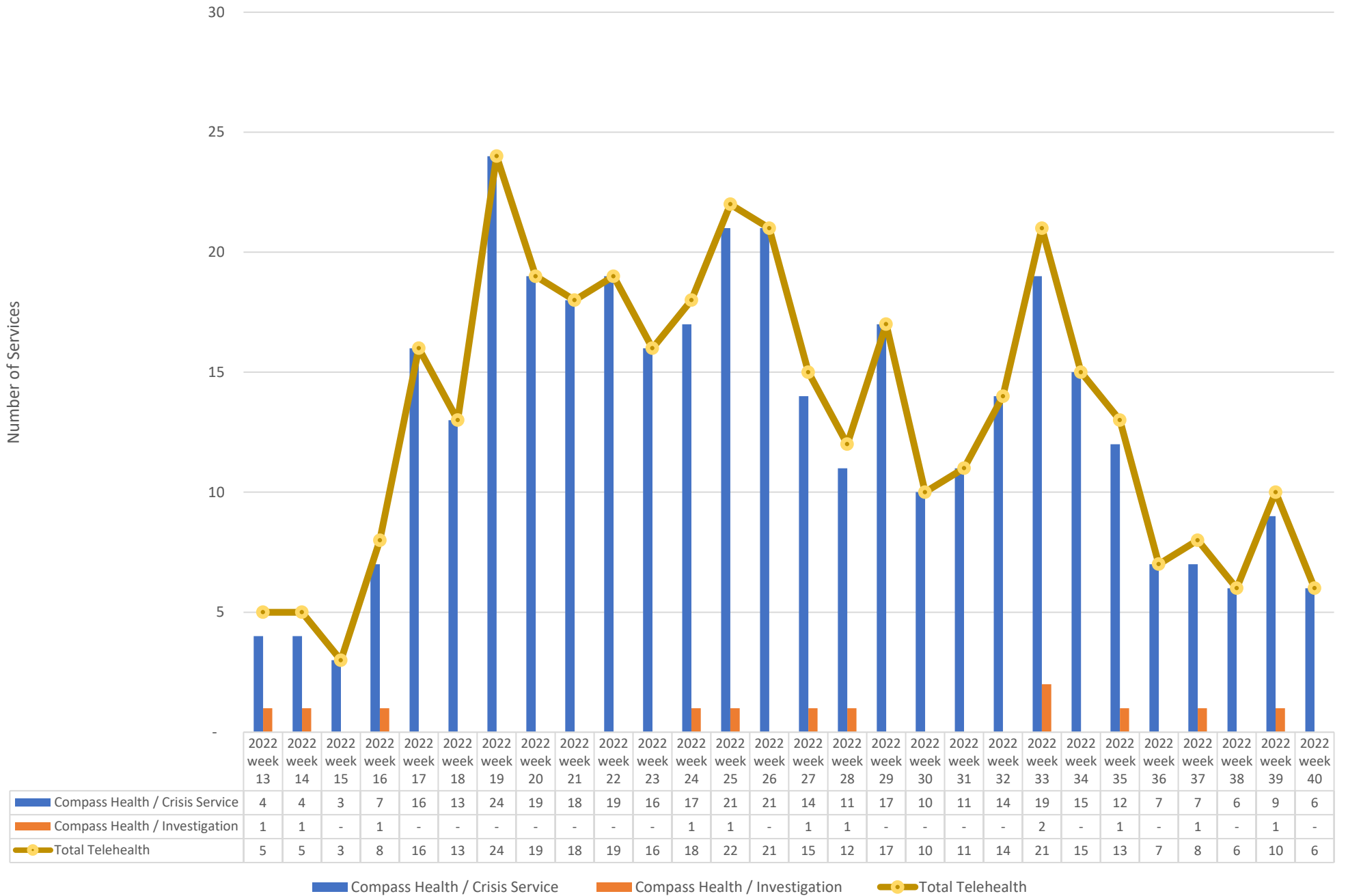
Hospital placement locations (Invol and Vol) - No adjustment has been made for timely data - recent weeks likely low

Count of hospital placement locations in the dispatch record

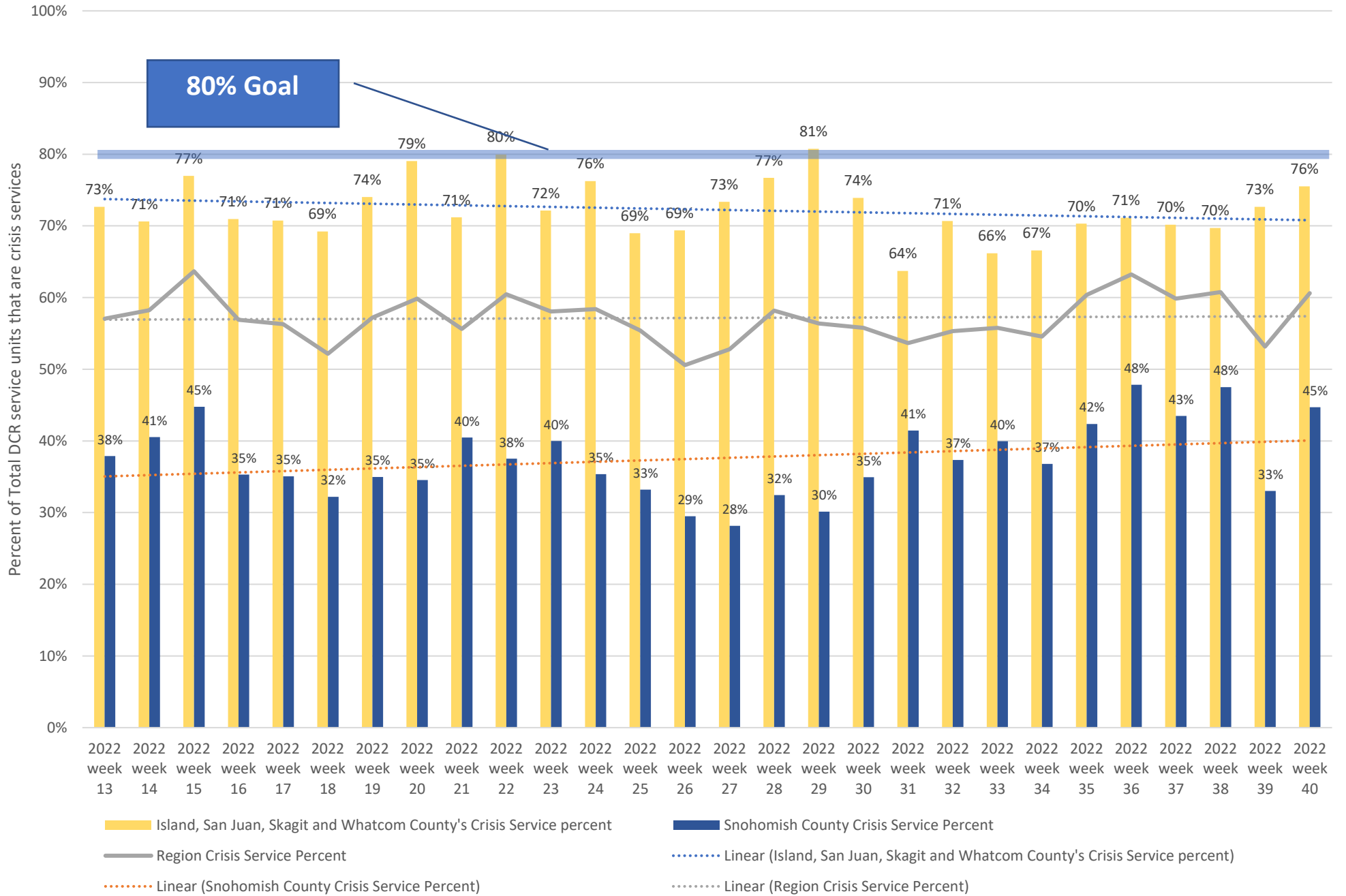


	2022 week 26	2022 week 27	2022 week 28	2022 week 29	2022 week 30	2022 week 31	2022 week 32	2022 week 33	2022 week 34	2022 week 35	2022 week 36	2022 week 37	2022 week 38	2022 week 39	2022 week 40
Tacoma General															
SWEDISH MEDICAL CENTER CHERRY HILL															
Cascade Behavioral Hospital LLC															
Multicare Behavioral Health Inpatient Services - Auburn										1					
OVERLAKE HOSPITAL MEDICAL CENTER			1												
THURSTON/MASON EandT FACILITY									1						
Pierce EandT TELECARE			1												
ABHS Chehalis	1					1				1					1
American Behavioral Health Systems SSI			1					3							
Swedish Mill Creek				1			1		1	2					
VALLEY GENERAL HOSPITAL	1				1	1			1				1	1	
Telecare North Sound Evaluation and Treatment	1	1	1			1	2	1	2			1			
Mukilteo	2	1	2	1			2	1				2	2	3	1
BHC Fairfax Hospital INC	2	4	2	4		1	1	1	1	4				4	1
SMOKEY POINT BEHAVIORAL HOSPITAL	1	2	2	8	6	1	3	2	1	2	1	2	1	1	2
Skagit Valley Hospital	3	3	2	3	5	8	5	7	5	3	5	2	7	2	4
Peacehealth Bellingham	7	5	6	6	6	6	6	6	6	1	10	4	9	8	5
SWEDISH EDMONDS	10	10	3	4	9	8	9	9	7	3	2	3	2	9	8
Providence Everett	24	22	19	21	16	19	17	15	16	8	14	13	14	17	7

Telehealth only, crisis and investigation services from 03/20/22 to 10/01/22



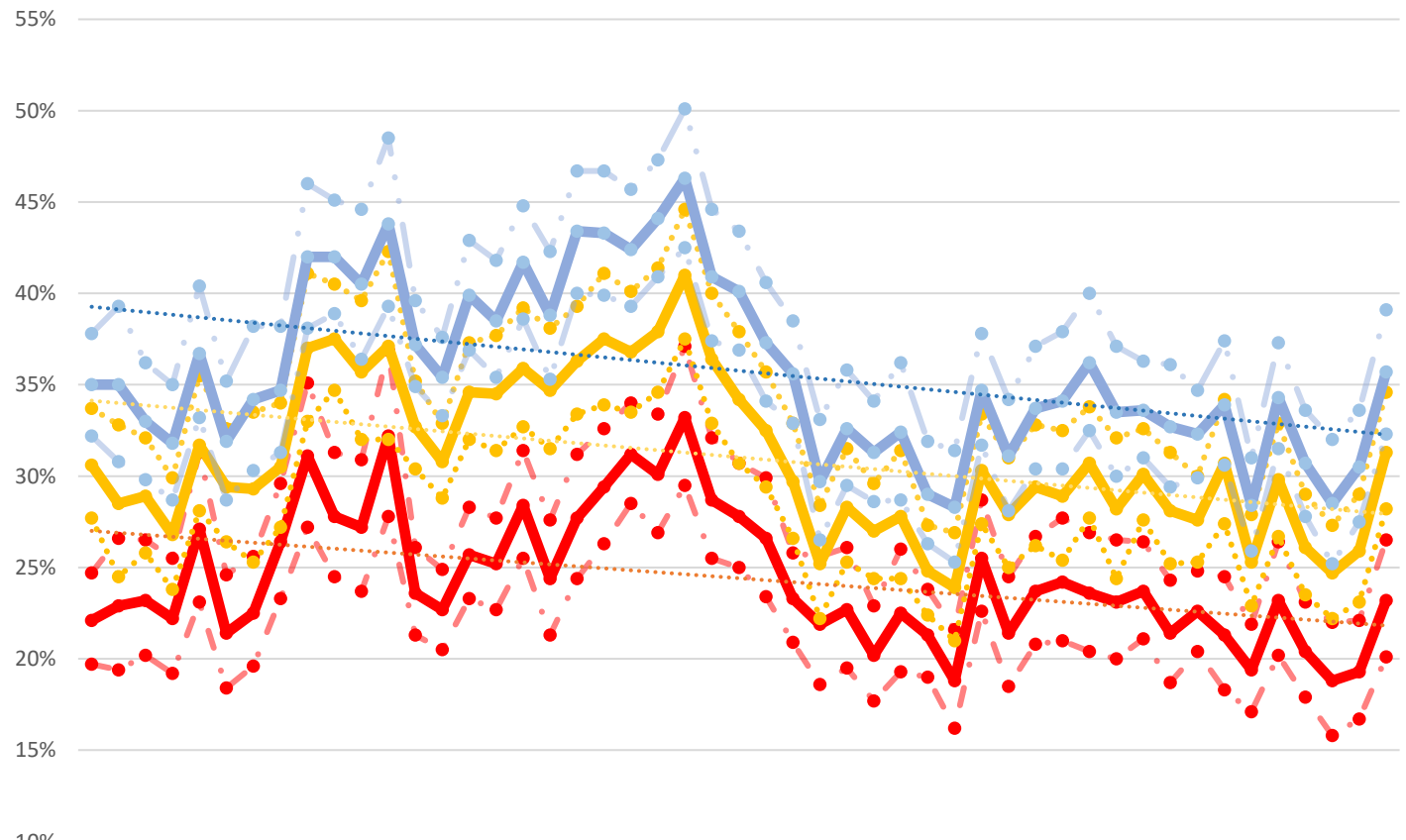
Crisis Service Unit Percent - Crisis Service units divided by Crisis units + Investigation units



Washington State Indicators of Anxiety or Depression Based on Reported Frequency of Symptoms During Last 7 Days

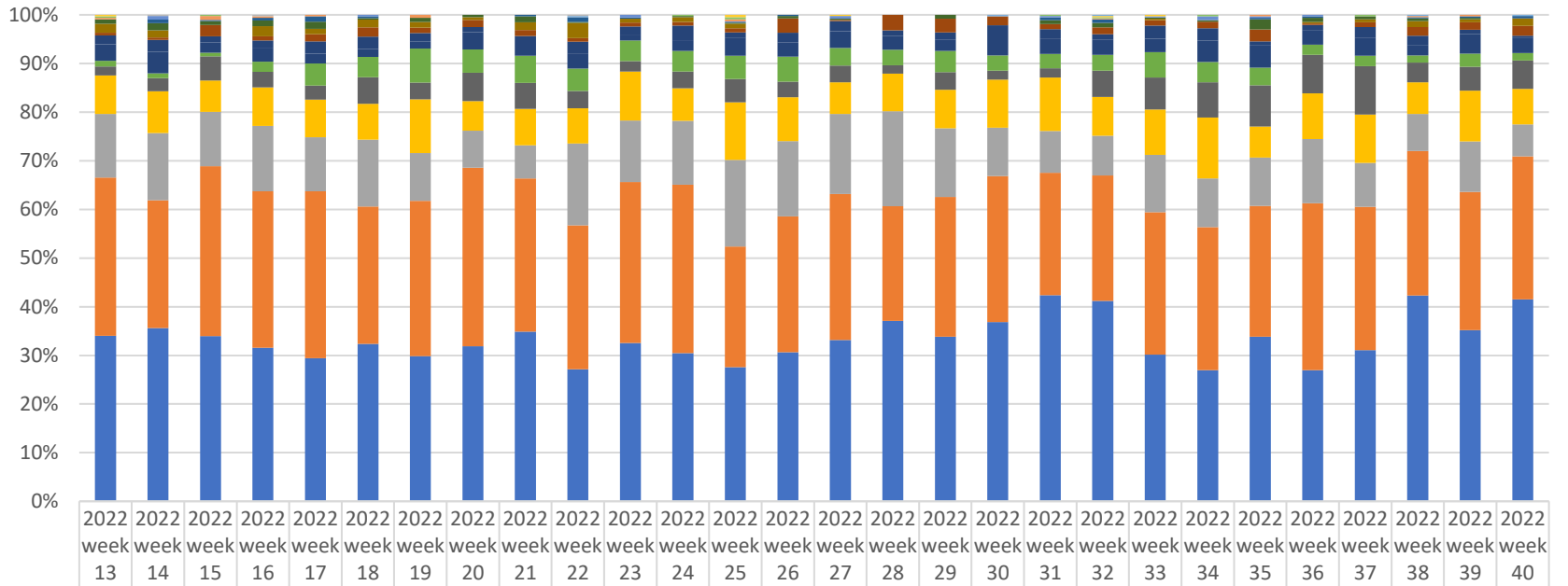
The U.S. Census Bureau, in collaboration with five federal agencies, launched the Household Pulse Survey to produce data on the social and economic impacts of Covid-19 on American households. The Household Pulse Survey was designed to gauge the impact of the pandemic on employment status, consumer spending, food security, housing, education disruptions, and dimensions of physical and mental wellness.

<https://data.cdc.gov/NCHS/Indicators-of-Anxiety-or-Depression-Based-on-Repor/8pt5-q6wp>



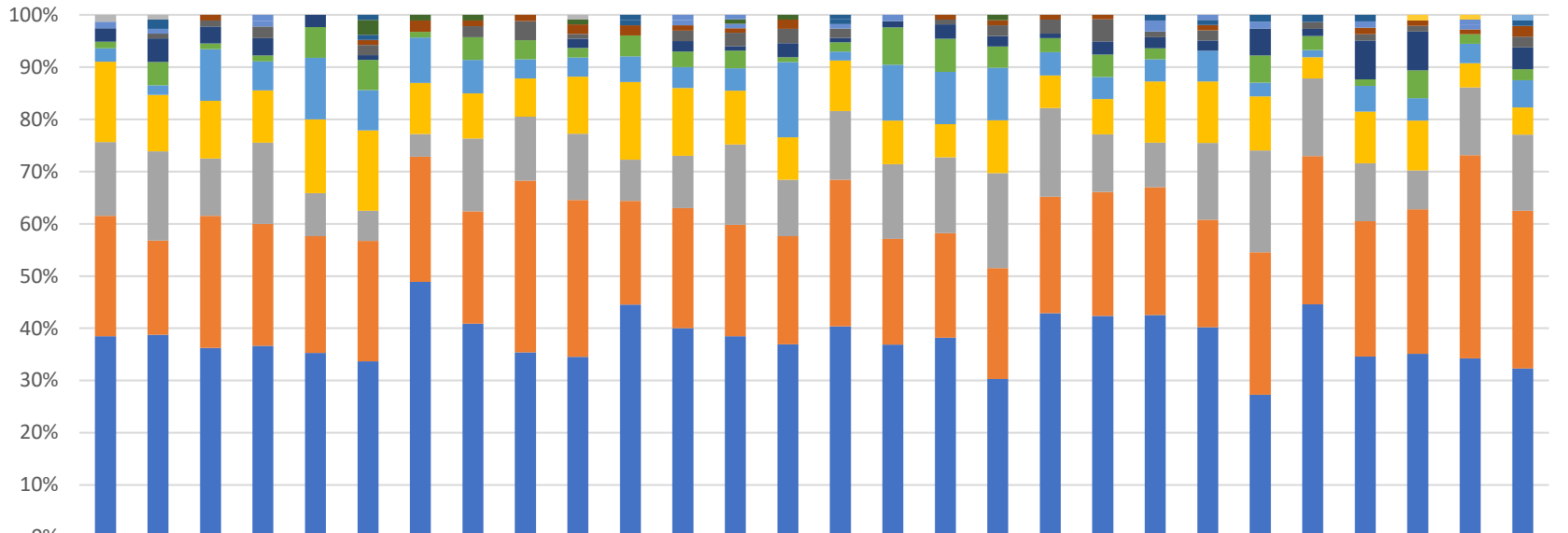
● ● ● % with Symptoms of Depressive Disorder low conf. level	20% 19% 20% 19% 23% 18% 20% 23% 27% 25% 24% 28% 21% 22% 32% 23% 26% 21% 24% 26% 29% 27% 30% 26% 25% 23% 21% 19% 20% 18% 19% 16% 23% 19% 12% 20% 20% 21% 19% 20% 18% 17% 20% 18% 16% 20%
● ● ● % with Symptoms of Depressive Disorder value	22% 23% 23% 22% 27% 12% 23% 26% 31% 28% 27% 22% 24% 23% 26% 25% 28% 24% 28% 29% 1% 0% 3% 2% 28% 27% 23% 22% 23% 20% 23% 21% 19% 26% 21% 24% 24% 24% 23% 24% 1% 2% 3% 2% 1% 1% 9% 2% 3% 2% 0% 1% 9% 2% 3%
● ● ● % with Symptoms of Depressive Disorder high conf. level	25% 27% 27% 26% 31% 25% 26% 30% 35% 31% 31% 27% 26% 25% 28% 28% 31% 28% 31% 33% 34% 3% 3% 7% 3% 2% 3% 1% 3% 0% 2% 6% 2% 6% 2% 2% 3% 2% 2% 4% 2% 2% 2% 1% 2% 7% 2% 2% 2% 5% 2% 2% 2% 2% 6% 2% 2% 2% 2% 7%
● ● ● % with Symptoms of Anxiety Disorder low conf. level	28% 25% 26% 24% 28% 26% 25% 27% 33% 35% 32% 2% 2% 0% 2% 9% 2% 3% 1% 3% 3% 2% 3% 3% 4% 4% 5% 8% 8% 3% 1% 2% 9% 2% 2% 2% 5% 2% 4% 2% 2% 1% 2% 7% 2% 5% 2% 6% 2% 5% 2% 8% 2% 4% 2% 8% 2% 5% 2% 5% 2% 7% 2% 3% 2% 7% 2% 4% 2% 2% 3% 2% 8%
● ● ● % with Symptoms of Anxiety Disorder value	31% 29% 29% 27% 22% 29% 29% 31% 37% 38% 36% 7% 33% 31% 35% 35% 36% 35% 36% 38% 7% 3% 8% 4% 1% 6% 3% 4% 3% 3% 0% 2% 5% 2% 8% 2% 7% 2% 8% 2% 5% 2% 4% 0% 2% 8% 2% 9% 3% 1% 2% 8% 3% 0% 2% 8% 3% 1% 2% 5% 0% 2% 6% 2% 5% 2% 1%
● ● ● % with Symptoms of Anxiety Disorder high conf. level	34% 33% 2% 2% 0% 6% 3% 3% 4% 3% 4% 1% 1% 4% 0% 4% 2% 5% 3% 3% 7% 3% 8% 3% 8% 3% 9% 1% 4% 0% 4% 1% 4% 5% 4% 0% 3% 8% 6% 3% 2% 8% 2% 3% 0% 1% 2% 7% 3% 3% 1% 3% 3% 3% 3% 4% 2% 3% 3% 1% 0% 3% 4% 2% 3% 3% 2% 9% 2% 7% 2% 9% 3% 5%
● ● ● % with Symptoms of Anxiety or Depressive Disorder low conf. level	32% 1% 3% 0% 2% 9% 3% 2% 9% 3% 1% 3% 8% 3% 6% 2% 9% 3% 3% 7% 3% 5% 3% 9% 3% 5% 4% 0% 4% 0% 9% 4% 1% 4% 3% 7% 3% 7% 3% 4% 3% 2% 7% 3% 0% 2% 9% 2% 9% 2% 6% 2% 5% 3% 2% 2% 8% 3% 0% 3% 3% 0% 3% 1% 2% 9% 0% 3% 1% 2% 6% 2% 2% 8% 2% 5% 2% 8% 2%
● ● ● % with Symptoms of Anxiety or Depressive Disorder value	35% 5% 3% 3% 2% 2% 7% 2% 3% 4% 5% 4% 2% 1% 4% 4% 7% 3% 5% 4% 0% 3% 4% 2% 3% 9% 4% 3% 4% 2% 4% 4% 6% 4% 1% 4% 0% 3% 7% 3% 6% 3% 6% 3% 6% 3% 4% 6% 2% 3% 1% 3% 8% 3% 4% 3% 7% 3% 4% 3% 2% 3% 2% 3% 2% 3% 2% 3% 2% 3% 2% 3% 2% 3%
● ● ● % with Symptoms of Anxiety or Depressive Disorder high conf. level	38% 9% 3% 6% 5% 4% 0% 3% 8% 8% 4% 6% 4% 5% 4% 5% 4% 9% 4% 0% 3% 4% 2% 4% 5% 4% 2% 4% 7% 4% 6% 4% 7% 5% 4% 5% 4% 3% 4% 1% 3% 3% 3% 6% 3% 6% 3% 4% 6% 2% 3% 1% 3% 8% 3% 4% 3% 7% 3% 4% 0% 3% 7% 3% 6% 3% 5% 3% 7% 3% 1% 3% 7% 3% 4% 2% 3% 4% 3%

Place of Service -Crisis Services, percent of total by week



	2022 week 13	2022 week 14	2022 week 15	2022 week 16	2022 week 17	2022 week 18	2022 week 19	2022 week 20	2022 week 21	2022 week 22	2022 week 23	2022 week 24	2022 week 25	2022 week 26	2022 week 27	2022 week 28	2022 week 29	2022 week 30	2022 week 31	2022 week 32	2022 week 33	2022 week 34	2022 week 35	2022 week 36	2022 week 37	2022 week 38	2022 week 39	2022 week 40	
Community Mental Health Center		1		1						1																			
Custodial Care Facility										1									1		1					1		1	
Skilled Nursing Facility	1												2		1						1	1							
Nursing Facility	1		1									1	2							1	1		1			1			
On Campus Outpatient Hospital	1		3	1	1		2						2								1			1		1	1		
Psych. Residential		3				1					2		1		2					1		1	3	1	1				
Group Home		3	1	2	4	1			1	4	1			1						2	3			1	1		1	2	
Homeless Shelter	3	6	3	4	5	1	3	2	4	1		1	1	2	1		3			3	4	1	1	7	3	2	2	1	
School	6	6		7	4	5	4	2	5	13	3	4	4									1			1	2	5	2	6
Inpatient Hospital	2	2	9	3	5	6	4	6	4	3	3	3	4	12	1	11	11	6	4	6	4	5	8	1	3	7	5	8	
Inpatient Psychiatric Facility	6	10	5	5	9	8	6	4	4	10	7	12	5	8	8	4	6	6	7	5	10	9	3	4	7	8	3	2	
Prison Correctional Facility	11	18	8	10	7	5	5	14	9	13	4	9	16	12	13	10	9	14	12	13	10	16	15	10	12	8	13	12	
Telehealth	4	4	3	7	16	13	24	19	18	19	16	17	21	21	14	11	17	10	11	14	19	15	12	7	7	6	9	6	
Assisted Living Facility	6	11	19	11	10	17	12	23	17	15	8	14	21	13	13	6	14	6	7	23	24	26	28	27	32	16	16	23	
Emergency Room Hospital	26	35	25	27	27	23	38	24	24	30	38	27	52	37	25	27	31	32	41	34	34	45	21	32	32	26	34	29	
Home	43	56	43	46	39	43	34	30	22	70	48	53	78	63	63	68	55	32	32	35	43	36	33	45	29	30	34	26	
Other Place of Service	107	107	135	110	120	88	110	145	101	123	125	140	109	114	115	82	112	97	94	110	107	106	89	117	95	118	93	116	
Office	112	145	131	108	103	101	103	126	112	113	123	123	121	125	127	129	132	119	158	176	110	97	112	92	100	168	115	164	

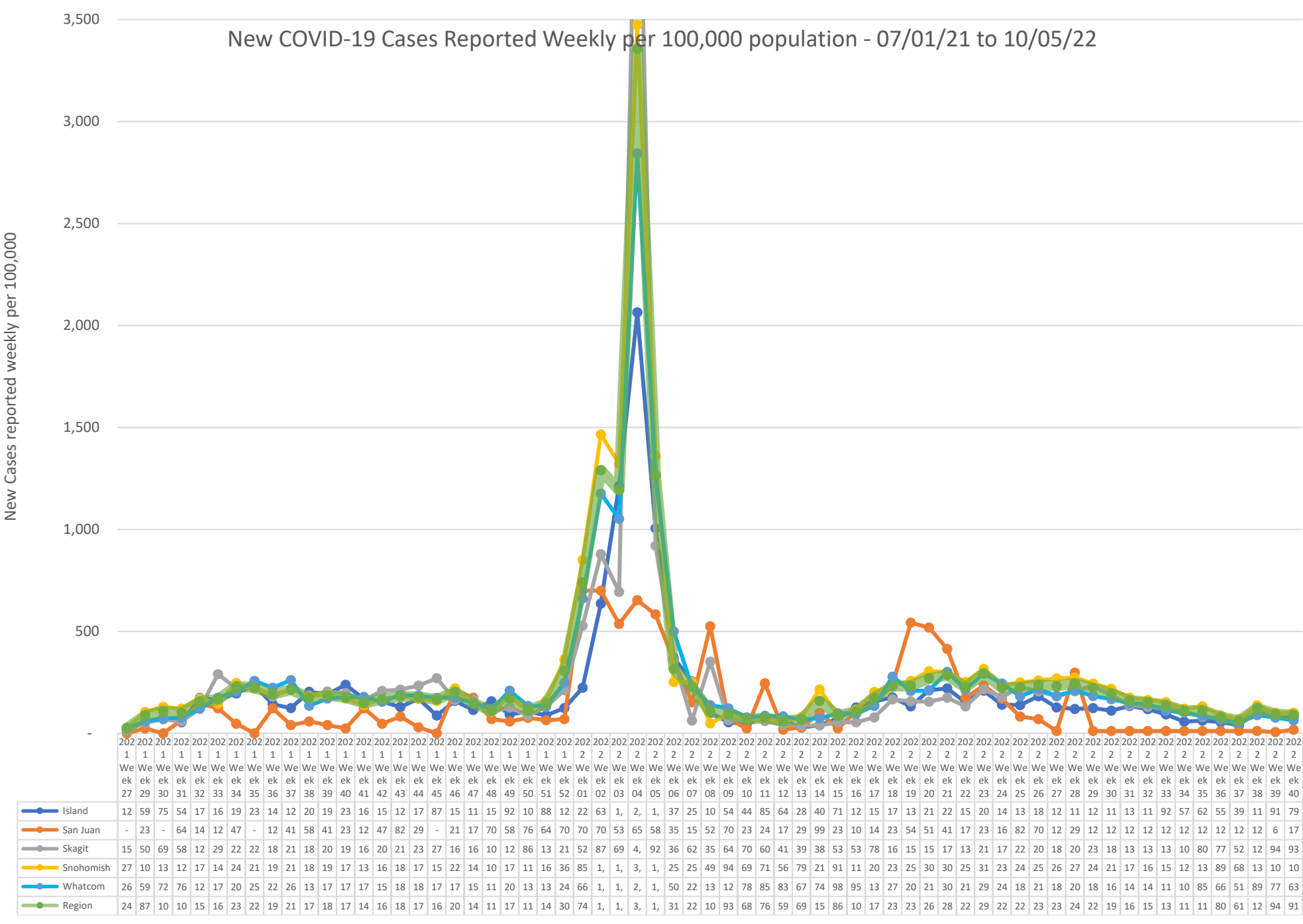
Place of Service -Investigations, percent of total by week



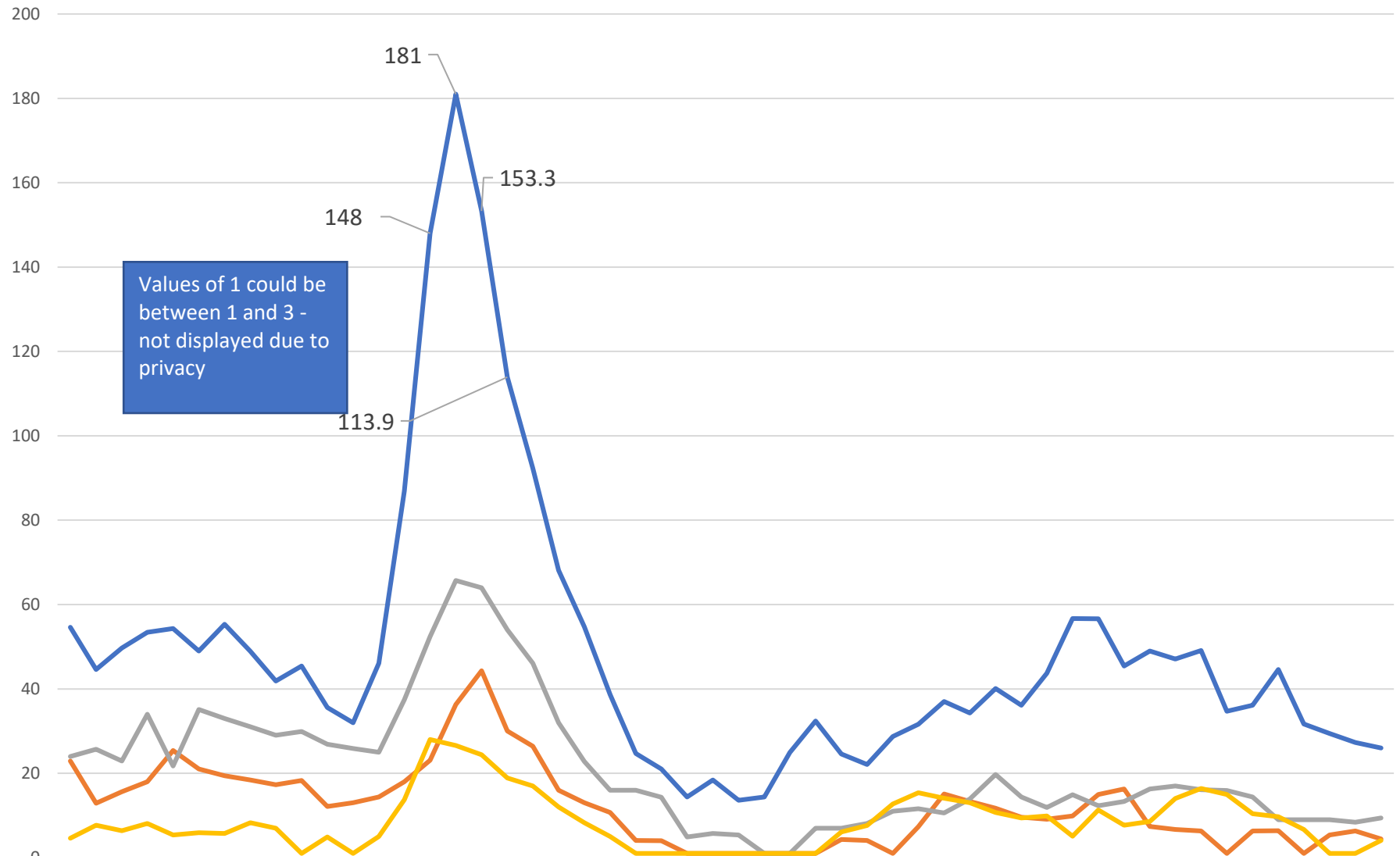
	2022 week 13	2022 week 14	2022 week 15	2022 week 16	2022 week 17	2022 week 18	2022 week 19	2022 week 20	2022 week 21	2022 week 22	2022 week 23	2022 week 24	2022 week 25	2022 week 26	2022 week 27	2022 week 28	2022 week 29	2022 week 30	2022 week 31	2022 week 32	2022 week 33	2022 week 34	2022 week 35	2022 week 36	2022 week 37	2022 week 38	2022 week 39	2022 week 40	
Custodial Care Facility																												1	
On Campus Outpatient Hospital																											1	1	
School	1	1								1																			
Skilled Nursing Facility						1					1				1														
Homeless Shelter				1								1	1										1				1		
Community Mental Health Center						3	1	1		1			1	1				1											
Psych. Residential		2				1					1				1							1	1	1	1	1			1
Telehealth	1	1		1								1	1		1	1					2		1				1	1	
Group Home			1			1	2	1	1	2	2	1	1	2			1	1	1	1			1			1	1	1	2
Assisted Living Facility		1	1	2		2		2	3	1		2	3	3	2		1	2	3	5	1	2		1	1	1		2	
Home	2	5	3	3	2	1				2		2	1	3	1	1	3	2	1	3	2	2	2	4	1	6	7		4
Office	1	5	1	1	5	6	1	4	3	2	4	3	4	1	2	6	7	4	3	5	2		4	2	1	5	2	2	
Inpatient Hospital	2	2	9	5	10	8	8	6	3	4	5	4	5	16	2	9	11	10	5	5	4	6	2	1	4	4	4	5	
Inpatient Psychiatric Facility	12	12	10	9	12	16	9	8	6	12	15	13	12	9	11	7	7	10	7	8	11	12	8	3	8	9	5	5	
Prison Correctional Facility	11	19	10	14	7	6	4	13	10	14	8	10	18	12	15	12	16	18	19	13	8	15	15	11	9	7	14	14	
Other Place of Service	18	20	23	21	19	24	22	20	27	33	20	23	25	23	32	17	22	21	25	28	23	21	21	21	21	26	42	29	
Emergency Room Hospital	30	43	33	33	30	35	45	38	29	38	45	40	45	41	46	31	42	30	48	50	40	41	21	33	28	33	37	31	

New COVID-19 Cases Reported Weekly per 100,000 population - 07/01/21 to 10/05/22

New Cases reported weekly per 100,000



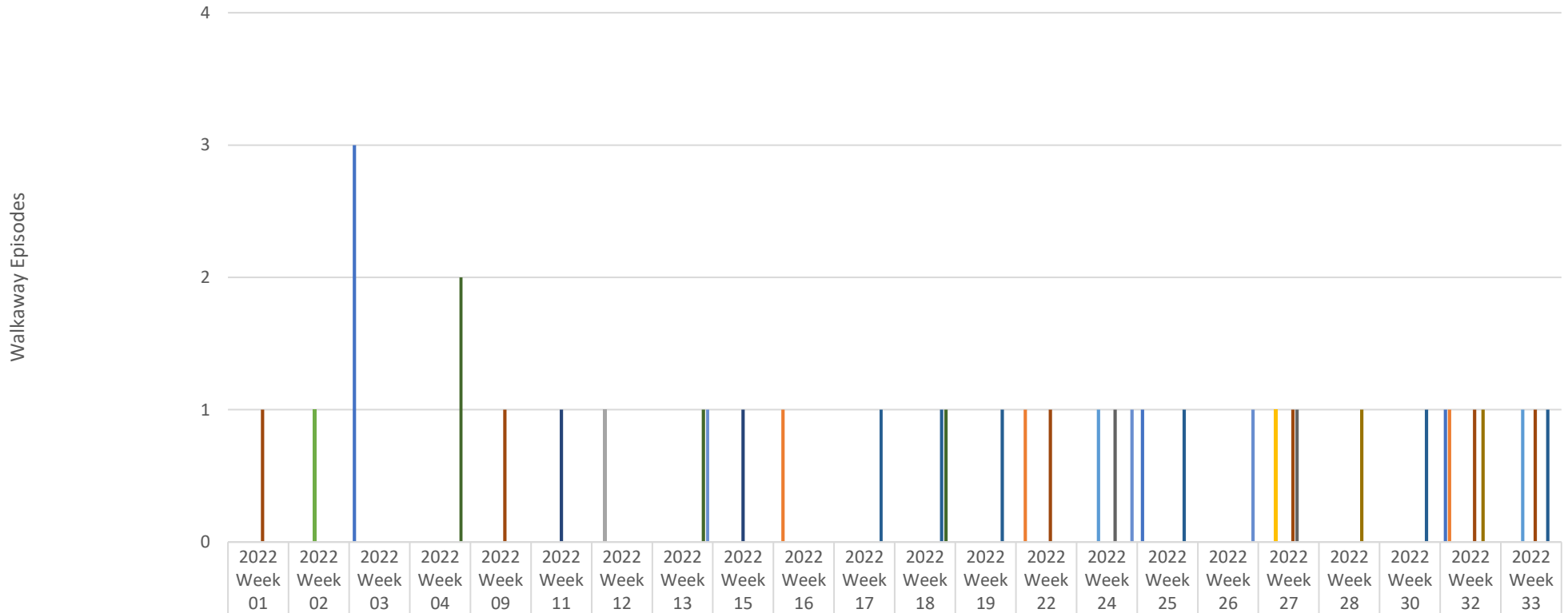
Total Hospitalized Adults - COVID-19 (confirmed or suspected) 7 day average



Values of 1 could be between 1 and 3 - not displayed due to privacy

	10/1/21	10/8/21	10/15/2021	10/22/2021	10/29/2021	11/5/2021	11/12/2021	11/19/2021	11/26/2021	12/3/2021	12/10/2021	12/17/2021	12/24/2021	12/31/2021	1/7/2022	1/14/2022	1/21/2022	1/28/2022	2/4/2022	2/11/2022	2/18/2022	2/25/2022	3/4/2022	3/11/2022	3/18/2022	3/25/2022	4/1/2022	4/8/2022	4/15/2022	4/22/2022	4/29/2022	5/6/2022	5/13/2022	5/20/2022	5/27/2022	6/3/2022	6/10/2022	6/17/2022	6/24/2022	7/1/2022	7/8/2022	7/15/2022	7/22/2022	7/29/2022	8/5/2022	8/12/2022	8/19/2022	8/26/2022	9/2/2022	9/9/2022	9/16/2022	9/23/2022	
Prov. Everett	55	45	50	53	54	49	55	49	42	45	36	32	46	87	148	181	153	114	92	68	55	39	25	21	14	18	14	14	25	32	25	22	29	32	37	34	40	36	44	57	57	45	49	47	49	35	36	45	32	29	27	26	
SVH	23	13	16	18	25	21	19	18	17	18	12	13	14	18	23	36	44	30	26	16	13	11	4.1	4	1	1	1	1	1	1	1	4.3	4.1	1	7.3	15	13	12	9.6	9.1	9.9	15	16	7.4	6.7	6.3	1	6.3	6.4	1	5.4	6.3	4.4
ST Joe	24	26	23	34	22	35	33	31	29	30	27	26	25	37	52	66	64	54	46	32	23	16	16	14	4.9	5.7	5.4	1	1	7	7	8.1	11	12	11	14	20	14	12	15	12	13	16	17	16	16	14	9	9	9	8.4	9.4	
Swedish Edmonds	4.6	7.7	6.4	8.1	5.4	5.9	5.7	8.3	7	1	4.9	1	5	14	28	27	24	19	17	12	8.3	5	1	1	1	1	1	1	1	1	6.1	7.6	13	15	14	13	11	9.4	9.9	5.1	11	7.7	8.6	14	16	15	10	9.7	6.7	1	1	4.1	

North Sound BH ASO Walkaway Chart 03/20/22 to 10/01/22



	2022 Week 01	2022 Week 02	2022 Week 03	2022 Week 04	2022 Week 09	2022 Week 11	2022 Week 12	2022 Week 13	2022 Week 15	2022 Week 16	2022 Week 17	2022 Week 18	2022 Week 19	2022 Week 22	2022 Week 24	2022 Week 25	2022 Week 26	2022 Week 27	2022 Week 28	2022 Week 30	2022 Week 32	2022 Week 33
Cascade Valley Hospital			3													1					1	
Island Hospital					1					1				1								1
Olympic Medical Center							1															
Peace Island Health																		1				
Providence															1							1
Providence - Colby		1																				
Skagit Valley						1			1													
St. Joseph	1				1									1				1			1	1
Swedish Edmonds															1			1				
Swedish Mill Creek																			1		1	
United General										1	1	1				1				1		1
Whidbey Health				2				1				1										
Whidbey Health ED								1							1		1					