

Integrated Care Action Alliance

How to Integrate Care and Prepare for Accountable Care Organizations

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Inspiring Transformations

Action Alliance Approach

**Community Mental
Health Centers**

**Health Centers (Rural
Health & FQHCs)**

**IN Council of
Community
Mental
Health
Centers**

**IN Primary
Care
Association**

Managed Care

**IN Hospital
Assoc.**

**SAMHSA/HHS,
Medicaid & DMHA**



Participating Organizations

Managed Care: MD Wise, Anthem, MHS

CMHCs: Centerstone, Adult & Child,
Porter-Starke, Regional MHC, BHMI, IN Council

FQHCs: WindRose, Indiana Health Centers, Riggs,
HealthLink, IN Primary Care Assoc.

Government: HHS, DMHA, Medicaid

Other: IN Hospital Assoc., Inspiring Transformations

Strategic Implications

Rapid changes in healthcare

ACA & parity

Integrated care

Health Homes

Accountable Care Organizations

Thriving in the New Environment

Effective Strategic Positioning Translated into Action Plans



Strong Outcomes
& Fiscal Viability

Streamlining Processes

Strategic Positioning &
Identity Shift

Deliverables of the IN Integrated Care Action Alliance

Clearly defined list of positive **health and cost data** that can demonstrate the impact of integrated care

Process map of integrated care in **community mental health centers**

Process map of integrated care in **federally qualified health centers**

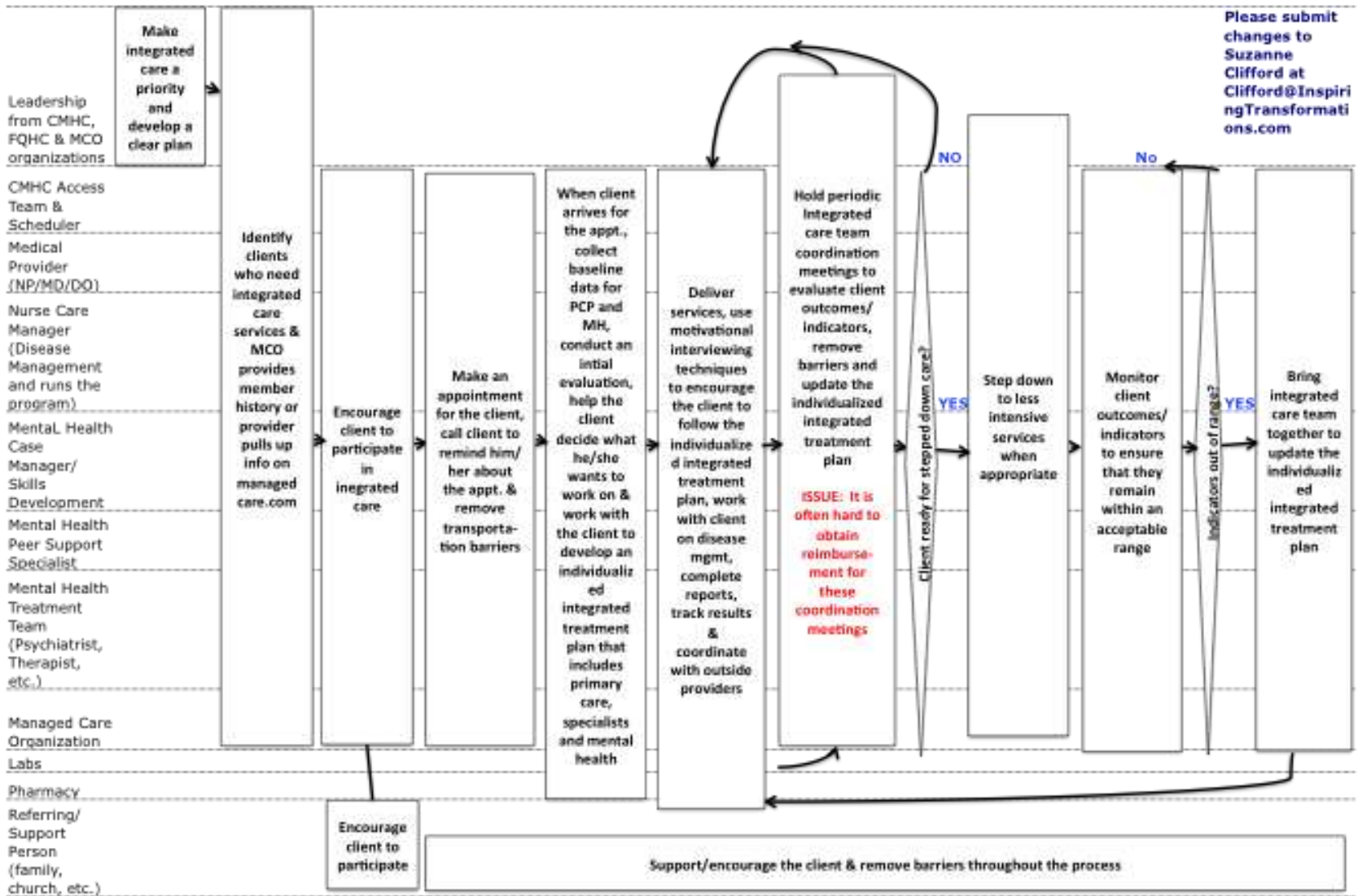
Un-funded steps in the process and other issues

Training **needs assessment**

A clear **action plan with owners and due dates** indicating how the group will work to resolve critical issues

Process map of integrated care in community mental health centers

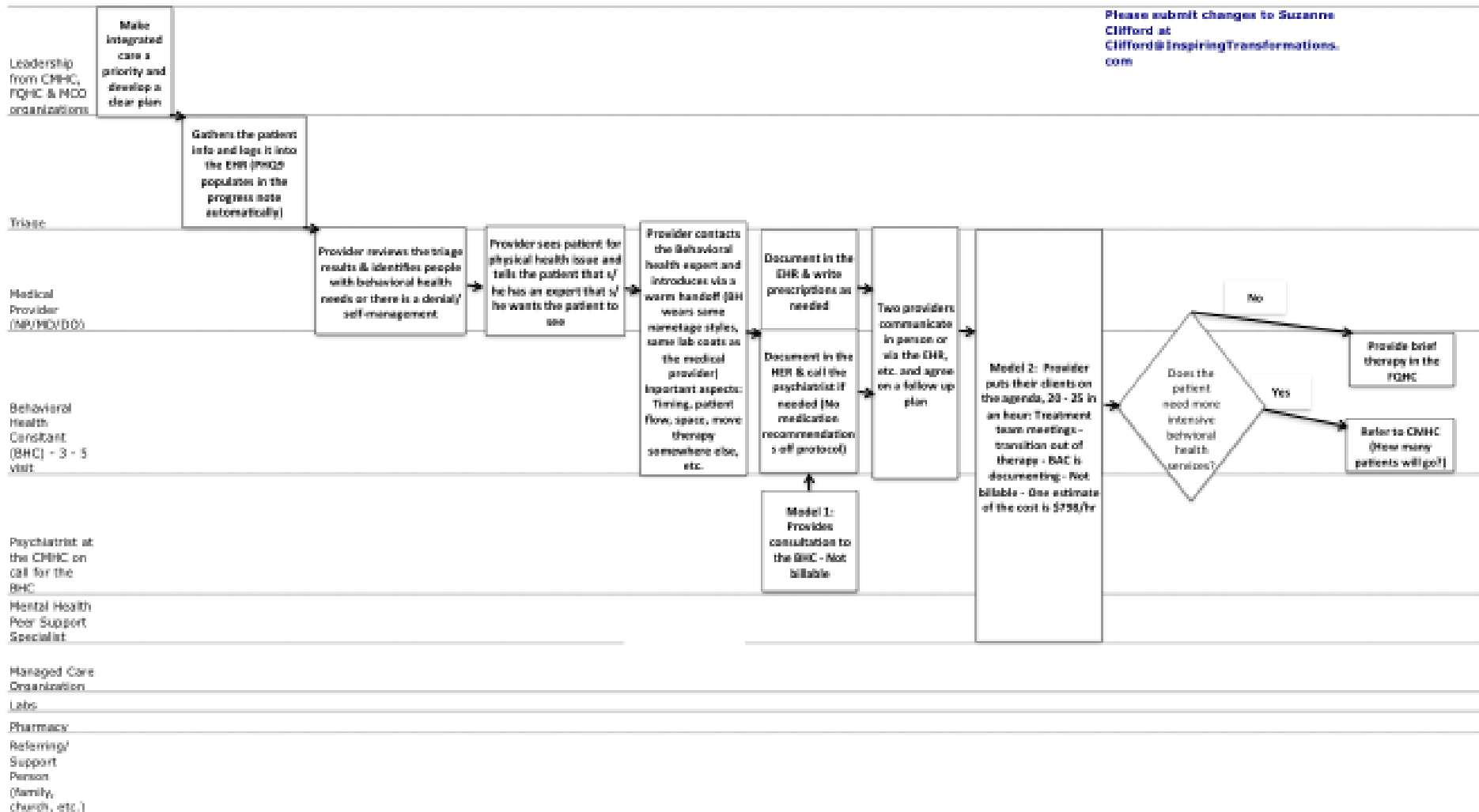
Integrated Care Process for Serving People Receiving MRO Services in Indiana Community Mental Health Centers



Process map of integrated care in federally qualified health centers

Integrated Care Process for Serving People with Mental Illness in IN FQHCs

Please submit changes to Suzanne Clifford at [InspiringTransformations.com](mailto:Suzanne.Clifford@InspiringTransformations.com)



Key Issues Identified

Finding willing partners

Reimbursement/Financial Viability

Same day billing

Integrated medical record, document recognition, and information sharing

Cross-training

Credentialing, valid license in IN, Medicaid, Managed care – for both mental health & primary care

Additional Key Issues Identified

Demonstration of costs of care savings in order to influence policy and funding

Telemedicine (20 mile radius issue)

Language barrier costs

Paperwork/ Administration/ Process inefficiency

Transportation

Provider shortages (primary care, nurse practitioners, mental health, etc.)

More Issues Identified

Medicaid provider requirements, 96510 codes

Need to partner with emergency rooms to build community care collaborations

Differences in treatment plan documentation requirements between primary care and mental health (Primary care often utilizes the medical note)

Lack of access to FQHCs in certain parts of the state

Training Priorities Based on the CMHC & FQHC Needs Assessment

Financially viable models

Training medical staff on behavioral health issues & Rx's

Training behavioral health providers on chronic disease management

Moving from co-located to integrated care

Coordinating care among the CMHC, FQHC and community hospital

Accomplishments of the Integrated Care Action Alliance

Increased cross-system collaboration

HHS committed to funding training as a result of the Integrated Care Action Alliance's training needs assessment

Created an initial business case of integrated care

Working with the Medicaid Claims Taskforce to resolve the top priority billing issues

Working to address health information sharing issues

Working on over 30 other action items