



COVID-19 Member Monitoring Survey – Combined March and April 2020 Data

PRELIMINARY RESULTS JUNE 26, 2020

Responses

- ✓ Received 15 completed responses from licensed behavioral health agencies across the state
- ✓ All regions except North Central were represented
- ✓ Good mix of large and small, rural and urban providers

Finances

Note: Initial fears at the impact of rapid revenue loss have been somewhat stabilized by a combination of rapid deployment of telehealth services, flexible state and federal billing for telehealth and some federal COVID-19 relief funds

Operating reserves: Members report a low of **– 90 days** and a high of **7.8** months of operating reserves, with an average of 100 days.

Year-to-year revenue comparisons (April 2020 to April 2019)

- Over half report decreases in monthly revenue ranging from 2% to 35%, with an average of 18%
- One reported no noticeable change at this point
- Four report revenue increases resulting from new program expansion over past 12 months
- One agency reported a revenue reduction of \$120,000/month due exclusively to reduction in inpatient care; others also report losses in inpatient and residential income

Timely payment from Apple Health MCOs

- Claims payment processes appear to be improving over time, however, there is considerable variation among plans
- On a scale of 1 to five, with (1) being “Claims processing and timely payment have settled into a reasonable timeframe and (5) being “Claims processing and payment delays continue to pose major financial risk for my agency” **the average response was 2.33**

Helpful strategies from payers (Apple Health MCOs, Behavioral Health ASOs)

- Some MCOs have offered prepayment on claims and/or enhancement funds; one created capacity payment mechanisms; others have worked to speed claims processing
- Most respondents unaware of any strategies being implemented by BH-ASOs

Federal relief funds

- Many providers have received some form of federal relief funds
- Several report that federal PPP (**Paycheck Protection Program**) funds have kept their agencies afloat, but these are temporary resources
- Federal **Provider Relief Funds** have been largely unavailable to community behavioral health agencies. These funds have been heavily weighted towards hospitals, federally qualified health clinics, aging and long-term care and Medicare providers. Most behavioral health agencies are 80-95% dependent on Medicaid reimbursement, and therefore have received very little aid

Workforce

Staff layoffs: 60% report no layoffs; the remainder laid off between 2 and 40 employees; agencies report additional layoffs in May and June, and planned layoffs for July as the pandemic continues

Staff furloughs: 60% have not furloughed staff; others have furloughed between 2 and 100 employees

PPE on hand: 40% indicate they do not have enough PPE to last the next two months (this is an improvement from the 70% reported with March data)

Staff morale:

- The workforce has adapted well to remote work, telehealth and using technology
- Staff are becoming stressed and fatigued as the pandemic has dragged on; there are new anxieties about returning to the field
- Agencies are concerned about meeting the COVID-related growing demand for behavioral health treatment

Client Services

Year-to-year comparison of people served (April 2020 to April 2019)

- 73% of respondents report decreases in number of people served, ranging from 4% to 23%, with an average of 13%
- Four agencies report no change
- One reported an increase of 5%

Year-to-year comparison of service hours (April 2020 to April 2019)

- Nine agencies report decreases in service hours ranging from 4% to 41%, with an average of 20%
- One agency reported no change

Program closures and changes

- Four agencies did not close any programs in April
- Two agencies closed their Day Support programs
- Agencies across the state report reduced capacity in all inpatient, mental health residential treatment, withdrawal management, assisted living, CLIP and crisis stabilization facilities due to need for isolation, social distancing, and reduced referrals
- All community outreach programs have diminished capacity
- All said they had to change the way their programs operate, mostly shifting towards telehealth but also implementing COVID screening procedures and social distancing processes
- When schools closed, all school-based treatment programs ended

Changes to ITA services

- There is a significant decrease in ITA referrals and fewer clients are presenting with psychiatric crises in emergency room settings likely due to fear of going to an ER
- Agencies are finding success in utilizing telehealth for ITA investigations; however, hospital ER staff and jail staff are often not available to facilitate
- ITA treatment facilities are requiring a negative COVID-19 test result prior to admission
- Costs have increased due to PPE needs, increased use of overtime due to staff absences, and costs of cleaning and disinfecting

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