HB 413 Behavioral Health Delivery Workgroup Survey Responses

Response	Role of the Respondent	**Provide any feedback on the requirement to recommend specific and measurable metrics regarding: (i) compliance of managed care organizations in the state with federal Medicaid managed care requirements; (ii) timeliness and accuracy of authorization and claims processing in accordance with Medicaid policy and contract requirements; (iii) reimbursement by managed care organizations in the state to providers to maintain adequacy of access to care; (iv) availability of care management services to meet the needs of Medicaid-eligible individuals enrolled in the plans of managed care organizations in the state; and (v) timeliness of resolution for disputes between a managed care organization and the managed care organization's providers and enrollees**
1	ACO representative	ACO's should follow federal guidelines for auth timeliness.
2	ACO workgroup member	I think that additional discussions should be had relative to items (iii) and (v) to fully understand the details of what reporting will be required. DHHS has the reimbursement data and can do an analysis to ensure that the rates are appropriate--will DHHS be doing the analysis on the reimbursement rates? The timeliness question also often relies upon DHHS staff answering questions regarding coverage. Will DHHS also be subject to some timeliness requirement for their policy clarifications/responses?
3	ACO workgroup member	Select Health supports the Department's proposed metrics found in the HB413 June 23, 2023 minutes.
4	ACO representative	It would be helpful if the state would prescribe to the ACOs the level of care management desired/needed, i.e., require one dedicated CM per X number of TAM members.
5	ACO workgroup member	Important to hold the ACOs to claims timeliness and accuracy, as well as problem resolution. Reimbursement and prior authorization issues should be not be standardized as there are different ways that providers want to be reimbursed. Some ACOs can do that, but some can't.
6	ACO representative	Include CM outcomes data to demonstrate quality of CM, include outreach attempt requirements, ensure CM programs address SDOH
7	Workgroup attendee	(i) We make every attempt to be compliant with state and federal managed care requirements, and believe we do a good job at it. (ii) Our timeliness and accuracy in authorizations is consistently compliant in audits.
8	ACO representative	From a CM perspective: (iv) CM is available to any and all members who want case management but also, we have criteria that helps trigger lists which prioritize using prospective risk scores in addition to predictive modeling tools. These tools help prioritize member outreach to include those members who have had acute admissions, recent emergency visits, specific comorbidities, and other utilization levels to ensure members are referred to the appropriate level of cares and have appropriate care coordination.
9	PMHP representative	Our PMHP feels that working with other MCOs and or Fee for Service providers is essential and must happen within established guidelines including that payments to providers is timely. Care management services are also imperative for many members. Timely payments from ACOs to providers is essential for network stability. The same holds true for PMHPs.

Response	Role of the Respondent	**Provide any feedback on the requirement to recommend how physical and behavioral health services may be integrated for the targeted adult Medicaid program, including ways the department may address issues regarding:** **(i) filing of claims;** **(ii) authorization and reauthorization for treatment services;** **(iii) reimbursement rates; and** **(iv) other issues identified by the department, behavioral health services providers, or Medicaid managed care organizations**
1	ACO representative	ACO should be able to follow their normal process as long as they are not strictor than standard Medicaid rules.
2	ACO workgroup member	I'm not clear on what this question is asking. Could we have a further discussion?
3	ACO workgroup member	In addition to the metrics outlined in the June 23, 2023 minutes for the HB413 workgroup, Select Health supports a six months evaluation of performance after the integration of TAM to ensure expectations are being met, and annually thereafter. We also support the continuation of the Behavioral Health Workgroup meetings between ACOs and Providers to ensure a smooth implementation and to work out any policy changes needed for integrated care to be successful.
4	ACO representative	True parity with Medical and Behavioral Health processes including PA, credentialing, claims, etc.
5	ACO workgroup member	The goal of bringing TAM to managed care is to better coordinate ALL services and to reduce costs in the program. It should remain that way. ACOs should be held to contractual language for claim filing, payment, prior auth, etc.
6	ACO representative	Consider ways to attract RNs to obtain dual licensure in Social Work, SUDC or counselor to meet the increased demand for therapists and decrease wait times and increase access to care
7	Workgroup attendee	(ii) Having oversight to both physical and behavioral health populations in the integrated population has allowed us to treat the person as a whole. There is no disruption in service when they navigate between the two areas. There are so many people whose mental health and physical health impact each other that it is very difficult to coordinate care without the full picture. We believe that the TAM population would also benefit from this oversight.
8	ACO representative	From a CM perspective: (iv) issues pertaining to holistic care management for members residing in RTC facilities has been difficult for ACOs because providers of these types of behavioral health facilities often will not share information pertaining to the mutual member citing it's against the CFR 42 rule on information sharing however this is untrue and makes it next to impossible for ACOs that do not have a hospital system in conjunction with the ACO to get information and provide wrap around care management services for these high risk behavioral health members thus making it difficult to manage care.
9	PMHP representative	The TAM population in general is higher need and in general requires more care management than the average Medicaid Member. We feel that TAM Medicaid would be better absorbed into the PMHP frame work given the types of challenges many TAM Members face, e.g. legal system navigation, housing, benefit and entitlement access, supervision, etc. For those requiring physical health services they will be accessed and coordinated through the PMHP case management and nurse services. These individuals often require WRAP/intense case management type services for several aspects of life's basics needs. This may include transportation and attendance with members to physical health appointments and ongoing medication services for both physical and behavioral health medications, etc.

Response	Role of the Respondent	Provide any feedback on the requirement to recommend ways to improve delivery of behavioral health services to enrollees, including changes to statute or administrative rule.
1	ACO representative	
2	ACO workgroup member	Remove the OSUMH data collection requirements for Medicaid members who are not being financed through OSUMH funding.
3	ACO workgroup member	There are currently various methodologies used to measure behavioral health and integrated care quality between ACOs and Local Mental Health Authorities. Select Health supports using standardized measures and methodologies to measure and monitor quality as currently required for the UMIC / ACO plans using the National Committee for Quality Assurance (NCQA) standards.
4	ACO representative	
5	ACO workgroup member	Take a look at other successful state programs that have outstanding BH integrated programs. Be willing to integrate portions of other state programs.
6	ACO representative	Housing options are particularly challenging for this population especially those with criminal history related to substance abuse. More supportive housing options are critical to success.
7	Workgroup attendee	(ii) Having oversight to both physical and behavioral health populations in the integrated population has allowed us to treat the person as a whole. There is no disruption in service when they navigate between the two areas. There are so many people whose mental health and physical health impact each other that it is very difficult to coordinate care without seeing the full picture. We believe that the TAM population would also benefit from this oversight. I believe that given that we are required to follow ASAM, it makes sense to cover all levels of ASAM continuum, including PHP and IOP
8	ACO representative	
9	PMHP representative	

Response	Role of the Respondent	Provide any feedback on the requirement to recommend wraparound service coverage for enrollees who need specific, nonclinical services to ensure a path to success.
1	ACO representative	
2	ACO workgroup member	Could you please describe the wraparound services envisioned by this requirement?
3	ACO workgroup member	Select Health supports identifying the specific wrap around services needed and pursuing the policy changes, if any, to make them a standard in the Medicaid program. This might include a waiver for specific "In Lieu of Services" with CMS.
4	ACO representative	Success in managing this population and providing 'integrated" care relies on covering and providing services for this population (housing, meals, employment, etc.)
5	ACO workgroup member	
6	ACO representative	inclusion of peer support.
7	Workgroup attendee	I think the more we can support this vulnerable population, the better chance for success they have.
8	ACO representative	
9	PMHP representative	Wraparound and intense case management are necessary for certain members to live in a community setting. PMHPs provide these services on a daily basis including some services that are not reimbursable under the Medicaid plan but are necessary to keep the individual in a community setting. Most Medicaid members do not require this level of service. However, it is essential for higher acuity populations in behavioral health.