Statewide Managed Care Behavioral Health Meeting Accomplishments

- All the issues below were brought before the Group by providers, MCOs, MBHOs and stakeholders or a combination of the above. It was through discussions and subgroups that recommendations were made to be taken to the Agency for implementation. The work was done members of the Group.

- Recommended changes to the Behavioral Health Quality Improvement Requirements. The MCOs were previously required to monitor the providers’ clinical records on a quarterly basis, this requirement was changed to every six months for plans in operation for twelve months or more and quarterly for new plans during the first year. This resulted in contract changes and the following outcomes:
  - Reduced administrative burden to providers, MCOs and the Agency,
  - Improved coordination and communication between providers and MCOs,
  - Provided a more effective way for the Agency to track and regulate the plans' oversight of providers.

- Recommended the Agency reduce the frequency for the submission of the Staffing Report which resulted in contract changes and the following outcomes:
  - Reports went from being submitted quarterly to annually,
  - Improved coordination and communication between providers and MCOs,
  - Provided a venue for the BH Unit to develop more efficient tools and processes which the MCOs could also utilize to monitor the provider networks.
  - Plans modified their Prior Authorization Protocols which resulted in the following outcomes:
    - Reduced administrative burden to providers,
    - Improved coordination and communication between providers and MCOs,
    - Provided a more effective way for the Agency to track and regulate the plans' oversight of providers.

- Recommended standardizing the process for Certifying a Targeted Case Management Program across the Agency's bureaus, MCOs, MBHOs and PMHPs which resulted in contract changes and the following outcomes:
  - Standardizing the process for Certifying a Targeted Case Management Program across the Agency's bureaus, MCOs, MBHOs and PMHPs,
  - Reduced administrative burden to providers, MCOs and the Agency,
  - Improved coordination and communication between providers and MCOs.

- Recommended standardizing the format for the submission of the FARS and CFARS by the provider which resulted in contract changes and the following outcomes:
  - Standardized the format for the submission of the FARS and CFARS by the provider,
  - Reduced administrative burden to providers.

- Recommended standardizing a Clinical Review Tool and definitions which resulted in contract changes and the following outcomes:
  - Standardizing a Clinical Review Tool and definitions to be used across all Agency bureaus, MCOs, MBHOs and PMHPs,
  - Improve outcomes,
  - Enable more effective measurements across providers.

- Recommended standardizing a Targeted Case Management Review Tool and definitions which resulted in contract changes and the following outcomes:
  - A standard Targeted Case Management Review Tool and definitions to be used across all Agency bureaus, MCOs, MBHOs and PMHPs,
  - Improve outcomes,
- Enable more effective measurements across providers,
- Reduced administrative burden to providers.
- Recommended developing and standardizing an **Inpatient Review Tool and definitions** which will result in contract changes and the following outcomes are expected:
  - A standard **Inpatient Review Tool and definitions** to be used across all Agency bureaus, MCOs, MBHOs, and PMHPs,
- Improve outcomes,
- Enable more effective measures across providers,
- Reduce administrative burden to providers.
- Recommended a change to the requirement for recipients being discharged from an inpatient facility to have a follow up appointment to be aligned with the National HEDIS measures which resulted in contract changes and the following outcomes:
  - Seven day follow up is more in line with how the system care operates versus the 24 hours which was an unrealistic expectation,
- Improved the coordination between hospital discharge planner, CMHC and the MCOs,
- Allows a more effective regulatory review process.
- Recommended the discontinuation of the **Area Advisory Forums** which resulted in contract changes and the following outcomes:
  - Reduced cost to providers, MCOs, MBHOs and the Agency,
- Development of the Statewide Managed Care Behavioral Health Meeting.
- Recommended changes to **Care Coordination and Management** language in the contract which resulted in contract changes and the following:
  - Improved regulatory oversight,
  - Improved coordination and communication between providers and MCOs,
  - Anticipate better coordination and case management to high risk recipients.
- Recommended changes to **Community Services for Medicaid Recipients Involved with the Justice System** language in the contract which resulted in contract changes and the following outcomes:
  - Improved regulatory oversight,
  - Improved coordination and communication between providers and MCOs,
  - Anticipate better coordination and case management.
- Recommended the development of a **ALF Behavioral Health Subgroup** which resulted in the following outcomes:
  - An ALF Behavioral Health focused subgroup which will meet regularly,
  - The group membership is made up of ALF administrators, advocates, MCOs, MBHOs and BH providers
  - The subgroup is facilitated and project managed by staff in the BMHC BH Unit.