Redesign Medicaid in New York State

Behavioral Health Medicaid Managed Care

Implementing Medicaid Behavioral Health Reform

Medicaid Redesign Team (MRT): Objectives

- Redesigning New York's Medicaid Program – home page
  http://www.health.ny.gov/health_care/medicaid/redesign/
- Fundamental restructuring of the Medicaid program to achieve:
  - Measurable improvement in health outcomes
  - Sustainable cost control
  - More efficient administrative structure
  - Support better integration of care

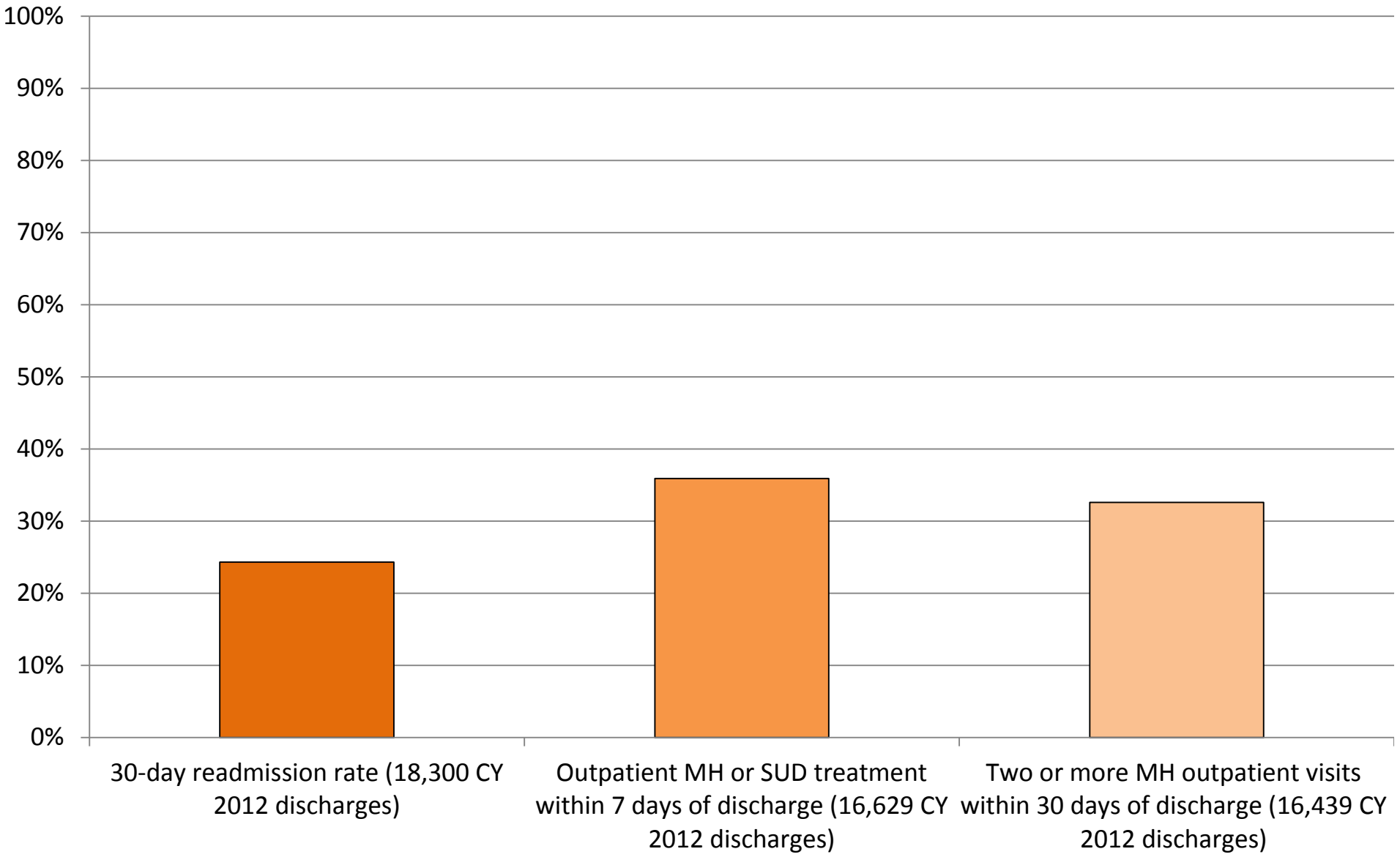
Principles of BH Benefit Design and Services Management

- Person-Centered Care management
- Integration of physical and behavioral health services
- Recovery oriented services
- Patient/Consumer Choice
- Ensure adequate and comprehensive networks
- Tie payment to outcomes
- Track physical and behavioral health spending separately
- Reinvest savings to improve services for BH populations
- Address the unique needs of children, families & older adults

Behavioral Health Transition to Managed Care Home Page
http://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health_transition.htm

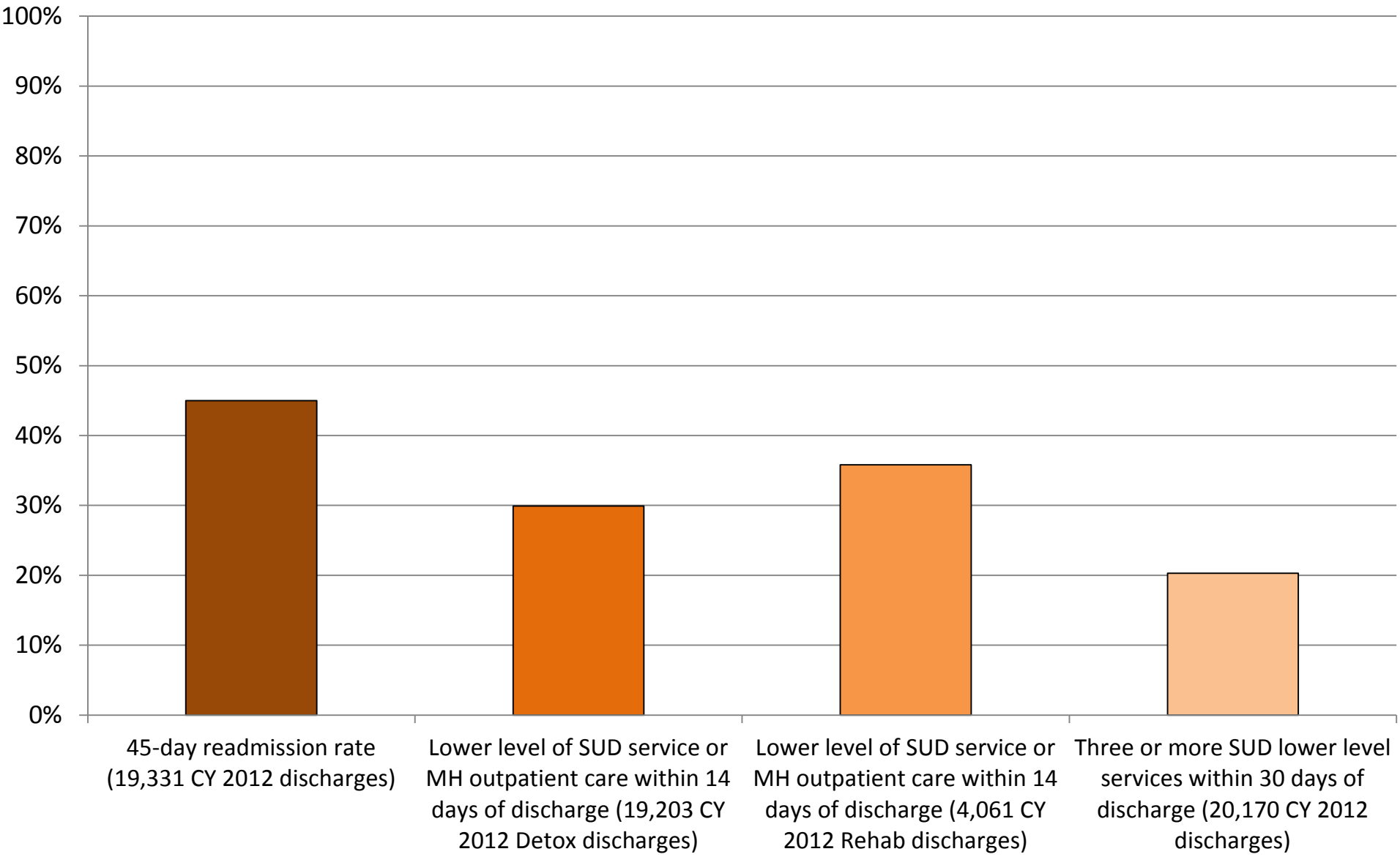
Findings from BHO Phase 1

BHO Phase I post-discharge outcomes for Adult Mental Health discharges in NYC



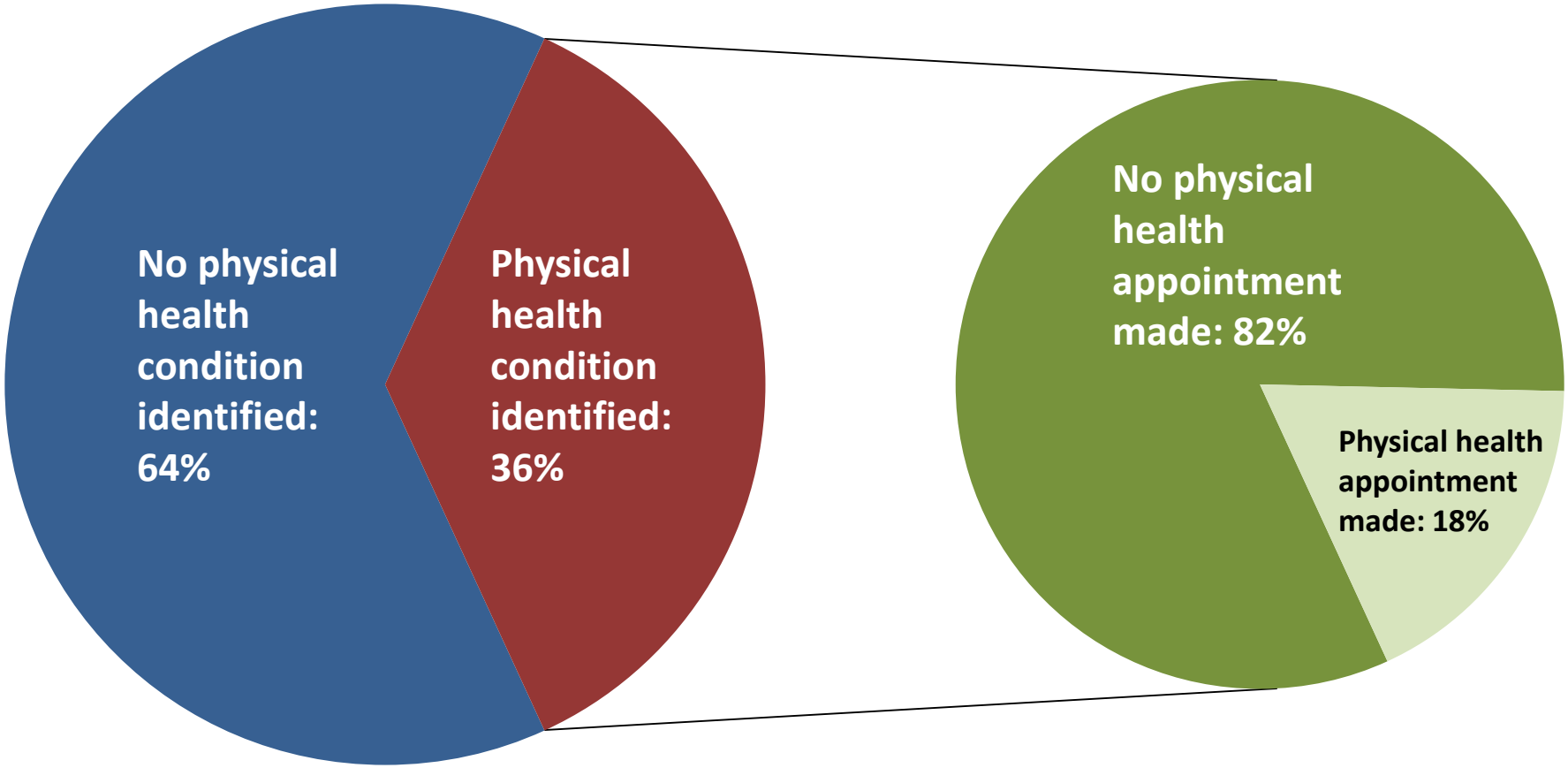
Medicaid claims data

BHO Phase I post-discharge outcomes for SUD discharges in NYC



Medicaid claims data

Integrated Care: In BHO Phase I, how often did behavioral health inpatient providers identify general medical conditions requiring follow-up, and did they arrange aftercare appointments?



Based upon 56,167 behavioral health community discharges (all service types), January 2012—June 2013

Data submitted by BHO

Behavioral Health Managed Care Program Design

Behavioral Health Services for Adults will be Managed by:

- Qualified health Plans meeting rigorous standards (several in partnership with a BHO)
  - All Plans MUST qualify to manage currently carved out behavioral health services and populations
  - Plans can meet State standards internally or contract with a BHO to meet State standards
- Health and Recovery Plans (HARPs) for individuals with significant behavioral health needs
  - Plans may choose to apply to be a HARP with expanded benefits
  - Expanded benefit includes Home and Community Based Services (HCBS)
  - HARP members are eligible for enhanced Health Home Care Coordination

Qualified Managed Care Plan vs. Health and Recovery Plan (HARP)

Qualified Managed Care Plan

- Medicaid eligible
- Benefit includes Medicaid state plan covered services
- Organized as benefit within MCO
- Management coordinated with physical health benefit management
- Performance metrics specific to BH
- BH medical loss ratio

HARP

- Specialized integrated product line for people with significant behavioral health needs
- Eligible based on utilization or functional impairment
- Enhanced benefit package - All current PLUS access to HCBS
- Specialized medical and social necessity/ utilization review for expanded recovery-oriented benefits
- Benefit management built around higher need HARP patients
- All HARP members eligible to be enrolled in HH
- Performance metrics specific to higher need population and HCBS
- Integrated medical loss ratio

Adult Project Status

- Final RFQ for adults was distributed (with draft NYC HARP rates) on March 21, 2014
  - OMH: http://www.omh.ny.gov/omhweb/bho/phase2.html
  - DOH: https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health_transition.htm
- RFQ Applications were received on June 6, 2014
- NYS is in the process of finalizing Plan designation for NYC
- Start date
  - Adults NYC- April 1, 2015
  - Adults Rest of State - approximately six months later
  - Kids- January 1, 2016

Behavioral Health Benefit Package

- Behavioral Health State Plan Services –Adults
  - Inpatient - SUD and MH
  - Clinic – SUD and MH
  - Personalized Recovery Oriented Services (PROS)
  - Intensive Psychiatric Rehabilitation Treatment (IPRT)
  - Assertive Community Treatment (ACT)
  - Continuing Day Treatment (CDT)
  - Partial Hospitalization
  - Comprehensive Psychiatric Emergency Program (CPEP)
  - Opioid treatment
  - Outpatient chemical dependence rehabilitation
  - Rehabilitation supports for Community Residences (Not in the benefit package in year 1)

Menu of Home and Community Based Services in HARPs

- Rehabilitation
  - Psychosocial Rehabilitation
  - Community Psychiatric Support and Treatment (CPST)
- Crisis Intervention
  - Short-Term Crisis Respite
  - Intensive Crisis Intervention
  - Mobile Crisis Intervention
- Habilitation
- Empowerment Services and Peer Supports
- Support Services
  - Family Support and Training
  - Non- Medical Transportation
- Individual Employment Support Services
  - Prevocational
  - Transitional Employment Support
  - Intensive Supported Employment
  - On-going Supported Employment
- Educational Support Services
- Self Directed Services

Behavioral Health Transition Features Two Year Transition Period

Legislative and Contractual:
Networking, contracting, and reimbursement requirements to support a stabilized two year transition period

Ensuring Adequate BH Networks:
Network / Contracting Requirements Important to BH transition

- BH Network requirements include:
  - Contracts with OMH or OASAS licensed or certified providers serving 5 or more members for a minimum of 24 months
- Plans must contract for State operated BH ambulatory services
  - Treated as "Essential Community Providers"
- Plans must network with:
  - All Opioid Treatment programs in their region to ensure regional access and patient choice where possible
  - Health Homes
- Plans must allow members to have a choice of at least 2 providers of each BH specialty service
  - Must provide sufficient capacity for their populations
- Contract with crisis service providers for 24/7 coverage
- Plans contracting with clinics with state integrated licenses must contract for full range of services available
- HARP must have an adequate network of Home and Community Based Services

Promoting Financial Stability Through Payment and Claiming Requirements

PAYMENTS

- Mainstream and HARP pay FFS government rates to OMH or OASAS licensed or certified providers for ambulatory services for 24 months
- HARP capitation rate does not include HCBS package in first year. NYS will establish initial HCBS payment rates.
- BH and HARP MLR
  - Mainstream Plans will have a BH MLR
  - HARP will have an integrated MLR
- Plans must meet timely payment requirements

CLAIMING

- Plan must be able to support BH services claim submission process. This includes training providers.
- Plans must meet timely payment requirements
- Plans must support web; and, paper based claiming.
- HARP MLR - percentage in NYC is 89%
- BH BLR- under development

Network Training: Plans are Required to Train Behavioral Health Providers

- Plans will develop and implement a comprehensive BH provider training and support program that includes:
  - Billing, coding and documentation assistance
  - Data interface
  - UM requirements
  - Evidence-based practices
- HARPs train providers on HCBS requirements
- Training coordinated through Regional Planning Consortiums (RPCs) when possible
  - RPCs are comprised of each LGU in a region, representatives of mental health and substance use disorder service providers, child welfare system, peers, families, health home leads, and Medicaid MCOs
  - RPCs work closely with State agencies to guide behavioral health policy in the region, problem solve regional service delivery challenges, and recommend provider training topics
  - RPCs to be created

Preparing the field:
NYS State Partnership with Managed Care Technical Assistance Center (MCTAC)

- NYS has partnered with MCTAC as a training, consultation, and educational resource center that offers resources to ALL mental health and substance abuse providers in New York State
- The goal of MCTAC is to provide training and intensive support on quality improvement strategies, including business, organizational and clinical practices to achieve the **overall goal of preparing and assisting providers with the transition to Medicaid Managed Care**