Managed Care Monthly Plan Meeting

Behavioral Health Update

Claims Stats as of 4/25/16

MH & SUD Claims Stats					
Plan name	Total Claims	Total Pended Claims	Total Paid Claims	Total Denied Claims	
Plan 1	223,330	0%	79%	21%	
Plan 2	188,578	0%	84%	16%	
Plan 3	95,703	0%	86%	13%	
Plan 4	99,110	2%	75%	24%	
Plan 5	525,934	0%	88%	12%	
Plan 6	1,159,206	1%	81%	13%	
Plan 7	945,339	0%	82%	14%	
Plan 8	103,716	5%	74%	21%	
Plan 9	14,793	2%	80%	19%	
Plan 10	20,143	5%	63%	31%	
Total (10/01/2015-04/25/2016)	3,375,852	0.9%	82.1%	14.3%	
Last Report (10/01/2015-04/11/2016)	2,936,812	1.2%	84.0%	15.0%	

Please note that Plan 7's vol. is subjected to change as we're waiting for their response to some data discrepancies.

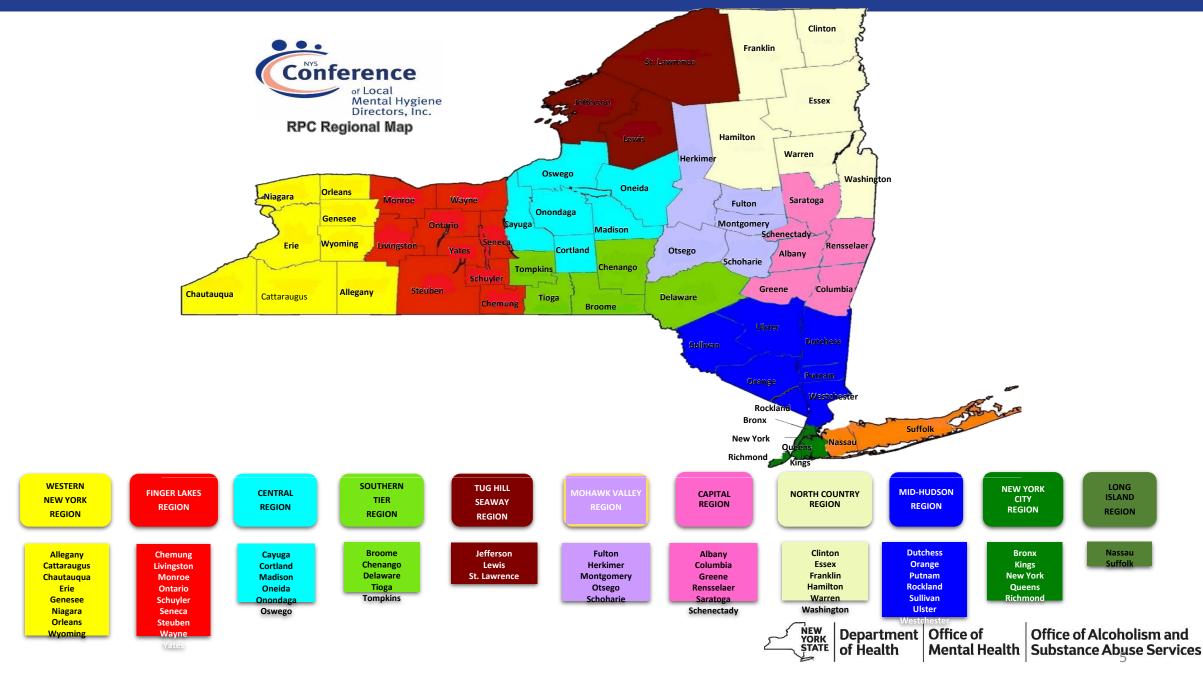
Critical MCO Preparations Required For Implementation: NYC Lessons Learned

- Claims Readiness
 - Systems configurations must be complete before implementation
 - Claims testing should be open through September 30, 2016 for the full range of services including Behavioral Health Home and Community Based Services (BH HCBS), if applicable.
 - Plan should make provisions for accepting provider test data and not just Plan generated "dummy data"
 - Accuracy problems for Plan HARP eligibility files for SSI members
 - Some plans did not address claims testing for those providers that are out of network and in the process of contracting/credentialing
- Network Adequacy
 - Contracting with required providers (5 or more) needs to be completed before implementation date
 - Important to have contracted providers set up in system in order to pay claims
 - Regional network requirements as required in Table 3 of the RFQ
 - To meet network requirements, Plans may need to contract outside of their service area
- Member services staff training

Regional Planning Consortium Kick Off Meetings

Regional Planning Consortium (RPC)"

- Comprised of the Local Government Unit(s) in each region, representatives of mental health and Substance
 Use Disorder service providers, child welfare system, peers, families, Health Homes, and MCOs. The RPC
 works closely with State agencies to guide behavioral health policy as it relates to Medicaid Managed Care
 in the region, problem solve regional service delivery challenges, and recommend provider training topics.
- The Behavioral Health Medical Director and HARP Behavioral Health Clinical Director must attend RPC periodic meetings – Language in model contract
- CLMHD, OMH, DOH and OASAS will hold a series of Regional Planning Consortiums kick-off events for locations outside New York City. The agenda will include:
 - An overview of Behavioral Health Medicaid Managed Care changes in NYS
 - Lessons learned from the NYC implementation
 - Role and goals of the RPC
 - Information on available resources and next steps.



Regional Planning Consortium Kick Off Meetings

RPC Regions	RPC Event	Location	Date
Long Island	Farmingdale	Molly College Farmingdale Campus 7180 Republic Airport Farmingdale, New York 11735-3930	1-Jun 12:30-2:30 pm
Mid-Hudson	White Plains	Westchester County Center	8-Jun 1-3pm
Mohawk Valley /Capital	Albany	Empire State Plaza Meeting Room 1 Albany, NY 12242	10-Jun 1-3pm
Tug Hill/Central	Syracuse	The Oncenter 800 South State St. Syracuse, NY 13202	20-Jun 1-3pm
Finger Lakes	Rochester	CCSI Rochester 1099 Jay St. Bldg J, 3 rd Floor, Rochester, NY 14609	21-Jun 1-3pm
Western	Buffalo	Buffalo Convention Center 153 Franklin St. Buffalo, NY. 14202	22-Jun 1-3pm
Southern Tier	Binghamton	Cornell Cooperative Extension 840 Upper Front St. Binghamton, NY, 13905	28-Jun 1-3pm
North Country	Plattsburgh	Auditorium of Clinton County Clinic	6-Jul 1-3pm

Health Home Update

Health Homes: Adults

In partnership with State Agencies, Health Homes, Care Managers, Managed Care Plans and other providers, Health Home work has been focused on the following key performance areas:

- ✓ Improving Health Home Enrollment, with focus on HARP enrolled and HARP eligible (ROS) members
- ✓ Increasing number of HARP members assessed for HCBS eligibility and expediting access to HCBS services
- ✓ Developing performance standards and tools and managing to performance
- ✓ Addressing programmatic processes to address "bottlenecks" and operational issues

CMHA and Streamlining BH HCBS Workflow for HARP Members

On April 26, 2016 CMHA and NY Eligibility Assessment went back online with revisions to enhance security – multi-factor authentication process and completion of updated training now required to access NY Eligibility Assessment and the Community Mental Health Assessment

Revisions to expedite the BH HCBS workflow include minimum requirements for BH HCBS authorization

- ✓ HH conducts NY HARP HCBS Eligibility Assessment identifies BH HCBS eligibility tier
- ✓ Member's goals identified for the eligible tier of services.
- ✓ Specific BH HCBS service recommendation
- ✓ Plan can approve service determination prior to POC approval
- ✓ Full CMHA completed within 90 days of NY HARP HCBS Eligibility Assessment

Behavioral Health Plan of Care Training completed, available at:

https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/hh_webinar_3_30_2016.pdf

Technical Assistance

- Goal is to provide assistance to Health Homes in becoming High Performers collaborative effort with State Partners, Health Homes, Care Managers and Plans
- Any issues questions or concerns should be communicated immediately to Health Home Team
- The Health Home Team will provide 1:1 information sessions with Health Homes and/or CMA's to address any further confusion and assist with problem solving
- Please do not hesitate to inform on any further issues that may impact this process
- Please call the Provider Line at 518 473-5569 to set a time to review data and targets
- Based on current data the Health Home Team will schedule time with specific Health Homes to establish clear performance targets

Increasing HH Enrollment, With Focus on HARP Members

- Strategic Taskforce Best Practices
- Biweekly monitoring of Assignment, Outreach and Enrollment Data: by Health Home, MCO and CMA
- Establishing and Monitoring Performance Targets
 - Target: Increase % total of HARP Health Home Enrolled Members that Have Completed BH HCBS eligibility assessment from about 6.5% to 20% by May 13, 2016
 - Target: 10% of assessed HARP Enrolled Members have receive Level of Service Determination from Plan by May 9, 2016
- Proposed Approach (for Stakeholder feedback) for making Community Based referrals
 - Concept works to leverage all points of entry into care system to facilitate Health Home referrals and enrollment
 - Hospitals Health Home Referral Requirements, DSRIP
 - Providers Clinics
 - Shelters

Proposed Approach for Community Based Referrals to HH

