



**Department
of Health**

**Office of
Mental Health**

**Office of Alcoholism and
Substance Abuse Services**

Behavioral Health Managed Care Transition

April 14, 2016

Agenda

- NYC Implementation Update
 - Claims Payment Stats
- ROS Implementation Update
 - Readiness Review Update
 - Enrollment Timeline
 - HARP, Health Home, Eligibility Flag



NYC Claims Information as of 3/28

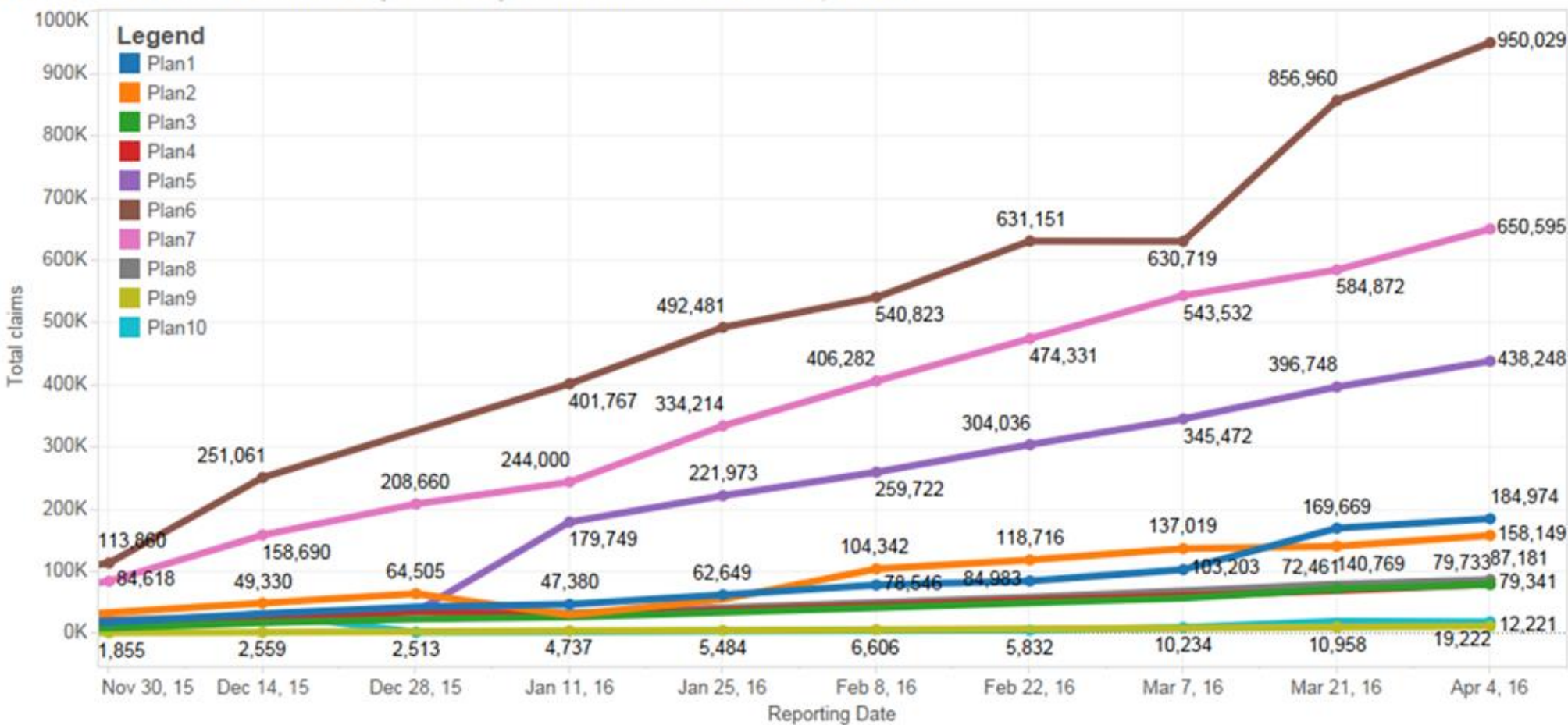
MH & SUD Claims Stats				
Plan name	Total Claims	Total Pended Claims	Total Paid Claims	Total Denied Claims
Plan 1	184,974	0%	82%	17%
Plan 2	158,149	1%	84%	16%
Plan 3	79,341	0%	90%	10%
Plan 4	79,733	6%	75%	20%
Plan 5	438,248	0%	88%	12%
Plan 6	950,029	1%	87%	12%
Plan 7	650,595	0%	82%	18%
Plan 8	87,181	6%	73%	21%
Plan 9	12,221	2%	80%	19%
Plan 10	19,222	18%	50%	32%
Total (10/01/2015-03/28/2016)	2,659,693	0.9%	84.5%	14.7%
Last Report (10/01/2015-03/14/2016)	2,401,983	1.5%	84.3%	14.3%

*Plan reported data

**At any given time, about 83%-85% of all claims are being paid.



Trend of Total BH Claims reported by Plans Since October 1, 2015



NYC Claims Information as of 3/28:

Comparison between Claims Volume Reported by MCO vs Baseline Volume in FFS as of 3/28/16

% of Plans reported volume of PAID (MH) claims over FFS baseline										
Service Type	ACT	CDT	CLINIC	CPEP	Inpatient	IPRT	OMH_Art31	PH	PROS	Total
Plan reported Volume	2,027	13,213	586,935	2,997	2,073	2,928	1,529	4,031	5,509	621,242
FFS Baseline Volume	4,756	34,815	588,211	2,085	9,776	1,716	3,423	3,700	18,594	667,076
% of Reported over Baseline	43%	38%	100%	144%	21%	171%	45%	109%	30%	93%

Note: Excludes one plan's data due to data variances



Plan Qualification Update

- Onsite Readiness Reviews complete for HARP Plans
- HARP Statement of Agreements (SOAs) with summary of Readiness Review findings distributed
- Responses to deliverables outlined in the SOAs due May 2nd
- Mainstream Onsite Reviews scheduled for April and May
 - Distribution of Readiness Review findings targeted for end of May



BH Managed Care Next Steps

1. HARP Enrollment

- a. HARP marketing names were sent to Maximus on April 8th
 - i. MCOs have until 5/1/16 to change HARP marketing name
- b. Distribution of Plan announcement letters begin April 13th
- c. Members have 30 days to opt out after which passive enrollment letters are generated
- d. Member is enrolled on the 1st of the following month if opt-out is not received by the 20th of the month.
 - i. If passive enrollment is received AFTER the 20th of a month, the enrollment is effective the 1st of the month following the month the passive enrollment is received. EXAMPLE: Passive enrollment is received June 30, 2016, enrollment will be effective on August 1, 2016.

2. Member Handbooks due to the state for approval by May 6, 2016



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.
 - Dummy data vs. Live data
 - Testing for eligibility of 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

