Redesign Medicaid in New York State

Implementing Medicaid Behavioral Health Managed Care in New York: Summary of RFQ Concerns

Managed Care Policy and Planning Meeting

July 17, 2014

RFQ Evaluation Update Agenda

- Review of high level themes/issues/concerns from RFQ application submissions

System Transformation

- Limited attention to transformational vision of NYS
  - Majority of responses lacked recovery-oriented and person-centered approach
    - Specifically in the areas of clinical management, utilization management, and member services
    - Limited discussion of employment and education services
  - Limited discussion as to why people fail in care and how Plans can affect this
  - Inadequate focus on the unique needs of people with SUD conditions
  - Limited detail on addressing the needs of the SMI/SUD population within the context of BH/PH integration
  - Inadequate discussion on the need to ensure cross system care coordination
  - Discussion of cultural competency in network development and member services was minimal and insufficient
  - Plan's projected budgets did not evidence transformational vision
    - i.e., replacement of BH inpatient with ambulatory services

Supporting BH Integration in Current Plan Operations

- Plans varied in ability to describe how operations will be augmented to better support BH integration
  - Staffing
  - Training
  - Computer systems (Claims/encounters/reporting)
  - Quality Assurance
  - Pharmacy management and monitoring
- The process for 24/7 crisis response and after hour service coverage was frequently not clear

Lack of Clarity Around Delegation Agreements

- Several Plans did not clearly articulate the roles and responsibilities of the Plan and the delegated BH management entity including:
  - Staffing for key positions
  - How information would be shared
  - How UM decision would be made
  - How oversight would occur
  - How BH/PH integration would be fostered
  - How after-hours and crisis calls would be managed
- Not all Plans identified all their vendors, making it difficult to understand who will be responsible for meeting the requirements of the RFQ

Staffing Structure

- Inconsistencies across Plan supplied staffing tables making it difficult to evaluate if staffing is adequate.
  - NYS will distribute a staffing data collection tool to Plan applicants
- Wide variation in staffing allocation per member between Plans (including mainstream Plans and HARPs)
- Most Plan proposals for orienting and training staff lacks sufficient detail
- Unclear how Plans will use performance measures and quality outcomes to adjust staffing
  - Many Plans said they would adjust staffing based on a staffing model (not shared) and complaints about access

Next Steps

- Review RFQ recommendations with OMH, OASAS, and DOH Commissioners
- Commissioners make initial designations
- State notifies Plans of preliminary designation status and required follow up
- State meets with Plans in person
- State notifies Plans of assigned State liaison
- Conduct Readiness Reviews