



Department  
of Health

Office of  
Mental Health

Office of Alcoholism and  
Substance Abuse Services

# Behavioral Health Transition to Managed Care Update

June, 2015

# Agenda

- Readiness Review Update



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# Document Review Update

- Information on staffing level and network is submitted and reviewed monthly.
- Resubmissions of mission critical items needing further development were received in May and are under review.
- Additional document submissions are also expected on July 15<sup>th</sup>
- Feedback on resubmissions that will require follow up to be distributed in July 2015



# Readiness Review Schedule

- On-Site Readiness Reviews begin 6/22
  - HARP plans will be reviewed first (between 6/22-6/30)
  - 2 Mainstream-only and 2 HIV/SNP plans will be reviewed (between 7/14-8/7)
- Readiness Review reports and certification letters for qualified HARPs will go out in July
- Readiness Review reports for Mainstream Plans and HIV/SNPs will be generated following completion of on-site reviews
- Additional onsite reviews are anticipated prior to HCBS go-live (likely in September/October).



Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>JUNE 21</b>	22 MetroPlus Health First	23 MetroPlus Health First	24 Fidelis United	25 Fidelis United	26 Beacon	27
28	29 Emblem Amerigroup	30 Emblem Amerigroup	<b>JULY 1</b>	2	3	4
5	6	7	8	9	10	11
12	13	14 Affinity	15 Affinity	16 WellCare	17 WellCare	18
19	20	21	22	23	24	25
26	27	28	29	30	31	<b>AUGUST 1</b>
2	3	4 Amida Care	5 Amida Care	6 VNSNY	7 VNSNY	8



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# Components of On-Site Reviews

- Track 1: Program Operations
- Track 2: Information Systems, Claims, and Reporting
- Track 3: Document Review



# Track 1: Program Operations (Day 1)

- Clinical program structure, management and oversight with medical/clinical leadership
- Clinical interviews and scenario discussions with CM/UM staff
- Plans will select UM/CM front-line staff to participate in the interviews.
  - Participants should be Mainstream mental health (MH) and/or substance use disorder (SUD) and HARP MH and/or SUD staff.
  - Reviewer(s) will accompany each UM/CM staff to their workstation to review scenarios and observe navigation of information system(s)



## Track 1: Program Operations (Day 2)

- Member services structure/protocols/oversight with member services managers
- Interviews and scenario discussions with member services staff
- Network development/management with managers and provider relations staff
- Quality project work plan status and quality reporting with QM management



## Track 2: Information systems, claims, and reporting (Day 1)

- Overview of information systems (IS) for claims, clinical, data warehouse, and telephonic systems.
- Status updates:
  - staffing/training
  - implementation plan
  - test plan and test results for all areas of implementation
- Data load and maintenance of:
  - provider types
  - specialties,
  - and fee schedules for claims payment
- Status of member and provider web access



## Track 2: Information systems, claims, and reporting (Day 1)

- Provider file submission capabilities to the Medicaid management IS for encounter submissions
- Eligibility data collection and maintenance
- Eligibility processing, reconciliation and error reports
- HIPAA transaction capabilities
- System demonstrations
- Data validation and reporting capabilities.



## Track 3: Document Review

- Resume's of Plan staff participating in interviews
  - Requirements from RFQ are in Exhibit 1 of onsite interview guide tool.
- Sample of executed provider contracts and corresponding credentialing files
  - Mainstream MCO-only and HIV-SNP Plans:
    - 20 BH provider contracts
    - 10 credentialing files
  - HARPs:
    - 70 provider contracts
      - 24 Primary Care Practitioners
      - 8 Specialty Providers
      - 8 Ancillary Facilities
      - 20 behavioral health facilities and HCBS providers
      - 10 hospitals
    - 20 credentialing files

