

**Develop a Framework to Propose, Organize, and Discuss
Categories of Improvements and Specific Ideas to
Operationalize the Design Principles**

Improvement Categories:

- Case Management and Care Coordination Improvements
- Data Sharing Improvements
- Cost Management Improvements
- Behavioral Health Provider Network Improvements
- Accountability Improvements
- Quality Improvements
- Participant and Treatment Experience Improvements
- Parity Improvements

Discussion Draft

Case Management and Care Coordination Improvements

Goal: To ensure that case management and care coordination are designed to effectively deliver physical and behavioral health services to participants

System Level Improvements (MCO, ASO, Local Systems Management)

- Notification of inpatient psychiatric admissions
- MCO extended case management (concerns raised that this could restrict access)
- Local systems management standardization
- Regional on-call staff
- ASO case management expansion
- To increase the probability of success, design overdose transitions that encourage a public health approach rather than a criminal approach
- Clear, timely pathways to outpatient and ambulatory services enhanced by the use of peers
- Primary care integration
- Design a crisis services system that provides appropriate access and referrals, including Law Enforcement Assisted Diversion (LEAD). This is currently being developed in the Crisis Services Subcommittee of the Governor's Commission to Study Mental and Behavioral Health.
- Education and resources for non-English speakers
- Understand wellness and recovery centers for MCOs
- Use of community health workers and peer support specialists
- Important points related to children and adolescents:
 - It is critical that behavioral health case management include other systems, such as education, social services and juvenile services
 - There should be standardization in the training of care coordinators for Targeted Case Management across local jurisdictions
 - Plans of care should be family-driven and youth-guided
- Identify cohorts to focus case management efforts, such as participants in Corrective Managed Care
- Explore expansion of chronic health home and collaborative care models

Provider Level Improvements

- Design training/culture initiatives that support diversity and discourage inappropriate denial of service
 - Begin to remedy perception of discrimination
 - Identify pathways for participants who experience discrimination

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New ASO Contract Enhancements

- Enhanced Care Coordination
 - Requirements for the ASO to collaborate with the Department and the MCOs to review behavioral health education materials to be available to somatic care providers
 - Establish protocols to coordinate referrals with appropriate local systems managers, MCOs, and accountable care organizations to ensure authorization of the appropriate level of care
 - Strengthened requirement for warm hand-offs to providers and local systems managers when needed
- Optional service- ASO would support the Department in efforts to develop and implement a crisis system
- New contract adds one full-time liaison to the MCOs and a minimum of three full-time staff to work under the direction of the liaison

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Data Sharing Improvements

Goal: Timely access to usable clinical data for providers, case management, MCOs, and local systems managers

Chesapeake Regional Information System for Our Patients (CRISP) Improvements

- Make better use of health information systems to improve data sharing, including CRISP - Point of Care
 - Explore electronic health record funding for behavioral health providers through the Advanced Planning Document (APD) to the Centers for Medicare & Medicaid Services (CMS) more capability for behavioral health data and electronic health record (EHR) capability for providers
 - Ability to search by Medicaid Identification Number
- Real-time access to Prescription Drug Monitoring Program (PDMP) data

ASO Improvements

- Real-time, read-only access to ASO and MCO data
- Electronic access to ASO provider directories, particularly for medication adherence: provider letters
 - Ensure accuracy of the directories with audits
- Access to state-only behavioral health claims data for the MCOs

Other Improvements

- Prescription data visibility (bidirectional) and pharmacy benefit manager (PBM) data cycles
- Use cases for data sharing: immediate access to diagnosis and treatment information for case management, access to claims/prescription information for data mining, business analysis, costs, quality, and uses at the point of care in treatment
 - Provide prescription and claims files in a traditional format, e.g., 837
 - Provide recent participant contact information
- Develop guidance on data sharing between the MCOs and behavioral health providers
- Consider more robust consent in addition to the current release of information (ROI) process while honoring the risks to participant protection

New ASO Contract Enhancements

- ROI programming that leads to better data sharing of protected health information with the MCOs through management of the ROI process
- Interoperability – The ASO must operate a system that allows for import and download of data from providers' EHR systems for developing necessary reports

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Cost Management Improvements

Goal: Through effective case management and care coordination, reduce waste and inefficiency while improving treatment effectiveness

- Managing high utilizers: chronic disease
 - Opioid use disorder
 - Diabetes
 - Various mental illnesses
- Explore utilization management for behavioral health fee-for-service
- Contracts between ASO, MCOs, and local systems managers
 - Benchmark innovative provider networks
- Managed behavioral health organization (MBHO)/capitated ASO
- Develop a preventive strategy for behavioral health, including smoking cessation
- Population analysis and early intervention for people at risk
- Identify high-risk children and adolescents
- Identify high-risk neighborhoods
- Develop alternative places of service for people with complex medical and mental health conditions so they do not have to remain hospitalized
- Put resources in to schools with a concentration of high risk students
- Cost management at the provider level, such as through at-risk/capitated contracts
- Benchmark value-based payment models
- Medication monitoring

Behavioral Health Provider Network Improvements

Goal: To ensure that participants have access to high quality providers throughout the State of Maryland

- Define network adequacy
 - Consider qualitative and quantitative standards, as well as the number and types of providers
 - Set access standards like the MCOs have for emergency, urgency, and routine care and audit for adherence
- Increase management of the behavioral health provider network and ensure appropriate enforcement of current regulations
- Improve referral processes
- Define local systems manager roles
- Obtain better understanding of provider types and scopes of work
 - Identify opportunities for telehealth
- Identify sources for current provider contact information
- Review and consider changing the any willing provider standard
 - Document MCO requirements and processes for building networks
 - Accountability
 - Provider relations staff
- Primary care integration
- Build out specialty care, e.g., geriatric and pediatric psychiatry and immigrants with trauma from where they came from
- Offer scholarships or other incentives to build workforce capacity throughout the state and for geographic coverage in underserved areas, such as tuition support, loan forgiveness, and capital investments in equipment for telehealth
- Review credentialing and licensing policies to ensure quality providers in the network
 - Credentialing of individual providers, as opposed to organization credentialing
- Develop searchable provider directories with indicators of provider quality

New ASO Contract Enhancements

- Enhanced recruiting role
 - Requirements that the ASO identify gaps in provider accessibility throughout the State
 - Provide and implement plans to increase provider enrollment with the public behavioral health system collaboratively with the local systems managers. This includes geo-mapping activities to note service availability and gaps in services and presenting findings.

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- Added the ability to identify providers at-risk for committing fraud, waste, and abuse so that audits can be targeted to areas of greatest concern

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Accountability Improvements

Goal: System-level accountability for major program elements, including the state, the MCOs, the ASO, behavioral health providers, and local systems managers

- Performance-based metrics
 - Implement uniform and system-wide measurement-based care standards for mental health and substance use disorders
 - Consider HEDIS-like measures
 - Align financial incentives to drive higher utilization of preventive and community-based care
- Score Cards
- Participant and provider satisfaction surveys and publish results
 - Secret Shoppe to validate provider services
 - Explore options for funding family surveys
- Define standards of practice, keep them up to date, and measure adherence and outcomes
- Define roles and responsibilities and call out who is accountable
 - Map out process flows for practice transformation related to CMS scorecard and other shared accountability measures
- Develop operating manuals for the ASO and local systems management
- Examine how and who credentials providers
- Develop education materials on grievance processes for consumers and providers
 - How does this process work now?

New ASO Contract Enhancements

- New contract includes additional audits and requires the ASO to publish common audit findings on a semi-annual basis

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Quality Improvements

Goal: To ensure that participants have positive outcomes and a quality treatment experience

- Improve substance use disorder treatment by examining how to address underlying co-occurring mental health issues in 40 to 80 percent of cases
- Discuss possible outcomes measures in terms of appropriateness of treatment and clinical practice guidelines
- Develop measures of the appropriateness of treatment against clinical practice guidelines
- Measure recidivism
- Connect ASO and MCO quality measures for individual participants
- Shared quality activities, e.g., HEDIS Measures (process measures)
- Review and pick three to five quality measures and improve them over a five-year period
- Discuss utilization management as a quality improvement tool
- Medication assistance, e.g., MAT
- Improve the quality and cost predictability of care by expanding value-based payments in behavioral health. Ensure care is patient-centered by increasing provider flexibility and expanding value-based, outcome-focused service delivery across systems
- Evidence-based care
- Examine the evolution and availability of evidence-based, neuroscience-informed technological innovations in care and incorporate these practices into the system as warranted: as adjuncts to care as usual to optimize outcomes, to maintain linkages/treatment continuation between visits, to address workforce shortages, etc. Examples of products in the market and insurance reimbursable now, or soon to be FDA approved include:
 - Personalized medicine approaches to improve psychiatric medication selection: <https://genomind.com/> <https://www.myndanalytics.com/>
- FDA approved digital tools: <https://peartherapeutics.com/> prescription digital therapeutic for substance use disorder: clinician dashboard, online cognitive behavioral therapy and patient reporting <https://www.akiliinteractive.com/news/prescription> digital video game for treatment of ADHD (in FDA approval process)

New ASO Contract Enhancements

- Daily Living Assessment that enhances, supports, and tracks quality in psychiatric rehabilitation programs
- Evaluations
 - Call center satisfaction survey of providers and participants, offered either randomly or routinely to customers
 - Develop and administer biennially a behavioral health provider survey that includes both mental health and substance use disorder providers

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- Optional Service - The ASO proposes a methodology for consideration to implement quality metrics by which providers may be measured and case-adjusted benchmarks for each of the identified performance measures

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Participant and Treatment Experience Improvements

Goal: To assure that behavioral health participants receive outstanding customer service

- Satisfaction surveys

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Parity Improvements

Goal:

- Examine case management reimbursement for mental health and substance use disorder services

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Social Determinants of Health (Out of Scope)

- Improve the capacity of the Medicaid managed care system to integrate with non-Medicaid state systems, populations, and services
- Use of CRISP