MARYLAND
Department of Health

Meeting Notes
Behavioral Health System of Care Full Workgroup Meeting
October 28, 2020

Members In Attendance

Aliya Jones, Co-Chair
Tricia Roddy, Acting Co-Chair
Linda Raines
Lori Doyle
Ann Ciekot
Adrienne Breidenstine (for Crista Taylor)
Vickie Walters
Eric Wagner
Harsh Trivedi
Arethusa Kirk
Yngvild Olsen
Andrea Brown
Laura Herrera Scott

I. Welcome

Dr. Aliya Jones, Deputy Secretary of the Behavioral Health Administration (BHA), and Tricia Roddy, Director, Assistant Medicaid Director, welcomed everyone to the meeting.

II. MCO Network Update

Jennifer Briemann, Executive Director of the Maryland Managed Care Organization Association, and Dr. Arethusa Kirk, Chief Medical Officer at UnitedHealthcare Community Plan, thanked the Workgroup for the opportunity to present. Ms. Briemann reported that this presentation was made in response to questions asked during the last meeting and incorporated contributions from all of Maryland's Medicaid managed care organizations (MCOs).

Dr. Kirk provided an overview of the HealthChoice program. Dr. Kirk reported that a primary goal of the MCOs is to facilitate the organization of a health care system that emphasizes quality while managing cost and utilization. Dr. Kirk stated that the Maryland MCO Association was

created in 2017 to enhance collaboration among the MCOs, as well as with the Maryland Department of Health (the Department).

Dr. Kirk explained that all Maryland MCOs are required to be accredited by the NCQA. The NCQA provides improvement guidelines for MCOs and evaluates plans based on several measures, including:

- Quality management and improvement
- Population health management
- Network management
- Utilization management
- Credentialing and recredentialing
- Member experience
- Medicaid benefits and services

Dr. Kirk explained that NCQA accreditation is done every three years, but that the process requires constant readiness on the part of the MCOs. Accreditation is based in part on measures of clinical performance and consumer experience, and there are also several other sublevels of accreditation that some MCOs have received. Dr. Kirk reported that the credentialing process varies across all MCOs, but they collectively conduct reviews and updates of credentialing plans and maintain a review committee. The recredentialing process ensures that practitioners have updated documentation on such issues as member complaints and quality of care issues. This encourages MCOs to build relationships with contracted providers, allowing for more efficient communication and coordination.

Dr. Kirk explained that quality of care is reviewed continuously using methods such as external provider sanction monitoring and real time intervention when needed. Complaints can involve providers, facilities, and other professionals, and are readily investigated by MCOs. MCOs may implement improvement plans to address root causes of concerns when concerns are determined to be moderate or serious. Dr. Kirk noted that both the NCQA and the Department can conduct quality reviews of MCOs, including reviews of credentialing and recredentialing, to ensure that policies are being followed.

Dr. Kirk reported that MDH conducts annual Systems Performance Reviews, which includes requirements regarding credentialing and re-credentialing. Examples of quality assurance measures included in this review are:

- Timeliness of credentialing activities
- Review of the MCO's annual credentialing program description and plan
- Implementing restrictions on providers who depart from delivering the standard of care
- Ensuring that providers removed from a network must wait a set period before being allowed back onto the network
- Mandating that providers who are terminated from a network for quality of care deficiencies are reported to the state for follow up

Dr. Kirk asked if there were any questions or comments about the presentation. Linda Raines thanked Dr. Kirk for her presentation. Ms. Raines explained that even though MCOs are not

responsible for specialty behavioral health care, there are still more than 100,000 people receiving behavioral health services through primary care providers contracted with MCOs. Considering the pandemic and the implementation of the Collaborative Care Model (CoCM) pilot program, Ms. Raines asked what the MCOs are seeing and doing in terms of behavioral health services in primary care. Dr. Kirk reported that there is attention to members' behavioral health needs among the MCOs and collaboration with Optum, the administrative service organization (ASO) responsible for administering specialty behavioral health services. At UnitedHealthcare, Dr. Kirk stated that they are identifying high risk behavioral health patients through collaboration with the ASO and are working to reach out more through primary care, particularly during the pandemic. Ms. Raines asked if there are conversations among the MCOs about the increased incidence of behavioral health issues during the pandemic and, if so, how the MCOs plan to address this issue. Ms. Briemann reported that there have been conversations and that she would like to circle back later and continue these conversations as the MCOs improve their understanding of the situation and develop plans of action.

Eric Wagner commented that there is a higher incidence of behavioral health issues during pandemic, especially related to substance use disorders. He reported that, from the time elective procedures were restricted due to the pandemic, a lot of primary care offices were basically closed and tried to expand virtual visit capabilities. He remarked that this was effective and asked if similar efforts were made among behavioral health providers and how effective they were. Mr. Wagner added that MedStar providers saw a substantial decrease in no-shows due to telehealth.

Dr. Howard Haft, Executive Director of the Maryland Primary Care Program, reported an increase in face-to-face visits over the past several months, but that many primary care providers are doing more virtual screenings.

Dr. Harsh Trivedi reported that he believes there is a greater need for more collaborative care. He reported that he has also noticed fewer no shows, as well as more penetration into communities that are not typically served as well, thereby increasing equity in health care access. He reported that Shepard Pratt has opened a virtual crisis clinic during the pandemic that has been successful. Dr. Jones asked Dr. Trivedi about the role telehealth has played in improving racial equity in health care access, specifically if he has seen a trend in who uses audio only vs audio and video. Dr. Trivedi responded that he believes all forms of telehealth have been effective in reaching their patients and providing needed services. Dr. Jones asked if they have started looking at outcome measures related to telehealth use. Dr. Trivedi responded that they have only recently begun exploring this. Mr. Wagner noted that MedStar does not yet have sufficient data to measure outcomes, but that patient satisfaction has been consistently high among those receiving telehealth.

Dr. Yngvild Olsen reported that approximately half of the people her organization serves in Baltimore City only have a phone, and most cannot afford broadband or internet access to use video telehealth. She continued that audio-only telehealth has been important for opioid treatment programs and expressed optimism about its role in treatment moving forward.

Ms. Roddy informed participants that there are several other workgroups and forums that focus on telehealth use and encouraged those who are interested to participate in them. She added that

the extent to which Maryland Medicaid can reimburse audio-only telehealth during and after the pandemic is limited by the Centers for Medicare & Medicaid Services (CMS) and other federal regulations.

III. Rate-Setting Study Update

Thelma McClellan, Deputy Director, Management, Program Analysis, and Program Integrity, Medicaid Office of Finance, provided a progress update on the behavioral health rate-setting study required in the HOPE Act of 2017[1]. Ms. McClellan reported that a draft request for proposals (RFP) was circulated for internal Department comments.

An attendee asked if the feedback for the RFP was internal to the Department only. Ms. Roddy responded that they also incorporated feedback from comments received at previous Workgroup meetings. She then explained the two phases of the rate setting study:

- Phase 1 involves issuing an RFP to find a third-party vendor/contractor to provide technical assistance related to the development of a cost reporting template that behavioral health providers will submit to MDH.
- Phase 2 will use the cost data gathered from providers to determine cost-based reimbursement rates for behavioral health services.

IV. Public Comment

Ms. Raines acknowledged the Department has likely been directing most of its resources and focus towards pandemic-related issues, but asked if a plan has been discussed or created for operationalizing the ideas that the Workgroup has been working on for the past eight months. Ms. Roddy responded that the Department has continued discussing other issues related to the behavioral health system of care. Ms. Raines stated that it would be helpful to know when the Department will be able to get back to the broader policy discussions that began prior to the pandemic. Ms. Roddy responded that they are interested in returning to these conversations as soon as they are able.

[1] See the Heroin and Opioid Prevention Effort and Treatment Act of 2017, available here: http://mgaleg.maryland.gov/2017RS/chapters_noln/Ch_571_hb1329E.pdf.