



Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

August 14, 2024

The Honorable Guy Guzzone
Chair, Senate Budget and Taxation Committee
3 West Miller Senate Office Bldg.
Annapolis, MD 21401-1991

The Honorable Ben Barnes
Chair, House Appropriations Committee
121 House Office Bldg.
Annapolis, MD 21401-1991

Re: 2024 Joint Chairmen’s Report (p. 115-116) - Report on Recoupment, Forgiveness and ASO Transition

Dear Chairs Guzzone and Barnes:

Pursuant to the 2024 Joint Chairmen’s Report (p. 115-116), the Maryland Department of Health (MDH) respectfully submits this report on the recoupment and forgiveness of overpayments to providers, and the behavioral health ASO transition.

Related to efforts on recoupment and forgiveness, the updates as outline in detailed include the following:

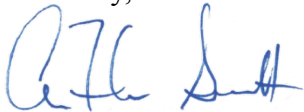
- **Estimated Payments and Recoupment:** Since the last report in March 2024, MDH referred 167 non-active billing providers, hospitals, out of state providers, and laboratories to the Central Collection Unit (CCU). These 167 providers represent a total of \$7.7 million that has been referred to CCU. As of July 1, 2024, the total estimated payments balance has decreased by over \$193.4 million (from \$223.5 million to \$29.6 million). Active billing providers were afforded until June 30, 2024 to repay final amounts owed to the state. 262 providers showed amounts outstanding as of July 15, 2024, and MDH will be referring these providers to CCU.
- **Negative Balance Update:** Caused by duplicate payments and other issues such as fee schedule changes and retro-eligibility reconciliation, as of July 1, 2024, negative balances for providers have decreased to \$3,710,036 from \$41.6 million at the end of calendar year 2021.
- **Forgiveness:** No forgiveness opportunities have been offered since 2022.

Related to an update on the transition of the new Behavioral Health Administrative Services Organization (BHASO), on February 14, 2024, the Board of Public Works unanimously approved Carelon Behavioral Health Inc. (Carelon) to become Maryland’s next BHASO. Beginning January 1, 2025, Carelon will provide management of behavioral health authorizations, utilization, claims

processing, provider management, auditing functions and will serve as a crucial partner to MDH in managing the public behavioral health system. This report provides a comprehensive update on the BHASO transition, including the four crucial phases of the comprehensive transition plan – Initiation and Planning, Execution, Readiness and Testing, and Go-Live and Monitoring.

MDH requests that the withheld funds, pending the submission of this report, be released. If you have questions or need more information, please contact Sarah Case-Herron, Director, Office of Governmental Affairs at sarah.case-herron@maryland.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Laura Scott', is written over a faint, larger signature.

Laura Herrera Scott, M.D., M.P.H.
Secretary

cc: Ryan Moran, Deputy Secretary Health Care Financing and Medicaid Director
Alyssa Lord, Deputy Secretary, Behavioral Health Administration
Marie Grant, Assistant Secretary, Health Policy
Sarah Case-Herron, Director, Office of Governmental Affairs
Sarah Albert, Department of Legislative Services (5 copies)



2024 Joint Chairmen's Report (p. 115-116)

Report on Recoupment and Forgiveness of Overpayments to Providers, and the
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I. Report on Recoupment and Forgiveness of Overpayments to Providers

Update on Estimated Payment Balance Recoupment and Forgiveness

On January 1, 2020, the Maryland Department of Health (MDH) transitioned to Optum Maryland as its Behavioral Health Administrative Services Organization (BHASO). At its launch, Optum had technical and system failures that gravely impacted behavioral health providers. MDH was forced to deliver advanced payments to providers across the state to buoy their operations while also navigating a pandemic and responding to the state's behavioral health crisis.

Optum paid out \$1.06 billion in estimated payments to providers between January 1, 2020 and August 3, 2020. The outstanding balance of these overpayments by October 2020 was approximately \$359,610,797 across both federal Medicaid and state-only programs. That balance was down to \$162,352,061 as of August 4, 2022.

In July 2022, providers who had either paid down or had remaining balances of less than or equal to \$25,000 were forgiven the balance of that debt. 1,266 providers received forgiveness amounting to \$14,355,121. No additional forgiveness opportunities have been offered since 2022.

In October 2023, MDH announced a payment extension opportunity for active providers who were scheduled to have “balloon” payments due on December 31, 2023. Providers were afforded the opportunity to extend the time to pay their balances due through June 30, 2024.

Providers were required to sign a new payment plan by January 31, 2024. For providers that did not create a payment plan, or for those that did not pay their “balloon” payment/debt by December 31, 2023, MDH instituted claims clipping to recoup funds with any remaining balance due on June 30, 2024. In addition to weekly reminders in the provider bulletins, Optum sent providers communications with reminders of payments to ensure providers were given every opportunity to avoid being sent to CCU.

- [April 2024 Memo regarding Estimated Payments](#)
- [May 2024 Memo regarding Estimated Payments](#)
- [June 2024 Memo regarding Estimated Payments](#)

For those ineligible (non-active providers) for the payment extension, MDH went to exhaustive efforts in partnership with Optum to only refer non-active, non-responsive providers to CCU; therefore, the number referred is smaller than what was projected in the March 2024 JCR report. After this reconciliation process, 167 providers to date have been referred to CCU, totaling \$7,680,604.

In the previous report issued in March 2024, MDH noted that there were 531 providers that have estimated payment balances totaling \$50.4M. As of July 15, 2024, a total of 262 providers have outstanding balances, totaling \$29,683,325. MDH will be working to reconcile final balances for providers and refer them to CCU.

Update on Negative Balance Recoupment

Estimated payments are not the only claims that need to be recouped. A separate subset of claims, known as “negative balances,” have occurred for a variety of reasons. Negative balances occur naturally in any insurance claims cycle. For example, retro-eligibility claims arise when Medicaid patients are billed initially as uninsured and later found to be eligible; such claims are reprocessed and approved. As a result, there is always some level of negative balance. These increased balances built up and accrued over time, primarily due to duplicate or overpayments that occurred when Optum was unable to properly transfer funds between the State and Medicaid accounts and, as a result, duplicate payments were made.

Recoupment has been under way for these overpayments since early 2022, and significant progress has been made. The total amount of overpayments due is currently \$3,710,036 down from \$81.5M at the end of calendar year 2021. Non-active providers who previously received notice of balances, will be additionally referred to the CCU. Actively billing providers present some challenges with recoupment and plans are being developed to determine the best route of collection. Negative balances may be transferred to the next BHASO for continued management until those debts are resolved.

I. Report on Behavioral Health Administrative Services Organization (BHASO) Transition

Overview and Background of BHASO Award

On January 10, 2023, MDH posted a Request for Proposal (RFP) to award a five-year base contract with one two-year renewal option for a BHASO to provide the following services – management of behavioral health authorizations, utilization, claims processing, provider management and auditing functions. The BHASO is critical for MDH to support the management of the public behavioral health system through processing of behavioral health authorizations, utilization control, claims processing, provider education, provider training, provider compliance, and auditing functions. The BHASO also provides reimbursement for a range of recovery and support services, including mental health case management, mobile treatment/assertive community treatment, psychiatric rehabilitation, residential rehabilitation, supported employment, rehabilitation services, and specific substance use disorder services. Further, the BHASO is responsible for addressing provider quality and service coverage and quality supporting MDH using data to drive positive outcomes for Marylanders using behavioral health services.

On February 14, 2024, MDH received unanimous approval from the Board of Public Works to select Carelon Behavioral Health, Inc. (Carelon) as the state’s next BHASO. Carelon was unanimously recommended for award of the contract for its superior technical expertise in providing similar functions to other states in contracts of equal size and breadth.

Over the last five years, the incumbent vendor, Optum, has posed significant challenges to behavioral health providers and the patients they serve, including a launch in January 2020 with a claims processing system that had significant malfunctions and created the need to advance payments to buoy provider operations. Over the past four years, performance issues of Optum have continued to cause strain on provider operations while the state grapples with the long-term behavioral health implications of the pandemic. Given these challenges, MDH has been laser focused to ensure that it carries out a comprehensive and thoughtful transition plan to achieve a successful go-live on January 1, 2025.

Overview of Carelon - Expertise and Background

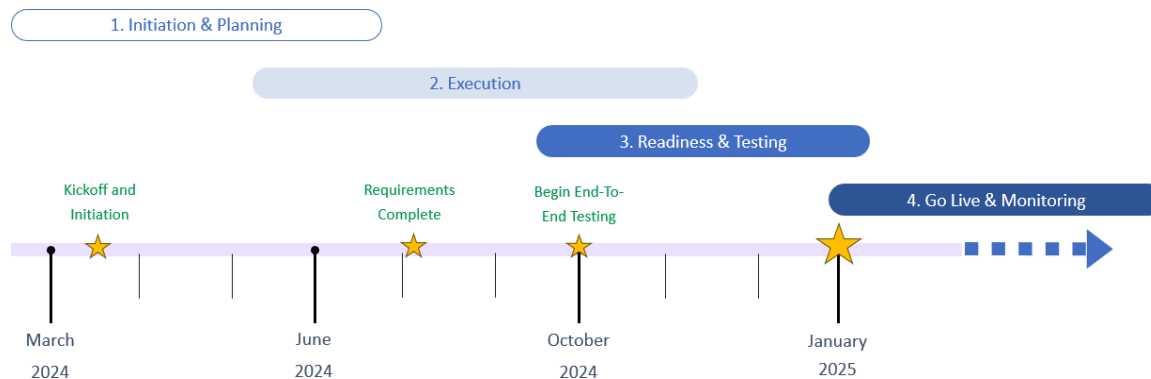
The selected vendor slated to go-live as Maryland’s new BHASO brings significant history and expertise. In fact, Carelon provided similar services within the Maryland public behavioral health system as the BHASO from 2009 - 2019 under the name of Beacon Health Options, Inc. and Value Options, respectively. Carelon has developed a strong Medicaid expertise that currently spans across 16 states and covers more than 14 million Medicaid lives. Carelon manages behavioral health and specialty care programs across the spectrum of Medicaid population categories, as well as the uninsured, both as a subcontractor serving Medicaid health plans as well as on behalf of states and local governments.

During the decade Carelon served as the State’s BHASO, Carelon managed mental health services for MDH, working in direct partnership with the Office of Health Care Financing (Medicaid) and the Behavioral Health Administration (BHA). In 2015, the contract was

expanded to include the management of SUD services for Medicaid, eligible uninsured individuals, and individuals receiving grant-funded services. In 2017, Carelon began management of Applied Behavior Analysis (ABA) and Gambling Services. Given Carelon’s history in Maryland, combined with their national experience, they are well positioned to support MDH and BHA to effectuate our shared vision for Maryland’s PBHS.

Transition Timeline

Upon award announcement, MDH immediately began working with Carelon on its transition plan that has four distinct phases – Initiation and Planning, Execution, Readiness and Testing, and Go-Live and Monitoring. The below chart provides a summary view of the effective dates in which activities within each phase are set to start and be completed.



For the purposes of this report, the update will cover activities within the first two phases of Initiation and Planning and Execution along with a preview of the critical phase of Readiness and Testing to begin in October 2024. The updates are provided in the following categories for the first two phases – 1. Project Governance, 2. Hiring Key Personnel, 3. System Confirmation, Process and Workflow Configuration, 4. Provider Engagement.

Project Governance

MDH and Carelon have formed a robust governance model to ensure accountability of all transition milestones. Executive sponsors for the transition include Secretary Laura Herrera Scott, Deputy Secretary of Healthcare Financing and Medicaid Director Ryan Moran, and Deputy Secretary of Behavioral Health Administration Alyssa Lord. Executive sponsors chair a joint steering committee with Carelon to receive regular updates on the project and address any barriers to transition success.



In addition to the above, the teams have jointly convened over 35 separate workstreams with over 120 subject matter experts from Carelon, MDH, and the BHA to carefully work through processes and procedures and to develop core requirements to facilitate Phase II – Execution. Those workstreams include key areas of addressing clinical and benefits workflows and other key process developments for go-live, including clinical, quality, appeals, and grievances workflows. Sample work streams are included below.

IT/EDI File Exchanges	Behavioral Health Benefits Workflow	Clinical Workflows	Clinical, Quality, Appeals and Grievances Workflows
Medicaid Eligibility	Website, Digital Front Door(s), Chat Workstream	Optum Decommission including clinical and file exchange sub-groups	Program specific workstreams: Ticket to Work, Supported Employment, DORS
Reporting and Analysis	IT Security and Cyber Security	Stakeholder Engagement and Provider Relations	

Hiring Key Personnel

One of the core aspects of the transition is to ensure hiring of key personnel as required by the contract to support go-live and day-to-day operations throughout the life of the contract. As of July 1, 12 of the 15 positions required by the contract have been filled while the four vacant roles are in active recruitment. MDH anticipates all hires to be made by December 1, 2024.

Since March, Carelon has been supporting the transition plan with 111 employees from across

its organization, including a dedicated project management team and senior implementation executives that will support the transition plan throughout go-live, as well as successful onboarding of key personnel.

Functional Area	Title	Candidate	Start Date
Account Management	CEO	Oleg Tarkovsky	7/1/2024
Medical	Chief Medical Officer	Dr Andrew Pate	6/3/2024
Medical	PT Addiction Medicine Physician	Dr Enrique Olivares	12/2/2024
Medical	PT Child Psychiatrist	Dr Malika Closson	10/1/2024
Clinical	Director of Clinical Staff	Carla Lester	6/3/2024
Network	Director of Network Management	Donna Shipp	8/1/2024
Finance	Finance Director	Bruce Heck	7/1/2024
Operations	Director of Operations	Sarah Sinnett	6/17/2024
Operations	Project Mgr/Director of Implementation and Ongoing Operations	Brandon Servary Kimberly Ali	5/13/2024 6/17/2024
Claims	Claims Manager	Renee White Vincent Rosa	6/17/2024
Reporting	Director of Reporting and Data Analytics	Daniel Leinbach	4/22/2024
IT	Director of Information Technology	Sourcing	
IT	Chief Security Officer	Approved Candidate by MDH	Pending
Compliance	Director of Compliance	Sourcing	
Quality	Director of Quality	Sourcing	

In recognition of key areas requiring additional resources, Carelon has provided enhanced staffing in critical areas, including:

- Double the amount of Customer Service Representatives over the staffing maintained during their previous tenure to support one call resolution and optimal customer experience;
- Nine MCO liaisons to ensure all of the MCOs have a discrete resource to assist in managing high need participants, troubleshooting and data mining;
- Additional claims manager to the leadership team as outlined above

System Configuration, Process, and Workflow Creation

When Carelon exited the state, all of the associated systems, processes/procedures, workflows, etc. were hibernated. As such, upon the recent award, their national implementation team and subject matter experts began an analysis to determine whether the work and infrastructure previously deployed within Maryland could be **reused**, **rebuilt**, or needed to be **reimagined** given changes in the state and innovations developed at Carelon over the past five years.

Specifically, Carelon has conducted an analysis of previous file layouts, programming, and various tools utilized to complete the ASO functions to determine what could be **reused**. Requirement and design artifacts (business requirements), benefit and eligibility connectivity and programming, as well as previously utilized braided funding functionality has been taken out of “storage” to minimize the need to start from zero in the development of these key areas which are foundational and necessary to facilitate correct and timely authorization and payment of services.

The team also analyzed what previously built technology, workflows, and systems needed to be **re-built**, given changes in Maryland and improvements made to Carelon’s operating systems over the last five years. The team has reviewed and made recommendations for updated programming related to the provider data file load, the Master Service Class Grid, Telecomm, and the claims system.

Finally, Carelon and MDH have been discussing areas of opportunity to **reimagine** current and historical program elements. Discussions have begun and will continue in areas such as payment reform and innovation, fraud, waste and abuse and payment integrity best practices, new multiplayer technologies, the introduction of a new Digital Front Door for both providers and participants, and the production of new PowerBi reporting dashboards. This analysis has assisted in the stand-up and design of the implementation and believes it will support mitigating any risks typically seen in such large-scale implementations.

All activities within the initiation and planning phase were executed in a timely fashion. This phase of the implementation includes workstream kick-offs with subject matter experts engaged. The teams collaborate to work through all questions related to key elements of the program. Workstreams are developed to create a joint understanding of the benefits offered by the MD ASO, the IT and eligibility needs associated with the benefits, clinical appeals and quality workflows, provider engagement, and Optum data sharing and de-implementation.

Specific milestones within building the system, workflows, and processes since the kickoff of implementation planning include:

- Conducted implementation kickoff and topical sessions with joint MDH and Carelon teams throughout March
- MDH submitted formal response and recommendations to Carelon about the Implementation Schedule and Project Management Plan (PMP) for remediation
- Optum transition – 95% of all requirements pertaining to the Participant, Provider and Authorization files complete; data transition related to claims files are reviewed in the risks and mitigation section of the report below
- Finalized and approved all Customer Service call center scripts
- Established technical connectivity with both MMIS and Optum to exchange both test and production files to support the implementation
- Finalized and approved eligibility file requirements

- Finalized comprehensive list of covered services, funds and authorization requirements
- Engaged with MCOs to begin the process to document Data and Care Coordination

Provider Engagement

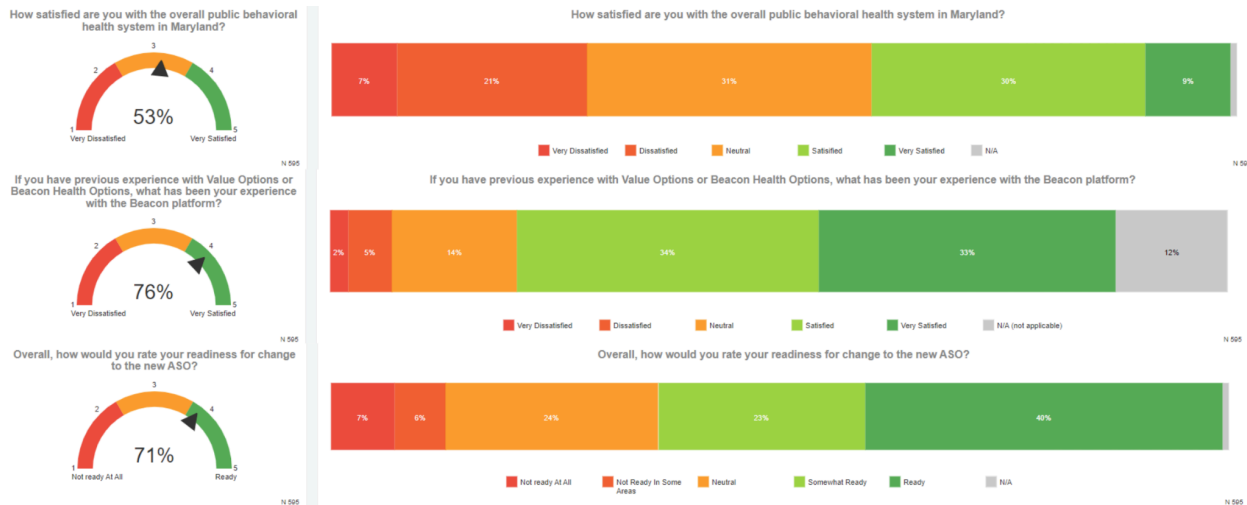
To support success over the next three phases of the transition plan, MDH and Carelon have been focused on laying the groundwork for provider engagement to ensure a successful facilitation of provider testing of Carelon’s system prior to go-live. Formal testing is slated to begin in October 2024.

Introducing providers across the public behavioral health system began in early June 2024 with three separate virtual provider town halls. More than 1,200 providers participated in these town halls and the agenda included reviewing the following:

- Welcome and Introductions to Carelon Leadership
- Overview of project and Carelon
- Overview of implementation and timeframes
- Supports and Consultation Resources for MD provider community
- Introduction of provider survey to gather provider feedback to modify process and improve the level of service
- Distribution of transition email (MDHtransitionsupport@carelon.com) for providers to submit questions that will be collected, reviewed and answered by Carelon and MDH as part of our on-going FAQs

As part of the project governance, MDH and Carelon are collaborating on more intensive focused outreach and engagement with key stakeholders across the state. To date, Carelon and MDH have facilitated additional provider forums since May 2024, including Local Behavioral Health Authorities Meeting, Medicaid Advisory Committee, Community Behavioral Health Association of Maryland Annual Meeting, Managed Care Organization Liaison Meeting, Managed Care Association Medical Directors Meeting, and more.

After the provider forums in June, providers and MCOs were also provided a survey to support MDH and Carelon in the development of testing and provider engagement readiness. Of nearly 600 responses to the survey, summary responses to key questions are below. Just 53% are satisfied with the current operations of behavioral health system operation under the incumbent vendor, Optum, while more than 70% of participants report favorable experiences with Carelon previously and are ready for the change to occur. More than 80% of providers surveyed were willing to be part of go-live testing, which is slated to start in October 2024.



As Carelon and MDH finalizes system configuration, process, and workflow creations as part of the first phase of this transition, additional provider forums will be held hybrid (in-person and virtually) across the state to continue to share updates on project implementation and prepare providers for go-live.

The regional provider forums are being finalized; tentative dates are below. Providers will be receiving information on how to register, along with specific details on the forums via provider alerts.

- Northern and Western Maryland - August 22nd and September 6th
 - Frederick Community College - Frederick, Maryland
- Central Maryland - July 22nd and August 19th
 - Howard Community College - Columbia, Maryland
- Southern Maryland - August 13 and August 26
 - College of Southern Maryland - La Plata, Maryland
- Eastern Shore Maryland - TBD - two separate dates will be offered
 - Courtyard by Marriott - Salisbury, Maryland

One of the key updates provided in these forums will be to provide an overview of the proposed provider manual and content. MDH and Carelon will additionally solicit feedback from providers to further inform the final draft. The provider manual is a key document that provides a Welcome and Overview of necessary provider qualifications and enrollment information. Additionally, information provided within the manual will include:

- Provider Resources (information on provider portals, trainings, communications and Carelon website)
- Uninsured Eligible Participants
- Medical Necessity Criteria, Program Descriptions and Requirements
- Information related to Sentinel Events, Complaints, Appeals and Grievances
- Provider Auditing process and procedures

- Lab Services
- Claims procedures, and
- Outcomes Data and Federal Reporting

Overview and Preview of Phase III (Readiness and Testing) and Phase IV (Go-Live and Monitoring)

Phase III, or Readiness and Testing, of the project transition is expected to begin in October 2024. A more comprehensive update of milestones within these two phases will be the focus of the December 1 JCR report.

This phase will include testing, which will include file exchanges, benefits and funding configuration, and platform testing. Carelon will facilitate full end-to-end testing intended to mimic post-Go-Live Date operations. All testing is informed by use cases developed in collaboration with the full project team, with extended stakeholder participation, including providers and MDH. End-to-end testing can serve as readiness validation, or separate readiness activities will be supported. Staff, Provider, and other key stakeholder training are also completed during this phase.

In End-to-End testing, the goal is to simulate an actual working business environment using the modified system and a copy of the production data. End-to-End testing employs users who will be using the modified system in their day-to-day operations. The following will be confirmed during end-to-end testing:

- Define and carry out the necessary day-to-day business scenarios
- Validate that the integration of systems components and/or enhancements perform as expected
- Validate that data exchange files are received, accepted, and processed
- Validate that all system changes are functioning as expected and will allow teams to perform the necessary business processes as designed
- Document, fix, and retest any system discrepancies that result from the testing
- Refine and document operational workflows as necessary
- Document any unresolved discrepancies and evaluate the impact on Go-Live

Following this end-to-end testing, training will occur in regional forums across the state, occur via Webex, and at the providers' convenience via taped training available through our website.

Carelon Training will conduct Provider Orientation for Maryland Providers prior to the go-live date. Carelon is targeting November and December 2024 for these offerings. These webinars will be available to new and existing providers. Webinars will be recorded. Topics covered in the provider orientation webinars include, but are not limited to:

- Provider registration and enrollment (Navigating the Provider Portal)
- Covered services delivery based on Provider Type
- Authorization/Medical Necessity review and combination of service limitations
- Claims submission process and billing the PBHS for both professional and institutional billing
- How the Provider can assist individuals in accessing the System and how to make

- referrals for care
- Provider Manual

Additionally, all MDH and BHA providers will be required to complete compliance training. Carelon BH will educate and assist Providers regarding their responsibility to develop and adhere to state regulations (Code of Maryland Regulations or COMAR) and Carelon corporate policies which includes prevention and reporting of FWA.

Further, Carelon has proposed an ABA providers curriculum to include, but not be limited to:

- Training appropriately licensed professionals on performing assessments using the Autism Diagnostic Observation Schedule, Second Edition (ADOS II), and other validated evaluation instruments
- Educating the Provider community about healthcare professionals who are qualified to perform a comprehensive diagnostic evaluation (CDE) to diagnose or rule out an Autism Spectrum Disorder (ASD)
- Educating the Provider community on how to make a referral for ABA services
- Educating ABA Provider groups and agencies on standards of care. Including the following for all training sessions: 1. Developing a repository of attendee professional information for resource building, continuing education units, and targeted communications. 2. Surveying attendee perception of success, relatability, applicability. 3. Compiling and reporting survey results to MDH quarterly and annually

Upon go-live on January 1, 2025, Carelon will host weekly webinars to answer questions and to support network providers. Post go-live webinars will occur on a monthly basis for a minimum of 3-4 months. Carelon is hiring a Maryland-based team whose sole function is to support the provider network. This will ensure that every interaction with the Provider Relations team is an opportunity to provide education and assistance to providers. All webinars are/will be recorded and available and posted on our website.

Carelon is making available its full suite of clinical training to the MD provider community. This allows clinicians to stay abreast of the latest research in the field of behavioral health. Trainings include, but are not limited to:

- Behavioral Health 101, common disorders, symptoms, and treatment
- Behavioral Health 101 for Child and Adolescents (youth), includes childhood development, risk, and protection factors
- Referring participants between the MCO's and ASO to ensure whole person care.
- Managing cardiovascular and metabolic risk for people with serious mental illness
- Screening, Brief Intervention and Referral to Treatment SBIRT: an evidence-based approach to substance use disorder
- Overdose prevention in Opioid use disorder

Areas of Risk for Implementation and Mitigation Strategies

Given the magnitude of the transition, along with the challenges with implementation in January 2020 by the incumbent vendor, Optum, MDH is closely monitoring areas where implementation may be at risk for success. The following chart outlines risks that MDH is monitoring as it navigates through the implementation plan with Carelon. The highest area of risk includes receiving quality data and documentation from Optum. Specifically, Carelon must work with Optum to receive four key areas of data exchanges – Authorizations, Claims, Provider Information, and Member Information.

As of July 1, Carelon expects to receive the required and necessary information to appropriately program its new system from Optum for Authorizations, Provider Information, and Member Information. MDH is currently working with Carelon, along with Optum leadership, on ensuring that Claims history information is received to perform proper testing for go-live. Additionally, Carelon has preliminary drafted contingency plans if information is not received. Any contingency plans that impact providers will be communicated and addressed, as needed.

Risk	Description	Impact	Mitigation
Optum Data Availability and Reliability	Less than optimal quality of Optum data may prohibit use for pre and post go-live needs, particularly in the area of claims history.	High	MDH has reviewed contingency plans if Optum data is not sufficient for go-live needs. Requires ongoing and close monitoring and oversight by MDH project governance throughout Phase I of project implementation.
Project Plan	MDH requested a more rigorous and detailed project plan from Carelon to ensure documentation of detailed steps and milestones through the life of the implementation and post-go-live.	High	Expected to be fully resolved by July 19, 2024
Provider Engagement	Providers may find it challenging to have an ASO in place to enforce standards, policies, and procedures	Medium	Ongoing monitoring and focus on provider communication, regional forum, stakeholder outreach, and

Benefits and Program Design	Concern over complexity and number of specialty programs and benefits – and timeframe to ensure completion	Medium	Benefit and program design completed by Carelon and MDH.
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Conclusion and Next Steps

Currently, there is much work underway across multiple state departments, stakeholders and Carelon to ensure a smooth transition on January 1, 2025. MDH is on-track and laser focused on a successful transition of Carelon to be the new BHASO of the public behavioral health system.

As indicated, MDH is meeting with Carelon multiple times per week to track progress and areas of risk. In the event risk is identified, a mitigation plan is created and submitted to MDH for review and signoff. The next JCR report submitted by December 1, 2024 will include a detailed overview of progress and work completed within Phase II (Execution and Readiness) and Phase III (Provider Testing).