MARYLAND DEPARTMENT OF HEALTH

BH ASO RFP Care Coordination

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RFP Basic System Capabilities

1. Eligibility determination and enrollment
2. Assessment and clinical data
3. Service authorization
4. Provider network
5. Service utilization and expenditure by funding sources
   1. (e.g., Medicaid, Medicaid State-funded, Non-Medicaid, uninsured, and grant funded)
6. Claims processing, payment, and federal funds reimbursement
7. Auditing
   1. Identification of providers at-risk for committing fraud, waste, and abuse so that audits can be targeted to areas of greatest concern
8. Utilization Review: Identification of utilization patterns, such as those by high-cost/high-need users or high-cost providers, and recommendations for interventions to maximize clinical results and control costs
9. Quality and outcome reporting

RFP Functional Requirement Areas

Data Sharing and Integration – all affect Care Coordination

- Medicaid Management Information System (MMIS)
- Chesapeake Regional Information System for Our Patients (CRISP)
- State psychiatric facility Hospital Management Information System (HMIS)
- Local Behavioral Health Authorities
- Pharmacy Benefits Managers (PBMs)
- Department of Public Safety and Corrections (DPSCS)
- Developmental Disabilities Administration (DDA)
- Maryland State Department of Education (MSDE)
- Department of Human Services (DHS)
- Department of Juvenile Services (DJS)
- Health Information Exchange (HIE)
- HealthChoice MCOs

RFP Functional Requirement Areas 1-2

Provider Enrollment

- Provider Recruitment and Network Enhancement
- Provider Relations, Communication and Training
- Provider Manuals, Directory
- Coordination of Care, Registration and Utilization Management

Service Authorization 24/7

- Permit providers to query whether a participant is eligible for services, request authorization, and be notified whether authorization is granted.
- Automatically disallow duplicate and overlapping authorization requests for services that may not be obtained during the same time period.

Care Coordination Example Requirements - Eligibility

- The system tracks and supports any established provider review schedule to ensure providers continue to meet program eligibility requirements.

- The system supports communications to and from providers and tracks and monitors responses to the communications.

- Tracks and supports the screening of applications (and ongoing provider updates) for National Provider Identifier (NPIs), state licenses, Specialty Board certification as appropriate, review team visits when necessary, and any other state and/or federal requirement.

Care Coordination Example Requirements - Authorization

- The system stores the plan of care and makes it available for viewing.

- The system generates reports to monitor PCCM referrals to specialty care.

- The system notifies the submitter when required prior authorization is missing.

- System must be able to support a medical home infrastructure when implemented in the state as directed by the State.

RFP Functional Requirement Area 3

- Concurrent and Retrospective Reviews
  - Inpatient admissions to acute and specialty psychiatric hospitals, SUD Residential for Adults, Medically-Monitored Inpatient Services for under 21, Medically-Monitored Inpatient Detoxification, Residential Treatment Centers, and other similar services
  - Inpatient and outpatient medical necessity reviews

RFP Stakeholder Engagement

- MDH would like to solicit stakeholder feedback in the RFP process.
- Email suggestions always welcome!

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