Attachment B: West Virginia Behavioral Health Implementation Review Summary

The West Virginia Bureau for Medical Services (BMS) will begin delivering behavioral health services to beneficiaries enrolled in Mountain Health Trust, the state's Medicaid managed care program, through the managed care organizations (MCOs) on July 1, 2015. In preparation, the state assessed the readiness of each MCO to deliver behavioral health services to their enrollees. Based on the review, the state finds that Coventry, The Health Plan, UniCare, and West Virginia Family Health are all operationally prepared to provide behavioral health services, pending final approval of MCO readiness by BMS.

Scope of Review

BMS and Lewin asked the MCOs to provide responses to review questions regarding their ability to deliver behavioral health services. The questions focused on issues of specific importance to the implementation and operations of behavioral health services, as well as their policies and processes related to member access to services. Areas of review are described below:

- *Outreach and Enabling Services:* The MCOs responded to questions regarding how they will identify members with behavioral health needs and ensure that members, including those at high-risk, receive needed behavioral health services. The MCOs also provided information on the medical management programs available.
- *Care Coordination:* The MCOs provide information on providers' role in coordinating physical and behavioral health care, including what information providers are expected to communicate, how primary care physicians (PCPs) will be educated to screen patients for behavioral health needs, and guidance on referring patients to behavioral health providers.
- *Care Management:* The MCOs responded to questions regarding their policies and processes for assigning members to care managers, including whether such managers will be specialized for behavioral health, caseload requirements for the managers, how members will be identified for care management. The questions also asked for information on how treatment plans will be developed and monitored, along with specific information on using pharmacy data to manage member needs.
- *Transition:* The MCOs provided information regarding their process for transitioning members receiving behavioral health services through fee-for-service Medicaid into receiving care through the MCO, including the processes for selecting an in-network provider and transferring and updating existing treatment plans to the selected provider.
- *Prior Authorization and Referrals:* The MCOs described their policies on referrals, including whether they allow standing referrals or self-referrals for behavioral health services, and prior authorizations. The questions also address condition specific protocols, including how the MCO updates these protocols and educates providers about them.
- *Provider Reimbursement:* The MCOs provided information regarding how they will process out-of-network claims for behavioral health services and whether they will be handled in the same way as for other medical services.

Review Process

The MCO responses and supporting documentation were evaluated on four criteria: comprehensiveness, feasibility, appropriateness, and clarity. The evaluation also included both a first and second level review to ensure a complete and consistent assessment of the MCO responses. Upon review of MCO responses, we provided each MCO with additional follow-up questions in certain areas in which the MCOs provided inadequate or incomplete information. MCOs submitted written responses to the follow-up questions to complete the compliance review process.

Review Findings

Overall, all four MCOs described a clear and comprehensive approach to delivering behavioral health services. Though the MCOs outlined many similar policies and strategies for implementing the behavioral health benefit, there were also several key differences between their approaches.

A summary of the MCOs responses indicating readiness for the implementation of the behavioral health benefit is provided below.

Coventry

- **Outreach and Enabling Services:**

  Coventry has a comprehensive strategy for outreach and enabling services which will be mainly delivered through their integrated care management. The MCO will identify members for care management, through health risk questionnaire, referral, predictive modeling and Mental Health First Aid (MHFA) trained staff.

- **Care Coordination:**

  Coventry has developed a collaborative care model to integrate medical and behavioral health care in the practice setting. The MCO will train providers to use the Screening, Brief Intervention, and Referral to Treatment (SBIRT) screening tool to identify patients with behavioral health needs and to screen patients for coexisting medical conditions.

- **Care Management:**

  Coventry has developed an integrated care management program that can be tailored to meet the members' needs. The care managers will reach out to members in a variety of ways, including face-to-face visits, depending on the needs and preferences of the members. The MCO will educate the providers about this program and its importance.

- **Transition:**

  Coventry has developed a 90 day transition plan that will allow members to continue seeing out-of-network behavioral health providers during the transition period while they try to help the member select a new provider and/or recruit the existing provider

into their network. The MCO also has a process for allowing members to continue to see out-of-network providers when appropriate. Existing treatment plans will be honored and care managers will be assigned to create a new plan of care if appropriate.

- **Provider Authorization and Referrals:**

  Coventry has a list of services that require prior authorization and/or concurrent review. Most outpatient visits do not require prior authorization. The MCO will create a member-specific single use agreement that outlines reimbursement and terms for those instances where medically necessary services cannot be delivered in-network and an out-of-network referral is needed.

- **Provider Reimbursement:**

  Coventry will reimburse in-network claims based on the provider's contract with the MCO. Out-of-network claims will be reimbursed at 100 percent of the West Virginia Medicaid fee schedule.

The Health Plan (THP)

- **Outreach and Enabling Services:**

  THP's outreach and enabling services are delivered through their care management and disease management programs. Members are identified through the initial health assessment and health/pharmacy information reports and data. The MCO will also work with community partners, such as Salvation Army, soup kitchens, and The Homeless Coalition, to perform outreach to hard-to-reach members.

- **Care Coordination:**

  The MCO has developed a Continuity of Care sheet to facilitate communications between PCP's, patients and behavioral health providers. THP communicates expectations through various forms of outlets e.g. Provider Manuals. Provider information sharing and use is monitored through their annual Standards of Patient Records audit.

- **Care Management:**

  THP has developed a, member tailored, comprehensive care management program for members with behavioral health needs. The behavioral health care managers use the Care Tracker system to collaborate and communicate with medical care managers, the PCP, behavioral health providers, and other appropriate providers, as well as tracking progress and completion of the care plan.

- **Transition:**

  THP will assist members with choosing an appropriate in-network provider and may allow members to continue seeing an out-of-network provider if they are in an active

course of treatment or it is deemed medically appropriate. If a member has an existing care plan, the existing care plan will be honored until the care plan is updated. THP will make exceptions on a case-by-case basis to continue to honor the existing care plan.

- **Provider Authorization and Referrals:**

  THP requires prior authorization for all counseling following the initial visit, as well as a number of other behavioral health services. THP does not permit standing referrals for behavioral health services, but they do allow members to self-refer for all evaluation visits.

  THP also has condition specific protocols, which are based on well-established clinical guidelines, for many conditions, including schizophrenia, attempted suicides or homicides, opioid addition, and substance abuse.

- **Provider Reimbursement:**

  THP will reimburse out-of-network behavioral health providers using the same process that they use for out-of-network medical providers.

UniCare

- **Outreach and Enabling Services:**

  UniCare has a comprehensive strategy for outreach and enabling services which will be mainly delivered through their disease management programs. All members have access to these programs via telephonic or face to face. Providers will be made aware of these services through a number of communication channels and trainings.

- **Care Coordination:**

  UniCare's care coordination program requires PCPs to communicate with behavioral health providers when appropriate. Behavioral health providers are requested to coordinate with patients' PCPs by providing notification when patients initiate or change treatment. The MCO also encourages PCPs to screen for behavioral health conditions and behavioral health providers to screen for medical conditions; screening tools are posted on their website.

- **Care Management:**

  UniCare has a comprehensive, separate behavioral health care management program that coordinates with their medical care management program. The behavioral health care manager works with the member, along with family, caregivers, and providers, in the development of the case management plan. Members are identified by the use of a behavioral health risk assessment, referrals, admission to high-level treatment, and predictive modeling. UniCare stores treatment plans in their Medical Management system, which allows for coordination with medical care management, PCPs and behavioral health providers.

- **Transition:**

  The MCO developed a 90 day transition plan that will allow members to continue seeing out-of-network behavioral health providers during the transition period while they try to help the member select a new provider. The MCO also has a process for allowing members to continue to see out-of-network providers when appropriate. UniCare will also help facilitate the transition of case records from out-of-network providers, as well as existing treatment plans from fee-for-service. They will honor the existing treatment plan until a new one is developed.

- **Provider Authorization and Referrals:**

  UniCare has a list of services that require prior authorization, which includes all "higher level of care" services, as well as for some outpatient services. MCO members can self-refer for all behavioral health services; except when prior authorization is required. The MCO's process for out-of-network behavioral health provider referrals is identical to the process for out-of-network medical providers.

  UniCare developed condition specific protocols based on evidence-based guidelines and with input from appropriate practitioners. Providers will be educated on these protocols.

- **Provider Reimbursement:**

  UniCare will reimburse out-of-network behavioral health providers using the same process that they use for out-of-network medical providers.

West Virginia Family Health (WVFH)

WVFH has contracted with Beacon Health Strategies, Inc. (Beacon) to deliver the behavioral health benefit to their members.

- **Outreach and Enabling Services:**

  WVFH's outreach and enabling services will be delivered through their care management program. The MCO will make special efforts to engage hard-to-reach members, including face-to-face visits and going directly to locations where homeless individuals gather. For members not enrolled in care management, member services staff can help all members obtain appointments with behavioral health providers as well as help members address any other barriers to receiving care they may have.

- **Care Coordination:**

  WVFH's care coordination plan includes facilitation of communication of treatment or care plans between BH providers and the patient's PCP. PCPs are also encouraged to screen patients for behavioral health conditions with help from a, Beacon developed, PCP toolkit. The MCO requires PCPs to maintain their patient's case record, including

behavioral health records. WVFH will conduct medical record reviews to ensure that PCPs are meeting this requirement.

- **Care Management:**

  Beacon's care management program will be integrated with the medical care management program. Care managers will coordinate through WVFH and medical care managers will receive training on behavioral health conditions. The care plan will be created and stored in Beacon's care management system, and shared with the PCP, behavioral health providers, and other providers as appropriate. The MCO will educate providers about the program.

- **Transition:**

  WVFH has developed a 90 day transition plan that will allow members to continue seeing out-of-network behavioral health providers during the transition period. The MCO will create a member-specific single use agreement so that the member can continue to receive needed services until they find an appropriate in-network provider. The MCO also has a process for allowing members to continue to see out-of-network providers when appropriate. Existing treatment plans will be honored and care managers will be assigned to create a new plan of care if appropriate.

- **Provider Authorization and Referrals:**

  Beacon has a list of services that require prior authorization and/or concurrent review. Thirty "initial therapy" sessions including standard outpatient services, collateral therapy, group therapy and medication management do not require prior authorization. MCO members can self-refer for all behavioral health services; except when prior authorization is required. The MCO's process for out-of-network behavioral health provider referrals is identical to the process for out-of-network medical providers.

  UniCare developed condition specific protocols based on evidence-based guidelines and with input from appropriate practitioners. Providers will be educated on these protocols. Providers' adherence to guidelines is monitored.

- **Provider Reimbursement:**

  WVFH and Beacon will reimburse out-of-network behavioral health providers using the same process that they use for out-of-network medical providers.