



Expanding the capabilities of information systems to meet the Medicaid Managed Care Final Regulations

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Medicaid Managed Care Final Regulations

- Published in the [Federal Register May 6, 2016](#)
- Effective July 5, 2016
- California's Mental Health Plans (MHPs) and DMC-ODS waiver Counties are:
 - Federally recognized as Prepaid Inpatient Health Plans (PIHPs)
 - Subject to the new Final Regulations

Regulation's Goals

- Improve alignment with private coverage plans
- Strengthen Managed Care in CHIP
- Strengthen the Consumer Experience
- Strengthen Delivery System
- Strengthen Program and Fiscal Integrity and Accountability
- Improve the Quality of Care

DHCS and CBHDA Partnership

- Managed Care Final Regulations Subcommittee meeting to review implementation

Key Topics for Implementation

- Record retention
- Parity
- Network Adequacy

Record Retention

- MHPs must now retain records for 10 years
- For contract providers: “Maintain records for at least 10 years from the close of the state fiscal year in which the subcontract was in effect.”
- With growing presence of EHRs, how do MHPs secure consumer records from contract providers?

Mental Health Parity and Addiction Equity Act

1996	Mental Health Parity Act (MHPA)
2008	Mental Health Parity and Addiction Equity Act (MHPAEA)
2009	CHIP Reauthorization requires MHPAEA applies to CHIP
2016	Managed Care Final Regulation

- Originally applied to group health plans and group health insurance coverage
- Now, applies to Medicaid

Parity Assessment

- DHCS conducted surveys of BH and Managed Care Plans
- Four service-type classifications analyzed:
 - Inpatient, Outpatient, Prescription Drugs, Emergency Care
- Analyzed based on:
 - Aggregate lifetime and annual dollar limits
 - Financial requirements
 - Quantitative treatment limitations
 - Non-quantitative treatment limitations
 - Information requirements
- Resulted in DHCS's Parity Compliance Plan

Parity Compliance Plan: Quantitative Limitations

- First, the good news...
 - No concerns about Quantitative Limitations for BH services
 - Eligibility for BH Services Based on Medical Necessity

Parity Compliance Plan: UMDAP

- Uniform Method of Determining Ability to Pay (UMDAP)
 - DHCS to amend statute to conform with current practice in which counties do not charge Medical beneficiaries for SMHS

Parity Compliance Plan: Authorizations

- Found differences between MCPs and MHPs in relation to authorizations
 - MCPs required to give:
 - Prior authorizations for outpatient services
 - Concurrent authorizations for inpatient services
 - Once authorized providers no longer have risk regarding payment

Authorization Information Notice

- DHCS [Information Notice](#) #TBA
- Prior authorizations may be required for MH services:
 - Adult Residential
 - Crisis Residential
 - Day Treatment Intensive
 - Day Rehabilitation
 - Therapeutic Behavioral Services
 - Therapeutic Foster Care
- Concurrent authorizations may be required for inpatient services
- This is an area potentially requiring support from IT partners to provide authorization functionality in EHRs

Parity Compliance Plan: Statewide Credentialing Policy

- DHCS will have forthcoming credentialing guidance for screening and enrollment
 - [Information Notice](#) #TBA
- Will align with MCP requirements
- Applies to both MH and DMC-ODS

Parity Compliance Plan: Continuity of Care Policy

- MCPs required to provide for completion of covered services by a terminated or non-participating health plan provider
- Watch for forthcoming [Information Notice](#) regarding continuity of care
- Applies to both MH and DMC-ODS

Network Adequacy

- Includes requirements for timely and adequate access
- Telemedicine, e-visits, and/or other evolving and innovative technological solutions
- Ability of providers to communicate with limited English proficient consumers in their preferred language
- Shortens timeframes to make decisions about beneficiary appeals

Network Certification Information Notice

- DHCS [Information Notice](#) #18-011
- Timely Access
 - Psychiatry: Within 15 business days
 - Outpatient MH: Within 10 business days
 - Outpatient DMC-ODS: Within 10 business days
 - OTPs DMC-ODS: Within 3 business days

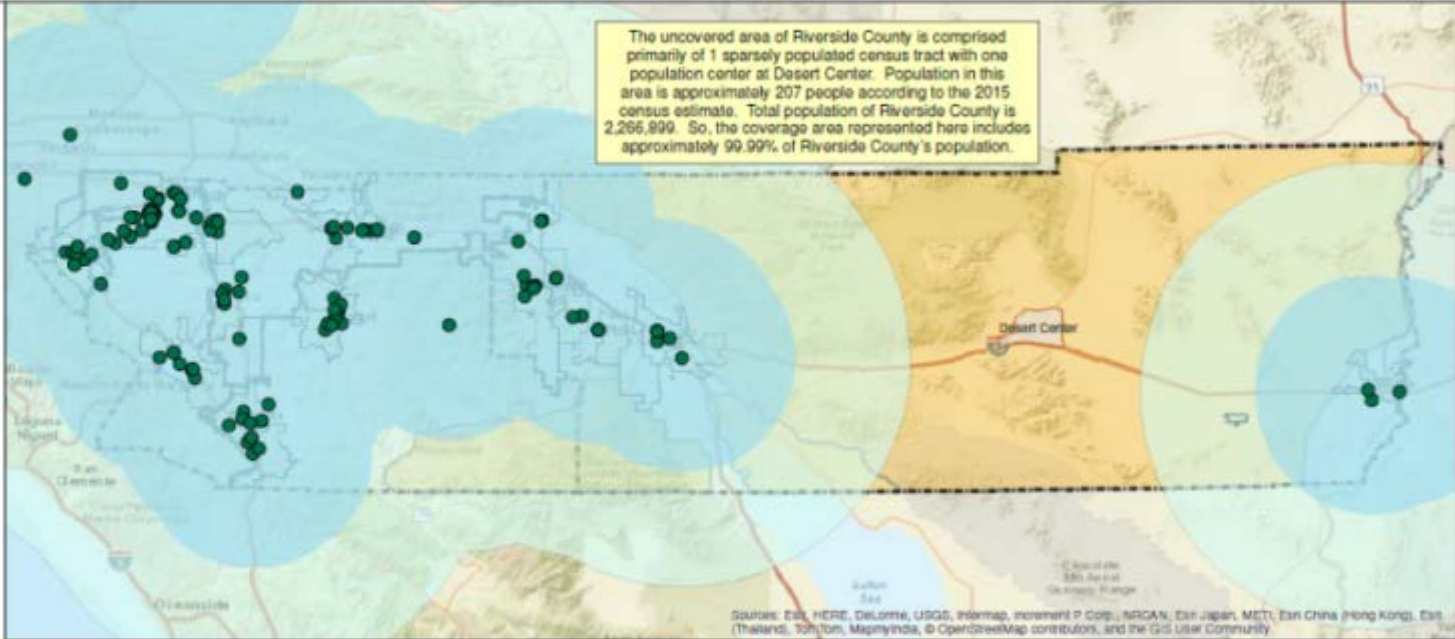
Time and Distance Standards

- DMC-ODS: See Info Notice
- Mental Health: AB 205 – Based on Population Density

Distance / Time	Counties
15 miles/ 30 min	Alameda, Contra Costa, Los Angeles, Orange, Sacramento, San Diego, San Francisco, San Mateo, Santa Clara
30 miles/ 60 min	Marin, Placer, Riverside, San Joaquin, Santa Cruz, Solano, Sonoma, Stanislaus, Ventura
45 miles/ 75 min	Amador, Butte, El Dorado, Fresno, Kern, Kings, Lake, Madera, Merced, Monterey, Napa, Nevada, San Bernardino, San Luis Obispo, Santa Barbara, Sutter, Tulare, Yolo, Yuba
60 miles/ 90 min	Alpine, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Imperial, Inyo, Lassen, Mariposa, Mendocino, Modoc, Mono, Plumas, San Benito, Shasta, Sierra, Siskiyou, Tehama, Trinity, Tuolumne

Requires Geomapping

Riverside University Health System - Behavioral Health
Riverside County Mental Health Network Coverage Area (15- and 30-Mile radius)



Network Coverage Legend

- Providers
- 15-Mile Coverage
- 30-Mile Coverage
- Uncovered Census Tracts
- SUPERVISORIAL DISTRICTS

Network Adequacy Certification Tool (NACT)

- Geographic maps
 - Separately for Children, Adults
 - Psychiatry
 - Beneficiaries
 - DMC-ODS, DMC-ODS OTP
- Establishing solutions for keeping provider and program data current

Consumer Materials

- All written materials for consumers in a font size no smaller than 12 point
- All consumer materials available in large print, no smaller than 18 point font.
- Language Taglines
 - Offering assistance in other languages, free of charge

English, العربية (Arabic), Հայերեն (Armenian), ខ្មែរ (Cambodian), 繁體中文 (Chinese), فارسی (Farsi), हिंदी (Hindi), Hmoob (Hmong), 日本語 (Japanese), 한국어 (Korean), ລາວ (Laotian), ਪੰਜਾਬੀ (Punjabi), Русский (Russian), Español (Spanish), Tagalog (Tagalog – Filipino), ภาษาไทย (Thai), Tiếng Việt (Vietnamese)

Grievance and Appeal Timelines

- Need to be able to track compliance of new timelines
- Intention was to speed up resolution for consumers appeals
- DHCS [Information Notice](#) #18-010
- Includes new NOABD forms that need to be incorporated into EHR

Things to Watch

- DHCS [Information Notices](#)
- New MHP Contract scheduled to be in effect July 1, 2018
- DHCS Medi-Cal Oversight and Compliance Protocol for 2018 / 2019

Resources

- CBHDA Federal Regulations Resources
 - <http://www.cbhda.org/member-info/committees/medi-cal-policy/federal-regulations-resources/>
- DHCS
 - <http://www.dhcs.ca.gov/formsandpubs/Pages/FinalRule.aspx>