

BEHAVIORAL HEALTH INTEGRATION: DHH RESPONSES

ADVISORY GROUP MEETING

JANUARY 30, 2015

ADVISORY GROUP RECOMMENDATION		DHH RESPONSE
HOW CAN THE PROVIDER CREDENTIALING PROCESS BE IMPROVED OR STANDARDIZED AMONG THE FIVE BAYOU HEALTH PLANS? <i>(RESPONSES 1-8)</i>		
1.	Theme across all groups is managing the timeline (i.e., when can credentialing start?); don't wait till 12/1/15.	DHH agrees with the recommendation to manage timelines appropriately. To assist with this, expediting the annual recertification process by OBH from May 1, 2015, through June 30, 2015, will allow for earlier credentialing with the Bayou Health plans.
2.	It is problematic for agencies to credential with all 5 plans, and will likely result in complications with pass-through services transitioning over from LBHP to Bayou Health	The Bayou Health plans are required to have individual credentialing processes as per NCQA standards; however, DHH has been working with the plans to streamline the process.
3.	Recommendation to see one standard process, possibly using single database such as CAQH, which includes information on providers credentialed with Medicaid that can be used and provided to health plans	DHH is working with CAQH to explore this option for individual practitioners for uploading primary source documents; however, CAQH is currently unavailable for organizations.
4.	Advisory group would prefer that agencies with multiple facilities be credentialed at agency level with roster of providers included	The Bayou Health plans currently have a process in place that facilitates this.
5.	Contracting requires credentialing, which is already an in depth process, so providers do not want to also have to go through certification through OBH.	DHH is integrating the processes for both certification and credentialing to be under Bayou Health effective December 1, 2015.
6.	Group would also like to see that providers already accredited be	Accreditation is taken into account as part of the credentialing process; however, credentialing will still be

	recognized and credentialing be streamlined	required by each Bayou Health plan in order for them to maintain their own accreditation with NCQA.
7.	If credentialed already with a Bayou Health plan on its commercial side or for primary care already, recommend not duplicating the process—simply use what can transfer over	DHH has examined and continues to examine and work toward ways to streamline this process as new developments arise; however, review of primary documentation is required as per NCQA credentialing standards.
8.	Recommendation not to close the network for any specific provider types.	The Bayou Health plans will be contacting LBHP providers for entry into their networks. The plans are responsible for ensuring network adequacy and access. The plans are required to maintain certain quality and access standards within their provider networks, but DHH cannot guarantee that the Bayou Health plan networks will remain open for all provider types in future. DHH has identified specific provider types to deliver the services approved by CMS. Additional provider types may be added upon the approval of CMS.

ADVISORY GROUP RECOMMENDATION		DHH RESPONSE
IN WHAT WAYS CAN DHH ENSURE THAT HEALTH PLAN UTILIZATION MANAGEMENT POLICIES, INCLUDING AUTHORIZATION REQUESTS AND DOCUMENT REQUIREMENTS, ARE CONSISTENT AND RATIONAL? <i>(RESPONSES 9-43)</i>		
9.	We need consistent processes and published criteria	The Bayou Health Plans are required to develop and maintain policies and procedures for utilization management including reviews and service authorizations that meet NCQA standards. The current Bayou Health contract requires the plans to have policies and procedures for service authorization that include prior authorization, concurrent authorization, and retro-authorization. The plans will also be trained on the LBHP Service Definitions Manual.
10.	Share open and honest information/criteria	Medical necessity criteria and staffing for behavioral health levels of care and services has not yet been determined, and will need to be part of contract amendments for each health plan. Each Bayou Health plan must have a Utilization Management Committee and program, which among many other things, must monitor consistent application of medical necessity criteria, application of clinical practice guidelines, over and under-utilization of services, as well as review of outliers, etc. Each Bayou Health plan is currently required to have a Medical Management Coordinator to

		make medical necessity determinations and ensure adoption and consistent application of appropriate inpatient and outpatient medical necessity criteria. Each health plan is also required to have a Provider Complaint System to account for any voiced dissatisfaction with policy, procedure, payment, etc.
11.	Health Plans must have knowledgeable staff in behavioral health including both mental health and addiction	Each Bayou Health plan is required to hire a Behavioral Health Medical Director/Psychiatrist who must be available for consultation, and shall oversee and be responsible for all behavioral health activities within the plan. He/she must oversee, monitor and assist with the management of psycho-pharmacy, Pharmacy Benefit Management, provide clinical case management consultations and clinical guidance, develop comprehensive care programs for the management of adults and youth with behavioral health concerns, etc. Minimum experience staffing requirements were part of the LBHP contract for specialty behavioral health staffing, and it is anticipated that similar requirements will be built into Bayou Health plan contract amendments.
12.	Set timelines for communication	Timelines for communications will be dictated by the details regarding behavioral health utilization management policies, authorization requests, and document requirements drafted in the integration amendment to the current Bayou Health contracts.
13.	Set rules, communicate them clearly, and follow them	Medicaid establishes rules published in the Louisiana Register based on approved state plan amendments and waivers. Each health plan will develop a provider manual, member handbook, and a communication plan to ensure providers and members have access to programmatic requirements.
14.	DHH on the micro-level should look at past and current utilization and compare to ensure authorizations are legitimate across all plans; continuously improve monitoring efforts	The Bayou Health contracts require internal analysis of utilization data. The plans also submit utilization reports quarterly and annually to DHH for monitoring. As part of appeal procedures with strict timeframes, each plan should have an informal reconsideration process as well. Each plan must also have an approved Grievance System and Manager, and each plan must have approved Member Grievance and Appeals Procedures.
15.	Health Plans should submit standardized comparable reports	DHH provides the health plans with reporting templates. They submit reports monthly, quarterly, and annually. These report templates are posted on www.makingmedicaidbetter.com , and will include

		updates for behavioral health reporting requirements as these are finalized. DHH monitors health plan outcomes and quality through these reports.
16.	DHH should monitor and ensure benchmarks are met and institute penalties if not	The existing Bayou Health contractual withhold and penalties provisions will extend to the behavioral health deliverables once the contracts are amended. Details regarding this withhold and penalties for non-compliance can be found in the Bayou Health contract in the sections Section 5.3, Section 20, and Section 21. Non-compliance events will be posted to the DHH site at the following link: http://new.dhh.louisiana.gov/index.cfm/page/1610
17.	Ensure that all Health Plans have a minimum level of behavioral health utilization within each contract and share information with public and providers	The Bayou Health contracts require internal analysis of utilization data. The plans also submit utilization reports quarterly and annually to DHH for monitoring.
18.	Establish an appeals process to include a neutral arbiter with appropriate definitions	Each plan must have an approved Grievance System and Manager, and approved member grievance and appeals procedures. As part of appeal procedures with strict timeframes, each plan has an informal reconsideration process as well. Providers also have an appeals process through the Bayou Health plans which includes binding, independent arbitration.
19.	Denials need to contain specific information to providers	DHH is bound by the <i>Wells</i> settlement and all denials must follow very specific information requirements including but not limited to specific reasons, in plain language, for the denial or partial denial of the service with information that: <ul style="list-style-type: none"> ▪ Describes the considerations that played a role in the assessor's determination of what services, and how many hours or amounts of the service, should be authorized; ▪ Would assist the recipient in understanding why the services are being denied; ▪ Would enable the recipient to review the health plan's assessment of his or her needs; and ▪ Would assist the recipient in preparing a meaningful defense in the event that he/she wishes to appeal the health plan's determination.
20.	DHH should have contract language for submitted claims and not just clean claims	The current Bayou Health contract addresses claims processing in Section 17.2 including rejected and clean claims. Pended claims are resolved via timely payment requirements.

21.	Have consistent documentation requirements and dissemination across all Plans	Each health plan is required to maintain a core set of services and also offers additional value-added services to its benefit package. For information regarding member services and other details about the plan, each Bayou Health plan maintains its own member handbook. Since each plan also develops its own provider network, provider handbooks and credentialing packets are also individualized. Other documentation requirements vary and will continue to be standardized or individualized based on the specific document concerned.
22.	Establish financial disincentives for lack of timeliness and non-compliance with policy	The existing Bayou Health contractual withhold and penalties provisions will extend to the behavioral health deliverables once the contracts are amended. Details regarding this withhold and penalties for non-compliance can be found in the Bayou Health contract in the sections Section 5.3, Section 20, and Section 21. Non-compliance events will be posted to the DHH site at the following link: http://new.dhh.louisiana.gov/index.cfm/page/1610
23.	Establish consistent and reliable doctor to doctor communication	Each Bayou Health plan is required to hire a Behavioral Health Medical Director/Psychiatrist who must be available for consultation. Each Bayou Health plan is also required to employ Provider and Member Services Managers to coordinate communications between the plan and its subcontracted providers, as well as its members. Each plan must have case management staff who have responsibilities to communicate options and services to and for members. Each plan is contractually required to communicate specialty service options to members and have defined, specified referral processes for services.
24.	Provide clear documentation for levels of care with clear definitions	Contractual language will require that the health plans clearly articulate levels of care when required for receipt of services. Additionally, the level of care for the 1915(c), (b), and (i) populations are documented in the approved waivers or state plan amendment. Each health plan will have authorization criteria for all levels of care including rehab services, inpatient, residential, and substance use services.
25.	DHH to review policies that regulate the Plans and ensure they are able to be instituted (e.g., requirement for post-discharge signatures)	DHH reviews all policies in relation to Bayou Health and seeks provider feedback on operational implementation including but not limited to the administrative simplification committee.

26.	Establish timeliness on third party entity signatures	Additional specificity on which third party entities are causing delays is needed in order to accurately respond to this recommendation.
27.	EMTALA law pushes costs onto providers; honor Physician Emergency Certificates (PECs)	By contract stipulation, each Bayou Health plan must comply with all state and federal laws and regulations. It is up to the receiving and evaluating physician, if not the coroner, to determine whether or not to continue a given emergency certificate. This cannot be a health plan decision, which must base all service authorizations, and therefore reimbursement, on medical necessity.
28.	Discharge planning/authorizations need to include all providers to have an appropriate plan	Inpatient hospitals and residential providers will be required to have a comprehensive discharge plan that includes community based services if requested by the recipient.
29.	Create a policy to establish integrated communications with a timeframe.	DHH will rely on proven Bayou Health communication methods to share Behavioral Health information with providers. Through the provider portal and the informational bulletin postings on the Making Medicaid Better website, DHH will provide pressing and pertinent news to behavioral health providers. Providers can sign up with DHH on www.makingmedicaidbetter.com for notices to receive updates when new information is posted or bulletins are revised. Informational bulletins will be drafted, when warranted, to address systemic concerns and provide a resource for common questions and concerns that need the input of all health plans. Additionally, DHH will provide contacts for network enrollment, provider relations, and escalation of issues and concerns for behavioral health specific issues. The makingmedicaidbetter.com website is relevant to sustainment and management of behavioral health needs before, during and after integration. This process will be ongoing and has already begun with the creation of the integration page and the drafting of informational bulletins to address behavioral health needs.
30.	Identify depository for information on how to connect with the Health Plans	DHH will maintain contact information for Health Plans, specific to behavioral health needs, on www.makingmedicaidbetter.com . This includes provider relations, network development/contracting and escalation of issues, including claims concerns, through the health plan.
31.	DHH should require the Health Plans to have one shared claims submittal system or DHH should have one	DHH and Bayou Health support the development of electronic health records for clinical records and claims submission; however, the state will not be providing an

	repository and forward to the five Plans.	EHR via Bayou Health or requiring providers to implement an EHR. Providers are encouraged to explore individual options for electronic records or maintain paper records and submit paper claims. OBH will be hosting a vendor fair on May 21, 2015, and will invite EHR and clearinghouse vendors to speak personally with providers interested in purchasing an EHR or clearinghouse for electronic billing. More information will be forthcoming.
32.	Have standardized forms and service units including a basic/minimum required number and level of services	The health plans will be required to offer all behavioral health services approved under the Louisiana Medicaid State Plan and waivers. However, each plan of care will be individualized based on the member's assessed need. The type, intensity, and duration of services will be different for each member.
33.	If indigent care is carved out of the new integrated model, requirements for services and cost per unit should at least be comparable to Medicaid clients	OBH is currently drafting an RFP for the administrative management and service authorization for this population. However, rates are established by the local governing entities paying for and providing these services through their own contractual arrangements.
34.	Need more transparent and proactive communication on denials	DHH is bound by the <i>Wells</i> settlement and all denials must follow very specific information requirements including but not limited to specific reasons, in plain language, for the denial or partial denial of the service with information that: <ul style="list-style-type: none"> ▪ Describes the considerations that played a role in the assessor's determination of what services, and how many hours or amounts of the service, should be authorized; ▪ Would assist the recipient in understanding why the services are being denied; ▪ Would enable the recipient to review the health plan's assessment of his or her needs; and ▪ Would assist the recipient in preparing a meaningful defense in the event that he/she wishes to appeal the health plan's determination.
35.	DHH contract should require each Plan to establish an algorithm and post it on the Plans' websites to specifically delineate which utilization measures are important to them. Include how Plan will mine that data from providers (e.g., will there be a required EHR?)	DHH is currently working through utilization and quality metrics specific to behavioral health that will be required of the Bayou Health plans through the contract and behavioral health waivers. The current Bayou Health contract and LBHP waivers are on the DHH website and will be updated as changes are implemented.

36.	DHH or Health Plans need to communicate how utilization measures will be identified and collected. Measures should be observable and measureable and published prior to 12/1/15 on a website. Include definition of utilization management in all contracts.	DHH is currently working through utilization and quality metrics specific to behavioral health that will be required of the Bayou Health plans through the contract and behavioral health waivers. The current Bayou Health contract and LBHP waivers are on the DHH website and will be updated as changes are implemented. Utilization management is currently defined in the Bayou Health contract.
37.	Each Plan needs to publish its definition of medical necessity on its website	Medical necessity is established according to the Medicaid State Plan definition, which is published in the Louisiana Register, Volume 37, No.1 (LAC 50:1.1101).
38.	It is recommended that there be a common authorization process with common forms and procedures	Each plan must meet National Committee for Quality Assurance (NCQA) requirements. NCQA has specific utilization management requirements for behavioral health, which are used to evaluate and determine the appropriateness of behavioral health care services provided. NCQA requirements help to assure some consistency among the plans. In addition, all prior authorizations must comply with DHH and federal reporting requirements. Each plan will determine for which services it will require prior authorization. At the present time, it is not anticipated that each plan will have common forms or uniform prior authorization processes beyond what is required by NCQA.
39.	Recommend that prior authorizations not be required in an outpatient setting	Each plan must meet National Committee for Quality Assurance (NCQA) requirements. NCQA has specific utilization management requirements for behavioral health, which are used to evaluate and determine the appropriateness of behavioral health care services provided. NCQA requirements help to assure some consistency among the plans. In addition, all prior authorizations must comply with DHH and federal reporting requirements. Each plan will determine for which services it will require prior authorization. At the present time, it is not anticipated that each plan will have common forms or uniform prior authorization processes beyond what is required by NCQA.
40.	CPST/CI should not require authorization for first 6 months; ongoing authorization after first 6 months should require concurrent review	DHH will take this into consideration as it begins to draft contract amendments for the Bayou Health plans. However, it is not anticipated that each plan will have common forms or uniform prior authorization processes beyond what is required by NCQA.

41.	Do not exclude bill for mental health services on same day as medical care	DHH is currently exploring this option.
42.	Create standardized tools for primary care assessment and screening	DHH shall work to encourage medical and behavioral health screening by Primary Care Physicians (PCPs) and behavioral specialists, and will support plan efforts for targeted training related to screening and assessment. It is likely that the standardized and uniform screenings and assessments related to the CSoc program and 1915(i) State Plan amendment services will continue to require some degree of standardized/uniform assessments for clinical determinations of service eligibility.
43.	Increase infrastructure in rural areas	The Bayou Health plans are required to maintain certain network adequacy and access standards. This will be closely monitored through the transition relative to behavioral health service provision under the plans as integration is implemented.

ADVISORY GROUP RECOMMENDATION		DHH RESPONSE
WHAT INFORMATION SHARING REQUIREMENTS AND STANDARDS SHOULD EXIST BETWEEN THE BAYOU HEALTH PLANS AND PROVIDERS? <i>(RESPONSES 44-63)</i>		
44.	Provide Beneficiary Clinical Summary to improve the coordination of care across provider settings	Under the current contract, Bayou Health plans are required to implement DHH approved care coordination and continuity of care policies and procedures (Bayou Health RFP Section 6.29). In-network providers are also able to access secure provider portals within the Bayou Health plans that includes member information clinical histories.
45.	For treatment planning and discharge planning purposes, provide additional insight into the patient's clinical history in both primary care and behavioral health care setting	Under the current contract, the Bayou Health plans are required to implement DHH approved care coordination and continuity of care policies and procedures (Bayou Health RFP Section 6.29).
46.	Have a common basis of EMR / EHR systems specific to behavioral health (a lot of smaller providers still document on paper)	DHH and Bayou Health support the development of electronic health records for clinical records and claims submission; however, the state will not be providing an EHR via Bayou Health or requiring providers to implement an EHR. Providers are encouraged to explore individual options for electronic records or maintain paper records and submit paper claims. OBH will be hosting a vendor fair on May 21, 2015, and will invite EHR and clearinghouse vendors to speak personally with providers interested in purchasing an EHR or

		clearinghouse for electronic billing. More information will be forthcoming.
47.	Give providers access to provider relations individuals to help assist in communication	This service is currently available through Bayou Health. The provider relations phone numbers for the Bayou Health plans are as follows: Aetna: 855-242-0802 Amerihealth Caritas: 888-922-0007 Amerigroup: 800-454-3730 LA Healthcare Connections: 866-595-8133 United Health Care: 866-675-1607
48.	Transmit primary care information across care settings to improve treatment of behavioral health patients	This will be accomplished through strengthening care coordination requirements relative to specialized behavioral health with an amendment to the Bayou Health contracts for integration. Care coordination is deliberate organization of member care activities by a person or entity formally designated as primarily responsible for coordinating services furnished by providers involved in a member's care. This coordination may include care provided by network or non-network providers. Organizing care involves the marshaling of personnel and other resources needed to carry out all required member care activities; it is often facilitated by the exchange of information among participants responsible for different aspects of the member's care.
49.	Combine behavioral health and physical health into the overall treatment	This is the intent of the current initiative to integrate the specialized behavioral services into Bayou Health.
50.	Eliminate barriers to providers who are experiencing issues with developing contractual relationships with the Bayou Health Plans' free standing post-acute care setting facilities	DHH would like more information on the specific barriers to contracting. The Bayou Health plans are contractually required to maintain network adequacy and access to services and facilitate transitions between multiple providers and levels of care. We encourage use of the following DHH email address for the submission of further inquiries and clarification so that the contracting barriers may be addressed: IntegratedHealthCare@la.gov .
51.	Bayou Health plans should have case managers to assist providers in discharge planning for BH patients as an on-sight resource	The Bayou Health plans are contractually required to participate in discharge planning and case management. They currently make this service available as appropriate. Currently, the Bayou Health plans have case managers present in larger facilities and hospitals throughout the state to assist with discharge planning.
52.	Clinical Advisor data should stay intact as it currently exists so that providers will be able to access the entire healthcare record as it currently exists	The Department of Health and Hospitals, Office of Behavioral Health is working closely with Magellan Health, Inc., to establish a protocol for providers to extract their data, including clinical records, from Clinical

	without risking data corruption by transferring it to a different data repository	Advisor. The Department has no plans to maintain Clinical Advisor past November 30, 2015. Magellan will communicate steps needed to obtain the provider's information from Clinical Advisor and the state and Magellan are encouraging providers to take these steps proactively and well before November 30, 2015. Providers should be prepared to receive all their data from Clinical Advisor electronically or in paper format.
53.	Concern for those using EHRs being able to extract clinical records out of CA moving forward after it terminates (import/export function)	The Department of Health and Hospitals, Office of Behavioral Health is working closely with Magellan Health, Inc., to establish a protocol for providers to extract their data, including clinical records, from Clinical Advisor. The Department has no plans to maintain Clinical Advisor past November 30, 2015. Magellan will communicate steps needed to obtain the provider's information from Clinical Advisor and the state and Magellan are encouraging providers to take these steps proactively and well before November 30, 2015. Providers should be prepared to receive all their data from Clinical Advisor electronically or in paper format.
54.	Sharing of data between data sets as per HIPAA/42 CFR is a general concern	Providers should talk with their electronic health record (EHR) vendor to ensure they are utilizing HIPAA best practices. Magellan will ensure HIPAA-compliance with any data transfers that may occur on its end. DHH encourages providers to visit healthit.gov for information on selecting an electronic health record, HIPAA-compliance, and data transfer.
55.	Break down walls and barriers in order to treat the "whole person"	Mental illness and addiction are healthcare issues and must be integrated into a comprehensive physical and behavioral healthcare system. It is important that relevant clinical information is accessible to both the primary care and behavioral health providers consistent with federal and state laws. The concept of integration focuses on a holistic treatment plan for each member through a centralization of health information as well as providers working together under a single health plan umbrella. This includes; enhanced detection and treatment of behavioral health disorders in primary care settings; coordination of care for members with both medical and behavioral health disorders, including promotion of care transition between inpatient services and outpatient care for members with co-existing medical-behavioral health disorders; assisting members without a diagnosed behavioral health disorder, who would benefit from psychosocial guidance in adapting to a newly diagnosed chronic medical disorder; and

		approved communication and consultation by behavioral health providers with primary care practitioners (PCPs) of co-enrolled members with co-existing medical and behavioral health disorders requiring co-management.
56.	State should provide technical assistance to providers that find themselves shopping for a new EHR	OBH will be hosting a vendor fair and will invite EHR and clearinghouse vendors to speak personally with providers interested in purchasing an EHR on May 21, 2015. Magellan will also be sending further communications on the decommissioning of Clinical Advisor and transfer of information.
57.	Improve communication in transitioning a patient from an in-home setting to a community-based setting (a huge communications gap currently exists in CSoC referrals)	Inpatient hospitals and residential providers will be required to have a comprehensive discharge plan that includes community-based services if requested by the recipient. Referral to intensive community-based services including CSoC should be part of the discharge plan with assistance from the recipient's health plan. The Bayou Health plans should refer for a CSoC assessment when a youth is being discharged from an out of home placement and communicate these referrals to members and their families. Currently, Magellan is undergoing a performance improvement project relative to ambulatory follow-up that addresses discharges and connections to follow-up services from inpatient settings.
58.	Create standardizations across the drug formularies for behavioral health (one standardized formulary)	According to current Bayou Health Plan contract requirements, each plan must provide coverage for all classes of drugs covered by the Medicaid fee-for-service (FFS) pharmacy benefit. Each plan must provide coverage for all drugs deemed medically necessary for members under the age of twenty-one. Each plan must expand its formulary, as needed, to include newly approved drugs for FDA approved indications, which are deemed to be appropriate, safe, and efficacious in the medical management of members. The formulary and any revisions must be reviewed and approved by DHH prior to implementation. Reflecting current and historical practices for the Bayou Health plans in Louisiana, it is not anticipated that each Bayou Health plan will have standardized or uniform behavioral health formularies; however, there will be a common preferred drug list (PDL) for behavioral health.
59.	Create standardization of eligibility criteria and services across all 5 Bayou Health plans	Eligibility criteria for adult behavioral health services and eligibility for the Coordinated System of Care has been established and approved by CMS. Pre-certification for inpatient admission has been established by the state.

		DHH will approve authorization criteria established by each health plan to ensure Medicaid eligible recipients have access to medically necessary services.
60.	Create standardization of benefits each plan offers	The health plans will be required to offer all behavioral health services provided under the Medicaid State Plan and waivers. Each plan of care will be individualized based on each recipient's assessed need. The type, intensity, and duration of services will be different for each recipient.
61.	Implement a prescription monitoring plan for behavioral health medication that physicians could access	The Louisiana Board of Pharmacy has a Prescription Monitoring Program for narcotics that could be leveraged and is being considered for inclusion in the contract amendment for integration.
62.	Enable viewing of open consent for behavioral health services so that primary care physicians have ability to access this data	Specific language or requirements related to open consent and data exchange between providers has not been established. However, each Bayou Health plan must encourage network providers and subcontractors to cooperate and communicate with other service providers who serve Medicaid members, and must work within HIPAA standards and 42 CFR guidelines for all data and clinical information exchanges between providers within its network for both physical and behavioral health. The Bayou Health plans are also required to employ Provider and Member Services Managers to coordinate communications between the plan and its subcontracted providers, as well as its members. Each plan must also have care management staff who have responsibilities to communicate options and services to and for members.
63.	Allow for integration of records between the primary care and behavioral health setting (even in the case of a plan subcontracting out the behavioral health services)	Specific language or requirements related to open consent and data exchange between providers has not been established. However, each Bayou Health plan must encourage network providers and subcontractors to cooperate and communicate with other service providers who serve Medicaid members, and must work within HIPAA standards and 42 CFR guidelines for all data and clinical information exchanges between providers within its network for both physical and behavioral health. The Bayou Health plans are also required to employ Provider and Member Services Managers to coordinate communications between the plan and its subcontracted providers, as well as its members. Each plan must also have care management staff who have responsibilities to communicate options and services to and for members.

ADVISORY GROUP RECOMMENDATION		DHH RESPONSE
WHAT PROVIDER EDUCATION AND TRAINING OPPORTUNITIES WOULD BE MOST VALUABLE, & HOW CAN THEY BE DELIVERED TO ENSURE THEIR EFFECTIVENESS? (RESPONSES 64-83)		
64.	Make sure administrators and providers have clear explanations about expectations and requirements from varying health plans with a robust system for accessing information on CPT codes, eligibility, payment, etc.	DHH publishes the minimum fee schedules online and providers are given access to the provider handbook and provider relations staff within each Bayou Health plan for assistance on specific questions and concerns.
65.	In order to avoid missteps, clinicians should be allowed to train the health plans on mental health first, before the plans start offering training and TA to providers. After which, follow-up with training from the plans to the providers.	Providers will have the opportunity to interact with each plan through provider liaisons and other group facilitated events. Additionally, the Bayou Health plans will be required to increase behavioral health staffing and ensure that they are properly trained on behavioral health related topics and contractual requirements.
66.	Provide training across divisions in DHH and its partners relative to what clinicians are doing	OBH works closely with other divisions in DHH and its partners to inform them of behavioral health practices and to act as subject matter experts. OBH and Medicaid will partner with the health plans to coordinate clinical and administrative training.
67.	Support needed for peer support training and utilization including reimbursement and certification, which should include family and youth support specialists (would like an online survey to be sent to them for participation in this advisory process)	OBH intends to continue efforts to work with the Bayou Health plans to implement peer support services. OBH also plans to have ongoing discussions and communications with the existing Peer Support Specialists and providers regarding integration and subsequent requirements.
68.	General concern expressed about need for more orientation for consumers; consumers should participate on panels and groups of plans making decisions.	The state has invited Peer Support Specialists/consumers to participate in the Integration Advisory Group to make recommendations on how to build out the state's integration plan. Additionally, DHH has created a member focus group to share its concerns and recommendations for integration. The results of the focus group will be taken into consideration for ways to improve member care upon integration.
69.	Training for non-clinician parties and non-providers (i.e., judges, etc.)	The Bayou Health plans and DHH will be required to offer outreach and technical assistance on breakout

		topics and specialty groups including non-clinicians as needed.
70.	Request for evidence-based practice (EBP) trainings and disseminate them out to practitioners; contracts with providers should be linked to utilizing EBPs	The Bayou Health plans will be developing a training plan for DHH approval that will offer technical assistance to providers and webinars will be made available on breakout topics.
71.	Professional training in integrated behavioral health and care coordination	The Bayou Health plans will be developing a training plan for DHH approval that will offer technical assistance to providers. Included in the communications will be a webinar to address this issue.
72.	Trainings statewide on: ACE, evidence-based treatment options, trauma informed care, cross training across divisions, and particular populations being served; partner with education systems as needed	The Bayou Health plans will be developing a training plan for DHH approval that will offer technical assistance to providers. Specific training components are still being developed.
73.	Include peers on training teams	The Bayou Health plans will be developing a training plan for DHH approval. The trainers will vary depending on the subject of the technical assistance.
74.	Consistent discussion about need for what integration actually is, what it looks like moving forward, is it required, outcomes, etc. Include face-to-face trainings initially but move to webinars, conference calls, etc. after	The final Integration Advisory Group meeting is being held for this purpose. Also, dissemination of information through the DHH-Integration website which contains FAQs and educational materials such as concept papers and presentations on integrated care. (http://new.dhh.louisiana.gov/index.cfm/subhome/43)
75.	Trainings on communication protocols with the plans	Please refer to Informational Bulletin 12-27 (http://new.dhh.louisiana.gov/assets/docs/BayouHealth/Informational Bulletins/IB12-27.pdf) for the process for Provider Issue Escalation and Resolution up to and including executive management of the MCOs and contact with DHH.
76.	Insurance/contracting requirements often conflict with licensing requirements so it needs study to avoid issues moving forward with new health plans	Currently, the Bayou Health plans collect primary source documents when credentialing providers, including licensure verification as appropriate. Please advise DHH of any specific provider types experiencing this discrepancy by emailing us at IntegratedHealthCare@la.gov so that DHH may work with the plans for a resolution.
77.	DHH should establish an internal group that can give quick response turnaround within 72 hours	DHH is developing and updating a master FAQ. Updates will be posted online at the integration web site. Additionally, providers are encouraged to refer to Informational Bulletin 12-27 for the process for Provider

		<p>Issue Escalation and Resolution up to and including executive management of the MCOs and contact with DHH:</p> <p>http://new.dhh.louisiana.gov/assets/docs/BayouHealth/Informational Bulletins/IB12-27.pdf.</p>
78.	Standardized claims and training; screening and assessment tools in primary care; how to link primary care to behavioral health and connect all to health plan contracts	The Bayou Health plans will be developing a training plan for DHH approval that will offer technical assistance to providers. Specific training components are still being developed, including issue-based webinars on integration key concepts.
79.	Building infrastructure in rural communities and building telepsychiatry	Several Medicaid covered services allow for use of tele-video. The current Bayou Health plan contracts state that telemedicine may be used to facilitate access to specialists to augment a Bayou Health plan's network or to meet specific needs of a subset of the Bayou Health plan's membership. If a plan intends to utilize telemedicine to meet network adequacy requirements, the Bayou Health plan's telemedicine utilization must be approved by DHH for this purpose.
80.	Judges are important and need some of the most education because they are often the entry point into this system	The Bayou Health plans will be developing a training plan for DHH approval. Specific training components are still being developed and will include consideration of key stakeholders and input from OBH.
81.	Work toward gaining support/financial interest in training for integrated behavioral health in all the different disciplines	Further clarification on this recommendation is needed to respond. Currently, DHH is working with national consultants to assist and guide staff through the transition to integrated care. We encourage use of the following DHH email address for the submission of further inquiries and clarification so that this issue may be further addressed: IntegratedHealthCare@la.gov .
82.	Have sensitivity training for deaf mental health services	The Bayou Health plans will be developing a training plan for DHH approval. Specific training components are still being developed.
83.	Training needed in parity issues to avoid relapse in Serious Mental Illnesses	DHH will be monitoring parity issues within the Bayou Health plans.

ADVISORY GROUP RECOMMENDATION		DHH RESPONSE
HOW CAN DHH ENSURE THAT THE BAYOU HEALTH PLANS HAVE ADEQUATE NETWORKS OF A DIVERSE SET OF PROVIDER TYPES? <i>(RESPONSES 84-93)</i>		
84.	There has to be an increase in the financial incentives to ensure operational reimbursement	To ensure network adequacy, the Bayou Health plans have the discretion to pay enhanced rates to attract additional providers and allow for access to services.
85.	There is a concern that not all providers will be interested in contracting with all 5 health plans because of demographics or other reasons. This causes a disconnect to services. The process has to be simplified and incentives offered in order to encourage enrollment in provider networks.	The Bayou Health plans are contractually required to ensure network adequacy and access to services. To ensure this, the Bayou Health plans have the discretion to pay enhanced rates to attract additional providers and allow for access to services.
86.	Need uniform regulations across all 5 health plans	The Bayou Health plans are regulated by a standard, consistent contract with DHH. Processes within the plans may vary but must be consistent with the contract requirements.
87.	Integration puts the credentialing burden back on providers. We need to incentivize plans by maybe grandfathering in providers that made 18 months for CARF accreditation with Magellan or consider credentialing all current Magellan providers.	Accreditation is taken into account as part of the credentialing process; however, credentialing will still be required by each Bayou Health plan in order for them to maintain their own accreditation with NCQA.
88.	Have standard reimbursement timelines	The Bayou Health plans at a minimum run one provider payment cycle per week, on the same day each week, as determined by the Bayou Health plan. Please refer to Informational Bulletin 12-13 for further information on this issue.
89.	Concern over provider network in rural areas; have incentives (financial) for relocating, etc. Ensure there is a variety and all providers are included many new providers want to be included; determine by provider types.	The Bayou Health plans are contractually required to ensure network adequacy and access to services. To ensure this, the Bayou Health plans have the discretion to pay enhanced rates to attract additional providers and allow for access to services.
90.	There is a high administrative/financial expense for smaller organizations when joining 5 plans compared to one, especially for non-profits; would help	This will be at the discretion of the Bayou Health plans in order to ensure appropriate provision of services and network adequacy.

	to have initial start-up incentives or capital incentives.	
91.	Need DHH to really evaluate and monitor what's considered in definition of network adequacy; monitor waiting lists/capacity of providers. If providers are not taking new clients, then it's not an adequate network.	Access to medically necessary services is a priority for Bayou Health. DHH will continue to work with the health plans to build and maintain a sufficient network of providers. DHH will be monitoring network adequacy within the Bayou Health plans.
92.	Rate differential for psych services between Medicaid and commercial insurance is too great, and we need to close the gap to keep them or bring them in the network. Currently, psych rates are minimal.	DHH is exploring rate options to make the minimum Medicaid fee schedule for behavioral health service provision viable within a managed care system.
93.	Starting 12/1/15, Bayou Health plans would develop a list of preferred providers for higher rates as in a pay for performance system.	DHH will take this suggestion into consideration as we draft contractual language.

ADVISORY GROUP RECOMMENDATION		DHH RESPONSE
WHAT SPECIAL REQUIREMENTS OR PROTECTIONS SHOULD EXIST FOR NON-PRIVATE PROVIDER PARTNERS, SUCH AS LOCAL GOVERNING ENTITIES AND OTHER STATEWIDE AGENCIES? <i>(RESPONSES 94-102)</i>		
<i>Note from Advisory Group: This includes Local Governing Entities (LGEs), state departments, agencies, courts, and faith-based community/non-profits</i>		
94.	Recommend we secure input from the partners on an ongoing basis and provide information to the partners, because often feel they are left out of the loop	DHH and Magellan meet with our partners regularly to discuss transition and ensure they are kept abreast of the latest developments. Additionally, DHH meets with the LGEs on a monthly basis to discuss key concerns moving forward.
95.	Cross-communication is needed, especially for a child in court custody that crosses many agencies	DHH is aware of these concerns and considers them to be of high priority. DHH will consider requirements for the Bayou Health plans to work closely with the court system and state child-serving agencies to ensure that appropriate services can be accessed (for example, through regular involvement of staff from all child-serving agencies on high-intensity cases).
96.	State partnering entities should have access to all qualified providers for each plan; all contracted providers should be contracted in all the plans	The relationship between the state partners and the Bayou Health plans is still under development including utilization of Bayou Health plan networks. A provider's ability to contract with the Bayou Health plans will

		depend on its ability to meet credentialing requirements.
97.	Work toward funding all current services which have been developed during the LBHP (EBPs, Multi-Systemic Therapy, etc.)	The Bayou Health Plans will be required to offer all behavioral health services that are currently Medicaid covered services offered in the LBHP as outlined in the Service Definitions Manual.
98.	Medicaid waivers should include all continuum of care services for children as per federal mandate; maintain the requirement for a continuum of care for adults	Waivers are not the extent of continuum of care; rather, the full service array within the Medicaid State Plan offers the continuum of care and waiver services are included in the services package for eligible individuals.
99.	Have the entities follow the same credentialing process as for-profit providers undertake with the 5 plans	The Bayou Health plans are for-profit entities and set credentialing processes in accordance with federal guidelines in order to maintain NCQA accreditation.
100.	Fund agencies directly through the General Appropriations Bill (HB 1) with the legislature so that uninsured can be served without having to go to Emergency Room	Thank you for your recommendation; however, this request is outside of the purview of DHH and would need to be addressed through the legislative process.
101.	Create protections such as protecting from any mandate to serve without funding; eliminating barriers to accessing the 5 plans; provider notification of upcoming budget cuts; and continue including and funding addiction services	DHH has no intention to establish unfunded mandates and is working on barriers to the Bayou Health plans through this advisory group and through development of a communications and technical assistance/training strategy. Addiction services will continue to be included and funded via Medicaid managed care under Bayou Health.
102.	Caddo Parish Juvenile Court requested that DHH slow the process for integration down, especially for CSoc	It has always been the intent of DHH to integrate primary/acute care with behavioral health in order to treat the patient holistically. After consideration of its current managed care systems via Bayou Health and the LBHP, DHH is continuing to move forward with integration effective December 1, 2015.

ADVISORY GROUP MEETING

FEBRUARY 20, 2015

ADVISORY GROUP RECOMMENDATION

DHH RESPONSE

WHAT SPECIAL PROVISIONS SHOULD EXIST FOR HEALTH PLAN REQUIREMENTS FOR TREATING INDIVIDUALS WITH SERIOUS MENTAL ILLNESS (SMI), CO-OCCURRING DISORDERS, OR AT-RISK YOUTH WHO HAVE BEEN SERVED IN THE COORDINATED SYSTEM OF CARE? (RESPONSES 103-147)

103.	Seamless transition into new structure to ensure providers stay the same (retain all current credentialed CSoC providers) and that youth currently receiving services see no interruption in their care	DHH will work with the Magellan provider network services unit and the OBH certification unit to help providers enroll in the Bayou Health network. Additionally, all Bayou Health plans will receive the LBHP provider list, and continuity of care is DHH's number one priority.
104.	Licensing process for group homes should be streamlined since there are only 4 in the state now; should be able to hold or obtain a group home bed while the child is in the hospital for discharge into next level of care	DHH assumes this recommendation is in relation to either Psychiatric Residential Treatment Facilities (PRTF) or Therapeutic Group Homes (TGH) under the LBHP. Relative to TGHs, providers were concerned about building a sustainable business model while meeting fairly strict licensing standards at the offered rate. In response to those concerns, DHH recently changed the licensing standards for TGHs including a rate increase and revised licensing standards for TGHs in a way that maintains high standards for clinical quality but also makes the standards more obtainable for providers. This has resulted in increased interest from providers in establishing new TGHs. For PRTFs, DHH also recently changed licensing standards to relax the therapy session requirements and allowing the lead psychiatrist for the PRTF to perform telemedicine. The Bayou Health plans will be accountable for network adequacy and access to services for youth needing the next level of care post-discharge, including PRTFs for youth with specialty needs. Under a capitated payment model for youth, the plans will have more flexibility to build out the provider network in this area and DHH will be monitoring to ensure that member needs are addressed.

105.	Structure same for CSoC reimbursement requirements across all plans	If this request refers to the payments to the Wraparound Agencies (WAAs), DHH may request of the health plans that the reimbursement methodology remain the same. Since youth will be capitated, each health plan's requirements may vary. The reimbursement rate must be at least the rate on file with Medicaid, which will be the current rate paid to providers.
106.	Streamline CSoC provider licensing process	More clarification is needed to respond to this recommendation as CSoC providers are not currently a provider type licensed by DHH. However, within the 1915(c) waiver, there are five specialized services including: Short term respite, Crisis Stabilization, Independent Living/Skills Building, Parent Support and Training, and Youth Support and Training. These services are not individually licensed as provider types (i.e., Crisis Stabilization provider, etc.). We encourage use of the following DHH email address for the submission of further clarification so that this recommendation may be more fully addressed: IntegratedHealthCare@la.gov .
107.	Boards/commissions would like to see timely payment for claims with no delays using lines of credit	The Bayou Health plans are contractually obligated to perform an initial screening, and either reject the claim, or assign a unique control number and enter it into the system for processing and adjudication within 5 business days, and process and pay or deny, as appropriate, at least ninety percent (90%) of all clean claims for each claim type, within fifteen (15) business days of the receipt, and 99% within 30 calendar days. All claims must be adjudicated within 60 calendar days (Section 17.2 of the Bayou Health contract).
108.	Need emergency care for children and how is state addressing when child stays in inappropriate settings too long?	It is expected that each Bayou Health plan will adopt utilization management guidelines and medical necessity criteria for each service (including admission, continued stay and discharge criteria) and develop/implement a care management program that seeks to provide the most clinically appropriate and cost-effective behavioral health services that are clinically indicated for each member. Utilization management reporting will also be required, as will care management policies and procedures which speak to criteria, process and triggers for referral and admission into appropriate levels of care. Each Bayou Health plan must develop and maintain a Network Development and Management Plan which assures

		that the provision of core benefits and services will occur. DHH recognizes the continued need for development of crisis services, and will continue to identify any changes to state plan or waiver services that will enhance access to such services. DHH is pursuing plans to increase access to Crisis Stabilization services by expanding to all Medicaid children, and thus divert from ER/hospitalization/residential settings when possible. The provider network across all levels of care continues to grow to ensure children can access the appropriate level of care, including new Therapeutic Group Homes and Psychiatric Residential Treatment Facilities that are under development.
109.	DD children not able to access mental health services as needed because of the DD diagnosis so need clarity and rectification; do not restrict them because of diagnosis; increase PRTF network for this population	While the health plans may place reasonable limits on services based on medical necessity, covered services for Medicaid eligible children under the age of 21 may not be restricted on the basis of diagnosis alone. Each Bayou Health plan must utilize DHH's medical necessity definition as defined in LAC 50:I.1101 for all medical necessity determinations. Each Bayou Health plan must develop and maintain a Network Development and Management Plan which assures that the provision of core benefits and services will occur. Psychiatric Residential Treatment Facility (PRTF) is a core service.
110.	Need navigators for members and providers through payment systems of the plans and to know what services are available to members	As per Section 10.1 of the Bayou Health contract, the plans are responsible for offering Provider Relations support to assist providers including provider training, responding to inquiries, and scheduling regular visits to provider sites and ad hoc visits as circumstances dictate. Members are provided with a member handbook detailing available service options in their welcome packet when enrolled with the Bayou Health plan. It can also be found online. The plans are also required to provide and maintain in Louisiana appropriate levels of case management staff necessary to assure adequate local geographic coverage for in field face-to-face contact with physicians and members as appropriate, and may include additional out-of-state staff providing phone consultation and support.
111.	Providers able to have a system to appeal when turned down for recommendations for treatment	Providers may act on behalf of a member to appeal a service authorization decision by a Bayou Health plan. This process can be found in section 8.5.4 of the Bayou Health contract.

112.	Standardized reasonable reimbursements from all Bayou Health plans	At minimum, the Bayou Health plans are required to reimburse in-network providers 100% of the Medicaid fee schedule; however, providers may negotiate for an enhanced rate when contracting with the plans.
113.	All in charge of WAAs should be notified of associated Bayou Health staffing ahead of time and give input	The administration of the CSoC program is still under development; however, any staffing requirements will be set by DHH for the Bayou Health plans and dictated through the contract and its amendments.
114.	Concerns about inpatient stays being too brief causing relapse; need more structure to prevent penalization to providers or members for relapse, especially with addiction	Inpatient stays are based on medical necessity. We are not aware of any policy related to penalties for providers if a client relapses after treatment. It is encouraged for the provider to conduct follow-ups post discharge to prevent rehospitalization and improve outcomes in addition to using the appeals process available to both members and providers.
115.	What is the plan for community based services to continue? Need more prevention; identify at-risk children with more clear definitions of who these children are and much earlier in the system (schools, etc. rather than after they've entered OJJ care)	Community-based services currently included in the LBHP will continue. Integration brings opportunities for early intervention/prevention through identification in primary care. DHH is currently working with local schools (especially with regards to identification and referrals to CSoC) as well as the Department of Education on opportunities for identification and referrals from the schools. Additionally, each Bayou Health plan must develop and maintain a Network Development and Management Plan which assures that the provision of core benefits and services will occur.
116.	Address current lack of adequate discharge planning after inpatient services delivered	DHH is currently investigating systematic and incentive-based methods to improve discharge planning. Currently, OBH and Magellan have implemented a performance improvement project focused specifically on this issue in order to improve outcomes for ambulatory follow-up post discharge. Additionally, inpatient hospitals and residential providers will be required to have a comprehensive discharge plan that includes community-based services if requested by the recipient.
117.	More local active councils and participation with CSoC	DHH encourages local planning councils to partner with wraparound agencies and wraparound agencies to partner with existing planning groups. In addition, DHH expects wraparound agencies to promote community involvement as outlined in the Request for Applications when DHH was building CSoC, such as hosting

		community team meetings on a regular basis that include all local stakeholders.
118.	Have less expensive and invasive models of care; research other states with certified peer-run models, especially with adults; more housing options and supervised living options	DHH agrees that certified peer models are extremely effective. DHH will continue to explore ways to have peers more involved in service delivery. DHH has researched multiple state models for integrated care and is working with a cadre of consultants to ensure the success of various programs within an integrated system. Based on the research and recommendations collected, DHH will move forward with enhancements to the system as applicable.
119.	Concerns about juvenile judges ordering treatment that is not readily available	DHH is aware of this situation, and has identified judges, including the Louisiana Council of Juvenile & Family Court Judges, OJJ and DCFS in its communication plan efforts. Additionally, DHH attorneys are working to educate judges, to work with the judges when recommendations are medically inappropriate, and to file appeals when the judge insists on treatment outside the parameters of medical necessity.
120.	Raise cap of number of children that can access the system (CSoC)	Currently, the maximum capacity for CSoC has not been needed. If the maximum is needed, DHH will consider the need for a waiver amendment to the Centers for Medicare and Medicaid Services (CMS) for approval of additional slots.
121.	Open CSoC services to all home and community based providers	As DHH approaches the integration, providers may choose to contract with each of the health plans to deliver one or more of the CSoC waiver services. Any community-based contracted provider meeting eligibility requirements can provide independent living/skills building, respite, and/or crisis stabilization.
122.	What is treatment and funding availability for parents of children in the system? Suggest using same procedure codes.	Current funding for parents includes services that they qualify for via their own Medicaid and clinical eligibility, or that are offered to the uninsured via the Local Governing Entities (LGEs). If the parent qualifies for Medicaid, intensive outpatient services are also available if medical necessity is met. Also, Parent Support and Training (peer support) is offered to parents of children enrolled in CSoC.
123.	Eliminate periodic assessments which become roadblocks to treatments	The services approved by CMS for adults receiving intensive mental health services and youth in the Coordinated System of Care requires reassessment.

		DHH expects the health plans to ensure reassessments are conducted timely to ensure there is not a lapse in services. Each health plan may require additional assessments in the authorization process. DHH will monitor to help ensure medically necessary services are available to members.
124.	Create special provisions for serving clients who are deaf and getting them right level of care	Under the Bayou Health contract, the plans are required to have accommodations for the hearing impaired including a toll-free customer service Telecommunications Device for the Deaf (TDD) number. Additionally, all plans are required to assess the quality and ensure appropriate care is furnished to enrollees with special health care needs.
125.	For members changing plans and chasing authorization, limit their ability to switch or honor current authorizations	The Bayou Health plans are currently required to honor existing authorizations for medically necessary services for 30 days after a member changes plans. DHH is considering extending this period for medically necessary behavioral health services during the transition from Magellan to Bayou Health in December.
126.	Do not require pre-authorization for people being seen through Magellan currently	Seamless transition for those already authorized and receiving specialty behavioral health and pharmacy services at any level of care is a high priority for DHH. Through amending the Bayou Health contract, DHH will seek to assure that existing service authorizations are continued for a reasonable period of time and/or until services can be reviewed for continuation/medical necessity.
127.	Consider reimbursing addictive disorder day treatment programs for adolescents who are not co-occurring	Medicaid covers intensive outpatient and residential treatment for youth and adults under the State Plan.
128.	Focus on early/infant behavioral health through CSoC	DHH is pursuing strategies to increase early/infant behavioral health services through the children's system generally and not solely limited to CSoC. This will include early identification through primary care and continued building of the provider network for evidence-based practices for children under age 6. Additionally, there is no minimum age restriction for the Coordinated System of Care. The focus is for all youth that meet the Level of Care requirements.
129.	Develop a plan for rectifying current issues and shortages in crisis stabilization and short term respite care under CSoC; authorize crisis stabilization up to 3 days	The provider shortage for crisis stabilization will be addressed by submitting a waiver and State Plan amendment to CMS to open crisis stabilization to all Medicaid children. This is anticipated to increase the referral pool and sustainability for providers. For short-

		term respite, the expectation will be that the Bayou Health plans continue to build the provider network to ensure adequate access, including use of Therapeutic Foster Care as a new provider type for this service.
130.	Recommend not capping the number of days or admissions for SMI youth in hospital since there are often multiple hospitalizations required; allow for full reimbursement. Do not penalize chronic admissions. On the other hand, qualify PHP for CSoC youth to prevent/mitigate re-hospitalization/PRTF stays.	Authorization of inpatient stays shall be determined by medical necessity and authorized on case by case basis. There is no currently applicable cap to lengths of stay. The 1915(c) waiver for CSoC services was built to provide home and community-based services in order to prevent out of home placement for children and youth. It does not allow for hospitalization, which would disqualify it as a home and community-based waiver.
131.	Ensure that current services and current providers for SMI or CSoC children are not severed by forced integration. The recipient, not the system, determines service end.	The current services available to youth today will be available when the integration is implemented. Providers will need to contract with the health plan prior to integration to ensure a seamless process.
132.	Ensure better access to mental health rehab for youth; can't use behavioral health in FQHC or outpatient rural health so leave providers for rehab intact since rules are more flexible for rehab only psychiatrist visits	There are no plans to limit access to rehabilitation services to youth. DHH will work closely with the health plans to ensure all recipients who need this level or other levels of care have access to the services. Also, behavioral health is reimbursable in FQHCs and rural health clinics.
133.	Have one single exchange or administrative organization for CSoC; have a single contact point for CSoC and have 5 plans be identical in procedures and policy relative to CSoC	DHH is currently working on streamlining the administrative functions of the CSoC program in order to continue its viability under five separate health plans under Bayou Health. At this time there is no intention to limit this service to one plan, and DHH will assist the plans with developing their policies and procedures for integration.
134.	Create both rural and urban models for care	The Bayou Health plans must provide geo-mapping of provider access in rural and urban areas in accordance with contractual requirements. DHH continues to explore options within telemedicine to expand rural access to services.
135.	How are five health plans going to monitor numbers of youth enrolled in CSoC?	DHH will monitor the number of youth in the Coordinated System of Care through a regular exchange of data and analysis by subject matter experts on staff. In addition, DHH intends to move the care coordination function of CSoC in-house, which will allow for increased monitoring.

136.	Have all 5 plans identify a tool for level of need and base rates on the assessed level of need	The Health plans will be required to use the Child and Adolescent Needs and Strengths (CANS) assessment for CSoC and the Level of Care Utilization System (LOCUS) assessment for the 1915(i) for those over 21 with severe mental illness or co-occurring disorders. The health plans will be required to pay the minimum rate on file with Medicaid for each service. However, the health plans and providers may negotiate payment of higher rates.
137.	Create a living room model with peers to run a place to debrief members; research other state models and consider least invasive models such as the fountain House Model or Arizona (David Covington training peers; internship for people in recovery)	DHH has researching the living room model; however, funding to support this model would require funding beyond just Medicaid. Funding for both the living room model and fountain house model would require braided funding and collaborations with other state agencies and resources to support these models. Consideration of all evidence and funding restrictions will be taken into account when considering the application of this program in Louisiana. The health plans will be required to offer the current services but are allowed under managed care to reimburse for new services that are more cost effective.
138.	Continue peer-run warm line	DHH agrees this is an excellent service Magellan offers, and will discuss this recommendation with the health plans.
139.	Create drop-in Centers	DHH will take this recommendation under advisement and discuss with the health plans.
140.	Who is identifying the “at-risk” youth and what are criteria?	In regards to CSoC youth, anyone can identify an “at risk” youth and make a referral to the SMO/Magellan on behalf of that youth. The criteria is identified in the 1915(c) waiver. Upon integration, the health plans will screen all referrals for risk. A brief CANS screening will continue to be done to determine if a member is potentially eligible for the Coordinated System of Care. Health plans will also screen for higher levels of care including inpatient or treatment in a psychiatric residential treatment facility as needed, as well as, community-based, evidence-based services such as Functional Family Therapy, Multi-Systemic Therapy, Homebuilders, Assertive Community Treatment, and rehabilitation services.
141.	Identify or build a continuum for process of treating youth with SMI or in CSoC with prevention, early intervention and system of care	The first step in building a system of care that offers a full array of services for youth and families started with the LBHP and SMO provider network development and will continue through the transition to the Bayou

	(psych/telepsych, outpatient, care coordination, mental health rehab, integrated behavioral health in primary care, etc.). Adapt the continuum to urban and rural environments.	Health plans. The individual needs of urban and rural environments will be taken into consideration as the provider network continues to grow. Consideration of focused cultural competency training to providers to ensure that the needs of youth in urban and rural environments are met is underway.
142.	Have plan for transportation of families to participate in treatment	Non-Emergency Medical Transportation (NEMT) is offered through the Bayou Health plans. NEMT as a service for families that are part of the Plan of Care for CSoC youth will be considered.
143.	Need more trauma informed interventions	DHH will work with the Bayou Health plans for network development relative to trauma informed treatment. DHH encourages providers to first become trauma informed and adjust their organization practices and culture to ensure that clients are not re-traumatized due to environmental factors. Providers are also encouraged to provide evidence-based practices to address the cognitive and behavioral factors associated with trauma. Omitting this key component can create barriers to an individual's recovery and inhibit quality of care by the provider.
144.	Have health plans identify the child receiving behavioral health medications or treatments via primary care provider before they enter the CSoC system	Behavioral health medication utilization for all members is regularly monitored by the plans and DHH through pharmacy claims.
145.	Create alternative treatments such as exercise, yoga, mind/body programs, meditation, etc. for children	While considered effective and valued complementary services for members with both medical and behavioral health needs, these are not currently covered under the Medicaid State Plan. There are no immediate plans to add these as covered services under Medicaid. The Bayou Health plans may or may not add such services to their respective plans, but will not be required to do so.
146.	Fund co-located or consultant time of PCPs	DHH is investigating policy reform relative to same day billing for medical and specialty behavioral health visits. Medicaid is examining regular State Plan services and National Correct Coding Initiative restrictions that impede same day billing statewide. DHH is also interested in facilitating the implementation of Section 2703 health Homes in the future.
147.	Who will be responsible for network development: five Bayou Health Plans or OBH?	The Bayou Health Plans will be responsible for network development.

ADVISORY GROUP RECOMMENDATION		DHH RESPONSE
WHAT TECHNOLOGY REQUIREMENTS SHOULD EXIST FOR THE HEALTH PLANS FOR CARE COORDINATION AND DATA TRANSMISSION? <i>(RESPONSES 148-170)</i>		
148.	Platform should be same across all plans	More information is needed to complete a fully developed response. We encourage use of the following DHH email address for the submission of further inquiries and clarification so that this recommendation may be addressed: IntegratedHealthCare@la.gov .
149.	Providers need authorization and eligibility dates in real time	Each Bayou Health plan has a secure provider portal for providers to submit authorizations. DHH, through its Fiscal Intermediary, Molina, will maintain MEVS and REVS for providers to check eligibility of their members.
150.	How many units of service remain?	DHH will work to ensure members who are receiving services prior to integration will continue after integration through care continuity monitoring. We also encourage use of the following DHH email address for the submission of clarification so that this recommendation may be more fully addressed: IntegratedHealthCare@la.gov .
151.	Which providers authorized for which services?	Please see the Louisiana Behavioral Health Partnership (LBHP) Service Definitions Manual which is used to construct clinical guidelines for the current LBHP. The manual describes LBHP services and basic requirements that must, at a minimum, be required. Upon finalization of integration details, the Bayou Health plans will issue specific information on each plan's provider enrollment process, services authorizations, benefit packages, and billing procedures. http://new.dhh.louisiana.gov/assets/docs/BehavioralHealth/LBHP/2014_RFP_Procurement_Library/LBHP_SDM_08_152014.pdf
152.	Rural communities need full continuum of care including telemedicine	The Bayou Health plans currently use telemedicine in some capacity. Increased utilization of telemedicine through the Bayou Health plans' provision of specialized behavioral health services is being researched. If a plan intends to utilize telemedicine to meet network adequacy requirements, the MCO's telemedicine utilization must be approved by DHH for this purpose. Each Bayou Health Plan must also develop and maintain a Network Development and Management Plan which assures that the provision of core benefits and services will occur.

153.	As services transfer to another provider, there needs to be protocol for transfer of records; statewide health information exchange re: clinical data	DHH agrees that changing providers should have a minimal impact on members. The Office of Behavioral Health is working closely with Magellan Health, Inc. to establish a protocol for providers to transfer their data from Clinical Advisor.
154.	How will small providers obtain EHR access that's affordable; how will education on options be provided for those providers?	DHH intends to host an electronic health record (EHR) fair where vendors can speak with providers. DHH, however, will not endorse any particular EHR vendor. Providers should assess the needs of their practice (including, but not limited to, reporting requirements, services provided, and population served) when selecting an EHR and should engage multiple EHR vendors for pricing options. DHH encourages providers to visit healthit.gov for information on selecting an electronic health record, HIPAA-compliance, and data transfer.
155.	Technical assistance is needed to all providers on EHR; what will it look like?	OBH will be hosting an EHR vendor fair on May 21, 2015, and will invite EHR and clearinghouse vendors to speak personally with providers interested in purchasing an EHR or clearinghouse system. Magellan will also be sending further communications on the decommissioning of Clinical Advisor and transfer of clinical records.
156.	What is emergency plan for data safeguards and sharing in the event of a natural disaster?	The Bayou Health plans are required to have an emergency management plan with data safeguards and other conditions as outlined in Appendix OO of the contract found here: http://new.dhh.louisiana.gov/assets/docs/BayouHealth/RFP2014/Appendices/AppendixOO_EmergencyManagementPlanTemplate.pdf
157.	Each plan should have a secured digital method of transmitting authorizations that is not email	Each Bayou Health plan has a secure provider portal for providers to submit authorizations.
158.	State EHR should replace Clinical Advisor which should be imported including claims info	The state will not procure and host an electronic health record for providers. DHH intends to host an EHR and clearinghouse vendor fair on May 21, 2015, where vendors can speak with providers. DHH, however, will not endorse any particular vendor. Providers should assess the needs of their practice (including, but not limited to, reporting requirements, services provided, and population served) when selecting an EHR and should engage multiple vendors for pricing options. DHH encourages providers to visit healthit.gov for information on selecting an electronic health record, HIPAA-compliance, and data transfer.

159.	EHR is cost-prohibitive for smaller providers so DHH should host it or offer other options going forward.	The state will not procure and host an electronic health record for providers. DHH intends to host an EHR and clearinghouse vendor fair on May 21, 2015, where vendors can speak with providers. DHH, however, will not endorse any particular vendor. Providers should assess the needs of their practice (including, but not limited to, reporting requirements, services provided, and population served) when selecting an EHR and should engage multiple vendors for pricing options. DHH encourages providers to visit healthit.gov for information on selecting an electronic health record, HIPAA-compliance, and data transfer.
160.	All five Bayou Health plans should provide client profile information to include visits, medications, etc. and all providers should have access to the client history including LSCWs and counselors.	Within a member's Bayou Health plan, client history is shared amongst providers with client consent. If a member switches plans, the previous Bayou Health plan must transmit the member's records to the new plan within 10 days as per the contract.
161.	Allow for free claims processing	There is no fee for a provider to submit claims to a plan for processing.
162.	Have a clearinghouse for authorizations	The plans provide a prior authorization process for medical care; a similar process will be utilized for the behavioral services.
163.	Authorization disputes should be easily addressed	The plans provide a process for authorization disputes for medical care; a similar process will be utilized for behavioral services.
164.	All information should be dated and time-stamped	All electronic submissions currently meet this requirement. Paper claims are stamped upon receipt by the Bayou Health plans.
165.	Firewall highly protected info for non-authorized users	This is a current Federal requirement as per 42 CFR and the Bayou Health plans are required to adhere to all state and federal laws.
166.	Standard electronic face-sheets for basic demographics of member	The Bayou Health plans do not dictate the format of member records maintained by providers.
167.	Have a common data format and unified member ID; data should follow member when switching plans	Each health plan has their own unique member IDs for tracking; however, members also have their own unique Medicaid ID. When a member switches plans, the former plan is required to transfer the member's records to the new plan within 10 days. In-network providers can access this information in the plan's secure provider portal.
168.	Bayou Health plans should have info on members in advance to do analytics on members being served	DHH is working with Magellan and the Bayou Health plans to facilitate communication and transmission of member data.

169.	Provide training and education on HIPAA and 42 CFR requirements surrounding sharing of data and care coordination	DHH encourages providers to visit healthit.gov for information on selecting an electronic health record, HIPAA-compliance, and data transfer.
170.	Early Steps needs access to EHR	This is not a covered program under the LBHP is not currently involved in the integration discussions.

ADVISORY GROUP RECOMMENDATION		DHH RESPONSE
HOW CAN WE PROMOTE THE USE OF MULTIDISCIPLINARY CARE TEAMS TO USE METHODS SUCH AS CO-MANAGEMENT & CO-ROUNDING FOR PATIENT NEEDS? <i>(RESPONSES 171-200)</i>		
171.	Need lots of technical assistance to care teams to support shift to integration over time	DHH is currently working with national consultants to develop training components and webinars on integration including focuses on various populations and provider types.
172.	Maintain current wrap around services. Would provide positive continuity care with adequate rates	The state is working through the logistics of administering the CSoc program under five Bayou Health plans. There is no anticipated decrease in services. Rather, the state is working to expand certain waiver services to the State Plan in order to make them accessible to all Medicaid eligible individuals.
173.	Utilize models such as ACT and PSH (evidence-based practices)	Assertive Community Treatment is currently a service offered through the LBHP and is anticipated to continue under Bayou Health. Permanent Supportive Housing is also currently available but managed through DHH/OAAS.
174.	Include patient's PCP as part of multidisciplinary team	PCPs will be involved in the care coordination implemented for behavioral health integration by the Bayou Health plans.
175.	Provide a method where all care team members can view patient's status specifically by using a consistent EHR. Would not recommend that using a mandatory EHR but utilize the capabilities of a statewide or community wide Health Information Exchange.	DHH and Bayou Health support the development of electronic health records; however, the state will not be providing an EHR via Bayou Health. Providers are encouraged to explore individual options for electronic records or maintain paper records. However, for providers in their networks, the Bayou Health plans do make provider portals available for accessing patient information.
176.	Do not recommend continued use of Clinical Advisor but would recommend historically archiving data through DHH in an electronic platform that will remain accessible	Providers should be prepared to receive all their data from Clinical Advisor electronically or in paper format. Providers should expect communication from Magellan and DHH as part of the final transition and integration plan.

177.	Bundled rates that would benefit a core group of beneficiaries that are high users of disparate services. Example would include group of people that are frequent fliers that use case management, day program and receive housing - demonstration in north Louisiana. Brings in alternative methods of care delivery into the service offerings (Note: not in favor of overall bundling of rates)	DHH is considering all avenues for improving care coordination and outcomes under integration. Further development and research is needed on this issue in order to explore this reimbursement option. We encourage use of the following DHH email address for the submission of further inquiries and clarification so that this recommendation may be further addressed: IntegratedHealthCare@la.gov .
178.	Be as expansive as possible when looking at holistic models of care.	DHH is researching multiple state programs and has contracted with several national consultants with expertise in integrated models of care to assist with program development that is expansive.
179.	Encourage expansion of co-locating primary and behavioral care. Reimbursement models must be at acceptable levels.	DHH is interested in expansion of co-located primary care and behavioral health providers, and is investigating Section 2703 Health Homes as a possible model for interested entities in future, such as FQHCs and LGEs/Human Service Districts. DHH is also looking into potential policy changes to allow same day billing for primary care and behavioral health providers both in FQHCs/RHCs and through the Medicaid State Plan.
180.	Facilitate transition of knowledge sharing between primary and behavioral health specialists. Structure incentives that drive toward team planning	Each Bayou Health Plan must be NCQA accredited. NCQA has established <i>Care Coordination Measures</i> to help assure enhanced access and continuity between providers, and must monitor continuity and coordination of care between providers, including between PCP and behavioral health specialists. Existing Bayou Health contracts include principles that guide care integration, including requiring referral between PCPs and specialists for medically necessary services. There are also contract stipulations which speak to requirements for the plans to develop guidelines for treatment plan development as described by NCQA.
181.	Build in crisis services that can provide immediate response in the time of crisis. What is the state's plan to address immediate crisis state patients?	A full crisis continuum consists of services to address prevention, early intervention, response, and stabilization. Relative to prevention, the LBHP offers wraparound services to its CSoC recipients and works to keep members connected to services through the LGEs and care coordination. Early intervention is currently addressed through a single 1-800 phone line run by Magellan, which also serves as a crisis telephone line that can connect members in crisis to services. Each Bayou Health plan is expected to continue crisis line linkages through its member services phone line. The LBHP offers

		<p>access to outpatient and family/community supports, especially through the LBHP's home and community-based service packages. We also work to be responsive through peer support services and emergency rooms preparedness. For stabilization of persons in crisis, there are currently three services offered under the LBHP including Crisis Intervention, Short Term Respite, and Crisis Stabilization that will transition to Bayou Health upon integration. Crisis intervention is available in all regions/LGEs throughout the state. This is a service reimbursable by Medicaid under the State Plan, which Magellan expanded from a limited benefit for just 1915(i) adult recipients to all Medicaid adults. While there are currently 10 short-term respite providers statewide and 1 crisis stabilization provider, DHH is pursuing a State Plan and waiver amendment that will move Crisis Stabilization from a limited eligibility waiver benefit to make it available to all eligible Medicaid recipients, thereby expanding access to much needed crisis services. Additional conversation is needed to address making other specific service offerings available within the crisis continuum such as: crisis planning and integration into treatment and support systems, increased utilization and access to peer support, trainings for first responders, mobile crisis teams, and expansion of respite service availability.</p>
182.	Providers would benefit from greater access to the complete historical medical record on a patient in crisis	For providers in their networks, the Bayou Health plans do make provider portals available for accessing patient information and medical histories.
183.	Develop crisis intervention teams for example: Mobile Urgent Treatment Teams (MUTT)	<p>A full crisis continuum consists of services to address prevention, early intervention, response, and stabilization. Relative to prevention, the LBHP offers wraparound services to its CSoc recipients and works to keep members connected to services through the LGEs and care coordination. Early intervention is currently addressed through a single 1-800 phone line run by Magellan, which also serves as a crisis telephone line that can connect members in crisis to services. Each Bayou Health plan is expected to continue crisis line linages through its member services phone line. The LBHP offers access to outpatient and family/community supports, especially through the LBHP's home and community-based service packages. We also work to be responsive through peer support services and emergency rooms preparedness. For stabilization of persons in crisis, there are currently three services offered under the LBHP including Crisis Intervention, Short Term Respite, and</p>

		<p>Crisis Stabilization that will transition to Bayou Health upon integration. Crisis intervention is available in all regions/LGEs throughout the state. This is a service reimbursable by Medicaid under the State Plan, which Magellan expanded from a limited benefit for just 1915(i) adult recipients to all Medicaid adults. While there are currently 10 short-term respite providers statewide and 1 crisis stabilization provider, DHH is pursuing a State Plan and waiver amendment that will move Crisis Stabilization from a limited eligibility waiver benefit to make it available to all eligible Medicaid recipients, thereby expanding access to much needed crisis services. Additional conversation is needed to address making other specific service offerings available within the crisis continuum such as: crisis planning and integration into treatment and support systems, increased utilization and access to peer support, trainings for first responders, mobile crisis teams, and expansion of respite service availability.</p>
184.	Explore expanding services covered in waiver program to include more access to wraparound services	<p>DHH agrees that wraparound is a valuable service. There are no plans to expand that number at this time, as the current program has not met capacity.</p>
185.	Louisiana lacks providers that are trained specifically in treatment of trauma or crisis in pediatric populations. Recognizing that the majority of behavioral health treatments are being provided by pediatricians.	<p>DHH will encourage the Bayou Health plans to develop a trauma-informed delivery system through workforce development of staff and providers.</p>
186.	Improve co-management of patients at discharge	<p>In addition to CMS and accreditation requirements for all inpatient facilities to conduct adequate discharge planning, each Bayou Health plan must have a Medical Management Coordinator, who is Louisiana-licensed registered nurse, physician or physician's assistant. The primary functions of this coordinator include ensuring that appropriate discharge planning of inpatient stays is conducted. In addition, the carving of behavioral health services into each Bayou Health plan will incentivize the plans to assure that all discharge planning, including pharmacy-related authorizations, are handled smoothly prior to discharge.</p>
187.	Have authorizations place more value on the opinions of other licensed providers not just MDs (currently the MDs notes are the sole focus of pre-authorizations)	<p>Each Bayou Health plan is now required to employ prior authorization staff who work under the direction of Louisiana-licensed registered nurses, physicians or physician's assistants. Each plan must comply with NCQA accreditation requirements, and as such, must have a</p>

		utilization management program suited for behavioral health care, must involve designated behavioral health practitioners in the implementation of the behavioral health care aspects of their program, and must assure that qualified licensed behavioral health professionals oversee and review decisions related to such activities as prior authorization and denial of services. NCQA requires that the appropriate practitioner review a denial of care based on medical necessity of the service. Additionally, in future, DHH will be looking into the possibility of utilizing the health home model, which allows for expanded use of multiple provider types.
188.	Utilization of patient navigators	This is a function of case management, which is a Bayou Health contract requirement.
189.	Promoting co-location of services and better coordination of services through improved reimbursements. Address reimbursement shortcoming in providing payment to multiple types of providers for co-rounding	DHH is pursuing FQHC payment reform to facilitate same day billing for medical and specialty behavioral health visits. Medicaid is also examining regular State Plan services and National Correct Coding Initiative restrictions that impede same day billing statewide. DHH is also interested in facilitating the implementation of Section 2703 health Homes in future. Otherwise, current State Plan and 1915(c) services allow for reimbursing multiple providers concurrently for purposes of care planning, etc. All billable services must be individualized and directed toward the identified Medicaid-eligible member.
190.	System design should not require that behavioral health treatment must be prior authorized by the primary care physician	Primary care physicians are able to provide basic behavioral health services without an authorization. This should be done during a regular office visit. However, specialized behavioral health services provided by the appropriate licensed mental health professional are to be managed and prior authorized by the Bayou Health plan as medically necessary. Members are encouraged to call their Bayou Health plan's member line for linkages to services. Based on medical necessity and client history, access to specialized behavioral healthcare will not always require the member to first visit their PCP or obtain a PCP authorization or referral.
191.	Caution against elimination of patient choice when it comes to co-location of behavioral health and primary care. Specialists in each discipline still bring value and valid contributions to the care of the patient.	42 CFR 431.51 speaks to free choice of providers for those receiving Medicaid State Plan services. Beneficiaries may obtain services from any qualified Medicaid provider willing to provide the services to them.
192.	Focus in state must shift from payment for care and move toward coordination	Under an at-risk/capitated arrangement, Managed Care Organizations should have increased freedom to develop

	of care at the local level. Should not be driven by payment mechanism, should be driven from care level	creative payment methodologies to better assure adequate and responsive provider networks and services.
193.	Expansion of behavioral telehealth opportunities	Several Medicaid covered services allow for use of tele-video. The current Bayou Health plan contracts state that telemedicine may be used to facilitate access to specialists to augment the health plans' network or to meet specific needs of a subset of the plans' membership. If a plan intends to utilize telemedicine to meet network adequacy requirements, the plan's telemedicine utilization must be approved by DHH for this purpose.
194.	Plans should establish provider care requirements that they shall review primary care issues as part of their behavioral health plans and that primary care providers will review behavioral health issues as part of their primary care treatment plans	Each Bayou Health plan must be NCQA accredited. NCQA has established Care Coordination Measures to help assure enhanced access and continuity between providers, and must monitor continuity and coordination of care between providers, including between a PCP and a behavioral health specialist. Existing Bayou Health contracts include principles that guide care integration, including requiring referral between PCPs and specialists for medically necessary services. There are also contract stipulations which speak to requirements for the plans to develop guidelines for treatment plan development as described by NCQA.
195.	Plans should establish quality indicators to monitor this activity	Quality indicators are established by DHH as well as the Bayou Health plans.
196.	CM / UM functions should include identifying those members who have both a primary care diagnosis and a behavioral health diagnosis and determine the need for care coordination and what type of coordination. Providers would be notified of the need for care coordination and be required to supply a plan for such coordination; plans would establish metrics for measuring care coordination and specific outcome measures to detect if such coordination is producing better outcomes	Each Bayou Health plan must be NCQA accredited. NCQA has established Care Coordination Measures to help assure enhanced access and continuity between providers, and must monitor continuity and coordination of care between providers, including between a PCP and a behavioral health specialist. Existing Bayou Health contracts include principles that guide care integration, including requiring referral between PCPs and specialists for medically necessary services. There are also contract stipulations which speak to requirements for the plans to develop guidelines for treatment plan development as described by NCQA.
197.	Establish a bonus reimbursement system based on providers supplying data showing integrated care coordination; similar to the CMS PQRS system	As part of the contract, currently the plans do offer enhanced reimbursements based on various factors including provider performance and improved health outcomes. The inclusion of integration performance-

		based incentives will be considered for the integration contract amendment.
198.	It may not be feasible to set up a system of 'rounds' among participating providers due to the large number of members involved and time demands on providers. Coordinating schedules would be difficult. An alternative to such synchronous "rounds" would be asynchronous "rounds" such as using IM functions within a secure portal or within an EHR whereby participating providers can share critical information pertinent to each provider that indicates that they have reviewed the information. This data could be used by plans as part of the plans' QA function.	DHH and Bayou Health support the development of multi-functional electronic health record systems; however, the state will not be providing an EHR via Bayou Health. Providers are encouraged to explore individual options for electronic records or maintain paper records. Currently, in-network providers can access patient information and histories through the Bayou Health plans' provider portals. Expanded use of IM functions is not being considered at this time due to budgetary constraints.
199.	The issue needs to be addressed of responsibility. Who will be responsible for the creation of multidisciplinary care teams? Bayou Health Plans, OBH or the LGEs? Coordination of the three but with ultimate responsibility with Bayou Health.	The Bayou Health plans will be responsible for care coordination of its members, including multidisciplinary care teams as appropriate for the member's care. Additionally, in future, DHH will be looking into the possibility of utilizing the health home model, which fosters the development of interdisciplinary care teams.
200.	Truly integrated care should include points of contact outside of the physician network, i.e., teachers and school nurses play a pivotal role in the care of children	Such services as Multi-systemic Therapy and services coordinated through the 1915(c)/CSoc waiver routinely engage individuals outside of the clinic/agency setting. The current Medicaid State Plan supports provision of services in the school setting. Local Education Authorities are also allowed to deliver Medicaid-covered services that are part of the Individualized Education Plan.

ADVISORY GROUP RECOMMENDATION		DHH RESPONSE
WHAT PROTECTIONS ARE NECESSARY TO ENSURE CONTINUITY OF CARE DURING THE TRANSITION? <i>(RESPONSES 201-225)</i>		
201.	Need information on services offered and by what unit of services	The services currently available will be available after the integration. The type, intensity, and duration of services should be based on a member's individualized plan of care.

202.	Same day payment structure at issue with primary and behavioral health care; how will this be addressed?	DHH is pursuing FQHC payment reform to facilitate same day billing for medical and specialty behavioral health visits. Medicaid is examining any regular State Plan services and National Correct Coding Initiative restrictions that may impede same day billing statewide.
203.	Previous experience has left many providers still suffering from claims issues they experienced during the transition to Magellan. How will these be addressed?	Any issues that remain need to be reported and addressed by the responsible party, either DHH or Magellan. By consolidating care through Bayou Health, it should reduce the claims issues that have been encountered in the past with a segregated health care approach.
204.	Special consideration needs to be given to non-Medicaid services	OBH issued a Request for Information (RFI) relative to administrative management of the non-Medicaid population on February 27, 2015. Responses from this RFI will help to develop a Request for Proposals to be issued this Spring for a contractor of these services.
205.	No delay in payment	Payments will be made in accordance of the contracts between the Bayou Health plans and the providers.
206.	Authorization process by Magellan in November needs to carry over into December of 2015 and accepted by Bayou Health plans	Seamless transition for those already authorized and receiving specialty behavioral health and pharmacy services at any level of care is a high priority for DHH. Through contract amendments, DHH will seek to assure that existing service authorizations are continued for a reasonable period of time and/or until services can be reviewed for continuation/medical necessity.
207.	Needs to be deadline before December 2015 where the provider looks at their caseload to determine each member's Bayou Health plan in case provider is not contracted with that plan and appropriate transition planning and care coordination procedures need to be put into place to ensure continuity of services for the member.	DHH encourages providers to communicate with members on which plans they will be contracting with upon integration. DHH will also be providing a checklist template for providers to give to members indicating which plans the provider is contracted with. Please be reminded that providers are prohibited from steering members from enrolling in a specific plan (see Informational Bulletin 12-31: http://new.dhh.louisiana.gov/assets/docs/BayouHealth/Informational_Bulletins/IB12-31.pdf)
208.	Need a user friendly claims process with a single point of entry for behavioral health services	Each Bayou Health plan will have its own claims processing methodology, however it will meet standard HIPAA transactions.
209.	Need for pre-established single case agreements for members needing services in their areas for providers that are not in Bayou Health network for residential services	Single Case Agreements for services not covered by Medicaid cannot be pre-established, and require Medicaid Medical Director approval. Bayou Health plans are required to offer and arrange for all medically necessary Medicaid-covered services for their members. By contract, each health plan must have an established referral system

		for specialty health care and out of network referrals and services. Processes must be in place for member referral to an out-of-network provider when there is no provider within the plans' provider network.
210.	How can the state ensure continuity of care without one SMO for residential and inpatient services?	Each Medicaid-eligible member receiving a covered behavioral health service at any given level of care will have all such services managed by the single Bayou Health plan with which he/she is enrolled. Each Bayou Health plan will be required by contract to provide all covered services at all levels of care. Both NCQA and health plan contracts address/will address continuity of care and coordination of services within plans.
211.	Providers must have access to the information stored in Clinical Advisor free of charge for 7 years and longer for children's records	At this time, DHH has no plans to maintain Clinical Advisor (CA) past November 30, 2015. Magellan will communicate next steps needed to obtain provider information from CA, and the state and Magellan are encouraging providers to take these steps proactively and well before November 30, 2015. Magellan will also provide the methodology for providers requiring paper records from Clinical Advisor. Providers should be prepared to receive all their data from Clinical Advisor electronically or in paper format.
212.	Providers need web access to verify benefits and eligibility similar to MagellanofLouisiana.com; need health information exchange	The Bayou Health plans provide this information to their providers. DHH, through its Fiscal Intermediary, Molina, will maintain MEVS and REVS for providers to check eligibility of their members.
213.	Need an independent watchdog group/neutral party to monitor integration/transition process and report to legislature	There are multiple auditing and advocacy agencies over healthcare including the Legislative Auditor, the Advocacy Center, the Southern Poverty Law Center, and the Centers for Medicare and Medicaid Services (CMS) to name a few.
214.	No members should lose any services and no members should be dropped from plans during transition	DHH agrees with this recommendation. Every effort will be made to help ensure that does not happen through close monitoring continuity of care functions within the plans upon transition.
215.	All providers currently in the LBHP should be given a period of time to be grandfathered into the Bayou Health network (suggest 12 months). Those that are already accredited should be accepted by all plans.	As per NCQA guidelines, accepting another entity's credentialing without performing the function itself could put the Bayou Health plans' NCQA accreditation at risk. Options are still being considered for streamlining the process through a single repository for primary source documents for individual providers via CAQH. CAQH is not currently available to organizations for this purpose.
216.	Special consideration for rural community providers is needed to exempt them from accreditation	Options are being considered for streamlining the credentialing process through a single repository for primary source documents for individual providers via

	requirements under the premise that DHH will do annual monitoring. This would assist the smaller rural providers that can't meet the financial demands of accreditation.	CAQH; however, credentialing will still be a requirement to become a provider with the health plans. CAQH is not currently available to organizations for this purpose.
217.	Staff capacity with Bayou Health plans needs to be increased to accommodate increase of authorizations, claims issues, and provider services	Utilization Management staff are responsible for service authorizations and are required under the current Bayou Health contract. If the plans do not maintain sufficient staffing to achieve the desired outcomes or maintain compliance with contractual obligations, additional monitoring and regulatory action may be employed by DHH, including but not limited to requiring the plans to hire additional staff and application of monetary penalties as specified in the contract.
218.	Home and community-based services need to transition to Bayou Health with no changes from LBHP model, including current infrastructure. Regardless of which Bayou Health plan they are in, all members currently receiving services should automatically be authorized to protect them from interruption of services.	Seamless transition for those already authorized and receiving specialty behavioral health and pharmacy services at any level of care is a high priority for DHH. Through amending the Bayou Health contract, DHH will seek to assure that existing service authorizations are continued for a reasonable period of time and/or until services can be reviewed for continuation/medical necessity.
219.	Consumer needs pointed education on who will be handling their mental health needs. Huge area of concern as Magellan call center is terminated. Consumer and family members need to be included in this transition.	A communication strategy will be employed to educate and inform both members and providers. Communication will be issued through direct communication from the Bayou Health plans, Magellan, information from the state on the integration website, frequently asked questions list, webinars, and informational bulletins.
220.	Needs to be real consideration to current rates for services and to make them more comparable to private rate structure in order to sustain model	The current rates are not expected to increase or decrease prior to integration. The health plans will have the option to pay higher rates but must at least pay the minimum Medicaid rate on file.
221.	Bayou Health plans need to measure outcomes and utilization to create preferred provider rates with incentivized higher rates with preferred provider list published online	As part of the contract, the Bayou Health plans currently monitor provider performance and improvement in health outcomes and offer enhanced reimbursements based on these factors. Publishing a preferred provider list online will be considered by DHH.
222.	Compare Bayou Health plans against each other for performance based measures	This is currently done through DHH monitoring via analyzing required reports from the Bayou Health plans.
223.	Allow for provisional credentialing with limited documentation (i.e., license,	Options are still being considered for streamlining the process and DHH will discuss this recommendation with

	malpractice insurance, and resume) since the large hospitals contract with individual providers	our Program Integrity/Provider Enrollment staff as well as the Bayou Health plans; however, credentialing will still be a requirement to become a provider within the health plans.
224.	How much notice do Bayou Health plans intend to give to consumer if being dropped from the plan? Sufficient education needed on next steps at member level.	Involuntary disenrollment from a health plan primarily occurs when a member's Medicaid eligibility status changes. A notice of eligibility status change originates from Medicaid Eligibility. If the status change results in a subsequent disenrollment from Bayou Health, the Enrollment Broker notifies the member by mail as soon as they receive the electronic file from Molina indicating the change in status. Because eligibility changes are entered throughout the month, this notice can be generated at any time during the month, depending on when the change is entered into the Eligibility System.
225.	Will plans do training as Magellan did before it launched LBHP?	The Bayou Health plans currently have multiple entry-level trainings available on subject areas such as billing, submitting prior authorization requests, accessing the provider portal, etc. These are conducted both in-person and via webinar based on the request of the provider. Additionally, DHH will be working with the National Council for Behavioral Health to develop a series of supplemental webinars on integration.

ADVISORY GROUP MEETING

MARCH 20, 2015

ADVISORY GROUP RECOMMENDATION		DHH RESPONSE
WHICH QUALITY METRICS SPECIFIC OR ANCILLARY TO BEHAVIORAL HEALTH SHOULD BE ADDED TO THE BAYOU HEALTH PLAN MONITORING REQUIREMENTS? (RESPONSES 226-286)		
226.	Whatever metrics are going to be, keep them uniform across all plans.	All metrics related to authorities such as 1915(i), 1915(c), 1915(b) will be standard across all plans. Similarly, DHH will strive to require all reporting metrics to be uniform across plans.
227.	Validity of provider manuals	As per the current Bayou Health contract, the Bayou Health plans shall submit a copy of the Provider Training Manual and training schedule to DHH for approval within thirty (30) calendar days of the date the Bayou Health plans signed the Contract with DHH. Any changes to the manual shall be submitted to DHH at least thirty (30) calendar days prior to the scheduled change and dissemination of such change. With this requirement, DHH is able to review and monitor provider manuals and training.
228.	Timely access to services	This metric is currently collected by the Bayou Health plans and reported to DHH.
229.	Time from provider call to live person response	This metric is currently collected by the Bayou Health plans and reported to DHH.
230.	Time from claim submission to reimbursement	DHH has been working with the Bayou Health plans to have encounters include submission dates so that this can be monitored and tracked.
231.	Number of claims submitted; number of claims pended; number of claims paid; number of claims denied per time period; top reasons for denials	This metric is currently collected by the Bayou Health plans and reported to DHH.
232.	Wait list for services	Assuming this request is in relation to the LBHP 1915(c) waiver or 1915(i) State Plan services, there is currently no waiting list for these services.
233.	Time to first appointment from first contact	This metric is currently collected by the Bayou Health plans and reported to DHH.

234.	Time between evaluation and first treatment appointment	This is being considered as a performance metric for the 1915(i) State Plan amendment.
235.	Time from discharge from inpatient treatment to first outpatient follow-up appointment	This metric is being considered for the integration contract amendment.
236.	Number of services provided per week per member	This metric is currently collected by the Bayou Health plans and reported to DHH.
237.	Level of care indicators (inpatient vs. outpatient; including substance use services)	Interpreting this to mean an unduplicated count of persons served in each level of care, this is currently collected by the Bayou Health plans through claims submission and will be expanded to include behavioral health levels of care upon integration.
238.	Outcome measures based on services provided (behavioral health treatment outcome measures)	This metric is currently collected by the Bayou Health plans and reported to DHH relative to physical healthcare and will be expanded to include behavioral health.
239.	Access to medications	More specificity is needed to develop a metric around this indicator; however, the Bayou Health drug formularies and preferred drug lists are available for review. We encourage use of the following DHH email address for the submission of further inquiries and clarification so that this recommendation may be addressed: IntegratedHealthCare@la.gov .
240.	Number of emergency department presentation for psych/substance use indications	This metric is being considered for the integration contract amendment.
241.	Number of readmissions to previous inpatient setting after discharge	This metric is being considered for the integration contract amendment.
242.	Time between discharge from inpatient setting and readmission to inpatient setting	This metric is being considered for the integration contract amendment.
243.	Symptom reduction (using standard symptom measurement scales)	Symptom reduction is monitored for CSoC enrollees using the CANS, a standardized tool for assessment, treatment planning, and outcomes measurement. The CANS measures functional capacity across multiple settings (home, school, work), as well as the reduction in multiple specific symptoms and behaviors. The CANS also measures youth risk behaviors (includes SI/HI, etc.) and youth behavioral and emotional needs over time. It is administered to CSoC members at intake, again after each 180 days, and at discharge in order to measure the response to intervention. As we move to integration, additional outcome measures on symptom reduction for

		other populations are being considered for inclusion in the integration contract amendment.
244.	Functional capacity (School, home, work)	The CANS measures functional capacity across multiple settings (home, school, work), as well as the reduction in multiple specific symptoms and behaviors. The CANS also measures youth risk behaviors (includes SI/HI, etc.) and youth behavioral and emotional needs over time. It is administered to CSoC members at intake, again after each 180 days, and at discharge in order to measure the response to intervention. As we move to integration, additional outcome measures on functional capacity for other populations are being considered for inclusion in the integration contract amendment.
245.	Employment	As we move to integration, additional outcome measures are being considered for tracking by the Bayou Health plans in the integration contract amendment.
246.	Member and provider satisfaction surveys	A member and provider survey is being considered for the integration contract amendment specific to behavioral health.
247.	Number of referrals from behavioral health to primary care for health issues (diabetes, COPD, metabolic disorders, etc.)	This is being considered for the integration contract amendment.
248.	How many referrals from behavioral health to primary care are kept?	This is being considered for the integration contract amendment.
249.	How many referrals are made from primary care to behavioral health?	This is being considered for the integration contract amendment.
250.	How many referrals from primary care to behavioral health are kept?	This is being considered for the integration contract amendment.
251.	Number of labs for metabolic profile; lipids; FBS, etc.	There are specific HEDIS measures being considered for the integration contract amendment.
252.	Recording of weight, heights, waist measurements at indicated visits	This is currently collected through primary care visits and will be communicated to in-network behavioral health providers through the Bayou Health plans' secure provider portals.
253.	Are providers following APA/ADA monitoring guidelines for members receiving antipsychotic medications	Providers are monitored through clinical practice guidelines and licensure requirements for adherence. DHH monitors medication utilization through the Pharmacy Benefit Management programs within the Bayou Health plans.
254.	Are primary care providers doing screens for depression, substance	This is being considered for the integration contract amendment.

	use, smoking, gambling, etc. at indication visits?	
255.	Look at DHH plan to monitor Magellan and include all currently mandated standards	All current Magellan quality metrics are being reviewed for consideration and are being modified based on lessons learned for appropriateness, new CMS requirements, and enhanced based on newly applicable HEDIS measures.
256.	Change Medicaid codes to accurately reflect which screeners and what treatments are being utilized	More specific information is needed regarding the issue in order to accurately respond to this recommendation. We encourage use of the following DHH email address for the submission of further inquiries and clarification so that it may be addressed: IntegratedHealthCare@la.gov .
257.	Provider network sufficiency and identification of network/service gaps	This metric is currently collected by the Bayou Health plans and reported to DHH. We are looking at ways to improve monitoring for the behavioral health network via the contract amendment.
258.	Outpatient metrics relative to the crisis continuum	Crisis services are an area DHH is looking to enhance through integration. Improved metrics are being considered for the contract amendment.
259.	Reduction in specific behaviors such as self-harm and suicide	As we move to integration, additional outcome measures are being considered for tracking by the Bayou Health plans in the integration contract amendment.
260.	Make each Bayou Health plans' wellness scale available	Each Bayou Health plan bases service authorization on medical necessity. In compliance with the definition of medical necessity as published in the Louisiana Register, Volume 37, No.1 (LAC 50:1.1101) and as required in the Bayou Health contract, medically necessary services are defined as: Those health care services that are in accordance with generally accepted, evidence-based medical standards or that are considered by most physicians (or other independent licensed practitioners) within the community of their respective professional organizations to be the standard of care. In order to be considered medically necessary, services must be: (1) deemed reasonably necessary to diagnose, correct, cure, alleviate or prevent the worsening of a condition or conditions that endanger life, cause suffering or pain or have resulted or will result in a handicap, physical deformity or malfunction; and (2) not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease. Any such services must be clinically appropriate, individualized, specific and

		consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and neither more nor less than what the recipient requires at that specific point in time. Services that are experimental, non-FDA approved, investigational, or cosmetic are specifically excluded from Medicaid coverage and will be deemed “not medically necessary.” The Medicaid Director, in consultation with the Medicaid Medical Director, may consider authorizing services at his discretion on a case-by-case basis.
261.	When client is placed into a higher level of care because recommended level of care is not available	The Bayou Health plans are contractually obligated to maintain network adequacy and access to services.
262.	Outcome indicators vs. process indicators	Outcomes measures are often tied to participant self-reporting and can be difficult to capture. However, DHH is working toward capturing more outcome measures relative to integration. Process measures are also useful especially during implementation of a program.
263.	Functional assessment scale	The Child and Adolescent Needs and Strengths (CANS) assessment measures functional capacity across multiple settings (home, school, work), as well as the reduction in multiple specific symptoms and behaviors. The CANS also measures youth risk behaviors and youth behavioral and emotional needs over time. It is administered to CSoC members at intake, again after each 180 days, and at discharge in order to measure the response to intervention.
264.	Time from request to authorization and reauthorization	This metric is being considered for the integration contract amendment.
265.	Denial rates	This metric is being considered for the integration contract amendment.
266.	Length of stay	This metric is being considered for the integration contract amendment.
267.	Length of treatment plan	The SMO currently tracks receipt of services and frequency, amount, type and duration as stated in the member’s plan as opposed to the length of the actual plan. This metric is being considered for the integration contract amendment.
268.	Co-occurring indications	Diagnosis is currently captured on the claims submission to the Bayou Health plans.
269.	Do not deviate from metrics required from LGE/DHH contracts	LGE quality metrics do not capture quality indicators for all provider types, such as hospitals, etc.

270.	Criteria and education level of Bayou Health staff determining service authorization	Criteria and education of staff is determined under contract. Under Bayou Health, prior authorization staff shall include a Louisiana licensed registered nurse, physician or physician's assistant. DHH is proposing inclusion of Licensed Mental Health Professionals (LMHP) within authorization staff for the contract amendment.
271.	Track member enrollment changes during open authorizations in while in treatment	The state Medicaid program office tracks member enrollment in the Medicaid program and member eligibility for specific waiver services.
272.	Track how many changes in actual level of care received vs. what is outlined in plan of care or treatment plan	This is being considered for the integration contract amendment.
273.	Track number of denials after approval and the recouping funds	This is being considered for the integration contract amendment.
274.	Track the number of changes in placement during treatment of OJJ/DCFS custody children	This is being considered for the integration contract amendment.
275.	Track previous services and transmit medical records of clients to the client's new provider	This is being considered for the integration contract amendment as it is a main component of care coordination; however, as it requires member consent, this process may not be implementable in 100% of all cases.
276.	Track no shows/missed visits for behavioral health and primary care	This is being considered for the integration contract amendment; however, the Bayou Health plans will only be able to track this measure for services requiring prior authorization.
277.	Track length of time it takes the Bayou Health plan to correct an identified insufficiency	This will be tracked through the current process for corrective action plans.
278.	Track number of rejected provider applications and why	This is being considered for the integration contract amendment.
279.	Geo-map where clients hospitalized and are receiving outpatient services, especially for children. Track readmissions by regions/provider and address regionally as needed.	This is being considered for the integration contract amendment in order to facilitate monitoring of network adequacy and access to care.
280.	Track positive drug screens	This metric is currently collected by the Bayou Health plans and reported to DHH.
281.	Track incarceration rates	Currently, Medicaid must track member incarceration in order to determine eligibility for Medicaid services.

282.	Number of behavioral health providers located in or near primary care; establish access standards and geo-map for deficiencies	This is being considered for the integration contract amendment in order to facilitate monitoring of network adequacy and access to care.
283.	Discharge planning and ambulatory follow-up metrics	This metric is being enhanced for consideration in the integration contract amendment.
284.	Consider same metrics as CARF	This is being considered for the integration contract amendment.
285.	Care coordination/referrals	This metric is being enhanced for consideration in the integration contract amendment.
286.	The Bayou Health plans should look at what provider types have to report for CMS and try to duplicate as much as possible, especially for acute/inpatient providers.	CMS gives states latitude to require additional reporting and standards over and above CMS requirements to ensure a quality program and continuity of care to members.

ADVISORY GROUP RECOMMENDATION		DHH RESPONSE
WHAT TECHNICAL ASSISTANCE DO YOU NEED TO ENSURE QUALITY REPORTING IN TERMS OF ON-SITE WORKFLOW TO COLLECT AND REPORT THE DATA, AND WITH ELECTRONIC HEALTH RECORD UTILIZATION? <i>(RESPONSES 287-316)</i>		
287.	Technical assistance will vary based on metrics collected. Standardize the metrics across plans by provider type.	All metrics related to authorities such as 1915(i), 1915(c), 1915(b) will be standard across all plans. Similarly, DHH will strive to require all reporting metrics to be uniform across plans.
288.	Providers will have to modify EHR to reflect whatever new requirements Bayou Health implements, which are likely to align mostly with meaningful use. TA on system modifications and meaningful use will be needed.	As per the current contract The Bayou Health plan shall conduct initial training within thirty (30) days of placing a newly contracted provider, or provider group, on active status. The Bayou Health plan shall also conduct ongoing training, as deemed necessary by the Bayou Health plan or DHH, in order to ensure compliance with program standards and the Contract. The Bayou Health plan shall also develop and offer specialized initial and ongoing training in the areas including but not limited to billing procedures.
289.	Need a person on-site from each plan to work with providers, especially their staff, for manual extraction and data entry. Also helps to standardize the data capture so it isn't misinterpreted.	For quality measures and administrative measures, Bayou Health plans use a document format that provides a standard structure with which to report aggregated quality measure data. All currently collected quality measures can be found in Appendix J to the contract. This appendix will be updated with behavioral health measures upon integration. Bayou Health provider

		relations staff are available to assist providers with capturing these measures and submitting data to the Bayou Health plans.
290.	If providers have EHR, it costs extra to connect and interface with each of the 5 plans, so would prefer to feed into a centralized, cost-affordable data warehouse that can then feed into each of the Bayou Health plans so that only one data interface is needed for providers. Concern expressed about using LaHIE due to high cost for hospital association providers and it has limited behavioral health capacity according to Central LA Human Services District. Better to expand a DHH mechanism to centralize the data. Other Local Governing Entities (LGEs) and providers disagree and believe that LaHIE is best interface for this purpose in order to interface with primary care providers.	The state will not be providing an electronic health record (EHR) or centralized data warehouse for providers. Providers are encouraged to explore individual options for electronic records or to maintain paper records. OBH will be hosting a vendor fair on May 21, 2015, and will invite EHR and clearinghouse vendors to speak personally with providers interested in purchasing an EHR. Technical assistance will be available from the Bayou Health plans for providers opting to purchase an EHR on how to interface for electronic claims submission. Each Bayou Health plan also has a secure provider portal for in-network providers to access patient information and medical histories as needed. Details on PHI safeguards and sharing information are still being developed.
291.	Have Bayou Health plans work with each individual provider to preserve integrity of the data	Bayou Health provider relations staff are available to assist providers with capturing these measures and submitting data to the Bayou Health plans.
292.	What is the method of technical assistance (TA), what is quality of TA, who will provide the TA, when will they provide it and how frequently?	Technical Assistance (TA) should be item-specific. For example TA related to a given health plan's credentialing processes, contracting, prior authorization, and/or claims submission must necessarily be done by the respective health plan. TA related to Pharmacy Benefit Management (PBM) may be conducted by the health plan or its PBM vendor. TA related to CSoC and Wraparound may be conducted by the Wraparound Agency, DHH, or its designee, depending on the issue. Some TA may be related to transition and implementation, and other TA related to ongoing matters on billing, authorization, etc., and will therefore have different timelines.
293.	Will it be an additional cost to input data and modify systems?	Costs will vary based on provider system sophistication and interfacing requirements of each health plan's systems.
294.	Peer support services are provided by unit so need Bayou Health to prioritize assistance on inputting data into an electronic system data exchange for	All five of the Bayou Health plans will have systems for electronic claims submission and training to provide assistance for billing. All are required to maintain a Provider Claims Educator, and claims and encounter

	Peer Specialists as this will be especially cumbersome under five plans.	processing staff, as well as, provider relations staff to help providers.
295.	If using Clinical Advisor now, concerned with cost now approaching 5 different health plans. OBH should define EHR parameters and offer technical and financial support to providers switching off of clinical advisor—not requesting money but rather have OBH underwrite and make available an EHR to smaller providers. Don't make it mandatory, but make it optional and available. Don't have one, single EHR.	DHH and Bayou Health support the development of electronic health records; however, the state will not be providing an EHR via Bayou Health. Providers are encouraged to explore individual options for electronic records that meet their individual needs, or maintain paper records. OBH will be hosting a vendor fair on May 21, 2015, and will invite EHR and clearinghouse vendors to speak personally with providers interested in purchasing an EHR. Technical assistance will be available from the Bayou Health plans for providers opting to purchase an EHR or clearinghouse on how to interface for electronic claims submission.
296.	Different providers are going to need different metrics for their own business and the data varies across provider types. Providers should look at what has been useful in Clinical Advisor and find an EHR that shares those metrics to purchase.	DHH and Bayou Health support the development of electronic health records; however, the state will not be providing an EHR via Bayou Health. Providers are encouraged to explore individual options for electronic records that meet their individual needs, or maintain paper records. OBH will be hosting a vendor fair on May 21, 2015, and will invite EHR and clearinghouse vendors to speak personally with providers interested in purchasing an EHR.
297.	For providers that already have EHR, why would Bayou Health need to know other information outside of the provision of services and submission of claims?	Additional quality metrics may need to be captured to measure outcomes with the integration of acute and behavioral health.
298.	Providers want Bayou Health to tell them what outcome measures they are responsible for; these should be outcome indicators and not process indicators.	All currently collected quality measures can be found in Appendix J to the contract. This appendix will be updated with behavioral health measures upon integration.
299.	Provide TA but make it brief and through a webinar.	Currently, the Bayou Health plans offer trainings via webinars. Additionally, DHH will be hosting provider webinars through its technical assistance consultants, the National Council for Behavioral Health.
300.	Hold weekly provider calls with DHH on specific issues as they arise for resolution. Organize them based on provider type at the beginning of integration and have a set resolution response time for the state or health	Such calls were conducted by Magellan as part of the LBHP implementation and were valuable at start up. Currently, Medicaid hosts a provider call every two weeks for issue resolution and has begun dedicating several of these calls to behavioral health focus areas as we prepare

	plan to respond back to the provider. Include Bayou Health plans as needed.	for integration. Frequency of these calls may increase or decrease depending on need and participation.
301.	Use a standardized, single software on claims and billing systems and provide it to the providers for free. Bayou Health should be paying for the information they expect to be collected from the providers.	There are no plans, provisions or funding for such a system at this time. Each health plan must comply with DHH's Electronic Claims Data Interchange policies for certification of electronically submitted claims.
302.	Regional training vs. individual training or webinars. Training should be individualized based on provider type and function.	Currently, a training series is being developed in coordination with our national consultants with the National Council for Behavioral Health.
303.	Is DHH requiring uniformity or compatibility of Bayou Health's systems? Or will providers have to enter data 5 different ways? Recommend using only one system.	There are no plans, provisions or funding for such a system at this time. Each health plan must comply with DHH's Electronic Claims Data Interchange policies for certification of electronically submitted claims.
304.	Need technical assistance with transfer of data that existed in Clinical Advisor	Magellan will be sending further communications on the decommissioning of Clinical Advisor and transfer of clinical records prior to December 1, 2015.
305.	Bayou Health needs call centers for immediate technical assistance focused solely on systems issues similar to how they have a service call center. Have special liaisons on technical assistance/systems and quality reporting.	Bayou Health contract requirements call for a Provider Claims Educator to be a full time (40 hours per week) employee. This position is to be fully integrated with the Bayou Health plan's grievance, claims processing and provider relations system. The primary functions of this staff position includes, but is not limited to, educating in- and out- of network providers regarding claims submission, coding updates, electronic claims transactions and transfers, provider manuals, websites, fee schedules, etc. Frequent communications, both telephonic and on-site, with providers is an expectation of this position.
306.	Have Bayou Health newsletters to providers to keep updated information flowing.	In addition to a full time Provider Claims educator, a Provider Services Manager is responsible to coordinate communications between the Bayou Health plan and its providers. The contract with the health plans includes language regarding the required Bayou Health plan website, Provider Handbook, as well as Member Handbook. The Provider Handbook must include a description of the Bayou Health plan, core benefits and services provided, and emergency service responsibilities. In addition, information about policies and procedures, grievance systems, medical necessity standards, practice protocols provider responsibilities,

		prior authorization and referral procedures must be included, as well as medical record standards, claims submission protocols, and prompt payment information, etc. The contract requires that the Bayou Health plans disseminate bulletins as needed to incorporate any changes to their Provider Handbooks.
307.	Create a technical assistance team at the state level in its role as a contract manager and tie it to contract metrics to address provider issues. Include a representative from each Bayou Health plan to serve on the team to ensure that questions are resolved from service providers.	Please refer to Informational Bulletin 12-27 (http://new.dhh.louisiana.gov/assets/docs/BayouHealth/Informational Bulletins/IB12-27.pdf) for the process for Provider Issue Escalation and Resolution up to and including executive management of the Bayou Health plans and contact with DHH.
308.	There are very few EHRs that can interface on true integrated models and these are very expensive. Need to know the quality metrics being collected and then need technical assistance in database decision-making on how to use and interpret quality data to lead to improved performance.	All currently collected quality measures can be found in Appendix J to the contract. This appendix will be updated with behavioral health measures upon integration. Increased TA around transition to the Bayou Health plans will be conducted.
309.	Educate the Bayou Health plans on HIPAA and 42 CFR so that sharing of member information is not restricted between providers when it's legally allowable through member consent through an information exchange.	Currently, the Bayou Health contract requires the plans to adhere to all state and federal laws. Additionally, the Bayou Health contract amendment for integration will require compliance with HIPAA and 42 CFR. DHH will work with the plans to understand the implications of this requirement.
310.	Need TA and a resolution for integrating care when member consent is not given for info transfer from a behavioral health provider to a medical provider.	Obtaining member consent will be a priority for the Bayou Health plans and all plans will be required to attempt obtaining consent as required by 42 CFR and/or HIPAA when applicable.
311.	Offer technical assistance to providers who might need financial support during transition	DHH cannot offer financial assistance to providers. However, increased TA around transition to the Bayou Health plans will be conducted in conjunction with the National Council for Behavioral Health through webinars, assessments, etc.
312.	Build in to Bayou Health plan contract that they have general information sharing requirements under a universal consent form as clients become members in the plan. Assure them that it is part of a normal and	Obtaining member consent will be a priority for the Bayou Health plans and all plans will be required to explain about its requirements and attempt obtaining consent as required by 42 CFR and/or HIPAA when applicable. As part of the integration contract amendment, DHH will require that the plans track the

	standard business practice. Explain to members so that they have informed consent.	number of members offered the opportunity to consent on release of clinical records, and how many members actually gave such consent.
313.	Technical assistance should include how to set up a true quality assurance program (choosing quality indicators, capturing those indicators, and how to analyze data/statistical knowledge)	Quality assurance is currently a function of the Bayou Health plans through their respective Quality Assessment and Performance Improvement (QAPI) Programs, which shall define and implement improvements in processes that enhance clinical efficiency, provide effective utilization, and focus on improved outcome management. If, as part of the QAPI Program function, it is determined that technical assistance to providers is needed for quality assurance or improvement, the plans will implement trainings as needed. In addition, as part of its Network Development and Management policies, the Bayou Health plans are required to provide training for their providers.
314.	<p>Technical assistance on how to establish a quality improvement program:</p> <ul style="list-style-type: none"> ▪ How to identify areas in need of improvement through the use of objective data ▪ How to construct an improvement plan ▪ How to implement the plan ▪ How to monitor to see if the plan is working ▪ How to determine what to change if the plan is not working ▪ How to analyze data 	Quality improvement is currently a function of the Bayou Health plans through their respective Quality Assessment and Performance Improvement (QAPI) Programs, which shall define and implement improvements in processes that enhance clinical efficiency, provide effective utilization, and focus on improved outcome management. If, as part of the QAPI Program function, it is determined that technical assistance to providers is needed for quality assurance or improvement, the plans will implement trainings as needed. In addition, as part of its Network Development and Management policies, the Bayou Health plans are required to provide training for their providers.
315.	Technical assistance on expertise in choosing an integrated EHR that can be modified to collect real time quality data	DHH and Bayou Health support the development of electronic health records. Providers are encouraged to explore options for electronic records that meet their individual needs, or maintain paper records. OBH will be hosting a vendor fair on May 21, 2015, and will invite EHR and clearinghouse vendors to speak personally with providers interested in purchasing an EHR. Technical assistance will be available from the Bayou Health plans for providers opting to purchase an EHR or clearinghouse system on interfacing with the plans for submission of quality data.
316.	Technical assistance on how to use and interpret quality data to lead to improved performance	The QAPI Programs operated by the Bayou Health plans shall define and implement improvements in processes that enhance clinical efficiency, provide effective utilization, and focus on improved outcome

		management. If, as part of the QAPI Program function, it is determined that technical assistance to providers is needed for quality assurance or improvement, the plans will implement trainings as needed.
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ADVISORY GROUP RECOMMENDATION		DHH RESPONSE
HOW SHOULD THE BAYOU HEALTH PLANS MONITOR EVIDENCE-BASED PRACTICES WITH FIDELITY TO PRACTICE? <i>(RESPONSES 317-351)</i>		
317.	Bayou Health Plans need to focus on outcomes. Monitoring fidelity is expensive; do they even have the capacity and staff?	Each Bayou Health plan must establish a Quality Assessment and Performance Improvement Program (QAPI) to measure, evaluate, and monitor quality of care and services and promote improved patient outcomes. Incorporated strategies include, but are not limited to performance improvement projects, medical record audits, performance measures, member and provider surveys, as well as activities that address health disparities identified through data collection. Each plan's governing body must oversee and evaluate the impact and effectiveness of its QAPI program.
318.	Licensing and credentialing process should include monitoring of fidelity of practices.	Fidelity to practice is only applicable to evidence-based practices. The Bayou Health plans will be responsible for monitoring for fidelity, and DHH shall monitor the Bayou Health plans.
319.	EBPs are identified in National Guidelines; look at process now for monitoring.	Evidence-based practices (EBPs) will be monitored in accordance with national fidelity standards.
320.	DHH should have the role of monitoring of fidelity. Could be considered in Accountability and Implementation Plan (AIP) process with the LGEs.	DHH and the Bayou Health plans will work together to monitor fidelity to practice.
321.	Expecting the Bayou Health Plans to monitor is overreaching. In relation to a specific "practice," use the national standard.	Evidence-based practices (EBPs) will be monitored in accordance with national fidelity standards.
322.	What practices will be reimbursed, and do they cover the continuum of services?	Please see the Louisiana Behavioral Health Partnership (LBHP) Service Definitions Manual which is used to construct clinical guidelines for the current LBHP. The manual describes LBHP services and basic requirements that must, at a minimum, be required. Upon finalization of integration details, any new or additional services will be included.

		http://new.dhh.louisiana.gov/assets/docs/BehavioralHealth/LBHP/2014_RFP_Procurement_Library/LBHP_SDM_08152014.pdf
323.	What are the EBPs approved by the state?	<p>Please see the Louisiana Behavioral Health Partnership (LBHP) Service Definitions Manual which is used to construct clinical guidelines for the current LBHP. The manual describes LBHP services and basic requirements that must, at a minimum, be required. Upon finalization of integration details, any new or additional services will be included.</p> <p>http://new.dhh.louisiana.gov/assets/docs/BehavioralHealth/LBHP/2014_RFP_Procurement_Library/LBHP_SDM_08152014.pdf</p>
324.	Maintain appropriate consultants to implement the EBPs.	If the Bayou Health plans do not achieve the desired outcomes or maintain compliance with contractual obligations and service provision, additional monitoring and regulatory action may be employed by DHH, including but not limited to requiring the plans to hire additional staff and application of monetary penalties as specified in the contract.
325.	Bayou Health can monitor the appropriate use of medications—fidelity monitoring around types of medications and appropriate use. Outcomes are poor because guidelines are not followed.	Each Bayou Health plan must have a Pharmacy Benefits Management (PBM) program to assure good management of drug cost and utilization, as well as clinically-sound and evidence-based prescribing practices. PBM services required under contract will include assurances for member and prescriber education, efficient prior authorization processes, and to improve patient health outcomes via appropriate and safe drug therapies. Prescribers who deviate from established guidelines will be notified if/when prescribing does not conform to standards of practice. Each Bayou Health plan must have a Pharmacy and Therapeutics Committee that meets at least quarterly, and PDL and formulary development must be reviewed and approved by DHH.
326.	What is the baseline standard?	DHH and the Bayou Health plans will work together to monitor fidelity to practice according to national standards.
327.	Monitoring should include feedback from the model facilitators/trainers to be included in data on outcomes.	This data is collected currently and will continue under integration through the Bayou Health plans.
328.	Bayou Health can communicate with providers what outcomes they are looking for. Outcomes are easier to follow and measure. If you are measuring the outcomes, you see the	The Bayou Health plans are contractually required to establish and implement a QAPI Program, that monitors and evaluates the quality and appropriateness of care and services and that improves patient outcomes through monitoring and evaluation activities. The

	movement in the right direction. Outcomes should reflect the fidelity.	requirements of this program are outlined in Section 14.1 of the Bayou Health contract.
329.	Bayou Health should track overall outcomes like length of stay, recidivism, tracking readmission, discharge planning are monitored.	The Bayou Health plans report clinical and administrative performance measure data on an annual basis as specified by DHH and in accordance with the specifications of the Bayou Health Quality Companion Guide. The Bayou Health plans are required to report on the Performance Measures listed in Appendix J of the Bayou Health contract.
330.	Any statewide adoption of a practice should be monitored (for example: ADHD).	All statewide adoption of EBPs are monitored by DHH and its managed care contractors.
331.	Aren't most EBPs and programs monitored by the national group?	Yes, they are monitored nationally; however, DHH and the Bayou Health plans will work together to monitor fidelity to practice according to national standards.
332.	Credentialing process should identify how the fidelity of the practice is monitored.	Fidelity is a quality monitoring function, which should inform the contracting and credentialing process with the Bayou Health plans, though it may not be a specific requirement since the credentialing process is largely determined by federal, state and plan accrediting bodies.
333.	Make sure patients are meeting the guidelines for patient population.	DHH and the Bayou Health plans will work together to monitor fidelity to practice according to the national standards, including assurances that the Bayou Health plans are authorizing services for EBPs according to medical necessity.
334.	Bayou Health plan may not have the personnel, but they should ensure programs are meeting fidelity standards. Monitoring should include the fidelity to the model and training.	DHH and the Bayou Health plans will work together to monitor fidelity to practice consistent and standardized according to the national standards. Monitoring will include both fidelity monitoring and training on EBPs.
335.	Fidelity assessment tools that are standard should be used.	DHH and the Bayou Health plans will work together to monitor fidelity to practice consistent and standardized according to the national standards.
336.	National guidelines clearinghouse has identified EBPs which we should adopt and not reinvent the wheel.	Adoption of EBPs is in accordance with national guidelines. DHH and the Bayou Health plans will work together to monitor fidelity to practice according to those national standards.
337.	List the providers who are certified in a specific practice. Bayou Health should go further to ensure the fidelity.	This recommendation will be considered when developing the new requirements for the Bayou Health plans via the contract amendment for integration.
338.	Should every provider implement all the EBPs? If a provider holds itself out to provide an approved EBP, they	Yes. All Bayou Health plans are expected to provide all services currently covered under the LBHP.

	have to show they have been trained. What financial incentives are providers given to ensure EBPs are provided?	
339.	Fidelity assessments were done for ACT teams in the past; now there is no knowledge as to whether it is being done currently. Please advise.	DHH and the Bayou Health plans will work together to monitor fidelity to practice according to national standards.
340.	Peer support programs administer surveys to monitor quality and outcomes. Certification of peers is available to ensure training is provided on the model. How will peer supports be certified under Bayou Health?	OBH will continue to provide certification for peer support specialists.
341.	Bayou Health should pay a certain rate if they are implementing a certain practice.	Although Bayou Health is a capitated program, the Bayou Health plans must reimburse at least the minimum Medicaid rate.
342.	Exercise caution with a for-profit company monitoring fidelity.	DHH and the Bayou Health plans will work together to monitor fidelity to practice according to national standards. DHH will be monitoring and have oversight over Bayou Health plan monitoring and compliance. Additionally, DHH monitors service utilization through the Medical Loss Ratio (MLR), which is a formula driven tool to ensure that administrative expenditures (including profit) do not exceed 15% of all expenditures and that service payments are maintained at 85% or higher as per the current Bayou Health contract.
343.	Fidelity monitoring should fall under the licensure and credentialing category under DHH licensure with Health Standards (e.g., fidelity should be monitored by DHH). Others thought monitoring of EBPs should fall under Medicaid as contract manager.	The Bayou Health plans and DHH, through the Office of Behavioral Health as subject matter experts and Medicaid as the contact managers, will work together to monitor fidelity to practice according to national standards.
344.	Outcomes should be available to the state by the Bayou Health plan.	Quality reporting is a requirement of the current Bayou Health contract. Outcomes associated with EBPs will be monitored and included in reporting requirements upon integration.
345.	EBP providers should be joint Commission and CARF accredited. CARF accreditation ensures compliance to the model. Will all EBP	All EBP providers are required to be licensed professionals. Agencies providing rehabilitation services (CPST, PSR, and/or CI), Psychiatric Rehabilitation Treatment Facilities (PRTF), Therapeutic Group Homes

	providers be required to be CARF accredited?	<p>and Residential Addictions treatment facilities, must supply proof of accreditation or proof that the applicant applied for accreditation and paid the initial application fees for one of these national accreditation organizations:</p> <ul style="list-style-type: none"> • The Council on Accreditation; (COA) • The Commission on Accreditation of Rehabilitation Facilities (CARF); or, • The Joint Commission on Accreditation of Health Care Organizations (JACAOH). <p>Agencies providing Evidence Based Program services (MST, FFT, Homebuilders, ACT, etc.) in addition to the providers outlined above must meet additional requirements specific to these services as listed in the Service Definitions Manual (http://new.dhh.louisiana.gov/index.cfm/page/538).</p>
346.	Insurance companies such as the Bayou Health plans have incentives to disqualify services.	As per the Bayou Health contract, all prior authorization functions must be monitored to assure that decisions are made in a consistent manner and based on clinical criteria and medical necessity.
347.	Is there enough capacity for Bayou Health to ensure fidelity of practice? Requires onsite monitoring, do they have staff/personnel to do that?	Each Bayou Health plan must establish a QAPI Program to measure, evaluate, and monitor quality of care and services and promote improved patient outcomes. Incorporated strategies include, but are not limited to, performance improvement projects, medical record audits, performance measures, member and provider surveys, as well as activities that address health disparities identified through data collection. Each plan's governing body must oversee and evaluate the impact and effectiveness of its QAPI Program.
348.	Bayou Health needs to get the data to follow the client to ensure level of care is appropriate.	DHH and the Bayou Health plans will work together to monitor fidelity to practice according to national standards. The Bayou Health plans will be responsible for collection of all claims data and outcome measures from the providers to assist with monitoring.
349.	Bayou Health should have a repertoire of information to ensure they know what the best practices are.	DHH, specifically through OBH monitoring and subject matter expertise, will work with the Bayou Health plans to ensure they are kept abreast of current evidence-based practices.
350.	Bayou Health should not do this function, they should continue the auditing of outcomes.	DHH and the Bayou Health plans will work together to monitor fidelity to practice according to national standards.

351.	Consider comfort level for providers; state should continue what state does. But it will be hard to monitor from DHH headquarters in Baton Rouge—should be given to LGEs with support for adequate resources.	DHH and the Bayou Health plans will work together to monitor fidelity to practice according to national standards.
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ADVISORY GROUP RECOMMENDATION		DHH RESPONSE
WHAT LOCAL STAFFING REQUIREMENTS SHOULD EXIST FOR THE BAYOU HEALTH PLANS? <i>(RESPONSES 352-385)</i>		
352.	In state administration (CEO, COO, CFO, IT)	As per the current Bayou Health contract, the CEO and COO are required to be in-state positions. The CFO and Information Management and System Director are not required to be in-state. The Bayou Health plans are also required to maintain claims processing and encounter processing personnel. Additionally, the plans must employ sufficient staffing and utilize appropriate resources to achieve contractual compliance. The Bayou Health plan's resource allocation must be adequate to achieve outcomes in all functional areas within the organization.
353.	In state staff sufficient to respond to member and provider issues	As per the current Bayou Health contract, the plans are required to maintain a provider services manager and provider relations/services staff as well as a member services manager and member services staff. If the plans do not achieve the desired outcomes or maintain compliance with contractual obligations, additional monitoring and regulatory action may be employed by DHH, including but not limited to requiring the plans to hire additional staff and application of monetary penalties as specified in the contract.
354.	Sufficient IT and claims management staff to assist providers with claims submission issues	Each plan is required to maintain an Information Management and System Director and a Provider Claims Educator. The Bayou Health plans are also required to maintain claims processing and encounter processing personnel sufficient to achieve contractual compliance. The Bayou Health plan's resource allocation must be adequate to achieve outcomes in all functional areas within the organization. If the plans do not achieve the desired outcomes or maintain compliance with contractual obligations, additional monitoring and regulatory action may be employed by DHH, including but not limited to requiring the plans to hire additional staff

		and application of monetary penalties as specified in the contract.
355.	Sufficient member service personnel to address member concerns with regard to access to services and other member services.	As per the current Bayou Health contract, the plans are required to maintain a member services manager and member services staff. This staff must be sufficient to enable members to receive prompt responses and assistance. There shall be sufficient Member Services staff to enable members and potential members to receive prompt resolution of their problems or inquiries. If the plans do not achieve the desired outcomes or maintain compliance with contractual obligations, additional monitoring and regulatory action may be employed by DHH, including but not limited to requiring the plans to hire additional staff and application of monetary penalties as specified in the contract.
356.	Local staff with Bayou Health need to be knowledgeable about behavioral health services	In preparation for integration, the Bayou Health plans will be ramping up behavioral health staffing patterns and training them within the managed care model. Additionally, in conjunction with its national consultants, DHH will be preparing readiness assessments for the plans.
357.	Need provider relations and peer support services locally staffed and preferably with college degrees/experience	The Provider Services Managers are required to be in-state for each Bayou Health plan. Provider relations support staff are also available to enable providers to receive prompt responses and assistance and handle provider grievances and disputes. Contractually, there shall be sufficient Provider Services staff to enable providers to receive prompt resolution of their problems and inquiries and appropriate education about participation in the Bayou Health program and to maintain a sufficient provider network. DHH is exploring options for use of peers upon integration and working to expand use of peer support services through the plans.
358.	Utilization management (UM) staff and care managers that are LMHP medical personnel, locally assigned and ASAM experienced. UM staff should be individually assigned as case workers to each provider so they only have 1 person to call.	Currently required Bayou Health UM staff must include a Louisiana licensed registered nurse, physician or physician's assistant. It is anticipated that this requirement will be expanded to include LMHPs under the integrated model of care. As per the contract, case manager and UM staff currently serve separate functions. UM staff are responsible for service authorizations, whereas, case managers function as assessors, facilitators and advocates for members seeking care options within the Bayou Health plan. If the plans do not achieve the desired outcomes or maintain compliance with contractual obligations, additional

		monitoring and regulatory action may be employed by DHH, including but not limited to requiring the plans to hire additional staff and application of monetary penalties as specified in the contract.
359.	Local staff consisting of psychiatrists, addictionologists, licensed social workers, nurses, pharmacologists, medical psychologists	These are currently required staffing positions under the LBHP and will be considered for inclusion in the Bayou Health contract amendment for integration. If the plans do not achieve the desired outcomes or maintain compliance with contractual obligations, additional monitoring and regulatory action may be employed by DHH, including but not limited to requiring the plans to hire additional staff and application of monetary penalties as specified in the contract.
360.	Specialized care coordination expertise	This will be a primary focus under integration and enhancements to this function will be considered for the Bayou Health contract amendment.
361.	Backup sites for hurricanes and emergencies	Each Bayou Health plan is required to maintain an emergency preparedness plan. Additionally, the state maintains emergency protocols and operates evacuation sites and medical special needs shelters during disaster events.
362.	Hotlines have to be staffed by behavioral health experienced staff and operated locally	This recommendation will be considered when developing the new requirements for the Bayou Health plans via the contract amendment for integration.
363.	Clinical triage teams experienced in behavioral health	Relative to service authorization, this recommendation will be considered for inclusion in new requirements for the Bayou Health plans via the contract amendment for integration in order to assist with medical necessity determinations.
364.	Have organized community outreach teams knowledgeable in behavioral health	This suggestion will be taken under advisement when discussing training and outreach expectations with the Bayou Health plans in preparation for integration.
365.	Peer support supervisors	DHH is exploring options for use of peers upon integration and working to expand use of peer support services through the plans upon integration.
366.	Liaisons and backup liaisons, particularly for LGEs and embedded in the LGEs if possible	Dedicated provider relations staff for our sister agencies are being considered when developing the Bayou Health contract amendment.
367.	Liaisons for each provider type if possible, and member liaisons (including both primary care and behavioral health specialties with a liaison in each region)	The plans are currently required to maintain sufficient provider relations staff and member services staff to manage problems and inquiries within their networks and enrollees. Current requirements will be expanded to include use of LMHPs upon integration. Regional

		implementation is not being considered at this time since current contractual obligations require the plans to have sufficient staff to assure adequate local geographic coverage for in field face to face contact with providers and members as appropriate. If the plans do not achieve the desired outcomes or maintain compliance with contractual obligations, additional monitoring and regulatory action may be employed by DHH, including but not limited to requiring the plans to hire additional staff and application of monetary penalties as specified in the contract.
368.	Bayou Health should maintain a presence/office in each region of the state or have local quick access; have a local administrator who makes decisions.	Regional implementation is not being considered at this time since current contractual obligations require the plans to have sufficient staff to assure adequate local geographic coverage for in field face to face contact with providers and members as appropriate. If the plans do not achieve the desired outcomes or maintain compliance with contractual obligations, additional monitoring and regulatory action may be employed by DHH, including but not limited to requiring the plans to hire additional staff and application of monetary penalties as specified in the contract.
369.	Dedicated trainers in processes, quality management	Staffing patterns focused on quality improvement and coordination are being considered for the Bayou Health contract amendment for integration.
370.	Member and provider relations staff	As per the current Bayou Health contract, the plans are required to maintain a provider services manager and provider relations/services staff as well as a member services manager and member services staff. These will be expanded to include LMHPs upon integration. If the plans do not achieve the desired outcomes or maintain compliance with contractual obligations, additional monitoring and regulatory action may be employed by DHH, including but not limited to requiring the plans to hire additional staff and application of monetary penalties as specified in the contract.
371.	Case managers and license reviewers must also be licensed in Louisiana	Each Bayou Health plan is required to maintain a case management administrator/manager who oversees the case management staff which are required to assess, plan, facilitate and advocate options and services to meet the enrollees' health needs through communication and available resources to promote quality cost-effective outcomes. The plans are required to provide and maintain appropriate levels of case management staff necessary to assure adequate local geographic coverage

		for in field face to face contact with physicians and members as appropriate. Reviewers included in the prior authorization staff include a Louisiana licensed registered nurse, physician or physician's assistant, and, upon integration, will incorporate the same standards as are currently required of Magellan for Licensed Mental Health Professionals (LMHP).
372.	Hold periodic meetings that invite all local providers	This suggestion will be taken under advisement when discussing training and outreach expectations with the Bayou Health plans in preparation for integration.
373.	Diverse, multi-lingual staff including local, community persons	The Bayou Health plans must employ sufficient staffing and utilize appropriate resources to achieve contractual compliance including adequate resource allocation, which will be evaluated based on outcomes and compliance with contractual and DHH policy requirements, including the requirement for providing culturally competent services. The plans shall also require that providers deliver services in a culturally competent manner to all members, including those with limited English proficiency and diverse cultural and ethnic backgrounds and provide for interpreters in accordance with 42 CFR §438.206(c)(2). Additionally, If the plans do not achieve the desired outcomes or maintain compliance with contractual obligations, additional monitoring and regulatory action may be employed by DHH, including but not limited to requiring the plans to hire additional staff and application of monetary penalties as specified in the contract.
374.	Medicaid enrollment specialists	DHH is working to determine requirements for allowing LBHP providers not currently enrolled with Molina the ability to independently verify a member's Medicaid eligibility through the MEVS/REVS eligibility system. It will also display what Bayou Health plan the member is enrolled with.
375.	Claims management staff with a centralized claims processing for both behavioral and physical claims	Bayou Health is currently required to maintain a Claims Administrator and a Provider Claims Educator along with sufficient claims processing staff to ensure the timely and accurate processing and submission to DHH of encounter data and reports.
376.	Judiciary liaison for each Bayou Health plan	Judiciary liaisons will be considered when developing in the Bayou Health contract amendment.
377.	Employ staff who are knowledgeable about ASAM levels that can assist on the front end	Inclusion of LMHPs in each plan's staffing requirements will be mandatory upon integration. If the plans do not achieve the desired outcomes or maintain compliance

		with contractual obligations, additional monitoring and regulatory action may be employed by DHH, including but not limited to requiring the plans to hire additional staff and application of monetary penalties as specified in the contract.
378.	Knowledgeable reauthorization staff and case managers who can approve admission and discharge with follow-up relative to inpatient psych care	Inclusion of LMHPs in each plan's staffing requirements will be mandatory upon integration. If the plans do not achieve the desired outcomes or maintain compliance with contractual obligations, additional monitoring and regulatory action may be employed by DHH, including but not limited to requiring the plans to hire additional staff and application of monetary penalties as specified in the contract.
379.	Quality staff that perform spot checks for those not reaching outcome measures	Staffing patterns focused on quality improvement and coordination are being considered for the Bayou Health contract amendment for integration.
380.	Family support coordinators that are local and multi-cultural	Currently, the purpose of the Wraparound facilitator in the Wraparound Agencies (WAAs) is to coordinate all services and supports for the youth and families in CSoC. With inclusion of the 1915(c) waiver and its requirements in Bayou Health, the plans will be required to work with the Wraparound Agencies to ensure families are brought into the Plan of Care for CSoC youth. In addition to staffing through the WAAs, the Bayou Health plans must employ sufficient staffing and utilize appropriate resources to achieve contractual compliance including the requirement for providing culturally competent services. The plans shall also require that providers deliver services in a culturally competent manner to all members, including those with limited English proficiency and diverse cultural and ethnic backgrounds and provide for interpreters in accordance with 42 CFR §438.206(c)(2).
381.	Patient advocates	The Bayou Health plans are required to maintain sufficient case managers to see to the needs of their members in this respect. If the plans do not achieve the desired outcomes or maintain compliance with contractual obligations, additional monitoring and regulatory action may be employed by DHH, including but not limited to requiring the plans to hire additional staff and application of monetary penalties as specified in the contract.
382.	Provider care and mental health and addiction liaison in each region	Regional implementation is not being considered at this time since current contractual obligations require the

		plans to have sufficient staff to assure adequate local geographic coverage for in field face to face contact with providers and members as appropriate. However, inclusion of LMHPs in each plan's staffing requirements will be mandatory upon integration.
383.	Single 1-800 number for members and providers with 24/7 access	It is not anticipated that there will be single 1-800 number as there was under Magellan. Rather, each plan will maintain 24/7 telephonic access for members and providers as per the current contractual requirements. This number will be printed on the member's Bayou Health membership card.
384.	Q&A section on Bayou Health plan websites	This suggestion will be taken under advisement when discussing expectations with the Bayou Health plans in preparation for integration.
385.	Housing coordinators	Housing coordinators will be considered when developing the Bayou Health contract amendment.