DIAMOND PLAN
From Coventry Health Care

POTENTIAL BEHAVIORAL HEALTH INTEGRATION MODELS
COMMENTS

After reviewing the Options presented for management of Medicaid services in the State of MD, the Diamond plan recommends Option 1 (capitated): Protected Carve-In.

The rationale behind this recommendation is our belief that integrated care management with our behavioral health partners brings about the most seamless experience for the consumer as well as the best outcomes. We have experience with both model 1 and 2 and see more success with total patient management where we have access to all aspects of their care—physical, pharmaceutical and behavioral. Our internal patient management team has access to the single member care plan that encompasses member specific behavioral and medical care needs and is managed by a team of advocates including behavioral, medical, and pharmacy team members who participate in care management meetings. When issues such as high ER utilization emerge, the Diamond Plan is able to quickly focus on the member from all aspects.

Under Model 2, it can be difficult to gain access to another vendor's files. Additionally, there can be a lot of push/pull as to "whose responsibility" a service belongs to. Communication must be established and clear rules of the road published and agreed upon.

Model 3 is a different perspective we do not have experience with. We do, however, see many of the same issues as with Model 2.

No matter which model is selected, we would be happy to support and participate in design and specifications. As stated in your Behavioral Health Integration document, the Diamond Plan does have a great deal of interest in the specs.