

Medicaid-Related Aspects of RFP
and Related Revisions to HealthChoice

1. Support for clinical integration
 - a. Need to define clinical requirements, such as:
 - i. Coordination of care between ASO and MCOs
 - ii. Coordination of care between ASO and REM case management
 - iii. Coordination of care regarding dual eligible and Medicare providers/services
 - iv. Coordination of care between treatment of mental illness and treatment of substance use disorders when separate providers are involved
 - v. Defining the ASO's role when an individual is served through a new Chronic Health Home, to assign clear roles for care coordination
 - vi. Coordination with PCP (and any related changes in HealthChoice)
 - b. Need to define communication requirements, such as:
 - i. Expectations for ASO to communicate with MCOs
 - ii. Expectations for MCOs to communicate with ASO
 - iii. PCP linkage with behavioral health providers
 - c. Data sharing
 - i. Between and among ASO, MCOs, and treating providers
2. Financial incentives
 - a. Need to define measures (and have data) at ASO level
 - i. Medical outcomes
 - ii. Satisfaction (consumer and/or provider)?
 - iii. Operational (e.g., timeliness of reviews for authorization; call center metrics; complaint resolution; % of first-call resolution)
 - iv. Non-medical (social) outcomes?
 - b. Need to define measures (and have data) at MCO level
 - c. Need to define methodology
 - i. Shared savings?
 - ii. Other form of financial incentive?
 - iii. Other form of financial disincentive?
 - d. Should model involve financial incentives at provider level?
 - i. PCMH
 - ii. Behavioral Health Home (new Section 2703 State Plan)

iii. If so, need to define fair mechanism for risk adjustment

3. Non-financial incentives
 - a. Utilization review streamlining?
 - b. Other?
4. Authorization and utilization rule development
 - a. Defining rules that ASO is applying
5. Administrative requirements
 - a. Resolving disputes between provider and ASO
 - b. Resolving billing disputes between MCO and ASO/behavioral health provider
 - c. Credentialing
 - d. Other
6. Pharmacy
 - a. Need to define medications being carved out of MCOs (in area of addiction treatment)
 - b. Should ASO be required, in its scope of work, to manage authorization process for carve-out behavioral health medications?
7. Organizational beneficiary protections
 - a. Appeals and grievances process
 - b. Ombudsman?
 - c. Consumer Advisory Board?
8. Defining services that are carved-in vs. carved out