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December 21, 2020

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Ms. Tricia Roddy
Director, Medicaid, Health Care Financing
Maryland Department of Health
201 W. Preston Street
Baltimore, MD 21201

SUBJECT: Behavioral Health System of Care Workgroup Initiatives

Sent electronically to: tricia.rodde@maryland.gov

Dear Ms. Roddy:

On behalf of the nine managed care plans that arrange for the care of over 1.5 million Marylanders enrolled in the HealthChoice program, the Maryland Managed Care Organization Association (MMCOA) appreciates the opportunity to communicate our suggestions surrounding possible discussions convened and initiatives pursued over the next six months by the Behavioral Health System of Care Workgroup. We welcome the opportunity to discuss the suggestions below at greater length at your convenience. Respectfully, our requests include:

- 1. Review of BHA/ASO alignment with MDH priorities regarding COVID-19 pandemic and other public health priorities.**
 - A. How is the ASO and behavioral health community currently advancing MDH COVID-19 priorities? How could that be strengthened to create an even more unified and integrated approach to patient outreach, education, testing and vaccination? What is being done/what could be done additionally regarding COVID-19 vaccination for high risk patient populations e.g. those with severe and persistent mental illness [SPMI] and/or those receiving substance abuse services? Are there plans for behavioral health sites where medications are dispensed and injected to become sites for vaccination administration??
 - B. How is the ASO currently advancing MDH efforts regarding other public health priorities such as the Diabetes Action Plan? Maternal and Child Health? How could the current initiatives be strengthened across the entire spectrum of Medicaid health care delivery?
- 2. Review and discussion surrounding ASO release of data to MCOs.**
 - A. Updates on current progress and discussion on the annual ROI with potential report generation by MCO to further enhance care coordination
 - B. Discussion regarding possible ways to make this process more efficient and beneficial to members.

3. Updates from CRISP.

- A. Presentation delivered to the Workgroup from a CRISP representative addressing questions of interest: Does ASO have access to CRISP? What level of access does BHA have to CRISP? Is the ASO able to access patient and clinical information via CRISP?
- B. Discussion on potential increased use of CRISP, including two-way visibility (MCO-ASO) of patient data and enhancements to CRISP in development to aid in integration.

4. Examination and discussion of the integration of somatic and BH care, specifically during acute care admissions.

- A. Discussion of possible pilot process development to identify the gaps in communication between authorized medically necessary admissions and the transition to a primary behavior health or substance use admission. Aim: to improve access to timely behavioral health treatment with specific focus on those with substance use disorders to streamline care of members that access both somatic and BH services.

5. Examination and discussion of the integration of care for patients receiving Medication Assisted Treatment.

- A. Discussion on methods to integrate medical case management for members interested in Medication Assisted Treatment with special focus on increasing preventive health screening, access to care and closing quality gaps.

Again, we welcome your responses, feedback, and the opportunity for continued dialogue on these suggestions and other possible initiatives of the Workgroup over the next six months.

As always, we appreciate our strong partnership. Please do not hesitate to contact me with any questions or suggestions at jbriemann@marylandmco.org or (443) 758-4046.

Respectfully,



Jennifer L. Briemann
Executive Director
Maryland Managed Care Organization Association