



# COMMONWEALTH of VIRGINIA

## *Department of Medical Assistance Services*

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March 17, 2021

### MEMORANDUM

**TO:** The Honorable Janet D. Howell  
Chair, Senate Finance Committee

The Honorable Luke E. Torian  
Chair, House Appropriations Committee

The Honorable Mark D. Sickles  
Vice Chair, House Appropriations Committee

**FROM:** Karen Kimsey  
Director, Virginia Department of Medical Assistance Services

**SUBJECT: Redesign of Behavioral Health Services**

This report is submitted in compliance with the Virginia Acts of the Assembly – Item 313.NNNN., which states:

*“The Department of Medical Assistance Services (DMAS) shall convene an advisory panel of representatives chosen by the Virginia Association of Community Services Boards (VACSB), the Virginia Association of Community-Based Providers (VACBP), the Virginia Coalition of Private Provider Associations (VCOPPA), Caliber, the Virginia Network of Private Providers (VNPP), and the Virginia Hospital and Healthcare Association. The advisory panel shall meet at least every two months with the appropriate staff from DMAS to review and advise on all aspects of the plan for and implementation of the redesign of behavioral health services with a specific focus on ensuring that the systemic plan incorporates development, and maintenance of sustainable business models. Upon advice of the Advisory panel, DMAS may assign staff, as necessary, to review operations of a sample of providers to examine the process for service authorization, the interpretation of the medical necessity criteria, and the claims processing by all Medicaid managed care organizations. DMAS will report their findings from this review to the advisory panel and to the Secretary of Health and Human Resources, and the Chairs of House Appropriations and Senate Finance by April 1, 2021.”*

**Should you have any questions or need additional information, please feel free to contact me at (804) 786-8099.**

**KK**

**Enclosure**

**Pc: The Honorable Daniel Carey, M.D., Secretary of Health and Human Resources**

# Redesign of Behavioral Health Services

A Report to the Virginia General Assembly

April 1, 2021

## Report Mandate:

*The Department of Medical Assistance Services (DMAS) shall convene an advisory panel of representatives chosen by the Virginia Association of Community Services Boards (VACSB), the Virginia Association of Community-Based Providers (VACBP), the Virginia Coalition of Private Provider Associations (VCOPPA), Caliber, the Virginia Network of Private Providers (VNPP), and the Virginia Hospital and Healthcare Association. The advisory panel shall meet at least every two months with the appropriate staff from DMAS to review and advise on all aspects of the plan for and implementation of the redesign of behavioral health services with a specific focus on ensuring that the systemic plan incorporates development, and maintenance of sustainable business models. Upon advice of the Advisory panel, DMAS may assign staff, as necessary, to review operations of a sample of providers to examine the process for service authorization, the interpretation of the medical necessity criteria, and the claims processing by all Medicaid managed care organizations. DMAS will report their findings from this review to the advisory panel and to the Secretary of Health and Human Resources, and the Chairs of House Appropriations and Senate Finance by April 1, 2021.*

## Executive Summary

DMAS received initial funding for the proposed Redesign of Behavioral Health Services through the 2020 Special Session I Amendments to the 2020 Appropriation Act Item 313.NNNN, though this funding was unallotted during the initial Public Health Emergency associated with COVID-19. Funding was reinstated through the 2020 Special Session of the General Assembly, with an altered timeline and budget projection that accommodated for time lost due to the implementation being on hold while the Commonwealth responded to the immediate needs of the Public Health Emergency.

The 2020 Special Session I Amendments to the 2020 Appropriation Act Item 313.NNNN also included language that mandated DMAS to establish an advisory panel composed of behavioral health provider associations to address concerns related to the implementation of new services within managed care, including the process for service authorization, the interpretation of medical necessity criteria, and claims processing. In

## About DMAS and Medicaid

**DMAS's mission is to improve the health and well-being of Virginians through access to high-quality health care coverage.**

DMAS administers Virginia's Medicaid and CHIP programs for more than 1.6 million Virginians. Members have access to primary and specialty health services, inpatient care, behavioral health as well as addiction and recovery treatment services. In addition, Medicaid long-term services and supports enable thousands of Virginians to remain in their homes or to access residential and nursing home care.

Medicaid members historically have included children, pregnant women, parents and caretakers, older adults, and individuals with disabilities. In 2019, Virginia expanded the Medicaid eligibility rules to make health care coverage available to more than 400,000 newly eligible, low-income adults.

Medicaid and CHIP (known in Virginia as Family Access to Medical Insurance Security, or FAMIS) are jointly funded by Virginia and the federal government under Title XIX and Title XXI of the Social Security Act. Virginia generally receives a dollar-for-dollar federal spending match in the Medicaid program. Medicaid expansion qualifies the Commonwealth for a federal funding match of no less than 90 percent for newly eligible adults, generating cost savings that benefit the overall state budget.

working with stakeholders named in the budget language, it was resolved that this panel would be an ongoing collaborative to be called the “Behavioral Health MCO Resolutions Panel.” The initial meeting of the panel was on December 17, 2020 and included the Behavioral Health Provider Associations and internal DMAS Divisions including Behavioral Health, Healthcare Services and Integrated Care. This body will continue to meet on a bi-monthly schedule and will consider the first six months a pilot process for the structure put in place, with a plan to evaluate its effectiveness and integrate feedback into a more permanent structure.

## **Background**

DMAS developed and proposed a structure wherein the Provider Associations would submit concerns regarding managed care organization (MCO) contract compliance of the identified areas in the mandate. DMAS led discussions with the advisory panel in regards to the other mechanisms by which DMAS and other organizations monitor MCO activities and hold them accountable for contract expectations. DMAS also led discussions to support differentiation between the advisory panel work and the typical scope and mechanism of the individual appeal process. The agreed upon scope of work for this panel was established to include trend-level evidence to indicate repeated examples that could be indicative of contract violations. The panel was tasked with reviewing documents to determine evidence of contract compliance violations and posting resolutions on the DMAS website. DMAS established the required forms for the provision of the narrative describing the issues of concern and evidence supporting compliance violations. DMAS developed an Issues Resolutions Log wherein concerns are to be documented in detail, including parties involved, dates of submission, and actions taken for resolution by DMAS and the MCOs.

In the initial MCO Resolutions Panel workgroup DMAS proposed a structure for the workgroup to include:

- The process for submitting issues to the panel and development of an Issues Log Template
- DMAS and the MCO’s process for assigning, researching, and working an issue to resolution
- Timeframe for resolving the agreed upon issues
- The panel’s role in prioritizing issues based on common themes and trends as reported by the Provider Associations. If no common areas of concern were identified, issues would be heard in the order of submission.
- Reporting back to the panel on outcomes, noting factors influencing the resolution of issues including complexity of and resources required to research the issue. The panel determined that meetings would occur every other month to allow time for internal DMAS meetings and outreach to the MCOs.

Schedule of meetings :

- December 17, 2020: MCO Resolution Panel Kick-off Meeting
- March 11, 2021: Discuss the Issues Log format and Review with the Panel for Feedback
- May 2021: First Sample Run with an Issue

# Template to Submit Issues

File Tools View Provider Request Template (2).docx - Word

**In order for DMAS to assist you please provide the following information:**

- 1) **Provider Information – include all of the following:**
  - Your Name
  - Contact phone number and email and best time to reach you.
  - Provider Name and NPI #
- 2) **MCO Information – include all of the following:**
  - Health Plan: CCCPlus or Medallion 4
  - MCO Name
  - MCO contact with whom you attempted to resolve the issue (name, number, etc.)
  - Date of Last MCO contact
  - MCO response provided (please cut and paste the response)
- 3) **Member Information – Must be encrypted (under penalty of law)**  
**Include all of the following:**
  - Member Name, address, phone number
  - 12 digit Medicaid ID number
  - Date(s) of service
  - Service name and related procedure code(s)
- 4) **Provide a brief description of the issue?**
  - Examples of types of issues
    - Member access to care concern
    - Provider enrollment/credentialing
    - Service authorization
    - Claims denied or paid incorrectly
    - Safety or quality of care concern
- 5) **What is the outcome you are seeking? (What is it that you are asking of DMAS?)** Please know that your request may or may not be possible based on contractual obligations.

End of document

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## Issues Resolutions Log

External Issues Log							
Project Name: MCO Resolution Panel							
Description of Issues	CCC+/MED 4	MCO(S)Involved	Status (Open, Closed, Parking Lot)	Action Plan	Responsible Party	Date Resolved (DMAS)	Date Panel Notified