



Behavioral Health Integration Advisory Hub Meeting

February 22, 2024

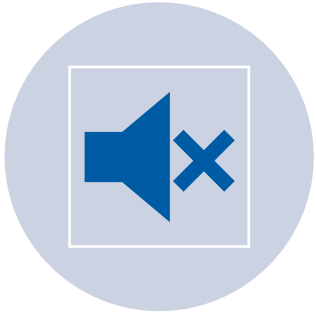
1:00–2:30 pm

Please update your display name
on Zoom to include your name and
organization. Thank you!

Agenda

- Provide updates on BH integration progress
- Recap last Advisory Hub meeting and share current standards and potential changes in key policy areas
- Seek input on care management considerations for BH integration
- Discuss upcoming provider and member forums

Housekeeping



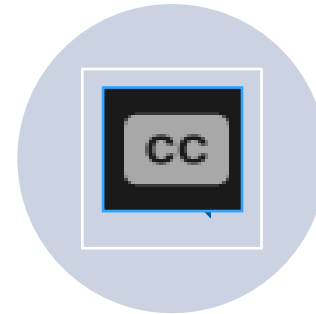
All attendees will enter the meeting on mute.



To use the “Chat” function, click the speech bubble icon at the bottom of the screen.



Use the “raise hand” function if you wish to speak.



You can enable closed captions at the bottom of the screen.

North Star Principles

Serve people the best way possible.

We will **provide high quality services** our members need in the right setting and at the right time by improving access and supporting individuals through evidence-based methods.

Communicate with clarity and concern.

We will **increase integration** through improved care coordination, strong payer-provider partnerships, and broader electronic health record integration between physical and behavioral health providers.

Explore new ways to solve problems.

We will strengthen our current innovative approaches to whole-person care models and culturally competent care, and introduce new "best practice" opportunities that **improve outcomes**.

Work closely with our stakeholders.

We will collaborate with our **community stakeholders** and aligned systems to raise awareness and provide support, with a shared commitment to respect, dignity, equity, and inclusion.

Show people we care.

We will make **empathy, positive energy, and collaborative focus** our hallmark, internally and externally, with focus on the strengths, resources, challenges and needs of the people we serve.

Updates on BH integration progress

How BH Integration Will Work: Phase 1

Phase 1 – Outpatient BH

Some MCO integration exists today for mental health (MH) and substance use disorder (SUD) services

Discussions began *Fall 2023* for implementation in *January 2025*

- A
 - MH independent clinicians – includes Psychiatrists, Psychologists, Advanced Practice Nurses, and Licensed Clinical Social Workers
 - SUD independent clinicians – includes Licensed Clinical Alcohol and Drug Counselors and MH clinicians who provide SUD services

- B
 - MH Partial Hospitalization and MH Partial Care in an outpatient clinic

- C
 - MH outpatient hospital or clinic services
 - SUD intensive outpatient
 - SUD outpatient clinic services – including Ambulatory Withdrawal Management

- D
 - SUD Partial Care

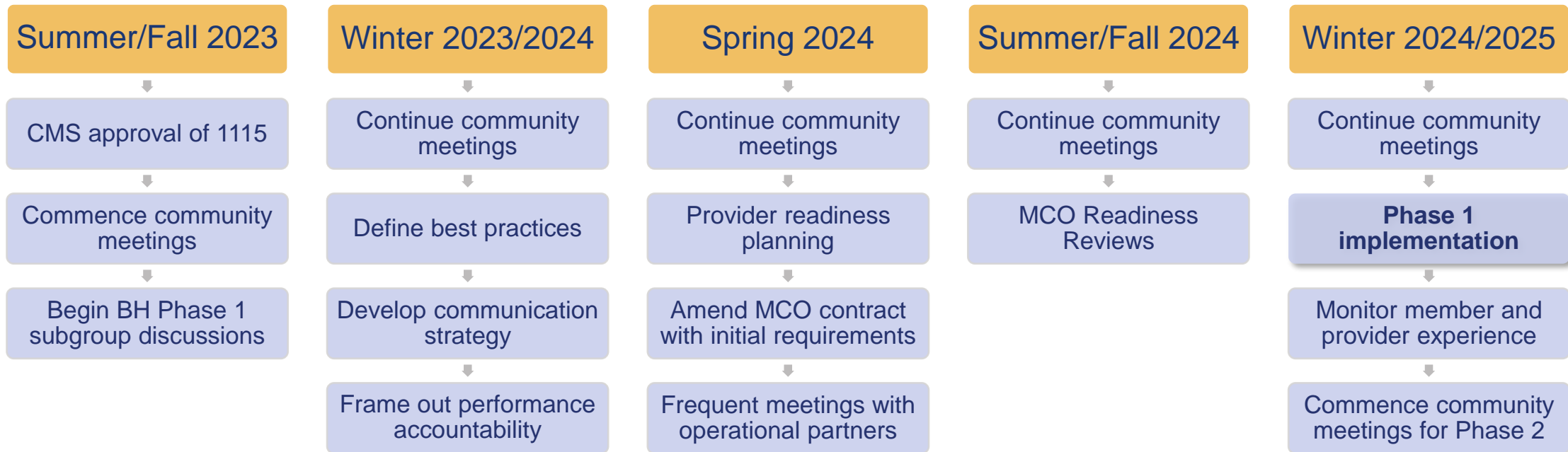
Future phases:

Residential Services

Opioid Treatment Programs (OTP)

Other BH Services

Timeline for BH Integration



Discuss feedback from last Advisory Hub and proposed changes in key policy areas

Policy Priorities for Behavioral Health Integration



Ensure access and continuity for members

- Covered services
- Eligible populations / providers
- Provider networks & member access



Promote a positive provider experience

- **Provider credentialing / enrollment**
- Rates
- Billing & claims



Enable streamlined, coordinated care delivery

- **Prior authorizations (PA)**
- **Care management**
- Telehealth
- PCP & BH provider coordination

Highlighted items are for discussion at today's Hub meeting

Provider credentialing / enrollment | Feedback and potential policy changes

Current standards

Each **MCO**:

- Implements its **own credentialing system**
- Uses its **own form / portal**
- Can add **MCO-specific requirements**

The **state** requires MCOs to:

- Collect **minimum requirements** through their forms / portal
- Allow use of **CAQH¹** (3rd-party platform that collects & auto-populates standard provider information)

Dec. Advisory Hub feedback

- **Streamline credentialing across MCOs** to reduce provider burden and limit confusion
- Allow for contracting with "**any willing provider**"

Potential policy changes

- We are working with providers and MCOs to:
 - Align on **standard set of credentialing requirements**, with limited MCO-specific additions
 - Determine **tools/processes** to streamline data submission
- MCOs must contract with "**any qualified willing provider**" for first 24 months (or longer if network adequacy standards are not met)

1. CAQH: Council for Affordable Quality Healthcare

Provider credentialing | Discussion questions

1. What parts of the **credentialing data collection and submission process** would most **relieve provider burden** if standardized across MCOs?
2. For providers **using CAQH** today: how much does this **help streamline** the process? How much **additional paperwork** do you often complete for credentialing beyond CAQH?
3. For providers **not using CAQH**: what **prevents** you from using it, and what would **incentivize** you to do so?

Prior authorization (PA) | Feedback and potential policy changes

Current MCO & FFS standards

Both:

- **PA prohibited** for medication assisted treatment (MAT) and office based addiction treatment (OBAT)
- Required to use **ASAM criteria** for SUD PA decisions

FFS only:

- Max time for approval/notification is **24 hours** for all services through IME

MCOs only:

- **Max time for approval / notification is 14 days for non-urgent** and **24 hours for urgent** services
- MCOs required to **report on number of PAs request and denied** by service type per quarter

Dec. Advisory Hub feedback

- Support **consistency and transparency** in all PA policies
- Focus on **timely** authorization processes to ensure **access to care**
- Consider that **administrative burden** creates **hiring/retention issues** for providers
- Consider PA only for **high-cost services at risk for fraud / abuse**

Potential policy changes

- For first 6 months of BH integration, **PA request submitted** for MCO tracking; will be **auto-approved**
- **Prohibit PA** for outpatient MH therapy / SUD counseling
- Reduce "**non-urgent**" approval time to 7 days, categorize **stepdown from ER / inpatient as "urgent"**
- **Auto-approve 5 days of urgent detox**
- Introduce new **PA report** for BH
- Add **min. durations** for key services¹

1. Service delivery durations may be shorter than authorized duration; dependent on clinical need & provider discretion
New Jersey Human Services

Prior Authorization | Discussion questions

1. How may these policy changes, as part of the shift from fee-for-service to managed care, impact member experience including timely access to the right level of care?
2. How may these changes impact BH provider experience?
3. What are your thoughts on the most optimal minimum authorization duration for these services?
 - MH Acute Partial hospital: 1-3 weeks
 - SUD Intensive outpatient program: 45-90 days
 - SUD short-term residential*: 1-3 weeks
 - SUD long-term residential*: 3-5 weeks

** Note SUD short-term and long-term residential services will be integrated into managed care contracts in Phase 2*

MCO Care Management | Overview

Enrollment

- Identify levels of member need (including BH needs) at enrollment
- Develop pathways for individuals to become enrolled, including trigger events and other sources (e.g., self, providers, families)

Delivery

- Develop and refine care plan
- Conduct care coordination
- Support individual member progress with health and wellness goals

State Monitoring

- Establish goals on desired outcomes and quality metrics for all MCOs
- Assess quality from member and provider perspective through surveys
- Establish quality metrics

Care Management | Discussion Questions

1. What are the characteristics of effective care management to support whole person care for individuals with behavioral health conditions?
2. What are important considerations for member and provider experience when there are multiple care managers, including when a member receives both MCO and provider-led care management?
3. What priorities for MCO-led care management should be considered in the transition to BH integration, related to:
 - Enrollment?
 - Delivery?
 - Monitoring?

Additional feedback from Dec. Advisory Hub to address in future meetings

Ensure access and continuity for members

- Avoid disrupting long-standing patient-provider relationships in design policies
- Measure access beyond existing adequacy standards (e.g., if accepting new patients)
- Ensure accuracy of provider directory
- Ensure continuation of telehealth for BH
- Center the lived experience of members and apply a racial equity lens to member access

Promote a positive provider experience

- Clarify credentialing requirements for staff not fully clinically licensed
- Address concerns about payment (e.g., accuracy, competitive rates) and claims issues

Enable streamlined, coordinated care delivery

- Outline clear & consistent Utilization Management process
- To advance more integrated deliver of care, examine licensure reforms and supports for capital investments

Provider and member forums

Provider Forums

- Provider forums will **kick off in March**, organized by provider subgroup types
 - Subgroup A: MH and SUD independent clinicians
 - Subgroup B: MH partial care and partial hospitalization programs
 - Subgroup C: MH outpatient hospital or clinic services, SUD outpatient, SUD intensive outpatient
 - Subgroup D: SUD partial care
- **Goals:** Share information, invite high-level feedback on provider type-specific policy implications, and support provider readiness
- **Participants:** Open to all providers, relevant provider associations, and MCOs and publicized widely (invitations will be shared with Advisory Hub)
- **Logistics:** First meetings will be held in March, exact dates/times TBD (subgroups A/C joint meeting and subgroups B/D joint meeting)

Member Forums

- Member forums are planned to take place in May (3 in-person, 1 virtual)
- Goals are to share updates, invite feedback on policy questions, and discuss member experiences to inform program design
- Will seek to build off existing member engagement initiatives and partner with trusted organizations

Next Steps

Planned Topics for April Advisory Hub

- Progress updates, including on provider and member engagement
- Care management challenges & best practices
- Other key policy areas and topics to be determined

Opportunities to Engage

- Next Advisory Hub meeting: Thursday April 25, 1:00 – 2:30 pm, with registration link to be shared shortly.
- Participate in upcoming provider forums, which are open to all providers (dates to be determined and registration links will be shared.)
- Share outreach materials about member forums when those events are finalized.

Thank you!