

## Summary of BHH services MCO Learning Event

Friday, November 2, 2018

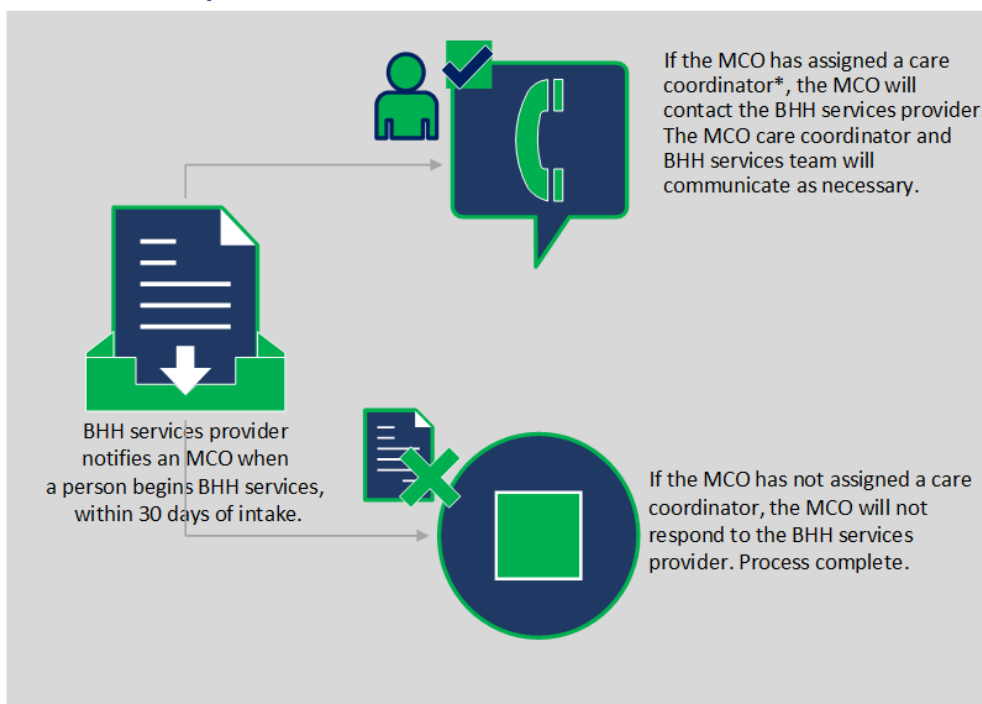
### What is working well?

- For members that receive BHH services and have an MCO care coordinator assigned to them, BHH services providers say that they have been able to work together really well to support the person in understanding service options, etc.
- BHH services providers reported that MCOs notified them when BHH services members had a hospital stay.
- Some MCO representatives explained that they have been able to use the BHH services notification form to help track six-month initial engagement service.
- Some MCOs said that they have also used the BHH services notification form to share information with BHH services providers about whether an enrollee is receiving a duplicative service (e.g. mental health targeted case management [MH-TCM, etc.]).

### What has been challenging? Possible solutions?

- BHH services providers reported that they often have difficulty understanding what the MCO does with the BHH services notifications. BHH services providers said that sometimes they will receive a call from the MCO care coordinator for a member. But usually there is no follow-up from the MCO.
  - People enrolled in Special Needs BasicCare (SNBC), Minnesota Senior Health Options (MSHO) or Minnesota Senior Care Plus (MSC+) will have an assigned care coordinator.
  - People in Families & Children (the majority of people) will not have an assigned care coordinator. When the MCO has not assigned a care coordinator, the BHH services provider is not required to notify the MCO of hospitalizations, ED visits, etc.
  - The following visual has been prepared to help define the process.

#### BHH services process for MCO notification



\*SNBC, MSHO and MSC+ always assign a care coordinator.

Families and children will only assign care coordinator if required to manage complex medical conditions, etc.

- BHH services providers reported having difficulty finding out who is the assigned care coordinator for a member.
  - MCO representatives explained that BHH services providers should be able to contact Member Services at the MCO to get the name and contact number of the care coordinator, if one has been assigned. MCO representatives reminded BHH services providers, that generally speaking, only people who are enrolled in SNBC, MSHO and MSC+ will have a MCO care coordinator assigned to them. If the MCO has not assigned a care coordinator to the member receiving BHH services, the BHH services provider is not required to do anything more than provide notification of eligibility for BHH services.
  - If a BHH services provider thinks there is a good reason for the MCO to assign a care coordinator to a member, the BHH services provider can call the Member Services at the MCO and explain why MCO care coordination support is necessary.
- BHH services providers reported that getting information about whether a person is getting health care home (HCH) care coordination services can be challenging. Many members don't know that they are getting HCH care coordination services.
  - MCO representatives explained that there is not a simple way for MCOs to provide this information to BHH services providers. MCO Member Services and Provider Services staff usually do not have access to claims data. Claims data is needed to determine if a provider was billing for HCH care coordination.
  - After group discussion of this issue, DHS agreed to identify which HCH clinics are billing for care coordination services and make this information available to BHH services providers.
  - The group also discussed the need to develop training to support BHH services providers in gathering information about HCH care coordination. For the most part, BHH services staff are able to get information from members about case managers and ACT services. The same is not true for HCH care coordination services.
  - The group supported the idea of DHS exploring whether an argument can be made to allow HCH care coordination billing in the same month as BHH services. HCH care coordination services differs significantly from BHH services.
- BHH providers reported that they have difficulties understanding BHH services billing requirements for the various MCOs.
  - Under federal and state law, each MCO has the ability to establish their own billing requirements. Sometimes these billing requirements are based on the type of contract the provider has with the MCO. The best way to get information about a particular MCO's billing requirements is to call or email the BHH services contact.
- BHH services providers reported that they do not receive referrals for BHH services from MCOs.
  - The group agreed that DHS and BHH services providers need to work collaboratively to educate MCOs about the breadth of services and supports available to their members through BHH services. BHH services could be a very helpful support for MCOs to take advantage of for enrollees who need more support, but who do not qualify for MH-TCM, ACT, etc.
  - MCOs expressed interest in having more opportunities to meet with and learn about BHH services providers. Some MCOs discussed "lunch and learn" opportunities. DHS committed to facilitating future opportunities to bring MCO representatives and BHH services providers together to foster greater understanding of the benefits of BHH services.
  - DHS is committed to keeping the channels of communication open between BHH services providers and MCOs. DHS will look into hosting webinars and other opportunities on a quarterly basis that will bring MCO representatives and BHH services providers together.
  - DHS will present preliminary findings from BHH services evaluations to MCOs and BHH services providers.

- BHH providers and MCO representatives reported that providing effective services for transition age youth can be challenging.
  - The group agreed that there is a general lack of resources for this population, and historically this population has had complex needs.
  - DHS, MCOs and BHH services providers as well as other providers need to work together to develop an understanding of options available for transition age youth that are moving off of MH-TCM or other services that are considered to be duplicative of BHH services.

### Next Steps

1. DHS will host a similar learning opportunity in rural parts of the state to try to ensure that BHH services providers outside the metro have the same opportunities for sharing and learning. DHS will look for ways to make this possible, either scheduling a stand-alone event, or adding a BHH services and MCO learning event onto another learning event. DHS will announce information about future BHH services and MCO learning events in the BHH services quarterly newsletter and via email.
2. DHS will host a series of webinars to distribute preliminary information from the BHH services statewide evaluation. BHH services providers and MCO representatives will be invited to attend.
3. DHS will continue to work with MCO representatives to improve materials for BHH services providers on who and how to contact MCOs on behalf of members receiving BHH services.