BACKGROUND

The Office of Health Transformation in collaboration with the Ohio Departments of Medicaid (ODM) and Mental Health and Addiction Services (OhioMHAS) developed 3 potential Managed Behavioral Health Care models, specifically designed to solicit stakeholder feedback. The models and stakeholder input process were introduced on March 13, 2015. Feedback was solicited by an online survey over a 2-week period. Thirty-two stakeholders representing providers, health plans, hospitals, boards, consumer and provider associations returned the survey, providing both quantitative and qualitative feedback on the topic. This executive summary reviews identified stakeholder concerns as well as providing focus areas for details of the design of the implementation going forward.

MODEL DESIGNS

Model 1 proposed to carve in Ohio's Medicaid BH services to Ohio's current Medicaid Managed Care Plan (MCP) contract. Model 2 provided for the same addition of behavioral health services to the MCP contract, with specific requirements for MCPs to delegate components of care coordination to qualified Community Behavioral Health providers. Model 3 provided for a new behavioral health organization to manage Ohio's highest need population, and to manage BH services for individuals currently enrolled in Ohio's MCPs.

REVIEW OF STAKEHOLDER COMMENTS

Evaluation of stakeholder feedback produced results that highlighted Models 1 and 2 for further design and implementation discussion. Comments on Model 3 primarily documented that procuring a specialty plan for these services continues the separation of behavioral health from other Medicaid services, and did not achieve the state's goal to improve behavioral health integration.

Listed below are the major concerns presented in regards to the structure and implementation of Model 3.

Potential Issues/Concerns with Model 3
▪ Lack of integration of behavioral health and medical services ▪ This model presents too many layers/ is confusing, difficult to navigate for consumer ▪ Creates significant "churn" between the specialty plan and MCPs ▪ Fragmented accountability for care and oversight ▪ New MCP in Ohio does not have a track record or familiarity with behavioral health provider community (no existing behavioral health specialty MCP operating in Ohio) ▪ May produce stigma for those consumers in the specialty plan

In general, the majority of respondents favored a redesign structure that resembled a blend of Models 1 and 2, therefore these models have been presented together. The table below presents 11 overarching areas of issues and concern identified by stakeholders along with potential redesign strategies and opportunities to address model design and requirements for each area. The three most salient concerns across both models where shown to be the need for quality incentives, the critical nature of data sharing as a predictor of the success of the redesign effort, and addressing the unique needs of adolescents with behavioral health issues.

Potential Issues/Concerns with Models 1&2
• Network Adequacy & Access Issues • Integration of BH & Physical Health Services • Lack of Accountability/Lack of Clarity Around Entity to be Accountable • Speed of System Overhaul • Not Enough Provider Involvement • MCPs Don't Have Experience With Population • Lack of Clarity on Where Care Management Functionality and Accountability Would Live • Lack of Standardization Across MCPs With Concern Around Inappropriate Prior Authorizations, Billing and Delays in Payment • Too Many Layers of Complexity • Data Capacity and Infrastructure is Present, But Not Used in a Productive Way • Potentially Not Focused on Outcomes But Process

GOING FORWARD

Based on the feedback and recommendations provided by stakeholders, OHT, ODM, and OhioMHAS selected Model 2 as the managed care arrangement that will best achieve the objectives for care coordination and health outcomes that were identified during the March 13, 2015 meeting. Moving forward, there will be an established process for stakeholder representatives to join OHT, ODM and OhioMHAS in the development and refinement of details surrounding Model 2. The following table presents the framework and focus areas that will guide the process moving forward:

Standardized Approach	**Align in Principle**	**Differ by Design**
• Clinical outcomes and plan performance measures (children vs. adults) • Care management identification strategy for high risk population • Billing and coding methodologies • Benefit design	• Real time data sharing and use of EHR, where possible • Require value based purchasing/contracting • Utilization management strategies (e.g., prior authorizations, forms, process, etc.)	• Purchase services to enhance expertise in behavioral health service coordination/delivery • Payment strategies • Selective contracting