

##  Jeremiah W. (Jay) Nixon

 Governor

 State of Missouri

#  Doug Nelson OFFICE OF ADMINISTRATION Karen S. Boeger

 Commissioner Division of Purchasing Director

 301 West High Street, Room 630

 Post Office Box 809

Jefferson City, Missouri 65102-0809

 (573) 751-2387 FAX: (573) 526-9815

 TTD: 800-735-2966 Voice: 800-735-2466

 [http://oa.mo.gov/purchasing](http://oa.mo.gov/purchasing-materials-management/)

September 23, 2015

**Re: Request For Information – MO HealthNet Care Management Innovation and Expansion**

The State of Missouri recently issued the attached Request for Information (RFI) related to the MO HealthNet Care Management Innovation and Expansion (also downloadable from http://oa.mo.gov/purchasing). The return date for the response to the RFI was set at October 2, 2015. However, by issuance of this letter, **the return date has been extended to October 9 2015**. No other changes are included in the RFI document.

In addition, as a matter of clarification, your response to the RFI can be submitted either electronically or in a hardcopy in accordance with the instructions on the cover page of the RFI document. However, if a hardcopy response is submitted, we ask that five copies of the response be submitted.

Thank you for your assistance with this process. We look forward to receiving and reviewing your response. If you have any questions, please feel free to contact me at 573-751-4579 or via e-mail at laura.ortmeyer@oa.mo.gov.

Sincerely,

Laura Ortmeyer



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 [http://oa.mo.gov/purchasing](http://oa.mo.gov/purchasing-materials-management/)

September 11, 2015

**Re: Request For Information – MO HealthNet Care Management Innovation and Expansion**

The State of Missouri anticipates the issuance of a new Request for Proposal (RFP) for the MO HealthNet Managed Care program. Due to the expansion of the MO HealthNet Managed Care program and in order to improve health care quality and increase the efficiency of health care delivery for low income custodial parents, pregnant women, and children covered by MO HealthNet Managed Care, the State of Missouri anticipates that changes will need to be made to the previously issued RFP. Therefore, State of Missouri is requesting, through the issuance of the attached Request for Information (RFI), interested organizations provide the State of Missouri with feedback to the questions posed in this attached document related to specifications for the rebid of the MO HealthNet Managed Care program.

You are invited to submit your written comments and suggestions to the attached RFI document**.** Please submit your written response to the RFI to my attention **NO LATER THAN OCTOBER 2, 2015.** Such response may be sent to me via email at laura.ortmeyer@oa.mo.gov or mailed to me at either of the following addresses:

*Mailing Address: Courier Service Address:*

Division of Purchasing Division of Purchasing

PO Box 809 301 West High Street, Room 630

Jefferson City, MO 65102-0809 Jefferson City, MO 65101-1517

Following the state’s review of the RFI responses, the State of Missouri will finalize the drafting of the RFP document. The official competitive procurement process for the MO HealthNet Managed Care program will begin with the Division of Purchasing’s issuance of the RFP. Be advised that the information received in response to the RFI will be considered a closed record in accordance with section 610.021(11), RSMo until the issuance of the RFP document.

In order to better understand the Managed Care marketplace and to the extent that further dialogue with a vendor may be beneficial to the State of Missouri in order to achieve a fuller understanding of the vendor’s RFI response, the State of Missouri reserves the right to schedule an individual, one-on-one Presentation Conference with such identified vendors. The Presentation Conferences will be used solely to help the State of Missouri be better informed about the Managed Care marketplace to define its RFP specifications and the vendor’s RFI response. The Presentation Conferences will be held by invitation only from the State of Missouri. Participation in such Presentation Conference will have no bearing on the evaluation of proposals submitted in response to a subsequently issued RFP. Each Presentation Conference will be closed to the public in accordance with section 610.021(11), RSMo.

For comparison and informational purposes, the RFP from the current contracts (C315077001, C315077002, and C315077003) and the previous procurement documentation (B3Z15077) may be viewed and printed from the Division of Purchasing **Awarded Bid &** **Contract Document Search s**ystemlocated on the Division of Purchasing’s website: <http://oa.mo.gov/purchasing>

The State of Missouri looks forward to your input in this information gathering process and sincerely appreciates your efforts in helping the state determine the future direction for the procurement of the MO HealthNet Managed Care program. If you have any questions, please feel free to contact me at 573-751-4579 or via e-mail at laura.ortmeyer@oa.mo.gov.

Sincerely,

Laura Ortmeyer

**STATE OF MISSOURI**

**OFFICE OF ADMINISTRATION**

**DIVISION OF PURCHASING (PURCHASING)**

**REQUEST FOR INFORMATION (RFI)**

**TITLE: MO HealthNet Care Management Innovation and Expansion BUYER: Laura Ortmeyer**

**ISSUE DATE: September 11, 2015 PHONE NO.: (573) 751-4579**

 **E-MAIL:** **Laura.Ortmeyer@oa.mo.gov**

***(RETURN DATE REVISED)***

**RETURN REQUEST FOR INFORMATION RESPONSE DUE BY OCTOBER 9, 2015**

**SUBMIT RFI RESPONSE TO LAURA ORTMEYER VIA EMAIL AT** **laura.ortmeyer@oa.mo.gov** **OR MAIL TO:**

 **(U.S. Mail) (Courier Service)**

 **PURCHASING or PURCHASING**

 **PO BOX 809 301 WEST HIGH STREET, RM 630**

 **JEFFERSON CITY MO 65102**-**0809** **JEFFERSON CITY MO 65101-1517**

**RESPONDING ENTITY CONTACT INFORMATION**

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| --- |
| **CONTACT PERSON**      |
| **ENTITY NAME**      |
| **MAILING ADDRESS**      |
| **CITY, STATE, ZIP CODE**      |
| **EMAIL ADDRESS**      |
| **PHONE NUMBER**      |
| **FAX NUMBER**      |

**MO HealthNet Care Management Innovation and Expansion**

**Request for Information**

**INTRODUCTION AND GENERAL INFORMATION**

**Introduction**

In the State of Missouri, the Department of Social Services, MO HealthNet Division (MHD) is officially designated with administration, provision, and payment for medical assistance under the Federal Medicaid (Title XIX) and the State Children's Health Insurance (Title XXI) programs. The Family Support Division (FSD) is designated with the administration and determination of eligibility for the two programs. In addition to MHD’s oversight, the Center for Medicare and Medicaid Services (CMS) also monitors MO HealthNet Managed Care activities through its Regional Office in Kansas City, Missouri and its Center for Medicaid, CHIP and Survey & Certification, Division of Integrated Health Systems in Baltimore, Maryland.

Missouri is issuing this Request for Information (RFI) to determine the best approaches for Missouri to improve health care quality and increase the efficiency of health care delivery for low income custodial parents, pregnant women, and children covered by MO HealthNet Managed Care. The State of Missouri is seeking the input of interested parties with expertise in providing health insurance coverage in both government-sponsored and commercial settings, as well as health care providers with expertise in caring for MO HealthNet Managed Care participants.

**Goals**

Missouri aspires to have a health care delivery system for MO HealthNet Managed Care participants that:

* Optimizes the financial and clinical value Care Management Organizations could provide to the citizens of Missouri;
* Requires Care Management Organizations to be accountable to MHD for improving the health care delivery system;
* Leverages local innovations by engaging local provider-based care coordination and care management approaches, including Accountable Care Organizations (ACOs), Health Home, Primary Care Medical Homes, and Primary Care Case Management;
* Holds providers responsible for improving quality of care and containing costs;
* Incentivizes coordination of care through enhanced use of health information technology;
* Drives participant responsibility by creating incentives for healthy behavior;
* Improves access to local health care provider appointments at needed times;
* Integrates behavioral health care with physical health care; and
* Empowers providers to implement desired changes in their individual practice’s health care delivery.

MHD will implement these goals through:

* Enhancing its existing requirements for contracted Care Management;
* Expanding contracted Care Management, in some form to be determined, to the remaining low income custodial parents, pregnant women, and children currently covered in state operated fee-for-service (FFS) regions; and
* Utilizing local provider-based care coordination and care management approaches including ACOs, Primary Care Medical Homes, and Health Homes.

**MO HealthNet Managed Care Regional Information**

1. Since January 1, 2008, MO HealthNet Managed Care has operated in the following regions and counties:
2. Central Region: Audrain, Benton, Boone, Callaway, Camden, Chariton, Cole, Cooper, Gasconade, Howard, Laclede, Linn, Macon, Maries, Marion, Miller, Moniteau, Monroe, Montgomery, Morgan, Osage, Pettis, Phelps, Pulaski, Ralls, Randolph, Saline, and Shelby counties.
3. Eastern Region: Franklin, Jefferson, Lincoln, Madison, Perry, Pike, St. Charles, St. Francois, Ste. Genevieve, St. Louis, Warren, and Washington counties, and St. Louis City.
4. Western Region: Bates, Cass, Cedar, Clay, Henry, Jackson, Johnson, Lafayette, Platte, Polk, Ray, St. Clair, and Vernon counties.
5. MHD will expand contracted Care Management to all counties in the state for the same eligibility groups that are currently in Managed Care. The regions will be comprised of the following counties:
6. Central Region:Adair, Andrew, Atchison, Audrain, Benton, Bollinger, Boone, Buchanan, Butler, Caldwell, Callaway, Camden, Cape Girardeau, Carroll, Carter, Chariton, Clark, Clinton, Cole, Cooper, Crawford, Daviess, DeKalb, Dent, Dunklin, Gasconade, Gentry, Grundy, Harrison, Holt, Howard, Iron, Knox, Laclede, Lewis, Linn, Livingston, Macon, Maries, Marion, Mercer, Miller, Mississippi, Moniteau, Monroe, Montgomery, Morgan, New Madrid, Nodaway, Osage, Pemiscot, Pettis, Phelps, Pulaski, Putnam, Ralls, Randolph, Reynolds, Ripley, Saline, Schuyler, Scotland, Scott, Shelby, Stoddard, Sullivan, Wayne and Worth counties.
7. Eastern Region: Franklin, Jefferson, Lincoln, Madison, Perry, Pike, St. Charles, St. Francois, Ste. Genevieve, St. Louis County, Warren and Washington counties, and, St. Louis City.
8. Western Region: Bates, Cass, Cedar, Clay, Henry, Jackson, Johnson, Lafayette, Platte, Polk, Ray, St. Clair and Vernon counties.
9. Southwest Region: Barry, Barton, Christian, Dade, Dallas, Douglas, Greene, Hickory, Howell, Jasper, Lawrence, McDonald, Newton, Oregon, Ozark, Shannon, Stone, Taney, Texas, Webster and Wright counties.

**MO HealthNet Managed Care Program Eligibility Groups**

**Individuals Covered Under the MO HealthNet Managed Care Program**

The MO HealthNet Managed Care Program population that will be served includes the currently served eligibility groups. Aged, Blind and Disabled individuals will not be included. For purposes of this RFI, the population consists of different eligibility groups which have been combined for the purpose of rate setting. The qualifications for the program are based on a combination of factors, including family composition, income level, insurance status, or pregnancy status depending on the eligibility group in question. The eligibility groups and their current estimated sizes are described below and summarized in the *MO HealthNet Managed Care and Related Eligibility Groups*, located on MHD’s website at Bidder and Vendor Documents (<http://dss.mo.gov/business-processes/managed-care/bidder-vendor-documents/>).

1. Eligibility of Parents/Caretakers, Children, and Refugees: Individuals covered under MO HealthNet Managed Care within this group are as follows:
2. Parents/Caretakers and Children eligible under MO HealthNet for Families, and Transitional MO HealthNet Assistance;
3. Children eligible under MO HealthNet for Poverty Level Children;
4. Individuals eligible under Participants of Refugee MO HealthNet;
5. Individuals who are eligible under the above groups and are participants in the following Developmental Disabilities (DD) waivers: Partnership for Hope, DD Comprehensive, DD Community Support, and Autism; and
6. Those who are eligible are defined by their MO HealthNet Medical Eligibility (ME) Codes as specified in the *MO HealthNet Managed Care and Related Eligibility Groups*, located on MHD’s website at Bidder and Vendor Documents (<http://dss.mo.gov/business-processes/managed-care/bidder-vendor-documents/>).
7. Eligibility of Pregnant Women: Individuals covered under MO HealthNet Managed Care within this group are women eligible under MO HealthNet for Pregnant Women and 60 days post-partum.

Those who are eligible are defined by their MO HealthNet Medical Eligibility (ME) Codes as specified in the *MO HealthNet Managed Care and Related Eligibility Groups*, located on MHD’s website at Bidder and Vendor Documents (<http://dss.mo.gov/business-processes/managed-care/bidder-vendor-documents>).

1. Eligibility of Other MO HealthNet Children In the Care and Custody of the State and Receiving Adoption Subsidy Assistance:All children in the care and custody of the Department of Social Services; all children placed in a not-for-profit residential group home by a juvenile court; all children receiving adoption subsidy assistance; and all children receiving non-medical assistance (i.e., living expenses) that are in the legal custody of the Department of Social Services shall remain the responsibility of the Department of Social Services. Those that are eligible are defined by their MO HealthNet Medical Eligibility Code as specified in the *MO HealthNet Managed Care and Related Eligibility Groups*, located on MHD’s website at Bidder and Vendor Documents (<http://dss.mo.gov/business-processes/managed-care/bidder-vendor-documents>/).

Persons under twenty-six years of age, who were in foster care on their eighteenth birthday and covered by MO HealthNet Managed Care, and who meet other eligibility criteria, are eligible under this category of assistance.

1. State Child Health Plan:Missouri has an approved combination State Child Health Plan under Title XXI of the Social Security Act (the Act) for the Children's Health Insurance Program (CHIP). Missouri's CHIP State Child Health Plan uses funds provided under Title XXI to both expand eligibility under Missouri's State Medicaid Plan, and to obtain coverage that meets the requirements for a separate child health program. Those that are eligible are defined by their MO HealthNet Medical Eligibility Code as specified in the *MO HealthNet Managed Care and Related Eligibility Groups*, located on MHD’s website at Bidder and Vendor Documents (<http://dss.mo.gov/business-processes/managed-care/bidder-vendor-documents/>)
2. MO HealthNet Managed Care eligibles in the above specified eligibility groups may voluntarily disenroll from the Managed Care Program or choose not to enroll in the Managed Care Program if they:
3. Are eligible for Supplemental Security Income (SSI) under Title XVI of the Act;
4. Are described in Section 501(a)(1)(D) of the Act;
5. Are described in Section 1902 (e)(3) of the Act;
6. Are receiving foster care or adoption assistance under part E of Title IV of the Act;
7. Are in foster care or otherwise in out-of-home placement; or
8. Meet the SSI disability definition as determined by the Department of Social Services.

**Individuals Not Covered Under the MO HealthNet Managed Care Program**

The following groups of individuals are not covered under the MO HealthNet Managed Care Program and receive their services through the MO HealthNet Fee-For-Service Program. These groups of individuals will not be included as part of any expansion of Care Management and should not be addressed in responses to the RFI:

1. Permanently and Totally Disabled and Aged individuals eligible under ME Codes 04 (Permanently and Totally Disabled), 13 (MO HealthNet-PTD), 16 (Nursing Care-PTD), 11 (MO HealthNet Spenddown and Non-Spenddown), 14 (Nursing Care–OAA), and 01 (Old Age Assistance-OAA);
2. Individuals eligible under ME Codes 23 and 41 (MA ICF-MR Poverty) residing in a State Mental Institution or an Intermediate Care Facility for the Intellectually Disabled (ICF/ID);
3. Individuals eligible under ME Codes 28, 49, and 67 (Children placed in foster homes or residential care by the Department of Mental Health);
4. Pregnant women eligible under ME Code 58 and 59, the Presumptive Eligibility Program for ambulatory prenatal care only;
5. Individuals eligible under ME Codes 2, 3, 12, and 15 (Aid to the Blind and Blind Pension);
6. AIDS Waiver participants (individuals twenty-one (21) years of age and over);
7. Any individual eligible and receiving either or both Medicare Part A and Part B or Part C benefits;
8. Individuals eligible under ME Codes 33 and 34 (MO Children with Developmental Disabilities Waiver);
9. Individuals eligible under ME Code 55 (Qualified Medicare Beneficiary – QMB);
10. Children eligible under ME Code 65, placed in residential care by their parents, if eligible for MO HealthNet Managed Care on the date of placement;
11. Uninsured women losing their MO HealthNet Managed Care eligibility 60 days after the birth of their child would be eligible under ME Code 80 for women’s health services for one year plus 60 days, regardless of income level;
12. Women eligible for Women's Health Services, 1115 Waiver Demonstration, ME code 89. These are uninsured women who are at least 18 to 55 years of age, with a net family income at or below 185% of the Federal Poverty Level (FPL), and with assets totaling less than $250,000. These women are eligible for women's health services as long as they continue to meet eligibility requirements;
13. Individuals with ME code 81 (Temporary Assignment Category);
14. Individuals eligible under ME code 82 (MoRx);
15. Women eligible under ME codes 83 and 84 (Breast and Cervical Cancer Treatment);
16. Individuals eligible under ME code 87 (Presumptive Eligibility for Children); and
17. Individuals eligible under ME code 88 (Voluntary Placement).

**RFI SUBMISSION INSTRUCTIONS**

In order to facilitate a complete and, careful review of the RFI response, the vendor should provide meaningful, concise, and non-duplicative/non-repetitive responses to the following questions. Supporting documentation may be included as appendices to the RFI response.

The responses to this RFI need to be provided to Laura Ortmeyer at the address or email address noted on the RFI cover page by the date specified. The vendor is requested to submit an original and five (5) copies of the RFI response. The vendor is further requested to provide a password protected copy of their RFI response, in Microsoft compatible format, on a CD(s) or flash drive.

To the extent that further dialogue would be beneficial for the State of Missouri to achieve a fuller understanding of a vendor’s RFI response, the State of Missouri may invite the vendor to an individual, one-on-one Presentation Conference with the State in order that the vendor may provide further explanation on selected topics included within the vendor’s response. Additional details regarding the date, time, format, and intent of the Presentations Conferences will be provided with the invitation to the Presentation Conference.

The information gained through this RFI will be used to develop the RFP necessary to improve health care quality and increase the efficiency of health care delivery for low income custodial parents, pregnant women, and children covered by MO HealthNet Managed Care.

**INFORMATION REQUESTED**

**Care Management Organization Accountability for the Desired Delivery System Improvements**

1. **Optimizing the financial and clinical value Care Management Organizations could provide to the citizens of Missouri**
	1. What should care management organizations do to train and support health care providers to become better at care coordination, care management, disease management, and population health management?
	2. Should MHD require care management organizations to follow a defined prior authorization protocol to reduce the administrative burden on physicians and other health care providers? Describe the operational, financial, or clinical benefits and issues that a standard prior authorization protocol would present.
	3. Describe the obstacles to achieving an 80% or better compliance rate for Early and Periodic Screening Diagnostic and Treatment (EPSDT) and strategies which the State should consider in meeting or exceeding that goal.
	4. Describe the advantages or disadvantages of having any or all of the following benefits paid for through the care management organization:
		1. Dental;
		2. Non-Emergency Transportation;
		3. Behavioral Health; and
		4. Vision.

**Care Management Organizations Accountability for Improving the Health Care Delivery System;**

1. **Requiring Care Management Organizations to be accountable to MHD for improving the health care delivery system**
	1. What should MHD do to improve care management organization accountability for improving the health care delivery system?

**Implementation of Local Provider-based Care Coordination Approaches**

1. **Leveraging local innovations by engaging local, provider-based care coordination and care management approaches**

Many Medicaid participants respond more positively to requests from their healthcare providers to change health-related behaviors when the request is made by a healthcare provider with whom they have a personal, face-to-face relationship. The healthcare provider the participant sees most often has the most frequent opportunity to coordinate and manage their care and influence their health behaviors. Missouri seeks to increase care coordination and care management provided to MO HealthNet Managed Care participants by their local health care providers.

1. Describe the model (primary care medical home, Primary Care Case Management, accountable care organization, Health Home, or others) that is the most effective, from both clinical and cost perspectives, in achieving the goal of increasing care coordination and care management, and how that model can be implemented.
2. How can ACOs be utilized through a Managed Care Organization (MCO)? What are the advantages and disadvantages? How should MHD hold care management organizations accountable to contract with existing ACOs in Missouri in a way that includes the ACO performing the functions of care coordination, care management, and disease management? Describe financial, clinical, and operational issues for the care management organization which MHD should consider when developing the RFP.
3. How should MHD hold care management organizations accountable to facilitate and support more Missouri healthcare providers to develop the capacity to function as and to meet the requirements of primary care medical homes, Health Homes, ACOs, Primary Care Case Management, and similar models? Describe the financial, clinical, and operational issues for the care management organization which MHD should consider when developing the RFP.
4. How should MHD hold care management organizations accountable to implement “episode of care” payment methodologies or other bundled payment methodologies over an entire episode of care in order to improve coordination and quality? Describe financial, clinical, and operational issues which MHD should consider when developing the RFP.
5. Describe any geographic areas, participant populations or provider types in Missouri for which implementing and supporting care coordination and care management through local health care providers program might be easier or more difficult to implement or be more or less successful.
6. Describe other methods or models not discussed here which improve coordination and quality and which MHD should consider when developing the RFP.
7. Describe different approaches or models used in other states to address the approaches care management organizations use to ensure access to care in a rural setting vs. an urban setting, specifically related to network development rather than extended hours, etc.

**Provider Responsibility for Quality of Care and Containing Costs**

1. **Holding providers responsible for improving quality of care and containing costs**
	1. When and to what extent should care management organizations offer an upside bonus or other additional payment for meeting good performance goals and how is it best to decide the amount of the bonus for performance payment?
	2. When and to what extent should care management organizations offer a downside decreased payment for poor performance against goals? What is the best way to decide the amount of the downside decreased payment for poor performance?
	3. How should care management organizations decide the extent to which to include containment or reductions in the cost of care as a performance goal for providers?
	4. When and to what extent should care management organizations contract for shared medical risk with providers?
	5. Which clinical and operational performance measures should MHD mandate for use by its contracted care management organizations? What would be the advantages and disadvantages of doing so?
	6. Describe any geographic areas or particular provider types in Missouri for which a provider incentive program might be easier or more difficult to implement or be more or less successful.

**Coordination of Care through Enhanced Use of Health Information Technology**

1. **Incentivizing coordination of care through enhanced use of health information technology**
2. What should care management organizations do to make a participant’s health care providers aware as promptly as possible of a new hospital admission or ER visit?
3. Describe how states or health plans in other markets make a participant’s health care providers aware as promptly as possible of a new hospital admission or ER visit.

**Participant Responsibility and Incentives for Healthy Behaviors**

1. **Driving participant responsibility by creating incentives for healthy behavior**
	1. How should a care management organization work to improve the healthy lifestyle behaviors of its participants, such as improving smoking cessation rates and reducing the incidence of obesity? Are there other states or health plans in other markets that have a good model to improve healthy lifestyle behaviors? What have they done and what are their outcomes?
	2. How should a care management organization reduce inappropriate emergency room utilization for nonemergency conditions? Are there other states or health plans in other markets that have a good model to reduce inappropriate emergency room utilization? What have they done and what are their outcomes?
	3. How should a care management organization address the social and economic determinants of health that prevent participants from being accountable for responsible utilization of services such as homelessness/unstable housing, lack of education, lack of means of transportation, lack of social support network, etc.?
	4. Describe any geographic areas or particular populations in Missouri for which program accountability might be easier or more difficult to implement, or may be more or less successful.
	5. Describe successful programs in other states which increased participants’ level of health literacy or improved the participants’ ability to be better health care consumers.

**Participant Access to Local Health Care Provider Appointments**

1. **Improving access to local health care provider appointments at needed times**
	1. Describe the obstacles care management organizations encounter with health care providers when attempting to encourage those providers to offer appointment times “after hours” and on weekends.
	2. What strategies should care management organizations utilize to encourage and support health care providers to offer appointment times “after hours” and on weekends? Specifically address strategies that can be utilized in rural and urban areas.

**Integrating Behavioral Health Care with Physical Health Care**

1. **Integrating behavioral health care with physical health care**
2. Describe how a care coordination and care management program should be successfully integrated within the care management organization. Describe how success should be qualitatively and quantitatively measured.
3. Should the care management organization allow behavioral health organizations to bill for general medical care if they have an appropriately credentialed rendering provider? What are the advantages and disadvantages?
4. Should the care management organization allow general medical organizations to bill for behavioral health care if they have an appropriately credentialed rendering provider? What are the advantages and disadvantages?
5. How will the care management organization implement integration strategies and what strategies will they choose to effectuate integrated care (like co-location)? What incentives and assistance should the care management organization offer physical health care providers and behavioral health care providers to co-locate and integrate care?
6. What incentives and assistance should the care management organization offer physical health care providers and behavioral health care providers in separate organizations located at separate sites to coordinate care?
7. What procedure codes for behavioral health care services to address behavioral health care issues related to general medical conditions (Screening Brief Intervention, Referral, and Treatment or Health Behavior, Assessment and Intervention, etc.) should the care management organization reimburse?
8. How can a care management organization improve and assure prompt access to behavioral health care professionals for both participants and providers who seek access for consultations? Please address specifically the ability of participants to have prompt access to providers such as psychiatrists and child psychiatrists, particularly with regard to the various geographic regions of the state.
9. Describe how federal mental health parity requirements under The Wellstone – Domenici Mental Health Parity and Addiction Equality Act of 2008 and 45 CFR Parts 146 and 147 should be measured for compliance. What operational, financial, or clinical considerations should MHD make when developing an enforcement protocol for care management organizations?

**Empowering provider change**

1. **Empowering providers to implement desired changes in their individual practice’s health care delivery**
	1. Describe successful programs to train and support health care providers to become better at care coordination, care management, disease management, and population health management.
	2. What should care management organizations do to incentivize and support health care providers to offer appointment times “after hours” and on weekends?

**Additional Questions**

1. **Managing the one-time costs of converting a FFS population to managed-care**

Currently, capitation payments are made to MCOs at the end of each month that a person is enrolled. Health care providers can bill MHD for fee-for-service enrollees up to two years after the date of service. Therefore, when people currently enrolled in fee-for-service are moved to coverage by MCOs there will be a substantial period of time during which MHD is paying both the current capitation rate and the claims for services provided during the previous months when the person was still in fee-for-service. This is referred to as “claims run out”. MHD estimates the cost of the claims run out that will occur when moving the remainder of the low income custodial parents, pregnant women, and children covered in fee-for-service to coverage by MCOs to be $114 million. What can be done to mitigate this one time claims run out cost?

1. What can be done to minimize state and provider disruption, expense, and administrative burden when managed care plans change ownership?
2. What can the MHD do, through its contracting practices and the duration of the contract, to minimize disruption for participants and maximize efficiencies for care management organizations in the future, particularly with regard to future MO HealthNet eligibility expansion and other opportunities for care management expansion?
3. What cost saving improvements could MHD make to its inpatient and outpatient rate setting methodologies, physician and outpatient fee schedules, or benefit packages?
4. What other options for care management should MHD consider in order to reach the goals listed in the introduction, in addition to or as an alternative to contracting through capitation payments for the full medical risk to traditional managed-care insurance companies, as is done in the MO HealthNet Managed Care Program today?