Selective Contracting - Public Comments

Topic	Comment	Commenter
Accountability/Oversight	As a part of a selective contracting model, require timely data sharing and public access to data.	Maryland Addictions Directors Council
Accountability/Oversight	Current Value Based Purchasing penalty is not large enough.	Cecil County Health Department
Accountability/Oversight	Selective contracting is not necessary to achieve more accountability.	Maryland Physicians Care
Accountability/Oversight	Whatever purchasing process is ultimately chosen, DHMH must increase oversight and accountability.	Cecil County Health Department
Administrative Impact	Administrative burden and cost can be reduced by establishing a single standard for documentation and requiring all MCOs to adhere to that standard.	University of Maryland Francis King Carey School of Law Drug Policy Clinic
Administrative Impact	Allowing state staff to focus on a fewer number of health plans, and using contractual performance measures as a guide lessens the burden on your staff and also provides important clarity to plans and other stakeholders on expectations and program goals.	United Healthcare
Administrative Impact	Create a data collection system that not only gathers and analyzes uniform data from MCOs, but also from community-based providers, hospital-based providers, and local health departments.	National Council on Alcoholism and Drug Dependence, Maryland Chapter
Administrative Impact	HealthChoice is stable. At a time when resources are limited, and an overwhelming number of initiatives must be completed in order to prepare for ACA, DHMH should not risk the disruption of the program by pursuing selective contracting. Program needs to be stable to support influx of new enrollees under ACA. DHMH should focus on Cost Containment, long term care reform, and upgrading eligibility systems.	MedStar Health
Administrative Impact	If the State chooses to look at ways to improve quality of care, one way to do so is to ease the administrative burden of providers by making uniform many of the procedural functions and paperwork across the MCOs. This will result in more resources spent on patient care and less on administration.	National Council on Alcoholism and Drug Dependence, Maryland Chapter
Administrative Impact	Selective contracting will increase administrative burden.	Consumer

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Administrative Impact	Jai does not have a fully electronic claims submission and billing system, which results in processing errors and adds significant delay to reimbursement. Electronic claims submission and payment should be a minimum requirement. All other disparate process should be identified and remedied to ease administrative burden.	University of Maryland Francis King Carey School of Law Drug Policy Clinic
Administrative Impact	Moving to selective contracting would consume several years of significant time and resources from all stakeholders. It is unlikely the Department is able to handle the work within existing limited resources.	MedStar Health
Administrative Impact	Post selective contracting, the Medicaid program may become more expensive given the additional bargaining power the selected plans will gain.	Jai Medical Systems
Administrative Impact	Selective contracting will cost the State more money and require additional resources without providing more care.	Jai Medical Systems Consumer Advisory Board (with petition of 3000+ signatures)
Administrative Impact	The Department should establish a periodic schedule for the acceptance of new MCO applications.	Jai Medical Systems
Administrative Impact	The Department should meet separately with individual MCOs on a one-on-one basis at least twice a year to discuss Accountability and Strategic Planning.	Jai Medical Systems
Administrative Impact	The development and implementation of the procurement process will be an expense that currently does not exist and will require budget development.	Jai Medical Systems
Administrative Impact	The use of standard forms and procedures with all MCOs will greatly reduce administrative burdens on providers.	Maryland Addictions Directors Council
Commercial Participation	Concerns about introducing an Exchange participation requirement. HealthChoice is stable, quality has been improving year over year. Four of the seven MCOs are Maryland provider locally-owned organizations with good networks; five of the seven are Medicaid-only health plans, with a focus on only the state program and the program's requirements, which are in many cases very different than commercial requirements. Many HealthChoice members are served under a Medicaid-only MCO model. MPC has no desire to become an insurance company; selective contracting would go against MPC's core mission.	Maryland Physicians Care
Commercial Participation	Selective contracting will reduce quality if it favors commercial plans with low quality and eliminates noncommercial high quality health plans.	Jai Medical Systems Consumer Advisory Board (with petition of 3000+ signatures)

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Commercial Participation	The State should not limit participation to plans that participate in commercial market because some of the plans that work best with providers are some of the plans that do not participate in the commercial market and there are opportunities to get around DHMH's concerns about coordination of care, through CRISP or other means of data sharing with plans that participate in the commercial market.	Frederick Memorial Hospital
Commercial Participation	Selective contracting could eliminate most, if not all, of the current provider sponsored organizations.	MedStar Health
Commercial Participation	Community-based plans may not have an interest in participating in the commercial market.	Consumer
Conflict of Interest Requirements	A key component of a successful selective contracting strategy is the application of rigorous conflict of interest requirements, particularly among provider-sponsored managed care organizations, to ensure appropriate alignment of quality and cost objectives of the Medicaid program.	United Healthcare
Consumer Choice	Selective contracting will reduce the choice for enrollees and for providers. Understanding the needs of the communities being served is an important function that the current MCOs provide, each in its own way. Providing care in a culturally sensitive manner is essential for program success.	Jai Medical Systems
Coordination of Care	A new Coordination of Benefits (COB) and Coordination of Care (COC) process should be developed. The process would involve the communication of enrollment transactions to carriers identifying enrollees that were transitioning from one market to the next in addition to prior carrier enrollment. These individuals would be afforded a different administrative benefit level by the new carrier that would forgo any outpatient authorization requirements, such as referrals for the first ninety days of enrollment. Inpatient admissions would remain subject to utilization review. Transition Care Coordinators would be established at each carrier as a designated point of contact to facilitate the sharing of diagnostic history and provider information between carriers.	Jai Medical Systems

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Coordination of Care	Allowing families to stay under a single plan umbrella with the ability to keep the same doctors as their eligibility changes greatly enhances continuity of care and care coordination, resulting in improved health outcomes.	United Healthcare
Coordination of Care	Encourage the State to consider eliminating carve-outs. Fully-integrated care through the support of electronic health records is best provided through a seamless and complete sharing of data. Providing all services to members through their plan allows for more timely data access and can improve the ability of all plans to provide integrated, quality care while decreasing administrative costs.	United Healthcare
Coordination of Care	MCOs must be able to demonstrate that the Plan promotes and provides incentives to providers for coordination of care services for specified health services, including substance use disorder treatment.	University of Maryland Francis King Carey School of Law Drug Policy Clinic
Coordination of Care	People may end up using the Emergency Room more often if they are confused about their provider and/or MCO.	Jai Medical Systems Consumer Advisory Board (with petition of 3000+ signatures)
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Coordination of Care	Specific conditions should be included in the selective contracting process to ensure that behavioral health and physical health are coordinated.	Maryland Addictions Directors Council
Coordination of Care	Require MCOs to have a uniform process for authorization of care, and reexamine the clinical value of and need for constant reauthorization.	University of Maryland Francis King Carey School of Law Drug Policy Clinic
Coordination of Care	MCOs need to use their information to inform providers in a timely manner that Medicaid will not reimburse for specific care.	University of Maryland Francis King Carey School of Law Drug Policy Clinic
Geographic Service Area	Expand geographic service through the existing regulatory process. Real constraint on this expansion is lack of provider participation.	MedStar Health
Geographic Service Area	None of the states surveyed in the paper required statewide participation.	Maryland Physicians Care

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Geographic Service Area	Require all MCOs in the RFP process to demonstrate a willingness to serve a statewide service area. Require Federally Qualified Health Centers to participate with all MCOs at reimbursement rates no less than their current Medicaid rates, particularly considering the level of federal funding deployed to support FQHCs. This is consistent with the mission of FQHCs and helps to ensure adequate access as well as choice among MCOs for Medicaid eligibles in underserved areas of the state.	United Healthcare
HealthChoice-Exchange Coordination	DHMH can ensure care coordination with Exchange through the regulatory process.	MedStar Health
HealthChoice-Exchange Coordination	MCOs must demonstrate either (i) that they offer comparable plans under Medicaid and in the Exchange or (ii) they have in place mechanisms to permit a smooth transition between Medicaid plans and Exchange plans, including mechanisms for transitioning patients without disruption of treatment or allowing non-network providers to continue a course of treatment.	University of Maryland Francis King Carey School of Law Drug Policy Clinic
HealthChoice-Exchange Coordination	The creation of a Basic Health Program should be seriously considered.	MedStar Health
HealthChoice-Exchange Coordination	The selection of a limited number of qualified MCOs will allow for coordination between the Medicaid MCO market and the health care exchange commercial market.	Maryland Addictions Directors Council
Other	Allows ACCU staff to develop a more personal relationship with our representatives.	Cecil County Health Department
Other	Jai Medical Systems is the only minority business participating in the HealthChoice program at the MCO level. It is unclear if selective contracting will ensure the continued participation of at least one minority business.	Jai Medical Systems
Other	Selective Contracting will eliminate Maryland jobs.	Jai Medical Systems Consumer Advisory Board (with petition of 3000+ signatures)
Other	The Department should get legislative input before making a decision.	Jai Medical Systems Consumer Advisory Board (with petition of 3000+ signatures)
Other	Provider-sponsored MCOs were the ones that absorbed the largest segment of the recent Medicaid expansion populations. It would not be prudent to disrupt the HealthChoice program at a time when we're all preparing for the 2014 expansion.	MedStar Health

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Plan Choice	There are advantages to having only a few open MCOs in a county.	Cecil County Health Department
Plan Choice	If a virtual monopoly is a byproduct of the selective contracting process, significant antitrust legal issues may arise.	Jai Medical Systems
Plan Choice	Limiting plan choice is a double edged sword – it could be less confusing for members but also may limit consumer choice to bad plans.	Cecil County Health Department
Plan Choice	Providers need to be able to choose from a variety of plans in order to garner the best reimbursement for their services. A lack of MCO competition for provider services will result in a loss of provider leverage and ultimately result in downward pricing pressure on providers.	Jai Medical Systems
Plan Choice	Selective Contracting will reduce plan choice, which is contrary to Medicaid program goals.	Jai Medical Systems Consumer Advisory Board (with petition of 3000+ signatures)
Plan Choice	Limit the number of plans selected not only to ensure plan viability, but also to enhance your ability to oversee the operations and services of each MCO. We understand the concern about member transitions and service disruption that downsizing might bring about, but we can share our experiences in other states where we have gone through transitions with minimal impact on consumers and health care professionals. Consumer choice is important, but just as employers often limit plan options for their employees, there are ways to ensure choice while increasing the opportunity for the state to oversee the quality of each MCO.	United Healthcare
Provider Networks	If multi-state MCOs are selected, a significant amount of the administrative dollars previously spent in State by the Maryland-based companies would be shifted out of state. Further, safety net providers may not be able to afford to contract with the remaining MCOs due to rates offered, and may similarly go out of business.	Jai Medical Systems
Provider Networks	Selective contracting would result in strained provider networks and increased ER usage.	Consumer

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Quality of Care	A comparison of the average Medicaid Program results for the HEDIS measures within the Value Based Purchasing Initiative indicates that Maryland's current system is superior to [other states] in terms of driving quality improvement.	Jai Medical Systems
Quality of Care	Community-based MCOs offer quality care; selective contracting would threaten their participation in the program and create transitions issues for members of those plans.	Jai Medical Systems
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Quality of Care	Encourage the Department to consider assessment and accreditation by an external organization such as the National Committee for Quality Assurance that applies consistent measures and requirements for health plan quality programs and outcomes.	United Healthcare
Quality of Care	Modify sanction authority to include a trial Nursing Facility diversion policy. Punish MCOs that are either failing to provide sufficient preventative primary care to prevent institutionalization, or punish MCOs who have the majority of the short-terms who go into Medical Assistance long term care.	Maryland Disability Law Center
Quality of Care	Require plans to operate a medical home model that addresses the needs of certain populations, including those with co-occurring mental illness and substance use disorders, or who are identified as high cost users, or those with chronic disease, including substance use disorders.	University of Maryland Francis King Carey School of Law Drug Policy Clinic

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Quality of Care	Require that providers should be located within specific reasonable distance parameters, have office and treatment hours that make the needed treatment easily accessible, have same day access to treatment for initial intake, ensure limited wait times for appointments, and ensure that at least some providers provide 24/7 coverage.	University of Maryland Francis King Carey School of Law Drug Policy Clinic
Quality of Care	Selective contracting may negatively impact care quality and coordination because of transition issues for members of plans that are not selected in the procurement.	Consumer
Quality of Care	Selective contracting supports the use of quality indicators and reporting, both for current plans and for new entrants who may submit bid proposals through the competitive process. We encourage the State of Maryland to consider indicators that provide a holistic and consistent assessment of plans that considers a plan's size, geographic footprint, and the varying risk levels of enrolled populations.	United Healthcare
Quality of Care	The Department could place plans on probation based on poor quality performance and employ progressive negative reinforcement for MCOs that did not improve. As an example, negative reinforcement could include suspension of auto-assignments.	Jai Medical Systems
Quality of Care	We can achieve quality through existing regulatory process, and have done so.	MedStar Health
Quality of Care	it would be helpful to have 'more teeth' from DHMH in terms of the ability to control the MCOs and their quality, network adequacy, and ability to enable providers to work with MCOs on claims payment and program administration.	Frederick Memorial Hospital
Quality of Care	Require MCOs to be at-risk for outcomes, which will incentivize MCOs to provide the full length of needed care to produce better outcomes.	University of Maryland Francis King Carey School of Law Drug Policy Clinic
Quality of Care	Require providers to screen for alcohol and drug problems.	University of Maryland Francis King Carey School of Law Drug Policy Clinic
Quality of Care	Investigate potential for MCOs to use provider contracts to manipulate service delivery, particularly for addiction services.	University of Maryland Francis King Carey School of Law Drug Policy Clinic
Quality of Care	Prohibition on billing two different services on the same day is a barrier to good care.	University of Maryland Francis King Carey School of Law Drug Policy Clinic

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Substance Abuse Reforms	A process must be developed to allow programs to be reimbursed for [buprenorphine] visits [at a treatment program] in order for a patient's medication monitoring to be coordinated with his or her counseling.	National Council on Alcoholism and Drug Dependence, Maryland Chapter
Substance Abuse Reforms	At a minimum, MCOs should provide the following data relating to addiction treatment services: (i) the total reimbursement for substance use disorder services by level of care and number of enrollees served in each level of care; (ii) the cost of other Medicaid services (including ER and in-patient hospital costs) and other medical services for enrollees with substance use disorders; (iii) the number and type of addiction treatment claims denied for each level of care; (iv) the average length of time between submission of claim and payment; (v) the dollar amount of each claim for each level of service; and (vi) the number of persons identified with co-occurring conditions or identified as high cost users and the level and cost of general medical and substance use disorder services provided to these individuals. Failure to submit data as required should result in immediate sanction and penalty, including withholding of payment from the Medicaid program.	University of Maryland Francis King Carey School of Law Drug Policy Clinic
Substance Abuse Reforms	Could the ASAM levels of care for substance use disorder be included in the contracting requirements for treating substance use disorders?	Maryland Addictions Directors Council
Substance Abuse Reforms	Include the following elements as part of the selective contracting process: • ASAM criteria are used in determining substance use disorder level of care coverage. • Criteria for approving care are objective and based on clinical evidence. • Procedures for approving and denying care are objective and transparent. • Practitioners are involved in procedures development. • Practitioners can obtain the criteria upon request. • The MCO evaluates the consistency with which the criteria is applied.	Maryland Addictions Directors Council

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Substance Abuse Reforms	Methadone patients who have Medicare as their primary coverage generally must bill Medicaid for that treatment because Medicare does not cover certain codes. Priority Partners has created a coordination of benefits (COB) code to seamlessly address this issue and process payments. Other MCOs have not done the same and, thus, reject claims and delay reimbursement unnecessarily. Uniform adoption of the COB code should be required.	University of Maryland Francis King Carey School of Law Drug Policy Clinic
Substance Abuse Reforms	Plans must offer a State-defined list of preventive services without cost sharing across all general care settings.	University of Maryland Francis King Carey School of Law Drug Policy Clinic
Substance Abuse Reforms	Require MCOs to identify the highest cost users of medical services and determine which of those individuals have substance use conditions so that all services can be coordinated.	University of Maryland Francis King Carey School of Law Drug Policy Clinic
Substance Abuse Reforms	Substance use disorder providers currently are challenged by the fact they do not have access to the criteria that MCOs use in determining approval for levels of care services. Could you include within the selective contracting contract a requirement that MCOs share their criteria?	Maryland Addictions Directors Council
Substance Abuse Reforms	The contracting process should require that MCOs cover the cost of linking their billing and data systems to the SMART system. SMART has a billing component that is not currently being utilized. The main obstacle is the cost of linking the SMART system with many different MCO systems. Requiring the MCOs to cover the cost of linkage as part of their contract would solve the problem.	Maryland Addictions Directors Council
Transition	Selective Contracting is intended to reduce the number of MCOs, which would break the presidential promise that people could keep their health plan.	Jai Medical Systems Consumer Advisory Board (with petition of 3000+ signatures)
Transition	Selective Contracting may cause enrollees to lose historic providers.	Jai Medical Systems Consumer Advisory Board (with petition of 3000+ signatures)
Transition	Transitioning patients from MCOs not selected would negatively impact care quality and coordination.	Consumer