

MPS Model Benefit Set for Integrated Care **MMHAG Guide to Proposed Minnesota Model Benefit Set**

The MMHAG Model Benefit Set for mental health treatment was developed as a part of a broader effort to transform the system of care for children and adults in Minnesota into one that is consumer-centered and that provides quality care in the right place and at the right time. In addition to clinical services, the Model Benefit Set includes supportive services that are sometimes necessary to effective treatment. Both clinical and supportive services were selected based on documented and evidence-based mental health best practices. A broad base of Minnesota stakeholders (health plans, county, state, providers, parents, consumers, etc.) were involved in this effort.

The benefit set includes services that provide earlier help as well as services that offer alternatives that are just as effective as more costly acute care for some individuals. By offering a full continuum of care, it facilitates a system that has latitude and flexibility to meet consumer needs, which should lead to better outcomes and increased satisfaction. The intent is that **service provision should be based on medical necessity and in accordance with an individualized treatment plan approved by a physician or licensed practitioner**, excluding crisis services, for which a plan is not required.

The flexibility of the Model Benefit Set moves firmly in the direction of state-of-the-art research and understanding about how to facilitate quality care. As described in more detail below, benefits are intentionally not described as site- or provider-specific in order to allow the flexibility to provide the right care in the right place.

In addition, the Model Benefit Set provides a firm basis for a partnership between the public and private sectors to better meet consumers' needs. While it is silent as to who pays, it offers a framework for determining each sector's responsibility in providing the continuum of clinical services and community supports needed by those persons for whom it is responsible. Thus, the Model offers guidance for allocating limited resources to gain the best value for recipients, their families and society.

Finally, any Model Benefit Set is inevitably a work in progress. This is particularly true in the area of mental health where our knowledge of both mental health and effective treatments continues to evolve rapidly. It is important that this document be updated on an ongoing basis. In addition, a critical next step is to include chemical health treatments and necessary supports. Already Medicare, a key payor, makes no distinction between a chemical health diagnosis and any other mental health diagnosis. Creating two separate systems for funding billing and documentation further adds to the complexity of the system and is too often detrimental to consumers.

The complete Model Benefit Set follows. It is composed of:

- Standard Benefits—benefits that are currently covered now by most public and private payers;
- Recommended Benefits—to be added now;
- Recommended Benefits—to be added at the next implementation phase.

The following integrated care model benefit set includes components necessary to successful integrated general medical and mental health care added to the MMHAG Model Benefit Set:

MPS Recommendations to Expand the Minnesota Model Benefit Set for Integrated Care

MPS NOTE: Formatting has been added to delineate original MMHAG Model Benefit Set, MPS Integrated Care components (underlined) and items included in both sets.

Benefit	Covered Now		Add Now		Add Later		Evidence
	Children	Adults	Children	Adults	Children	Adults	
ASSESSMENT							
Diagnostic and/or functional assessment, explanation of findings	X	X					Standard Practice
Psychological testing	X	X					Standard Practice
PSYCHOTHERAPY (individual, family and group)	X	X					Standard Practice
CLINICAL CASE CONSULTATION - psychiatrist			X	X			Evidence
Same day appointments for general medical and Behavioral Health clinicians			X	X			
CLINICAL CASE CONSULTATION - other mental health professionals <u>paid through medical coding procedures by medical billing staff (claims processed the same way as other primary care staff)</u>			X	X	X	X	Evidence
CARE COORDINATION							
Case management			X	X			Evidence
Behavioral Health specialists part of medical network of providers			X	X			
Wraparound					X	X	Evidence
Disease management & client education			X	X			Evidence
INTEGRATED TREATMENT MODEL - Assertive Community Treatment			X	X			Evidence
COMMUNITY OUTPATIENT/TREATMENT SERVICES AND SUPPORTS							
Family psychoeducation			X	X			Evidence
Respite			X	X			Evidence
Child and adolescent rehabilitative services			X	n/a			Evidence
Adult rehabilitative services (employment supports, ind. living skills/remediation training, etc.)			n/a	X			Evidence
Day treatment	X	X					Standard Practice
Partial hospitalization	X	X					Standard Practice
Community health maintenance (support. housing (for adults); transportation to treatment)			X	X			Logical/Evidence
Community health maintenance (supportive employment; partial hosp lodging)					n/a	X	Logical/Evidence
Therapeutic foster care					X	n/a	Evidence
INTEGRATED TREATMENT FOR CO-OCCURRING MH/SA DISORDERS				X	X		Evidence
MEDICAL SERVICES							
Medication management	X	X					Standard Practice
Services provided by or under supervision of physician <u>and paid as medical benefit using medical codes.</u>	X	X					Standard Practice
PSYCHOTROPIC MEDICATION	X	X					Standard Practice
EMERGENCY/CRISIS CARE							
24 hr. crisis phone consultation	X	X					Standard Practice
Crisis response (mobile outreach, crisis intervention counseling, crisis stabilization (incl. residential))			X	X			Evidence
Urgent care	X	X					Standard Practice

PSYCHIATRIC HOSPITALIZATION	X	X								Standard Practice
RESIDENTIAL MH TREATMENT	X									Standard Practice
PRE-DIAGNOSTIC SCREENING										
Prediagnostic MH screening (via multiple portals: primary care, public health, county ss, schools)				X	X					Evidence
SECONDARY PREVENTION										
Outreach							X	X		Logical
Targeted prevention (eg: primary care, public health, county soc. services, schools, incl. outreach)		X	X							Logical/Evidence
n/a = not applicable Comments: The benefits a client receives will vary based on diagnosis, age, income (e.g. transportation), site, provider, length of service, etc. This benefit set is intended to result in a system where a client receives the most effective intervention in an appropriate setting, from an appropriate provider, at the right time, and for the appropriate length of time										

Changes in Reimbursement Processes are needed in concert with these model benefits.

While the benefit set offers evidence for necessary care components, the Minnesota Psychiatry Society Integration Task Force recommends a shift in standard reimbursement processes to maintain these model benefits. Without support from healthplans, clinics cannot sustain the recommended benefits to provide MMHAG’s community standard of care as defined by this model benefit set. Essential shifts in the way healthplans work with clinics include sufficient reimbursement levels to maintain services and simplified reimbursement administration to avoid unnecessary duplication of effort. Needed changes identified to date include:

1. Payment edits should not preclude patients from seeing general medical and Behavioral Health clinicians on the same day.
2. Payment to Behavioral Health specialists from medical benefit at rates that allow a living wage for services provided (mechanisms to do so for all types of Behavioral Health staff, e.g. psychiatrists, psychologists, social workers, nurses)
 - a. Preferably payment for clinical work performed, including case management functions (can be billed through supervising physician if needed)
 - b. No requirement for psychiatric diagnosis to be paid, i.e. may be a symptom, at least for first three visits
 - c. Paid through medical coding procedures by medical billing staff (claims processed the same way as other primary care staff)
3. Behavioral Health specialists part of medical network of providers
4. Reimbursement mechanism for psychiatric video/teleconsultation
5. Prior authorization, payment, and reporting requirements for the treatment of Behavioral Health problems are the same for all professions, i.e. general medical and behavioral health

This model benefit set complements integrated care delivery and is based on MMHAG principles.