

Administrative Layers in Both Health Systems						
Policy #	Policy Recommendations	Current State	Barriers	Required Change/ Recommended Action	Due Date	Status
11.1	MDHHS should complete an assessment of the existing administrative layers in the public behavioral health and physical health system to identify redundancies and duplication of oversight in the administration of Medicaid services. The assessment will serve as the basis for <u>developing an administrative model that provides a service system that is person-centered, effective and efficient; reduces redundancy; and supports coordination across all layers of the behavioral and physical health system including regulatory requirements from the consumers to the providers, payers and up to the state level.</u>	<p>The group noted that there are ongoing issues to be resolved in terms of addressing administrative responsibilities across the different entities within the system. The group noted that rules around delegation of responsibility are a significant element within the larger problem. However, the group noted that conversations around administrative issues (and delegation especially) cannot be resolved until (1) the legislature make a determination on which models will be implemented and (2) CMS makes some decisions about the 1115 waiver.</p> <p>The group recommended waiting to take action on this recommendation until questions about the pilot models and waivers are resolved.</p>	<p>Increased administrative burden for pilot CMHSPs is likely given they are moving from a single Medicaid plan to multiple.</p> <p>Administrative burden required by state/federal laws and regulations.</p>	<p>1) MDHHS will examine reporting and administrative requirements and efficiency as part of the 298 pilot(s) and demonstration project.</p> <p>2) MDHHS will complete a full evaluation report of pilots to include identified efficiencies and savings reinvested resulting from savings.</p> <p>3) Pilot evaluator will establish methods for stakeholders to provider input on evaluation criteria, outcomes and opportunities for improvement.</p> <p>4) More broadly, MDHHS will continue to regularly evaluate administrative burden through ongoing policy and contract review.</p>	<p>3.31.18</p> <p>6 mos after the end of 298 pilots and demonstration projects</p> <p>3.31.18</p> <p>Ongoing</p>	In Process
11.2	MDHHS should <u>develop uniform and consistent standards for the provision of behavioral health and physical healthcare services</u> , including substance use disorder services, <u>to support the efficient administration and effective service delivery</u> for all individuals who receive Medicaid services. The standards will include, but are not limited to, common contract language, consistency and reciprocity of training requirements and expectations, quality measurement and performance metrics, financial and program audits, simplification and consistency of billing procedures, credentialing of providers and standard member benefits.					
11.3	MDHHS should <u>convene a workgroup of stakeholders to evaluate the efficacy of administrative structures, regulatory requirements, and associated costs</u> necessary to support efficient, effective, integrated, person-centered service delivery across payers and providers.					