

**June 26, 2015**

## **Conceptual Solution and Strategies Response/ Demonstrations**

RCPA recommendations are provided in general terms (bullets) below. We propose that details will be crafted in a collaborative process that would include state leaders, RCPA and other behavioral and physical health provider representatives, managed care representatives, health economists and other experts in the fields of health care, innovation and finance.

Our vision, and the support for DHS' goals of improving services, improving quality, and reducing program costs, are encapsulated in our comments. We have broken these comments down to the sections of Part 4 of the RFI as requested:

### **1. Promote the achievement of the Triple AIM (better health, better care, lower cost)**

- The Department should identify and include in procurement contracts more uniform and consistent standards and processes for credentialing, reporting, billing and other operational tasks where variations in managed care organizations provides little cost benefit to the Medicaid program.
- Consider the use of "deemed status" for HealthChoices programs and services that are accredited by a nationally recognized body as an alternative to more duplicative and costly inspection and regulatory monitoring.
- Work with the Insurance Department, Governor's Office the General Assembly and health and behavioral health provider representatives to fully implement the concepts of parity and essential health benefits in commercial and self-insured health plans to reduce the disparity between commercial and MA funded health care quality, improve continuity of care regardless of payer and reduce the risk of individuals shifting into MA because of the lack of early identification, intervention, risk reduction and treatment of their conditions.
- Work with the Insurance Department, Governor's Office, the General Assembly, and physical and behavioral health providers to design and implement a Health Information Exchange that will improve patient safety, improve clinical care coordination and clinical outcomes, and reduce unnecessary, redundant, and costly procedures and services.

### **4. Promote the expansion of value based purchasing of health care services**

- Promote the use of alternative payment arrangements in place of the current hyper-regulated fee for service HealthChoices purchase of service model. Use and/or develop purchase of service structures in collaboration with managed care organizations and physical and behavioral provider organizations models for purchasing treatment and other essential services on a case rate, targeted population or disease management model promoting biopsychosocial outcomes over volume of procedures provided and purchased.

**7. Increase consumer access to needed services, especially in rural and underserved areas of the Commonwealth**

- Expand the use and funding of technology that would allow for health care and behavioral health care services assessment, monitoring and treatment to be provided via telephone, and audio-visual connections like Skype, FaceTime, etc.
- Refine and expand “mobile community and home” medical rehabilitation services to all age groups (child through elder care).
- Refine and expand “mobile home and community” behavioral health outpatient, crisis and rehabilitation services to all age groups (child through elder care).

**9. Improving the overall HealthChoices Program**

**Improve care coordination between physical and behavioral health services**

- See above examples
- Support the expansion of the state’s Physical Health-Behavioral Health Learning Community currently made up of and supporting virtually all the state’s physical and behavioral health provider and practitioner organization members.
- Identify and reduce barriers to bi-directional coordinated and co-located health and behavioral health care services and use “pay for performance” incentives to promote collaborative care.
- Support the continuation of the behavioral health carve-out in HealthChoices. This has been a tremendous success, and a national example, for many years. The appropriate push to better coordinate physical health and behavioral health should be commended, and there are numerous ways to achieve that goal without the knee jerk and extreme reaction of moving to a carve-in program. Integration can be achieved and supported at the provider level; it does not need to occur at the payer level.
- Reduce operational redundancy in the Behavioral HealthChoices program in which several departments, program offices, county staff and managed care organization staff perform similar activities at unnecessary cost and commitment of provider and government/managed care staff time.

**Promote the expansion of team based approaches to care delivery (for example- patient centered care medical homes)**

- See above examples

**Promote community based public health initiatives**

- See above examples

**10. Improving Provider experiences with the HealthChoices program**

- Clear and enforceable standards for timely payment
- Clear standards for medical necessity
- Clear and enforceable standards regarding service requests
- A focus on the streamlining and elimination of administrative requirements of providers. MCOs could be incentivized to find ways to decrease administration- both at the MCO level and at the provider level. The focus should be on quality and getting maximum dollars to care.



## **12. Other topics.**

- Over time there has been a movement in managed care to centralized, telephones, care coordination. This has been coupled with a reduction of community-based initiatives. Such on the ground efforts were and have been successful in areas as diverse as crisis intervention, the stabilize children and adolescents and their families, and in helping disabled and elderly stay out of the hospital by assisting them in getting to appointments, taking their medication, and so forth. This high touch, ground-level, care coordination produces high quality outcomes while reducing cost. Yet the MCO contracts would appear to incentivize eliminating such services as “billable” and rolling it into the central managed care function. This needs to be looked at.



# Commonwealth of Pennsylvania

Date: **June 19, 2015**  
Subject: **DHS Health Choices Physical Health Program**  
Solicitation Number: **DHS HC RFI 2015**  
Opening Date/Time: **June 26, 2015 5:00 PM**  
Addendum Number: **1**

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To All Suppliers:

The Commonwealth of Pennsylvania defines a solicitation "Addendum" as an addition to or amendment of the original terms, conditions, specifications, or instructions of a procurement solicitation (e.g., Invitation for Bids or Request for Proposals).

*List any and all changes:*

This addendum is posted to emphasize that the Department is asking that all responses to this RFI be submitted electronically to the following resource account:

RA-PWHCRFIResponses@pa.gov

Please refer to Part 1.2 Request for Information Timeline and section Part 3: Request for Information Submission Format.

**For electronic solicitation responses via the SRM portal:**

- Attach this Addendum to your solicitation response. Failure to do so may result in disqualification.
- To attach the Addendum, download the Addendum and save to your computer. Move to "My Notes", use the "Browse" button to find the document you just saved and press "Add" to upload the document.
- Review the Attributes section of your solicitation response to ensure you have responded, as required, to any questions relevant to solicitation addenda issued subsequent to the initial advertisement of the solicitation opportunity.

**For solicitations where a "hard copy" (vs. electronic) response is requested:**

- Attach this Addendum to your solicitation response. Failure to do so may result in disqualification.
- If you have already submitted a response to the original solicitation, you may either submit a new response, or return this Addendum with a statement that your original response remains firm, by the due date to the following address:

Pennsylvania Department of Human Services  
Division of Procurement  
Room 402 Health and Welfare Building  
625 Forster Street, Harrisburg, PA 17120

Except as clarified and amended by this Addendum, the terms, conditions, specifications, and instructions of the solicitation and any previous solicitation addenda, remain as originally written.



# Commonwealth of Pennsylvania

Very truly yours,

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