

MEDICAID BEHAVIORAL HEALTH MANAGED CARE - UPDATE

FREQUENTLY ASKED QUESTIONS

Question	Answer
What is the name of the behavioral health managed care program?	The name of this managed care program is the Idaho Behavioral Health Plan (IBHP).
Why is the term “behavioral health” being used?	The term “behavioral health” includes both mental health and substance use disorder treatment services. The change from the current fee-for-service model to a managed care system allows Medicaid the opportunity to include substance abuse services in the same program as mental health services.
Under what authority has Medicaid pursued a change from the current fee-for-service reimbursement model to managed care administration for behavioral health services?	Section 56-260 of Idaho Code directs the Department to pursue managed care options. Medicaid has worked with the Centers for Medicare and Medicaid Services (CMS) to develop a 1915(b) waiver that provides for a managed care delivery system. The waiver allows for the development of new benefits based on savings from the managed care administration of benefits. Once savings are achieved, they may be used to create an alternative and innovative approach for specific members’ behavioral health needs. More detailed information regarding the requirements of the CMS waivers can be accessed at the Medicaid.gov website.
What type of managed care program is Medicaid developing based on the 1915(b) waiver?	Medicaid has developed a Prepaid Ambulatory Health Plan (PAHP) that includes outpatient services. Inpatient psychiatric services are not a part of the PAHP; therefore, inpatient benefits will not be included in the IBHP and those benefits will remain the same.

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Does the “prepaid” in the PAHP mean that the contractor is paid for a specific amount of services for a set number of people?	No. Prepaid Ambulatory Health Plans are structured such that the contracted provider (in this case, Optum Idaho) receives fixed payments from the state for every person enrolled in the plan (members) based on the historical costs of those services. The amount of behavioral health services a member receives is based on his or her medical necessity for such services.
Who has been contracted by Idaho Medicaid to administer the IBHP?	Optum was awarded the Idaho Behavioral Health Plan managed care contract. The parent company is UnitedHealth Group. Optum is establishing “Optum Idaho” which will be headquartered in Meridian, ID.
Will the IBHP benefits follow the Basic and Enhanced Benchmark Plans currently in place for Idaho Medicaid?	Members will be able to access behavioral health benefits and services that match their behavioral healthcare needs regardless of the benchmark plan.
Will IDAPA rules that currently govern Medicaid-reimbursed mental health services be modified?	Yes. Medicaid will revise IDAPA in both Chapter 9 and Chapter 10, the effective date of which will align with the implementation date of the IBHP. Revisions will allow for Medicaid State Plan behavioral health benefits to be administered by a managed care contractor. The modified rules will also identify the state’s requirements for the provision of behavioral health services using a provider network that is enrolled and managed by the contractor.
How will substance use disorder (SUD) services be provided?	Optum Idaho will recruit, enroll, and manage a network of practitioners and agencies that will directly provide SUD services.
Will members still be able to obtain their behavioral health services from their current provider?	Current Medicaid providers will need to enroll with Optum Idaho in order to continue providing services to members.

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Will Optum Idaho process requests for Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Benefits on behalf of the Department?	Yes. Optum Idaho, as the administrator of community-based behavioral health outpatient benefits, will respond to requests for children’s behavioral health services in compliance with federal EPSDT requirements. Optum Idaho will work closely with Department staff to ensure that comprehensive and preventative health care services for children with behavioral health needs are addressed based upon medical necessity.
Can a member obtain behavioral health services from multiple providers within the IBHP network?	There is no specific department requirement for a member to obtain all behavioral health services from a single provider but members must use providers who are enrolled in the network established by Optum Idaho.
How will current Medicaid mental health service providers be affected by the implementation of the IBHP?	Mental health clinic, psychosocial rehabilitation, and mental health service coordination agencies’ provider agreements with Medicaid will end when the managed care program goes into effect. Providers must enroll with Optum Idaho to continue providing Medicaid-covered services to members.
Will participants have to re-enroll with the new contractor?	No. Medicaid will enroll all eligible participants as members into the IBHP.
Will members and providers have the opportunity to provide input and feedback directly to Optum Idaho?	Yes. Optum Idaho is required to provide opportunities for input from all stakeholders, including providers and members.

Question	Answer
Where can I find the most up-to-date information about the Idaho Behavioral Health Plan?	This website will be updated throughout transition and implementation. Optum Idaho is also developing a website at www.OptumIdaho.com For additional questions you may also contact: Reggie Hanley, Idaho Network Manager Optum Behavioral Network Services P.O. Box 25186 Santa Ana, CA 25186 1 (714) 445-0723 Regina.hanley@optum.com