

**CARBON-MONROE-PIKE MH/DS PROGRAM
HEALTHCHOICES DEPARTMENT STATUS REPORT**

April 2019

I. HealthChoices Department

The HealthChoices Grievance Process changed in September 2018 as required by the Department of Human Services (DHS). This new process eliminated a two-level system of review/process and replaced it with just a panel review at the first level. This change increased the amount of activity for our department as we are now involved in this first-level panel. We continue to monitor and track this activity so that we can provide feedback to DHS in hopes of possible adaptations in future contract years.

II. Community Care

CMP HC and Community Care continue to hold regular meetings with Community Care to review the program operations. Monthly network status meetings are proceeding smoothly and we continue to add providers to the CMP network. Monthly administrative meetings are held to review any operational issues and review the program's operations. Monthly claims and finance meetings are also held to monitor the fiscal side of the program.

Community Care continues to coordinate efforts with all county partners (including CMP) to create a unified response to DHS' Value Based Purchasing (VBP) efforts. A response is being coordinated with all county partners in anticipation of the final workgroup meeting during the third week of April. We are hopeful that the Department and their consultants, Mercer, are able to keep in mind that VBP initiatives are meant to improve quality outcomes due to unique funding strategies that do not necessarily result in lower costs initially. Our struggle has been that a mentality is emerging in Harrisburg that VBP is synonymous with cost savings.

III. Operations Update

Ongoing operations of the HealthChoices program in CMP continue to proceed smoothly. All advisory committee meetings are continuing to proceed on their regular, quarterly schedule. Quality and Care Management Committee meetings continue to be held on schedule.

Significant efforts continue to work to preserve the Behavioral Health HealthChoices (BHC) program as it currently exists. A significant number of additional provider and human service groups from across the Commonwealth have weighed in with their opposition to "carving" BHC in to Physical Health HealthChoices (PHH). Most recently, the Secretary of the Department of Drug and Alcohol Programs (DDAP) has written a letter in support of the existing structure.

Respectfully submitted,


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HealthChoices Coordinator