

# SELECT COMMITTEE ON EFFICIENCY IN GOVERNMENT: MEDICAID SUBCOMMITTEE

## Summary of Medicaid/Health Care Suggestions to Date

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from Oct. 6, 2011, Public Comment and Presentations

### Background

During its Oct. 6, 2011, meeting, the Medicaid Subcommittee of the Select Committee on Government held an open forum for members of the public to suggest ways to create efficiencies in the state's Medicaid program while still maintaining quality of patient care. Public comment was limited to discussion of the Medicaid program as it relates to mental health. In addition, the full committee heard a presentation on performance-based contracting for children's mental health services and also heard more from Medicaid providers and the Department of Public Health and Human Services (DPHHS) about the program and potential ideas for efficiencies.

This document summarizes the ideas presented to both the subcommittee and the full committee and suggests four possible courses of action for committee members: staff research, DPHHS action, other action, or a decision not to pursue further action at this time. The table below also indicates possible activities for the first three categories of action as follows:

- 1 = staff work (research, fiscal analysis, bill drafts)
- 2 = DPHHS presentation at a future meeting
- 3 = written response from DPHHS
- 4 = forward suggestion to DPHHS for the agency to pursue

- 5 = panel presentation by stakeholders
- 6 = further review by stakeholders with report back to committee
- 7 = consider for future interim study

This list will be revised following committee review and action.

| Suggestions on Specific Laws and Regulations   | Staff | DPHHS     | Other | Don't Pursue |
|--|-------|-----------|-------|--------------|
| Amend state law on mental health center licensure for tribal mental health centers       |       | 2,3       |       |              |
| Allow psychologists to prescribe mental health medications                               |       |           | 5     |              |
| Allow health care providers licensed elsewhere to practice while seeking state licensure |       |           | 5     |              |
| Pay mental health case managers for transition period before PRTF discharge              |       | 2,3       |       |              |
| Improve communication on pharmacy benefits to avoid delays following PRTF discharge      |       | 4         |       |              |
| Streamline rules on 72-hour mental health crisis services                                |       |           | 5     |              |
| Allow children's mental health centers to offer fewer than five mandatory services       |       | 2,3, or 4 |       |              |
| Allow APRNs to conduct clinical supervision for licensing purposes                       |       |           | 5     |              |

| <b>Suggestions on Specific Laws and Regulations</b>  | <b>Staff</b> | <b>DPHHS</b> | <b>Other</b> | <b>Don't Pursue</b> |
|--|--------------|--------------|--------------|---------------------|
| Draft legislation to restructure statutory, regulatory, and business practices model for people with mental illness and disabilities |              |              | 5,6, or 7    |                     |
| Review current utilization review contract   |              | 2, 3         |              |                     |
| Improve state oversight of the prior authorization program for prescription drugs  |              | 4            |              |                     |
| Examine cost-effectiveness of PRTF waiver  |              |              | 5            |                     |
| Use single funding stream for co-occurring treatments or dually diagnosed  |              | 2            |              |                     |
| Draft legislation similar to Washington state regarding transfer of assets   | 1            | 2,3          |              |                     |
| <b>General Suggestions</b>   | <b>Staff</b> | <b>DPHHS</b> | <b>Other</b> | <b>Don't Pursue</b> |
| Pursue performance-based contracting   |              |              | 6            |                     |
| Reduce paperwork requirements  |              | 3            |              |                     |
| Improve Medicaid application and eligibility determination process   |              | 2            |              |                     |
| Review data collection requirements for mental health centers  |              | 4            |              |                     |
| Move to outcome-based contract principles  |              |              | 5            |                     |
| Revise Surveillance Utilization and Review Section (SURS) process to require more evidence before requiring records of providers     |              | 2,3          |              |                     |
| Change from hourly rate to daily rate for DD providers   |              | 2,3          |              |                     |
| Eliminate RFP process for qualified providers who have met certain measures  |              | 2,3          |              |                     |
| Streamline critical incident investigative requirements for DD providers   |              | 2,3          |              |                     |
| Develop standardized contract language for all departments   |              | 2,3          |              |                     |
| Streamline invoicing for transportation services for DD providers  |              | 2,3          |              |                     |
| Reduce annual reviews and audits for DD providers  |              | 2,3          |              |                     |
| Review the recommendations of the Montana Public Health Care Redesign Project  |              |              | 5            |                     |