

Shannon Hall

From: Marshall Henson -MDH- <marshall.henson@maryland.gov>
Sent: Friday, June 16, 2023 9:41 AM
To: Shannon Hall
Cc: Spencer Gear (spencer.gear@maryland.gov); Lauren Grimes; Lori Doyle
Subject: Re: PRP Auth Forms: Changed Requested

Good morning, Shannon.

Thank you for your email and letter on June 9th regarding concerns with planned changes to the PRP authorization form. After careful consideration internally with BHA and MDH, and in consultation with the ASO, we have concluded that the appropriate course of action is to proceed with the revised PRP authorization form implementation as scheduled on June 17, 2023.

Our reasoning in doing so is to improve the authorization process in the following ways:

- Form changes will help expedite administrative denials for individuals who clearly do not meet basic criteria for admission to the service. This will not only clear the demand on care reviewers, but will also give providers who have made simple form submission errors a much quicker path to fixing problems and resubmitting.
- It will provide information that the clinical team is having to ask for concerning medications and other services that have been tried or considered.
- It will provide a clearer path to authorization for requests that involve Category A diagnoses.

We greatly appreciate the effort that CBH provided in developing this version of the form. We will continue to evaluate it, seek your input, and determine additional improvements as appropriate. To that end, we have not yet made the NPI mandatory, and will add a prompt that will allow providers to signify that they have uploaded a medication list. (This won't happen immediately, but is planned). We also want to stress that the goal of the form is not to set up a system in which an individual in SE is not allowed to be in PRP if that is an appropriate combination for a specific person. Our emphasis is on ensuring the most appropriate level of service or combination of services for the individual.

I also want to emphasize that we have heard the other concerns you raise. In a fee for service environment in which a basic requirement is that rules are standardized for all providers, it can be a challenge to develop measures that adequately differentiate high and low performing providers without regulatory description of outcomes. We continue to look for ways to focus our resources, and are updating the Level of Care manual to allow for clearer guidance on both PRP and Residential Crisis programs.

Thank you again for your thoughtful input and we look forward to continuing our work together to strengthen the public behavioral health system.

Respectfully,

Marshall Henson

On Thu, Jun 15, 2023 at 9:22 AM Shannon Hall <shannon@mdcbh.org> wrote:

Marshall, I'm circling back on this request. If BHA is unable to substantively respond to our concerns and feedback by tomorrow's implementation date for the PRP auth form changes, we ask that you delay the effective date until the Department has had time to consider our concerns and make any necessary changes.

Thank you,

Shannon Hall

Executive Director

Community Behavioral Health Association of Maryland

From: Marshall Henson -MDH- <marshall.henson@maryland.gov>

Sent: Friday, June 9, 2023 1:57 PM

To: Shannon Hall <shannon@mdcbh.org>

Cc: Spencer Gear (<spencer.gear@maryland.gov> <spencer.gear@maryland.gov>); Lauren Grimes <lauren@mdcbh.org>;
Lori Doyle <lori@mdcbh.org>

Subject: Re: PRP Auth Forms: Changed Requested

Hi Shannon.

Acknowledging receipt. We will review and follow up with you with a status update by the end of next week. Thank you. MH

On Fri, Jun 9, 2023 at 1:47 PM Shannon Hall <shannon@mdcbh.org> wrote:

Marshall and Spencer, I have attached a letter expressing concerns about the auth form changes published on May 11. The publication contained material changes from the draft shared in January, and the letter reflects our requests for modifications or deletion of the newly-shared changes. In addition, we renew our concerns that BHA's changes are ineffective – reducing access among high-performing providers more than among low-performing providers. The letter describes the 24% reduction in access to PRP among high-performing providers, as well as our data showing their impact on access to care for hospital discharges. We urge the Department to rethink its approach to substandard PRP practice by rescinding burdensome, industry-wide approaches in favor of policies that target underperforming providers.

Thank you for your attention to this matter and, as always, please don't hesitate to reach out if you have any questions.

Shannon Hall

Executive Director

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Marshall Henson

Director of Operations

Behavioral Health Administration

Ph: 410-387-1466

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Marshall Henson

Director of Operations

Behavioral Health Administration

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