



Below are HHSC responses to Texas Association of Health Plans (TAHP) and Texas Association of Community Health Plans (TACHC) comments received Dec. 14, 2023 related to the S.B 750 (86R) maternal mental health (MMH) treatment network.

Provider Education	
TAHP and TACHP Recommendation	HHSC Response
<p>Development of provider training materials, including:</p> <ul style="list-style-type: none">• A resource similar to the CPW resource so providers can have applicable contacts at each MCO.• A reference doc that outlines when/how screenings should be conducted and other applicable clinical guidelines.• Support materials if providers need help, with resources such as MMH and suicide hotlines, how the MCO can provide support, etc. <p>A campaign to get providers' attention and let them know about the new requirements.</p> <p>Messaging from both HHSC and the MCOs would be most beneficial.</p>	<p>HHSC agrees that provider education and resources about the new maternal mental health (MMH) treatment requirements in UMCM Chapter 16.1 is important to successfully implement these requirements. MCOs should inform their provider networks prior to implementation of the new requirements.</p> <p>HHSC is willing to collaborate with MCOs on messaging to providers and review any materials MCOs develop.</p>
Identification of Maternal Mental Health Providers	
TAHP and TACHP Recommendation	HHSC Response
<p>Providers would opt in in 2 phases:</p> <ul style="list-style-type: none">• Initial– MCOs would outreach applicable provider types who'd identify whether they want to participate in the MMH network.	<p>MCOs are not required to use an opt-in method to develop their MMH provider network. However, HHSC will provide recommendations in a future MCO notice for approaches MCOs may consider when identifying MMH providers.</p>

<ul style="list-style-type: none"> Ongoing– A MMH field would be added to provider applications so providers can opt in as they enroll in Medicaid. <p>Reasoning</p> <ul style="list-style-type: none"> Allowing providers to opt in would address concerns around participation in various networks and lack of reimbursement for needed screenings. Not all providers who fall under applicable provider types would want to perform tenants of the new MMH requirements. For example, some BH providers may focus on prescribing and not screening patients for MMH conditions. 	<p>Additionally, HHSC is not going to pursue adding an MMH field in the Medicaid provider enrollment application or the master provider file.</p>
Phased Approach	
TAHP and TACHP Recommendation	HHSC Response
<p>We agree with HHSC’s recommendation to target BH providers initially and would like more discussion around how/if to include non-BH providers.</p> <ul style="list-style-type: none"> Guidance from HHSC on applicable BH provider types (and non-BH, if we wind up going that route) would assist MCOs in identifying and outreaching providers who should be given the opportunity to opt in. 	<p>HHSC will provide recommendations in a future MCO notice for approaches MCOs may consider when identifying MMH providers for phase 1 and phase 2.</p>
<p>An indicator would be the most concise, effective way for MCOs to identify MMH providers– we’d like to revisit the discussion of adding a MMH indicator on the MPF.</p>	<p>HHSC is not going to pursue adding an MMH field in the Medicaid provider enrollment application or the master provider file.</p>

<ul style="list-style-type: none"> This would assist MCOs in adding MMH as an optional search field in their directories. 	
Timeline	
TAHP and TACHP Recommendation	HHSC Response
<p>We respectfully request 60 days from the date that provider education materials and campaign are finalized– to disseminate materials to providers, provide technical assistance, etc.</p>	<p>MCOs will be required to implement Phase 1 within 90 business days of the publication of a future MCO notice that includes HHSC guidance for phase 1. HHSC will provide additional guidance on the required implementation dates in a future MCO notice.</p>