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NH COMMUNITY BEHAVIORAL HEALTH ASSOCIATION RENEWS CALL FOR ADMINISTRATIVE RELIEF

Concord - The NH Community Behavioral Health Association (CBHA) today renewed its call for relief from administrative burdens imposed by the State and the managed care organizations (MCOs), with whom the State contracts for operating the Medicaid Managed Care program. This came as CBHA submitted comments in the re-procurement process for the program, which provides coverage for more than 20,000 individuals at New Hampshire’s ten community mental health centers.

Peter Evers, President of CBHA and CEO of Riverbend Community Mental Health, Inc., said CBHA appreciates the opportunity to comment on the State’s new Request for Proposals and that 6 informational sessions were held around the state to inform the process. “We are very pleased that the new RFP includes a uniform preferred drug list for pharmacy management,” he said. “This is a very positive step forward. We hope that that the scope of the list is wide enough to ensure that people who have been stable on medications for years do not risk being denied that drug and then end up in an Emergency Department due to a less effective alternative.”

Evers also said that the Quality and Oversight Reporting Requirements included in the RFP have the potential to add significant paperwork for staff at community mental health centers. “Workforce is already the number one challenge for the centers, so we are extremely wary of additional and duplicative requirements,” Evers said. “We are now waiting for the State to come back with a cross walk so we have a clearer picture of which of these 270 requirements in the re-procurement RFP are new and which ones are already covered.”

Evers noted that, in 2017, CBHA submitted to the State a list of reporting, auditing and measurement requirements that could be eliminated or consolidated, to improve access to care and ensure better use of limited staff in the community mental health centers. These include:

- Allowing the centers to opt out of Child Assessment of Needs and Strengths and Adult Assessment of Needs and Strengths (CANS/ANSA) eligibility and measuring outcomes.
- Providing relief from paperwork burdens.
- Consolidating data and reporting requests.
- Consolidating audits.
- Relieving community mental health centers of the State’s annual Community Benefit Report requirement. Because centers are generally participants in a parallel process for the nonprofit hospitals in their regions, there is little to no value requiring a separate report.

Evers said, “The oppressive burden of paperwork put on staff at community mental health centers, including clinicians, directly impacts their ability to provide services to clients. And not being able to get care to severely mentally ill individuals in the community leads to the backups in hospital emergency rooms we hear about daily.”

Evers added, “We hope that the uniform preferred drug list will lead to increased uniformity in other administrative processes the MCOs use so paperwork decreases, not grows. While CBHA’s 2017 proposals for administrative relief remain a priority for us, we look forward to working with the State and the MCOs in a collaborative manner to implement Medicaid managed care and get needed services to all NH citizens who need mental health care.”

The comments CBHA submitted to the State on the re-procurement RFP are attached.

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