

September 17, 2024

GUIDANCE AND DEADLINES FOR PHASE 2 OF IDENTIFYING MATERNAL MENTAL HEALTH PROVIDERS

SUMMARY OF NOTIFICATION

In accordance with Senate Bill 750, 86th Legislature, Regular Session, 2019, the Texas Health and Human Services Commission (HHSC) established managed care organization (MCO) requirements around identification of maternal mental health providers and referral of members with maternal mental health conditions, which were published in UMCM 3.34 *Online Provider Directory* and UMCM Chapter 16.1.15.3.9 *Maternal Mental Health Treatment Network*.

As described in UMCM Chapter 16.1.15.3.9, maternal mental health conditions include conditions such as perinatal and postpartum depression, anxiety disorders, post-traumatic stress disorder, and bipolar illness (which may include psychotic symptoms), occurring within 12 months postpartum.

In response to feedback from MCOs, HHSC allowed a phased approach for MCOs to implement the identification of maternal mental health providers in their provider network:

- Phase 1 required MCOs to identify behavioral health (BH) providers able to treat maternal mental health conditions, with an implementation deadline of July 26, 2024.
- Phase 2 will require MCOs to identify non-BH providers able to treat mild to moderate maternal mental health conditions.

On March 18, 2024, HHSC published guidance for Phase 1 in the MCO Notice: *Guidance on Identifying Maternal Mental Health Providers: Phase 1*.

The purpose of this notice is for HHSC to provide guidance and a deadline for Phase 2.

SUMMARY OF REQUEST

At this time, HHSC will only require MCOs to include the following non-BH providers in the maternal mental health treatment network:

Primary care providers; and

Obstetricians and gynecologists.

MCOs may choose to include other providers who treat members experiencing mild to moderate maternal mental health conditions.

Non-BH providers included in the maternal mental health treatment network would not be obligated to provide any specific treatment or to treat complex or severe cases of maternal mental health conditions.

HHSC provides MCOs flexibility on the approach they use to identify non-BH providers in their network to list as maternal mental health providers. However, HHSC recommends possible

approaches MCOs may consider:

1. Opt-in for all non-BH providers: MCOs may conduct outreach to their non-BH provider network to request providers self-identify if they have experience treating maternal mental health conditions and opt-in to be included in the MCO's online provider directory as a maternal mental health provider.
2. Opt-in for non-BH providers with experience in maternal mental health: MCOs may review claims data from their non-BH provider network to identify providers with a history of treating Medicaid for Pregnant Women (TP40) members or billing for mental health services for TP40 members (indicating experience with maternal mental health treatment). The MCO may conduct more targeted outreach to these providers to encourage them to opt-in as described in 1) above.

HHSC recommends collaboration among MCOs, especially those in the same service areas, along with provider associations to adopt a consistent approach to best serve the needs of members with maternal mental health conditions.

ACTION

HHSC requires MCOs to implement Phase 2 within 90 business days of publication of this MCO notice. Phase 2 implementation activities include listing identified providers in the MCO's online provider directory and informing the MCO's provider network of the changes.

HHSC is willing to collaborate with MCOs on messaging to providers and review any materials MCOs develop. Additionally, HHSC will develop and share a notice with relevant provider associations about these requirements after the publication of this MCO notice.

ADDITIONAL INFORMATION

The following resources may be helpful for non-BH providers interested in opting into the maternal mental health treatment network:

The Collaborative Care Model integrates the services of behavioral health care managers and psychiatric consultants with primary care provider oversight to proactively manage behavioral health conditions. This model became a covered Texas Medicaid benefit on June 1, 2022.

The Perinatal Psychiatry Access Network is a no cost, evidence-based, clinician-to-clinician program that provides access to a multidisciplinary network of mental health experts for peer-to-peer consults by phone and referrals and resources.

RESOURCES

[MCO Notice - Guidance on Identifying Maternal Mental Health Providers - Phase 1](#)

[UMCM Ch 3.34 MMC-CHIP Online Provider Directory \(texas.gov\)](#)

[UMCM Chapter 16.1 - Medicaid and CHIP Contract Operational Guidance \(texas.gov\)](#)

[Collaborative Care Model – TMHP Notice](#)

[Perinatal Psychiatry Access Network \(PeriPAN\) – TCMHCC \(utsystem.edu\)](#)