

Members Empowered to Succeed (METS) Frequently Asked Questions

What's Going to Happen in this Process?

A Members Empowered to Succeed (METS) Clinical Liaison will reach out to you via telephone, email, or fax to arrange a call to discuss the member. Typically, information such as the member's most recent treatment plan and assessment are helpful in sharing the member's current treatment goals and progress. The Clinical Liaison would also like to know any barriers in the member's treatment and any current needs. We prefer to speak directly with the member's treating provider to ensure the information needed is accessible during our conversation.

What is the Time Commitment?

We work with you to accommodate your schedule to select a day and time that fits your schedule. The initial meeting takes approximately 30 minutes depending on the amount of detail that you can provide regarding the member's complexity of needs. Ongoing communication takes place monthly and can be done by secure email or a brief phone call. The member typically remains in the program for 3-9 months.

How are Members Selected?

Members with high intensity use of behavioral health outpatient services in comparison to other members within the state for at least 12 months are identified using historical claims data.

Is Participation Voluntary?

No, this is not voluntary. Our providers are contractually required to participate in quality improvement and medical record review activities including but not limited to clinical indicators and outcomes; appropriateness of care; quality initiatives; Healthcare Effectiveness Data and Information Set (HEDIS) measures; and medical record reviews. Our goal is to support you in developing a care strategy that best matches the member's needs to the lowest acuity setting considering the member's goals and desired outcomes.

What Release is Needed so we can Give You Information about the Member?

No release of information is required. PHI that is used or disclosed for purposes of treatment, payment, or healthcare operations is permitted by HIPAA Privacy Rules (45 CFR 164.506) and does not require consent or authorization from the member.

What are You Trying to Accomplish?

METS purpose is to focus on the recovery and resiliency of each individual member and assist in ensuring that they are supported to remain in their community at the appropriate level of services. We do this by partnering with you and the member to encourage collaboration and coordination of additional resources that will progress the member in treatment. METS provides the additional administrative and clinical support often needed in order to assist you in delivering quality, personalized care for high utilizing members. We assist in addressing identified barriers that may be interfering with having more successful treatment outcomes.

How Should I Tell the Member you're Involved?

METS will reach out to the member directly to share the program details and inform the member how to reach their Member Engagement Service Coordinator. We have provided you a flyer that explains the program that you may use when discussing METS with the member.

Are you Denying Treatment for the Member?

No, our goal is to work with you and the member to help identify additional supports that may be needed for successful progress in treatment. The METS team does not do utilization management authorization reviews and all questions related to medical necessity criteria and authorizations should be directed to the member's health plan Utilization Management Team (who review authorization requests). METS can assist in providing supportive materials to you as the provider on treatment planning, discharge planning, coordination of care, and titration of services which are great tools to consider when assessing a member's treatment and progress.

Can we Refer Members to You?

Members are not referred to this program at this time. If you have a member who requires assistance, we can verify their eligibility with the METS program and connect you with the health plan's case management program or member services.

For Additional Questions

Contact Carolina Complete Health Provider Services at **1-833-552-3876 (TTY 711)** for questions and to learn how we can help support you and your members.