

Frequently Asked Questions

Q: WHAT IS THE METS PROGRAM TRYING TO ACCOMPLISH?

A: The METS team partners with you to create an integrated care plan that supports members in their recovery journey. Your METS team consists of a Clinical Liaison and often times a Coordinator. Clinical Liaisons are licensed clinicians who use their experience to partner with you to provide administrative and clinical support. They leverage a strengths-based approach to help identify and overcome potential barriers, support care coordination and provide resources to promote successful treatment outcomes. The Coordinators supplement the recovery process by addressing social determinants of health barriers and linking members to community resources that line up with their goals. If Coordinators are not available in the market, referrals to care management are made as needed.

Q: WHAT'S GOING TO HAPPEN IN THIS PROCESS?

A: A Members Empowered to Succeed (METS) Clinical Liaison will reach out to you via telephone or email to arrange a call to:

1. Discuss the member identified for the METS program.
2. Confirm the best way to secure clinical information that will be requested prior to an initial consult call. This includes the member's most recent treatment plan, assessment and the last progress notes to review.
3. Schedule an initial consult call. This call may take up to 15-20 minutes depending on the existing clinical information that was provided prior and the member's needs.
4. Discuss follow-up consultation scheduling. Regular, ongoing communications will continue, most often in the form of a phone conversation lasting up to 10 minutes. These will be scheduled at periodic intervals during a member's participation, which may last for up to 12 months.

Q: WHAT IS THE TIME COMMITMENT?

A: We are flexible and will work to accommodate your schedule as much as possible. The initial clinical consultation may take up to 15-20 minutes. This time can be reduced if the member's most recent treatment plan, assessment and the last progress notes are provided for review. Periodic communications will occur, most often in a phone consultation, lasting up to 10 minutes. Member support in the METS program can last for up to 12 months.

Q: WHAT ARE THE BENEFITS AND IS PARTICIPATION VOLUNTARY?

A: The METS program partners with you to develop a comprehensive care strategy to match the member's needs, incorporating their goals, strengths/interests and desired outcomes. The success of the program hinges on the strength of this partnership. While your participation is required, we are aligned in the same goal when it comes to the members – to increase access to care and improve health outcomes. The METS program is part of the contractual requirement in which providers collaborate in quality improvement measures and medical record review activities. This collaborative approach to integrated care helps support treatment plans, medication adherence and recovery.

Q: HOW ARE MEMBERS SELECTED?

A: The METS Program intends to work with members and their providers who appear to be high risk and/or have high needs based off of their behavioral health claims. These members are identified using historical claims data. Those with a higher frequency and duration of BH or SUD Outpatient services are eligible for the program.

Q: IS A RELEASE NEEDED TO EXCHANGE INFORMATION ABOUT THE MEMBER?

A: No, a release of information is not required. Protected Health Information (PHI) that is used or disclosed for purposes of treatment, payment, or healthcare operations is permitted by Health Insurance Portability and Accountability Act (HIPAA) Privacy Rules (45 CFR 164.506) and does not require consent or authorization from the member.

Q: ARE YOU DENYING TREATMENT FOR THE MEMBER?

A: No, our goal is to partner with you and the member to identify additional supports needed for successful treatment progress. You can leverage METS resources and supportive materials on treatment, titration/ discharge planning and care coordination.

The METS team does not perform authorization reviews. If you have any questions related to medical necessity criteria and authorization processes, please direct inquiries to the health plan's Utilization Management Department. Our team can provide that contact information if needed.

Q: CAN WE REFER MEMBERS TO METS?

A: No, members cannot be referred to the program at this time. If you have a member you believe requires additional assistance, we can verify their METS program eligibility. If they do not qualify for METS, we can connect you with the health plan's care management program or member services to assist them further.

The METS team would like to personally thank you for your collaboration and dedication to the care and well-being of our members. We look forward to partnering with you!
