

Innovations in Medicaid: Successful Strategies in **Behavioral Health** Integration

NORC Managed Care Organization Learning Hub Webinar Series with Support from MolinaCares Accord

10/24/2022







What is the NORC MCO Learning Hub?

 The NORC MCO Learning Hub is committed to providing information on ways to address health equity and transform health care with a focus on MCOs, consumer groups, state Medicaid leaders, and other industry experts

Innovations in Medicaid Webinar Series

- Six-part quarterly webinar series through end of this year, highlighting innovations in Medicaid
- Our last session focused on how states can use ARPA funding to support HCBS technology; the slides and recording are available on the Hub website:
 - https://www.norc.org/Research/Projects/Pages/medicaid-managedcare-organization-learning-hub.aspx







- All attendees will remain in listen-only mode
- Please send any questions for presenters using the Q&A box at the bottom – we'll have a Q&A session at the end
- The slides can also be accessed on our website: https://www.norc.org/Research/Projects/Pages/medicaid-managed-care-organization-learning-hub.aspx







Agenda

01	Introduction from Tom Betlach
02	Presentation from Jason McGill, J.D.
03	Presentation from Drew Hill
04	Presentation from Sasha Waring, M.D.
05	Open Q&A
06	Conclude











Tom Betlach

Moderator
Partner
Speire Healthcare
Strategies



Jason McGill, JD

Panelist
Assistant Director,
Washington State
Health Care
Authority; Director,
Medicaid Programs
Division



Andrew Hill

Panelist CEO Excelsior Wellness



Sasha Waring, MD

Panelist
Senior Medical
Director for
Behavioral Health
Molina Healthcare









Timeline to Full Integration – System Changes Prior to Covid

Managed care expansion (2012 – 5 MCOs)

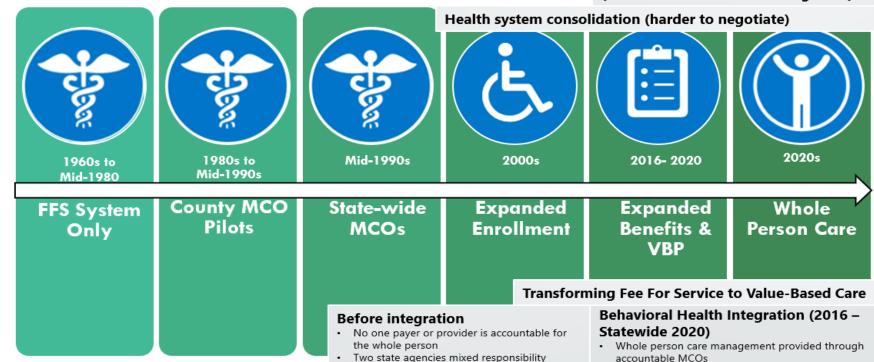
ACA – expansion and IM --- Public Option 2020 (+++MCOs covering more of state)

One state agency responsible (HCA) Eliminates access to care standards

based health system

 Full continuum for physical and behavioral health, including crisis services - building out community-

DSNP (Medicare/Medicaid (+++Medicaid MCOs covering state)



Access to Care standards in place

12 Performance Measures included in Study

Population	Measures		
Overall Adult Medicaid	Percent Homeless – Narrow Definition (SUPPL-HOME-N)		
	Percent Employed (SUPPL-EMP)		
Adult SMI Population	Psychiatric Inpatient 30-Day Readmission (HEDIS-PCR-P)		
	Follow-up After Hospitalization for Mental Illness Within 7 Days of Discharge (HEDIS-FUH-7D)		
	Follow-up After Hospitalization for Mental Illness Within 30 Days of Discharge (HEDIS-FUH-30D)		
	Follow-up After ED Visit for Mental Illness Within 7 Days (HEDIS-FUM-7D)		
Adult SUD Population	SUD Treatment Penetration (SUPPL-SUD)		
	Follow-up After ED Visit for Alcohol and Other Drug Dependence Within 7 Days (HEDIS-FUA-7D)		
Children Ages 6-17 With Mental Health Needs	Mental Health Treatment Penetration – Broad Definition (SUPPL-MH-B)		
Mental Health Needs	Psychiatric Inpatient 30-Day Readmission (HEDIS-PCR-P)		
	Follow-up After ED Visit for Mental Illness Within 7 Days (HEDIS-FUM-7D)		
Children Ages 10-17 With SUD	SUD Treatment Penetration (SUPPL-SUD)		

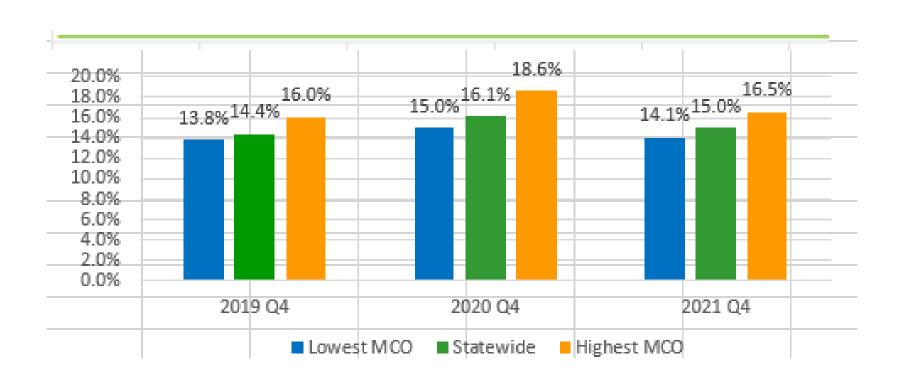


Stable/Improving

	12 months ending		
Measure	2019 Q4	2020 Q4	2021 Q4
	SOCIAL DETERM	VINANTS OF HEALTH	
Homelessness narrow	5.8%	4.8%	5.5%
Range	3.3 - 7.0%	2.9 - 6.0%	
Employment	47.2%	47.3%	49.5%
Range	39.9 - 55.3%	39.5 - 54.8%	
Adult SUD Tx Penetration	38.5%	39.3%	37.8%
Range	31.2 - 44.7%	30.8 - 44.9%	
Adult Follow up after ED/SUD - 7 day	20.5%	24.1%	22.1%
Range	13.4 - 36.3%	14.5 - 41.8%	

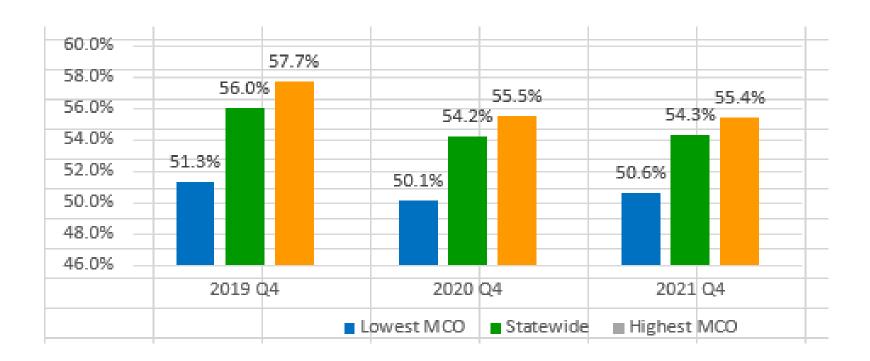


Clients With Serious Mental Illness, Ages 6-64: Psychiatric Inpatient 30-Day Readmission



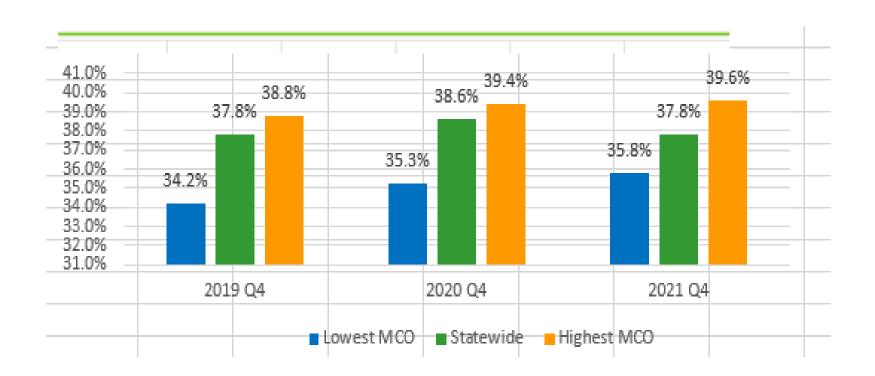


Clients With MH Treatment Needs Ages 6-64: Mental Health Treatment Penetration

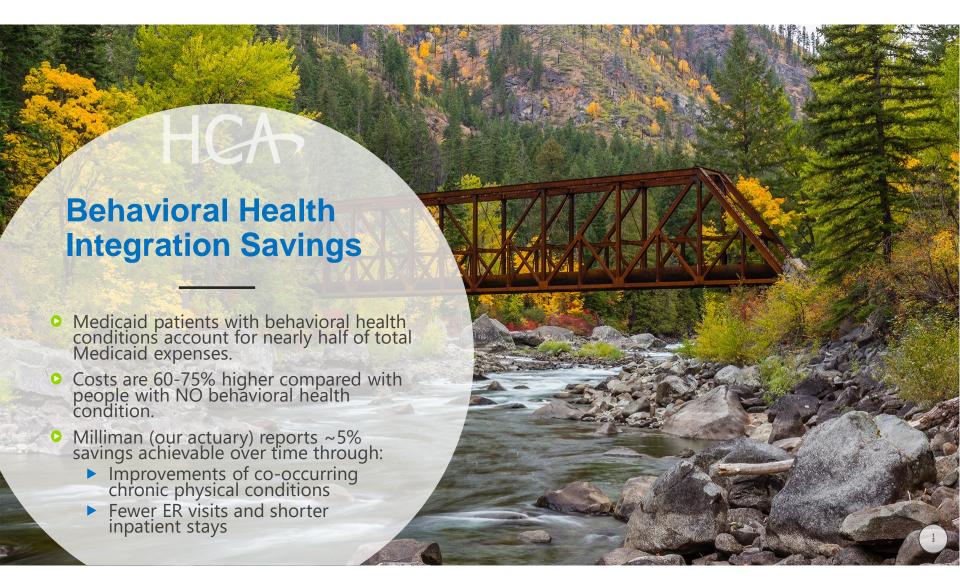




Clients With SUD Treatment Needs Ages 6-64: Substance Use Disorder Treatment Penetration











Adequacy

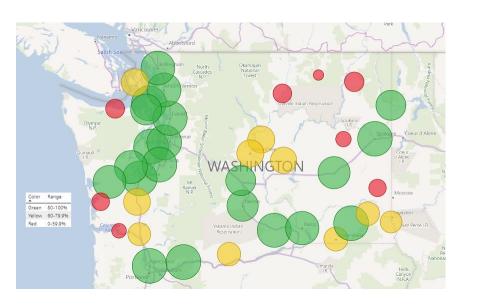
- Network Adequacy The contract now defines mental health providers and youth and adult behavioral health agency providers as critical provider
- This supports integrated managed care and may result in loss of contract in a service area if the contractor fails to meet an adequate network of providers.
- The contract enhanced the network adequacy template, which should bring heightened accuracy and accountability.

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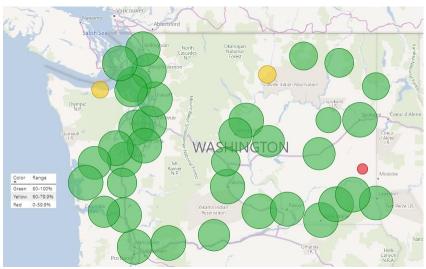


Network Adequacy – Behavioral Health

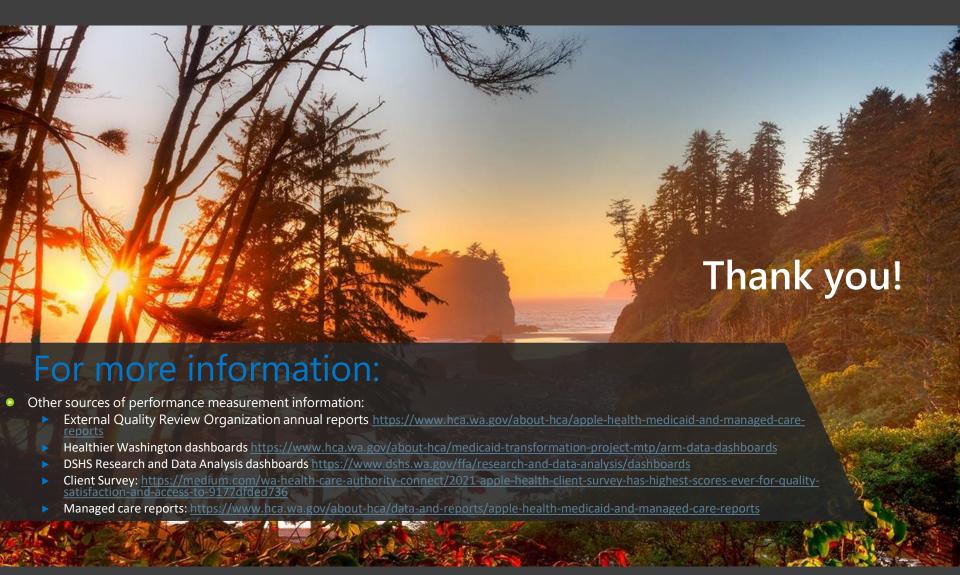
Youth SUD outpatient:



Mental Health outpatient:







Integration provided opportunities for patient convenience and efficiencies in the delivery system

















Structural care delivery and operational components that make it work















Collaboration and coordination across providers and the continuum of care has created efficiencies, easier connections and referrals, and helped us better serve our community















Service Delivery Model

- Engagement
- Removal of Barriers
- Education
- Opportunities for Success















Successful Strategies in BH Integration: Health Plan Perspective

Sasha Waring, MD Senior Medical Director, Behavioral Health Molina Washington



Adapt to Thrive: How Molina changed to implement IMC

Critical partnerships

Providers

Other MCOs

HCA and other state agencies

Thought leaders

Internal efforts: be the change

Staff trainings
Integrated Clinical
Rounds

Hit the Road

community meetings

Bi-directional learning

Provider trainings/symposia



Successes in early IMC (2016-2020)

Implementation

Stabilization

Modernization/Innovation

- Smooth transition from pre-IMC networks
- High provider retention
- Maintain continuum of complex care
- Gradual expansion of services and programs

- Population Health and Whole Person Care
- Multidirectional integration in clinical settings
- Integration at systems and payment level allows recognition of effective new models



Successes in IMC: Innovations 2021+

Integration provides framework to launch new programs to meet specific population and system needs

Intensive Residential Treatment (IRT) Teams

New Journeys (First Episode Psychosis)

Intensive Behavioral Health Treatment Facilities

Critical role for blending of existing services and funding pathways

VIEW

WIBS (WISe + ABA) – coming soon!



Current Challenges, Future Directions

System change and success takes time

- IMC massive lift for providers
- Major changes in everyday processes

COVID Pandemic

- tragedy
- shifts in priorities
- delays
- spur to innovate

Goals/Metrics

- Selection of appropriate metrics of effectiveness
- Goals will shape the system







Moderator
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Thank you.

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