



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-managed-care-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

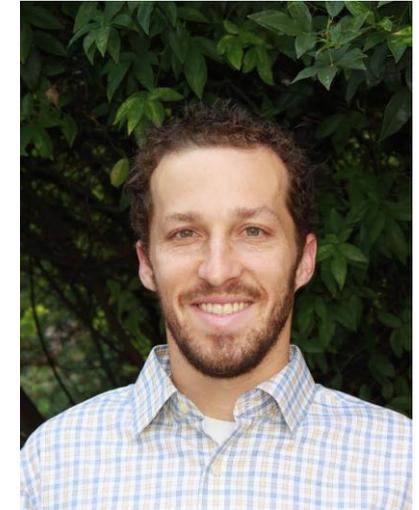
Assistant Director,
Washington State
Health Care
Authority; Director,
Medicaid Programs
Division



Andrew Hill

Panelist

CEO
Excelsior Wellness



Sasha Waring, MD

Panelist

Senior Medical
Director for
Behavioral Health
Molina Healthcare



Successful Strategies in Behavioral Health Integration Webinar



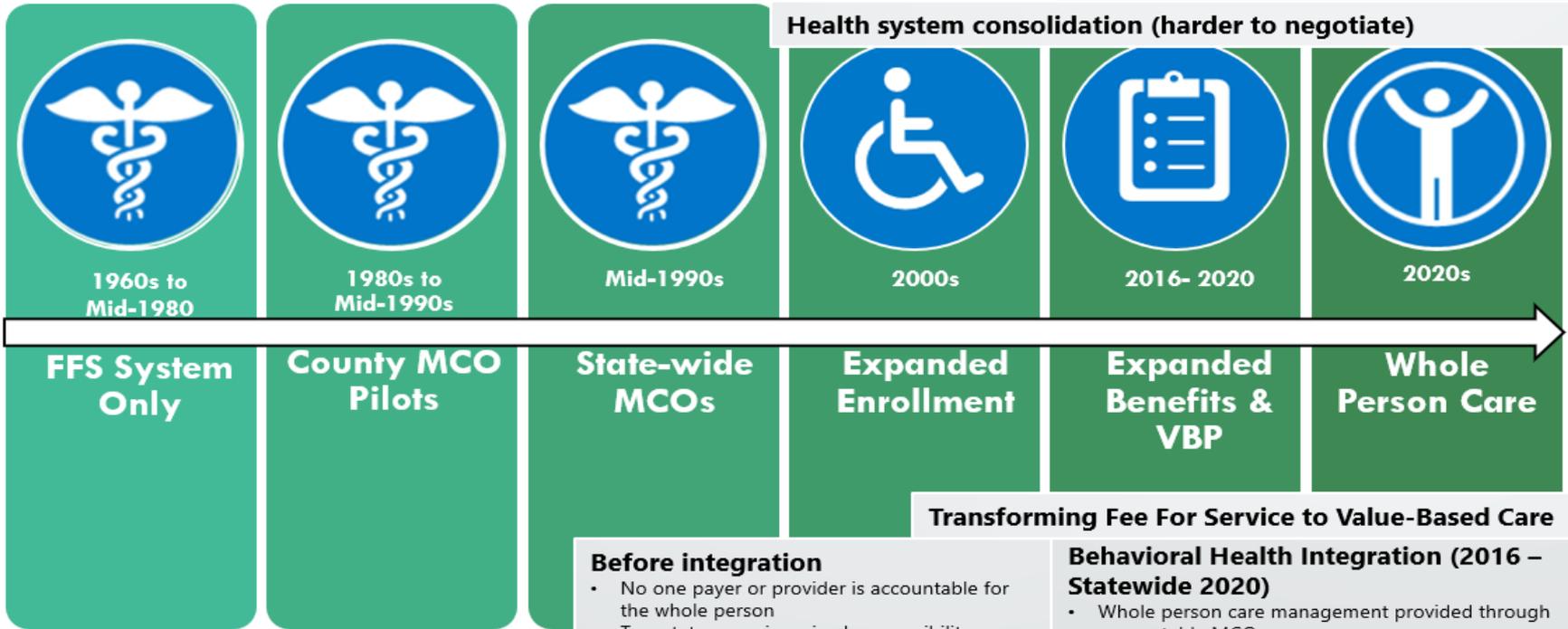
Jason T. McGill, Esq
Medicaid Programs Director
Jason.McGill@hca.wa.gov

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)

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

Health system consolidation (harder to negotiate)



Before integration

- No one payer or provider is accountable for the whole person
- Two state agencies mixed responsibility
- Access to Care standards in place

Behavioral Health Integration (2016 – Statewide 2020)

- Whole person care management provided through accountable MCOs
- One state agency responsible (HCA)
- Eliminates access to care standards
- Full continuum for physical and behavioral health, including crisis services - building out community-based health system

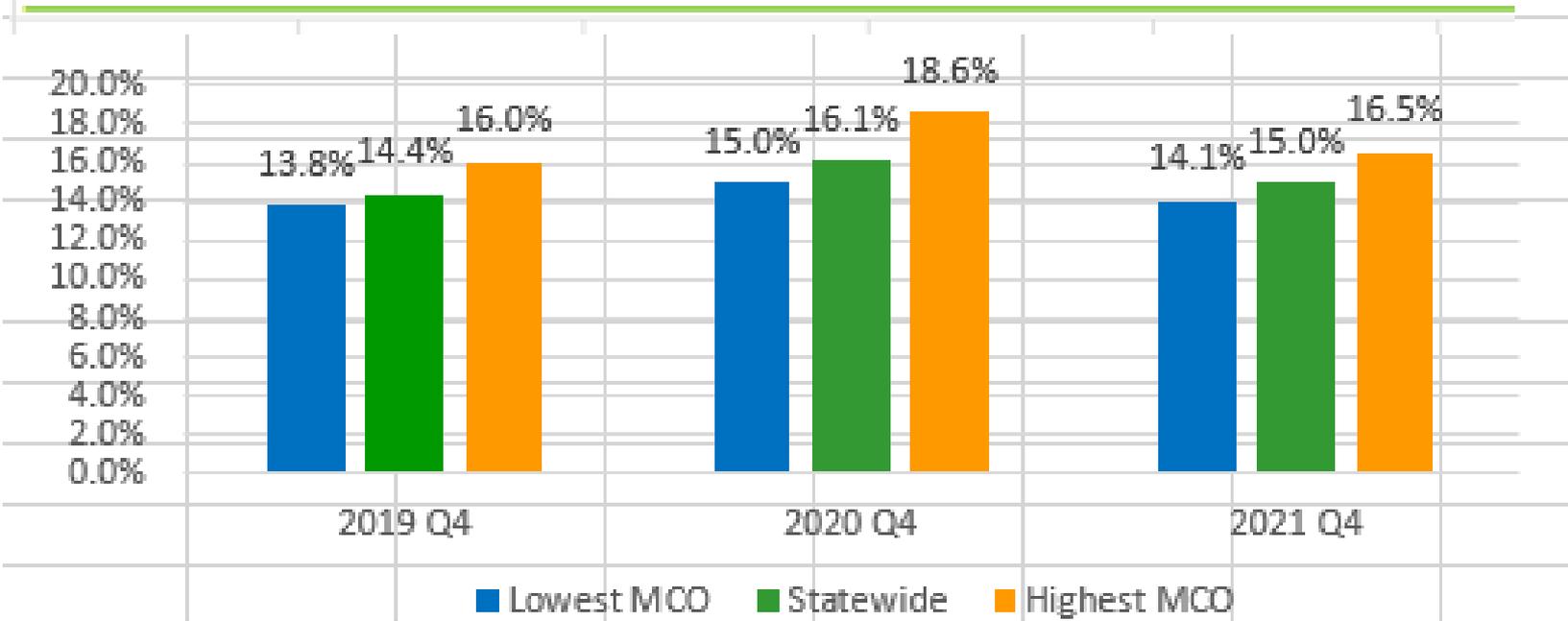
12 Performance Measures included in Study

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)
	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)

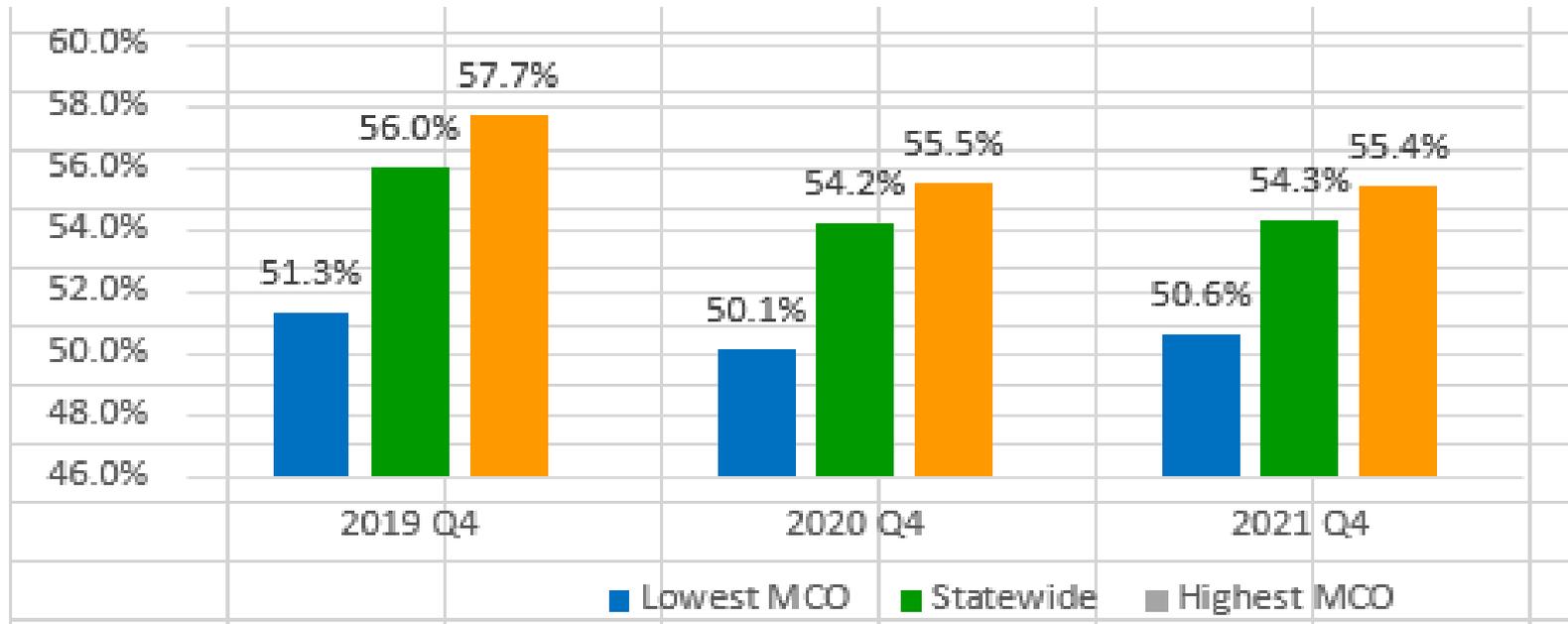
Stable/Improving

Measure	12 months ending		
	2019 Q4	2020 Q4	2021 Q4
SOCIAL DETERMINANTS 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%	

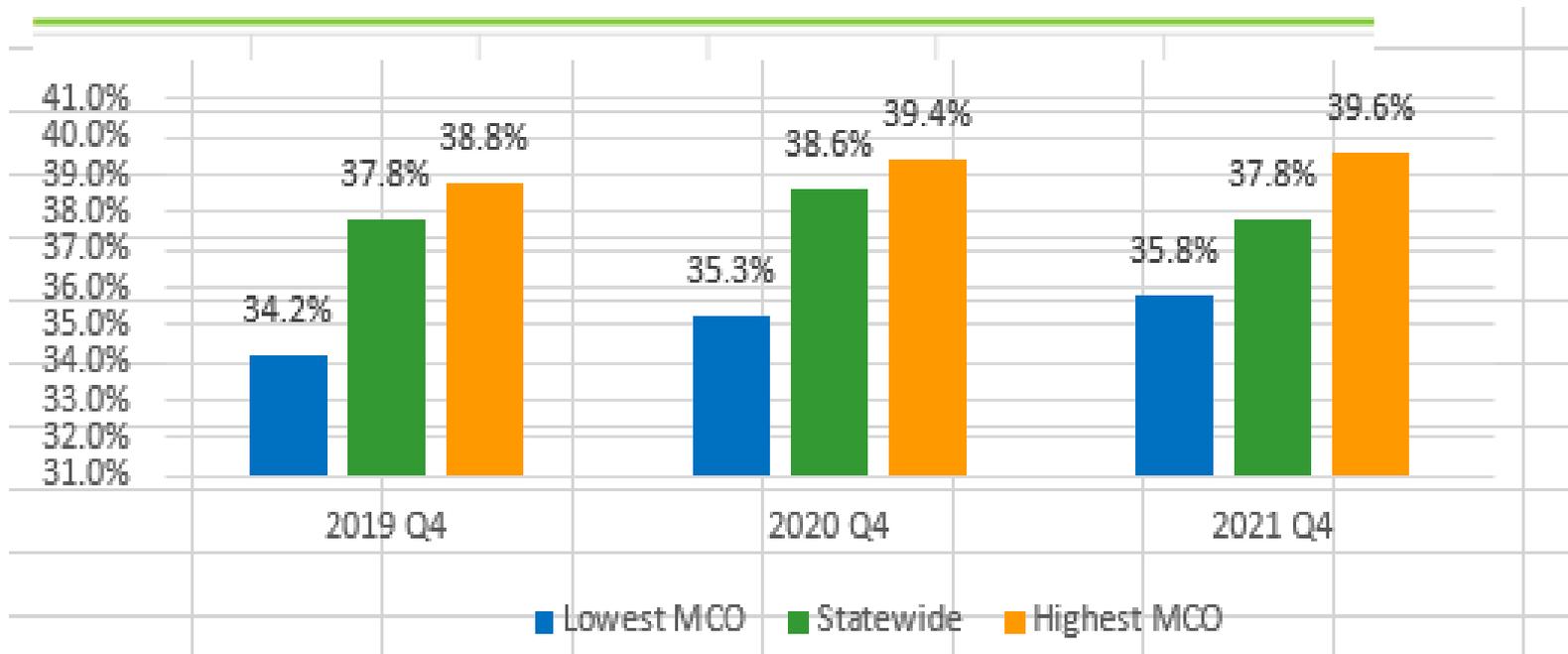
Clients With Serious Mental Illness, Ages 6-64: Psychiatric Inpatient 30-Day Readmission



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





Behavioral Health Integration Savings

- ▶ Medicaid patients with behavioral health conditions account for nearly half of total Medicaid expenses.
- ▶ Costs are 60-75% higher compared with people with NO behavioral health condition.
- ▶ Milliman (our actuary) reports ~5% savings achievable over time through:
 - ▶ Improvements of co-occurring chronic physical conditions
 - ▶ Fewer ER visits and shorter inpatient stays

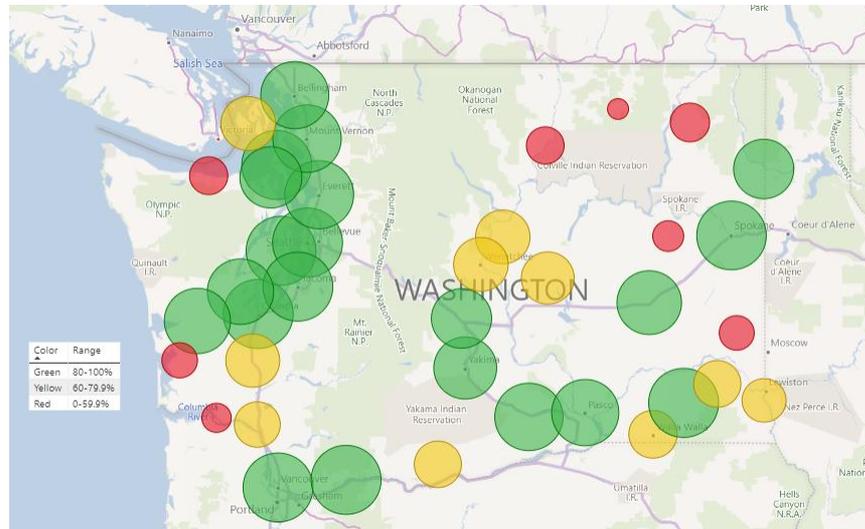


Network Adequacy Critical

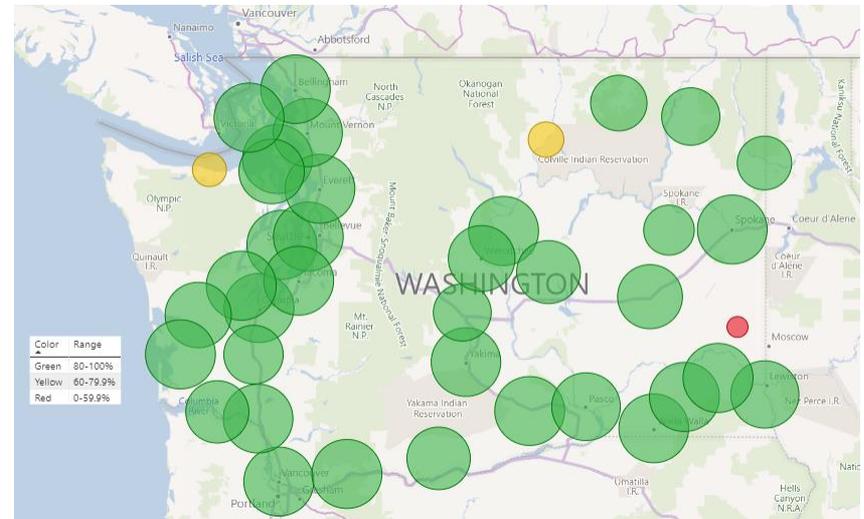
- **Network Adequacy** - The contract now defines mental health providers and youth and adult behavioral health agency providers as critical provider types.
- This supports integrated managed care and may result in loss of contract in a service area if the contractor fails to meet an adequate network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

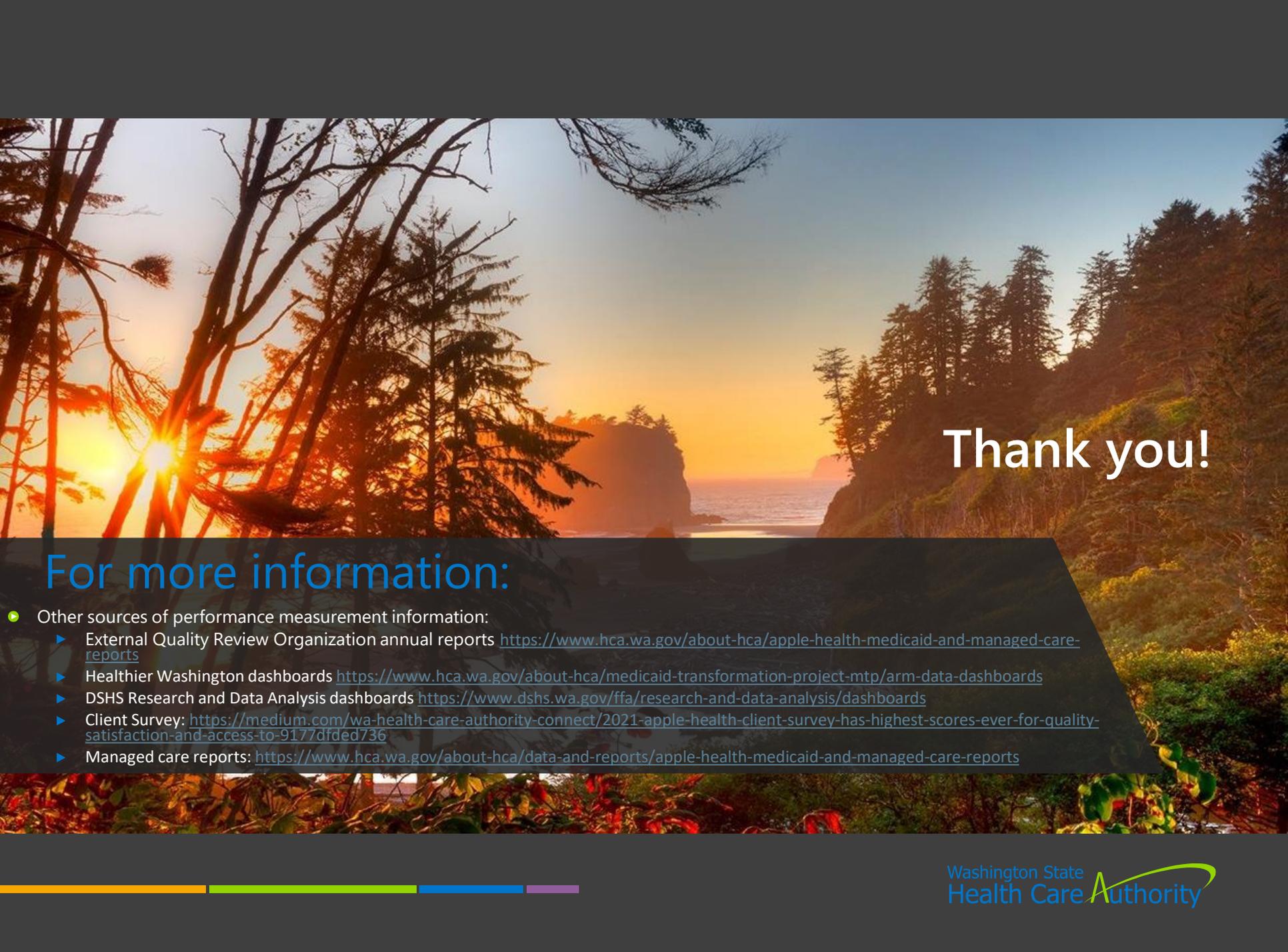
Network Adequacy – Behavioral Health

Youth SUD outpatient:



Mental Health outpatient:





Thank you!

For more information:

Other sources of performance measurement information:

- ▶ External Quality Review Organization annual reports <https://www.hca.wa.gov/about-hca/apple-health-medicaid-and-managed-care-reports>
- ▶ Healthier Washington dashboards <https://www.hca.wa.gov/about-hca/medicaid-transformation-project-mtp/arm-data-dashboards>
- ▶ DSHS Research and Data Analysis dashboards <https://www.dshs.wa.gov/ffa/research-and-data-analysis/dashboards>
- ▶ Client Survey: <https://medium.com/wa-health-care-authority-connect/2021-apple-health-client-survey-has-highest-scores-ever-for-quality-satisfaction-and-access-to-9177dfded736>
- ▶ Managed care reports: <https://www.hca.wa.gov/about-hca/data-and-reports/apple-health-medicaid-and-managed-care-reports>

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



EXCELSIOR
WELLNESS

EXCELSIOR
HOLISTIC SCHOOLS

 **New Developed Nations**
MUSIC • HOPE • CHANGE

EXCELSIOR
WELLNESS CENTER

EXCELSIOR
FAMILY MEDICINE

EXCELSIOR
INTEGRATED CARE CENTER

Structural care delivery and operational components that make it work



EXCELSIOR
WELLNESS

EXCELSIOR
HOLISTIC SCHOOLS

 **New Developed Nations**
MUSIC • HOPE • CHANGE

EXCELSIOR
WELLNESS CENTER

EXCELSIOR
FAMILY MEDICINE

EXCELSIOR
INTEGRATED CARE CENTER

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



EXCELSIOR
WELLNESS

EXCELSIOR
HOLISTIC SCHOOLS

 **New Developed Nations**
MUSIC • HOPE • CHANGE

EXCELSIOR
WELLNESS CENTER

EXCELSIOR
FAMILY MEDICINE

EXCELSIOR
INTEGRATED CARE CENTER

Service Delivery Model

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



EXCELSIOR
WELLNESS

EXCELSIOR
HOLISTIC SCHOOLS

 **New Developed Nations**
MUSIC • HOPE • CHANGE

EXCELSIOR
WELLNESS CENTER

EXCELSIOR
FAMILY MEDICINE

EXCELSIOR
INTEGRATED CARE CENTER

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

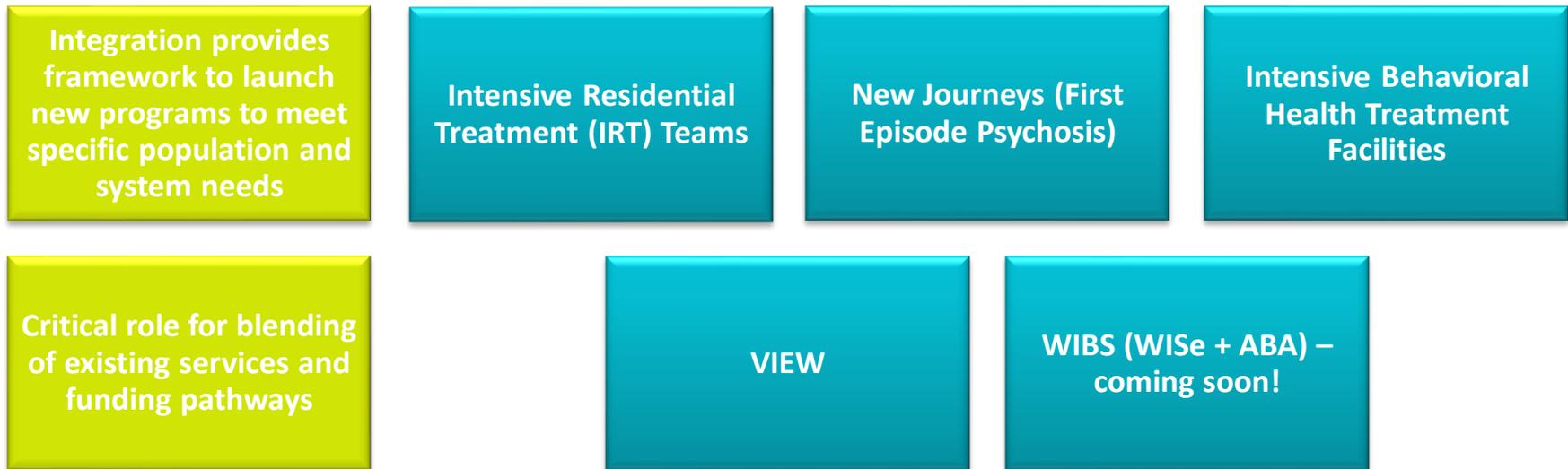
Successes in early IMC (2016-2020)



- 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+



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



Tom Betlach

Moderator

Partner
Speire Healthcare
Strategies



Jason McGill, JD

Panelist

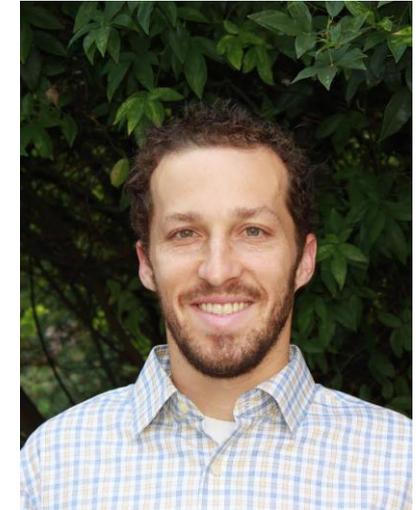
Assistant Director,
Washington State
Health Care
Authority; Director,
Medicaid Programs
Division



Andrew Hill

Panelist

CEO
Excelsior Wellness



Sasha Waring, MD

Panelist

Senior Medical
Director for
Behavioral Health
Molina Healthcare



For more information about the MCO Learning Hub, including accessing slides and presentation recordings, please visit our website:

<https://www.norc.org/Research/Projects/Pages/medical-managed-care-organization-learning-hub.aspx>

Future webinars in this series will be scheduled soon; subscribe on our website to receive notifications!

Thank you.

 Research You Can Trust™

 **NORC** at the
University of
Chicago