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
WEBINAR LOGISTICS

• 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

- **1960s to Mid-1980s**
  - FFS System Only

- **1980s to Mid-1990s**
  - County MCO Pilots

- **Mid-1990s**
  - State-wide MCOs

- **2000s**
  - Expanded Enrollment

- **2016-2020**
  - Expanded Benefits & VBP

- **2020s**
  - Whole Person Care

**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

**Transforming Fee For Service to Value-Based Care**
## 12 Performance Measures included in Study

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

<table>
<thead>
<tr>
<th>Measure</th>
<th>2019 Q4</th>
<th>2020 Q4</th>
<th>2021 Q4</th>
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<tbody>
<tr>
<td><strong>SOCIAL DETERMINANTS OF HEALTH</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Homelessness narrow</td>
<td>5.8%</td>
<td>4.8%</td>
<td>5.5%</td>
</tr>
<tr>
<td>Range</td>
<td>3.3 - 7.0%</td>
<td>2.9 - 6.0%</td>
<td></td>
</tr>
<tr>
<td>Employment</td>
<td>47.2%</td>
<td>47.3%</td>
<td>49.5%</td>
</tr>
<tr>
<td>Range</td>
<td>39.9 - 55.3%</td>
<td>39.5 - 54.8%</td>
<td></td>
</tr>
<tr>
<td>Adult SUD Tx Penetration</td>
<td>38.5%</td>
<td>39.3%</td>
<td>37.8%</td>
</tr>
<tr>
<td>Range</td>
<td>31.2 - 44.7%</td>
<td>30.8 - 44.9%</td>
<td></td>
</tr>
<tr>
<td>Adult Follow up after ED/SUD - 7 day</td>
<td>20.5%</td>
<td>24.1%</td>
<td>22.1%</td>
</tr>
<tr>
<td>Range</td>
<td>13.4 - 36.3%</td>
<td>14.5 - 41.8%</td>
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</tbody>
</table>
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
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.
# Raw Network Data

- Covers critical provider types
- By plan, by region
- Can take more targeted action
Network Adequacy – Behavioral Health

Youth SUD outpatient:

Mental Health outpatient:
For more information:

- Other sources of performance measurement information:

Thank you!
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)

- 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

Critical role for blending of existing services and funding pathways

Intensive Residential Treatment (IRT) Teams

New Journeys (First Episode Psychosis)

Intensive Behavioral Health Treatment Facilities

VIEW

WIBS (WISe + ABA) – coming soon!
# Current Challenges, Future Directions

<table>
<thead>
<tr>
<th>System change and success takes time</th>
<th>COVID Pandemic</th>
<th>Goals/Metrics</th>
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<tbody>
<tr>
<td>• IMC massive lift for providers</td>
<td>• tragedy</td>
<td>• Selection of appropriate metrics of effectiveness</td>
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<tr>
<td>• Major changes in everyday processes</td>
<td>• shifts in priorities</td>
<td>• Goals will shape the system</td>
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<tr>
<td></td>
<td>• delays</td>
<td></td>
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<td></td>
<td>• spur to innovate</td>
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FACILITATED DISCUSSION AND Q&A

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