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Medallion 3.0 Regional Behavioral Health Home Pilot Program

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Executive Summary

The Agency and the Department of Behavioral Health and Developmental Services share the belief that it is important to the medical and behavioral health needs of individuals with serious mental illness to assure the right care in the right place at the right time. The Behavioral Health Home (BHH) pilot program supports this belief. The second year of the BHH regional pilot program saw successes in member participation, decreases in member hospitalizations, decreases service utilization, improvements to previously strong member follow-ups after a hospitalization and decreases in care costs.

Year Two By The Numbers

- 78% of eligible members elected to opt-in
- 81% of members received a BHH Care Team contact each month
- Hospitalizations of participating members decreased by 38%
- 64% of members received a post-hospitalization follow-up within 7 days (NCQA)
- 96% of members received a post-hospitalization follow-up within 30 days (NCQA)
- Traditional behavioral health service utilization decreased by 33%
- Non-traditional behavioral health service utilization decreased by 26%
- Service expenditures decreased by $754,146.00

Funding for the Medallion 3.0 BHH regional pilots will end in 2018 as anticipated. The participating MCOs are now focusing on the transition of care for members who will receive services through the CCC Plus program. The transition to the CCC Plus program began July 1 in the Tidewater region of the state. To date the Agency has received zero complaints or reported issues since the start of the transition of care. The regional BHH pilot programs have been successful in delivering on the Governor's targeted goal of improving access to behavioral and medical health care for individuals with SMI and complex illnesses.

Overview

Individuals with a serious mental illness (SMI) are typically seen more frequently by a mental health provider than by other medical providers. When presenting with complex medical conditions comorbid with SMI, these individuals often fail to access medical care, face impediments in navigating the health care system, and are less likely to receive adequate care for their medical and behavioral health needs.

Beginning July 1, 2015 as a part of Governor McAuliffe's—*A Healthy Virginia* Plan, the Department of Medical Assistance Services (DMAS) and the Medicaid Managed Care Organizations (MCOs) established regional Behavioral Health Home (BHH) pilot programs to coordinate physical and behavioral health care for individuals insured through the Medallion 3.0 Medicaid managed care program. The goals of the program are to:

1. Improve mental and physical health outcomes for pilot participants
2. Empower medical and behavioral health providers to work together to provide the right care to the right person at the right time and place and
3. Provide opportunity to evaluate pilot programs and processes

The BHH initiative aims to improve the delivery of medical and behavioral health care to adult members with SMI and complex medical conditions (e.g. diabetes).
Targeted care services include:

1. Medical and Behavioral health care coordination and care management
2. Evidence-based treatments that are customized to the member's needs
3. Ongoing member support, outreach, and education

Through the Medallion 3.0 program, MCOs are able to utilize flexibilities within the BHH pilot to advance innovation in care management and capitalize on knowledge and experience in working with individuals diagnosed with complex medical issues and SMI.

Pilot Achievements and Considerations

Throughout the second year of the BHH regional pilot program, the number of eligible members was consistent with last year ranging from 187 to 218. The BHH pilot programs are specific to a predetermined locality within Virginia that were chosen by the participating MCOs. These service areas are substantially smaller in size when compared to the defined regions of the Medallion 3.0 program as a whole and were strategically designed to serve a small population for the purpose of testing the pilot program.

Elective participation of eligible members fell slightly to 78% for the total eligible population. This decrease was anticipated as the majority of eligible members were captured in year one. Ongoing and innovative outreach and member communications by the participating MCOs were key in educating eligible members on how to access the pilot program's service

offerings and contributed to the high rate of elective participation. The core structure of the pilot programs was built to empower medical and behavioral health providers to work together to provide the right care to the right person at the right time and place. Care team coordinators from the MCOs and from participating community partners worked closely together to ensure that pilot members had access to ongoing support including appointment reminders, service scheduling, prescription compliance and transportation arrangements.

The pilot program saw a 38% decrease in hospitalizations in year two. Hospitalizations for both medical and behavioral health needs were included in the analysis. Service utilization in both traditional and non-traditional behavioral health services also decreased for participating members in year two. The decrease in behavioral health service utilizations coupled with a decrease in hospitalizations may suggest that the high-touch, intensive program has positive impacts on participating member health outcomes.

The National Committee for Quality Assurance (NCQA) is the gold standard for quality markers and measurement among health plans for the assessment of health care outcomes. During year two of the BHH pilot program, 64% of members received a post-hospitalization follow-up within 7 days and 96% of members received a post-hospitalization follow-up within 30 days by a BHH Care Team member or by a MCO Care Team member.

Costs for the BHH pilot programs were offset by administrative funds from the Agency at $50,000 per participating plan for year two of the pilot program (a decrease from $100,000 in year one). Some BHH pilots procured clinical case managers and behavioral health managers that captured the majority of the provided administrative funding. Other cost considerations were due to specialized medical home model designs that required outreach strategies to engage both providers and members outside of a centralized location. Programs that expanded in membership or later enhanced pilot service offerings also saw increased pilot costs that were assumed by the respective plan. Overall, Service expenditures decreased by $754,146.00 for year two. The decrease in program expenditures may be attributed to a decrease in member hospitalizations and behavioral health service utilizations but due to consistent member enrollment, expenditure decreases are not likely due to movements in participation.

Although the total number of participating members is small relative to the total Medicaid managed care adult population, the year two pilot achievements in member care indicate

that BHH pilot members are receiving improved access to both physical and behavioral health care with an unsurpassed level of timely follow-up care from the pilot medical home teams. In keeping with the positive trends that the members are experiencing through the BHH pilot programs, the commonwealth's most vulnerable Medicaid members are receiving high-quality, effective physical and behavioral health care outside of out of hospital emergency rooms and inpatient settings.

Eligibility Criteria

The Medallion 3.0 MCOs developed uniform clinical criteria to define member eligibility for pilot inclusion. Sophisticated predictive modeling is used to identify individuals who are eligible for participation using one or more of these four pathways:

1. Mental health claims history
2. Significant mental health pharmaceutical use
3. History of multiple inpatient admissions and
4. High Emergency Department (ED) utilization rates

The MCOs are able to identify individuals with complex medical needs and SMI diagnoses (e.g. schizophrenia, bipolar disorder and delusional disorders) by analyzing mental health claims data. Claims data for member prescriptions that include six or more medications prescribed for SMI qualifies a member for inclusion into the pilot program. Inpatient psychiatric hospitalization history coupled with a SMI diagnosis is also used to identify eligible individuals. Lastly, a history of frequent use of an emergency department (four or more visits) coupled with a SMI diagnosis is used to identify eligible members.

Pilot Model Descriptions

Two models of care integration for non-traditional behavioral health and transportation services were defined and implemented. Participating MCOs worked together with the Agency to define core models with the capacity to build in flexibility for program changes as the pilot matured. The core models focused on provision of services where plans had the option to partner with the Agency's behavioral health service administrator to provide non-traditional services or to provide non-traditional services through network providers.

DEFINED PILOT OPTIONS

Option A Pilots – 4 MCOs	*Option B Pilots* – 1 MCO
Entered into a business-to-business agreement with DMAS' Behavioral Health Service Administrator – Magellan – to provide access to traditional and non-traditional behavioral health and transportation services	MCO manages all services including traditional and non-traditional behavioral health services

Care coordination within the BHH pilot program is driven by a clinical team. Care teams include licensed health and mental health care professionals as well as credentialed health and mental health professionals. Some pilot programs include medical professionals not typically included on a clinical team such as a pharmacist or OB/GYN. BHH team members work closely together to define treatment plans and to reassess member care needs frequently. All BHH pilot programs have a dedicated team of case managers and care coordinators assigned to each participating pilot member.

The pilot programs are built from two core models but are unique in organization and enhanced service offerings. Each BHH pilot program is offered in a specific region of the state where the programs tap a variety of community partners, such as, Community Service Boards (CSB) to ensure access.

MCO PILOT PLAN DESCRIPTIONS

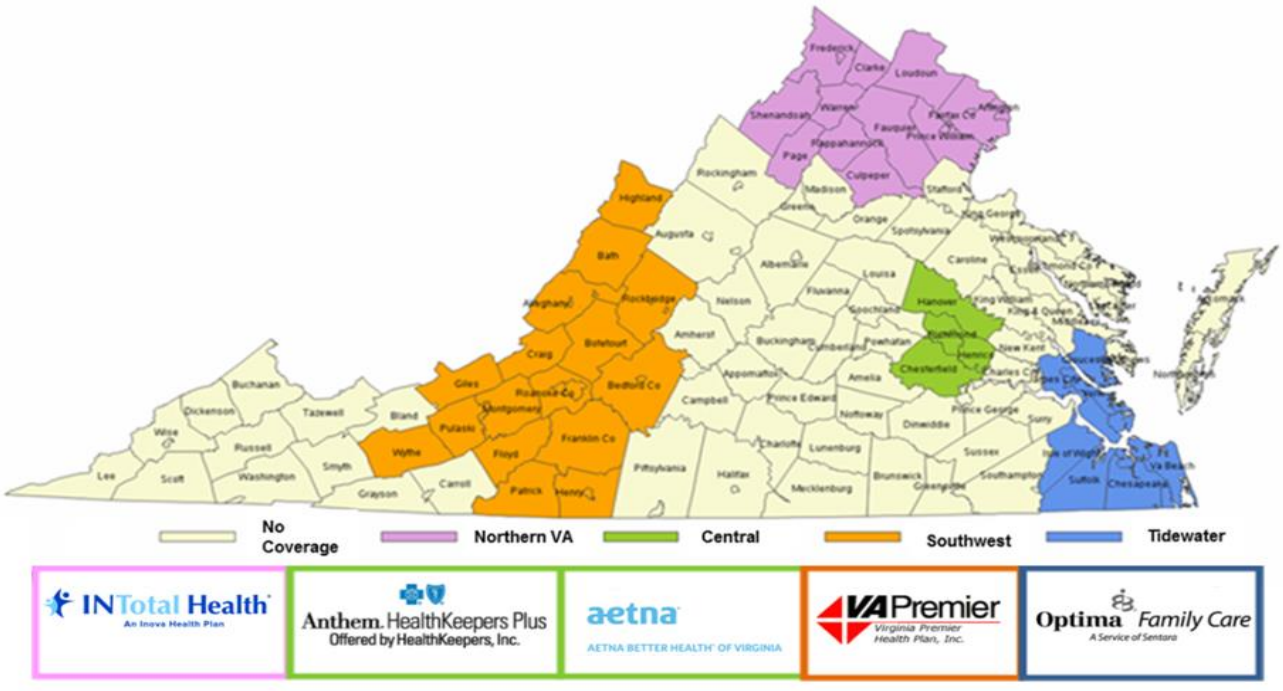
MCO	BHH Unique Pilot Attributes
Aetna	A hybrid design consisting of an in-house/co-located partnership and facilitated referral model with the goal to keep the majority of member care to the least number of sites as possible and to have more efficient and effective provider collaboration, dedicated care manager
Anthem	Established BHH pilot based on the Enhanced Care Coordination model. The pilot includes a dedicated community-based care manager and a co-located registered nurse within the CSB pilot partner. The only plan to provide all medical, traditional & non-traditional BH treatments, services, and transportation
INTotal	Pilot program care integration at the health plan and coordination of care level and at the point of service level, Member specific treatment approach with dedicated Care Manager, Provider to member home visits, Focus on cultural competence and awareness

Optima	A blended/ co-located and facilitated referral model approach, Dedicated care manager, Use of Health Information Technology (HIT) to support coordination of care with partners of the provider community and gathers quality improvement data, Individualized care and treatment plans
Virginia Premier	Pilot built upon existing Behavioral Health (BH) community partnerships for tailored treatment approaches and maximizing health outcomes, Single site service for BH and primary care and care coordination only services

Pilot Regions and Localities

Each BHH pilot program serves members in a select area of one of the seven Medallion 3.0 Medicaid managed care regions of the state. The central region has two pilot programs administered by Aetna and Anthem. The Northern Virginia region has one pilot program offered through INTotal. The Tidewater region has two BHH pilot programs offered through Optima Family Care and Virginia Premier. Regional localities were identified by the respective MCOs and based on significant number of eligible members for the selected locality *(Figure 1)*.

Figure 1. Behavioral Health Home Pilot Program Regions and Localities



BHH Pilot Member Care Highlights

Highlight One

Sara was home bound for over two years before participating in the BHH pilot program. Sara had difficulties with limited mobility and severe shortness of breath which increased her fear of leaving her home. Since connecting with the BHH pilot program, Sara has connected with a nurse practitioner who has made regular home visits in order to provide services to her. Through the program Sara has become consistently active in her mental health treatments and agreeable to receiving education on diabetes testing and using portable oxygen enabling her to leave her home. Care team members provided her with a wheelchair, a shower chair and a quad cane to help provide her with a level of independence that she had not experienced in over two years.

Highlight Two

An individual participating in the BHH pilot program was diagnosed with Paranoid Schizophrenia, HIV, and numerous other chronic and pervasive complex medical issues. The individual lacked insight regarding the medical issues and medically necessary treatements that were needed. The individual was involuntarily admitted to a psychatric hopital for behaviors due to non-medicaiton adhearence. Due to the BHH pilot's behavioral health home model of care, the BHH Care Team and the dedicated MCO care manager were able to work closely with the CSB case manager and hospital to expedite guardianship to allow for necessary medical treatement. The individual recevied the necessary medical treatments and continues to work towards mental health stabilization in the psychiatric hospital.

Next Steps

A final summary report is expected in the spring of 2018 after the program is complete.

Follow-up Inquiries

For inquiries regarding the Medallion 3.0 Regional BHH Pilot Program please contact the program's administrator via email: BHHPilot@DMAS.Virginia.Gov