

# Behavioral Health Home Pilot Program Design

July 1, 2015



## Executive Summary

Virginia Premier Health Plan, Inc. (VPH) is a provider-sponsored health plan that exclusively enrolls beneficiaries of State programs in the Commonwealth of Virginia. VPH began operations as a full-service Medicaid HMO in 1996. As a locally owned not for profit, we focus our resources on the services we provide our members. We provide health care services to the recipients of the Family Access to Medical Insurance Security (FAMIS) and Medicaid's LIFC and ABAD residents of Virginia. VPH was formed for the sole purpose of effectively coordinating health care for low-income persons. Owned by the Virginia Commonwealth University Health System, VPH currently services over 185,000 members and operates in over one-hundred counties in Central, Eastern, Western and Southwestern Virginia. The Corporate office is located in Richmond, Virginia, with five other satellite offices located in Roanoke, Bristol, Wise, Richlands and Virginia Beach.

Over the years, VPH has demonstrated a personal commitment to serving individuals and families who need help finding and funding quality healthcare. We work to deliver easy access to doctors, specialists, hospitals and emergency aid or referrals. Our members have found us to be a strong partner in providing for their health and the health of their families.

### **Mission Statement**

*Virginia Premier Health Plan, a managed care organization owned by the Virginia Commonwealth University Health System Authority, meets the needs of underserved and vulnerable populations in Virginia by delivering quality driven, culturally sensitive and financially viable healthcare.*

We provide exceptional member services and benefits. Exceptional healthcare begins with our large network of excellent doctors, hospitals and specialists in all areas of medicine, including vision, pharmacy, psychiatry, behavioral health, pain management, OB and medical equipment. In addition to our large network, VPH has demonstrated its ability to be innovative and cutting edge through the development and opening of its Medical Home in Roanoke, VA. The Medical Home has integrated medical and behavioral health services with embedded care managers, outreach and health education services. The integrated behavioral health services were initiated in May 2014 and 344 members have received behavioral health counseling visits by the LCSWs.

VPH is privileged to partner with DMAS throughout its journey to expand access to healthcare services for Virginia's most vulnerable citizens.

While the majority of our membership, inclusive of mothers, pregnant women and children, is enrolled in the Low Income Families with (Children LIFIC) program, our Aged, Blind or Disabled (ABD) population (12.5 percent) account for 41% of our medical expense. As a result, we have years of experience addressing the needs of adult disabled members through provider

partnerships and evidence based chronic disease programs. Our programs include the social, medical and behavioral health components when caring for the vulnerable populations.

Components of our disease and case management program include:

- Population identification processes
- Evidence-based practice guidelines
- Collaborative practice models to include physician and support-service providers such as embedded case managers
- Integrated Medical Homes that include Medical and Behavioral Health Care
- Member self-management education and tools
- Medical Outreach to assist with social and environmental issues such as housing, food, domestic violence and parenting
- Member Incentives
- Process and outcomes measurement (clinical, economic and humanistic), evaluation, and management
- Routine reporting/feedback loop with member, physicians, and ancillary providers

According to The National Institute of Mental Health in a 2008 report “an estimated 26.2 percent of Americans ages eighteen and older – about one in four adults – suffer from a diagnosable mental disorder in a given year, which translates into 57.7 million people”. Additionally, members with physical health problems often have co-morbid mental health problems that are often not treated in the Primary Care Physician (PCP) office. ***In keeping with VPHP’s mission to meet the needs of the underserved and vulnerable populations, the following is a summary project plan for the Behavioral Health Home pilot for adult members with serious mental illness (SMI).***

## Project Plan

### *Background*

In late 2014 DMAS challenged Virginia's Medicaid managed care plans to develop pilot models of behavioral health homes. DMAS provided no restrictions to the pilot beyond prescribing that SMI-defined patients would be the subject of the pilot. SMIs in Virginia are classified a set of certain diagnosis and services received established by DMAS. The chart below provides the criteria used to establish the SMI status of a beneficiary.

### **SMI CLASSIFICATION CRITERIA**

A member is flagged as having a Severe Mental Illness (SMI) if member has any of the following:

1. Existing Medicaid Mental Health Claims History
  - a. Six (6) or more claims with Mental Health Claims
  - b. *AND* one (1) claim containing Mental Health diagnosis as primary diagnosis
  - c. *AND* total cost of claims in a) and b) equaling or exceeding \$10,471
2. High Mental Health Pharmaceutical Use
  - a. Six (6) or more prescriptions during research time period
  - b. *OR* received any office administered antipsychotic medication  
*AND* in addition to 2a *OR* 2b, enrollee must have BOTH
  - c. *AND* one (1) claim containing Mental Health diagnosis as primary diagnosis
  - d. *AND* total cost of claims in a) and b) equaling or exceeding \$10,471
3. History of Hospital Inpatient Admission
  - a. One (1) or more inpatient psychiatric hospitalization in one (1) calendar year
  - b. *AND* one (1) claim containing Mental Health diagnosis as primary diagnosis
  - c. *AND* total cost of claims in 1. and 2. equaling or exceeding \$10,471
4. History of Emergency Room Use
  - a. Four (4) or more visits to a hospital emergency department for **any** physical medicine or Behavioral Health primary diagnosis
  - b. *AND* one (1) claim containing Mental Health diagnosis as primary diagnosis
  - c. *AND* total cost of claims in 1. and 2. equaling or exceeding \$10,471

VPHP's approach to the Behavioral Health Home (BHH) pilot is to partner with existing behavioral health community providers to tailor a solution maximizing health outcomes for the member. *Frontier Health, Inc* (Frontier), a behavioral health provider based in Johnson City, Tennessee, with several locations in Virginia is this selected partner. Frontier provides care to

about 740 VPHP members in the Southwest region. They have 18 outpatient sites throughout Northeast Tennessee and Southwest Virginia. In Virginia, they operate within Planning District One, including Lee, Scott, Wise, the City of Norton, and access in Bristol and Washington County, Virginia. Their outpatient centers provide a full range of counseling, therapy, diagnostic, substance abuse, co-occurring, crisis, education, recovery, and medication management services. Frontier works in partnership with Community Service Board (CSB), Planning District One, serving as a contractor that provides all operational services for the CSB. They currently provide the following additional services:

- 24/7 psychiatric Crisis Stabilization Unit
- 24/7 Mobile Crisis Response Program
- 2 Residential Alcohol & Drug Treatment facilities
- SAFE House Domestic Violence Shelter
- Runaway Shelter
- 7 Peer Support Centers
- 27 group home and supported living facilities
- Vocational training and other targeted services

This provider has the full range of mental health services for the member with SMI; however, they currently do not provide non-behavioral health services. ***The BHH pilot will focus on coordinating both behavioral health services and PCP services. The pilot will provide these services combined, in a single site as well as care-coordination only services.***

### *Pilot Design*

VPHP and Frontier have established two goals for the program: 1) explore ways to minimize member health acuity and improve outcomes through intensive case-management and PCP services, and 2) methods to reduce the overall cost of care provided to members. The pilot will take place in two locations: Wise County Behavioral Health Center (Big Stone Gap, Virginia) and Lee County Behavioral Health Center (Jonesville, Virginia).

#### Wise County Location (Big Stone Gap) Details:

Members will be selected from existing adult, Medallion 3.0, VPHP-SMI members. The members will be paneled to Frontier Health for PCP services. There will be on-site providers full-time, including a Frontier-employed nurse practitioner, an on-site, Frontier-employed case manager dedicated to the pilot, and a care coordinator. There will be a partnership with a local physician to oversee the nurse practitioner's services. The case manager will provide face-to-face interaction with the patient to coordinate services, both behavioral health and PCP. A multidisciplinary team at Frontier (core team would consist of the nurse practitioner, case manager, care coordinator, and either RN or Therapist) will assess initial and ongoing member needs for both BH and non-BH services. They will develop and apply a care plan based on these needs. VPHP will also provide training and support to the nurse practitioner and case-manager.

The BHH in Big Stone Gap will provide all of the outpatient behavioral health, substance use and PCP medical services needed to treat the member in one location. The following services will be provided and coordinated within the health home:

- Preventive health and wellness services inclusive of medical, mental illness and substance use disorders – both in clinic and at-home.
- Medical, mental health and substance use services based on evidence-based clinical practice guidelines
- Appropriate referrals to in-network specialist for specialized care not provided in the behavioral health home
- Comprehensive care management and care coordination services for medical, behavioral and substance use disorders
- Chronic disease management, including self-management support to members and families
- Transition of care services across settings such as participation in discharge planning and transition back to the community
- Individual and family supports, including referral to community, social support, and recovery services
- Minimum of weekly planning rounds with all disciplines that is inclusive of care management from the health plan
- Enhanced access to care to include systems such as open scheduling, expanded hours and use of telemedicine and telehealth as deemed appropriate.

Lee County Location (Jonesville) Details:

Members will be selected from existing VPHP-SMI members. The members will be paneled to Frontier Health for PCP services. The same on-site case manager at Big Stone Gap will manage the patients at this location, providing face-to-face interaction with the patient to coordinate BH and non-BH services for the member. A multidisciplinary team at Frontier Health (core team would consist of the nurse practitioner, case manager, and either RN or Therapist) will assess initial and ongoing member needs for both BH and non-BH services. They will develop and apply a care plan based on these needs. Non-BH services, based on the needs assessment, will be coordinated by the case manager, including PCP (members' current PCPs) , specialists, and after hours care. Tele-medicine equipment is available at both locations to support care delivery.

The BHH in Jonesville will provide all of the outpatient behavioral health, substance use and coordinated PCP medical services needed to treat the member in one location. In this location PCP services will be provided by the members' current PCP. In-home primary care for these members may be provided, if necessary.

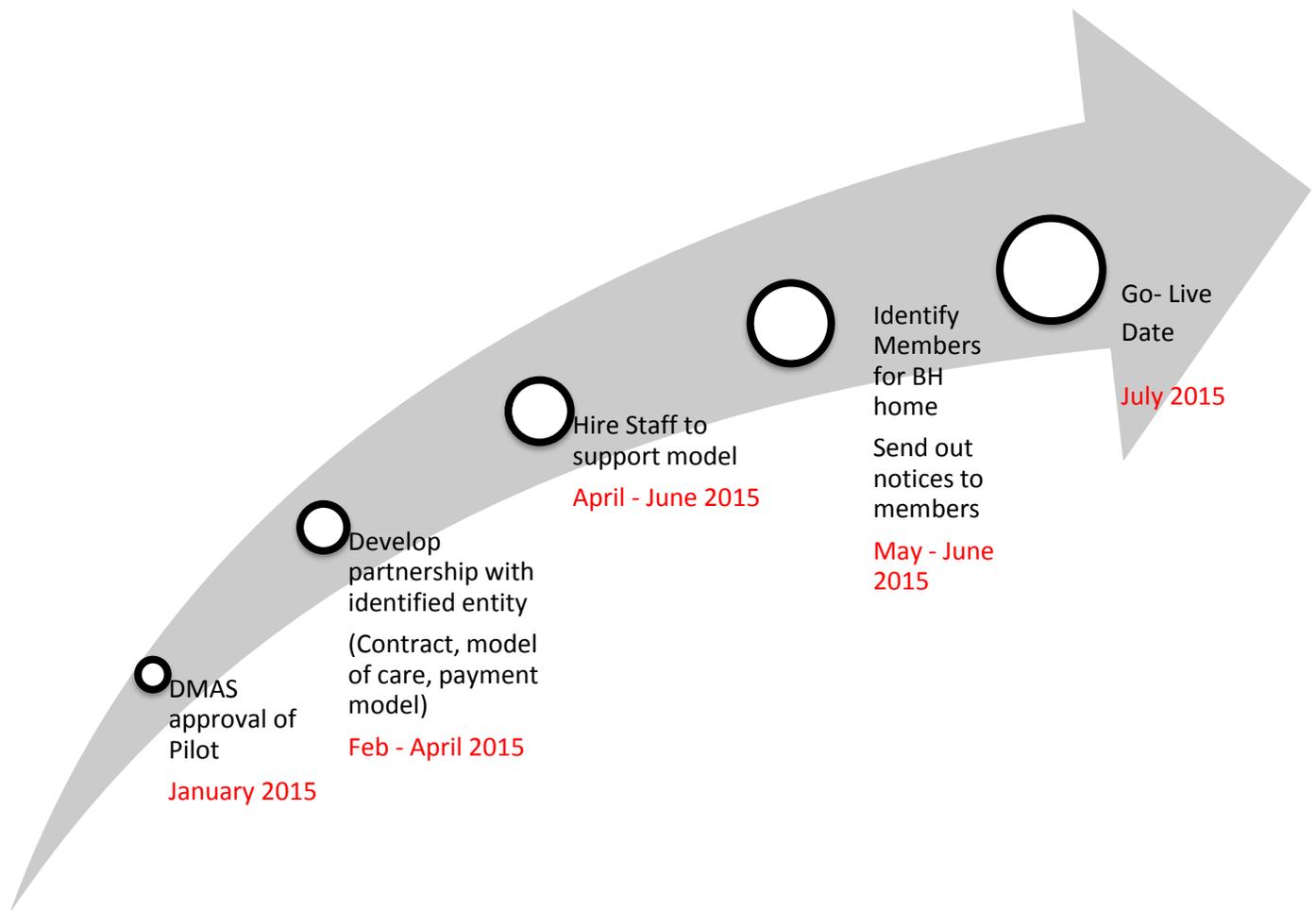
For all care provided, behavioral health and PCP, claims will be submitted by Frontier and all participating providers per existing rules established by DMAS and VPHP. Payment for these services will made under existing fee for service claims payment processes and through a negotiated arrangement unique to the pilot. In all cases claims will be properly filed so it is possible to track the BHH pilot's progress.

Member Enrollment

VPHP will utilize existing systems for the enrollment and management of pilot members. By utilizing current systems and processes the management of members will be consistent with existing enrollment and member management procedures. However, given the unique nature of the pilot and of the members, pilot-specific education and materials are being developed to enhance member participation.

Implementation Timeline for BHH Pilot

July 1, 2015 is the required implementation date of the pilot. Though this is an aggressive timeline, VPHP has developed a project plan that should accommodate this requirement. Below is a high-level chart showing the program implementation timeline.



*VPHP BHH Pilot Contacts*

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