

A background collage of various people's faces, mostly in shades of blue and white, arranged in a grid-like pattern.

# **Behavioral Health Payment within the MassHealth Primary Care Clinician (PCC) Plan**

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# Massachusetts Behavioral Health Partnership

## ValueOptions in Massachusetts

- Serving the Commonwealth since 1996
- Five locations throughout Massachusetts
- Serving more than 375,000 MassHealth Primary Care Clinician (PCC) Plan Members, other MassHealth Members, and serves as Health New England's partner for Medicaid, including Care Plus
- Providing quality improvement and network management for both behavioral health and primary care clinicians
- Maintaining a credentialed network of over 1,200 behavioral health clinics, facilities, and providers for inpatient, diversionary, outpatient, emergency, and other behavioral health services
- Working with over 380 primary care practices across Commonwealth
- Providing over 120,000 members with access to behavioral health care each year
- Maintaining full NCQA accreditation
- Milliman conservatively estimated behavioral health claim cost savings of \$882 million to \$1.06 billion between FY 1997 and FY2011

# Membership and Spending Trends

## FY 2009 - 2013

- Membership - between FY 2009 and FY 2013:
  - the number of Members 0 to 21 years of age increased by more than 60%
  - the number of adult members increased by 11%
- The Children's Behavioral Health Initiative (CBHI) was implemented in FY 2010
  - CBHI services accounted for \$107M, or 22.8% of all behavioral health spending in FY 2013
- The cost of Inpatient Mental Health services consumed by MBHP Members has decreased by \$15M, from \$114M in FY 2009 to \$99M in FY 2013

# MBHP Provider Rates

- Provider rates increased only marginally from FY 2008 through FY 2013
- In 2013 MBHP hired PCG to conduct an analysis of the cost of providing various levels of care
- The analysis found that for many levels of care provider costs exceeded the rate paid
- MassHealth and MBHP understand that the financial health and stability of behavioral health providers is essential to the delivery of and access to high quality care throughout the Commonwealth



# Provider Rate Increase

- A provider rate increase was implemented on January 1, 2014

MBHP Cumulative Rate Increases for Selected Behavioral Health Covered Services	
Covered Service	% Increase
Community-Based Acute Treatment (CBAT) and Intensive CBAT (ICBAT)	6.2%
Enhanced Acute Treatment Service (E-ATS) - Adult	6.2%
Enhanced Acute Treatment Service (E-ATS) - Adolescent	11.2%
Inpatient Mental Health Services, Administratively Necessary Days, Boarding on a Pediatric Unit	4.7%*
Level IV Acute Treatment Services (ATS)	4.7%
Outpatient Medication Management	11.2%
Outpatient Diagnostic Evaluation, Individual Treatment/Counseling, Group Treatment/Counseling, Couples/Family Treatment/Counseling	3.1%
Other Services	1.2%
<b>Average % Increase of Selected Covered Services</b>	<b>4.0%</b>

\*Average increase across inpatient facility-specific rate increases

# Ideas To Share

- Payment Strategies Drive Processes and Outcomes
- Evolution of Payment Innovations at MBHP
- Strengthening Specialty Behavioral Health Care in the Context of “Integration”
- Bundled Payment for Integrated Behavioral Health Care

# History of Payment Innovations at MBHP

Program	Background and Objective	Process and Measures
Inpatient Pay for Performance	<ul style="list-style-type: none"> <li>• 2003 - Present</li> <li>• Inpatient rate increases tied to performance since 2003</li> <li>• Focus on Process and Outcomes                             <ul style="list-style-type: none"> <li>• Length of Stay</li> <li>• Avoidance of Readmissions / Community Tenure</li> <li>• Access</li> <li>• Continuity of Care</li> </ul> </li> <li>• Same metrics support Utilization Management</li> </ul>	<ul style="list-style-type: none"> <li>• Difference between predicted and actual Length of Stay</li> <li>• Improvement in risk-adjusted Average Length of Stay</li> <li>• Difference between predicted and actual Readmission Rate</li> <li>• Access/Continuity of Care for State Agency-Involved Members</li> <li>• No Reject Policy/Uninsured Admissions</li> <li>• Reporting of bed availability to MAHBA</li> <li>• Submission of Discharge Forms</li> </ul>
Rapid Admission Incentive	<ul style="list-style-type: none"> <li>• 2011-2013</li> <li>• Focus on Process</li> </ul>	<ul style="list-style-type: none"> <li>• Incentive payments to inpatient mental health, ICBAT, and Level IV ATS providers for rapid acceptance of Members for admission without delay</li> </ul>
Outpatient Incentive for Timely Follow-up Care	<ul style="list-style-type: none"> <li>• 2011-Present</li> <li>• To support effective care transition and follow-up in the community</li> <li>• Incentive payments to mental health and substance use outpatient providers for timely outpatient services following a discharge from an inpatient mental health or ICBAT facility</li> <li>• Focus on Process</li> </ul>	<ul style="list-style-type: none"> <li>• A therapy visit within 7 days of discharge</li> <li>• A medication visit within 14 days of discharge</li> <li>• A second therapy visit within 30 days of discharge</li> <li>• CSP visit prior to discharge</li> </ul>

# Goals of Behavioral Health Integration

## PHYSICAL HEALTH CARE

### Goals of Integrated Care within **PH System**

- Improve Care for Individuals with Co-Morbid Physical and Behavioral Health Conditions
- Improve Care for Mental Health and Substance Abuse Disorders Treated in the General Medical Setting
- Manage Behavioral Health Risk at the population-level (prevention, detection, early intervention)

## SPECIALTY BEHAVIORAL HEALTH CARE

### Goals of Integrated Care within **BH System**

- Improve Continuity of Care Between IP and OP Behavioral Health Care
- Improve Care for Co-Occurring Mental Health and Substance Abuse Disorders



# Actions Needed to Achieve BH Integration

## PHYSICAL HEALTH CARE

## SPECIALTY BEHAVIORAL HEALTH CARE

### Actions to Integrate Care within **PH System**

- Expand Behavioral Health Capabilities (screening, brief intervention, treatment, consultation) in General Medical Settings (and vice versa)

- Coordinate Care with Specialty Behavioral Health Providers
- Coordinate Community Support Services Essential to Recovery and Wellbeing

### Actions to Integrate Care within **BH System**

- Coordinate Care between Behavioral Health Service Providers
- Expand Substance Abuse Treatment Capabilities in Mental Health Settings (and vice versa)

# Payment Options for Integrated Behavioral Health Care

## PHYSICAL HEALTH CARE

### Payment Options for Integrated Care within *PH System*

- ❑ Coverage for Currently Non-reimbursable BH Activities (screening, brief intervention, care coordination, phone visits)

- ❑ New Performance Measures & Incentives
- ❑ Infrastructure / Care Management Payments
- ❑ Global Budgets / Shared Savings Arrangements



## SPECIALTY BEHAVIORAL HEALTH CARE

### Payment Options for Integrated Care within *BH System*

- ❑ Rate Increases for Current Services
- ❑ Case Rates for Current Services (vs. Units)
- ❑ Episode Payments

# MBHP Alternative Payment Development Project: Using Episodes to Foster Integration within the BH System

The Goals	<ul style="list-style-type: none"> <li>• Reduce re-admissions, improve community tenure by fostering shared accountability for an entire Inpatient and Post-Acute mental health episode of care</li> <li>• Prevent acute acerbations through effective ongoing treatment and support for recovery in the community</li> </ul>
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The Output	<ul style="list-style-type: none"> <li>• <b>Phase 1: Define Integrated Episode of Acute Behavioral Health Care</b></li> </ul>  <ul style="list-style-type: none"> <li>• <b>Phase 2: Define Integrated Episode of Community-Based Ongoing Care</b></li> </ul> 
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The Process	<ul style="list-style-type: none"> <li>• Partner with experts from Brandeis University who have developed episodic bundles for Medicare</li> <li>• Engage BH providers, advocates, and consumers to inform the development process</li> </ul>
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