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Medicaid Innovation Accelerator Program (IAP)

IAP Learning Collaborative: Substance Use Disorders (SUD)

Incorporating SUD Into Managed Care Contracts

Targeted Learning Opportunity #7

9/14/15

IAP Medicaid Innovation Accelerator Program

Logistics

- Please mute your line and do not put the line on hold
- Use the chat box on your screen to ask a question or leave comment
  - Note: chat box will not be seen if you are in “full screen” mode
  - Please also exit out of “full screen” mode to participate in polling questions
- Moderated Q&A will be held periodically throughout the webinar
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Facilitator

- **Suzanne Fields, MSW, LICSW**
- Senior Advisor for Health Care Policy & Financing, University of Maryland

UNIVERSITY of MARYLAND
SCHOOL OF SOCIAL WORK

Speakers (1 of 2)

- **Barbara Lang, MA**
- Behavioral Health Administrator, Arizona Health Care Cost Containment System

AHCCCS
Arizona Health Care Cost Containment System

Speakers (2 of 2)

- **Steven Bentsen, MD, MBA, DFAPA**
- Regional Chief Medical Officer, Beacon Health Options

Agenda (1 of 10)

- Building Blocks to Incorporate Substance Use Disorders Into Managed Care Contracts
- State Experience: Arizona
- Health Plan Perspective: Beacon Health Options
- Wrap Up / Resources

Goals of Webinar

- Participants will learn about and examine different models for incorporating SUD into managed care contracts
- Participants will engage in a discussion the importance of tailoring contract language to a state/region's specific needs
- Participants will learn about and be able to discuss the potential pros and cons associated with each model

Managed Care Delivery Approaches: ASOs

- Administrative Services Only (ASOs)
  - Contracted to administer or manage claims and benefits for a fixed administrative fee
  - Bears little or no risk for cost of delivering care
  - Can include provider & member services, data reporting, provider network development, care coordination & disease management services
- Examples
  - Connecticut
  - Maryland

Source: Washington State Department of Social & Health Services

Managed Care Delivery Approaches: BHOs

- Specialty Behavioral Health Organizations (BHO)
  - Distinct entity that can either be freestanding or part of a managed care organization
  - Has specific financial resources to provide programs that manage behavioral health care benefits
- Examples
  - Colorado
  - Washington

Source: Washington State Department of Social & Health Services

Managed Care Delivery Approaches: HPs

- Integrated Physical/Behavioral Health Plans (HPs)
  - An entity with defined financial resources that provides for the management of physical and behavioral health care benefits
  - May or may not include subcontracting for behavioral health
- Examples
  - Florida
  - Tennessee

Source: Washington State Department of Social & Health Services

Managed Care Delivery Approaches: Hybrids

- Hybrid of ASO, Specialty BHO and/or Integrated HPs
  - Different populations
  - Different services
  - Regional/county variations
- Examples
  - Massachusetts
  - Michigan

Many SUD Providers Have Limited Managed Care Experience

Insurance

As of 2008, about 40% of nonprofit substance abuse facilities did not accept private insurance or Medicaid.
About half had no contracts with managed care plans.

Source: Substance Abuse and Mental Health Services Administration. December 2009. National Survey of Substance Abuse Treatment Services (N-SSATS): 2008. Data on Substance Abuse Treatment Facilities. Rockville: Substance Abuse and Mental Health Services Administration.

Information Systems

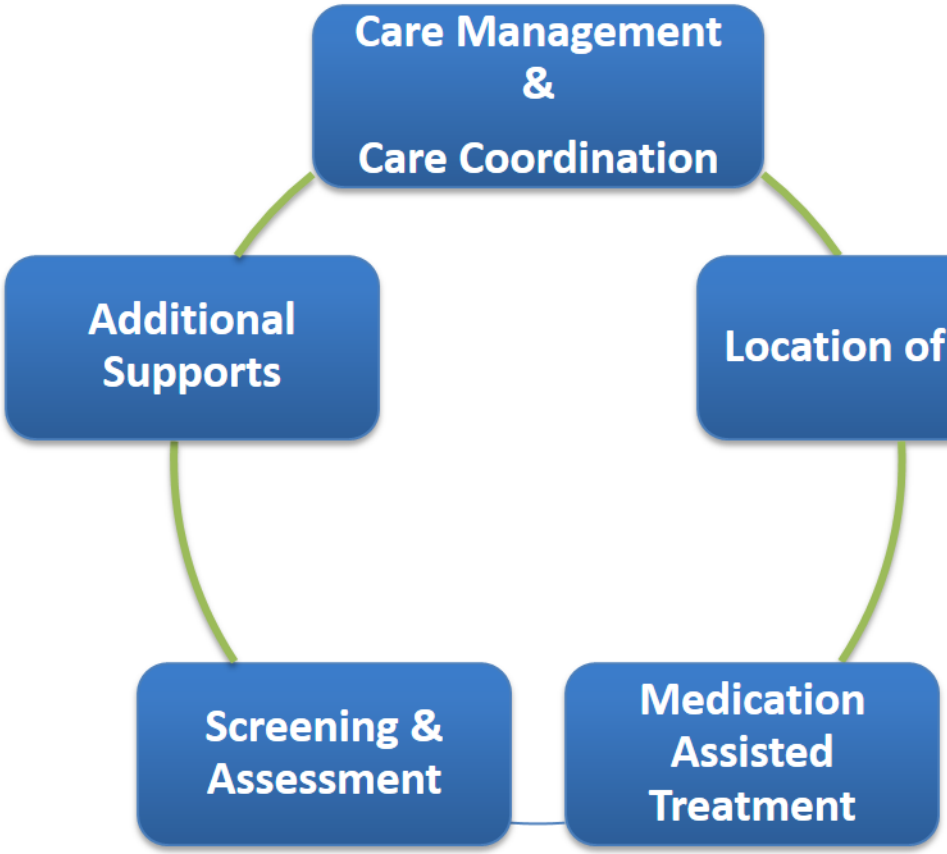
About 20% of substance abuse treatment facilities have no information systems to support appointment scheduling, billing, or medical records functions.

Source: Buck, JA. 2011. The Looming Expansion and Transformation Of Public Substance Abuse Treatment Under the Affordable Care Act. Health Affairs 30(8): 1402-1410.

Building Provider Networks Inclusive of SUD

- Credentialing and Education Requirements
  - Recognize lived experience
  - Co-occurring mental health and SUD expertise
  - Examples
    - Arizona
    - Massachusetts
    - Maryland
    - New York
    - Washington

Benefit Array that Supports Home and Community-Based Continuum



- Recovery Focus
- Peer Supports
- Social Supports
- Housing
- Employment
- Transportation

- Home
- Community
- Telebehavioral Health

Polling Question (1 of 5)

- Which managed care model reflects your method of delivering SUD services? Choose all that apply.
  - Administrative Service Organization
  - Carve-in
  - Carve-out
  - Fully integrated
  - Partially integrated
  - No managed care contracts

Polling Question (2 of 5)

- If your state is not currently using managed care contracts, are you contemplating a move to managed care for SUD services?
  - Yes
  - No

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Arizona

Working with Regional Behavioral Health Authorities and Braided Funding Sources

Barbara Lang, MA

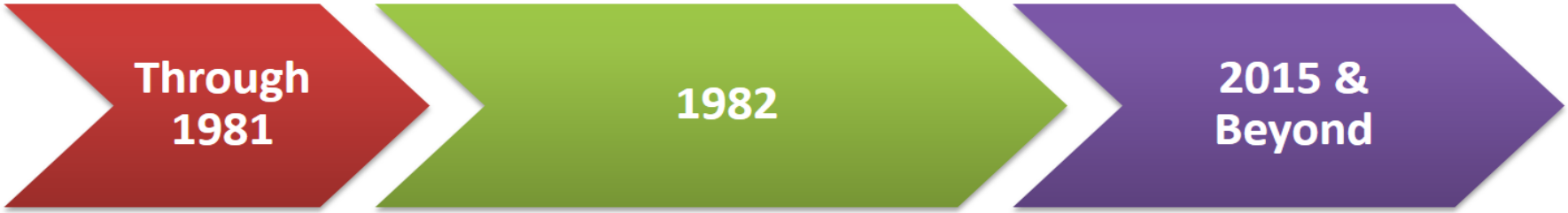
Arizona Health Care Cost Containment System

IAP Medicaid Innovation Accelerator Program

Agenda (2 of 10)

- History of Managed Care in Arizona
- Crafting Contract Language
- Financing & Braided Funding for SUD Services
- Integrating Physical & Behavioral Health in Managed
- Care Challenges & Lessons Learned

Timeline of Managed Care



Arizona is the only state to not participate in Medicaid

Arizona Health Care Cost Containment System is launched

- Behavioral health services are 'carved out' and contracted with the AZ Dept. of Health Services / Division of Behavioral Health Services, which also hold inter-governmental agreements with the TRBHAs
  - Regional Behavioral Health Authorities (RBHAs) serve as MCOs
  - Legislative mandate
  - 1115 waiver ensuring SMI needs are met
- American Indians/Alaska Natives may choose to enroll in acute health care plan or AHCCCS' fee-for-service American Indian Health Program

Integrated RBHAs & Duals Integration Project

- Merging of Department of BH w/ AHCCCS
- As of 10/1/15 RBHAs will be integrated with physical health
- Introduction of value-based payment model
- Duals Project focuses on transferring behavioral and physical health services for dually enrolled members with general mental health and substance abuse conditions from RBHAs to the Acute Health Plans

Regional Behavioral Health Authorities

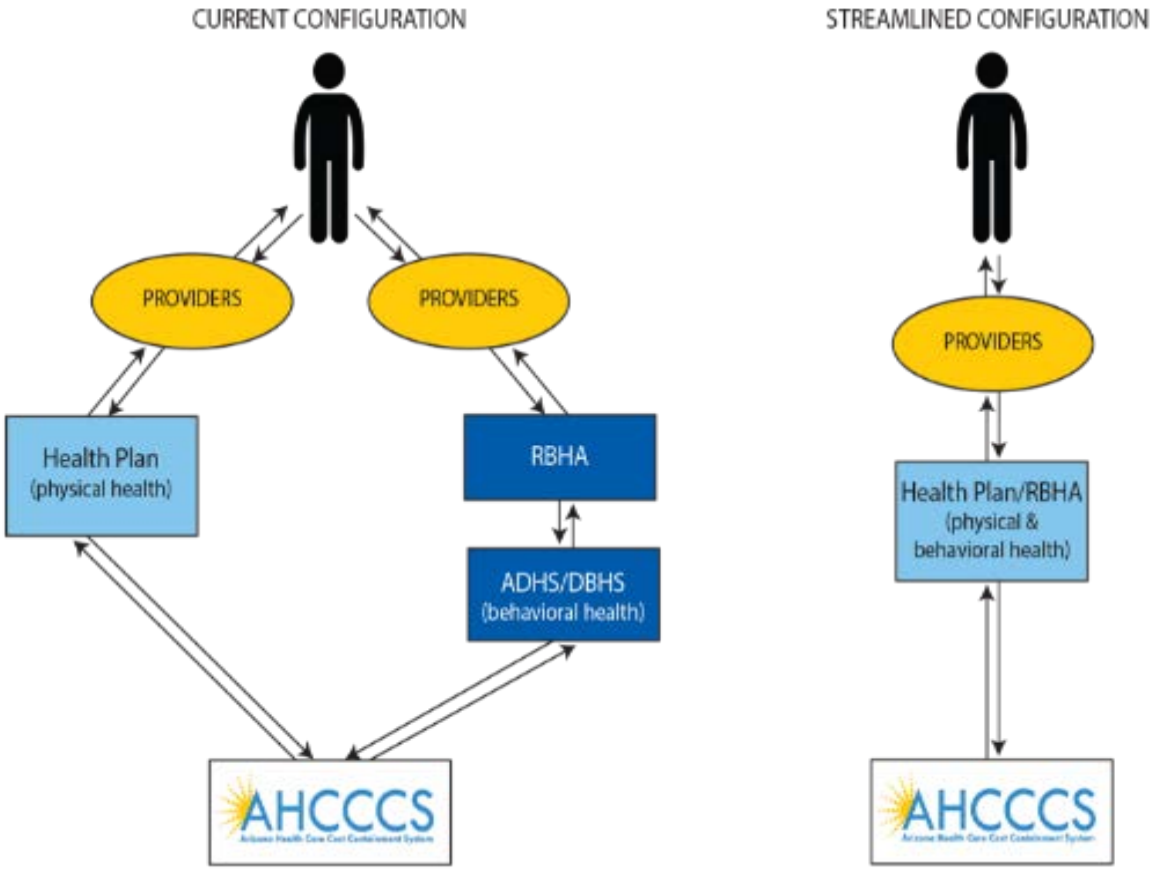
- RBHAs in Arizona offer behavioral health services
  - Beginning 10/01/2015, RBHAs will also provide physical health services across the state to persons determined to have a serious mental illness
    - Northern Arizona RBHA
    - Mercy Maricopa Integrated Care
    - Cenpatico Behavioral Health of Arizona
    - Community Partnership of Southern Arizona

Regional Behavioral Health Authorities: Key Functions

- While operating primarily like a health plan, there are numerous key distinctions
  - Behavioral health network
  - MAT and SUD services
  - Peer and family support
  - Community reinvestment and training
  - Collaboration with other systems or agencies (i.e. courts, law enforcement, Division of Developmental Disabilities)
  - Engagement
  - Housing and employment services

New Model: Contracting RBHAs Directly through AHCCCS

- Streamlining administrative services
- Cost effectiveness
- Simpler for client



Agenda (3 of 10)

- History of Managed Care in Arizona
- Crafting Contract Language
- Financing & Braided Funding for SUD Services
- Integrating Physical & Behavioral Health in Managed Care
- Challenges & Lessons Learned

Core Standards

- Core standards cover both SUD and mental health
  - No carved out SUD language
  - Implementation varies across RBHAs
- Core Standards
  - Services Covered
  - Network Adequacy
  - Performance Measurement
  - Reimbursement

Core Standards: Services Covered

- RBHAs must provide the full continuum of support as outlined in their contracts
- Medication Assisted Treatment Requirement
  - Methadone, Suboxone
  - Non-emergency transportation services
  - Telemedicine
- Significant use of peer professionals
  - Included in Department of Behavioral Health financial matrix of covered services
  - 6-8-week certification program required

Core Standards: Network Adequacy

Minimum Network Standards for Behavioral Health				
Service Type	Provider Billing Type	Population Served	Geographic Access Requirement	
			Central GSA (Maricopa) & Pima County	Northern & Southern GSA
			Maximum travel time for 90% of members…	
Crisis Service Provider (Mobile Crisis Team)	B7	All populations	Meet 60 min. response time to residence	Meet 60 min. response time to their residence
Behavioral Health Inpatient Facility	02, 71, 78, A6, B1, B2, B3, B5, B6	All populations	≤ 15 min. or ≤ 10 miles from their residence	≤ 45 min. or ≤ 30 miles from their residence
Behavioral Health Residential Facility	B8	All populations	≤ 15 min. or ≤ 10 miles from their residence	≤ 45 min. or ≤ 30 miles from their residence
Behavioral Health Outpatient Clinic	77, IC	All populations	≤ 15 min. or ≤ 10 miles from their residence	≤ 15 min. or ≤ 10 miles from their residence
Pharmacy	3	All populations	≤ 15 min. or ≤ 10 miles from their residence	≤ 15 min. or ≤ 10 miles from their residence
PCP	08, 18, 19, 31	SMI	≤ 15 min. or ≤ 10 miles from their residence	≤ 45 min. or ≤ 30 miles from their residence
Dental Services	7	SMI 18-21 year olds only	≤ 15 min. or ≤ 10 miles from their residence	≤ 45 min. or ≤ 30 miles from their residence

Core Standards: Performance Measurement and Reimbursement

ADHS/DBHS Performance Measures for BH-related primary diagnoses		
Performance Measure	**Minimum Standard**	**Goal**
Inpatient Utilization	TBD	TBD
ED Utilization	TBD	TBD
Hospital Readmissions w/in 30 days of discharge	TBD	TBD
Follow-up After Hospitalization w/in 7 days of discharge	50%	80%
Follow-up After Hospitalization w/in 30 days of discharge	70%	90%
Access to BH Provider w/in 7 days of discharge (encounter for a visit)	75%%	85%
Access to BH Provider w/in 30 days of discharge (encounter for a visit)	90%	95%

Core Standards: Performance Measurement and Reimbursement *(cont'd)*

- Move toward value-based payment
  - Prior to the merger, the Department of Behavioral Health set reimbursement rates and had a system of block purchase, allowing RBHAs to allocate their funding as they saw fit
  - AHCCCS will now set the rate
  - RBHAs are evolving with the goal of switching to a value-based payment model with their providers based on patient outcomes.

Tailoring SUD Services to RBHA Catchment Area Needs

- Many different cultures and population groups across Arizona
  - Race and ethnicity
  - Financial eligibility
  - Diagnosis
- Importance of cultural competency
- Attention to specific population needs

Examples Contract Language

- Contracts and Tribal Intergovernmental Agreements, Arizona Department of Health Services Division of Behavioral Health Services
  - AHCCCS/ADHS Contract
- Policy and Procedures Manual, Arizona Department of Health Services Division of Behavioral Health Services
  - Arizona Department of Health Services Division of Behavioral Health Services Policy and Procedures Manual

Agenda (4 of 10)

- History of Managed Care in Arizona
- Crafting Contract Language
- Financing & Braided Funding for SUD Services
- Integrating Physical & Behavioral Health in Managed Care
- Challenges & Lessons Learned

Braided Funding for SUD Services

Funding Source	Dollar Amount	Percentage of Total Funding
Medicaid Funding (Title XIX & Proposition 204)	$97,731,218	76.20
Federal: Substance Abuse Prevention & Treatment Block Grant	$19,258,066	15.02
State Appropriated	$9,499,288	7.41
Inter-governmental Agreements: Maricopa Co; City of Phoenix Local Alcohol Reception Center	$1,689,871	1.32
Liquor Fees	$71,775	0.06
Total Funding	$128,250,218	100.00

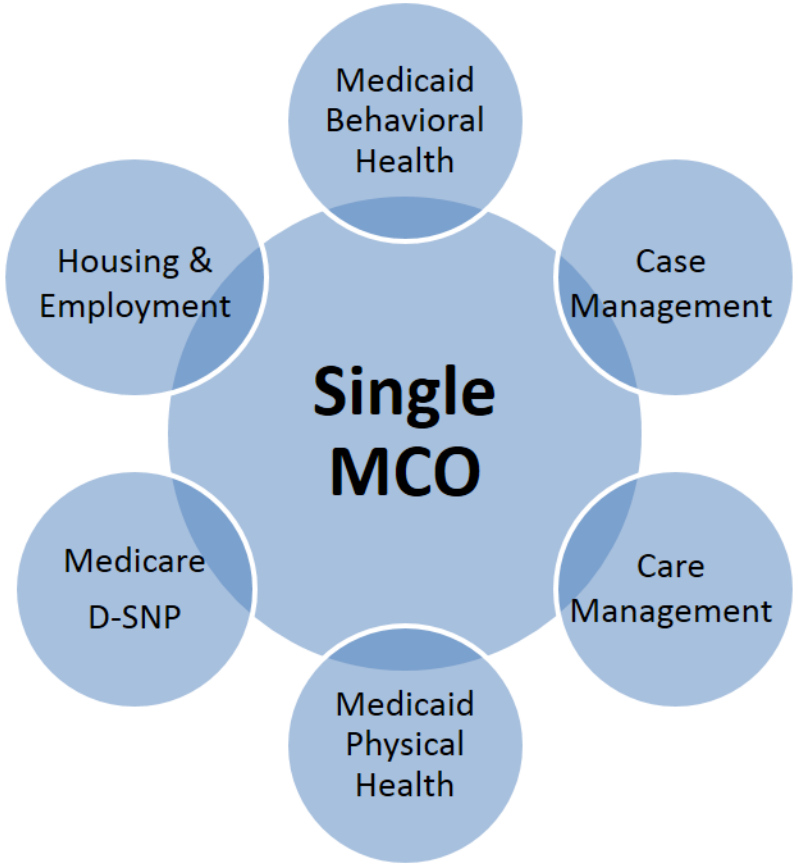
Grant Funding Opportunities

Grant	Primary Goal
Substance Abuse Prevention and Treatment Block Grant	To reduce access barriers to substance abuse prevention, treatment services & community-based MH services for adults with SMI & children with SED
	To plan, implement, monitor & evaluate the provision of these services
Projects for Assistance in Transition from Homelessness	Reduce and eliminate homelessness for individuals with SMI or co-occurring SUD
Screening, Brief Intervention and Referral to Treatment	Reduce rate of alcohol-induced deaths & drug related deaths per 100K individuals for 5 northern AZ counties
	Decrease the mean combined cost per member for PH & BH services
State Youth Treatment Grant	Successfully transition adolescents & transitional-aged youth with SUDs & those w/ co-occurring MH disorders to adult BH system
	Improve the use of EBPs in services for adolescents w/ SUD, co-occurring MH disorders & their families
Prevention Framework Partnership for Success	Reduce 30-day alcohol use for ages 12-20
	Reduce percentage of youths (ages 12-25) who have misused or abused prescription drugs in last 30 days

Agenda (5 of 10)

- History of Managed Care in Arizona
- Crafting Contract Language
- Financing & Braided Funding for SUD Services
- Integrating Physical & Behavioral Health in Managed Care
- Challenges & Lessons Learned

Integrating PH & BH in Managed Care: Maricopa County



- Integrated Service Delivery
  - Treatment services
  - Rehabilitation services
  - Medical & pharmacy services
  - Support services
  - Crisis intervention services
  - Inpatient services
  - Residential services
  - Behavioral health day programs

First Year Results

- Quantifiable Results
  - Integrated Health Homes
    - 13% Whole Health SMI Clinic
    - 18.4% PCMH
    - 68.6% Virtual Health Home
  - Permanent supportive housing
    - 2,724 (7-14) to 3,686 (3-15)
  - Supported employment
    - 473 (7-14) to 670 (3-15)
  - Peer & family support
    - 2,323 (7-14) to 3,854 (3-15)
- New Additions
  - 16 question health risk assessment
  - Value-based purchasing with ACT Teams
  - Medical ACT Team
  - Forensic ACT Team that partners with the Justice System

GMHSA Dual Project

- Inpatient BH/SA hospitalization(s)
  - Multiple admissions
- BH/SA crisis services
  - Multiple crisis mobile team dispatch & stabilization services
- Residential/supported housing
  - Supportive housing, residential treatment and out of state placement
- Court Ordered Evaluation and Treatment
  - Members under COE and currently on COT
- High risk pharmacology
  - Pharmacy restrictions, multiple prescriptions (6+), high risk for drug interactions

Agenda (6 of 10)

- History of Managed Care in Arizona
- Crafting Contract Language
- Financing & Braided Funding for SUD Services
- Integrating Physical & Behavioral Health in Managed Care
- Challenges & Lessons Learned

Challenges & Lessons Learned

- Few challenges related to SUD
  - SUD has always been a part of behavioral health in Arizona
- Constructing a common language
  - Working with behavioral health and SUD providers to develop common ideas about making care person centered
- Working with new providers
  - Dispelling myths about addiction
- Structure readiness
- Operations
- Technology
- Timeframes

Polling Question (3 of 5)

- Using the ReadyTalk platform options, select the 'raise your hand' tool if your state is utilizing or considering using a braided funding model.

Questions and Discussion (1 of 2)

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Beacon Health Options (1 of 3)

Health Plan Perspective

Steven Bentsen, MD, MBA, DFAPA, Beacon Health Options

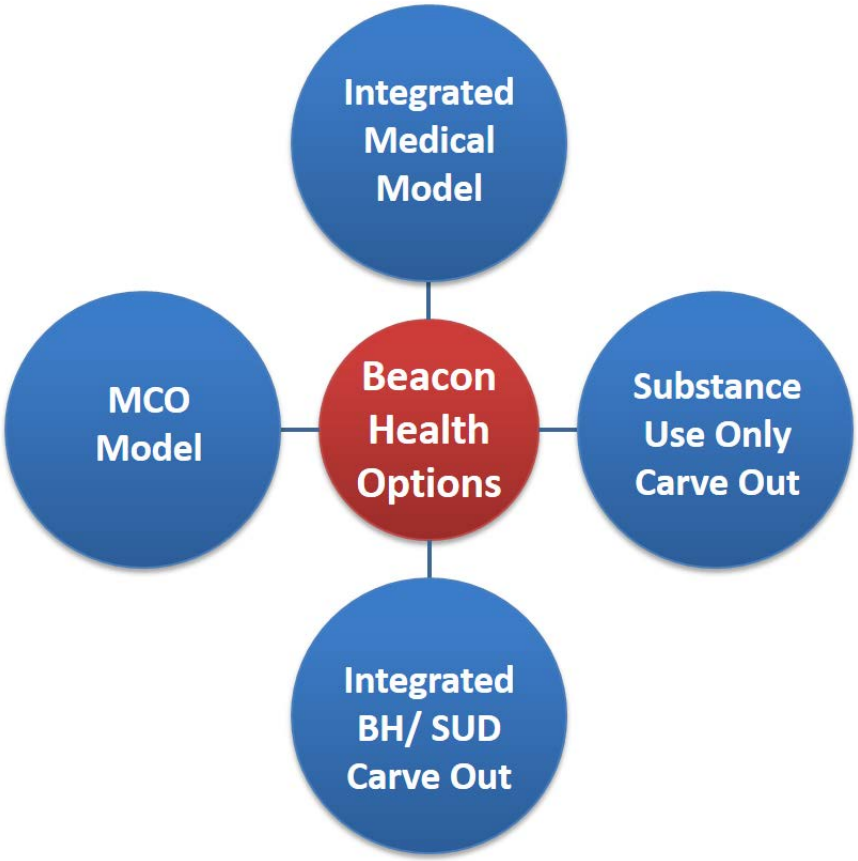
IAP Medicaid Innovation Accelerator Program

Agenda (7 of 10)

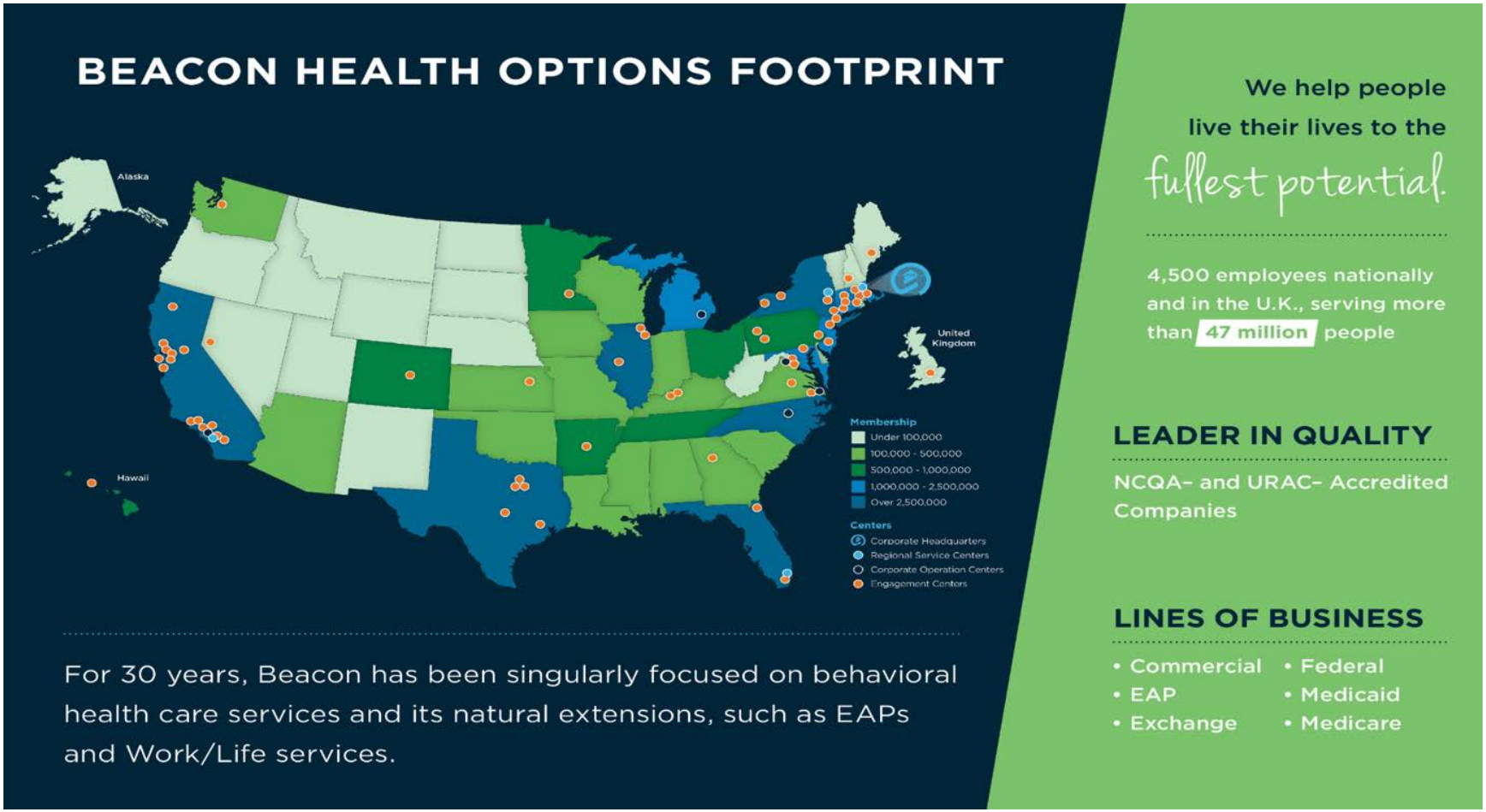
- Overview of Beacon Health Options
- Issues Related to Addiction Treatment
- Experience Working with States on Different Models
- Challenges & Lessons Learned

Beacon Health Options (2 of 3)

- Provides behavioral health management for over 40 million lives in 50 states
- Medicaid management history in majority of states



Beacon Health Options (3 of 3)



Commitment to Substance Use Disorder Treatment

- Treatment of opiate addiction
- First white paper specifically for policymakers
  - Released June 2015

Agenda (8 of 10)

- Overview of Beacon Health Options
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Issues Unique to Addiction Treatment

Widest gap between science and clinical practice

Treatment referrals:

5% from health care providers

44% from legal system

Most individuals do not receive best practice care

Quality measures are not standardized

Only a minority of states monitor treatment

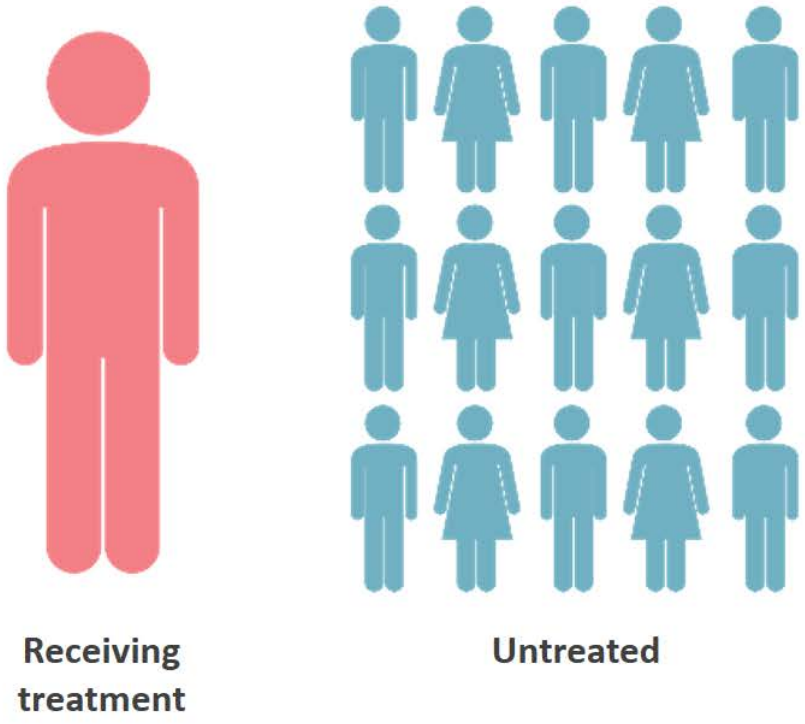
Many programs are exempt from state regulation or medical oversight

Workforce Issues Unique to Addiction

Source: Addiction Medicine Closing the Gap between Science and Practice, NATIONAL Center on Addiction and Substance Use, Columbia University 2012

- **Medical professionals receive minimal training in addiction treatment**
- **Approximately 1 million physicians practicing**
  - 1,300 identified as addiction specialists
  - 500 are psychiatrists
- **Most treatment is provided by addiction counselors**
  - 14 states: no required licensure
  - 6 states: no required degree
  - 14 states: require high school degree or GED
  - Apprentice model, personal experience
  - Not equipped to provide evidenced-based treatment, medical care or treatment of co-occurring conditions

Medication Assisted Treatment Reduces All-cause Mortality



Receiving treatment

Untreated

"...The all-cause mortality rate for patients receiving methadone maintenance treatment was similar to the mortality rate for the general population, whereas the mortality rate of untreated individuals using heroin was more than 15 times higher."

Modesto-Lowe et al., 2010; Gibson, 2008; Mattick, 2003; Bell and Zador, 2000; Marsch, 1998

MAT as Part of Treatment Program

- Four approved medications for treatment of opiate dependency
  - Buprenorphine
  - Methadone
  - Naltrexone oral
  - Naltrexone injectable
- Evidence-based treatment for opioid addiction, but not a stand-alone treatment choice
  - Effective as part of a holistic program that includes
    - Behavioral interventions
    - Cognitive interentions
    - Other recovery-oriented interventions
    - Treatment agreements
    - Urine toxicology
    - Checking of PDMP

Treating SUD Through a Chronic Disease Model

Recommended Interventions	Description
Community Resources & Policies	• Make naloxone widely available • Remove barriers to non-acute provider capacity: • Methadone, Suboxone • Extenders - mid-level administrators under supervision • Public awareness campaign targeting citizens, prescribers & policymakers about the chronic disease model
Improve Delivery System Design	• Re-unify the system of care (e.g. Department of Health carve-outs) in accordance with ASAM criteria • Require case/care management/pain management services to be part of full-service addictions treatment

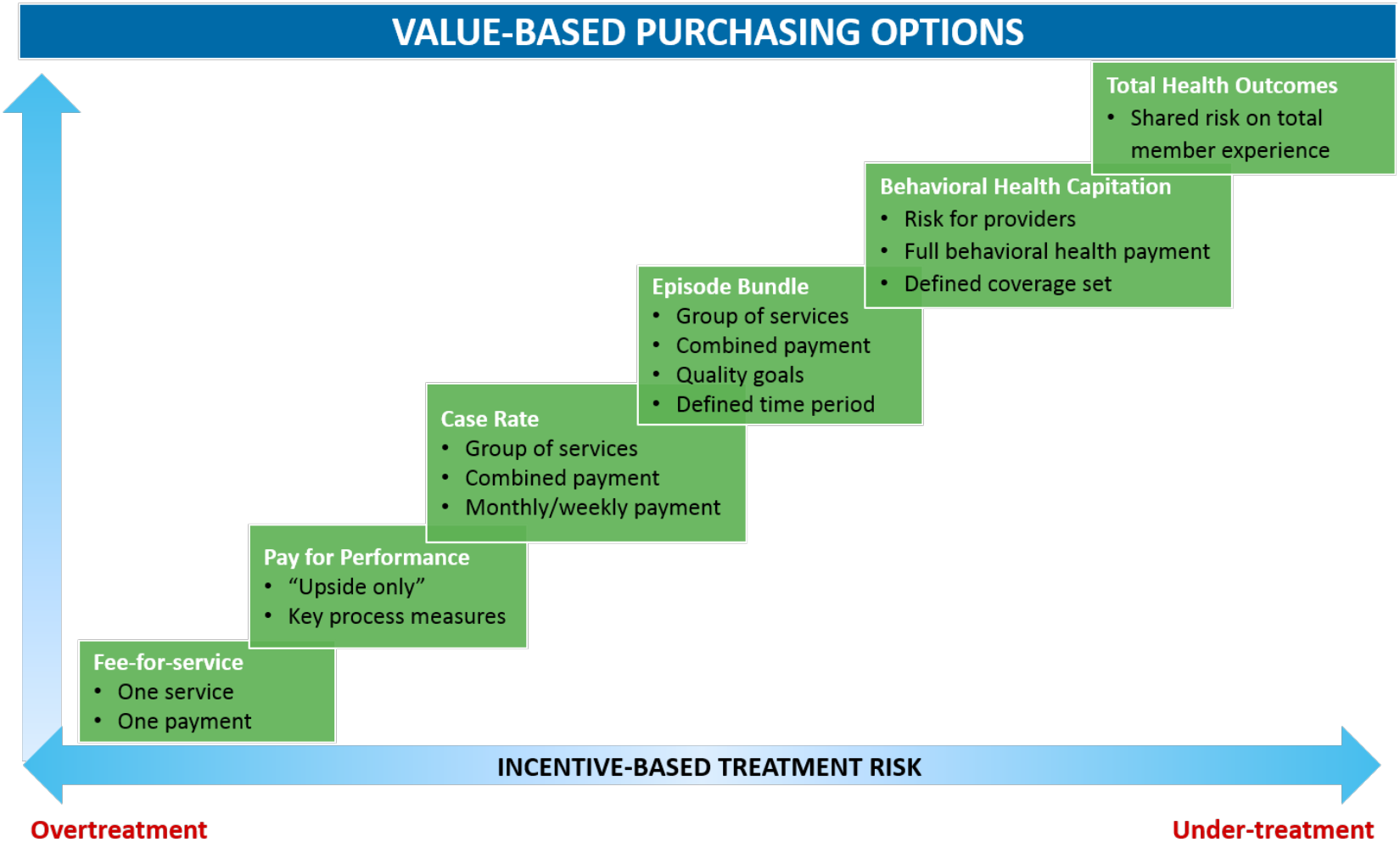
Treating SUD Through a Chronic Disease Model *(continued)*

Recommended Interventions	Description
Increase Decision Support	• Apply evidence-based clinical practice guidelines to MAT, including real time support for prescribers (e.g. expert staffed support hotline for prescribers treating addictions)
Implement Clinical Information Systems	• Registries • Implement EHR technology to ensure real-time access to pertinent clinical information (i.e., diagnoses, co-morbidities, medications, treatment goals) • Clear interpretation that SA-related personal health information will not be used for prosecutorial purposes
Increase Collaboration Between Payers & Providers	• Encourage bundled payments for high-quality providers to encourage community care instead of institutional care: • Peers, office and home-based formats • De-stigmatize long-term treatment options. More than just abstinence.

Agenda (9 of 10)

- Overview of Beacon Health Options
- Issues Related to Addiction Treatment
- Experience Working with States on Different Models
- Challenges & Lessons Learned

Value-Based Purchasing Comes In Many Different Forms Outside of Capitation



BHO's VBP Portfolio Spans Multiple States (1 of 3)

CALIFORNIA

Objectives: Reduce medical costs and improve clinical and functional outcomes

Population & Intervention: Care coordination and physical health connecter services for commercial members with co-occurring BH and medical diagnoses

Provider Type: Behavioral health outpatient providers

Payment Model: Monthly case rate for care coordination

Outcomes: Improvements in WHOQOL domains for Physical, Psychological as well as PHQ-9 assessment tool

Operational Considerations: Coordination with health plan to ensure consistent communication to members who called general member services line for help

ILLINOIS

Objectives: Engage marginalized and complex BH patients to re-integrate them into society via housing, employment, and health care system participation

Population & Intervention: Population enrolled in program to receive mental health services and supplementary services

Payment Model: Outpatient case rate

Provider Type: Community mental health center

Outcomes: Lower total medical expense, high levels of patient satisfaction, better health outcomes for individual patients

Operational Considerations: Staffing and financial resources to assume greater risk

BHO's VBP Portfolio Spans Multiple States (2 of 3)

COLORADO

Objectives: System realignment away from state hospitals and promotion of a statewide community continuum of care

Population & Intervention: 10 provider organizations representing more than 50 sites and a population of 685,000 patients

Provider Type: Community mental health centers

Payment Model: Provider partner outpatient sub-capitation

Outcomes: Reduction in inpatient admissions, increased focus on crisis stabilization, peer services and outpatient continuum of care development

Operational Considerations: Providers manage money and take on risk. Focus on increased integration between BH/PH - capabilities developed at 200 plus sites.

NEW HAMPSHIRE

Objectives: Better care coordination around complex populations

Population & Intervention: Adults and children with complex mental illness diagnoses receive monthly case management and community-based flexible supports (Assertive Community Treatment)

Payment Model: Outpatient behavioral health sub-capitation

Provider Type: Community mental health centers

Outcomes: Improved transitions of care from state hospital; higher quality care plans; reductions in psychiatric readmissions

Operational Considerations: Sub-capitation requires a different provider management model that we call "technical assistance" where Beacon works with provider on evidence-based trainings, clinical rounding, transitions of care and complex case co-management

BHO's VBP Portfolio Spans Multiple States (3 of 3)

KANSAS

Objectives: Give SUD providers opportunity to manage care for patients in innovative ways

Population & Intervention: 43 Providers treating 13,000 patients for substance use disorders

Payment Model: Block grant

Provider Type: Outpatient substance abuse

Outcomes: Providers were able to manage substance abuse services within the limited appropriation of federal block grant with no implementation of wait lists or other member care disruptions

Operational Considerations: Provider responsible for continuity of care and ensuring access to providers (including emergency call center)

FLORIDA

Objectives: Improve patient engagement and provide opportunity for profit-sharing with providers

Population & Intervention: 15+ providers paid under sub-capitation for 300,000 members

Payment Model: Outpatient sub-capitation

Provider Type: Community mental health centers

Outcomes: Reduction of inpatient admissions, increased focus on crisis stabilization and outpatient continuum of care

Operational Considerations: Some providers have developed physical health capabilities; portion of reimbursement earned by meeting quality and HEDIS targets; must achieve specific maintenance of effort

Agenda (10 of 10)

- Overview of Beacon Health Options
- Issues Related to Addiction Treatment
- Experience Working with States on Different Models
- Challenges & Lessons Learned

Summary of Challenges & Lessons Learned

Regulations	• Sensitivity to state regulations, resources, penetration rates require regional implementation
Structure	• Changing direction from carve out to carve in has restructuring challenges
Synergy	• Substance use treatment providers not synergistic with medical provider delivery system
Evaluate	• Outcomes of care lacking, need for uniform measurement
Bias	• Social bias and pervasive view of addiction as a moral failing has limited access to effective, evidence-based treatments

Polling Question (4 of 5)

- Using the ReadyTalk platform options, select the 'raise your hand' tool if your state is utilizing a unique approach to providing a continuum of coverage across inpatient detoxification and rehabilitation services including an array of home- and community-based and/or residential options.

Questions and Discussion (2 of 2)

Polling Question (5 of 5)

- Would your state be interested in having a post-webinar discussion with the speakers to address any additional questions or reflections on today's webinar?
  - Yes
  - No

Resources

- *Coverage and Delivery of Adult Substance Abuse Services in Medicaid Managed Care*, Centers for Medicare & Medicaid Services
  - MEDICAID MANAGED CARE INFORMATION RESOURCE CENTER
- *Increasing Access to Behavioral Healthcare: Managed Care Options and Requirements*, The National Council for Community Behavioral Health
  - National Council For Community Behavioral HealthCare

Resources *(continued)*

- *Medicaid Managed Care Profiles, by State*, Centers for Medicare & Medicaid Services
  - Some specific states of interest include: Maryland, Massachusetts, Michigan, New York, Ohio
  - Managed Care State Profiles and State Data Collections

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