Leveraging Key Relationships in Improving Behavioral Health Follow-up Care

Improving Behavioral Health Follow-up Care Learning Collaborative: Webinar #2

June 29, 2021

Deirdra Stockmann, Centers for Medicare & Medicaid Services (CMS)

Michaela Vine and Mira Wang, Mathematica

Laura Boutwell, Virginia Department of Medical Assistance Services

Gwen Carrick and Shenal Pugh, New Jersey Division of Medical Assistance & Health Services

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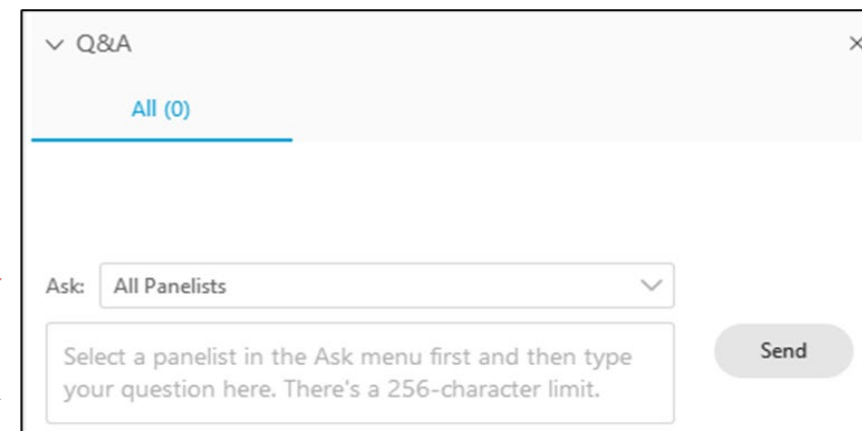Measurement & Improvement

How to Submit a Question

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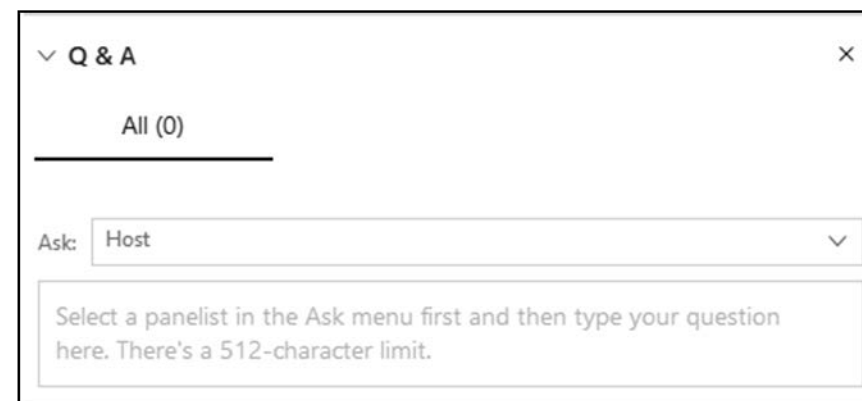- **For technical questions, select "Host" in the "Ask" menu**

Agenda

Topic	Speaker
Welcome from the Centers for Medicare & Medicaid Services (CMS)	Deirdra Stockmann, CMS
Value Based Purchasing Arrangements in Virginia	Laura Boutwell, Virginia Department of Medical Assistance Services
Peer Support and Care Management Services in New Jersey	Gwen Carrick and Shenal Pugh, New Jersey Division of Medical Assistance and Health Services
Questions and Discussion	Michaela Vine, Mathematica
Wrap-Up	Mira Wang, Mathematica

Welcome and Overview of the Improving Behavioral Health Follow-up Care Learning Collaborative

Deirdra Stockmann, CMS

Improving Behavioral Health Follow-up Care Learning Collaborative

- **The Centers for Medicare & Medicaid Services (CMS) launched the Improving Behavioral Health Follow-up Care Learning Collaborative in May 2021**

- **State Medicaid and behavioral health agencies and their partners will have an opportunity to:**
  - Expand their knowledge of evidence-based interventions to improve access to behavioral health follow-up care
  - Develop, implement, and assess a data-driven quality improvement project
  - Network with peers
  - Advance their knowledge of and skills in quality improvement

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Improving Behavioral Health Follow-up Care Learning Collaborative (continued)

- **Webinar series**

  - Previous webinars:

    - Webinar 1: Expanding and Ensuring Access to Behavioral Health Follow-up Care (held on May 17, 2021)
    - Information Session: Improving Behavioral Health Follow-up Care: Affinity Group Q&A (held on June 15, 2021)

  - Webinar 3: Using Data to Improve Access to Behavioral Health Follow-up Care (July 15, 2021 at 3:00 PM ET)

  - Register for upcoming webinar and access video recordings, transcripts, and slides available on the Medicaid.gov Improving Behavioral Health Follow-up Care Learning Collaborative Homepage

- **Affinity Group**

  - Action-oriented support to state Medicaid, behavioral health agencies, and their partners

  - Opportunity for states to increase access to timely behavioral health follow-up care among Medicaid and CHIP beneficiaries

  - Will hold a workshop for state team leads in August 2021 followed by a full affinity group meeting in September 2021 (more information provided in the Improving Behavioral Health Follow-up Care Affinity Group Fact Sheet)

Value Based Purchasing Arrangements in Virginia

Laura Boutwell
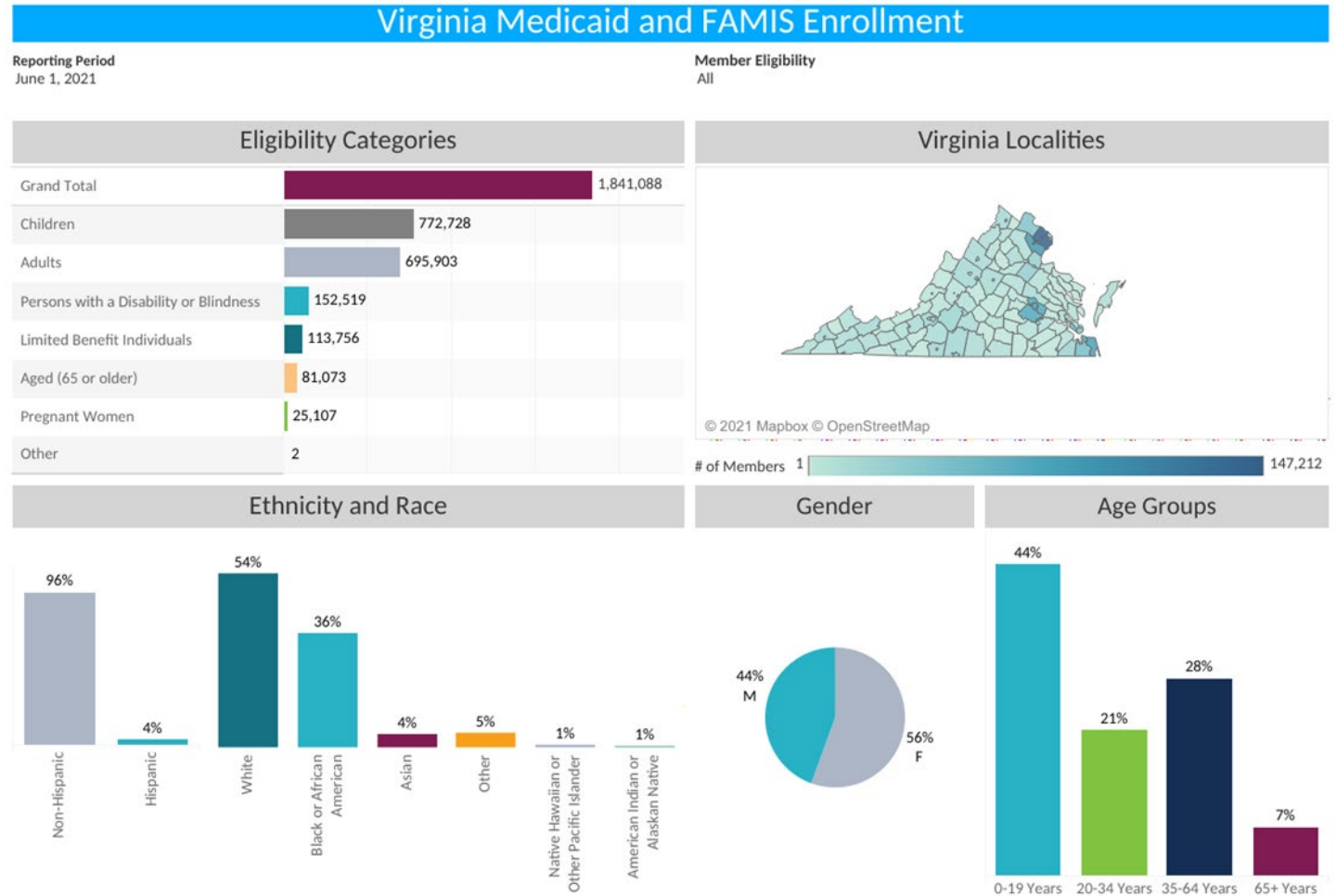Virginia Department of Medical Assistance Services

Background on Virginia Medicaid

As of June 1, 2021:

- **1.8 million members enrolled**

- **>90% of the member population is enrolled in a managed care program**

- **Two programs: Commonwealth Coordinated Care Plus (CCC Plus) and Medallion 4.0**

Additional dashboards available on the Open Data section of the DMAS website: https://www.dmas.virginia.gov/open-data/

Virginia Medicaid and FAMIS Enrollment

Reporting Period
June 1, 2021

Member Eligibility
All

Eligibility Categories

Grand Total	1,841,088
Children	772,728
Adults	695,903
Persons with a Disability or Blindness	152,519
Limited Benefit Individuals	113,756
Aged (65 or older)	81,073
Pregnant Women	25,107
Other	2

Virginia Localities

© 2021 Mapbox © OpenStreetMap

# of Members 1 — 147,212

Ethnicity and Race

Non-Hispanic 96%
Hispanic 4%
White 54%
Black or African American 36%
Asian 4%
Other 5%
Native Hawaiian or Other Pacific Islander 1%
American Indian or Alaskan Native 1%

Gender

44% M
56% F

Age Groups

0-19 Years 44%
20-34 Years 21%
35-64 Years 28%
65+ Years 7%

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Catalyst for Intervention

- **Historical Behavioral Health Quality Work**
  - Performance Improvement Projects (2015)
  - 2017-2019 Quality Strategy

- **Navigating Population Changes, 2018-2019**
  - CCC Plus Implementation
  - Medallion 4.0 Procurement
  - Medicaid Expansion

Coordination of Current and Future Efforts

Opportunities for Continuity

Fostering Collaboration

Quality Strategy Alignment

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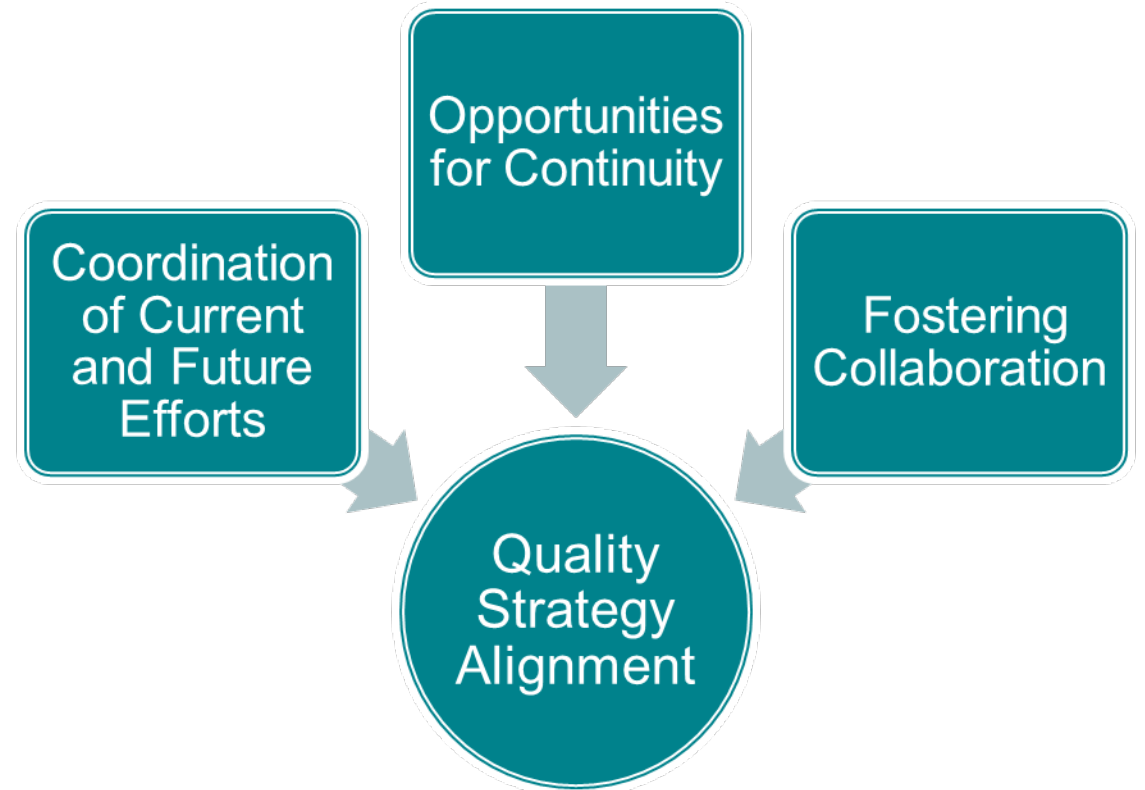
Intervention: Value Based Purchasing Arrangements

2020-2022 Virginia Quality Strategy Framework

Aim	Improved Population Health
Goal	Improve behavioral health and developmental services of members
Objective	Increase Follow-Up Visits After Emergency Department Visit for Mental Illness
Intervention	Utilization of value based purchasing arrangements (***details on next slide***)
Measures	Follow-Up Visits After Emergency Department Visit for Mental Illness (both 30 Day and 7 Day Total measures)

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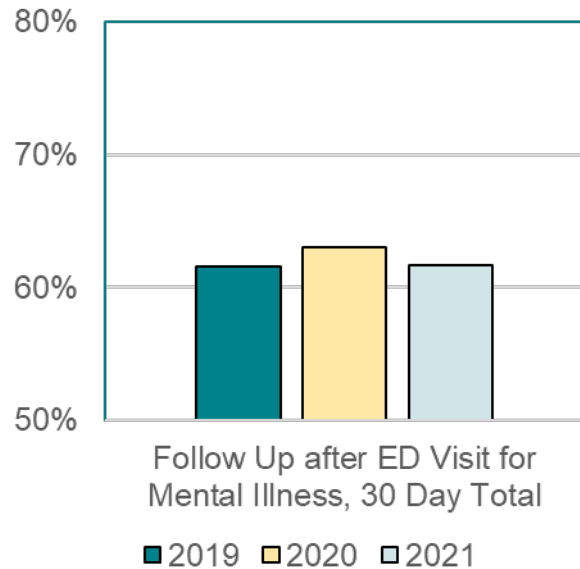**Medicaid & CHIP**
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Intervention: Value Based Purchasing Arrangements (continued)

- **Performance Withhold Program (PWP)**
  - 1% capitation withhold
  - Separate PWP arrangements by managed care program
  - Measures cover a variety of health care domains

- **Behavioral Health Specific Measures Across Both Programs:**
  - Follow-Up Visits After Emergency Department Visit for Mental Illness (30 Day- Total)
  - Follow-Up Visits After Emergency Department Visit for Mental Illness (7 Day- Total)
    - Additional measures selected based on program population and alignment with CMS Core Set measures

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Intended Outcomes: Improving Access to Behavioral Health Follow-up Care
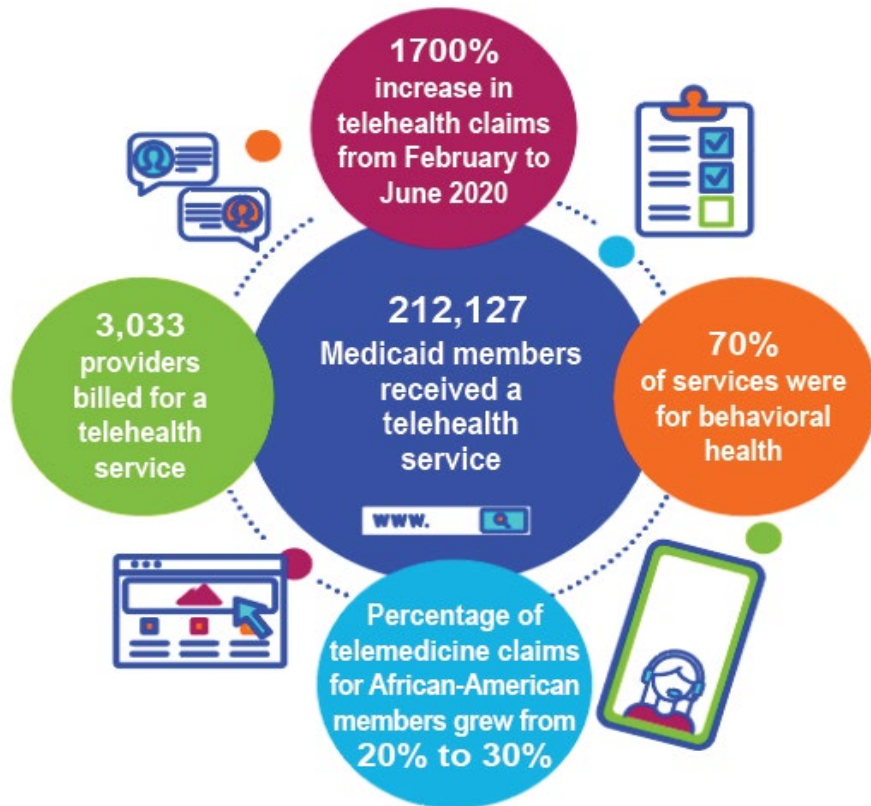
Example: CCC Plus
MCO X PWP
Performance

Follow Up after ED Visit for Mental Illness, 30 Day Total

■ 2019 □ 2020 □ 2021

Additional information on the Virginia PWP Methodologies are available here: https://www.dmas.virginia.gov/about-us/value-based-purchasing/

- **Further Virginia's mission of providing high quality, cost effective care for our members**

- **MCO Performance Evaluation**
  - Minimum threshold: MCO meets a minimum performance standard to qualify to earn back withhold
  - Improvement Bonus: MCO demonstrates improved performance trends year over year
  - High Performance Bonus: MCO demonstrates strong and sustained performance, such as year over year performance over a national percentile performance benchmark

- **COVID-19 Impacts and Adjustments**
  - Initial performance data year (2021) and baseline data year (2019)

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Ongoing Lessons Learned

1700% increase in telehealth claims from February to June 2020

3,033 providers billed for a telehealth service

212,127 Medicaid members received a telehealth service

www.

70% of services were for behavioral health

Percentage of telemedicine claims for African-American members grew from 20% to 30%

- **Continue focus on a "North Star"**
  - Navigating changes
  - Ongoing communication and engagement
 - Adaptability and problem-solving as core values

New Medicaid Member Enrollment Since State of Emergeny Declared

1,531,923 members

1,762,053 members

March 12th

December 30th

Additional information: https://www.dmas.virginia.gov/about-us/medicaid-at-a-glance/

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Future Plans

- **Performance Withhold Program**
  - Initial performance year

- **Re-evaluating behavioral health PIPs**
  - Assessment of telehealth utilization and access

- **Project Bravo/Behavioral Health Enhancement**
  - Implement fully-integrated behavioral health services that provide a full continuum of care to Medicaid members in the Commonwealth

- **Enhancing data analytic and visualization capabilities**
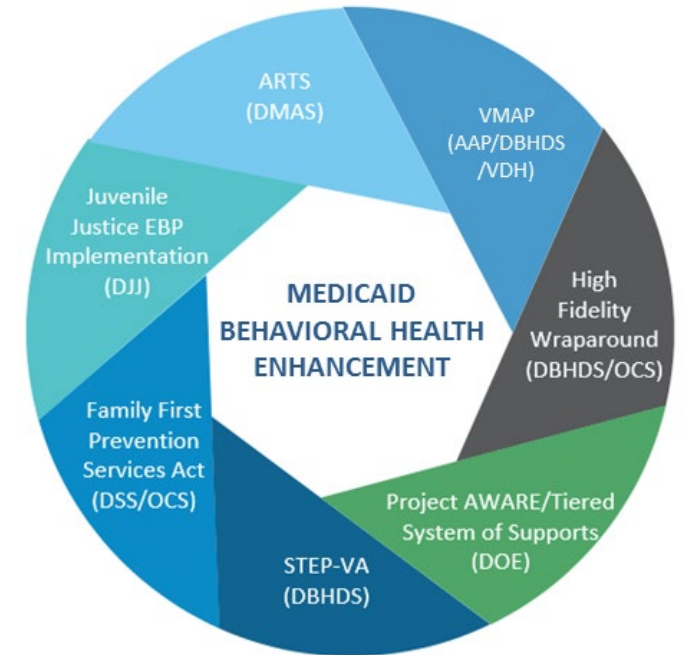
Additional information on the Virginia PWP Methodologies are available here: https://www.dmas.virginia.gov/about-us/value-based-purchasing/

Additional information on Project Bravo is available here: https://www.dmas.virginia.gov/for-providers/behavioral-health/enhancements/

Contact Information

Thank you!

Laura Boutwell, DVM, MPH

Director, Office of Quality and Population Health

Virginia Department of Medical Assistance Services

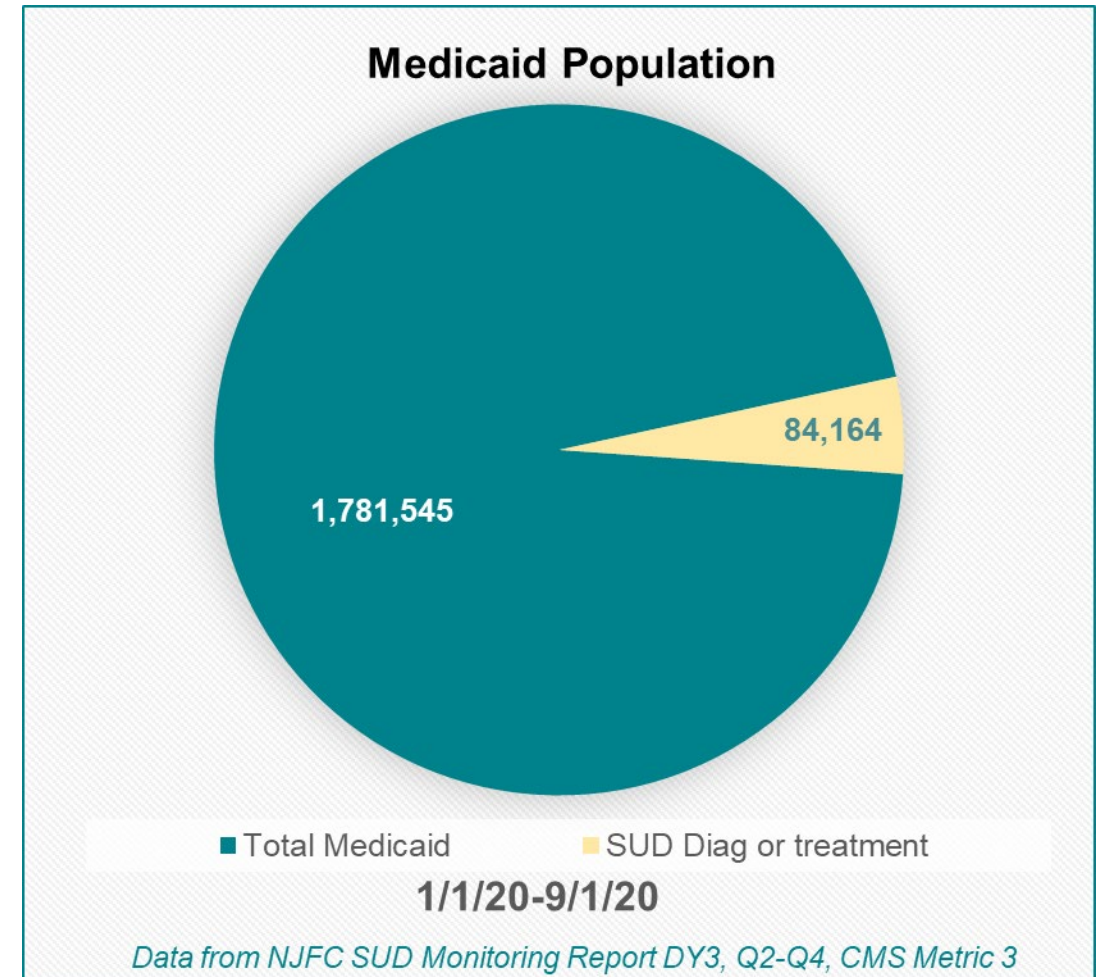Laura.boutwell@dmas.virginia.gov

Peer Support and Care Management Services in New Jersey

Gwen Carrick and Shenal Pugh

New Jersey Division of Medical Assistance & Health Services

Background on New Jersey Medicaid

- **SUD treatment Services**

- **Medicaid Fee For Service (FFS)**

- **Managed Care Organizations (MCO)**
  - Managed Long Term Services and Supports (MLTSS)
  - Fully Integrated Dual Eligible Special Needs Plans(FIDE SNP)
  - Division of Developmentally Disabled (DDD)

Medicaid Population

84,164

1,781,545

- Total Medicaid
- SUD Diag or treatment

1/1/20-9/1/20

Data from NJFC SUD Monitoring Report DY3, Q2-Q4, CMS Metric 3

Catalyst for Intervention

1115 Waiver and State Plan Amendment

- **Peers**
  - Access to care
  - Care Coordination and Transitions between LOC and into community
  - Reduction of overdose deaths (opioid)
  - Long term recovery

- **Care Management**
  - Access to care
  - Care Coordination and Transitions between LOC and into the community
  - Improve access to care for physical health conditions among individuals with OUD or SUD

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Intervention: Certified Peer Recovery and Care Management Services

- **Certified Peer Recovery Services** are non-clinical, strength-based services that help individuals to initiate and stay engaged in the recovery process and reduce the likelihood of a return to substance use.

- **Certified Peer Recovery Specialists** are individuals with lived experience who have been successful in the recovery process who can support others experiencing similar situations.

- **Care Management** is a behavioral health service intended to support individuals who have a Substance Use Disorder (SUD) with complex physical or psychosocial needs.

- **Care Managers** may assist members as they transition throughout the continuum of care by matching their identified needs to available resources and assist individuals to access care and services intended to meet those needs.

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Intended Outcomes

- Implement strategies to address opioid use disorder.

- Implement a comprehensive treatment and prevention strategy to reduce overdose deaths.

- Improve care coordination and transitions between levels of care.

- Support NJ FamilyCare beneficiaries with a SUD throughout the continuum of care and into the community.

Lessons Learned: Peers

- **Stakeholder Process**
  - Peer specialists, family members, treatment providers, NJ Prevention Network (NJPN), Medicaid and the Div. of Mental Health & Addiction Services stakeholder group.
  - All stakeholders participated in SAMHSA BRSS-TCS policy academy.
  - Stakeholder group conducted survey of peer service providers and peer specialists.

- **Successes**
  - Long term workforce development for peer specialists.
  - Living wages for peer specialists
  - Sustainability of services
  - Support for individuals with an SUD for sustained recovery

- **Challenges**
  - Peer Certification Board
  - Provider enrollment, Peer NPI and billing

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Stakeholders

Care Management

- Contracted providers

- Department of Mental Health Addiction Services (DMHAS)

Challenges

- Fiscal approval

- COVID-19

- Services are currently being rolled out.

Plans to Sustain and/or Expand Intervention

- FFS

- MLTSS, DDD & FIDE-SNP

- Managed Care Organizations (Horizon, United, WellCare, Amerigroup, Aetna)

- Certification for Peer Specialist

Contact Information

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References

- Medicaid Section 1115 Substance Use Disorder Demonstrations: Technical Specifications Manual for Monitoring Metrics, Version 3.0, August 2020, Metric #3 (Medicaid Beneficiaries with SUD Diagnosis [monthly])

- NJ State Plan Amendment, NJ-19-0015

- NJ State Plan Amendment, NJ-20-0005

- www.SAMHSA.gov

Questions & Answers

Michaela Vine, Mathematica

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Announcements and Next Steps

Mira Wang, Mathematica

Announcements and Next Steps

- **Webinar recording and slides will be posted on the [Medicaid.gov Improving Behavioral Health Follow-up Care Learning Collaborative Homepage](#)**

- **Upcoming webinar**

  - Webinar #3: Using Data to Improve Access to Behavioral Health Follow-up Care: **Thursday, July 15, 2021, 3:00 PM ET**

- **Register for remaining webinar at the [Medicaid.gov Improving Behavioral Health Follow-up Care Learning Collaborative Homepage](#)**

Announcements and Next Steps (continued)

- **Affinity Group Fact Sheet and EOI form are available at the [Medicaid.gov Improving Behavioral Health Follow-up Care Learning Collaborative Homepage](#)**

- **Affinity Group EOI forms are due Thursday, July 15, 2021, 8:00 PM ET**

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Thank you for participating!

- **Please complete the evaluation as you exit the webinar**

- **If you have any questions, or we didn't have time to get to your question, please email**

  MACQualityImprovement@mathematica-mpr.com