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INSIGHT

An Information Resource from COMCARE

What is INSIGHT?

Insight is the capacity to gain an accurate and deep intuitive understanding of something; the power or act of seeing into a situation, or apprehending the inner nature of things. Effective managers of behavioral health services must use insight to plan and do what is best for the neediest residents of Pennsylvania and their service providers throughout the State.

INSIGHT is also a new monthly information resource published by COMCARE. It is to be an information resource that will inform county leaders on current managed care issues, provide valuable strategy information, offer analysis, and be a touch-point for health information.

We trust you will find this inaugural issue of INSIGHT to be interesting and informative, and we welcome your thoughts as we move forward to refine and enhance this product. As with all new things, we are not all that we can become. So, we look forward to growing!

Who is COMCARE?

A program of the County Commissioners Association of Pennsylvania, formed to be a resource for county behavioral health programs and staff. COMCARE assists members in each of the 67 counties in the implementation of Behavioral HealthChoices focusing on, dissemination of information, and training.

Inside this Issue:

What is INSIGHT?

Who is COMCARE?

Happy 20th Anniversary for Behavioral HealthChoices

Preparing for Value-Based Contracting

COMCARE Launches New Facebook Presence

Behavioral HealthChoices Expanded Access and Cost Savings

Behavioral HealthChoices Basic Services

Happy 20th Anniversary to the Pennsylvania Behavioral HealthChoices!

Behavioral HealthChoices began in 1997 with the goal of greater access to services, improved quality, and controlling costs. Within 10 years, all 67 counties in Pennsylvania were covered by the Behavioral HealthChoices services.

Success of the program was built upon county leadership, legally responsible for providing and managing mental health services under the MH Act of 1966. Behavioral HealthChoices unifies service development and financial resources at the county level closest to the people served.

Over 20 years, counties have succeeded in controlling the growth of Medicaid spending while increasing access and improving quality.

COMCARE will soon be publishing a Whitepaper outlining the success of Behavioral HealthChoices.

Credit: Pennsylvania Department of Public Welfare; Office of Mental Health and Substance Abuse Services; 2010; "Supporting the Journey – Transforming Pennsylvania's Behavioral Health System"

Preparing for Value-Based Contracting

Counties, managed care organizations (MCO) and their service providers are preparing for value-based purchasing (VBP). Published in the most recent Behavioral HealthChoices Program Standards and Requirements (PSR, January 2018), VBP is defined as “strategies that align with improved quality and efficiency of care by rewarding providers for their measured performance across the dimensions of quality.” It is the goal of the Pennsylvania Department of Human Service (DHS) to transition providers from volume to value payment models for the delivery of behavioral health services. Value based programs and payment models are critical for improving quality of care, efficiency of services, and reducing costs.

Technical development of data tracking and reporting is at the heart of the needed transformation to VBP. There is a need for the development of advanced data metrics to substantiate performance. Counties and their subcontracted behavioral health

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managed care organizations are challenged with meeting the provider network where they are at in their transformation to VBP standards and incentives. Many service providers, however, are challenged with limited or inadequate information systems for foundational operations like billing, client demographics, assessments, treatment plans, and progress notes (the foundational elements in an effective information system). Providers are now faced with developing and producing more useful data from their internal systems' data warehouses. Providers must begin the process to assess their own internal performance metrics in preparation for VBP measures. Internal examination of costs (*such as would be needed to calculate an internal true "case-rate" for levels of services*) that cut across all functional areas requires that leaders clearly understand the value of the effort required.

The transformation from volume to value based models requires strong leadership and a culture of readiness at every level of program operations – the state, county, managed care organization, and service provider. Within Behavioral HealthChoices, counties and their BHMCOs and service providers have taken the lead in a variety of ways to advance VBP models throughout the state:

- Pay-for-Performance initiatives exist in each county that reinforce population health
- Certified Community Behavioral Health Clinics and Centers of Excellence provide care coordination and navigation in physical and behavioral health integration
- Value-based payment models are being planned that include outcomes-based incentives tied to performance

COMCARE Launches New Facebook Presence for Behavioral HealthChoices!



The COMCARE team has launched a new Facebook page to provide updates and to share news about the continued success of Behavioral HealthChoices that, today, is delivering care and services to more than 2.4 million Pennsylvanians. Please [visit the page](#) and share with your friends and colleagues. As you'll see, we are posting new content several times a week from across the state.

We're including video testimonials from providers and interviews with some of the many, many Pennsylvanians we are all pleased to serve.

COMCARE continues to work with county partners and providers to arrange open houses, news conferences or other opportunities to gain positive traction across the state.

Please feel free to send the team any news, suggestions or questions that you might have about our on-going effort to drive up awareness and effectiveness of Behavioral HealthChoices.



Behavioral HealthChoices Record of Expanded Member Access and Cost Savings

Over the 20-year history of Behavioral HealthChoices, membership and services have increased (including both in-plan and innovative cost-effective supplemental services) focusing on local needs.

Access to quality services is the key to improved health!

Overall, member-months (*the measure of individuals enrolled in the HC-BH Program each month*) has grown by an average of 10% per year from 1997 to 2017.¹ Of the 12.6 million people that live in Pennsylvania, increasingly more people are receiving their behavioral healthcare under Medicaid. Since the 4th quarter of 2014 (Oct-Dec 2014), the average quarterly membership in Behavioral HealthChoices has increased 34% up from an average of 1.9 million members in 2014-Q4, to 2.6 million members in 2017-Q4 (*See Graph 1 and Table 1, on the next page*). Most significant, however, is that once Behavioral HealthChoices was implemented statewide in 2007, the cost of care (measured as a per-member, per month [PMPM] dollar value) has averaged \$125.45 PMPM from 2007 to 2017, with the most recent 4 years of 2014-2017 averaging significantly less at \$120.01 PMPM.



We sampled the utilization information from several locations throughout the state. David McAdoo, Chief Executive Officer from the Southwest Behavioral Health Management, Inc. (SBHM) used Westmoreland County (one of the state's larger counties) as an illustration. The penetration rate (the ratio of members who have had a medical claim, divided by the total number of members in a measurement year) for Westmoreland County for citizens covered by Behavioral HealthChoices was 19% for 2002, and rose to 28% in 2018. This represents a 1.03% increase per year in members receiving at least one mental health or substance use service. Another similar illustration was provided by Scott Suhring, Chief Executive Officer of the Capital Area Behavioral Health Collaborative (CABHC). For the five central Pennsylvania counties under CABHC (Cumberland, Dauphin, Lancaster, Lebanon, and

¹ Based on statistical member month information provided by the Pennsylvania Office of Mental Health and Substance Abuse Services (OMHSAS); February 2018.

Perry Counties), membership increased from 2002 to 2017 by 149% with an increase of members receiving services by 251% (a penetration rate in 2002 of 13% increased to 19% in 2017), with a reduction in the PMPM of 2%. While the information from SBHM and CABHC is only a sample of state-wide performance, it is evident that more people are eligible for Medicaid behavioral health managed care under the HC-BH Program, and of those members, more are receiving valuable services at a cost savings to the state.

Graph 1

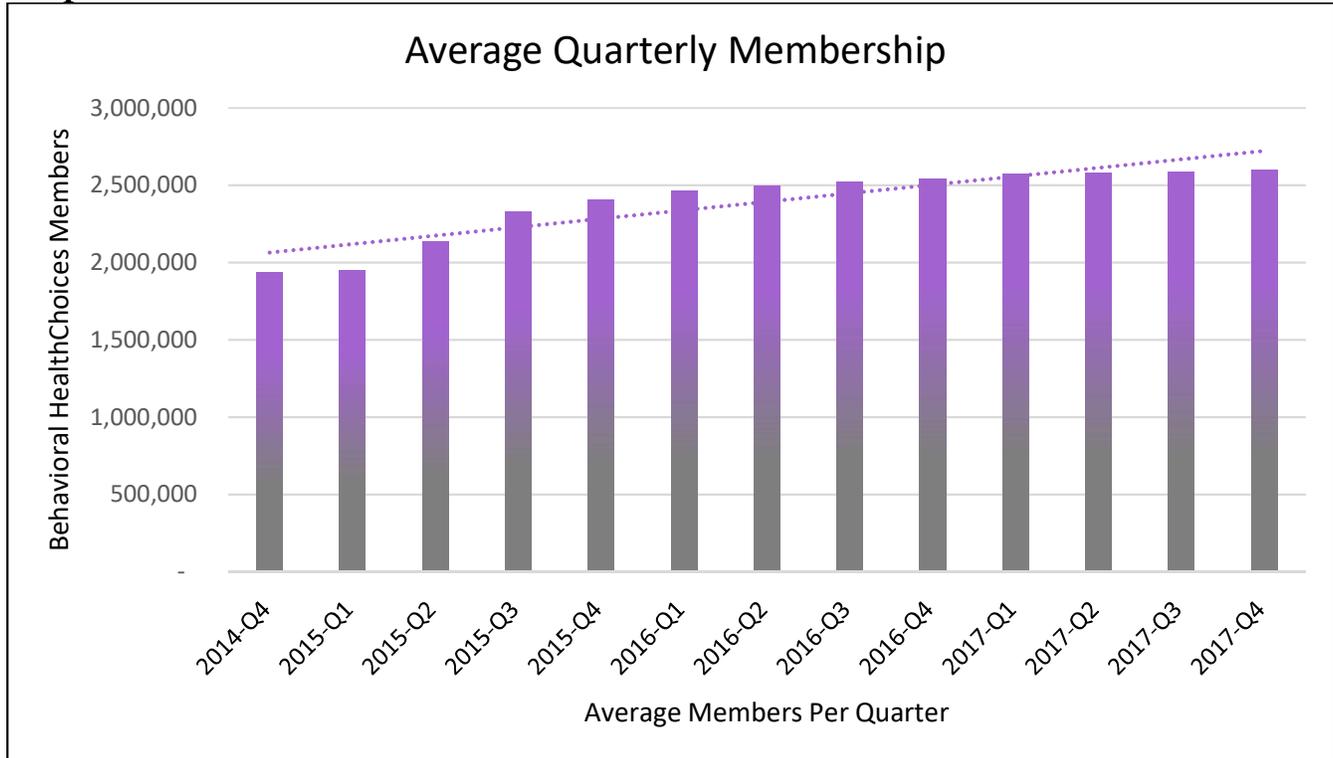


Table 1

Quarter	Average Membership
2014-Q4	1,937,502
2015-Q1	1,951,024
2015-Q2	2,134,630
2015-Q3	2,328,321
2015-Q4	2,406,450
2016-Q1	2,467,112
2016-Q2	2,496,823
2016-Q3	2,522,261
2016-Q4	2,541,948
2017-Q1	2,571,447
2017-Q2	2,577,550
2017-Q3	2,585,635
2017-Q4	2,600,585

More people are receiving valuable services at a cost savings to the state.



Basic Services Covered by All Health Plans Under Behavioral HealthChoices:

- **For Adults:**
 - Inpatient Psychiatric Services as well as Inpatient Drug and Alcohol Detoxification
 - Psychiatric Partial Hospitalization
 - Outpatient Services for Mental Health and Substance Use Disorders
 - Non-Hospital Detoxification, Rehabilitation and Halfway House
 - Laboratory and Diagnostic Studies
 - Crisis Intervention
 - Targeted Case Management
 - Certified Peer Specialists.
- **For Children:**
 - Inpatient Psychiatric Services
 - Family Based Mental Health
 - Residential Treatment
 - Mental Health and Substance Use Outpatient Treatment
 - Partial Hospitalization
 - Crisis Intervention
 - School-Based Services
 - Other Evidence Based Practices / Interventions
 - Behavioral Health Rehabilitation Services
- **Optional Services include (not all inclusive):**
 - Drug & Alcohol Case Management
 - Residential Treatment Facilities for Adults
 - Assertive Community Treatment
 - Community Treatment Teams
 - Intensive Outpatient for Substance Abuse (Intensive Outpatient)
 - Psychiatric Rehabilitation Services.

Final Thoughts...

Since its inception 50 years ago, Medicaid has evolved from a small welfare program into an integral part of the nation's health insurance system, now covering more than one in five low-income children and adults. As Medicaid coverage has expanded and stabilized, states are making strides to improve the cost and quality of the care provided to Medicaid enrollees. And, because Medicaid is the single largest payer in every state, governors are using Medicaid to drive multi-payer reforms, including adoption of value-based payment methodologies and advancement of population health models. In short, Medicaid is an efficient and effective payer and a leader in efforts to improve the quality and efficiency of the nation's health care system.

Today, Medicaid is the nation's largest insurer and the single largest payer in every state, covering more than 20 percent of the total U.S. population. Despite serving disproportionate numbers of complex patients, Medicaid provides care more efficiently than private insurers and the national health care marketplace overall. For example, Medicaid administrative costs are low, constituting only five percent of total Medicaid spending. That compares favorably with commercial insurance where administrative costs are estimated to be 17 percent of revenue. Additionally, from 2000 to 2010, Medicaid spending per enrollee grew only five percent on average compared to 39 percent growth in per capita national health expenditures for the same time-period. Further, Medicaid spending generally has grown more slowly per capita than private insurance and Medicare and is projected to continue doing so through 2023.

Excerpted from: Medicaid at a Crossroad: What's at Stake for the Nation's Largest Health Insurer; State Health Reform Assistance Network – a Robert Wood Johnson Foundation Program; Issue Brief: February 2017.

Thank you for perusing this introductory issue of **INSIGHT**. We look forward to providing you valuable information each month to keep you informed about COMCARE, and Pennsylvania Behavioral HealthChoices. We value your input as well. Please feel free to send us an email to share your comments or topics you feel may be valuable to those involved in Medicaid managed care services in future monthly issues.

Please forward your comments to Lucy Kitner or Michele Denk at COMCARE:

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