

Taking Integration to Scale with Health Plans

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Vision of the Future

- **Everyone** gets
 - The right care
 - At the right place
 - **At the right time**
 - From the right people

California Transitions

- CMS Letter on EPSDT = Screen + Outcomes
- Duals Demonstration/Care Coordination
- MediCal Managed Care Expansion
- SBIRT +
- Health Home Option?
- Exchange Plans with Risk Adjusted Rates

3-27 CMS Letter on EPSDT

- Screening Must Include Mental Health
- Amend state contracts with plans
- Need to solve gap if screen positive
 - Provide by primary care if within scope
 - Refer to county mental health if meets criteria
 - Gap if Need referral but don't meet state plan requirements for referral as addressing significant functional impairments

EPSDT Outcomes

- Workgroup established- first phase this fall
- Quality/Outcomes of Services
- Second phase will include list of screens required of all in Primary Care
- MOU between physical health plan and MH
- Track referrals coordination and service penetration
- Prevention and Wellness?
- Schools? Three tiered RTI



Population Stratification (Disability Status + Duals)

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Disabled - Quadrant 1 (Low PH - Low BH)	
Condition	Prevalence
CNS, super low	34.3%
Pregnancy, complete	34.1%
Genital, super low	31.2%
Skin, super low	31.0%
Gastro, not well defined	31.0%
Pulmonary, super low	30.2%
Renal, super low	26.5%
Substance abuse, not well	25.0%
Excluded E code	23.7%
Infectious, super low	21.8%
Genital, extra low	21.8%
Skeletal, low	21.3%
Gastro, low	20.8%
Metabolic, super low	20.3%
Pulmonary, low	19.8%
Skeletal, not well defined	19.5%
Eye, super low	19.2%
CNS, not well defined	18.3%
Psychiatric, low	17.7%
Metabolic, not well defined	17.5%
Cardiovascular, extra low	15.9%
CNS, low	15.9%
Hematological, super low	14.4%

Disabled - Quadrant 2 (Low PH - High BH)	
Condition	Prevalence
CNS, super low	46.2%
Skin, super low	42.9%
Psychiatric, medium low	38.0%
Pulmonary, super low	35.3%
Excluded E code	34.2%
Renal, super low	32.6%
Genital, super low	31.5%
Metabolic, super low	28.3%
Substance abuse, not well	27.7%
Genital, extra low	27.7%
Gastro, low	27.2%
Gastro, not well defined	26.1%
Infectious, super low	25.5%
Eye, super low	24.5%
Pulmonary, low	24.5%
Psychiatric, medium	24.5%
Skeletal, low	23.9%
Skeletal, super low	23.4%
Cardiovascular, extra low	21.7%
Ear, super low	18.5%
CNS, low	17.9%
Pregnancy, complete	16.8%
CNS, not well defined	16.8%

Disabled - Quadrant 3 (High PH - Low BH)	
Condition	Prevalence
Metabolic, super low	41.5%
Skeletal, low	35.8%
Skin, super low	34.8%
Pulmonary, low	32.8%
CNS, low	32.4%
Gastro, low	31.1%
CNS, super low	28.4%
Substance abuse, not well	25.1%
Cardiovascular, extra low	24.7%
Eye, very low	24.7%
Skeletal, medium	24.4%
Renal, low	24.1%
Genital, super low	22.7%
Skin, very low	22.4%
Renal, super low	21.4%
Diabetes, type 2 low	21.4%
Cardiovascular, low	20.7%
Pulmonary, medium	20.4%
Hematological, super low	20.1%
Gastro, not well defined	19.4%
Infectious, super low	18.4%
Psychiatric, low	18.4%
Psychiatric, medium low	18.1%

Disabled - Quadrant 4 (High PH - High BH)	
Condition	Prevalence
Psychiatric, high	47.5%
Metabolic, super low	44.3%
Skin, super low	39.3%
Pulmonary, low	39.3%
Renal, low	37.7%
CNS, low	36.1%
CNS, super low	34.4%
Psychiatric, medium	32.8%
Genital, super low	31.1%
Gastro, low	29.5%
Cancer, benign	29.5%
Eye, super low	26.2%
Cardiovascular, extra low	26.2%
Cardiovascular, low	26.2%
Substance abuse, not well	24.6%
Skeletal, low	23.0%
Skeletal, very low	21.3%
Gastro, not well defined	19.7%
Eye, very low	19.7%
Diabetes, type 2 low	19.7%
Skin, very low	19.7%
Pulmonary, super low	18.0%
Renal, super low	18.0%

Duals Eligibility Demonstration

- Federal approval obtained for 11-1-14 start
- LA (200,000 Cap), Orange, Alameda, Riverside, San Diego, San Mateo, Santa Clara, San Bernardino
- Required MOU with Counties for MH/AD
- **Required Provider Care Coordination to address how to integrate care- can require physical health at MH center funded by health plan**
- Required MH Screening in Primary Care
- Integration and Shared Accountability- incentive to reduce ER use by SMI/SUD

MediCal Managed Care

- Already required of most enrollees
- Seniors and People with disabilities in 2011
- Expanding to rural counties in 2014
- Medicaid Expansion Population
- Essential Benefits for all
- SBIRT and other prevention
- screening and co-location?

Health Home Option

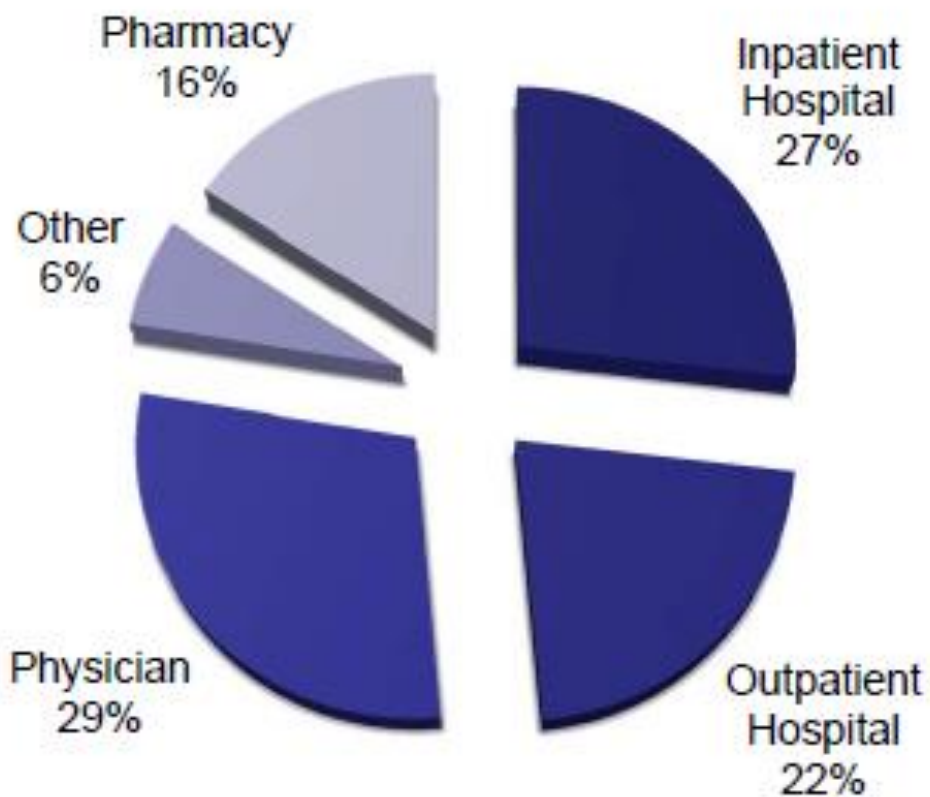
- Health Homes are part of Duals Plans
- 90% FFP for two years with Medicaid Option
- State concerned about cost effectiveness after two years ends and match is 50%
- Savings likely for SMI – others unknown
- Requires partnerships with plans
- Studying other states

Health Benefits Exchange

- Can't add mandates beyond federal law
- Required Plans to report on integration
- Risk adjusted Rates
- Could eliminate disincentive to enroll those with mental illnesses
- Could incentivize better mental health care
- Leads to integration incentives?
- Lead to Prevention incentives?



Distribution of non-MH Claims Paid





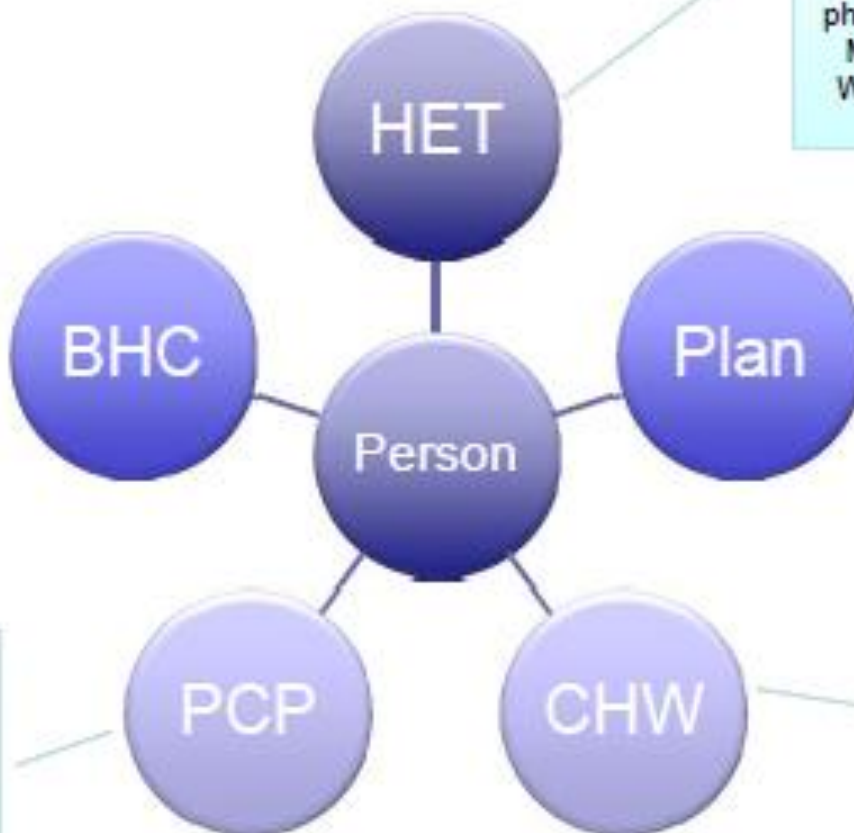
Health Engagement Team

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Behavioral Health Consultants are psychologists integrated in primary care clinics who specialize in brief interventional treatment.

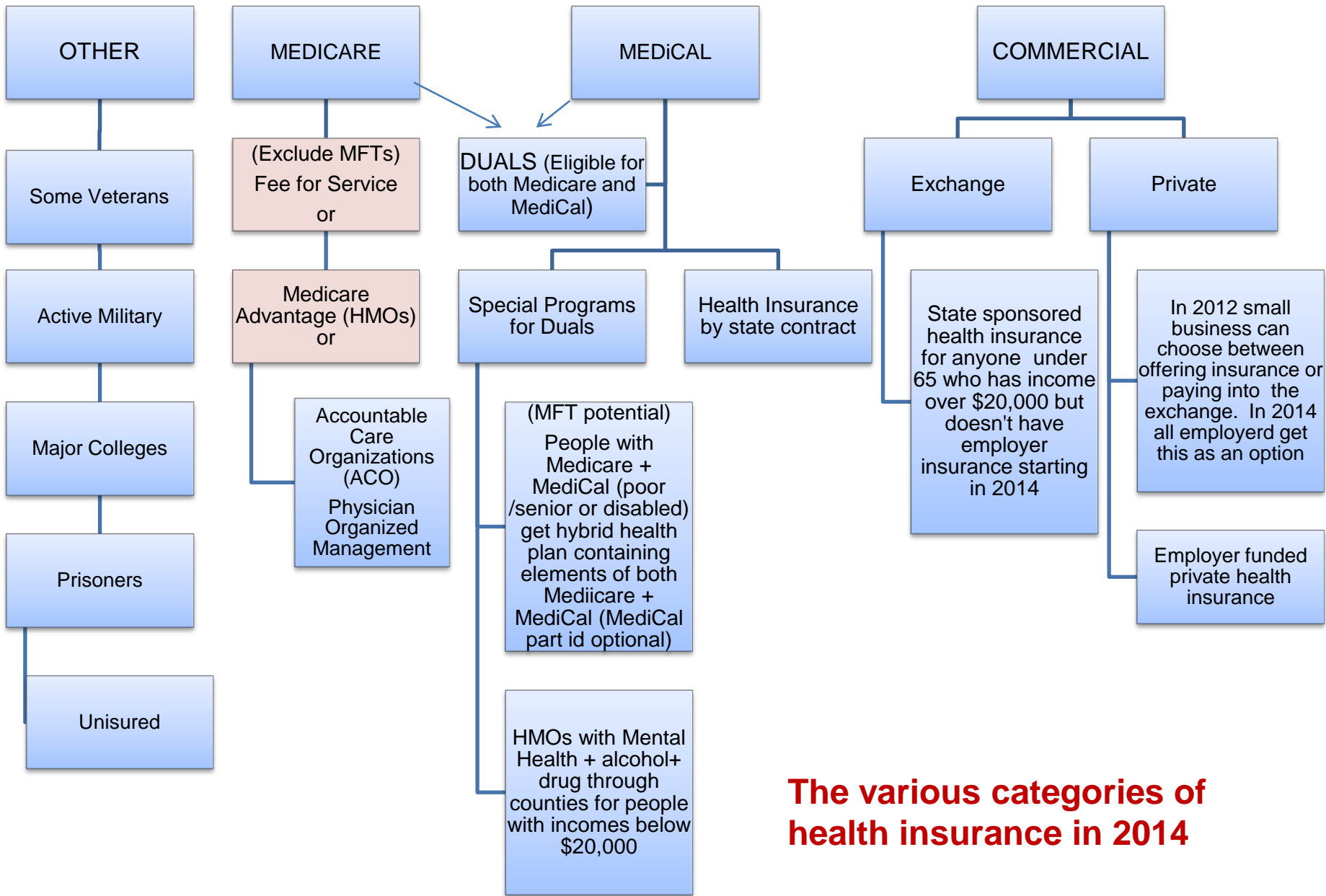


Health Engagement Team includes ED physician, RN Care Manager, Social Worker, BHC and CHW

Individualized community wide treatment plans are developed by the HET in consultation with the person, the provider and any specialty services

Contact is made with the primary care provider. If none exists, Pathway established to connect to a Person-Centered Primary Care Home.

Community Health Workers are usually the first contact with the person and meet with them to present the plan



The various categories of health insurance in 2014

These are Our Issues

- This is about whole health, wellness, prevention and early intervention
- MHAs can and should lead advocacy
- Opportunity to build new relationships and coalitions, and attract new funding
- Don't expect interest or help from other mental health organizations

Role of State and County* MHAs

- Business Case for Integration/Prevention Early Intervention
- CMS Guidance on EPSDT
- Bi Directional Opportunity for Duals
- SBIRT Required under ACA
- Exchange Risk Adjustment
- Prevention: Health Plans, Workplace, Schools

Putting it all together

We can't solve our problems with the same level of thinking with which they were created

They must be reformulated in a broader context

– Einstein

Old Jewish Proverb

- When faced with a difficult choice between two paths
- Always choose the third