Overview of Today’s Topics

- The Washington Context

- Foundational Strategies and Challenges for Integrating Behavioral/Physical Healthcare

- The Future Path: Full Integration by 2020
The Washington Context
Washington State Basics

- ~6.8 million people (ranked 20th); 39 counties
- Over 50% concentrated in 3 urban counties
- Oct 2013 unemployment rate ~7% compared with 7.3% national average (BLS)
- Projected $1.3 billion budget shortfall 2013-2015 (WA Economic & revenue Forecast Council)
- Population health ranked 14th (United Health Care Foundation)

See June 2014 Kaiser Family Foundation state fact sheets:
~1.4 million individuals receive their health benefits coverage from Medicaid/CHIP
(excludes duals, partial duals, family planning-only and alien emergency medical.)

2014 – 5 managed care organizations (MCOs)
- Amerigroup
- Community Health Plan of Washington
- Coordinated Care
- Molina Healthcare
- UnitedHealth
- Offers QHPs in 2014 Exchange
- Proposed 2015 QHPs

1 Currently planned to move to managed care in 2015
Source: HCA Quarterly Enrollment Reports, June 2014
Non-Lagged Medical Programs Enrollment
June 2013-August 2014

Growth has been among expansion adults

- Expansion Adults
- Basic Health Plan
- Other Federal Programs
- Partial Duals
- Family Planning
- Former Foster Care Adults
- Pregnant Women
- Elderly Persons
- Disabled Children
- Disabled Adults
- Caretaker Relatives (Family Medical)
- Apple Health for Kids
- Total
Foundational Strategies and Challenges for Integrating Behavioral/Physical Healthcare
Background on Medicaid Integration

Washington Medicaid includes two delivery systems:
- Managed care (physical and mental health)
- Fee-for-service (FFS) (long term supports and services, chemical dependency services)

Fragmented care results from:
- Separate funding streams
- Separate service delivery systems
- Lack of focus on overall coordination
## Separate Purchasing Responsibilities

### Mental Health Services for People who meet Access to Care Standards (ACS)
- DSHS administers benefits:
  - County-based Regional Support Network (RSN) contracts for mental health services
  - State hospitals provide intensive psychiatric inpatient treatment

### Medical Services & Mental Health Services for People who do NOT meet ACS
- HCA administers medical benefits (including prescription drug coverage) & mental health benefits for Medicaid enrollees who do not meet ACS
  - Contracts with Healthy Options plans for medical & non-ACS mental health managed care services
  - Direct contracts with providers for fee-for-service (FFS) enrollees

- HCA administers dental benefits via direct contracts with providers.

### Chemical Dependency Services
- DSHS administers chemical dependency benefits:
  - Contracts with counties and tribes for outpatient services, including opiate substitution treatment
  - Direct contracts with residential treatment agencies for residential services
HCA and DSHS: Cultural Competency Guide

HCA
- Historically, medical orientation
- Responsible for medical services and the medical providers’ payment
- Acute episode focused; continuity less important
- In emergency, go to the Emergency Department

DSHS
- Historically, social work orientation
- Responsible for the supports needed for the client to live in community
- Recovery model; person-centered care plan
- In emergency, activate a 24/7 response system
Current State Strategies for Integrating Care

Health Home Program (ACA section 2703)
- Care management for high risk clients

HealthPath WA - Fully Capitated Model for Dual Eligibles (2015)
- Single benefit that includes medical, long-term care, mental health and substance abuse services

Local experience - innovative provider demonstrations
- Bidirectional physical /behavioral health care service integration
Health Homes Successes and Challenges

Successes:
- Over 30,000 high risk clients have been selected to receive care management in both FFS and managed care
- Over 300 care coordinators trained in common assessment/care plan
- Almost 5000 completed Health Action Plans received

Challenges:
- Outreach and engagement with high risk clients is costly and time-consuming
- Multiple contractors have different requirements of community-based providers
- Providers lack awareness of program
HealthPath WA Successes & Challenges

Successes:
- Two managed care organizations working with HCA/DSHS/CMS on a new integrated program
- Readiness review underway
- Enrollment materials developed
- Stakeholders engaged including new role for counties
- Planned go-live 7/1/15

Challenges:
- Rates negotiation set timeline back
- Low utilization rates of institutional care allow small margin for cost-savings
- Providers new to managed care require education
### Behavioral Health in Primary Care Settings

- **Mental Health Integration Program (MHIP)**
  - Integrates mental health screening and treatment into community health centers statewide through a collaborative approach including a PCP, a care coordinator, and a consulting psychiatrist

- **COMPASS**
  - Leverages collaborative care management models to treat adults who have depression and diabetes and/or cardiovascular disease, in primary care settings

- **Community Health Centers**
  - Many provide collocated and coordinated physical health, mental health, and chemical dependency services

- **Kitsap Mental Health Services**
  - Provides psychiatric consultant services for Kitsap-area PCPs
  - Provides brief behavioral health intervention services at four primary care sites

### Primary Care in Behavioral Health Settings

- **SAMHSA Primary and Behavioral Health Care Integration (PBHCI) project sites**
  - Navos
  - Asian Counseling and Referral Services
  - Downtown Emergency Service Center

- **Kitsap Mental Health Services**
  - Collocates a primary care provider on-campus to provide services to individuals with significant physical and behavioral health needs
  - Using federal grant funds to train and employ multi-disciplinary Adult Outpatient Care Teams (including medical assistants linked to primary care) and expand HIT and data-sharing capabilities

- **MultiCare Good Samaritan Behavioral Health**
  - Provides primary care at Pierce County community mental health agencies through a mobile van staffed by a primary care team

- **Other Community Mental Health Agencies**
  - Several agencies partner with PCPs to offer services on-site, some through relationships with FQHCs and hospitals
Cross-System Performance Measurement

Senate Bill 5732 and House Bill 1519 directed DSHS and HCA contracts to include specific performance measures to:

- Improve client **health status**
- Increase client **participation in employment, education, and meaningful activities**
- Reduce client involvement with the **criminal justice system** and increase access to treatment for forensic patients
- Reduce **avoidable use of hospital emergency rooms**, and crisis services
- Increase **housing stability** within the community
- Improve **client satisfaction** with quality of life
- Decrease **population level disparities** in access to treatment and treatment outcomes
Common Performance Measures: Evolution of Common Measure Sets in WA

- **Medicaid Adult Quality Measures**: CMS grant supporting use of Medicaid core measure set for WA adults.

- **2SSB 5732/2SHB 1519 Requirements for Performance Measures**: Cross-System Steering Committee and work groups develop measures for state agencies contracting with RSNs, county chemical dependency coordinators, Area Agencies on Aging and managed health care plans.

- **ESHB 2572 in Support of the State Health Care Innovation Plan**: Statewide “health performance” measures by Jan. 1, 2015

- **Performance Measures Coordinating Committee (PMCC) and Workgroups Formed**: Led by HCA and Washington Health Alliance; 29 health care leaders plus state agency representatives. Four meetings through Dec. 17, 2014

- **Final PMCC Recommendations**: Due to HCA by January 1, 2015.
Medicaid’s Reform Transition is About Aligning Strategies

Evolution toward value-based payment that supports delivery system transformation

Phased Staging of Integrated Purchasing through Managed Care

SIM (CMMI) Round 2, other grants, State funds, philanthropic and local support

Revised federal authority - potential opportunities for waivers or SPAs

Integrated Health Delivery System

e.g., Flexibility to derive savings and re-invest in implementing delivery system transformation

E2SSB 6312: By January 1, 2020, the community behavioral health program must be fully integrated in a managed care health system that provides mental health services, chemical dependency services, and medical care services to Medicaid clients

Payment reform and investments to support increased accountability for health outcomes

State, Community (ACH) and delivery system infrastructure

Business enterprise development, capacity building, and ongoing support.
By January 1, 2020, the community behavioral health program must be fully integrated in a managed care health system that provides mental health services, chemical dependency services, and medical care services to Medicaid clients.
Legislative Directives (Senate Bills 6312 and 2572)

Purchasing Reforms

- **Regional purchasing** - DSHS & HCA jointly establish common regional service areas for behavioral health and medical care purchasing

- County authorities elect fully integrated purchasing ("Early Adopters") by April 2016, with opportunity for shared savings incentive payment (up to 10% of state savings in region)

- Other regions – separate managed care contracts for physical health (MCOs) and integrated behavioral health care (newly created Behavioral Health Organizations)

Clinical Integration

- Primary care services available in mental health and chemical dependency treatment settings and vice versa

- Access to recovery support services

- Opportunity for dually-licensed CD professionals to provide services outside CD-licensed facility
Early Adopter Regions: Fully Integrated Physical & Behavioral Health Purchasing Basic Managed Care Arrangements

State

- Physical Health, Mental Health and Chemical Dependency Providers
- Licensed Risk-Bearing Managed Care Organizations
- Carved-Out Services & Tribal Programs

Counties

Early Adopter agreement

Collaboration

Accountable Communities of Health e.g.,
- Business
- Community/Faith-Based Organizations
- Consumers
- Criminal Justice
- Education
- Health Care Providers
- Housing
- Jails
- Local Governments
- Long-Term Supports & Services
- Managed Care Organizations
- Philanthropic Organizations
- Public Health
- Transportation
- Tribes
- Etc...

Single shared regional network of essential behavioral health providers

Individual Client
Other Regions: Physical & Behavioral Health Purchasing
Separate Managed Care Arrangements

State

Counts

Behavioral Health Organizations
- Serious mental illness - access to care (ACS) standards
- Substance use disorders

Apple Health Managed Care Organizations
- Physical health
- Mental illness (non-ACS)

Carved-Out Services & Tribal Programs

Mental Health & Chemical Dependency Providers

Physical Health, & limited Mental Health (non-ACS) providers

Collaboration

Accountable Communities of Health e.g.,
- Business
- Community/Faith-Based Organizations
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- Criminal Justice
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- Housing
- Jails
- Local Governments
- Long-Term Supports & Services
- Managed Care Organizations
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- Public Health
- Transportation
- Tribes
- Etc...

Individual Client
Early Adopter Regions

- **JUN**: Prelim. models
- **JUL**: Model Vetting
- **OCT-DEC**: Regional data; purchasing input
- **JAN-MAR**: Full integ. RFI MCO/Stakeholder Feedback
- **MAR**: Full integ. RFP Draft managed care contracts/ Preliminary Rates
- **JUN**: MCO Responses Due
- **AUG**: Vendors selected
- **NOV**: Final managed care contracts
- **JAN**: Signed contracts

Common Elements

- **MAR**: SB 6312; HB 2572 enacted
- **JUL**: Prelim. County RSAs
- **SEP**: Final Task Force RSAs
- **NOV**: DSHS/HCA RSAs Joint purchasing policy development
- **MAY-AUG**: Submit 2016 federal authority requests Provider network review P1 correspondence
- **DEC- JAN**: Federal authority approval; Readiness review begins
- **MAR**: CMS approval complete

BHO/ AH Regions

- **OCT-DEC**: BHO Stakeholder work on rates; benefit planning for behavioral health
- **DEC-FEB**: Review and alignment of WACs for behavioral health
- **MAR-MAY**: Development of draft contracts and detailed plan
- **JUL**: BHO detailed plan requirements Draft BHO managed care contracts 2016 AH MCOs confirmed AH RFN (network)
- **OCT**: BHO detailed plan response
- **NOV**: AH contract signed
- **JAN**: BHO detailed plans reviewed
- **APR**: Final BHO and rev. AH contracts

RSA – Regional service areas
MCO – Managed Care Organization
BHO – Behavioral Health Organization
AH – Apple Health (medical managed care)
SPA – Medicaid State Plan amendment
CMS – Centers for Medicare and Medicaid Services

**Early Adopter Regions**: Fully integrated purchasing

**BHO/AH Regions**: Separate managed care arrangements for physical and behavioral health care

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