

Value Based Payments / Value Based Care for Behavioral Health Organizations: *An MCO Perspective*

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Why VBP (VBC)?

HCA Directive that both PH and BH move to value based payments with providers with timelines for % of contracted providers that need a VBP methodology.

Goal is to drive system change related to care/service delivery with a focus on quality improvement and outcomes.

Improve processes

Data – to measure change/improvement (continuous improvement)

Telling Your Story Through Data

2019 –
Increased
focus on
BH and
VBP/VBC

Providers working toward quality improvement

What data are you collecting or can you collect?

Examples...

- ✓ Initial Access to Care
- ✓ Return Access to Care
- ✓ Engagement in Treatment
- ✓ Treatment Retention
- ✓ Volume of Services

State Measures have been selected
(not all are HEDIS measures)

Measures of Focus for BH

HEDIS

- *AMM*
- *Mental Health Penetration*
- *SUD Initiation and Engagement*

STATE

- *Alcohol and Drug Penetration*
- *Mental Health Penetration*
- *Substance Use disorder Initiation*
- *Substance Use disorder Engagement*

Molina VBC's Under Construction...



Transitioning to VBC – Assumptions for BH in 2019



Moving to VBC's...

Working the last two years to determine

- How attribute members for BH? (Familiar with this for PH)
- Focus on *simple* incentive models to achieve targets for identified measures
- Down the line “*whole person care*” including BH, PH and Molina with more specific and targeted outcomes
- Will evolve like VBC's with PH
- Our goal is to meet the HCA requirements and to incentivize the right outcomes

Start where the provider is at...

Process Expectations

- Routine screening for BH and PH conditions
- Use of standardized screening instruments
- Tracking of health conditions
- MOU's/BAA's with key PH and other BH provider(s) if needed services not onsite

Outcomes – Data

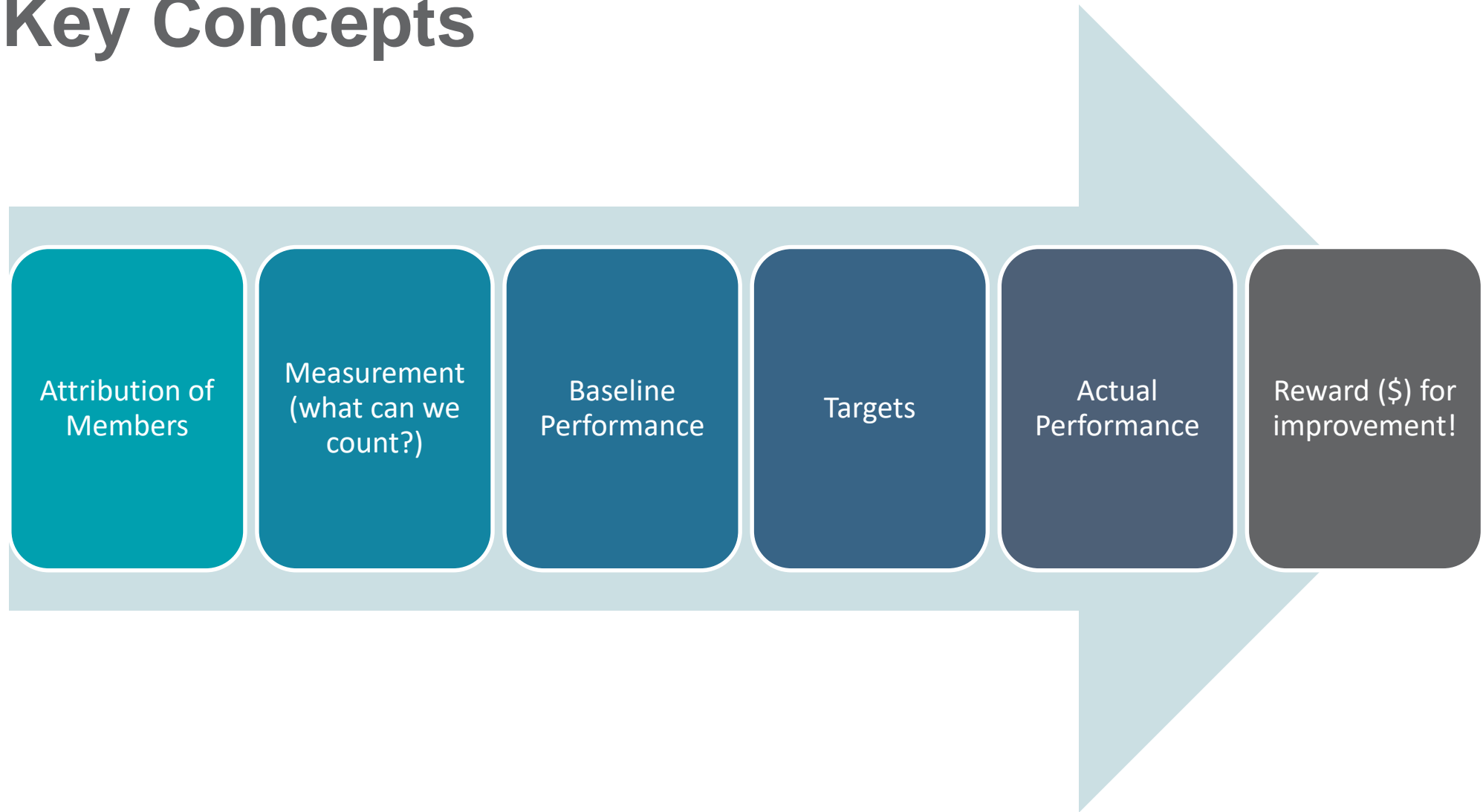
- Realistic attainable goals with *some stretch*

Model of Care Spectrum

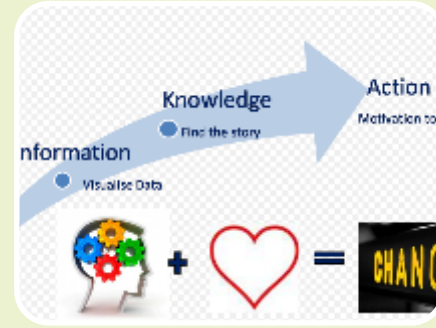
Phase

Model of Care Spectrum	<div style="display: flex; justify-content: space-between;"> Shorter Term Longer Term </div>				
	<div style="display: flex; justify-content: space-around; text-align: center;"> <div data-bbox="273 284 502 341">Increased Screening for all Service Types</div> <div data-bbox="600 267 895 357">Increased Follow up for all service types in all care settings</div> <div data-bbox="1015 284 1310 341">Increase in timely care for referrals</div> <div data-bbox="1375 284 1670 341">Increased in Collaboration of different Disciplines</div> <div data-bbox="1736 267 2074 357">Co- Location and high level of collaboration of providers of different disciplines</div> </div> <div style="text-align: center; margin-top: 10px;"> </div>				
Mental Health	<div style="display: flex; justify-content: space-between;"> <div data-bbox="196 479 535 698"> <p>Complete routine physical health screening or validate its been done within annual timeframe</p> <p>Near Term: Ideal – complete screening including BP and A1C</p> </div> <div data-bbox="589 544 950 625"> <p>Referral and/or connection to Primary Care provider based on screening</p> </div> </div>				
SUD	<div style="display: flex; justify-content: space-between;"> <div data-bbox="185 885 349 909">Same as above</div> <div data-bbox="535 885 698 909">Same as above</div> <div data-bbox="928 771 1397 990"> <p>Upon referral receipt- initial visit within 10 days (Assessment) Follow up treatment within 7 days</p> <p>Follow ups scheduled minimum of weekly Release of info (42CFR) to coordinate with referring entity. (Take money away if they cannot meet.)</p> </div> </div>				
Physical Health	<div style="display: flex; justify-content: space-between;"> <div data-bbox="196 1112 469 1299"> <p>Screening for depression (PHQ3 recommended + NIAA+Opiod+Drug)</p> <p>Screen for Alcohol (NIAAA) + Drug Screen</p> </div> <div data-bbox="524 1079 797 1331"> <p>Referrals (as appropriate) to internal behaviorist or external (if not available internally) and consent for referral to treatment</p> <p>Referral to SUD Provider based on screening</p> </div> <div data-bbox="895 1063 1321 1331"> <p>Secondary option-provider who identified risk conducts follow up visit with in 2 weeks.</p> <p>Evaluate need for meds and patient interest to adhere</p> <p>Medications prescribed- need to adhere to AMM including follow up on meds and adjustments to meds</p> </div> </div>				

Key Concepts



Next Steps at Molina



Review Data

(Target Completion 4/31)

- Review SWWA BH visit data to help isolate the BH VBC payment model

Develop VBC Elements

(Target Completion 5/15)

- Identify the specific activities we want to contract with providers

Develop reporting capability

(Target Completion 5/31)

- Determine how we will monitor activities and performance

