OMHSAS and OMAP Joint Presentation: Integrated Care Plan Pay for Performance (P4P) PH and BH Combined Medicaid Managed Care Program Performance Three Year Trends, Reporting Years 2016 -2018

Value Based Purchasing: Supporting Whole Person Care Conference August 14-15, 2019
Integrated Care Program (ICP)

Implemented in Calendar Year 2016

• OMHSAS Agreement location: Appendix E, HealthChoices Program Standards and Requirements

• OMAP Agreement location: Exhibit B(2), PH-MCO and BH-MCO Integrated Care Plan (ICP) Program Pay-for-Performance Program

• The purpose of the program is to integrate BH/PH care management activities for members diagnosed with serious mental illness (SMI) to decrease the risk of adverse health outcomes for individuals served by HealthChoices
The initial review to the P4P incentive if awarded:

1. Hospitalization Notification and Coordination - Each PH-MCO and BH-MCO will jointly share responsibility for notification of all inpatient hospital admissions and will coordinate discharge and follow-up. Notification to the partner MCO of hospital admissions shall occur within one (1) business day of when the responsible MCO partner learns of the admission. Each BH-MCO will attest on the ICP Spreadsheet report that 90% of the admission notifications occurred within one (1) business day of the BH-MCO learning of the admission.
2. **Member stratification/re-stratification** - Initial stratification shall be conducted on all members in the targeted SPMI population. New members shall have an initial stratification level established within sixty (60) days of the date of enrollment and identification that a member has SPMI. Re-stratification shall be conducted on all SMI members in the targeted SMI population every 6 months.

3. **Integrated Care Plan (ICP)/Member Profile** – The BHMCO and PH-MCO ICP sample expectation must receive an ICP that has been used in care management activity by both the PH and BH MCO. This expectation in numbers of ICPs are at the HC BH Contractor level.
Integrated Care Plan Pay for Performance: Medicaid Managed Care
Weighted Averages for Physical Health and Behavioral Health Combined:

IET-Initiation - measures the percentage of adolescent and adult members (13 years old and older) who had a new episode of alcohol or other drug dependence (AOD) who initiated treatment through an inpatient admission, outpatient visit, intensive outpatient encounter, or partial hospitalization within 14 days of the diagnosis.
Integrated Care Plan Pay for Performance: Medicaid Managed Care
Weighted Averages for Physical Health and Behavioral Health Combined

IET-Engagement - measures the percentage of adolescent and adult members (13 years old and older) who initiated treatment and who had two or more additional services within 30 days of the initiation visit.

Engagement of Alcohol and Other Drug Dependence Treatment
(IET - Engagement)

2016 Reporting Year: 19.09%
2017 Reporting Year: 17.18%
2018 Reporting Year: 33.69%
Integrated Care Plan Pay for Performance: Medicaid Managed Care
Weighted Averages for Physical Health and Behavioral Health Combined

SAA - measures the percentage of members 19-64 years of age with schizophrenia who, during the measurement year, were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period. Members with less than two dispensing events are excluded from the denominator.

Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)

- 2016 Reporting Year: 70.11%
- 2017 Reporting Year: 66.73%
- 2018 Reporting Year: 69.88%
Integrated Care Plan Pay for Performance: Medicaid Managed Care
Weighted Averages for Physical Health and Behavioral Health Combined

IP SMI - summarizes the utilization of acute inpatient care during the measurement year for adult members (18 years old or older) with a history of SMI. The denominator includes one day admissions. This measure is not inverted, but a lower rate indicates improvement.

Combined BH-PH Inpatient Admission Utilization for Individuals with Serious Mental Illness (IP SMI)

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016 Reporting Year</td>
<td>18.04</td>
</tr>
<tr>
<td>2017 Reporting Year</td>
<td>17.12</td>
</tr>
<tr>
<td>2018 Reporting Year</td>
<td>13.79</td>
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</tbody>
</table>
Integrated Care Plan Pay for Performance: Medicaid Managed Care
Weighted Averages for Physical Health and Behavioral Health Combined

ER SMI - measures utilization of Emergency Room visits during the measurement year for adult members (18 years old or older) with a history of Serious Mental Illness.
This measure is not inverted, but a lower rate indicates improvement.

Emergency Room Utilization for Individuals with Serious Mental Illness (ER SMI)

- 2016 Reporting Year: 147.12
- 2017 Reporting Year: 155.1
- 2018 Reporting Year: 158.53
OMHSAS Pay for Performance Results

2017 P4P Results

- $7,824,112.10 (78%)
- $2,175,887.90 (22%)

2018 P4P Results

- $5,179,970.00 (52%)
- $4,820,030 (48%)

Paid 2017

Unspent
OMAP Pay for Performance Results

2017 P4P Results

- Paid 2017: $7,824,112.10 (97%)
- Unspent: $265,760.15 (3%)

2018 P4P Results

- Expected Payout: $5,774,478 (53%)
- Unspent: $5,179,970.00 (47%)

9/12/2019
Questions??
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