Connecticut BHP
Supporting Health and Recovery

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Quality, Access, and Policy (QAP)

Adult Behavioral Health & Telehealth Services

May 10, 2022

Beacon Health Options

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Agenda

1	Defining PMPM (Per Member Per Month)
2	Reviewing the impact of the Public Health Emergency on CT Medicaid
3	Exploring Behavioral Health service utilization for Adults
4	Telehealth as a solution to treatment access in the pandemic
5	Telehealth impact across demographics

PMPM & COVID-19

- Per Member Per Month (PMPM) uses Member Months (MM) and paid claims (Total Spend) to calculate average monthly spend
- Public Health Emergency (PHE) declared on March 13, 2020 because of COVID-19 pandemic
- DSS issued Provider Bulletin (PB) 2020-09 implementing full coverage of telehealth services under CT Medicaid
- Beacon categorizes telehealth claims in alignment with PB 2020-09, services rendered via a HIPAA-compliant, real time audio/video communication system

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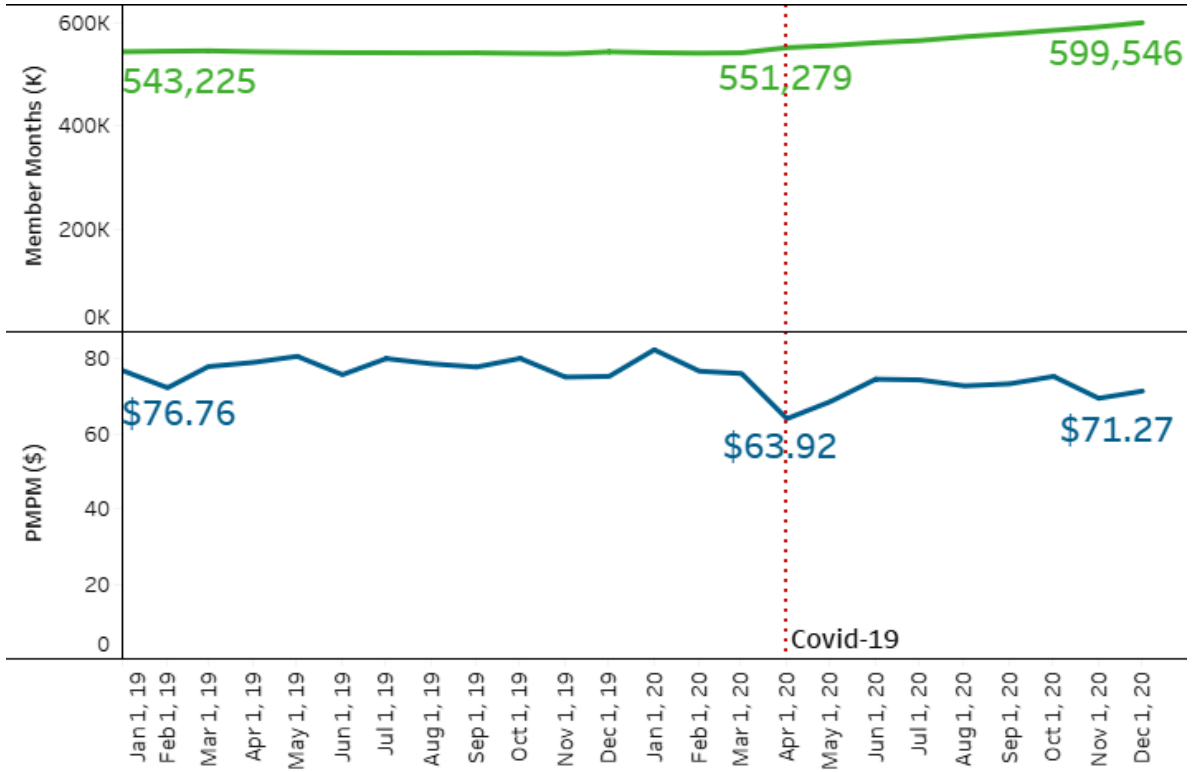
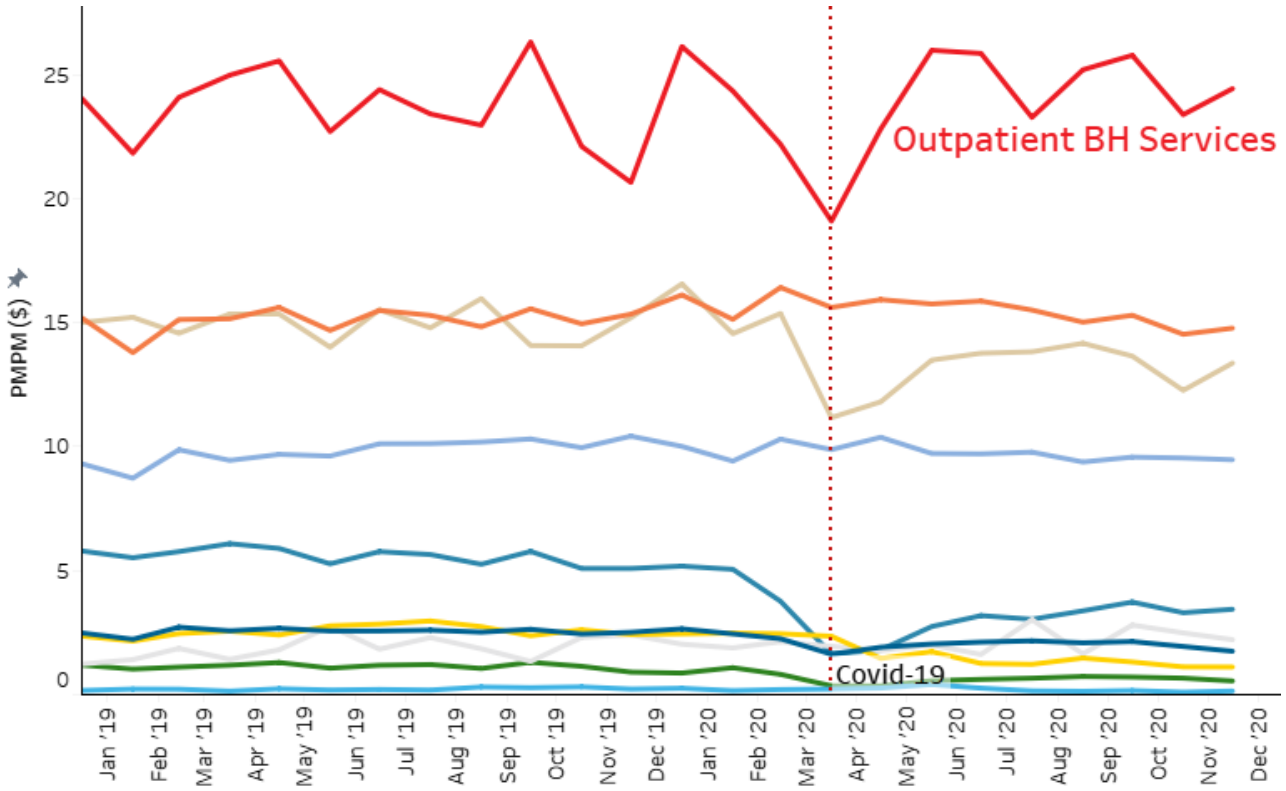
PMPM & COVID-19

- MM remained relatively unchanged from January 1, 2019 to March 1, 2020 (15 months)
- Following PHE issued in mid-March 2020, **MM increased 8.8%** into the end of 2020 (8 months)
- For Behavioral Health (BH) services*, PMPM **dropped 15.8%** from March to April 2020 but returned to comparable pre-COVID values **within 2 months (16.5% increase)**



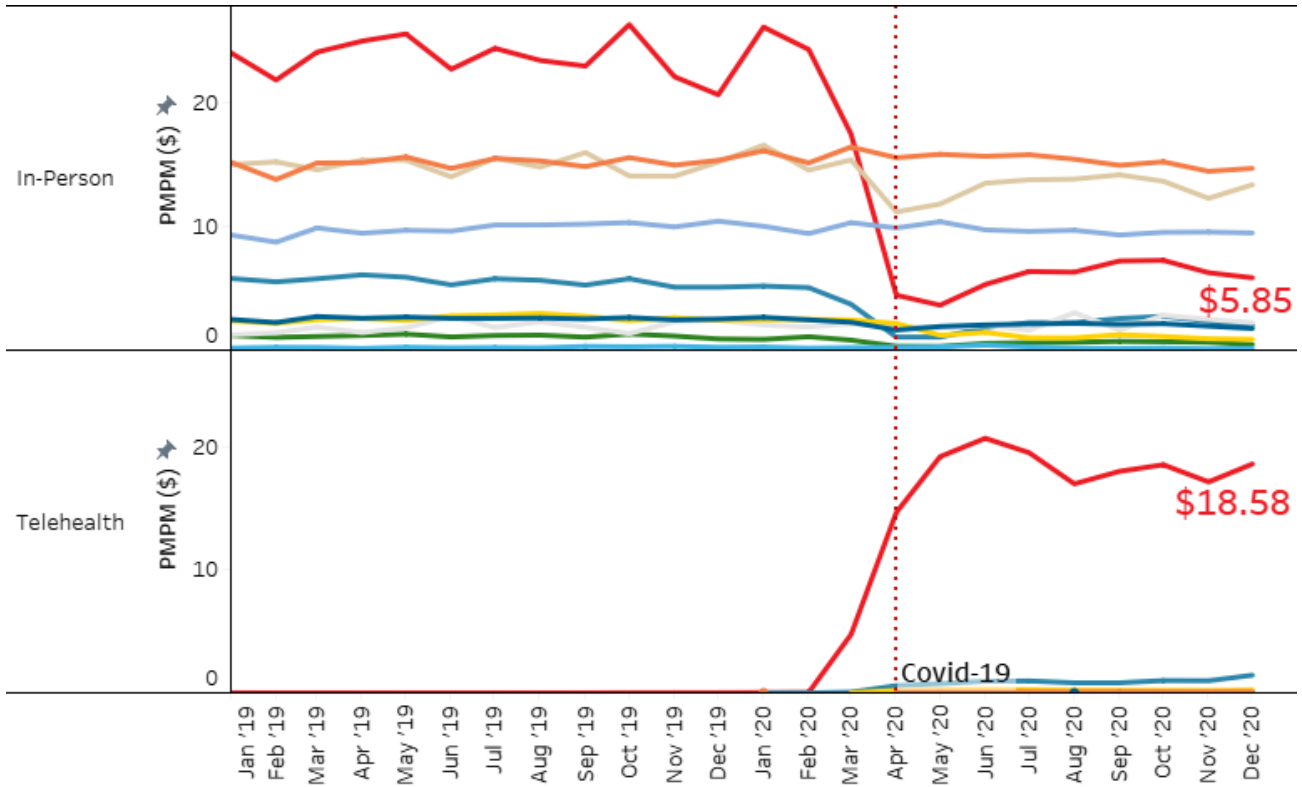
* Detoxification Inpatient Freestanding, Detoxification Inpatient Medical, Home Health, Inpatient Medical BH Services, Inpatient Psychiatric Acute, Inpatient Psychiatric State, IOP, Methadone Maintenance, Outpatient BH Services, PHP EDT

PMPM & COVID-19



- Drilling into levels of care, **Outpatient BH Services** shows the greatest change from PHE and COVID-19 (*with some appreciable impact to Inpatient Psychiatric Acute and IOP*)
- Among 10 BH levels of care, Outpatient still accounts for almost 1/3 of all PMPM in CY2020
- Increased utilization of **telehealth services** occurred as a result of isolation precautions, impacting recovery of Outpatient service delivery

PMPM & COVID-19

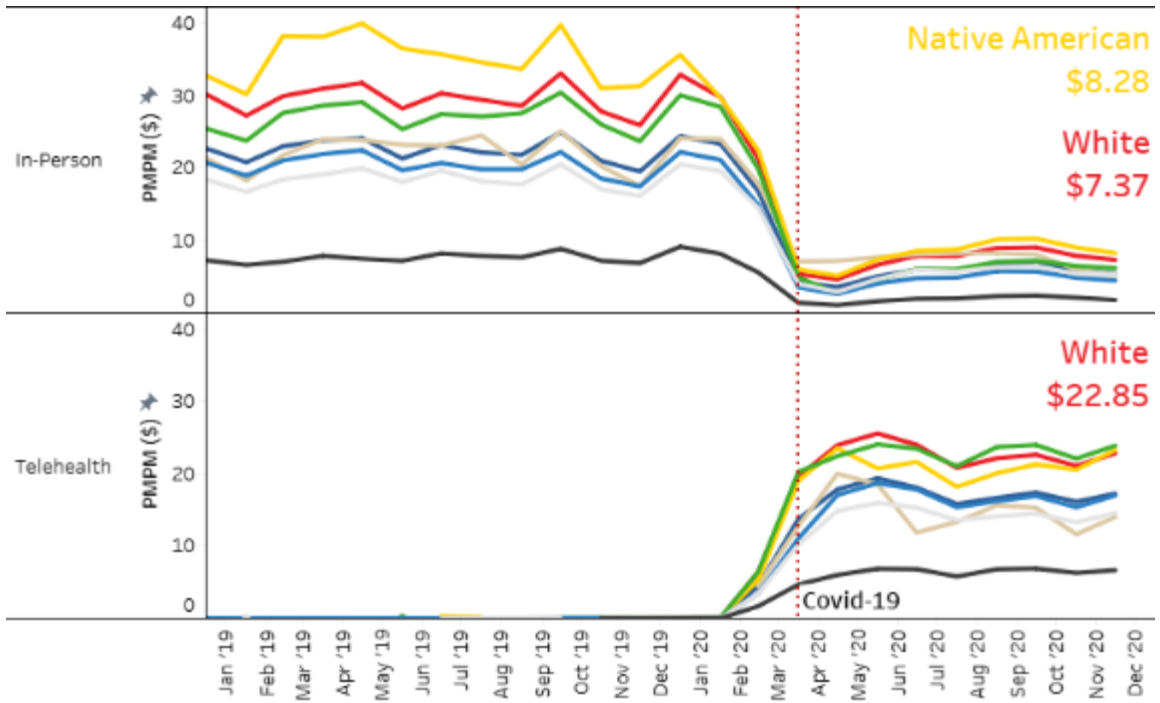


- Splitting utilization by use of **telehealth** services further highlights the impact to Outpatient BH Services
- June 2020 (approx. 2 months after the PHE was declared), telehealth services accounted for **79.6% of Outpatient care** ($20.67 out of $25.98)

Outpatient PMPM, COVID-19, and Race

- In CY 2020, Native American* is among the least represented in CT Medicaid population (16,502 MM out of 6.7m MM, 0.2%) with $489k out of $163.2m (0.3%) total spend for Outpatient BH Services

- Small MM denominator highlights Native American population as most likely *on average* to continue Outpatient services in person since PHE declared, but highest MM and spend in CY2020 is associated with **White population (2.4m MM and $73.2m, 37.8% and 46.2%, respectively),** illustrating disproportionality in service access

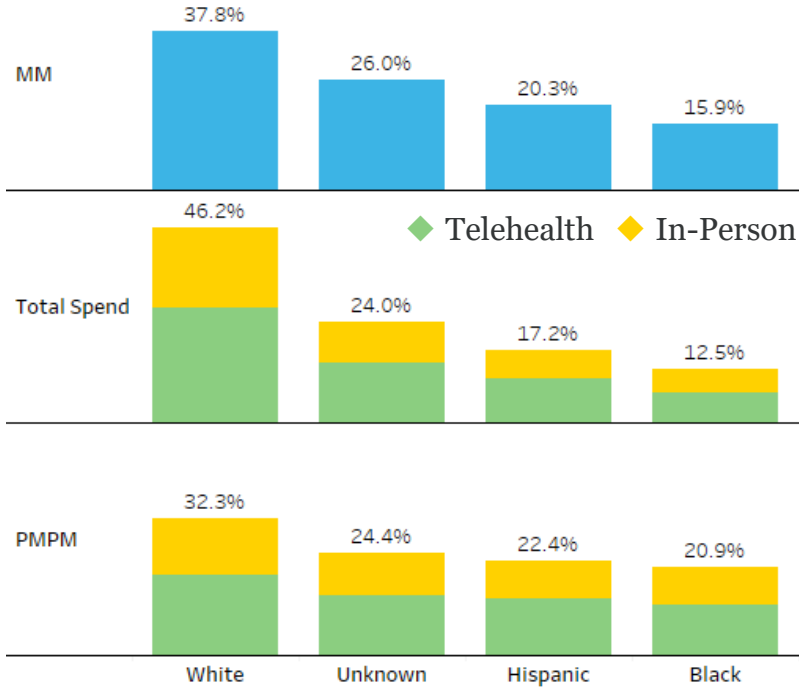


* Demographic identification is obtained from DSS Medicaid enrollment applications

Outpatient PMPM, COVID-19, and Race

- In CY2020, approx. **95%** of the CT Medicaid population is comprised of White, Unknown, Hispanic, and Black race/ethnicity
- At 27.2% of total spend, utilization of telehealth by White members for Outpatient services is **greater than the *total* proportion** spent for any other group
- Combining the Unknown, Hispanic, and Black populations accounted for 53.7% of Medicaid spend on Outpatient BH Services
- All groups utilized telehealth services for **more than ½** of their Outpatient services; the smallest rate was associated with the Black population (53.9%)

Proportion of Medicaid Spend in CY2020 Across Race Groups



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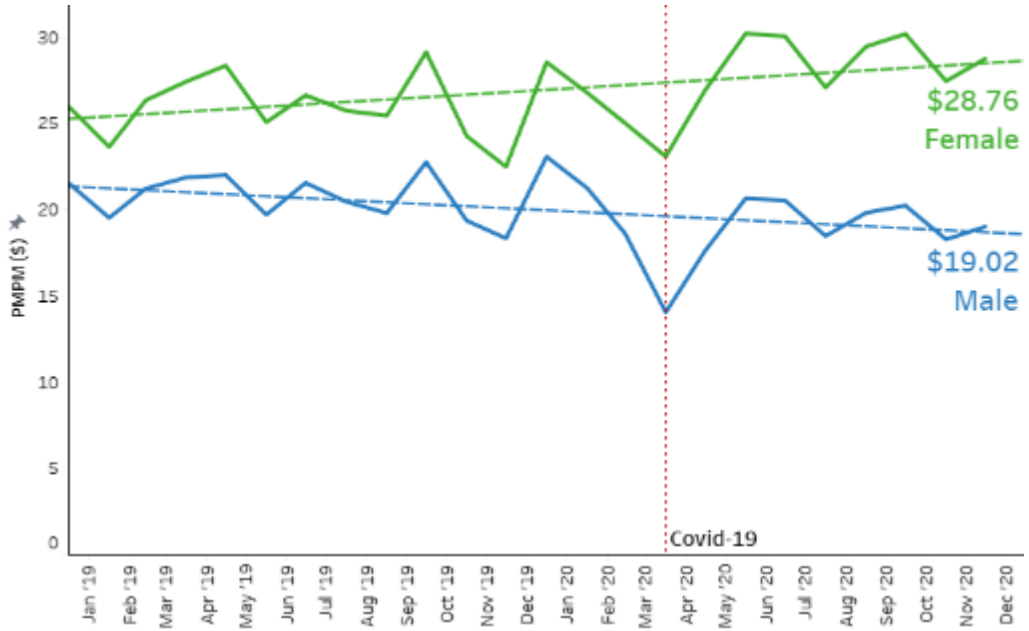
Outpatient PMPM, COVID-19, and Gender



Outpatient BH Services
Total Spend by Gender

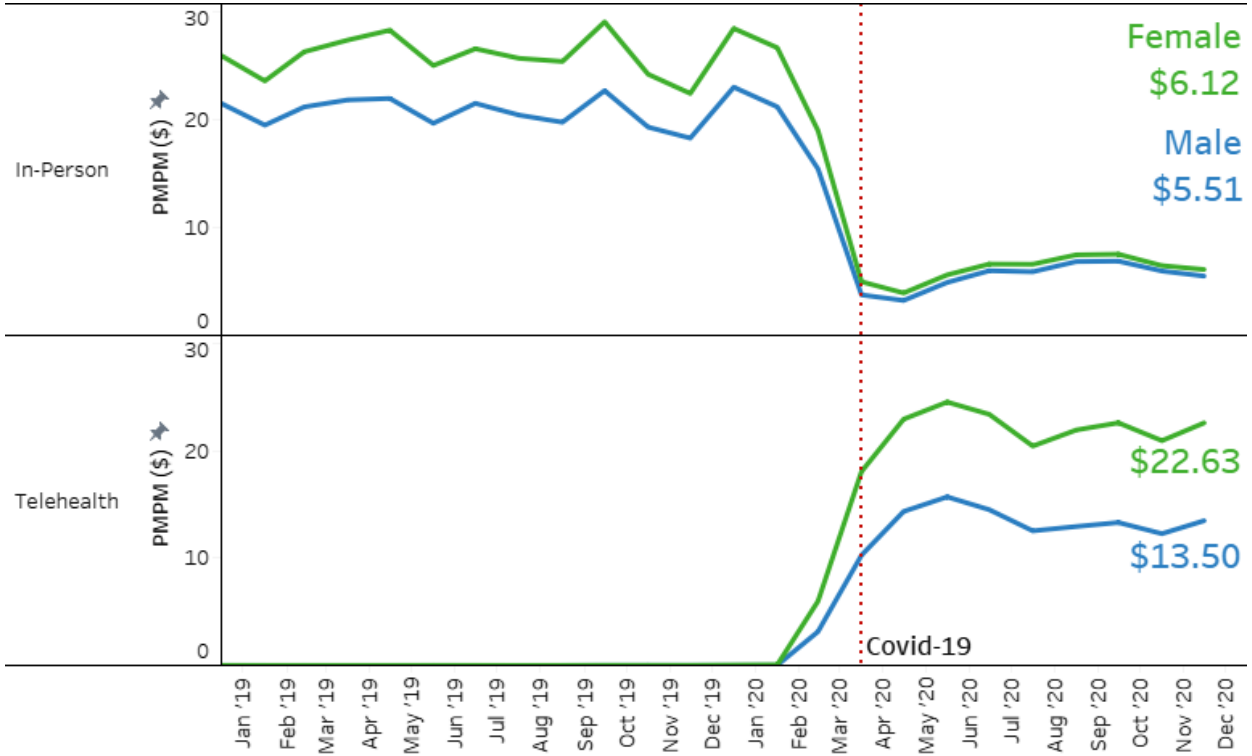
	January 2020	*December 2020*	*Percent Change*
Female	$8.6m (61% of total)	$9.6m (65.4%)	+11%
Male	$5.5m (39% of total)	$5m (34.6%)	-8.4%

- Outpatient BH Services PMPM across gender* continues to diverge throughout CY2020, leading to an overall decrease in PMPM for males and increasing disproportionality by population, but males continue to have higher PMPM rates for all other BH services combined

* Demographic identification is obtained from DSS Medicaid enrollment applications

Outpatient PMPM, COVID-19, and Gender

- For MM across gender* in CY2020, CT Medicaid population is more evenly distributed (55.7% female, 44.2% male)
- Males access Outpatient BH Services less than females, and after PHE declaration, both decreased PMPM (from February 2020 to April 2020: 13.8% for females, and 33.9% for males
- Females returned to Outpatient BH Services through telehealth at a greater rate than males, increasing the overall gender gap in Outpatient utilization and PMPM



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Key Takeaways

- Utilizing PMPM measures (with consideration to its MM and Total Spend components), telehealth has supported service access in a Public Health Emergency (PHE)
- The PHE highlights continued service access issues and disproportionality in the CT Medicaid Population
- For the future, telehealth is a valuable tool in promoting improved access to care, but it is likely that certain populations will continue to experience barriers to effectively utilize telehealth, such as access to necessary technology, lack of a private space for telehealth sessions, and mistrust of the healthcare system.

Thank You

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