

Behavioral Health Homes

WHOLE PERSON CARE FOR MEDICAID MEMBERS WITH COMPLEX NEEDS

BHPOC DECEMBER 2022

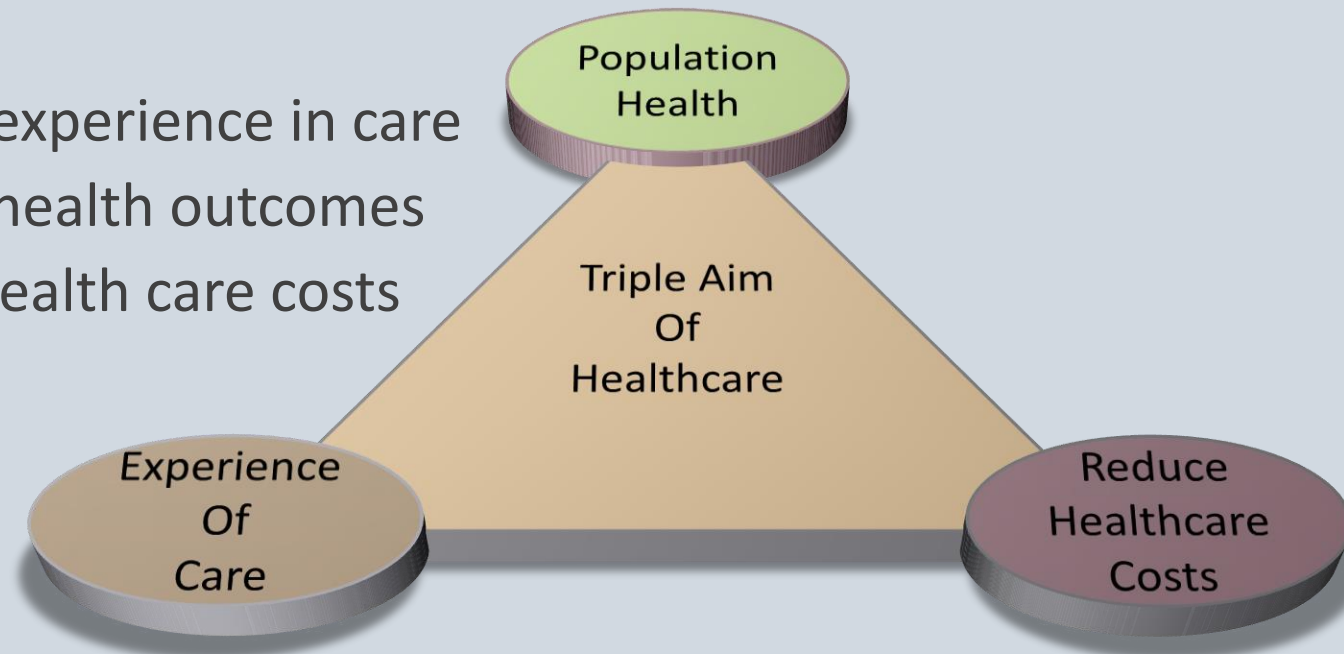
What is a Health Home?

The Affordable Care Act (ACA) of 2010, Section 2703 (1945 of the Social Security Act), created an optional Medicaid State Plan benefit for states to establish Health Homes to coordinate care for Medicaid members who have chronic conditions.

The Health Home model aligns with the Triple Aim of healthcare, which became part of a national strategy to address healthcare issues.

The Triple Aim seeks to:

- Improve experience in care
- Improve health outcomes
- Reduce health care costs



Why Create a Behavioral Health Home ?

Individuals with serious mental illness (SMI) are:

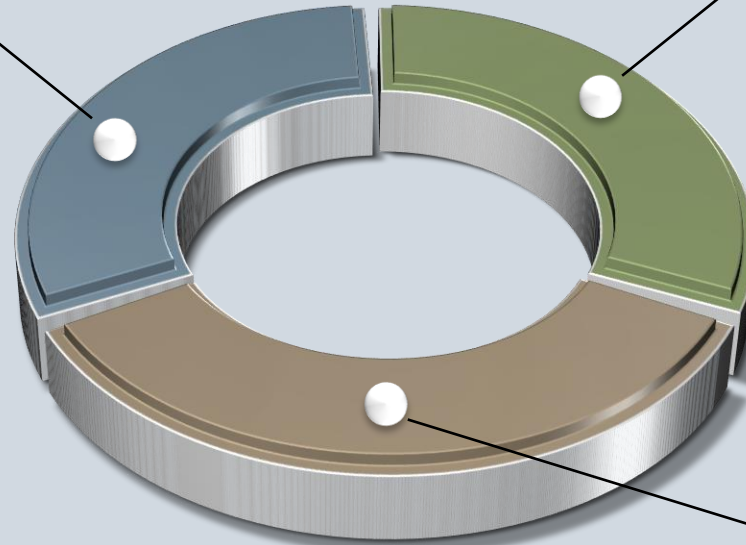
- At a rate of 50%-80%, experiencing at least one co-occurring medical condition [2-4, as cited in 1].
- Experiencing premature mortality [5-7, as cited in 1] with life expectancies 15-25 years shorter than the general population despite 60% of the medical comorbidities observed among persons with SMIs being non-fatal and preventable [8, as cited in 1]
- Largely underserved by primary care
- Experiencing barriers in accessing medical/specialty care
- Using behavioral health as their primary source of care

Connecticut's Behavioral Health Home (BHH) Network

Designated Providers

BHcare
Bridges
CHR
CMHA
CMHC
CRMHC
Intercommunity

Rushford
RVS
SMHA
Sound
SWCMHS
United Services
WCMHN



State Partner Organizations

- Department of Mental Health and Addiction Services
- Department of Social Services
- Department of Children and Families

Administrative Service Organizations (ASO)

- Beacon Health Options
- Advanced Behavioral Health

Connecticut's BHH

Builds on and works with the established relationship the Medicaid member has with their behavioral health provider. **Health assessments** collect information on health and wellness.

Incorporates physical health and wellness into a Medicaid member's treatment at behavioral health provider. **Primary care consultant** assists with this.

The **entire agency** is a Behavioral Health Home (BHH) provider, it is not a separate program. BHH members are enrolled in many different DMHAS programs and all receive BHH services.

An **integrated team** works together to coordinate all of the care a BHH member receives.

BHH Eligibility

- Schizophrenia and Psychotic Disorders;
- Mood Disorders;
- Anxiety Disorders;
- Obsessive Compulsive Disorder;
- Post-Traumatic Stress Disorder; Borderline Personality Disorder.

SPMI Diagnosis:

- Participants must have active coverage through Medicaid

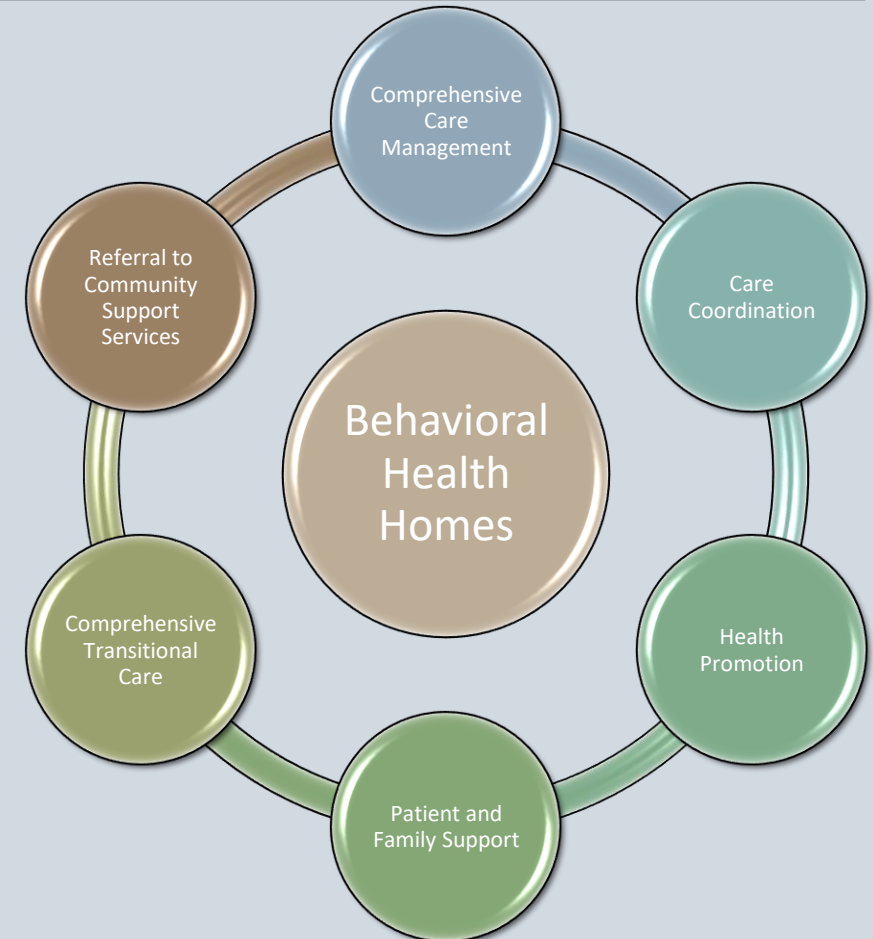
Active Medicaid

- Participants must have Medicaid claims in excess of 10 thousand dollars in a 12 month period

Medicaid claims
> \$10k/year

BHH Services

To achieve the established goals of the CT Behavioral Health Home program, providers will enhance existing services to ensure persons served have access to both behavioral and physical health services. There are six (6) core behavioral health home services.



Population Health

Use data to design targeted health and wellness interventions

- Which members are due for a wellness exam, such as a mammogram? **CHN gaps in care**
- Which members are on a medication that can raise A1C levels? **Diabetes report**
- What are the most common medical conditions of members? ***Population Health Profile***

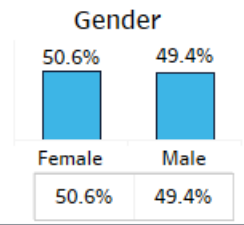
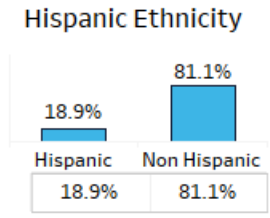
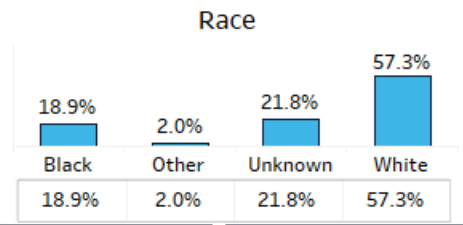
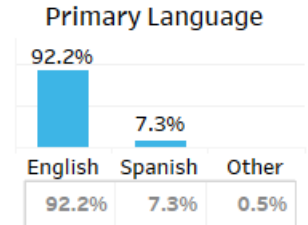
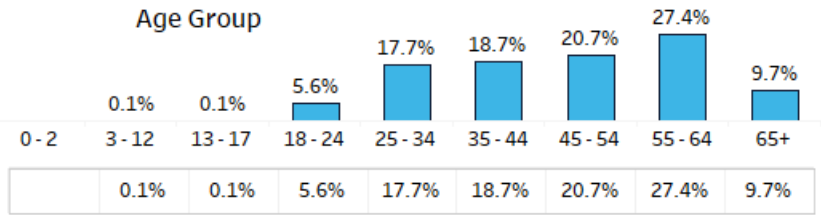
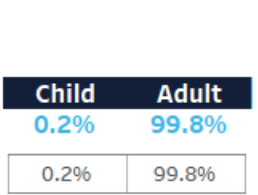
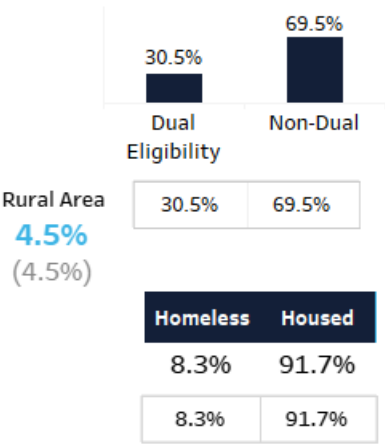
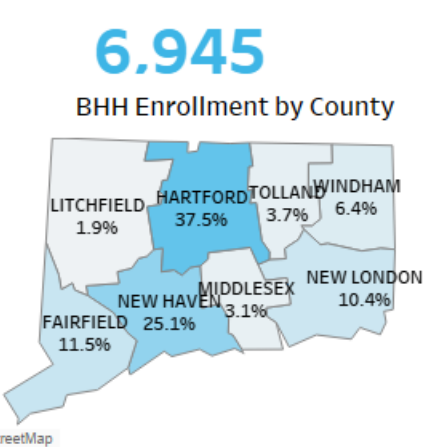
Behavioral Health Home Population Profile CY 2021



BHH Provider
All

Directions: Use **drop down filter** in the top right corner to filter by any BHH Provider. Choose "All" button to see rates for total BHH population. Click on any **Bar Graph** and/or **Shaded Box** to filter information. To unfilter, click on bar or box again. To clear all filters at once use the Revert button on top bar above tabs. Hover over any data point to get the unique count of enrollees and other pertinent information.

Unique Count of Enrollees



Diagnostic Rates

Comorbid Disorders (BH & Med): 97.0% (97.0%)	Co-occurring Disorders (MH & SUD): 53.3% (53.3%)	Social Determinates of Health: 9.5% (9.5%)
Chronic Comorbid Disorders (BH & Med): 88.0% (88.0%)	Chronic Co-occurring Disorders (MH & SUD): 51.7% (51.7%)	Covid Diagnosis 8.0% (8.0%)

Pick Diagnosis in Drop Down Box then Click on Rate to Filter Dashboard

Mental Health Diagnosis All	100.0%
Medical Diagnosis All	100.0%
Substance Use Diagnosis All	100.0%

Medication Rates

Methadone: 4.1% (4.1%)
Suboxone / Buprenorphine: 4.8% (4.8%)
Vivitrol/ Naltrexone: 4.6% (4.6%)
Sedative/Hypnotics/ Benzodiazepine: 21.9% (21.9%)
Alcohol Deterrent: 1.7% (1.7%)
Opioid Prescription: 15.0% (15.0%)
Opioid Poisoning/ Overdose: 1.8% (1.8%)

Service Utilization

Emergency Department Utilization:	
Total ED:	58.3% (58.3%)
Medical ED:	45.5% (45.5%)
Behavioral Health ED:	32.9% (32.9%)
Inpatient Utilization:	
Total Inpatient:	26.4% (26.4%)
Detox Inpatient:	3.4% (3.4%)
Psychiatric Inpatient:	12.8% (12.8%)
Medical Inpatient:	13.0% (13.0%)
Other Services:	
Mobile Crisis Services:	11.1% (11.1%)
Observation Services:	4.9% (4.9%)
Telehealth Services:	85.1% (85.1%)
Total SUD Services:	28.8% (28.8%)
PHP Services:	2.8% (2.8%)
IOP Services:	7.3% (7.3%)

Annual Spend

Average Cost Per Member:	\$37,486 (\$37,486)
Total Annual Spend Over \$100K	
\$0-\$10K	1,334
\$10K-\$20K	1,515
\$20K-\$30K	1,192
\$30K-\$40K	756
\$40K-\$50K	633
\$50K+	1,082
Total Annual Spend by Category	
Total Dental Cost	\$1,078,234
Total Pharmacy Cost	\$54,834,928
Total Medical Claims Cost	\$74,441,361
Total Behavioral Health Cost	\$129,988,462
Total Member Cost	\$260,342,986

BHH Enrollee Diagnostic Data

Top 3 Chronic Medical Conditions	2020	2021
Rheumatoid Arthritis/ Auto Immune Disorder Rate	50.6%	51.8%
Hypertension	42.8%	43.8%
Hyperlipidemia	34.8%	36.9%

Top 3 Mental Health Diagnoses	2020	2021
Depressive Disorder Rate	52.3%	50.5%
Schizophrenia and Psychotic Rate	51.4%	52.3%
Anxiety Disorder Rate	44.0%	43.2%

Top 3 Substance Use Diagnoses	2020	2021
Nicotine	31.0%	32.1%
Alcohol	28.1%	26.4%
Cannabis	22.6%	22.8%

BHH Enrollment/Service Data

Year	Enrollment	Services	Billed Services
2018	6,919	63,175	57,473
2019	6,679	65,928	58,452
2020	6,846	71,957	63,482
2021	6,360	64,948	59,062

Outcome Measures

WHOLE PERSON CARE FOR MEDICAID MEMBERS WITH COMPLEX NEEDS

Outcome Reporting

Data Limitations and Report Specifications

- Impact numerators, denominators, and rates in some cases

CMS/PQRS/HEDIS Measures:

- The measures require continuous enrollment, for both BHH and Medicaid, to be included in the denominator,
- Duals (enrollees eligible for Medicaid and Medicare) are not included,
- Clients are assigned to providers based on where they are enrolled and not where they received the service(s) being measured,
- Only claims data is used so DMHAS funded services are not captured, and
- Some measures were modified due to the lack of access to medical records or other data sets needed to program these according to CMS specifications.

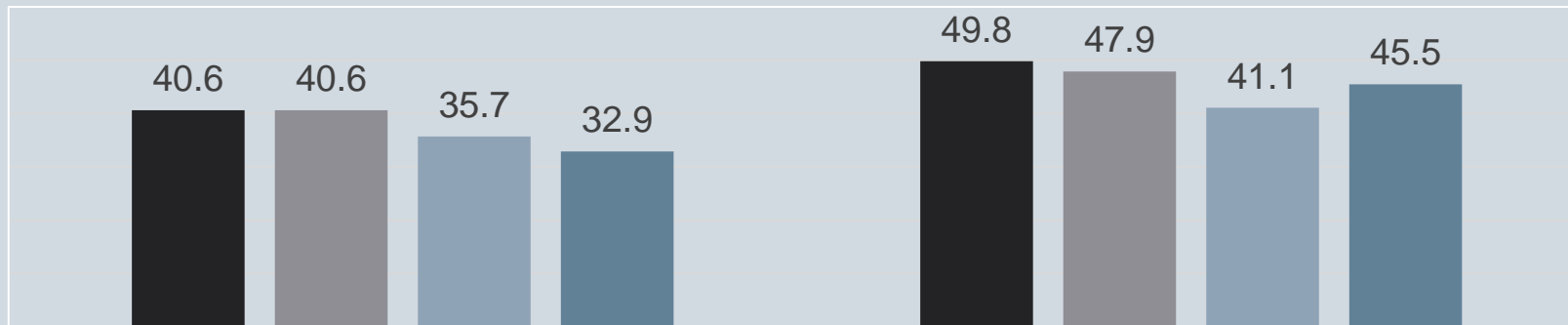
CT Specific Measures:

- Data sources are included on each slide

Emergency Department Visits

Members with at least 1 emergency room visit

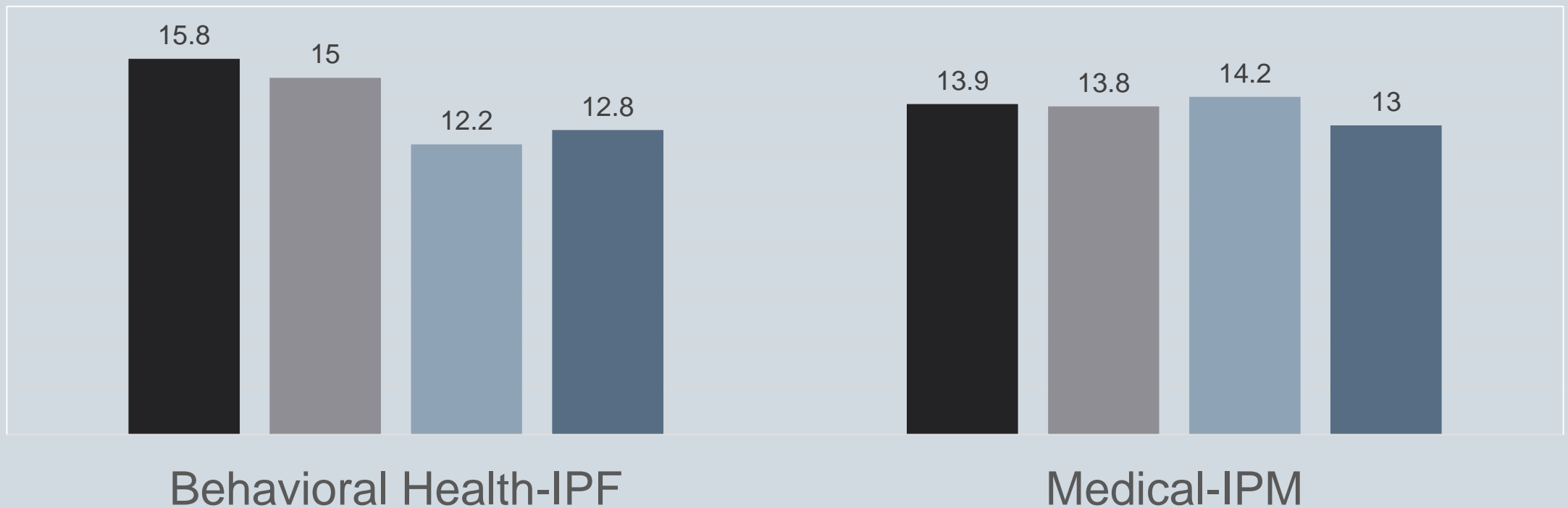
■ 2018 ■ 2019 ■ 2020 ■ 2021



Behavioral Health- ED					Medical- ED				
	2018	2019	2020	2021		2018	2019	2020	2021
1 Visit	17.6	17.7	16.7	15.1	1 Visit	21.3	20.9	19.8	21.3
2-6 Visits	18.7	18.7	15.6	13.9	2-6 Visits	24.0	23.6	18.4	20.6
7+	4.3	4.1	2.4	3.3	7+	4.5	3.4	2.9	3.4

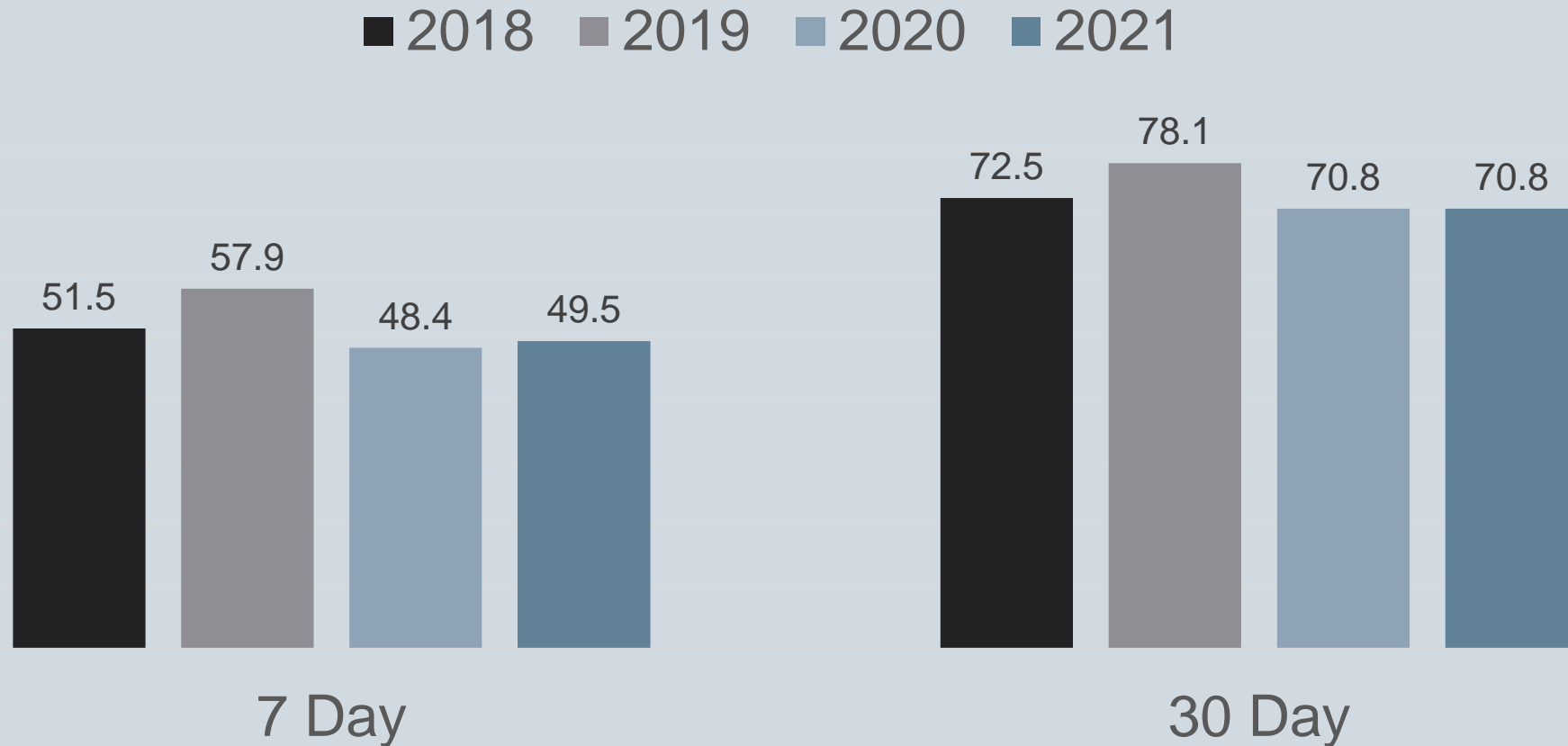
Inpatient Rates

■ 2018 ■ 2019 ■ 2020 ■ 2021



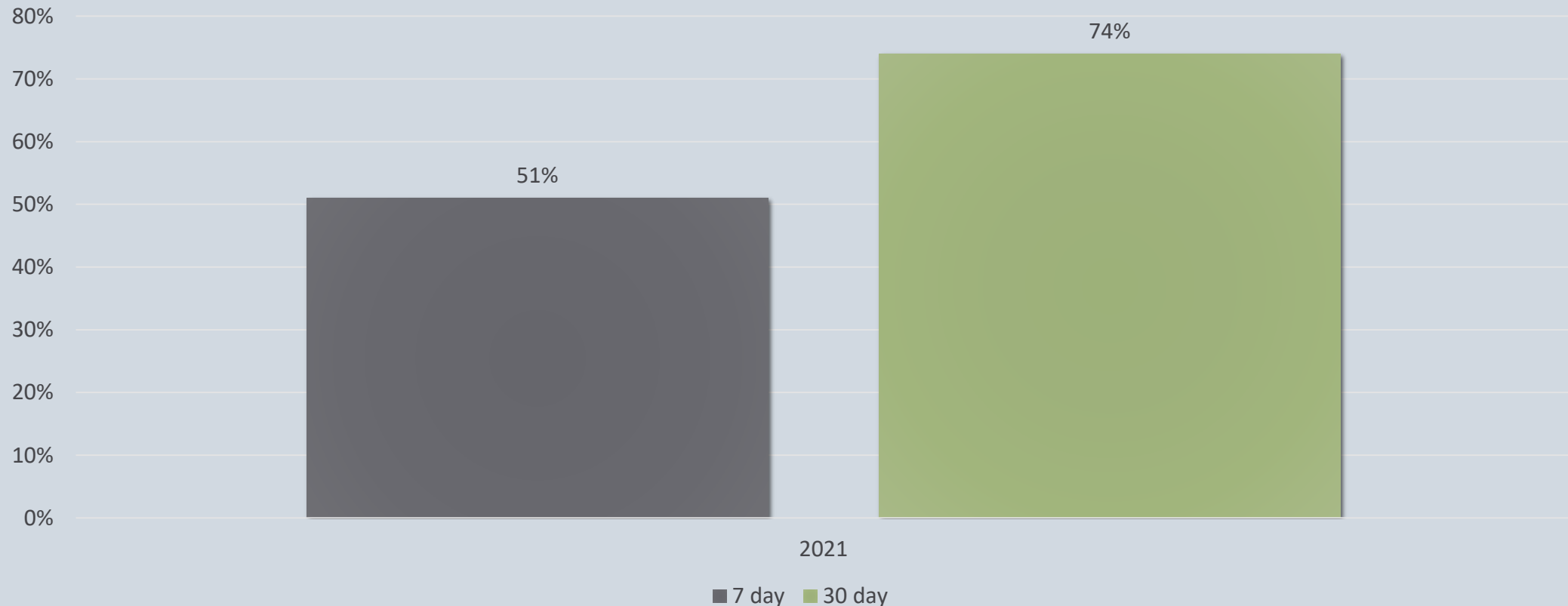
Follow-up After Hospitalization for Mental Illness (FUH-HH)

The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health practitioner.



Follow-up After ED for Mental Illness (FUM-HH)

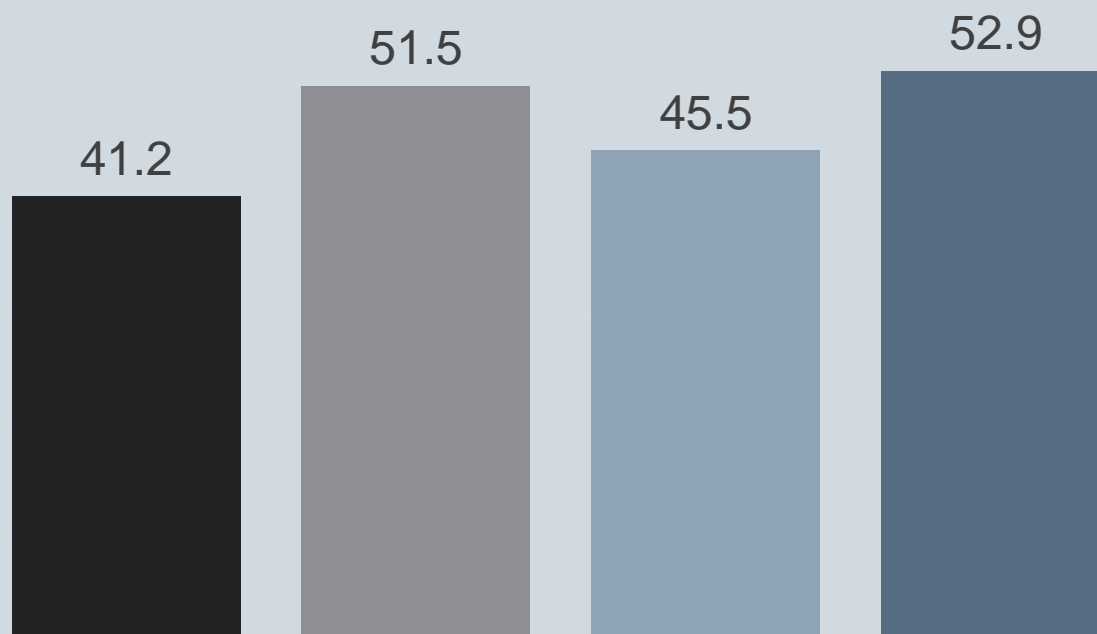
New measure in this reporting year. Percentage of emergency department (ED) visits for health home enrollees ages 6 and older with a principal diagnosis of mental illness or intentional self-harm and who had a follow-up visit for mental illness. ED visits that result in an inpatient stay are excluded. The follow up visit can be with any practitioner, unlike FUH who requires a mental health practitioner, but does require the primary diagnosis be mental health or intentional self harm.



Controlling High Blood Pressure (CBP)

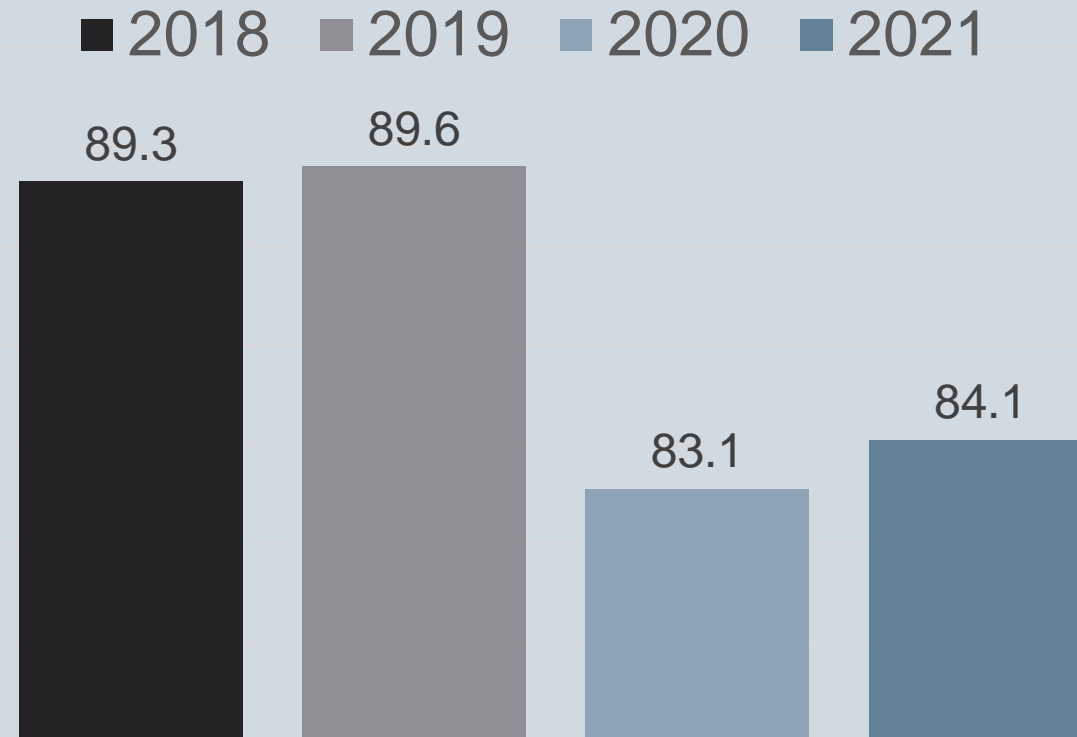
Percentage of health home enrollees ages 18-85 who had a diagnosis of hypertension and whose blood pressure (BP) was adequately controlled (<140/80 mm Hg) during the measurement year. If a blood pressure is not collected, it is considered uncontrolled.

■ 2018 ■ 2019 ■ 2020 ■ 2021



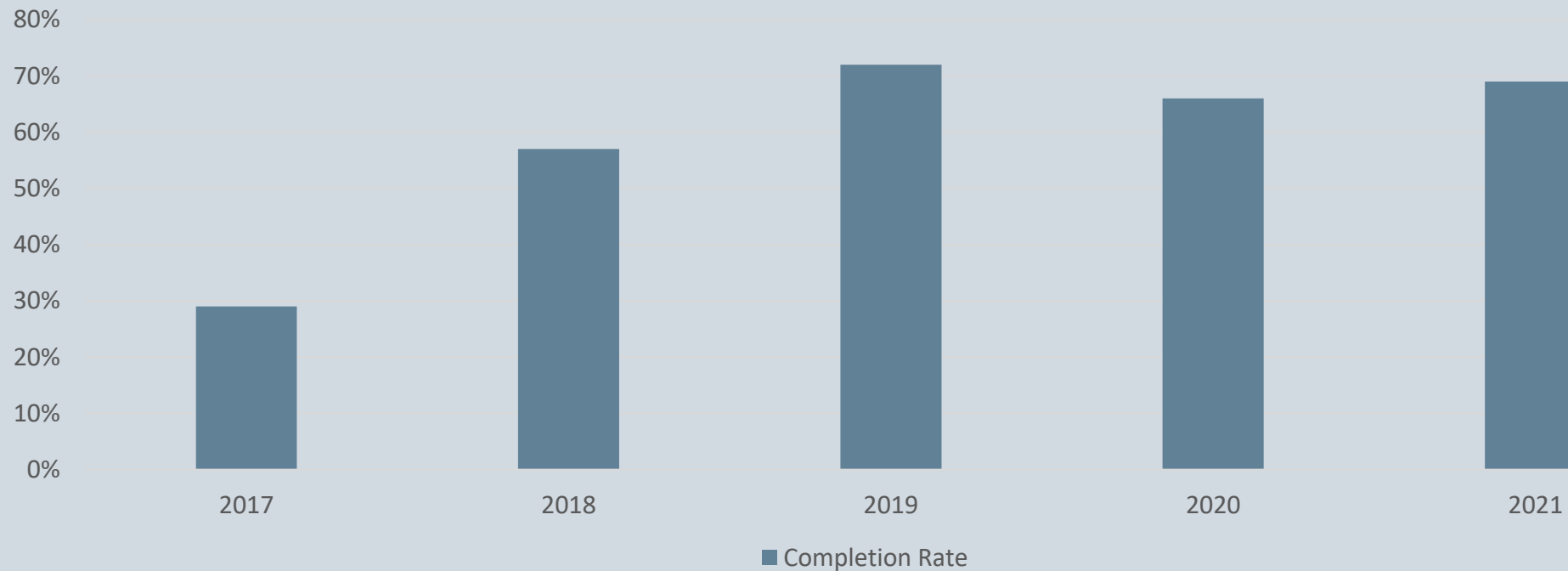
Screening for HbA1C

This report looks at BHH Enrolled members (18-75) yrs. old with continuous Medicaid enrollment that have had a diabetes (type 1 or type 2) diagnoses or received a medication for diabetes within the past two years.



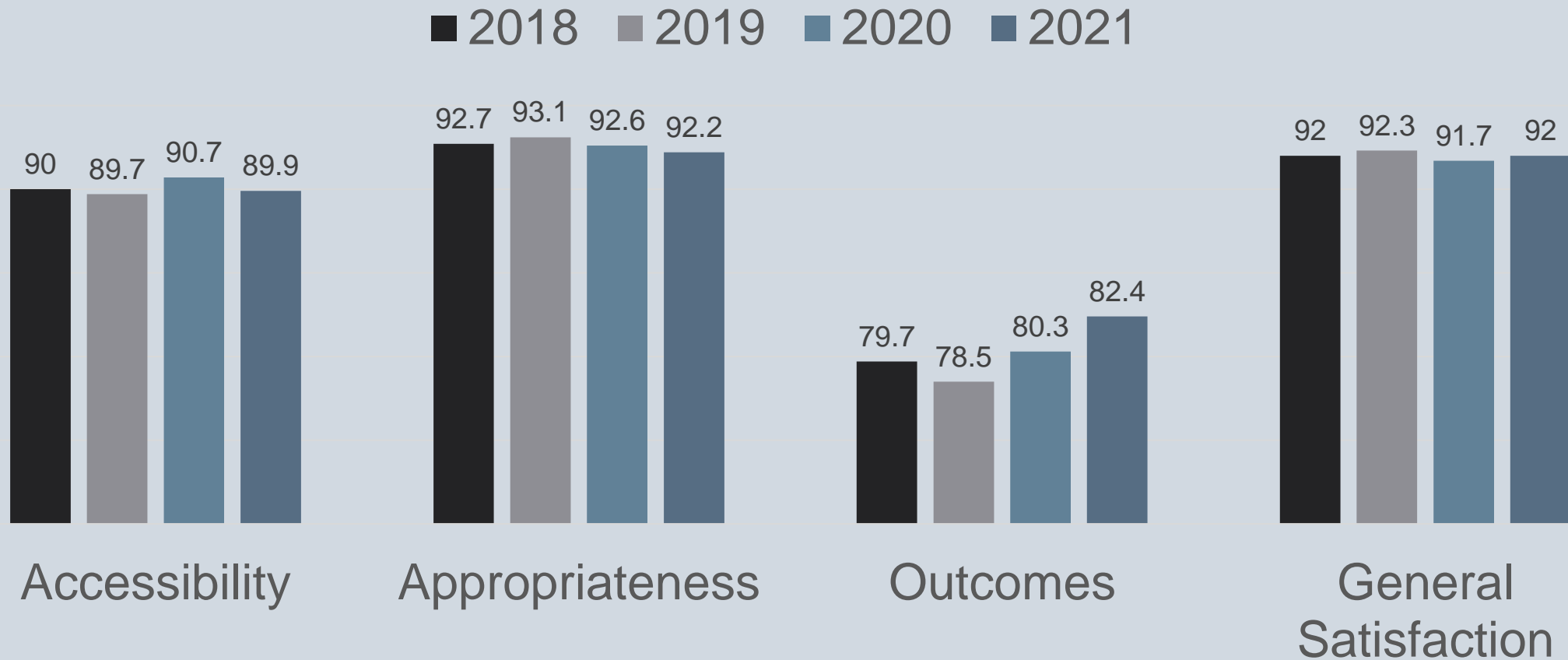
Health Assessment Data

A COMPLETE HEALTH ASSESSMENT CONSISTS OF BMI, BLOOD PRESSURE, DEPRESSION SCREEN, TOBACCO SCREEN AND CESSATION



Client Satisfaction Survey

Percentage of individuals 18 years and older who are enrolled in BHH that report being satisfied (report scores of 2.5 or higher) with care, access, quality, and appropriateness using the DMHAS Consumer Satisfaction Survey.



BHH Cost Savings

BHH Cost Savings The cost savings were calculated as the difference between the average cost of Medicaid services in 2021 (\$29,064) and 2020 (\$30,371) multiplied by the average BHH monthly census in 2021 (4,139). Individuals must have had 12 months of Medicaid eligibility in 2020 and 2021 in order to have a comparable group. Additionally, individuals were required to have 12 months of BHH enrollment in 2021. They may have had any length of enrollment in BHH in 2020. Finally, because of the presence of a small cohort of outliers, this analysis was risk-adjusted to exclude those outliers (10%).

Costs	2020	2021	Difference
PMPM Costs	\$30,371	\$29,064	(\$1,307)
Total savings for 4,139 enrollees in the cost analysis			\$5,411,850

Snapshots of Success

Member Perspectives

“Yeah – I just think they should go hand in hand, your mental health and physical health – try to balance, take care of both, because one affects the other. A lot of the time, if you feel bad physically, it’s gonna affect your mental health and vice versa, so...”

“By exercising I have lost 30 lbs., lowered my cholesterol, and the yoga class has helped with my back ...A year ago I couldn’t even get out of bed—it’s brought me a long way”.

Snapshots of Success

Provider Perspectives

“I think the best thing that BHH has done for me ... I no longer look at persons from the neck up, I look at the whole person, because what we know is the body affects the mind, the mind affects the body.”

“I know that that our clients are getting amazing psychiatric care, but I want to make sure that they're also staying up with all of their medical care, because those two work together when you're vulnerable medically, you have issues psychiatrically when you're vulnerable psychiatrically, you have issues medically.”

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