Blue Cross and Blue Shield of New Mexico

Centennial Care Behavioral Health Quality Improvement Program
BCBSNM Behavioral Health Delivery System Strengths

- Care Coordination Process
- Overall Member Satisfaction (MHSIP/Complaints/Grievances)
- Overall Provider Satisfaction
- Program Performance to Provide Superior Service (Appeals Processing)
- Collaboration with other MCOs on QI Projects

BCBSNM Behavioral Health Program Quality Concerns

- Follow Up Appointment after Hospitalization (FUH) QIP below target
- Mental Health (MH) Readmission in < 30 days rate above target
- Network Access and Access to Support Services
- Low-scoring items on MHSIP

Current Behavioral Health Quality Interventions to Address Concerns
BH Quality Improvement Program Strengths
BCBSNM BH Program Strengths – Care Coordination

- Blue Cross Community Centennial’s Care Coordination Program includes the following:
  - In-home, Face to Face Comprehensive Needs Assessments (CNA) for Moderate or High Risk Members.
  - Development of a Comprehensive Care Plan (CCP)
  - Collaboration with comprehensive Care Team
  - Integrated approach for greater efficiency
  - Create a member-centric approach through a blended Care Coordination Model including: Case Management / Disease Management / Care Coordination Early Intervention / Special Beginnings / Community Based (Agency/Self Directed).
  - Involve community partners to access hard-to-reach members
BCBSNM BH Program Strengths – Care Coordination

Average active membership in BH Care Coordination increased 25.7% from 2014 to YTD 2015

Average Active Membership in BH Care Coordination

- Moderate Risk Member: 742 (CY 2014) vs. 1085 (YTD 2015)
- High Risk Members: 755 (CY 2014) vs. 937 (YTD 2015)
- Co-managed Members: 193 (CY 2014) vs. 254 (YTD 2015)
**BCBSNM BH Program Strengths – Member Satisfaction with CC (MHSIP)**

*Results reflect “all/most/some of the time” responses.*

**Both the BCBS results are accurate within 6 percentage points at a 95% confidence interval.**

- While the Adult BCBS score was over six (6) percentage points below NM overall result, the Family BCBS score was more than six (6) percentage points above the NM overall result.

<table>
<thead>
<tr>
<th>Survey</th>
<th>Positive Response Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult BCBS</td>
<td>79.8%</td>
</tr>
<tr>
<td>Adult NM</td>
<td>86.2%</td>
</tr>
<tr>
<td>Family BCBS</td>
<td>97.7%</td>
</tr>
<tr>
<td>Family NM</td>
<td>91.4%</td>
</tr>
</tbody>
</table>
An internal Behavioral Health Care Coordination Satisfaction Survey was implemented in 2015 with the following results:

Overall satisfaction with BH Care Coordination has trended up and remained above 9.0 on a 10 point scale since April.
BCBSNM BH Program Strengths – Overall Member Satisfaction (MHSIP)

MHSIP Survey Overall Satisfaction Item
"Overall, I am satisfied with the services I/my child received"

<table>
<thead>
<tr>
<th>Survey Breakdown</th>
<th>BCBS 2014</th>
<th>BCBS 2015</th>
<th>NM 2014</th>
<th>NM 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Survey</td>
<td>91.1%</td>
<td>92.0%</td>
<td>91.3%</td>
<td></td>
</tr>
<tr>
<td>Family Survey</td>
<td>95.5%</td>
<td>92.7%</td>
<td>92.3%</td>
<td>92.9%</td>
</tr>
</tbody>
</table>

*Scores reflect “very satisfied” and “satisfied” responses.
**Both BCBS results are accurate within 6 percentage points at a 95% confidence interval.

- Centennial Care satisfaction is generally high across BCBS and NM overall.
BCBSNM BH Program Strengths – Overall Member Satisfaction (MHSIP)

*Scores reflect “very satisfied” and “satisfied” responses.

**Both BCBS results are accurate within 6 percentage points at a 95% confidence interval.

- Participation in Treatment and Cultural Sensitivity were the highest domains BCBS on the 2015 Family Survey.
- Both BCBS Domains were slightly higher than NM overall.
BCBSNM BH Program Strengths – Overall Member Satisfaction (MHSIP)

*Scores reflect “very satisfied” and “satisfied” responses.

**Both BCBS results are accurate within 6 percentage points at a 95% confidence interval.

- Participation in Treatment and Quality & Appropriateness were two of the high scoring domains for BCBS on the 2015 Adult Survey.
Providers of Blue Cross Community Centennial were also included in this year’s BCBSNM Provider Satisfaction Survey with 93% of all providers rating their experience with BCBSNM “good, very good, or excellent”.

Quality of Care Concerns (towards providers) have decreased so far in 2015 with 2 through the 3rd quarter; whereas, there were 7 total in 2014.

There were a total of 21 total medical necessity appeals (18 expedited, 3 standard) in 2014 and 22 total (all expedited) through 3rd quarter 2015 with 100% timely processing both years.
BCBSNM BH Program Strengths – Collaboration with other MCOs on QI Projects

- Antidepressant Medication Management and Depression Screening Initiatives
- Follow up after Hospitalization in 7 and 30 Days
- Collaboration
  - Coordinated effort to develop written materials to distribute to providers
  - Collaborative meetings with HSD to brainstorm and identify overlapping barriers
  - Developing common initiatives, e.g. Recovery and Resiliency
  - Shared outreach to providers and members through presentations in existing forums
**BCBSNM BH Program Strengths – Antidepressant Medication Management (AMM)**

Performance on Antidepressant Medication Management

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Phase</td>
<td>59.97%</td>
<td>53.12%</td>
<td>54.31%</td>
<td>59.92%</td>
</tr>
<tr>
<td>Continuation Phase</td>
<td>47.77%</td>
<td>37.43%</td>
<td>38.23%</td>
<td>44.08%</td>
</tr>
</tbody>
</table>

**YTD 2015 includes claims processed through November 30th.**

- CY 2014 was above the both the 75th Percentile Goal and the Industry Benchmark.
- YTD 2015 is currently tracking at less than one percentage point below the 2015 75th Percentile Goal without full run-out of claims.
Though YTD 2015 is trending lower than 2014, results are interim and have not allowed time for all claims to process.

2016 target is to improve by 10 percent over the final 2015 rate.
The MH readmission rate shows fluctuation over time; however has trended down for the last two (2) quarters.
2014 Behavioral Health Accessibility Report for Centennial Care Network

<table>
<thead>
<tr>
<th>Provider Type</th>
<th># of Providers in # of miles</th>
<th>Provider Sites</th>
<th>% of Membership with Access</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Urban</td>
<td>Rural</td>
<td>Frontier</td>
</tr>
<tr>
<td>Psychiatrists</td>
<td>1 in 30</td>
<td>1 in 60</td>
<td>1 in 90</td>
</tr>
<tr>
<td>Suboxone Certified MDs</td>
<td>1 in 30</td>
<td>1 in 60</td>
<td>1 in 90</td>
</tr>
<tr>
<td>Licensed Independent Behavioral Health Practitioners</td>
<td>1 in 30</td>
<td>1 in 60</td>
<td>1 in 90</td>
</tr>
<tr>
<td>Core Service Agency (CSA)</td>
<td>1 in 30</td>
<td>1 in 60</td>
<td>1 in 90</td>
</tr>
<tr>
<td>Community Mental Health Centers</td>
<td>1 in 30</td>
<td>1 in 60</td>
<td>1 in 90</td>
</tr>
</tbody>
</table>

*Accessibility target: Mileage access met by 90% of membership for Behavioral Health Practitioners.
## 2014 Behavioral Health Accessibility Report for Centennial Care Network Below Access Target

### Provider Type

<table>
<thead>
<tr>
<th>Provider Type</th>
<th># of Providers in # of miles</th>
<th>Provider Sites</th>
<th>% of Membership with Access</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychologists (including prescribing psychologists)</td>
<td>1 in 30, 1 in 60, 1 in 90</td>
<td>12</td>
<td>74.9%</td>
</tr>
<tr>
<td>Freestanding Psychiatric Hospitals</td>
<td>1 in 30, 1 in 60, 1 in 90</td>
<td>8</td>
<td>63.5%</td>
</tr>
<tr>
<td>General Hospitals with psychiatric units</td>
<td>1 in 30, 1 in 60, 1 in 90</td>
<td>5</td>
<td>45.5%</td>
</tr>
<tr>
<td>Partial Hospital Programs</td>
<td>1 in 30, 1 in 60, 1 in 90</td>
<td>5</td>
<td>64.7%</td>
</tr>
<tr>
<td>Accredited Residential Treatment Centers</td>
<td>1 in 30, 1 in 60, 1 in 90</td>
<td>8</td>
<td>66.7%</td>
</tr>
<tr>
<td>Non-Accredited Residential Treatment Centers</td>
<td>1 in 30, 1 in 60, 1 in 90</td>
<td>14</td>
<td>83.7%</td>
</tr>
<tr>
<td>Treatment Foster Care I &amp; II</td>
<td>1 in 30, 1 in 60, 1 in 90</td>
<td>11</td>
<td>77.8%</td>
</tr>
<tr>
<td>Indian Health Service and Tribal 638 Freestanding Facility</td>
<td>1 in 30, 1 in 60, 1 in 90</td>
<td>32</td>
<td>61.8%</td>
</tr>
<tr>
<td>Outpatient Provider Agencies</td>
<td>1 in 30, 1 in 60, 1 in 90</td>
<td>11</td>
<td>63.6%</td>
</tr>
</tbody>
</table>

*Red is below target*
### 2014 Behavioral Health Accessibility Report for Centennial Care Network Below Access Target

<table>
<thead>
<tr>
<th>Provider Type</th>
<th># of Providers in # of miles</th>
<th>Provider Sites</th>
<th>% of Membership with Access</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Management Services (BMS)</td>
<td>1 in 30 1 in 60 1 in 90</td>
<td>5</td>
<td>58.3%</td>
</tr>
<tr>
<td>Day Treatment Services</td>
<td>1 in 30 1 in 60 1 in 90</td>
<td>1</td>
<td>4.3%</td>
</tr>
<tr>
<td>Assertive Community Treatment (ACT)</td>
<td>1 in 30 1 in 60 1 in 90</td>
<td>2</td>
<td>49.1%</td>
</tr>
<tr>
<td>Multi-Systemic Therapy (MST)</td>
<td>1 in 30 1 in 60 1 in 90</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Intensive Outpatient Services</td>
<td>1 in 30 1 in 60 1 in 90</td>
<td>4</td>
<td>53.3%</td>
</tr>
<tr>
<td>Methadone Clinics</td>
<td>1 in 30 1 in 60 1 in 90</td>
<td>6</td>
<td>49.6%</td>
</tr>
<tr>
<td>Federally Qualified Health Centers (FQHCs)</td>
<td>1 in 30 1 in 60 1 in 90</td>
<td>30</td>
<td>85.8%</td>
</tr>
<tr>
<td>Retail Health Clinics (RHCs)</td>
<td>1 in 30 1 in 60 1 in 90</td>
<td>1</td>
<td>7.1%</td>
</tr>
</tbody>
</table>

*Red is below target*
BCBSNM BH Program Concerns – Low-Scoring Items on MHSIP

Family Survey Opportunities For Improvement by Domain

*Scores reflect “very satisfied” and “satisfied” responses.
**Both BCBS results are accurate within 6 percentage points at a 95% confidence interval

- Improved Functioning and Outcomes were lower scoring domains overall, though BCBS scores were slightly above the overall scores.
BCBSNM BH Program Concerns – Low-Scoring Items on MHSIP

![Graph showing adult survey opportunities for improvement by domain]

- **Positive Response Rate**

  - **Domain**
    - Improved Functioning: BCBS 2014 (70.3%), BCBS 2015 (69.6%), NM 2014 (70.3%), NM 2015 (69.5%)
    - Outcomes: BCBS 2014 (69.9%), BCBS 2015 (68.2%), NM 2014 (69.9%), NM 2015 (70.4%)

*Scores reflect “very satisfied” and “satisfied” responses.
**Both BCBS results are accurate within 6 percentage points at a 95% confidence interval.

> Improved Functioning and Outcomes were also the lowest scoring domains on the Adult Survey.
BH Quality Improvement Program Interventions
BCBSNM BH Program Concerns –
Current BH Quality Program Interventions

7/30 FUH and Re-admission rates

• Care Coordination Early Intervention (CCEI)
  • All members admitted to an acute inpatient facility are included
  • Discharge Coordinator (DC) (non-clinical staff) reaches out to providers and members to confirm appointments and transportation to increase follow-up opportunities
  • When there is no appointment, the DC will assist in obtaining one for the member

• Care Coordinator notification of inpatient admissions with responsibility to reach out to the member on admission and soon after discharge

• Increase utilization of intermediate levels of care
• Development of clinical rounds focused on frequent re-admitters
• Improvement of active DC planning from initial review (UM) to discharge
• Implementation of HEDIS performance reviews with high-volume facilities
BCBSNM BH Program Concerns –
Current BH Quality Program Interventions

- **Network Adequacy**
  - Network department continues to reach out to all known entities for contracting
  - Implementation of Health Homes to provide comprehensive services

- **Low Scoring MHSIP Domains**
  - Prescription medication reports focused on identifying potential over-medications
  - Care Coordinators are trained to educate members about their medications and how to reach out to their provider with concerns/issues
  - BH Management staff involved with NM H2 summit addressing housing needs
  - Care Coordinators educate members to advocate for themselves and encourage independence using Motivational Interviewing
Introduction

- Under Centennial Care UnitedHealthcare (UHC) is the smallest of the four Medicaid MCOs, with approx. 85,000 members.

- UHC is the only MCO from the legacy CoLTS program, and UHC therefore has the highest share of dual eligibles and LTSS members in Centennial Care. UHC also has the broadest DSNP footprint, partly because of that legacy.
Strengths of our Behavioral Health Delivery System

Ensure Centennial Care members have reliable access and availability to the highest quality of care. UnitedHealthcare Community Plan’s delivery system is designed to:

- Provide high quality of care to diverse members with cultural differences
- Delivery of integrated care to all facets of Medicaid population
- Ensure all members receive care regardless of geographic location
- Consistently monitoring and developing network to bridge gaps in care
- Educating and training providers with new healthcare (tele-mental health)
Strengths of our Behavioral Health Delivery System

**General Physical Health Network**
- Three large multi-specialty hospital systems
- Three PHO/IPA arrangements
- 21 FQHCs/RHCs
- Indian/Tribal/Urban Native American Network
- Over 2700 contracted PCPs – MDs, NPs, PAs, FQHCs
- Over 200 HCBS Providers and SNFs
- Over 43 School Based Health Center Locations

**Hospital Network**
- 40 Contracted Physical Health Hospitals
- 27 Acute Care
- 9 Critical Access Hospitals
- 2 Rehabilitation Hospitals
- 1 LTAC
Strengths of our Behavioral Health Delivery System (Continued)

Over 150 Home and Community Based Providers

- PCO Agencies can perform Consumer Delegated or Consumer Directed Personal Care Services
- Adult Day Health
- Assisted Living
- Environmental Modification Codes
- Skilled Nursing In-home
- Respite
Strengths of our Behavioral Health Delivery System (Continued)

Behavioral Health

• Established state-wide Network of 1,485 Contracted Behavioral Health Providers
  ▪ This includes 797 independently licensed practitioners and 46 group practices
  ▪ There are 17 Core Service Agencies
  ▪ BH is contracted with 59 Indian ITUs
Ongoing Network Development and Monitoring:

- Geo Access
- Network Sufficiency Analysis
- Single Case Agreements
- Member/Provider grievances and satisfaction surveys
- Accessibility and Appointment Monitoring
- QM/QI program
- Credentialing/Recredentialing
- Provider Audits
- Program Network Integrity Process (PNI)
Strengths of our Behavioral Health Delivery System: Telemental Health Footprint
Strengths of our Behavioral Health Delivery System: PNI Program

- Provider Flagging
- Prospective Rules/Algorithms
- Prospective Outliers
- Retrospective Investigations
- Reporting
- Provider Education
- Forensic Accounting
Major Quality Concerns of our Behavioral Health Delivery System

Evolution of Medical/Behavioral Integration

• Improving communication and collaboration

Access to care in rural and frontier areas

Provider Transitions

■ Provider terminations resulting in transitioning members to new agencies
■ Financial Viability
■ New providers BH service delivery oversight and operational readiness
Overview

- Behavioral Health Performance and Tracking Measures
  - Antidepressant Medication Management
  - Screening for Clinical Depression & Follow-Up
  - 7/30-Day F/U after BH Hospitalization
    - HEDIS Measure
    - Internal targeted outreach to CCL 1 Members
- Persistent Super Utilizers (PSU) Interventions
- Quality Improvement Response to Consumer & Family/Caregiver Satisfaction Survey
Antidepressant Medication Management & Screening for Clinical Depression and Follow-up Plan

Quality Provider Initiatives:

1. Ongoing Plan Participation in HSD QIP Workgroup.

2. Collaboration with other MCOs on development of Clinical Depression Screening and Follow Up “One Pagers” which provided clarification to NM PCPs regarding coding for screening and other aspects of this measure.

3. Two Provider Summits for 2015

4. Utilization of the provider newsletter, “Practice Matters” to provide time and cost efficient BH updates.

Quality Member Initiatives:

1. UHC partnered with the Community Health Workers (CHW) on a project with Addus Health Care, providing training to their CHW’s to in turn train our members on Diabetes and Depression education/treatment coping skills.

   - Focus is on Dona Ana and Luna counties (a study was done that identified the top 2 diagnoses of Diabetes and Depression)

   - Addus Health Care has reached out to over 100 UHC members
• HSD and all MCOs collaborated to create a resource for coding patient encounters related to depression management.

• The one page coding guide was faxed to PCPs in August 2015

• Two informational Web-Ex meetings were held on August 25 and 27 by UHC.
Antidepressant Medication Management (AMM) (Acute Phase) - *Data Results*

**Antidepressant Medication Management**  
**Acute Phase >18 Yrs of Age**

<table>
<thead>
<tr>
<th></th>
<th>CY 2014</th>
<th>Q3 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of Members</td>
<td>61%</td>
<td>57%</td>
</tr>
</tbody>
</table>

AMQG Benchmark: 51.11%
Antidepressant Medication Management (AMM) (Continuation Phase) - Data Results

Antidepressant Medication Management
Continuation Phase >18 Yrs of Age

% of Members

- CY 2014: 46%
- Q3 2015: 43%

AMQG Benchmark: 34.43%

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Screening for Clinical Depression and Follow up Plan - *Data Results*

**Screening for Clinical Depression and Follow up Plan**

- **# of members screened for clinical depression using a standardized depression screening tool**
  - CY 2014: 7782
  - Q3 2015: 4876

- **# of members who had a positive screening and had a documented follow-up plan on the same date as the positive screening**
  - CY 2014: N = 85
  - Q3 2015: N = 113

- **% of members that had a follow-up plan**
  - CY 2014: 1.09%
  - Q3 2015: 2.32%
Members Seen for Follow-Up within 7 and 30 Days of Discharge - *Data Results*

# of Members Seen for Follow-Up within 7 and 30 Days of Discharge (Data from Report # 5)

- **Total Discharges (IPF, RTC, TFC):**
  - D = 746
  - D = 811

- **# of Members Seen for Follow-Up within 7 Days of Discharge:**
  - N = 349
  - N = 374

- **# of Members Seen for Follow-Up within 30 Days of Discharge:**
  - N = 495
  - N = 535

*CyberHealthcare COMMUNITY & STATE*

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Members Seen for Follow-Up within 7 and 30 Days of Discharge - *Data Results*

% of Members Seen for Follow-Up within 7 and 30 Days of Discharge (Data from Report # 5)

- **% of Members Seen for Follow-Up within 7 Days of Discharge:**
  - CY 2014: 47%
  - Q3 2015: 46%

- **% of Members Seen for Follow-Up within 30 Days of Discharge:**
  - CY 2014: 66%
  - Q3 2015: 66%
Members Seen for Follow-Up within 7 and 30 Days of Discharge - Data Results

# of Members Seen for Follow-Up within 7 and 30 Days of Discharge (Data from HEDIS)

- Total Discharges (IPF, RTC, TFC)
  - CY 2014: D = 474
  - Q3 2015: D = 634

- # of Members Seen for Follow-Up within 7 Days of Discharge
  - CY 2014: N = 164
  - Q3 2015: N = 294

- # of Members Seen for Follow-Up within 30 Days of Discharge
  - CY 2014: N = 248
  - Q3 2015: N = 403
Members Seen for Follow-Up within 7 and 30 Days of Discharge - Data Results

% of Members Seen for Follow-Up within 7 and 30 Days of Discharge (Data from HEDIS)

% of Members

% of Members Seen for Follow-Up within 7 Days of Discharge

% of Members Seen for Follow-Up within 30 Days of Discharge

CY 2014

Q3 2015

35% 46%

52% 64%
Quality Provider Initiatives:

1. Utilization of a Certified Peer Support Worker (CPSW) Program to assist providers in transitioning UHC members from BH inpatient level of care to appropriate discharge setting.

2. Upon notification that a UHC member has been hospitalized, the CPSW initiates contact with the facility discharge (D/C) planning team and arranges a face to face visit to review discharge requirements and member’s requests.

3. CPSW works with D/C planner to offer D/C options and resources.

4. CPSW/member/D/C planner discuss 7 day follow-up appointment, and the CPSW contacts the provider after appointment date to verify that member attended the appointment.
Members Seen for Follow-Up within 7 and 30 Days of Discharge – *Initiatives*

- **Quality Member Initiatives:**

  1. The CPSW works with UHC members while still inpatient to determine with member if there are barriers to getting to their follow up appointments.

  2. CPSW reinforces with member importance of going to follow up appointments, and works with the member after discharge to remind them of appointment sand to make sure the member is planning to go to the appointment and can get there.

  3. CPSW contacts the member after the appointment date to verify that member attended the appointment.

  4. CPSW continues to work with member if the member desires to provide peer support and educational services.
Overview

The Consumer & Family/Caregiver Satisfaction Survey sample was drawn from those individuals who had received care during the first 6 months prior to the implementation of Medicaid’s *Centennial Care Program*.

For the 2014 survey, we heard from 1,485 adults respondents and 1,085 Family/Caregiver Respondents.
Joint MCO QI Initiative

- A campaign designed to promote recovery and wellness.
- Recovery from mental illness is not measured solely by changes in symptoms.
- Recovery is demonstrated by
  - regaining social roles and identities
  - which are recognized as valid by oneself and by the people in our community.
- Recovery is possible, recovery is expected and recovery is the a natural outcome.
Quality Improvement Activities (Continued)

- Increase provider and member awareness and education through Behavioral Health focused articles in quarterly UHC provider and member newsletters
- Improve member outcomes for those receiving behavioral health treatment as evidenced by a 2% increase in depression screening and follow up (which may include medication management)
- Improve outcomes for members experiencing housing issues by collaboration with agencies such as Healthcare for the Homeless, NM Supportive Housing Coalition
- Outcomes will be measured through improved scores on the ongoing MHSIP surveys
Questions?
Quality Improvement Work Plan – Behavioral Health

Presented to the Behavioral Health Collaborative
January 14, 2016
Liz Lacouture, Executive Director, Behavioral Health
Key Indicators Monitored

- Access and Service Utilization
- Quality of Care and Service
- Member and Provider Satisfaction
Access and Service Utilization
Members Accessing Services

- Total number of members using behavioral health services increased steadily each quarter
- Percent of total members accessing services is also trending upward

![Graph showing Users of Behavioral Health Services/1000 Members from 2014 Q1 to 2015 Q2]
Service Utilization – the Good News

• Utilization of key community based services is increasing
  – Increasing service utilization per 1000 members in:
    ▪ Assertive Community Treatment
    ▪ Intensive Outpatient Programs
    ▪ Multisystemic Therapy
    ▪ Outpatient Professional Services (Assessment, Therapy, Medication Services)
    ▪ Psychosocial Rehabilitation Services
Service Utilization - Opportunities

• Demand for services appears to exceed the expanded community based service capacity
  – Inpatient and Treatment Foster care utilization per 1000 members is also increasing
  – Out of state Residential Treatment utilization is increasing

• Statewide shortage in access to:
  – Medical detoxification programs
  – Suboxone prescribers
  – Child psychiatrists
  – ABA service providers
Quality of Care and Service
Network Monitoring Activities

- Quality of Care assessments
  - Complaints and grievances
  - Critical incident reporting
  - Clinical indicator and outlier monitoring
  - Treatment record reviews
- Financial monitoring
- Targeted program reviews
- Organizational assessments
Key Performance Measures

- Inpatient Readmissions within 30 days
- Ambulatory Follow Up after Psychiatric Hospitalization
- Non-emergent use of the Emergency Department
- Antidepressant Medication Management
- Depression Screening and Follow-Up
**Interventions**

- Routine and targeted technical assistance for critical access providers
- Corrective action plan monitoring and follow-up
- Provider outreach and education materials
- Establishing key provider partnerships to impact specific indicators (like Emergency Department Diversion and Ambulatory Follow-Up)
- Leveraging care coordination
Member Satisfaction
Mental Health Statistics Improvement Program (MHSIP)

- The MHSIP is a yearly effort to analyze the satisfaction of New Mexico Adult individuals, Family/Caregivers and Youth receiving state funded mental health and substance abuse treatment and support services. The Centennial Care MCOs collaborate to collect 1,100 surveys in each cohort.
2014 MHSIP Domains-Adult

- Access • 85%
- Participation in Treatment • 87%
- Improved Functioning • 73%
- Social Connectedness • 83%
- Outcomes • 75%
- Outcomes • 88%
- Quality & Appropriateness • 89%
- Satisfaction
2014 MHSIP Domains-Child Family/Caregivers

- Access • 89%
- Participation in Treatment Planning • 92%
- Improved Functioning • 81%
- Social Connectedness • 93%
- Outcomes • 81%
- Outcomes • 96%
- Outcomes • 88%
- Cultural Sensitivity
- Satisfaction
MHSIP (con’t) Recovery is Possible

• A campaign to help New Mexico embrace the promise that recovery is achievable.

• 4 MCO’s participate in campaign.

• Numerous articles and a campaign with visual reminders such as...
MHSIP (con’t)

Recovery Rocks

Recovery is Hope

Recovery Expect it!

I am Recovery
Questions?
QM/QI: Molina Healthcare of New Mexico
Behavioral Health Quality
Greg Lujan, LISW
Introduction

Molina Healthcare's mission is to provide quality health services to financially vulnerable families and individuals covered by government programs.

Recovery is about *Quality of Life* and *Quality* is about *promoting Recovery.*
Improved Quality of Life

Journey of healing, transformation enabling person to live meaningful life in a community & strive to achieve his or her fullest potential

Centennial Care - Molina Healthcare of New Mexico, Inc.
Recovery-Oriented System of Care (ROSC)

A ROSC is a coordinated network of community-based services and supports that is person-centered and builds on the strengths and resiliencies of individuals, families and communities to achieve improved health, wellness and quality of life. (SAMHSA ROSC Guide 2010)

Member, Family, Community:
• These are who Molina Healthcare serves.
• We meet them where they’re at - both mentally and physically - to develop a trusting relationship.

Services & Supports:
• These are the services and supports located in individual communities.
• Recovery will happen with the collaboration of supports and services for both behavioral and physical health.
• Each community is unique in what it has to offer.

Care Coordination helps Members:
• Obtain services and supports in their communities in a timely and efficient manner;
• Get their lives back on track and ease their integration back to their community; and
• Sustain long-term recovery and take responsibility for their own lives.

Improved Quality of Life Outcomes:
• Molina Healthcare understands that there are many paths to recovery and that it is not linear; and that
• The path to recovery is self-directed and person centered. It is consistent with individual views, values and choices.

Molina Healthcare:
• Facilitates recovery, and the Member recovers.
Strengths of the Behavioral Health delivery system

- Value Added Services (VAS)
  - Non-Hospital Based Inpatient Detox and Outpatient
  - Peer Driven Recovery Oriented Service
Non-Hospital Based Inpatient Detox and Outpatient

- Provided for individuals with substance abuse disorders in need of detoxification in either a non-hospital inpatient setting or in an outpatient setting, according to individual clinical needs. Services will be provided by qualified substance abuse treatment centers. These services can be effective alternatives to higher levels of care (e.g. Hospital based detox). Services are from Age 14 and above. Inpatient stay is for 5-7 days. Outpatient stays are for up to 10 days. Services are limited to 1 non-hospital inpatient detox admission or 2 outpatient detoxes per calendar year per Member.

- Two Providers
  - Turning Point and Turquoise Lodge
Non-Hospital Based Inpatient Detox and Outpatient

Hospital inpatient admits for alcohol and drug abuse
By primary diagnosis category, adults age 18+

- Alcohol-related disorder
- Substance-related disorder

Hosp admits by primary diagnosis
- Substance-related disorder: 30%
- Alcohol-related disorder: 70%
Strengths of the Behavioral Health delivery system

• Mental Health Statistical Improvement Project (MHSIP) – Consumer Satisfaction Survey
  • Results above national average
  • Improved MHSIP results from 2014 to 2015
# Strengths of the Behavioral Health delivery system MHSIP Survey

## New Mexico CSS-MHSIP Family Domain Scores for Molina Clients

<table>
<thead>
<tr>
<th>Domain</th>
<th>2015 Domain Score</th>
<th>2014 Domain Score</th>
<th>2015 ± Confidence Interval</th>
<th>2014 ± Confidence Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access</td>
<td>78.8</td>
<td>85.6</td>
<td>3.9</td>
<td>3.8</td>
</tr>
<tr>
<td>Improved Functioning</td>
<td>82.0</td>
<td>75.4</td>
<td>3.7</td>
<td>4.7</td>
</tr>
<tr>
<td>Outcomes</td>
<td>81.8</td>
<td>76.7</td>
<td>3.7</td>
<td>4.6</td>
</tr>
<tr>
<td>Participation in Treatment</td>
<td>91.3</td>
<td>89.9</td>
<td>2.7</td>
<td>3.2</td>
</tr>
<tr>
<td>Cultural Sensitivity</td>
<td>94.0</td>
<td>94.8</td>
<td>2.3</td>
<td>2.4</td>
</tr>
<tr>
<td>Satisfaction</td>
<td>86.7</td>
<td>86.0</td>
<td>3.3</td>
<td>3.7</td>
</tr>
<tr>
<td>Social Connectedness</td>
<td>90.8</td>
<td>86.5</td>
<td>2.8</td>
<td>3.7</td>
</tr>
</tbody>
</table>

## New Mexico CSS-MHSIP Adult Domain Scores for Molina Clients

<table>
<thead>
<tr>
<th>Domain</th>
<th>2015 Domain Score</th>
<th>2014 Domain Score</th>
<th>2015 ± Confidence Interval</th>
<th>2014 ± Confidence Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access</td>
<td>86.0</td>
<td>81.4</td>
<td>4.0</td>
<td>4.7</td>
</tr>
<tr>
<td>Improved Functioning</td>
<td>72.2</td>
<td>67.2</td>
<td>5.1</td>
<td>5.8</td>
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<tr>
<td>Outcomes</td>
<td>74.1</td>
<td>67.8</td>
<td>5.1</td>
<td>5.9</td>
</tr>
<tr>
<td>Participation in Treatment</td>
<td>83.7</td>
<td>82.2</td>
<td>4.3</td>
<td>4.7</td>
</tr>
<tr>
<td>Quality &amp; Appropriateness</td>
<td>91.4</td>
<td>88.5</td>
<td>3.2</td>
<td>3.9</td>
</tr>
<tr>
<td>Satisfaction</td>
<td>90.5</td>
<td>86.1</td>
<td>3.3</td>
<td>4.2</td>
</tr>
<tr>
<td>Social Connectedness</td>
<td>77.1</td>
<td>78.0</td>
<td>4.8</td>
<td>5.1</td>
</tr>
</tbody>
</table>
Strengths of the Behavioral Health delivery system

• Behavioral Health Telemedicine
  • Increased access in the rural and frontier areas
  • Originating sites at Wellness Centers
  • Members can access on any Smartphone
## Strengths of the Behavioral Health delivery system
BH calls received in Member and Provider Contact Center

<table>
<thead>
<tr>
<th>Centennial Care Goal</th>
<th>1Q 2015</th>
<th>2Q 2015</th>
<th>3Q 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Speed of Answer &lt;30 seconds</td>
<td>9 seconds</td>
<td>2 seconds</td>
<td>2 seconds</td>
</tr>
<tr>
<td>Abandonment Rate &lt;5%</td>
<td>0.3%</td>
<td>0%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Percent calls answered in 30 seconds or less &lt;85%</td>
<td>97.0%</td>
<td>99.1%</td>
<td>97.7%</td>
</tr>
</tbody>
</table>
Quality Challenges of Behavioral Health service system

• Increase 7&30 Follow-up after hospitalization
  • Timely follow-up appointments with Providers
  • State delivery system improvement target (DSIT)
    • 2016 is the baseline year
• Increase MHSIP survey results for 2017
• Recent BH provider transitions
  • Turquoise Health and Wellness
  • La Frontera
• Providers collaboration in lieu of an administrative burden
Current MHSIP Interventions

• Expand the provider network
  • Telemedicine – developing originating sites within Wellness Centers
  • Working with non-Medicaid agencies to provide ancillary services

• Provide education and training
  • Members
  • Care Coordinators, Community Health Workers (CHW), Peer Support Specialist (PSS)

• Provider education of the MHSIP outcomes and improvement opportunities
Current Behavioral Health Quality Interventions

- Continue quality initiatives already in place that affect the Member’s quality of life
- QSR
- 2016 Operating Goals based on Adult and Family MSHIP results that will be increased by 3%
- Adding staff to BH Quality team
- Ongoing provider education
Thank You