LA Department of Insurance Annual Health Care Conference: 2015

March 10, 2015
Managed Care: Providing A Foundation for today’s Healthcare System

GOALS
- Optimize use of resources – the right treatment at the right time by the positive treatment right provider.
- Enhance/facilitate outcomes – we want individuals to get better sooner and stay well longer.
- Prevent illness / Promote Wellness – to the extent that potential for illness or disease can be predicted, we want to intervene early.
How does it work: Managed Care 101

- Utilization Management/Medically necessary services
- Case Reviews
- Care Coordination/Case Rounds
- Medical Necessity/Service Authorization
- Appeals
- Freedom of Choice
- Recovery and Support
- Network development and maintenance
- Quality monitoring
- Care Management
- Customer services
- Member services
Introducing the basics of a managed care system

**By the numbers:**

- **1,700+**
  Providers contracted to serve Medicaid members with BH needs

- **More than 206,000**
  Adults and children served since March 1, 2012

- **7 million**
  Claims for services processed

- **260,000**
  Calls managed through single point of entry call center
## Before the Louisiana Behavioral Health Partnership

<table>
<thead>
<tr>
<th>IP</th>
<th>CRISIS</th>
<th>SERVICES ADULT</th>
<th>SERVICES CHILDREN</th>
<th>SUBSTANCE ABUSE</th>
<th>OUTPATIENT</th>
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</thead>
<tbody>
<tr>
<td>General Hospital</td>
<td>ER</td>
<td>OBH/LGE CMHC services</td>
<td>OBH/LGE CMHC services</td>
<td>Medical Detoxification</td>
<td>Psychiatrist</td>
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<tr>
<td>LSU teaching Hospital</td>
<td></td>
<td>Medication Management/Nursing medication administration</td>
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<td>APRN</td>
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<tr>
<td>Distinct Part Psych</td>
<td></td>
<td>Psychological Testing</td>
<td>MHR services-PSR/Community Support/Family child interaction</td>
<td></td>
<td>Some nursing and SW services</td>
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<tr>
<td>State Hospitals</td>
<td></td>
<td>Psychological Testing</td>
<td>Psychological Testing</td>
<td></td>
<td>Medical and nonmedical psychologists</td>
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</tbody>
</table>

**MST**
# After the Louisiana Behavioral Health Partnership

<table>
<thead>
<tr>
<th>IP</th>
<th>CRISIS</th>
<th>NEW &amp; EXPANDED SERVICES ADULT</th>
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<th>CSOC CHILDREN</th>
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<tbody>
<tr>
<td>General Hospital</td>
<td>Telephonic Crisis Triage</td>
<td>ACT /FACT</td>
<td>TGH</td>
<td>TGH</td>
<td>Detox IP</td>
<td>Outpatient CMHC/FQHC</td>
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<tr>
<td>Free Standing Psychiatric Hospital</td>
<td>Mobile Services (Face to Face)</td>
<td>PSR</td>
<td>PSR</td>
<td>PSR</td>
<td>SA RTC</td>
<td>MHR</td>
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<tr>
<td>LSU Teaching Hospital</td>
<td>Crisis Residential</td>
<td>CPST</td>
<td>CPST</td>
<td>CPST</td>
<td>IOP</td>
<td>Individual</td>
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<tr>
<td>State Hospital</td>
<td>Crisis Intervention</td>
<td>Crisis Intervention</td>
<td>Crisis Intervention</td>
<td>Crisis Intervention</td>
<td>OP</td>
<td>Psychiatrist</td>
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<tr>
<td>Distinct Part Psych</td>
<td>Emergency Rm</td>
<td>Telepsychiatry</td>
<td>Case Conference</td>
<td>Case Conference</td>
<td>Suboxone</td>
<td>Licensed and medical psychologist</td>
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<td></td>
<td></td>
<td>FQHC</td>
<td>NMGH</td>
<td>NMGH</td>
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<td>LCSW</td>
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<td>ECT</td>
<td>TFC</td>
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<td>LPC</td>
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<td>ICM</td>
<td>MST</td>
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<td>LMFT</td>
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<td>Psychotherapy</td>
<td>FFT</td>
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<td>LAC</td>
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<td>Psychological Testing</td>
<td>PRTF</td>
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<td>Parent/Youth Support and Training</td>
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<td></td>
<td>PRTF</td>
<td>Wrap around Facilitation (WAA)</td>
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<td>PRTF</td>
<td>Short-Tem Respite</td>
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<td></td>
<td></td>
<td>PRTF</td>
<td>Crisis Stabilization</td>
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The Data Behind the Decisions

Using data to help with Wellness: e.g.: addressing high-utilizers

Twice weekly conference where team members meet to discuss members who have been hospitalized most during the past quarter. Strategies are developed for each to 1) understand barriers to wellness, 2) develop individualized plans to address specific barriers, 3) encourage use of EBPs, such as HCBS services, 4) measure outcome
Stratifying by risk and targeted interventions: Top 50 High Utilizers
DATA: Assess population health through predictive modeling

Reliably identify members with most risk

Less focus
Less impactable cases

Customized algorithms that use HRA data, other demographic and diagnostic information

More focus
Cases with conditions and care gaps that are amenable to case management
Diagnosis Breakdown among all LA Medicaid members

As expected Attention Deficit Hyperactivity Disorder (ADHD), Major Depression, Anxiety, and Episodic Mood Disorder were the most prevalent diagnosis.
Using Data to Assess Need and Drive Improvement

Because we know that access to after-care is one of the key drivers of readmission and poor community tenure for behavioral health patients.

Appointment Access
Time to Service

<table>
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<tr>
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<th>CY2 Q2</th>
<th>CY2 Q3</th>
<th>CY2 Q4</th>
<th>CY3 Q1</th>
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<tbody>
<tr>
<td>EMERGENT (Goal)</td>
<td>85.14%</td>
<td>80.79%</td>
<td>83.09%</td>
<td>77.33%</td>
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<tr>
<td>URGENT (Goal)</td>
<td>60.66%</td>
<td>57.54%</td>
<td>62.62%</td>
<td>81.88%</td>
</tr>
<tr>
<td>ROUTINE (Goal)</td>
<td>95%</td>
<td>76.72%</td>
<td>72.91%</td>
<td>73.76%</td>
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Monitoring the population: Ambulatory Follow-Up

### Adults

- **Non 1915i 7-day**
  - 2013-Q1: 14.89%
  - 2014-Q1: 18.15%
- **1915i 7-day**
  - 2013-Q1: 71.36%
  - 2014-Q1: 52.18%
- **Non 1915i 30-day**
  - 2013-Q1: 36.47%
  - 2014-Q1: 38.98%
- **1915i 30-day**
  - 2013-Q1: 48.86%
  - 2014-Q1: 65.00%

### Children

- **Non CSoC 7-day**
  - 2013-Q1: 42.42%
  - 2014-Q1: 45.66%
- **CSoC 7-day**
  - 2013-Q1: 89.02%
  - 2014-Q1: 80.22%
- **Non CSoC 30-day**
  - 2013-Q1: 68.29%
  - 2014-Q1: 69.73%
- **CSoC 30-day**
  - 2013-Q1: 67.52%
  - 2014-Q1: 91.21%

(Bar charts show data from 2013-Q1 to 2014-Q4, with comparison for similar time periods in 2013 and 2014.)
For those children and adolescents who received psychotropics: 1,624 (1.8% of the total on psychotropic medications) received 5 or more psychotropics in the last year.

- The majority of the children receiving 5 or more psychotropics were between the age of 6-11.
### Louisiana Medicaid experience: 2014 Antipsychotic use

<table>
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<tr>
<th></th>
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<th>Medicaid members on at least 1 antipsychotic: Risperidone</th>
<th>Medicaid members on &gt;1 antipsychotic</th>
<th>Magellan members on at least 1 antipsychotic</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Children and Adolescents eligible for LA Medicaid</td>
<td>893,756</td>
<td>56%</td>
<td></td>
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<tr>
<td>Children and Adolescents served by Magellan</td>
<td>90,605 (10%)</td>
<td>18%</td>
<td>17%</td>
<td>4%</td>
<td>3%</td>
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<tr>
<td>Medicaid members on at least 1 antipsychotic:</td>
<td></td>
<td>Risperidone: 56%</td>
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<tr>
<td>Quetiapine: 18%</td>
<td>Medicaid members on &gt;1 antipsychotic</td>
<td>Quetiapine: 18%</td>
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<tr>
<td>Aripiprazole: 17%</td>
<td>Magellan members on at least 1 antipsychotic</td>
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<tr>
<td>Ziprasidone: 4%</td>
<td>Magellan members on &gt;1 antipsychotic</td>
<td>Ziprasidone: 4%</td>
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<tr>
<td>Olanzapine: 3%</td>
<td>15,292</td>
<td>56%</td>
<td>15,292</td>
<td>12,195</td>
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<tr>
<td>7370</td>
<td>48.2% of all Medicaid-eligible children and adolescents on antipsychotic were on 2 or more</td>
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Challenges to the LA Behavioral Health Partnership

DCFS clients
Youth with primary disruptive behavioral disorder diagnoses; Judicial clients
Youth with developmental disabilities
PRTF: in-state and out-of-state
Long-term placement needs
CSoC
Substance Use Residential Treatment
Quality monitoring