A Payer Perspective

Psychiatric Grand Rounds
April 5, 2019
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Agenda

• Background and health plan structure
• Insurance primer
• Focus on
  – SUD
  – Integration
  – Quality measures
• Value Based Care
• A Roadmap
Background

- Historically at BCBSWNY Behavioral Health related services were outsourced to a vendor partner
- In 2017 services transitioned to our current in-house model
- The goals of this transition were to build
  - A fully integrated internal holistic model to support members’ needs
  - To build partnerships with community providers and organizations to improve access and care pathways for members
  - Retain policy control locally
  - To assure compliance to regulations with additional and specific attention to New York State
Health Plan Capabilities

“A fully integrated internal holistic model to support members’ needs” – means what?

- Includes utilization review, disease management, and case management
- Management focuses on: Depression, ADHD, and Substance Use
- Our team is composed of psychiatrists, licensed clinical social workers, licensed mental health counselors, and outreach associates
Coaching
- Healthy, low risk
- Lifestyle management
- Behavior change component
- Addresses lifestyle and decision making

Disease Management
- Mid-level complexity
- Chronic condition management
- Significant self-management component
- Addresses preventive maintenance care
- Encourages care driven by PCP, Community & BH Specialists

Case Management
- Higher-level complexity
- Driven by event/end-stage of chronic condition
- Higher level of direct case manager intervention
- Works closely with care providers, family, and MDs to establish and maintain plan of care
All Utilization Management Specialists, Case Managers and Disease Managers are licensed clinicians. 17 fully dedicated staff and two psychiatrists.
Health Insurance Is Complicated

Product Types:

Commercial/Employer Group Based:
- **Traditional** (Indemnity) Basic hospital and medical/surgical coverage
- **HMO** (Managed Care)
- **POS** (Point of Service) PCP is required and arranges the care
- **PPO** (Preferred Provider Organization) Utilizing specific contracted providers resulting in lower cost shares
- **EPO** (Exclusive Provider Organization) Services Must be received from a network provider
- **CDHP** (Consumer Driven Health Plan) – member accounts such as Health Savings Account
- **ASO** (Administrative Services Only) Third party is obtained by an employer group to provide the oversight and management of the benefits. This is common when an employer sponsors a self-funded health care program in which the employer is at risk for the cost of the health care. The ASO has some ability to limit benefits including BH/MH access.

Government Based:
- **(New York State) Exchange Products**: benefits available through individual States as a result of the Affordable Care Act to those who would not otherwise be eligible for an employer group plan.
- **Federal Employee Plan**: Coverage for Federal Government employees, regulated by the federal government
- **Medicare Advantage**: Additional Part C and Part D benefits available through a health plan to supplement traditional Medicare benefits.
- **Medicaid**: available to NYS residents below a certain income threshold
- **Child Health Plus**: federally funded, state managed pediatric insurance for children that fall into a gap between Medicaid and commercial insurance
Health Insurance Is Complicated

• The Health Insurance products may vary in benefits and cost structure. They may also be regulated by different entities.
  – Cost structure includes co-pays, out of pocket maximums, co-insurance, and deductibles
  – Benefits are defined in the terms of the contract
  – The type of product defines the coverage concept, such as if a referral is required, if a PCP is required or if coverage for participating/non-participating providers is available

**Benefits:** refer to the services that are available under the member’s plan contract. Benefits also include the financial responsibilities members are responsible for based on the type of service and the type of provider you receive those services from (example: hospital vs. non-hospital, PCP vs. Specialist, Non contracted vs. contracted provider

or

**Authorization:** refers to those available services that require a decision by the Plan to determine if a service will be covered. These decisions are governed by evidence based policies and generally require verification of medical records, clinical facts and decision making. Pre-Authorization is when that coverage decision is made before the service is performed or obtained.
Parity Regulations

Federal Mental Health Parity and Addiction Equity Act (MHPAEA) :
• Financial requirements (co-insurance, co-pays, treatment limitations, such as visit limits, imposed on mental health or substance use disorders (MH/SUD) benefits cannot be more restrictive than the predominant financial requirements and treatment limitations that apply to all medical/surgical benefits in a classification. 
  AND
• A Group Health Plan/Insurance may not impose non-qualitative treatment limitations (NQTL) in any classification unless, the NQTL are applied no more stringently than limitations to medical/surgical benefits.

Timothy’s Law
• New York group health plans that provide coverage for inpatient hospital care or physician services must also provide “broad-based coverage for the diagnosis and treatment of mental, nervous or emotional disorders or ailments, . . . at least equal to the coverage provided for other health conditions.”

We audit and review all existing and new policies against these two regulations

Ironic: 42 CFS Part 2 — Health care providers cannot be made aware of a diagnosis of mental health or addiction without written consent. This is more stringent than any other medical condition, presents a significant barrier to early intervention, and reinforces stigma toward mental health diagnoses.
Substance Use Disorder – FOCUS on Prevention

• Community awareness
  – 2013 Pain Killers Kill
  – 2018 “Understanding the Opioid Epidemic,” a national PBS documentary that aired on 97% of PBS stations. Funded in part by the BlueCross BlueShield Association.
  – 2018 National Safety Council “Prescribed to Death” memorial installed at Canalside
  – Numerous physician and provider seminars
  – Development of school based curriculum

• Prescribing guidelines
  – 7 day initial fills for opioids
  – Prior-authorization for initial long acting opioid prescriptions
  – Maximum dose edits

• Alternative pain-management therapies
  – Chiropractic care, acupuncture, massage, and physical therapy services are not subject to pre-authorization or limits on the number of visits.
  – Wellness debit cards can be used to cover non-traditional services

• Partnerships and thought leadership
  – Participation on the Erie County Opioid Epidemic Taskforce
  – Participation on the BlueCross BlueShield Association’s Opioid Workgroup
  – He only payer to participate in hearings held by the New York State Senate Joint Task Force on Heroin and Opioid Addiction
  – Active in lobbying at the State and Federal level
  – Partnered with the National Safety Council for member education
Substance Use Disorder – FOCUS on Early Identification

- **Reversing neonatal abstinence trends**
  - BlueCross BlueShield Right Start Prenatal Program will identify, notify, and educate expectant mothers who have or are at-risk of developing a substance use disorder.
  - Partnered in the Sister’s Hospital Center of Excellence for Pregnancy & Opioid Use Disorder.

- **Increasing screenings**
  - **First in WNY to pay for us of the** Screening, Brief Intervention, and Referral to Treatment (SBIRT) assessment tool.

- **Supporting members**
  - Leveraging our health plan’s clinical analytics to identify at risk members and proactively outreach with educational resources and provider linkages

- **Supporting providers**
  - RationalMed® Alert System at the point of service in the pharmacy can warn of the possible patient misuse of opioids

- **Reducing fraud**
  - Our Special Investigations Unit works with regulators and law enforcement
Substance Use Disorder – FOCUS on Treatment

• **Supporting innovative treatment approaches**
  – 2011 pilot program with Horizon Health Services to provide coverage for residential addiction treatment at Horizon Village. Now a standard benefit on most plans
  – 2017, supported the Save the Michaels House of Hope. This community resource is aimed at educating and involving families in the recovery process and reducing the prevalence of relapse.

• **Removing barriers**
  – BlueCross BlueShield was an early leader in removing pre-authorization requirements and coverage limits on most inpatient and outpatient substance-use disorder treatment.
  – New York State’s standardized level of care for alcohol and drug treatment referral (LOCADTR) tool is used to determine the appropriate level of care for all members.

• **Supporting medication-assisted treatment (MAT)**
  – BlueCross BlueShield was one of the first health plans in New York to remove pre-authorization on all MATs

• **Guiding members**
  – BlueCross BlueShield in-house behavioral health team specializes in understand benefits and quickly finding care within a recommended treatment plan.

• **Expanding access**
  – BlueCross BlueShield made a leadership contribution to the expansion of the Erie County Medical Center’s ED and CPEP. The funds will specifically support ECMC’s inpatient detox program and establish new clinical behavioral pathways and initiatives between our health plan and ECMC
Integration

• High priority is given to integration of all care into cohesive care plans
  – Acknowledge the need to address physical and mental health co-morbidities

• Primary Care Integration
  – Incorporated Care for Kids
    • Launched in 2012 embedded LMSW or LCSW staff with the supervision of a psychiatrist and the support of a central coordinator.
    • BestPratice a value based primary care payment model launched in 2017 maintaining the fee-for-service carve out for BH services provided in the office setting
    • Care at Home for chronically ill and frail seniors launched in 2014 with embedded MH services and a supervising psychiatrist

• BlueCross BlueShield of WNY coordinated the efforts to establish the WNY Behavioral Health MCO Collaborative in 2018 which includes representatives form each of the plans serving the WNY region, including but not limited to: BlueCross BlueShield of WNY, including Amerigroup, Beacon Health Options, Excellus BCBS/Univera, Independent Health, and YourCare Health Plan.
Quality Measures

- NCQA governed HEDIS measures continue to be the primary metrics
- Behavioral Health Quality Measures impact:
  - NCQA Health Plan Accreditation Status and Rating
  - CMS Medicare Star
  - NYS DOH Quality & Satisfaction Performance
  - NYS & CMS Quality Rating System (QRS)
  - Blue Cross Blue Shield Association Performance
HEDIS Measures

Behavioral Health HEDIS Measures 2019:
- Follow-Up Care for Children Prescribed ADHD Medication
- Antidepressant Medication Management
- Use of Multiple Concurrent Antipsychotics in Children and Adolescents
- Metabolic Monitoring for Children and Adolescents on Antipsychotics
- Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics
- Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence
- Follow-Up After Hospitalization for Mental Illness
- Identification of Alcohol and Other Drug Services
- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
- Mental Health Utilization

Behavioral Health HEDIS Measures 2019 - Using Electronic Clinical System (ECDS):
- Unhealthy Alcohol Use Screening and Follow-Up
- Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults
- Depression Remission or Response for Adolescents and Adults
- Depression Screening and Follow-Up for Adolescents and Adults

Behavioral Health HEDIS Measures 2019 - Medicaid Only Measures:
- Adherence to Antipsychotic Medications for Individuals With Schizophrenia
- Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia
- Diabetes Monitoring for People With Diabetes and Schizophrenia
- Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications

Behavioral Health HEDIS Measures 2019 - Opioids
- Risk of Continued Opioid Use
- Use of Opioids at High Dosage
- Use of Opioids from Multiple Providers
Quality Measures

What’s a behavior health provider to do?

- Proper coding and diagnoses on submitted claims
- Encouragement of follow-up care and appointment scheduling (including telehealth services when appropriate)
- Patient education regarding medication compliance
- Referral to plan Care Management for resources and support
- Coordination of care and communication with Primary Care providers
- HealtheLink
Value Based Care

Pay for Success can also support social service providers’ ability to participate along the continuum.
How to get to VBC

- Identify a condition or group with potential
- Is the value derived from outcomes or efficiency?
- Is there variation from best practices or community standards of care?
- Can value be created through integration?
- Engage patients overall health and quality improvement
- Documentation of risk
- Define what and how the results are measured
A Roadmap

• BCBS is actively looking for care improvement
  – VBC
    • Bundled payments for SUD recovery
    • Incentives for integrated care at the primary level
    • Improved outcomes through behavioral health management on total cost of care
  – Population based programs
    • Expansion of InCK
    • Integrated network partnerships and care pathways
  – Technology
    • Expansion of services through telehealth or asynchronous platforms
    • Expansion of care to rural, school based, SNF, Urban or other underserved or at risk geographies or populations
    • Expansion of screening and care coordination through automated or enabled platforms
    • Predictive analytics
Thank You