

Serious Mental Illness Innovation Project Joint PH/BH Shared Savings Pool

Background: As part of its Serious Mental Illness (SMI) Innovation pilot project, the Pennsylvania Department of Public Welfare (DPW) will be creating a shared savings pool, from which dollars will be allocated based on performance on measures that the physical health managed care organization (MCO) and county behavioral health organization (BHO)¹ can jointly influence.

In the first year, the measures will be process-oriented, representing tangible, measurable activities that indicate collaboration and form the foundation necessary for integrating care (see below). The measures will evolve to intermediate outcomes measures for year two. On an annual basis, DPW will be auditing the PH MCO and county BHO on the measures to ensure accountability and to establish the payment amounts.

Year One - Process Measures

PH MCO and county BHO shall be eligible to receive some or all of the shared savings pool for meeting the following four targets. Each measure represents 25% of the funds available.

1. Stratification. PH MCO and county BHO shall jointly agree upon a stratification method that factors in physical health, behavioral health and psycho-social risk factors. DPW envisions the pilot partners will jointly develop a single unified spreadsheet that reports member ID, initial stratification level, and restratification levels on an annual basis. DPW's intent is to: (1) review documentation and spreadsheets; and (2) audit a sample of cases to see what is being done with the information and to ensure that the right consumers are being targeted.

Measure:

DPW will measure the PH MCO and county BHO on the following:

- Written description of the stratification methodology and the process for administering it (e.g., joint administration at time of enrollment into pilot, separate PH and BH stratification that is combined in some manner, etc.).
- An initial baseline stratification shall have been conducted on all beneficiaries in the target population at the start of the program. New members entering the pilot program shall have an initial stratification level established within 60 days of the

¹ County BHO in this document may refer to the Counties or to their managed care partner.

date of enrollment in this pilot project, to the best of the plan/county's ability given all available information.

- Restratification shall occur at least on an annual basis (i.e., every 12 months from the start date of the pilot). The PH MCO and county BHO shall report movement among stratification levels to DPW once per 12-month period.
- Written description of a methodology to re-stratify individual consumers as needed (in addition to the annual re-stratification) based on factors determined by the plans/counties.

Payment:

To receive credit for this measure, the PH MCO and county BHO must:

- Provide documentation of the stratification methodology and process;
- Attest that 90% of members had a baseline stratification at time of program launch and that 90% of all new members have a stratification level established within 60 days; and
- Report movement among stratification levels on an annual basis.

2. Integrated Care Plan/Member Profile. Information guiding the members' care (e.g., needs, care gaps/opportunities, medication list, PH/BH home, etc.) should be available to all persons involved in caring for the member. For purposes of this measure, DPW considers a "care plan", or member profile, to be the collection, integration and documentation of key physical and behavioral health information that is easily accessible in a timely manner to persons with designated access. The Statement of Work for each pilot region will specifically define the elements of the care plan, as defined by the pilot partners. At least 1000 individuals are to receive an Integrated Care Plan/Member Profile in Year 1, for purposes of this measure. For the care plan requirements, DPW's intent is to (1) review documentation and (2) audit a sample of cases in order to see how the care plans are being tailored to member needs.

Measure:

DPW will measure the PH MCO and county BHO on the following:

- Written description of the information that will be collected and how the information will be integrated, documented, and accessed.
- A patient centered "care plan" or member profile, (i.e. documentation of key information) shall be available for all members in the population that are targeted to receive care plans.

Payment:

To receive credit for this measure, PH MCO and county BHO must:

- Provide documentation of what PH and BH information will be collected, and how it will be integrated, documented, and accessed; and
- Attest that a care plan, or member profile, is on record for a total of 1,000 care plans during Year 1.

3. Hospitalization Notification and Coordination. In accordance with one of DPW’s stated priorities for integration, the PH MCO and county BHO are expected to provide notification of a hospital admission and to coordinate discharge and follow-up, including sending discharge diagnoses, medications, and recommended follow-up appointments to respective PH MCO, county BHO, and navigator, as appropriate.² DPW envisions the pilot partners will jointly develop a single unified spreadsheet that reports member ID, date of hospitalization, all diagnoses provided by the hospital (excluding drug and alcohol information when there is no consent), date first entity notified, and date partner entities notified.

Measure:

DPW will measure the PH MCO and county BHO on the following:

- Written description of how notification of admission, coordination of discharge, and communication of necessary admission and/or follow-up information will occur on both sides and who will be performing each of the functions (e.g., plan, county, navigator, etc.).
- Notification of hospital admission shall occur within one (1) business day of when the responsible entity (e.g., if physical MCO knows, it will notify county BHO or its managed care partner and vice versa) learns of the admission.

Payment:

To receive credit for this measure, PH MCO and county BHO must:

- Provide documentation of the process for notification of admission, coordination of discharge, and communication of information as well as the person/entity performing each function; and
- Attest that notification of admission occurred within one business day of the responsible entity learning of the admission 90% of the time.

² Hospitalization for purposes of this measure does not include admission for drug and alcohol treatment, unless consent has been received.

4. Pharmacy Notification. In accordance with one of DPW's stated priorities for integration, the PH MCO and county BHO are expected to implement programs/processes to better manage pharmacy utilization. One focus area shall be timely refills for consumers who have 90 days of continuous therapy on any atypical antipsychotic and then have a medication possession ratio of less than 0.8 for that atypical antipsychotic. For purposes of this measure, timely refill shall be maintaining a medication possession ratio of 0.8 or greater. DPW envisions the pilot partners will jointly develop a single unified spreadsheet that reports member IDs for those on identified medications, date prescription expired, date prescription refilled, and notification to designated parties.

Measure:

DPW will measure the PH MCO and county BHO on the following:

- Written description of how they will jointly use pharmacy data to identify care gaps and/or opportunities.
- Implementation of a process to: (a) identify, on a monthly basis, pilot patients being prescribed an atypical antipsychotic for more than 90 days and then have a medication possession ratio of less than 0.8 for that atypical antipsychotic; and (b) notification of the prescriber in cases where a delay in refill creates a medication possession ratio of less than 0.80.

Payment:

To receive credit for this measure, PH MCO and county BHO must:

- Provide documentation of the process to identify care gaps/opportunities (one being consumers on an atypical antipsychotic for more than 90 days with a medication possession ratio of 0.8 for that atypical antipsychotic).
- Attest that prescribers have been notified of medication refill gaps that lead to a medication possession ratio of less than 0.8 at least 90% of the time.

Year Two - Intermediate Outcomes

Two additional measures (see below) will be added in year two and make up 50% of the payment. Accordingly, the year one measures will decrease to represent 50% of the total funds available and will be awarded only if the performance targets on all four measures are achieved. Payment on year two measures will vary based on incremental improvement; further specifications on the year two measures will be forthcoming.

Outcomes "Bucket" (50%)

1. Reduced use of ER (med/surg and psychiatry) based on ER visits/1000
2. Decrease in hospital admits per 1,000 (med/surg and psychiatry).