

PRIDE PLAN PROFILE

# Health Plan of San Mateo

*Improving care coordination for members with behavioral health conditions.*

The Health Plan of San Mateo (HPSM) provides health care benefits to approximately 145,000 of San Mateo County’s historically underserved residents, nearly all of the Medicaid beneficiaries in the county. About 25 percent of the plan’s membership is composed of older adults and people with disabilities, many of whom are also eligible for Medicare. HPSM participates in Cal MediConnect, the Financial Alignment Initiative demonstration in California. HPSM’s Medicare-Medicaid Plan (MMP) is the sole Cal MediConnect MMP in San Mateo County and delivers or coordinates Medicare and Medicaid physical and behavioral health care and long-term services and supports.

### Quick Facts: Health Plan of San Mateo

- **Tax status:** Government entity; not-for-profit
- **Integration model:**<sup>1</sup> MMP
- **MMP enrollment:** 9,073
- **Service area:** San Mateo County, California

As a government agency, HPSM’s governing board and board committee meetings are open to the public; its finances are completely transparent; and all meeting materials, including financial information, are available to the public online. All of HPSM’s profits are reinvested in services for the local community.

## Delivery System Partner: San Mateo County Health System

HPSM is working with Behavioral Health and Recovery Services (BHRS), a department of the San Mateo County Health System that also functions as a Medicaid Mental Health Plan (MHP) for specialty mental health services and alcohol/other drugs programs in San Mateo County.

## Partnership Focus

This partnership will focus on improving linkages between medical, behavioral, and social services for the plan’s nearly 4,000 dually eligible members (i.e., nearly 40 percent of HPSM’s MMP membership) who have a mental illness and/or substance use disorder. HPSM and BHRS will work together to improve coordination and program service delivery for individuals who use these services, standardize care management processes, and expand collaboration capabilities.

## PRIDE Promoting Integrated Care for Dual Eligibles

The *Promoting Integrated Care for Dual Eligible (PRIDE)* initiative, supported by The Commonwealth Fund and led by the Center for Health Care Strategies, is a learning collaborative of nine leading health plans to advance promising approaches to integrating Medicare and Medicaid services for dually eligible individuals.

This profile series highlights the leading-edge plans participating in *PRIDE* and how they are working with delivery system partners on specific initiatives to advance innovative care management practices for dually eligible populations.

## Description of the Planned Project

Under Cal MediConnect, MMPs provide Medicare and most Medicaid (i.e., Medi-Cal) services to eligible members. This includes mental health benefits for members with mild-to-moderate mental health needs. Individuals who meet criteria for severe or specialty mental health needs receive these services through separately managed county MHPs, and those with substance use disorder needs receive services in county departments from contracted agencies for drug and alcohol services. Cal MediConnect MMPs and county organizations must sign an MOU that outlines how they will align behavioral health services and bridge the gaps between Medicare services and the county behavioral health system. In addition to serving as San Mateo County's MHP and department for drug and alcohol services, BHRS is also the delegated administrator and service provider for Medicaid-only enrollees who have mild-moderate behavioral health conditions and substance use disorder needs.

The goal of the HPSM-BHRS project is to streamline coordination across HPSM's integrated delivery system and improve outcomes across physical and behavioral health indicators. MMP members with specialty mental health needs have difficulties in managing chronic medical conditions, which is reflected in high rates of emergency department use and inpatient readmissions. This population can also be difficult to engage in assessment and care planning processes. HPSM and BHRS are designing a formal project plan, and specific program elements will include:

- Developing strategies for more effectively coordinating Medicaid services and aligning benefits with members' demonstrated needs;
- Improving service delivery capabilities and coordination across programs, including intake and care management processes;
- Identifying community-based options for members discharged from inpatient psychiatric units who need lower intensity services; and
- Evolving administrative capabilities to support integrated care delivery, focused on developing new tools, systems, data, processes, and outlining of roles/responsibilities across organizations.

HPSM will monitor program performance through existing quarterly joint operations and monthly leadership meetings. Initial process measures will include the number of integrated care plans and integrated case conferences for HPSM members who receive BHRS services. In addition, HPSM will track interventions to improve operational efficiencies. Lastly, HPSM and BHRS will develop a disease prevalence profile for behavioral health and substance use disorder conditions to better target service needs to different populations. HPSM plans to assess progress with outcome measures, including reductions from a baseline in: (1) inpatient admissions and length of stay; (2) emergency department visits; and (3) psychiatric emergency services. HPSM is addressing a few design challenges, including determining an approach to expand communication channels with BHRS and aligning the scope of covered benefits and conditions for the formal program plan.

### ABOUT THE CENTER FOR HEALTH CARE STRATEGIES

The Center for Health Care Strategies (CHCS) is a nonprofit policy center dedicated to improving the health of low-income Americans. It works with state and federal agencies, health plans, providers, and community-based organizations to develop innovative programs that better serve people with complex and high-cost health care needs. For more information, visit [www.chcs.org](http://www.chcs.org).

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<sup>1</sup> Managed care plans can be used to promote the integration of care for dually eligible beneficiaries. The Medicaid-Medicare Plans (MMPs) operating under the Financial Alignment Initiative demonstrations are highly integrated models that combine Medicare and Medicaid services, administrative functions, and financing. Dual Eligible Special Needs Plans (D-SNPs) are specialized Medicare Advantage plans that must contract with the Medicaid agency in the states in which they operate, and seek to provide enrollees with a coordinated Medicare and Medicaid benefit package. When D-SNPs are aligned with Medicaid managed long-term services and support (MLTSS) plans, they can attain a higher degree of integration than D-SNPs operating alone. Fully Integrated D-SNPs (FIDE SNPs) are a type of D-SNP created to promote the full integration and coordination of Medicare and Medicaid benefits — primary and acute care and LTSS — and financing of services, for dually eligible beneficiaries.