

PRIDE PLAN PROFILE

# University of Pittsburgh Medical Center

*Improving physical health services for members with serious mental illness.*

The University of Pittsburgh Medical Center (UPMC) Insurance Services Division is a provider-led organization that is part of an integrated health care delivery system. It offers a range of commercial (including Marketplace), Medicare, Medicaid, and behavioral health plans to more than 3.4 million members across Pennsylvania and parts of Maryland, Ohio, and West Virginia. The Insurance Services Division also offers a variety of ancillary products, such as dental, vision, and employee management.

UPMC’s Medicare Advantage Dual Eligible Special Needs Plan (D-SNP) – UPMC *for Life* Dual – was created in 2002 and has 25,897 members, all of whom reside in Pennsylvania. In 2018, UPMC launched UPMC Community HealthChoices, a Medicaid managed long-term services and supports (MLTSS) plan, as part of the Commonwealth of Pennsylvania’s Community HealthChoices program. This plan enrolls full benefit dual eligibles as well as Medicaid-only beneficiaries who receive long-term services and supports. UPMC Community HealthChoices has approximately 42,000 enrollees in southwestern Pennsylvania, and will eventually serve all counties as Pennsylvania expands its MLTSS program statewide. Approximately 85 percent of UPMC’s D-SNP members are also enrolled in its MLTSS plan under the Community HealthChoices program.

### Quick Facts: UPMC

- **Tax status:** Not-for-profit
- **Integration model:**<sup>1</sup> D-SNP, MLTSS
- **D-SNP enrollment:** 25,897
- **MLTSS enrollment:** 42,000
- **Service area:** D-SNP, 49 of 67 Pennsylvania counties; MLTSS, 14 of 67 Pennsylvania counties

## Delivery System Partner: Community Care Behavioral Health Organization

In Pennsylvania, Medicaid behavioral health services are separately managed by county-based behavioral health managed care organizations (BH-MCOs). For this phase of PRIDE, UPMC *for Life* Dual is working with the Community Care Behavioral Health Organization (Community Care), a large not-for-profit BH-MCO. Community Care, which is also part of the UPMC Insurance Services Division, manages a full range of Medicaid behavioral health benefits including several community-based programs focused on minimizing institutional care and maximizing family and community support and involvement. Community Care provides behavioral health services to many UPMC *for Life* Dual members, and it closely collaborates with UPMC *for Life* Dual to enhance services for them.

## 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.

## Partnership Focus

Through its partnership with Community Care, UPMC *for Life* Dual developed a population health initiative to improve care for its members with severe mental illness. The partnership focuses on the Patient Centered Medical Home (PCMH) practices that provide primary care services for many of the plan's D-SNP members to create a special care management program for individuals with serious mental illness across the D-SNP's entire service region.

## Description of the Planned Project

Targeting individuals with serious mental and high physical health needs, specially trained care managers from Community Care manage members' behavioral and physical health, including conditions such as diabetes, asthma, and urinary tract infections that are often not optimally managed for this population and that can lead to emergency department visits and inpatient admissions when left untreated. Care managers are embedded in community mental health centers where they can interact with members in person (with some supplemental telephonic contacts). The care management model uses a tiered intervention strategy in which care managers facilitate cross-provider coordination and communication, prompt responses to acute inpatient and emergency department activity, and linkage with appropriate clinical and community resources.

Within a few weeks of member enrollment, a care manager conducts an in-home assessment, including medication reconciliation. Care plan interventions include whole life population management across all health and social service areas, including treatment for substance use disorders. The care managers work with both behavioral health providers enhance their attention to concurrent physical health and wellness concerns as well as physical health providers to ensure adequate engagement of these members in primary and specialty care.

The overall goals of the initiative are to: (1) reduce emergency department visits and unplanned inpatient admissions; (2) optimize health outcomes; (3) enhance and support quality of life and self-management skills; (4) increase consumer satisfaction; and (5) improve engagement in primary and specialty care, including behavioral health and substance use services. UPMC *for Life* Dual expects that this initiative will improve member and provider engagement and hopes to see its overall Star rating improve over the next 18 months. In particular, the plan would like to see an improvement in its HEDIS Measure All Cause Readmission rate. It anticipates several challenges to this work, including successfully integrating the clinical and financial operations of its MLTSS and D-SNP products, engaging providers in regions where the SNP is less prominent, and addressing members' social determinants of health.

### 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.