

# CountyCare Report & Deep Dive Discussion

*Prepared for: CCHHS Board of Directors*

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June 26, 2015



Key Measures	Mar'15	Apr'15	May'15	Change From Prior Month	Trend	FYTD'15 Budget or Goal	% to Budget/ Goal
<b>Monthly Membership</b>	153,118	179,393	183,415	-3.7%	↓	155,334	113.7%
ACA	85,984	92,270	90,491	-5.8%	↓	76,119	112.0%
FHP	64,494	84,324	90,140	-1.8%	↓	74,506	118.8%
SPD	2,640	2,799	2,784	1.1%	↑	4,709	59.8%
<u>FYTD Member Months</u>	464,097	643,490	826,905			1,002,494	100.1%
ACA	323,223	415,493	505,984			565,859	104.5%
FHP	133,093	217,417	307,557			408,024	97.1%
SPD	7,781	10,580	13,364			28,611	56.6%
<b>Risk Management</b>							
<u>Pharmacy</u>							
# Scripts filled	179,367	177,742	158,828	(18,914)	↓		
% CCHHS HIV pt meds @ CCHHS pharmacy	33.1%	36.7%	35.5%	-1.2%	↓	80%	-44.5%
% Maintenance Rx on Extended Supply (>84 days)	15.1%	18.0%	24.0%	6.0%	↑	85%	-61.0%
<b>Care Management</b>							
<u>PCMH Assignment</u>							
% Members Assigned to PCMH	98.5%	96.7%	96.3%	-0.4%	↑		
% Members Unassigned	1.5%	3.3%	3.7%	0.4%	--		
<u>ACA Utilization Management (rolling 12 month)</u>						<b>Nov'14 Baseline</b>	
Admits/1,000 member months	175	167	163	(4)	↑	168	-3.1%
Bed Days/1,000 member months	781	740	714	(26)	↑	737	-3.2%
ED Visits/1,000 member months	989	967	943	(24)	↑	1,017	-7.8%
% 30-day Readmissions	23%	21%	21%	0%	--	20%	4.8%
<u>ACA CCHHS Utilization (since 7/1/2014)</u>	<b>FY'15 Q1*</b> (N=242,564)		<b>FYTD'15 Q2*</b> (N=235,671)			<b>FY'14 Q4 Benchmark</b>	
Emergency Room	14.2%		13.1%	-1.2%	↓	17.2%	-4.1%
Hospital Inpatient	12.4%		9.9%	-2.5%	↓	10.9%	-1.0%
Hospital Outpatient	31.2%		33.7%	2.5%	↑	28.8%	4.9%
Other Medical	0.6%		0.9%	0.2%	--	1.1%	-0.2%
Primary Care	37.7%		30.7%	-6.9%	↓	39.8%	-9.1%
Specialist	12.1%		6.2%	-5.9%	↓	6.8%	-0.7%
Total	18.8%		15.6%	-3.2%	↓	19.1%	-3.5%
<b>Operations</b>							
<u>Claims Processing</u>	<b>FY'15 Q1</b>		<b>FYTD'15 Q2</b>			<b>Goal</b>	<b>Goal Met</b>
Avg # Days Received-to-Processed	4		4			< 8	Y
Avg # Days Received-to-Paid/Pend	31		34			< 35	Y

# Quarterly Deep-Dive Discussion: Behavioral Health (BH) Services



# Working Definition

- Operational definitions driven by claims, ICD codes, etc.
- Mental Illness + Substance Abuse Disorders = Behavioral Health

# Why Focus on Behavioral Health?

## The PROBLEM

People with mental illness die earlier than the general population and have more co-occurring health conditions.



**68%**

of adults with a mental illness have one or more chronic physical conditions

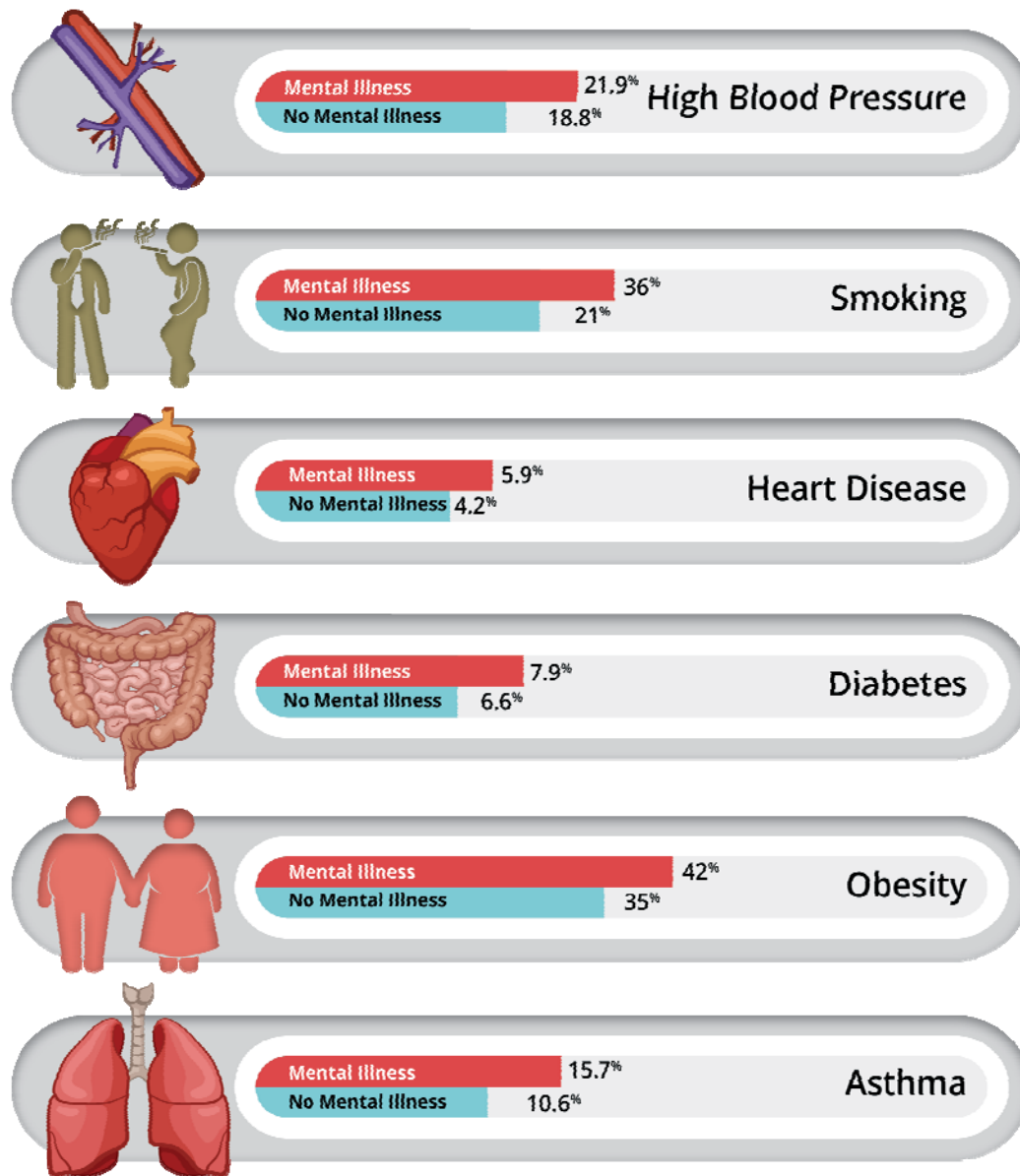
more than  
**1 in 5**

adults with mental illness have a co-occurring substance use disorder

Source: SAMHSA/HRSA Center for Integrated Health Solutions,  
<http://www.integration.samhsa.gov/integrated-care-models/primary-care-in-behavioral-health>



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People living with mental illness have higher rates of physical health co-morbidity

Source: SAMHSA/HRSA Center for Integrated Health Solutions,  
<http://www.integration.samhsa.gov/integrated-care-models/primary-care-in-behavioral-health>

# Medicaid In Illinois

## Single Agency Oversight

IL Department of Healthcare & Family Services (HFS)

### IL Department of Healthcare & Family Services (HFS)

- Medical services (fee-for-service, managed care)
- Pharmacy benefits
- Home & Community-based Waivers

### Various Departments (DoA, DoRS)

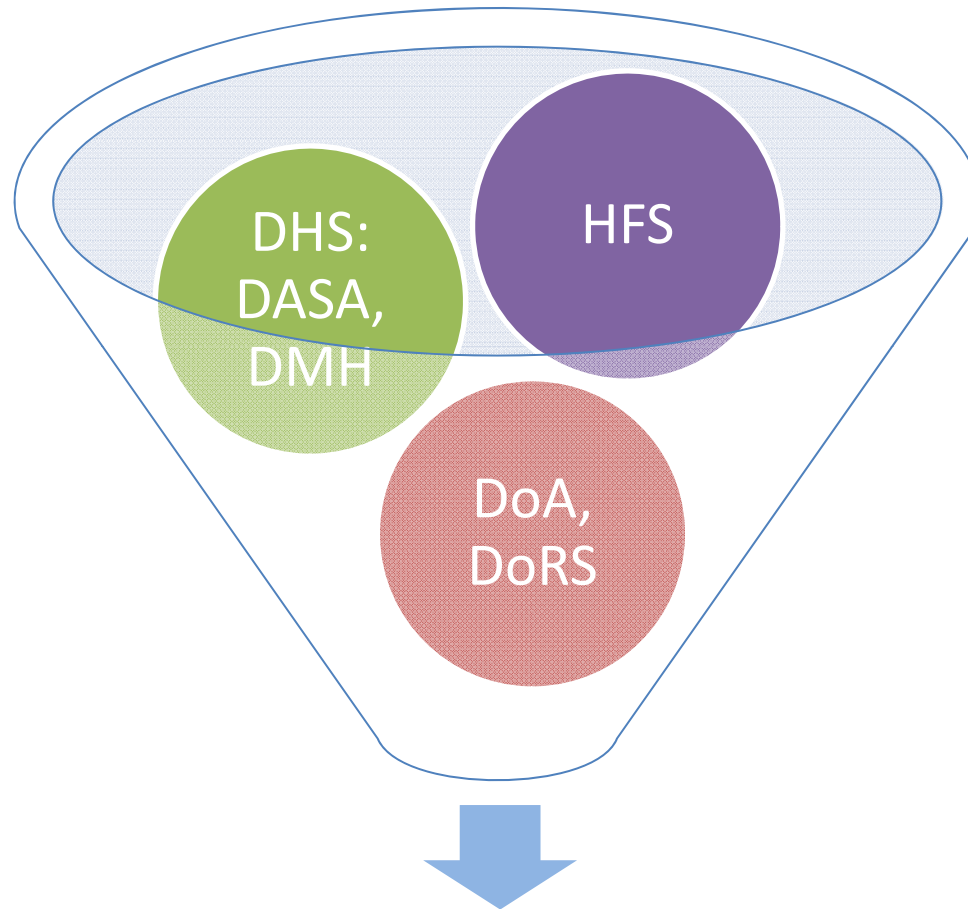
- Home & Community-based Waiver

### IL Department of Human Services (DHS)

- Mental Health (MH) Services (Division of Mental Health/DMH),
- Substance Use Disorder (SUD) Services (Division of Alcoholism & Substance Abuse/DASA)
- Eligibility determination
- Home & Community-based Waivers

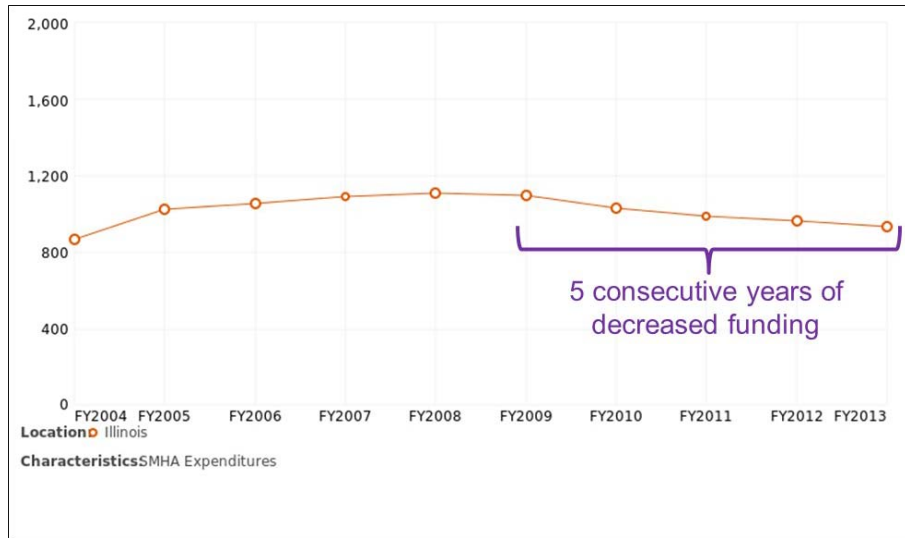
*All services are covered by Medicaid managed care plans as administered by HFS.*

# Medicaid Covered Benefits Today



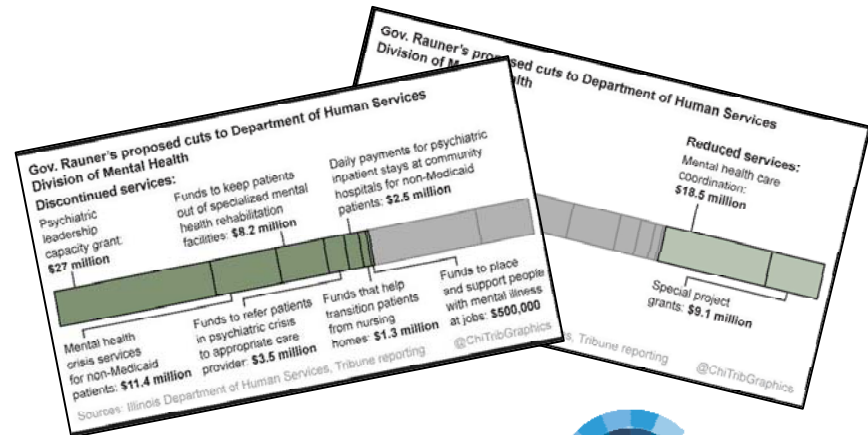


# Volatile Funding History



Five years consecutive funding decreases.

\$82M in proposed cuts, **NOT** implemented; Medicaid budget cuts instead.



Source: Chicago Tribune, 4/10/2015  
<http://www.chicagotribune.com/news/local/politics/ct-mental-health-cuts-met-20150410-story.html#page=1>

Source: Kaiser Family Foundation  
<http://kff.org/other/state-indicator/sma-expenditures/?state=IL#>



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# CountyCare SUD & BH Claims

Claims Paid 7/1/2014-5/26/2015

## At-A-Glance

- \$17.3 million, or 10% of total external cost (not inclusive of pharmacy)
- Significant portion of total spend
- Does not account for related physical health costs

CountyCare Chemical Dependency Claims, Cost & # Members Served (7/1/2014-5/28/2015)					
Place of Service	# Pd Claims	\$ Paid	# Mbrs w/Claim	\$ Pd/Mbr	# Claims/Mbr
Emergency Room	4,569	\$514,253	1,446	\$355.64	3.2
Hospital Inpatient	1,074	\$1,476,979	753	\$1,961.46	1.4
Hospital Outpatient	868	\$527,141	705	\$747.72	1.2
Other Medical	10,076	\$1,384,441	2,173	\$637.11	4.6
Primary Care	4,659	\$540,364	2,417	\$223.57	1.9
Specialist	2,847	\$116,400	1,135	\$102.56	2.5
<b>Total</b>	<b>24,093</b>	<b>\$4,559,578</b>			

CountyCare Psych Claims, Cost & # Members Served (7/1/2014-5/28/2015)					
Place of Service	# Pd Claims	\$ Paid	# Mbrs w/Claim	\$ Pd/Mbr	# Claims/Mbr
Emergency Room	4,405	\$480,094	1,996	\$240.53	2.2
Hospital Inpatient	2,816	\$6,901,022	1,775	\$3,887.90	1.6
Hospital Outpatient	1,275	\$199,189	1,554	\$128.18	0.8
Other Medical	35,377	\$3,112,236	6,232	\$499.40	5.7
Primary Care	17,700	\$1,845,740	8,875	\$207.97	2.0
Specialist	4,791	\$244,303	2,918	\$83.72	1.6
<b>Total</b>	<b>66,364</b>	<b>\$12,782,584</b>			



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# ED & Inpatient UM of CountyCare's Top 1%

Data as of 5/28/2015 | Top 1% by Claims Cost

**UM Metrics /1000 BY Primary Claims Diagnosis MPC (UM/1000 Formula = Admits / Member Month \*12000)**

Cardiology	2,717	11,949	4.4	5,965	28%	206	2,376
Psychiatry	6,395	34,960	5.5	10,407	58%	186	2,019
Orthopedics & rheumatology	2,133	12,767	6.0	3,055	23%	147	1,705
Pulmonology	3,640	23,053	6.3	6,621	40%	133	1,546
Gastroenterology	2,718	14,408	5.3	5,935	31%	133	1,470
Neurology	2,560	17,120	6.7	5,390	29%	114	1,289
Preventive & administrative	2,407	23,203	9.6	3,285	33%	66	738
Hepatology	3,625	19,650	5.4	7,160	37%	56	662
Endocrinology	4,369	19,433	4.4	9,074	57%	55	607
Dermatology	2,468	14,558	5.9	6,498	27%	48	530
Late effects; environmental trauma & poisoni..	2,619	18,922	7.2	3,894	32%	45	527
Infectious diseases	3,065	23,952	7.8	4,966	36%	41	505
Chemical dependency	5,825	30,700	5.3	19,725	57%	45	480
Nephrology	2,311	11,685	5.1	4,175	25%	35	457
Urology	2,224	11,210	5.0	3,776	20%	30	410
Isolated signs & symptoms	2,063	8,438	4.1	4,781	18%	19	256
Gynecology	1,758	6,054	3.4	3,054	33%	21	224
Hematology	3,663	22,674	6.2	5,242	31%	14	190
Otolaryngology	2,618	16,145	6.2	4,509	28%	15	165
Obstetrics	2,020	9,980	4.9	2,733	18%	6	101
<b>Grand Total</b>	<b>3,322</b>	<b>18,916</b>	<b>5.7</b>	<b>6,386</b>	<b>40%</b>	<b>1,415</b>	<b>16,257</b>
	ADMITS / 1000	BED DAYS / 1000	ALOS	ED VISITS / 1000	READMISSION RATE	MEMBER COUNT (ELIGIBLE)	MEMBER MONTHS

# CountyCare SUD & MH ED & Inpatient Admits by Diagnosis

Claims Paid 7/1/2014-5/26/2015 | Facilities with 5+ ED Visits or Inpt Admissions

## SUD Diagnoses

### ED and IP Visits by Diagnosis

Alcohol dependence	362	476	128	27%	\$1.25M	450
Acute alcohol intoxication	1,877	61	9	15%	\$0.45M	977
Opioid or barbiturate dependence	181	203	26	13%	\$0.18M	436
Other drug dependence	243	17	0	0%	\$0.08M	273
Cocaine or amphetamine dependence	48	31	1	3%	\$0.03M	117
	TOTAL ED VISITS	TOTAL IP ADMITS	READMISSIONS	FLAG READMISSION %	Claim Amount	Distinct Count of Members Visiting

## MH Diagnoses

### ED and IP Visits by Diagnosis

Organic drug or metabolic disorders	296	1,353	291	22%	\$2.45M	903
Mood disorder; depressed	790	524	111	21%	\$1.53M	862
Psychotic & schizophrenic disorders	431	388	109	28%	\$1.46M	468
Mood disorder; bipolar	215	385	85	22%	\$1.35M	421
Other neuropsychological or behavioral disorders	392	124	22	18%	\$0.40M	461
Anxiety disorder or phobias	484	22	2	9%	\$0.11M	437
Dementia	7	5	0	0%	\$0.03M	14
	TOTAL ED VISITS	TOTAL IP ADMITS	READMISSIONS	FLAG READMISSION %	Claim Amount	Distinct Count of Members Visiting



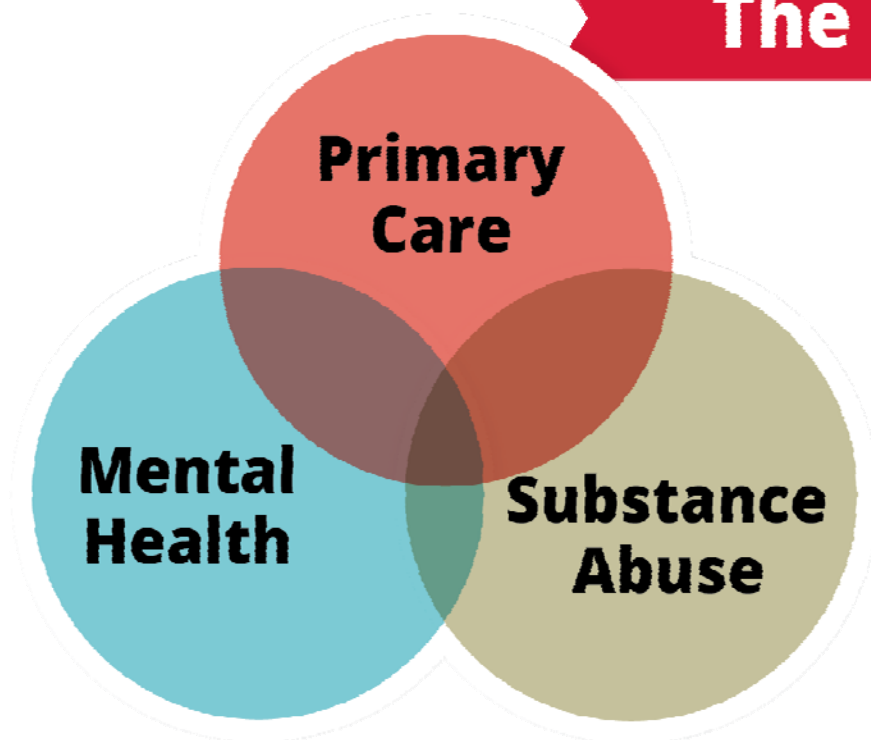
# Current Interventions

- Cenpatico interventions (ACA adults)
  - Case rate payments
  - Focus on case finding
  - Streamlined intake
- Strengthen CountyCare Contracted Network for FHP and ICP members
- High risk care coordination carve-outs
  - Home & Community Based Waiver Members
  - Children with Special Needs (CSNs)



# Vision: Integration of Behavioral & Physical Health

## The SOLUTION



The solution lies in integrated care – the coordination of mental health, substance abuse, and primary care services.

Integrated care produces the best outcomes and is the most effective approach to caring for people with complex healthcare needs.

Source: SAMHSA/HRSA Center for Integrated Health Solutions,  
<http://www.integration.samhsa.gov/integrated-care-models/primary-care-in-behavioral-health>



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# Community Counseling Centers of Chicago (C4)

C4 PMPM capitation agreement

Developing areas of focus:

- MCO BH functions
- Behavioral/physical health care integration
- Outreach/linkage services
- Substance use disorder treatment
- Justice involved population
- Children's Mental Health Services
- ED linkage to care for non-SASS CountyCare patients (pilot)
- General access to care
- Justice involved population



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# Next Steps

- Additional provider partnerships, MH & SUD
- Focus efforts on key populations and indicators
- Incentivize integration at provider practices
- Enhanced justice-involved discharge coordination
- BOD presentation on System-wide approach to BH