

# Behavioral Health Delivery Workgroup

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June 24, 2022

# Plan/Provider Issues

<u>Date</u>	<u>Issue</u>	<u>Notes</u>	<u>Resolution</u>	<u>Resolution Date</u>
5/25/2022	SUD residential rate adjustment	5/25-Some providers stated that the SUD residential rate adjustments were not completed	Received confirmation that all UMIC plans have completed the adjustment as of April 2022	5/30/2022
6/10/2022	The Phoenix and Molina	6/10-Email sent to The Phoenix and Molina asking for details of the issue	Claims are for Marketplace members not Medicaid	6/20/2022
6/10/2022	IOP Bundle	6/10-Email from provider on IOP bundle issue	Started tasks list and meetings for opening bundled codes	Ongoing
6/23/2022	Copays	Healthy U charging copays for BH services delivered by Wasatch Behavioral Health	Email sent to Healthy U on 6/23/2022	

## Utilization Data

- Outside of the PHE, about 5,000 individuals are enrolled in TAM
- ¾ of the population comes from the justice involved category
- 79% are male, and the majority are between ages 30-44
- 87% live in the urban 5 counties.
- About half of TAM members received primary care; about 39% had an emergency department visit
- 31% of TAM members have received antidepressants; 21% antipsychotics; 18% MAT
- About half of members have more than one chronic condition. About ⅓ have a co-occurring physical and behavioral health condition
- 20% of TAM members account for 74% of all TAM expenditures

## Other needs / Coordination Strategies

- Intensive case management and care coordination
- One stop medical visits
- Other interventions addressing access barriers - targeted event days
- Patient incentives - gift cards, hotel stay for bowel prep procedures
- Community health workers / care coordination to address social needs and even working with jails on risk assessments
  - More discussion needed on the jail / release from jail strategies
- Medication interventions - adherence to injectable antipsychotic medicines

## Defining Success

# ❖ Discussion Summary

# A couple other factors to consider

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- Medicaid coverage for justice involved population
  - HB38 2020 session, submitted to CMS June 2020
  - Waiting on federal guidance
- Eligibility - 12 mo continuous
  - If they are determined eligible for TAM, then they stay on TAM for 12 months, regardless of income changes
  - At the end of the 12 months review period, if they still have income that puts them over the TAM limit, but under the Adult Expansion limit, then they may be able to received Adult EXpansion (as long as they meet all other factors of eligibility)

# National Data on Physical and Behavioral Health

- **Persons** with physical health conditions such as **asthma and diabetes** report **high** rates of **substance use disorders** and **serious psychological distress**. (SAMHSA Center for Behavioral Health Statistics and Quality data review)
- According to the Center for Medicaid and Medicare Services (CMS), **50 percent of Medicaid enrollees have a mental health diagnosis**.
- Persons diagnosed with mental illness and common chronic health conditions have health care costs that are 75 percent higher than those without a mental health diagnosis;
- for persons with a co-occurring mental or substance use disorder and common chronic condition, the cost is two to three times higher than average Medicaid enrollees.
- The cost diabetes treatment is as much as four times higher when a co-occurring condition such as depression or alcohol addiction is untreated.
- Major mental health diagnoses are associated with death from 7 – 24 years earlier than for those without such disorders; substance use disorders also were associated with increased mortality. (E. Chesney et al., Risks of all-cause and suicide mortality in mental disorders: a meta-review, World Psychiatry; 2014: 13: 1153-160.)

## **Recap of previous meeting**

- **care coordination,**
- **case management,**
- **community health workers play a critical role in helping TAM clients navigate system.**
- **Access,**
- **Help with enrollment.**
- **Dr Whittle, Fee for service chosen for TAM due to access issues**

# Goals

Triple Aims: Improving the experience of care, **Improving the health of populations**,  
Reducing per capita costs of health care.

Quadruple Aims—reducing costs; **improving population health**, patient experience, and  
team well-being—and productivity.

# Contact Us

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