

# ***Integrating Payment to Integrate Behavioral Health and Primary Care***

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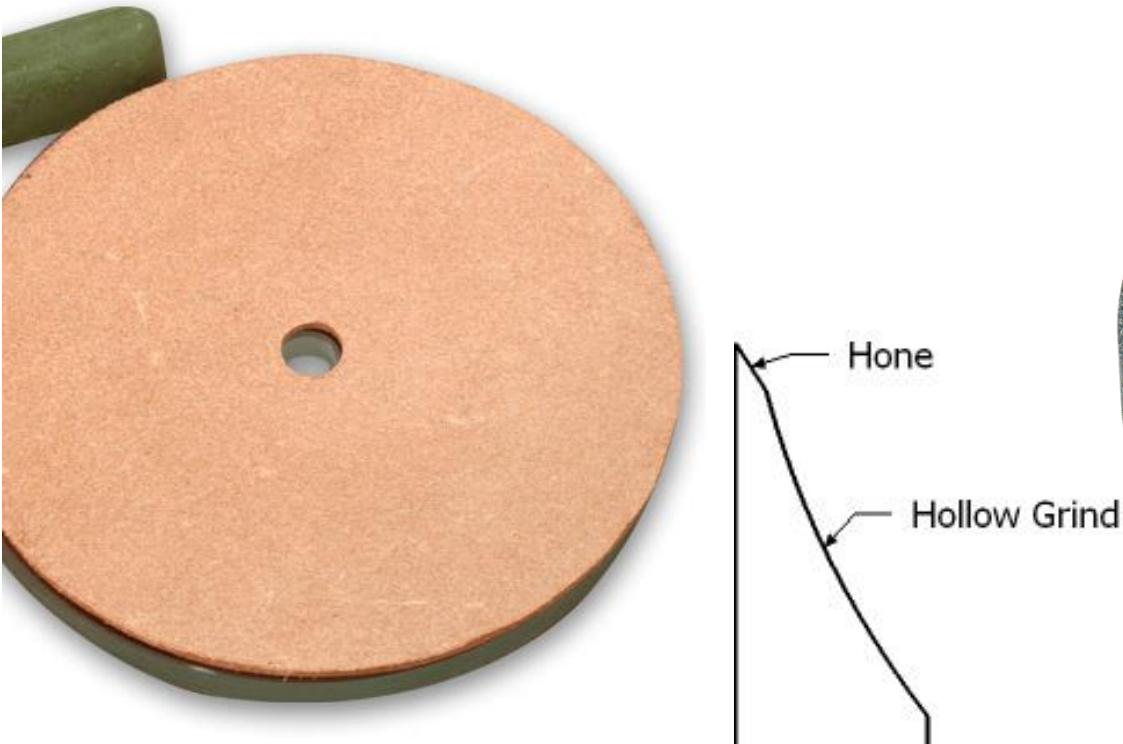
**AcademyHealth & Robert Wood Johnson Foundation  
Payment Reform Meeting  
Chicago, Illinois  
October 23-24, 2014**



# ***Honing the Models and Pushing the Boundaries...***



# HONING vs. GRINDING





\$1,000,000 per day  
10,403 years

In Miles...  
To the Sun and Back  
20,439 times

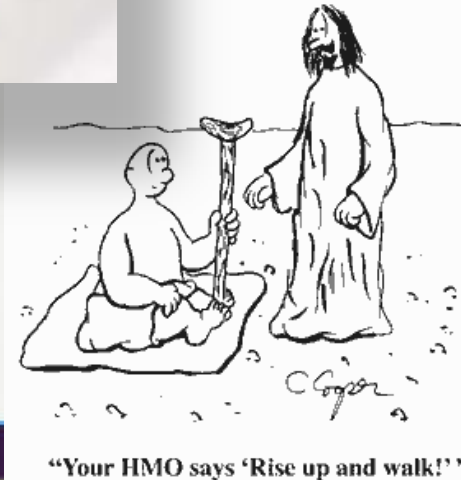
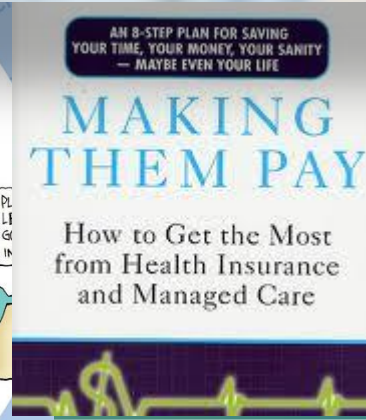
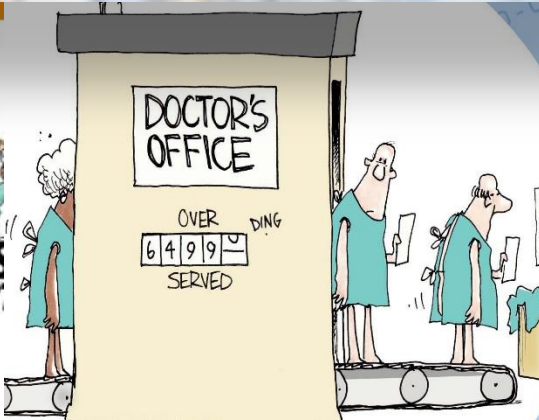


HEALTHCARE  
REFORM

# Managed Care VS. Fee-for-Service

ING FROM  
ME TO VALUE  
ALTH CARE

G CHALLENGES & OPPORTUNITIES



"Your HMO says 'Rise up and walk!'"

# **Cherokee Health Systems:**

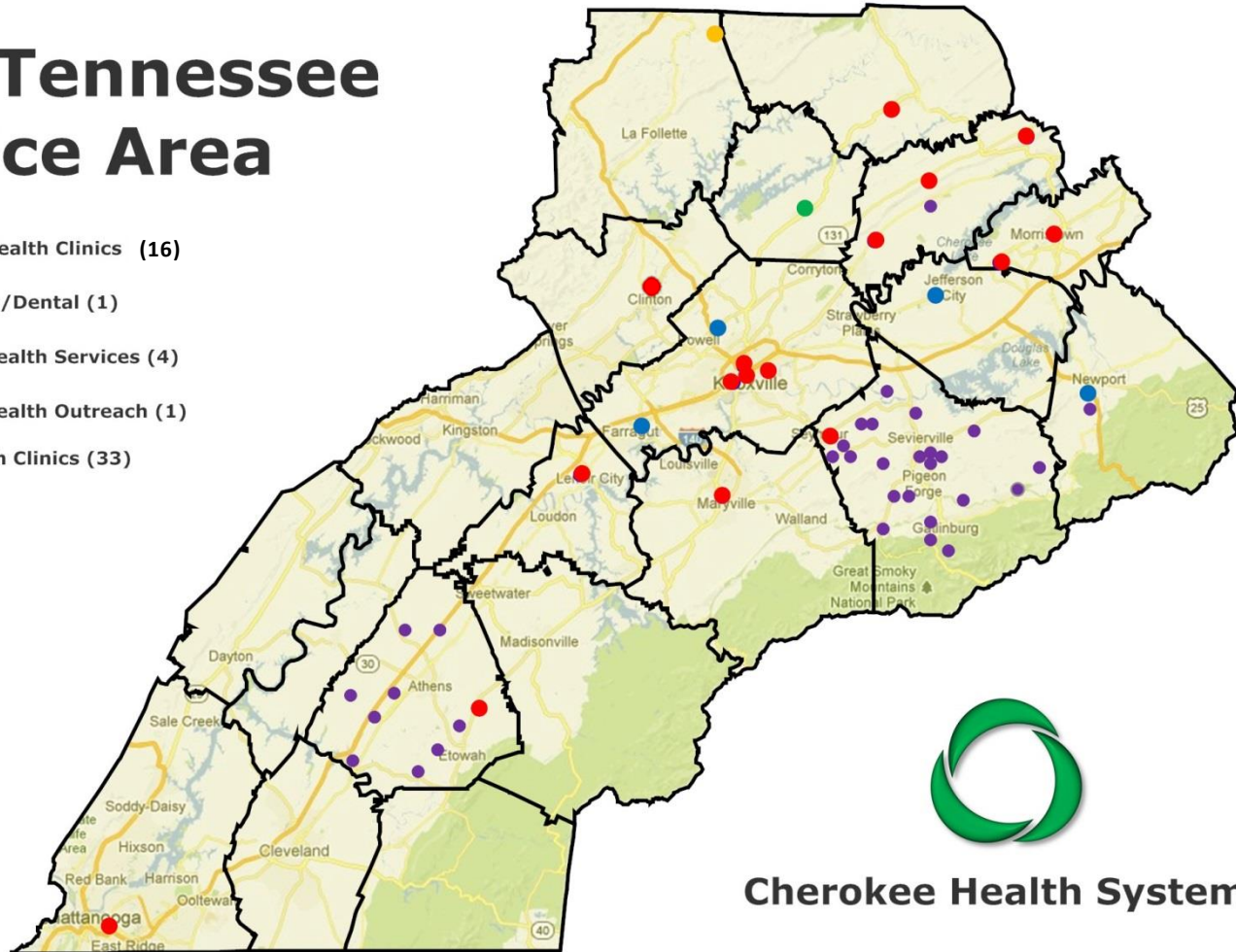
## **Merging the Missions of CMHCs and FQHCs**





# East Tennessee Service Area

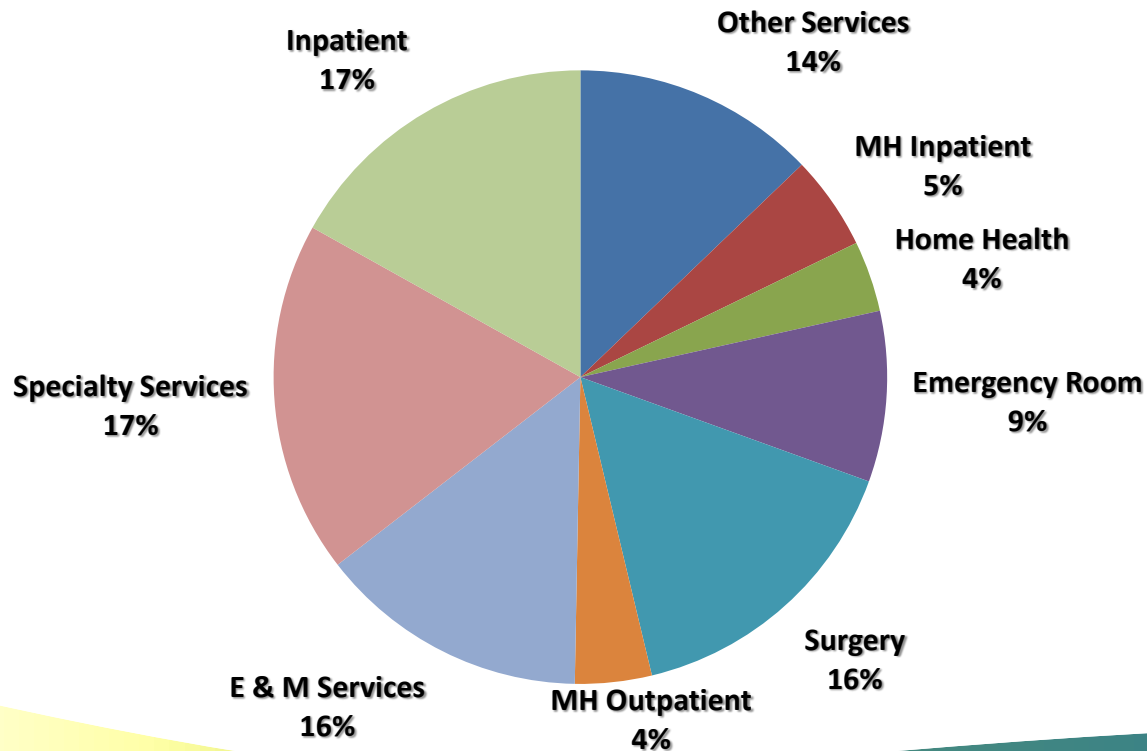
- Integrated Health Clinics (16)
- Integrated w/Dental (1)
- Behavioral Health Services (4)
- Behavioral Health Outreach (1)
- School Health Clinics (33)



**Cherokee Health Systems**

# Placing a VALUE on Integrated Care

## Distribution of Resources – TennCare Integrated RFP Databook





% of Average Utilization

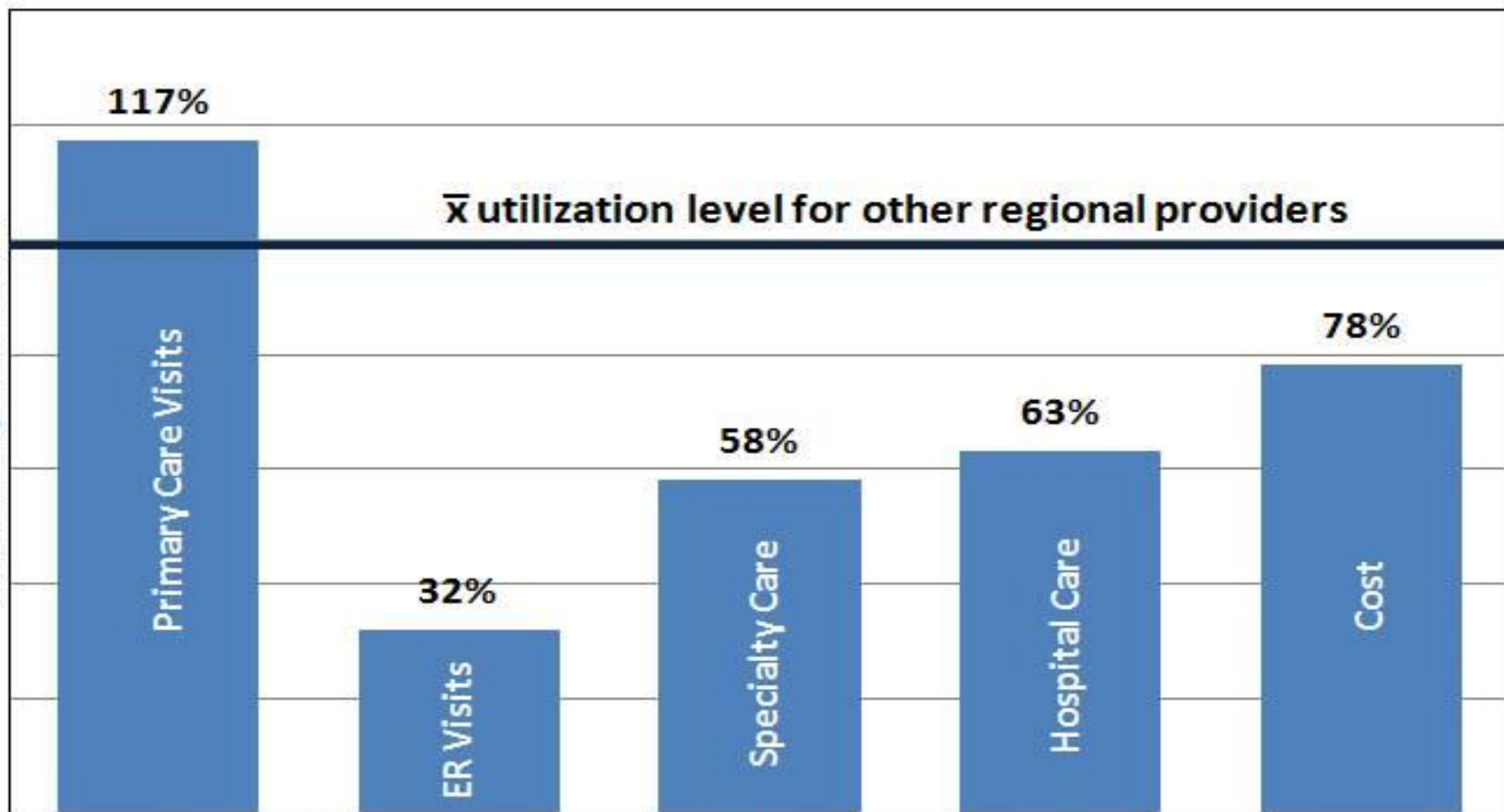
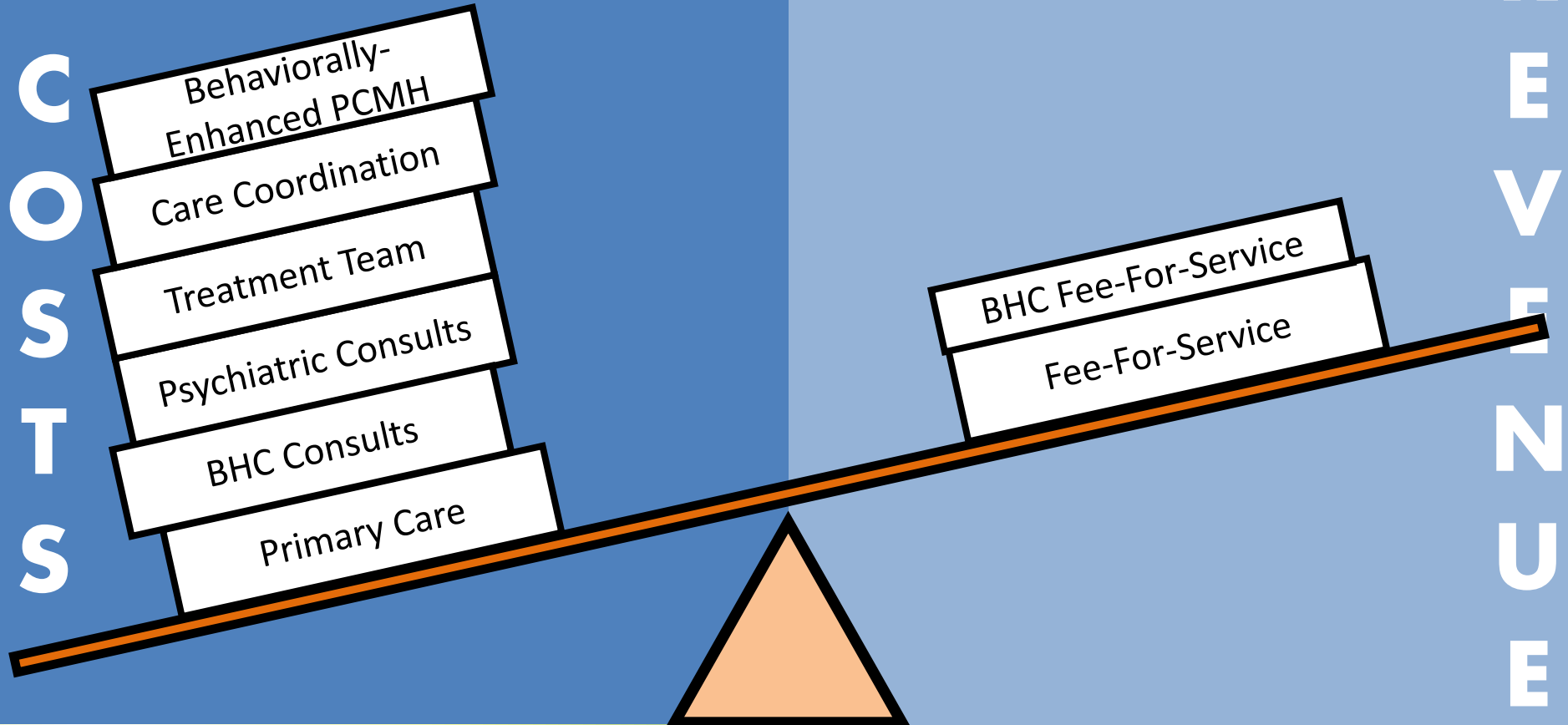
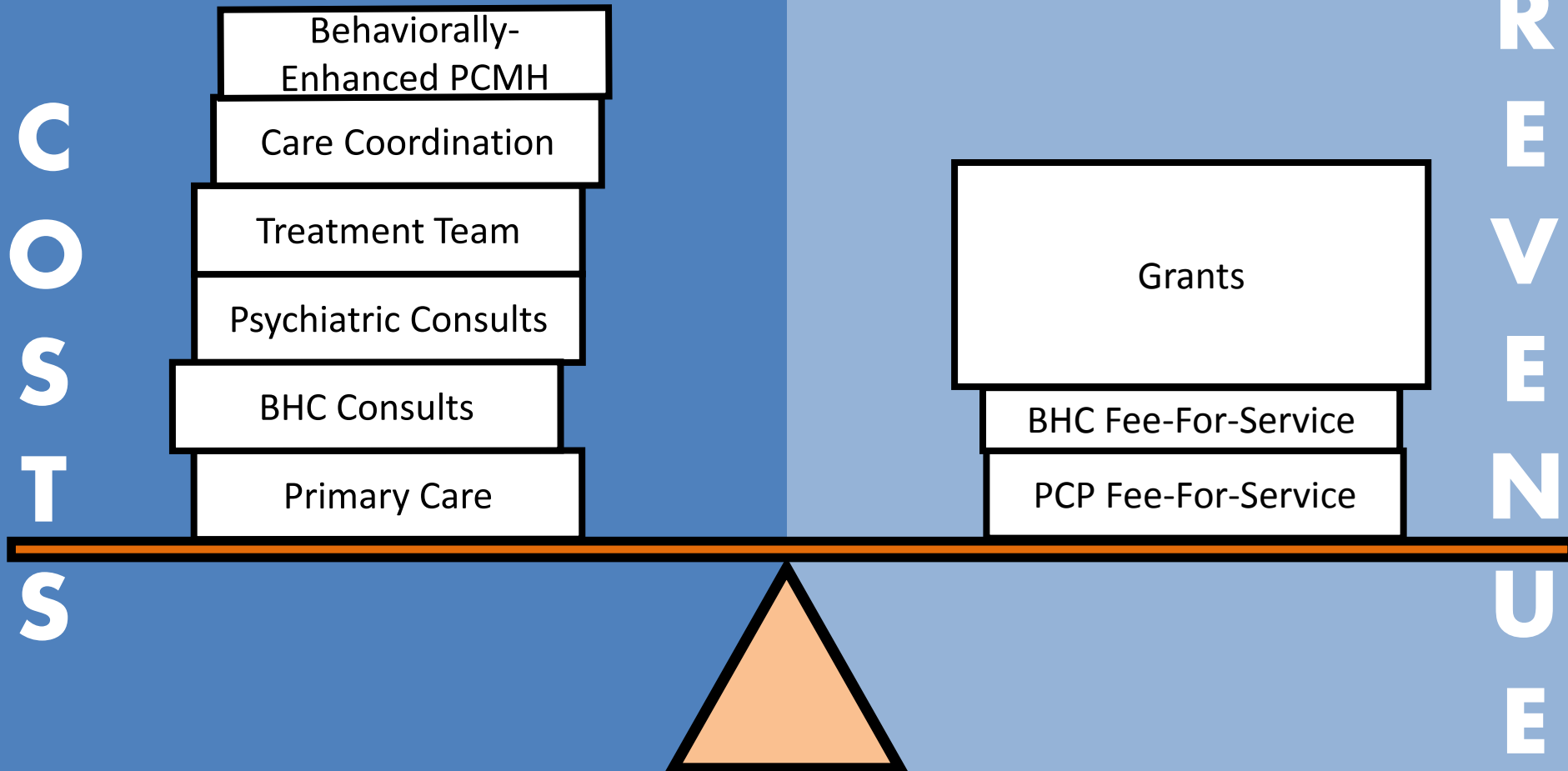


Figure 1: Comparison of CHS utilization with regional providers

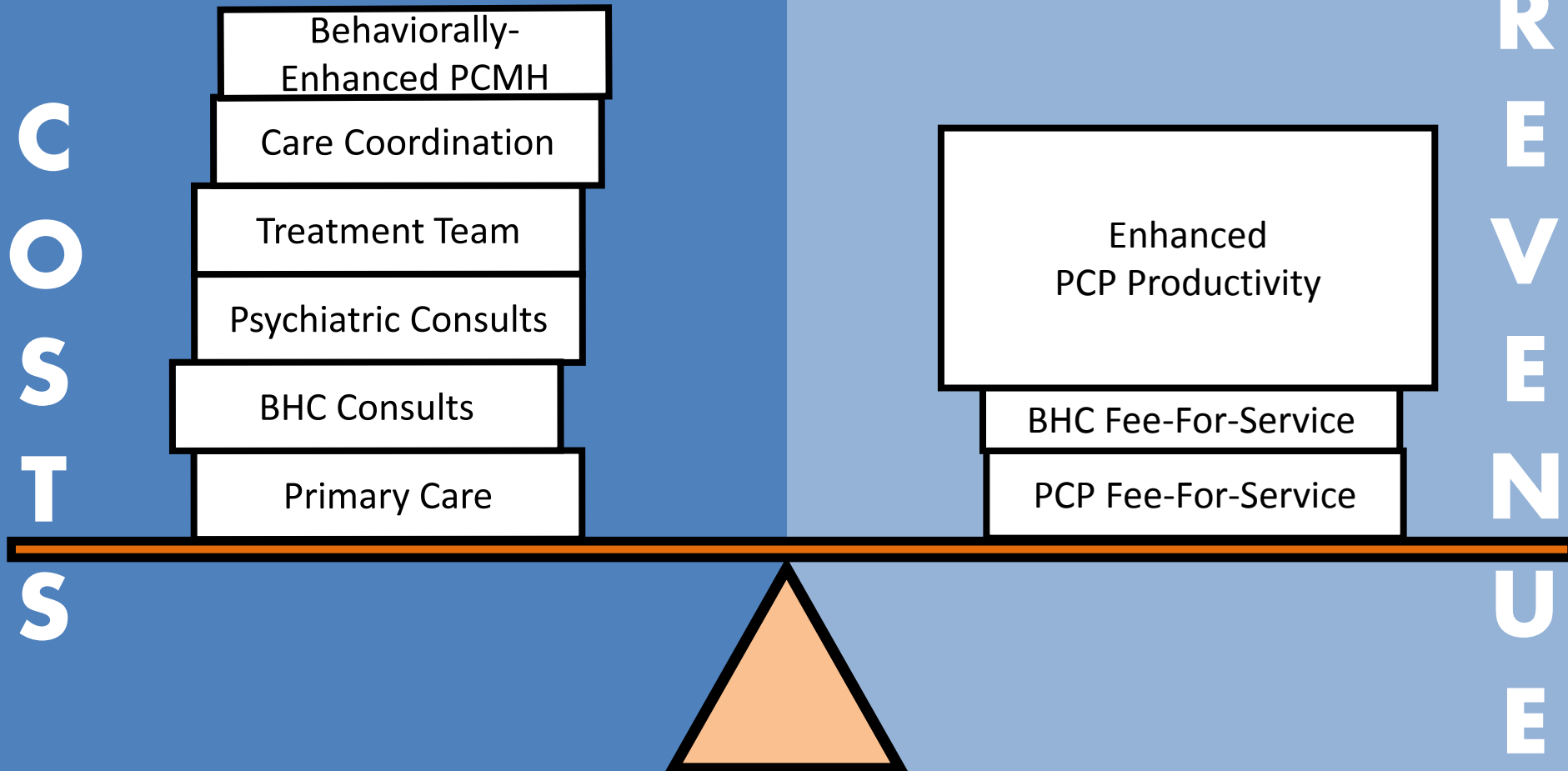
# A Balancing Act...



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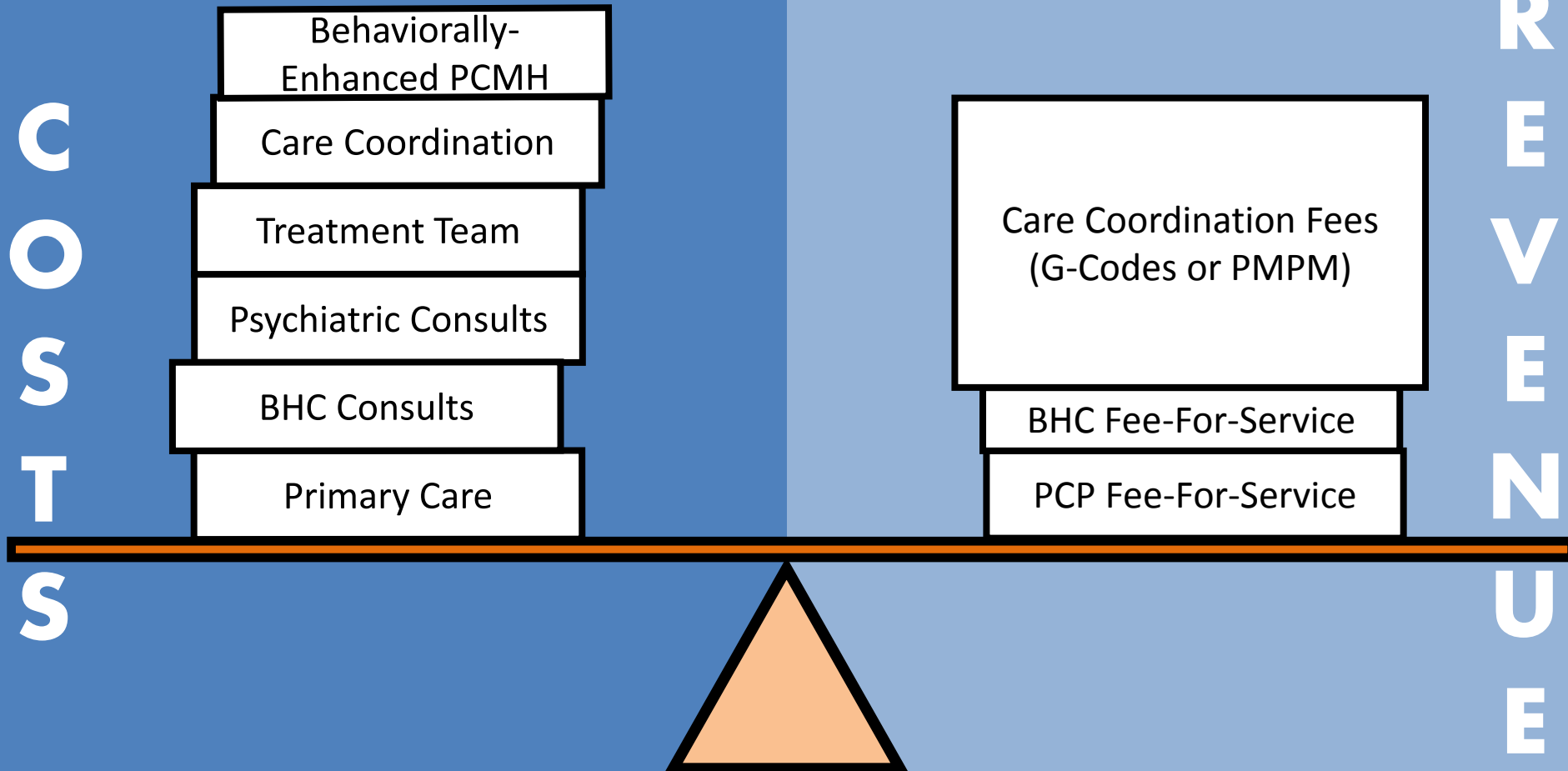


# A Balancing Act...





# A Balancing Act...





## 2009 HCPCS G9001

Coordinated care fee, initial rate



## 2009 HCPCS G9002

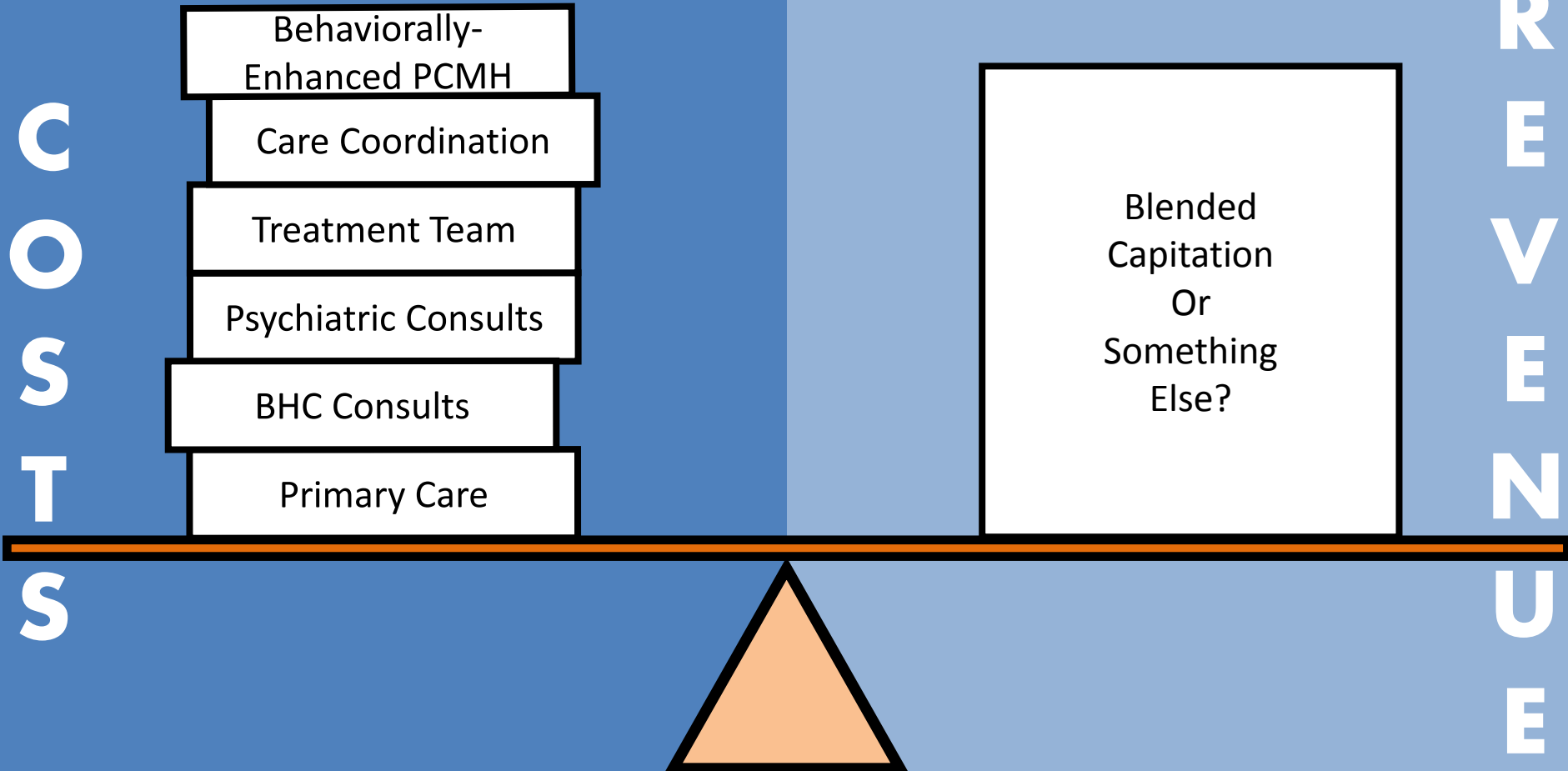
Coordinated care fee, maintenance rate

- Added on Sunday, October 01, 2000
- BETOS Classification: Other
- Medicare coverage status: Special coverage instructions apply

- Added to claim to reimburse for coordination and consultation activities of the Integrated Care model
- Billing entity must have required program components in place to qualify for reimbursement
- Billing entity subject to review or certification to ensure compliance with program standards

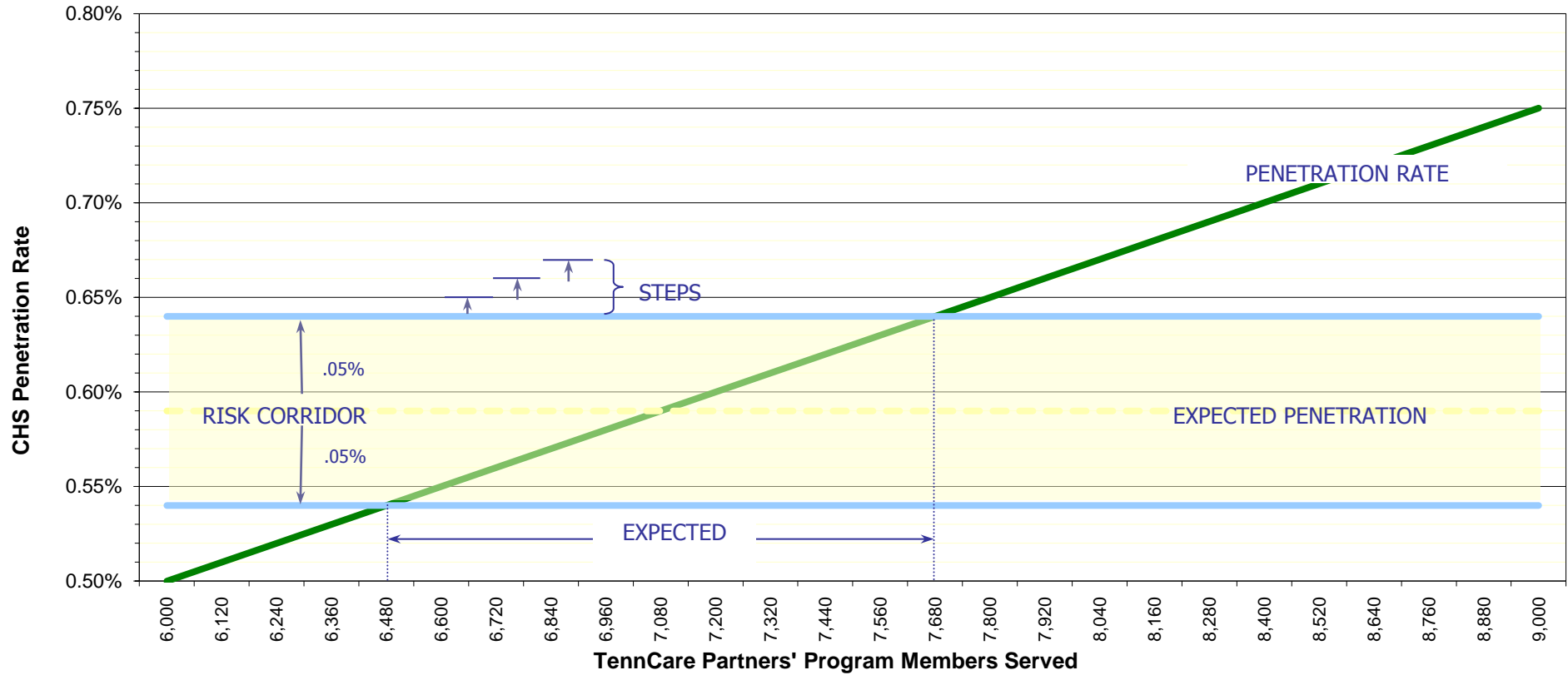


# A Balancing Act...



# Cherokee Health Systems

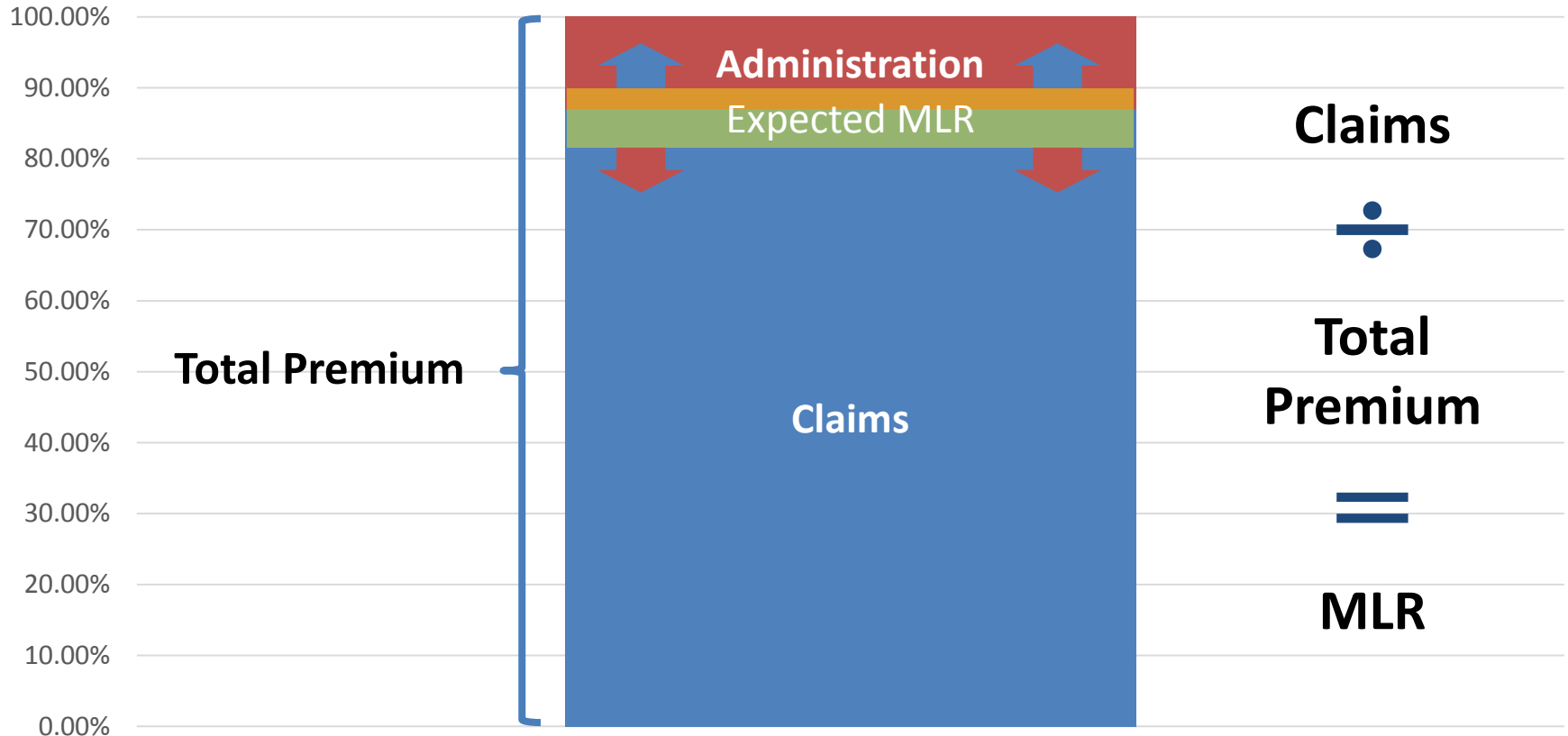
## PERCENT OF PREMIUM PROPOSAL



ALL PERCENTAGES IN THIS EXAMPLE ARE BASED ON TENNCARE MEMBERSHIP OF 1,200,000



# Medical Loss Ratio – Limited Risk Sharing



# Required Quality Metrics

<u>Measure</u>	<u>NCQA 75th Percentile (2013)</u>	<u>TennCare Incentive Target 2014</u>	<u>Proposed Cherokee Target</u>
Childhood Immunization Status, Combo 10 (CIS 10)	38%	n/a	___%
Treatment for Children with Upper Respiratory Infection (URI)	90%	84%	___%
Breast Cancer Screening (BCS)	58%	55%	___%
Controlling High Blood Pressure (CBP)	63%	64%	___%
Diabetic HbA1C Testing (CDC HbA1C)	87%	n/a	___%
Diabetic LDL-C Screening (CDC LDL)	81%	n/a	___%
Postpartum Care / Visits (PPC)	71%	71%	___%
Follow up Visit Within 7 Days of Discharge from Acute MH Admission	69%	n/a	___%
Antidepressant Medication Management -Acute Phase, First 60 Days	56%	n/a	___%
Follow-Up Care for Children Prescribed ADHD Medication	46%	n/a	___%



# A Balancing Act...

C  
O  
S  
T

Behaviorally-Enhanced PCMH

Care Coordination

Treatment Team

Psychiatric Consults

BHC Consults

Primary Care

Shared Savings  
(% of MLR)

Bonus for Outcomes

Prospective Payment  
System (FQHC's)

Care Coordination  
(G-Codes or PMPM)

Enhanced  
PCP Productivity

BHC Fee-For-Service

PCP Fee-For-Service

R  
E  
V  
E  
N  
U  
E

S

Good Vision

Strong Leadership  
Determination

Lack of Planning

Same old, same old  
Poor Execution

# Takeaways

- Same old, same old AIN'T gonna get it
- Quality is REQUIRED
- Reduced SYSTEM cost is achievable
- Evidence-Based
- Value-Added





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