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Coordinating Mental Health and Substance Use Disorder Services and Supports in Medicaid

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KEY HIGHLIGHTS

- Services and supports used by individuals with mental health conditions and/or substance use disorders (MH/SUD) are deeply intertwined with physical health conditions and social drivers of health.
- The fragmentation of MH/SUD and physical health services is challenging for individuals and their families as they must navigate multiple agencies and service systems.
- Medicaid managed care organizations implement a whole person approach that integrates care and advances the delivery of person-centered services and supports.

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Overview

Mental health conditions and substance use disorders (MH/SUD) are highly prevalent in the United States. One in five adults experiences a mental health condition every year, while one in 22 lives with a serious mental illness (SMI), such as schizophrenia, bipolar disorder, or major depressive disorder.[1]

Furthermore, roughly one in 13 adults experiences a substance use disorder.[2] A smaller—though not insignificant—portion of individuals have co-occurring mental health and substance use disorders. Family, friends, and communities are also affected when an individual experiences a mental health condition or substance use disorder.

Mental health conditions and substance abuse disorders often co-occur with chronic physical health conditions such as:[3]

- Obesity
- Cardiovascular Disease
- Gastrointestinal Disorders
- HIV
- Diabetes
- High Blood Pressure

Medicaid beneficiaries living with MH/SUD:

60% have a co-occurring physical health condition.

The chronic and often complex interactions of different health conditions can have a significant impact on a person's daily activities and quality of life. Notably, research has found that individuals with SMI have shorter lifespans when compared to the general population—dying 25 years sooner, on average.[4]

The relationship between MH/SUD and physical health conditions is particularly evident among individuals enrolled in Medicaid; sixty percent of Medicaid beneficiaries with a MH/SUD condition also have a co-occurring chronic physical condition.[5, 6]

The services and supports used by individuals with MH/SUD are deeply intertwined with physical health conditions and social drivers of health. However, the current delivery system to address the needs of individuals with MH/SUD is particularly fragmented. Not only are physical health needs addressed separately from MH/SUD, in many states mental health and substance use disorder benefits are administered by separate agencies. This dynamic presents significant challenges for individuals and their families as they try to coordinate services and supports across multiple agencies or service systems.

States have the opportunity to improve care for these individuals by partnering with Medicaid managed care organizations (MCOs). Medicaid MCOs implement a comprehensive, accountable, and tailored approach that integrates and coordinates services and supports while improving the experiences of individuals and their families.

Medicaid Plays a Critical Role

Medicaid plays a significant role serving individuals with MH/SUD. It is the single largest funding source for mental health services in the United States and plays a prominent role in funding services for substance use disorders.[7,8]

For many individuals with MH/SUD, Medicaid is the sole—or at least primary—source of health coverage. The services and supports financed by Medicaid are generally more comprehensive than the benefits covered by other payers and, oftentimes, Medicaid may be the only payer that covers a needed service.[9] Medicaid also pays for important supportive services, such as respite, transportation assistance, family support, in-home services, and other services outside of the traditional medical model.[10]

Medicaid spends nearly **4 times more on beneficiaries with MH/SUD.**

Recent data reports that Medicaid spends almost four times more for beneficiaries with a MH/SUD diagnosis ($13,303 per individual) compared to beneficiaries without one ($3,564).[11] Additionally, the Government Accountability Office (GAO) found that among the top 5 percent most costly Medicaid beneficiaries, 50 percent had a mental health condition.[12]

Individuals with MH/SUD also experience high rates of homelessness, social isolation, and incarceration. These factors—in conjunction with other barriers to accessing care such as waiting lists, limited provider hours of operation, lack of transportation, and social stigma—emphasize the importance of collaboration and coordination of services and supports.

Managed Care Integrates Comprehensive Health and Social Services

The quality of health and healthcare for individuals with MH/SUD can be improved through partnership with a Medicaid MCO. A comprehensive, risk-based managed care approach offers the greatest promise for integrating services, enhancing access to needed services and supports, and ensuring the delivery of person-centered services that support recovery and resiliency.[13]

MCOs offer a whole person approach that addresses the health and social supports of each beneficiary.

Coordinated and Comprehensive Services and Supports

For individuals with MH/SUD, it is paramount that there is a system of care with a clear point of accountability to identify each person's health needs, ensure access to necessary services and follow-up, monitor outcomes, and measure and promote quality. The chronic and often complex nature of MH/SUD, along with obstacles individuals face in accessing appropriate services, increases the importance of accurately assessing health needs and creating personalized care plans. Well-run managed care programs deliver a holistic, integrated approach to assessing the health and related social circumstances of each individual, usually by forming a specialized care team and personalized care plan. These efforts can include, but are not limited to, the following approaches.

Enhanced care coordination

MCO case managers work with individuals, their chosen support team (e.g., family and friends), and clinicians to formulate a personalized care plan that addresses their health and social supports needs. Case managers also work closely with the individual and their chosen support team to ensure the plan of care is implemented and appropriately modified as individuals' circumstances evolve. These efforts can have a positive impact on outcomes for beneficiaries.

Anthem's affiliated health plan in Iowa

Dedicated care coordination increases access to care

The plan, which is responsible for coordinating comprehensive MH/SUD services, reduced inpatient MH/SUD service utilization by over 13 percent while increasing outpatient MH/SUD services—enhancing beneficiary access to appropriate care.

MCOs collaborate with providers to **support individuals in setting and attaining their goals.**

Personalized engagement with beneficiaries

MCOs seek to understand how to best communicate with each individual and, where applicable, their caregiver(s). In recent years, many Medicaid MCOs have made significant progress "meeting individuals where they are" in terms of how, when, and with whom communication occurs. One approach MCOs implement to better engage and communicate with individuals is motivational interviewing, which involves an empathetic and supportive but direct counseling approach.[14]

Goal setting

MCOs collaborate with providers to support individuals in setting and attaining their own realistic and achievable goals. Goals may be specific to healthcare (e.g., attend all scheduled therapy appointments during the next three months) but will often involve quality of life and wellness goals that are connected to health (e.g., learn yoga, cook healthy meals) or even goals not closely tied to health or healthcare (e.g., obtain or renew a driver's license). This process is important for individuals with MH/SUD to create a positive cycle of motivation, hope, resilience, and achievement.

Peer supports

The National Association of Peer Supporters describes peer support providers as "…people with a personal experience of recovery from mental health, substance use, or trauma conditions who receive specialized training and supervision to guide and support others who are experiencing similar mental health, substance use or trauma issues toward increased wellness."[15] Peer supporters can share wisdom and inspiration gained from their own journey to assist the recovery of others who they support. Anthem and its affiliated health plans effectively use peer supporters to better engage individuals with MH/SUD.

Anthem's affiliated health plan in West Virginia

Helping beneficiaries form a support network

Peer supporters are responsible for care coordination and/or care management activities, which include identifying opportunities for engagement of beneficiaries and their families in forming a supportive, recovery network.

The peer supporter works collaboratively with the health plan's clinical team as an advocate for beneficiaries in discharge planning education, resolution of barriers, and service transitions. The peer supporter also acts a resource for health plan staff on decision-making and problem-solving. As part of its neonatal abstinence syndrome program, Anthem's affiliated health plan in West Virginia offers a targeted peer support program for female members of reproductive age with an SUD to connect them to care, recovery, and social support services.

Data-informed outreach and interventions

MCOs use claims and encounter data, along with care coordinator reports and data from other sources, to inform ongoing care planning and treatment decisions in collaboration with providers. MCOs also use data to identify and engage individuals who are at greatest risk of experiencing significant, and perhaps avoidable utilization of services (e.g., emergency department visits). Similar data analysis is used to identify gaps in evidence-based care, or early warning signs that gaps may exist. In either case, the MCO is then able to proactively intervene to prevent an individual's condition from worsening.

Anthem's affiliated health plan in Indiana

Using data to support timely care management

The plan launched a new Suicide Prevention Outreach Team (SPOT), which uses predictive modeling to identify and outreach to youth (age 12-26) who are at risk for or who have made a suicide attempt.

MCOs share data with providers to **inform care planning and treatment decisions.**

Medication management

MCOs promote medication adherence, including strengthening the dialogue between individuals and prescribers and promoting shared decision-making with respect to prescribed medications. These efforts often lead to clinical improvements for individuals and help avoid the costly consequences of medication non-adherence or adverse drug interactions. For instance, research shows that individuals with schizophrenia who were fully adherent had lower hospitalization rates (14 percent) than those who were partially adherent (24 percent) and non-adherent (35 percent).[16] Medicaid MCOs work directly with providers to implement an array of medication management and adherence supports for individuals who are on complex drug regimens, such as telephonic and/or text messaging outreach or mail-delivered prescriptions to reduce the challenges of getting to the pharmacy.

Anthem's affiliated health plan in Indiana

Reducing the use of psychotropic medications

The plan operates a psychotropic medication program for individuals with MH/SUD. The program has achieved positive results to date, with 86 percent of beneficiaries identified as taking multiple psychotropic medications prescribed by more than one provider either discontinuing or reducing one or more of their medications.

Individuals receive integrated services and supports to achieve resiliency and recovery.

Integrated MH/SUD, Physical Health, and Social Supports to Facilitate Ongoing Recovery

The treatment of MH/SUD and physical health conditions in silos without considering their interrelatedness can lead to poor health outcomes for individuals.[17] Integrated care has the potential to improve health outcomes, quality of care, and the overall beneficiary experience. Effective integration of physical health and MH/SUD services is also valuable in improving parity between physical health, mental health, and substance use disorders. This approach is important in reducing the stigma surrounding MH/SUD that too often becomes a barrier to accessing needed care. It also helps individuals with MH/SUD achieve all four dimensions of recovery (i.e., health, home, purpose, and community), promotes resiliency, and fosters hope.

MCOs facilitate access to needed services and avert duplicative or conflicting service interventions through a variety of approaches.

Co-location

Medicaid MCOs implement approaches that co-locate primary care and MH/SUD services in order to improve access to and coordination of services and supports. Co-location can occur in either direction—by placing a MH/SUD practitioner at a primary care site or by placing a primary care practitioner (PCP) inside a MH/SUD practice, such as a community mental health center. Where actual co-location is not feasible, MCOs can facilitate the connection between physical health and MH/SUD providers, such as by hosting telephonic case conferences and psychiatric consultations among a care team.[18]

Anthem's affiliated health plan in Tennessee

Fostering a coordinated approach to healthcare

The plan supported the placement of a primary care clinic within a community mental health center's building.[19] In this case, the PCP shares data and records, sits in team meetings with the MH/SUD staff, and fosters a coordinated approach to managing physical health, mental health conditions, and substance use disorders.

Health homes

Medicaid MCOs are well positioned to support whole person care though health homes.[20] MCOs can link each Medicaid beneficiary to a health home and offer incentives to providers to achieve improved health outcomes. Individuals with mental health conditions and substance use disorders may choose a MH/SUD provider as their health home instead of a PCP. Ideally, the health home will be composed of an interdisciplinary care team that integrates both physical and MH/SUD care.

MCOs help address social drivers of health that **extend beyond the traditional delivery of healthcare.**

Care transitions

By focusing on community-based alternatives and using approaches like Assertive Community Treatment (ACT), Medicaid MCOs have been able to assist individuals with transitioning from institutions to community-based living. These transitions require careful planning and assessment to make sure the member has the resources and supports needed to achieve and/or sustain recovery and independence in the community. These transitions must also be viable solutions for the individuals, inclusive of the necessary services and supports to encourage community living and wellbeing. For those individuals who can be transitioned safely to living in the community, these moves result in significant quality of life improvements and cost efficiencies.

Social drivers of health

Medicaid MCOs forge a more comprehensive system of care by addressing drivers of health that extend beyond access to and delivery of healthcare services. For example, identifying housing supports, employment or job-training options, transportation, and other social supports is pivotal to promoting recovery and social inclusion. While the degree to which MCOs can directly pay for some of these supports (e.g., housing) is limited by Medicaid rules, effective MCOs connect individuals to all appropriate community resources and coordinate with relevant agencies such as the schools, departments of human services, and the criminal justice system. In some states, MCOs also provide value-added benefits to help address some of these social drivers of health.

Improved Access to High-Quality Providers

Individuals face many challenges in accessing MH/SUD services and supports, including shortages of clinicians specializing in MH/SUD, a reluctance of clinicians to serve Medicaid beneficiaries, or both. Individuals may face cultural barriers to seeking care (e.g., stigma, no access to culturally competent providers) and other barriers, such as a lack of transportation. MCOs help increase access to MH/SUD providers for Medicaid beneficiaries through a variety of strategies.

Virtual healthcare

MCOs facilitate the use of virtual healthcare for face-to-face visits and peer-to-peer consults. In several states, for example, Anthem's affiliated Medicaid plans provide beneficiaries with access to Live Health Online—offering on-demand access to board certified physicians who assist with urgent care and mental health services and supports.[21] LiveHealth Online Psychology, in particular, provides beneficiaries with online counseling as a way to supplement their treatment for MH/SUD and support recovery.

MCOs can create financial incentives that reward providers for value instead of volume.

Quality improvement programs

In Medicaid fee-for-service, payments are typically tied to volume of services delivered rather than the value of and outcomes realized from those services. When MCOs take on full risk of caring for Medicaid beneficiaries, plans have the latitude to create financial incentives that reward providers who achieve improvements in clinical outcomes, patient experience, and other measures of quality.

Anthem's affiliated health plans

Creating incentives for high-quality treatment

Anthem's Behavioral Health Quality Incentive Program provides financial incentives to providers who achieve quality improvements. The program monitors nearly two dozen metrics, including 7-day and 30-day follow-up visits after a mental health inpatient discharge, use of multiple concurrent antipsychotics in children and adolescents, and opioid Medication Assisted Treatment (MAT).[22]

Alternative payment models

MCOs can help increase provider participation in the Medicaid program through more attractive payment arrangements—rewarding value over volume and encouraging important care coordination activities. Anthem's affiliated plans pursue a variety of alternative payment approaches that enhance access and incent high-quality services and supports. These efforts—such as pay-for-performance and bundled payments—help emphasize outcomes of the whole person.

Anthem's affiliated health plans

Supporting alternative payment approaches

Anthem helped develop the Addiction Recovery Medical Home Alternative Payment Model, which relies on bundled payments, performance bonuses, and quality achievement payments to incent high-quality SUD treatment; some of Anthem's affiliated plans are piloting this model.[23]

Conclusion

The comprehensive approach of risk-based MCOs provides the resources and accountability necessary to achieve whole person care for Medicaid beneficiaries.

MCOs offer enhancements in access, quality, and innovation **that promote whole person care.**

In addition to the clinical and care delivery strategies discussed in this paper, MCOs work closely with individuals, their families, and care providers to develop holistic, recovery-oriented plans that support individuals' physical health, MH/SUD, and social support needs.

Having MCOs take accountability for MH/SUD services and supports along with individuals' physical health (commonly referred to as a MH/SUD "carve-in") has been shown to improve outcomes and quality. For example, research on South Carolina's Medicaid carve-in of MH/SUD services demonstrates early positive signs of integration, such as declines in emergency department (ED) use for MH/SUD-specific conditions and improvements in quality.[24] A broader analysis conducted by IBM Watson Health found increases in outpatient service use, improvements in medication management, and reductions in ED visits when MH/SUD benefits were carved in.[25]

As states continue to look for ways to improve outcomes for individuals with MH/SUD enrolled in Medicaid, comprehensive managed care can offer enhancements in access, quality, innovation, and coordination that promote and prioritize whole person care. The result is greater independence and long-term recovery for the individual, reduction in service gaps, attainment of individual goals, improved health and wellness outcomes, and better quality of life beyond what is achievable in fee-for-service.

Endnotes

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