

## **New York State Behavioral Health Organizations Phase 1 Summary Report January 2012 - June 2013**

In 2011 New York State (NYS) began to implement managed behavioral healthcare for Medicaid recipients who were previously exempt. This included over 250,000 individuals with SMI and/or serious SUD served in the NYS public mental health system and accounted for more than 100,000 inpatient mental health admissions in 2011. Beginning in January 2012, Behavioral Health Organizations (BHOs) were contracted to conduct utilization review when these individuals were admitted to inpatient mental health units.

Five BHOs were contracted to review inpatient behavioral health admissions in geographically distinct regions following the same contract rules developed by NYS. The BHOs contracted to provide utilization review were Beacon Health Strategies (Western Region); Magellan Health Services (Central Region); Community Care Behavioral Health Organization (Hudson River Region); OptumHealth (NYC); and ValueOptions (Long Island Region). Magellan, OptumHealth, and ValueOptions have been the largest for-profit BHOs nationally (in terms of enrollment) for the past 10 years and together controlled 35% of the national BHO market in 2011. Beacon Health Strategies is a for-profit BHO that has contracts in 17 northeast states as of 2012. Community Care Behavioral Health Organization is a subsidiary of the University of Pittsburgh Medical Center Health System and is the largest not-for-profit BHO in the country.

Each of the 5 BHOs operated under the same contract rules to provide inpatient utilization review for individuals with SMI and serious SUD. The BHOs did not authorize or pay for services, but followed utilization review standards developed by NYS that focused on care coordination needs of admitted individuals and emphasized the importance of successful transition from inpatient to community-based care. For every fee for service (FFS) inpatient admission, the hospital provider was required to notify the BHO within 24 hours. BHO care managers created service use history reports (based upon Medicaid claims data provided by NYS) and shared them with the provider within 72 hours of admission. Providers were also required to submit discharge plans to the BHO for each admission. In addition, the BHOs identified individuals with SMI and serious SUD who had “complex needs” based upon definitions that used secondary data. In NYS, these Complex Needs populations included individuals admitted to mental health inpatient units who: (1) had a prior mental health admission within 30 days; (2) were receiving court-mandated outpatient mental health services upon admission; or (3) were included on a “High Need Ineffectively Engaged” list created by NYS each month. For these Complex Needs cases, BHO care managers conducted ongoing (at least weekly) concurrent review throughout the individual’s hospitalization, focusing on care coordination and discharge planning needs.

From January 2012 – June 2013, 66,719 FFS admissions were reported to BHOs. Twenty-three percent belonged to one or more of the Complex Needs groups. Key findings from reviews are summarized below:

# New York State Behavioral Health Organizations Summary Report, January 2012 – June 2013

NYS Offices of Mental Health and  
Alcoholism and Substance Abuse Services

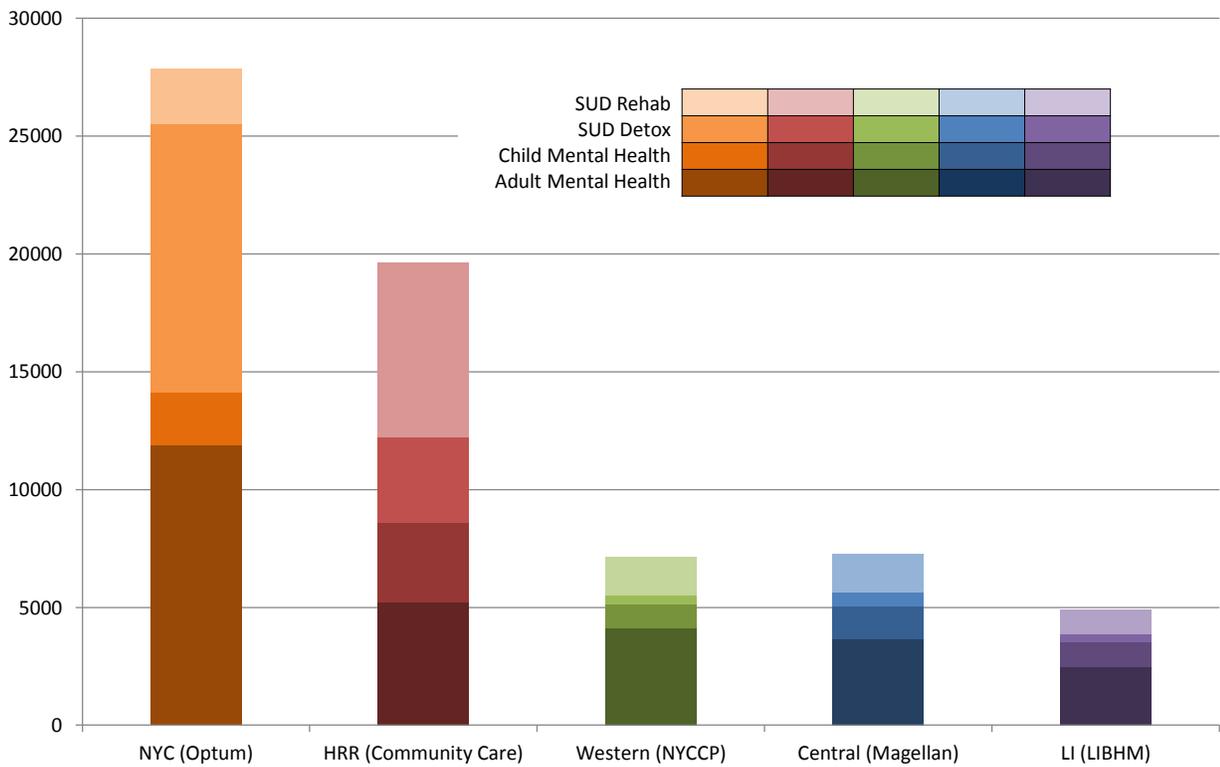
## Phase I BHOs were Administrative Services Organizations

Charge to BHOs: conduct advisory concurrent review of inpatient behavioral health services and facilitate treatment and discharge planning for Medicaid FFS beneficiaries.

- New York City Region:  
OptumHealth
- Hudson River Region:  
Community Care Behavioral Health
- Long Island:  
Long Island Behavioral Health Management (North Shore/Long Island Jewish & ValueOptions)
- Central Region:  
Magellan Behavioral Health
- Western Region:  
New York Care Coordination Program (with Beacon Health Strategies)

# I. BHO Phase I Admissions

**66,719 fee-for-service admissions were reported to BHOs between January 2012—June 2013**



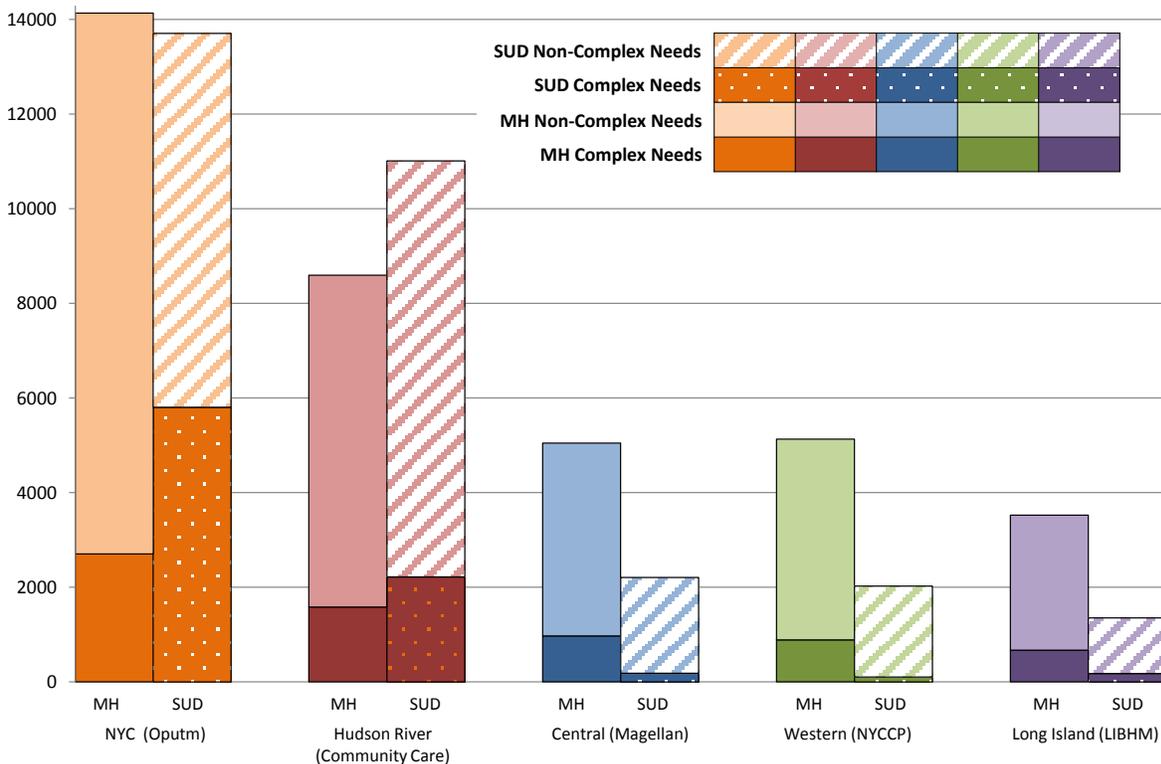
Data submitted by BHO

## BHO Phase I Admissions

Of the 66,719 FFS admissions reported to BHOs over 18 months, 23% belonged to one or more of the following Complex Needs populations:

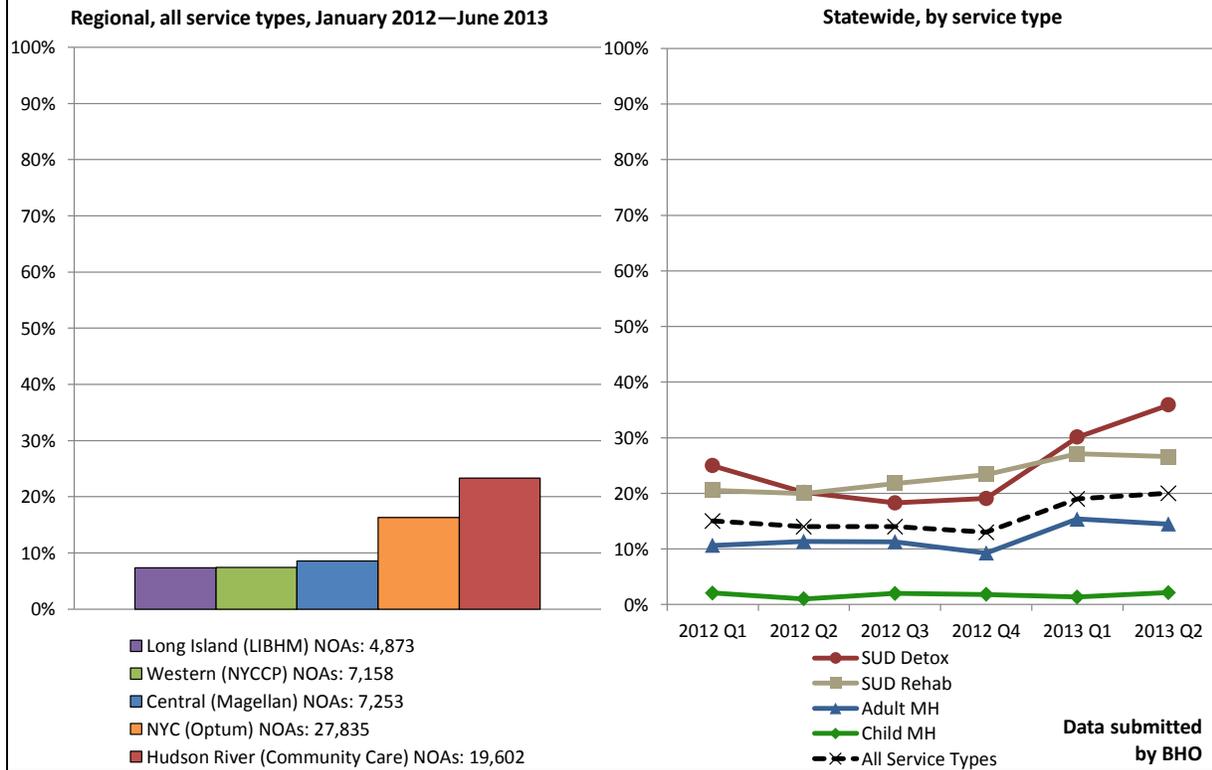
1. **AOT:** Individuals with active Assisted Outpatient Treatment orders (involuntary outpatient treatment)
2. **Adult MH Readmissions:** Adults admitted to a mental health inpatient unit who had a previous mental health admission in the prior 30 days
3. **Youth MH Readmissions:** Youth admitted to a mental health inpatient unit who had a previous mental health admission in the prior 90 days
4. **SUD Readmissions:** Individuals (all ages) admitted to a substance use disorder (SUD) inpatient unit who had a previous SUD admission in the prior 90 days
5. **Multiple Detox Admissions:** High Need Inpatient Detoxification: individuals with  $\geq 3$  inpatient detox admissions in the prior 12 months
6. **High Need Ineffectively Engaged:**  $\geq 3$  inpatient/ER visits in prior 12 months OR forensic mental health services in prior 5 years OR expired AOT order in prior 5 years, AND no claims indicating recent community-based services
7. **Provider-nominated**

### Complex Needs and Non-Complex Needs Admissions January 2012—June 2013

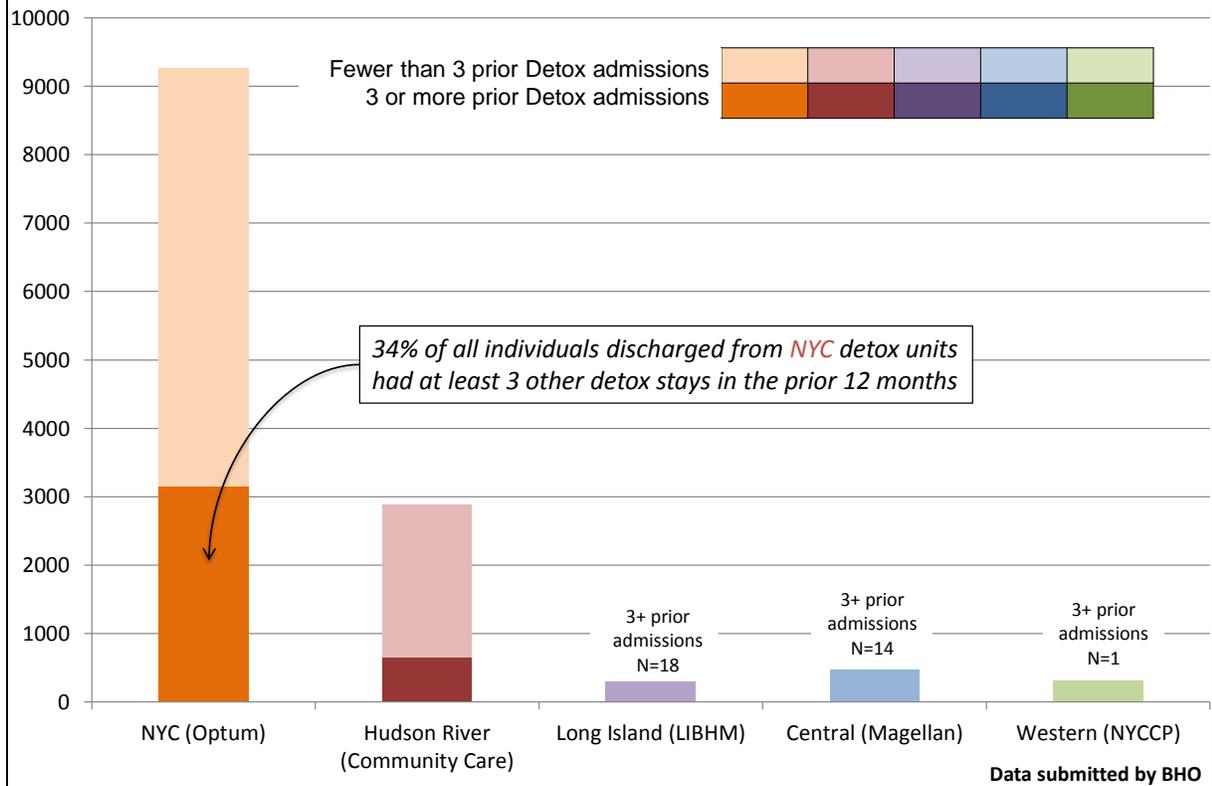


Data submitted by BHO

## Rates of admissions of individuals who were homeless (shelter or street)

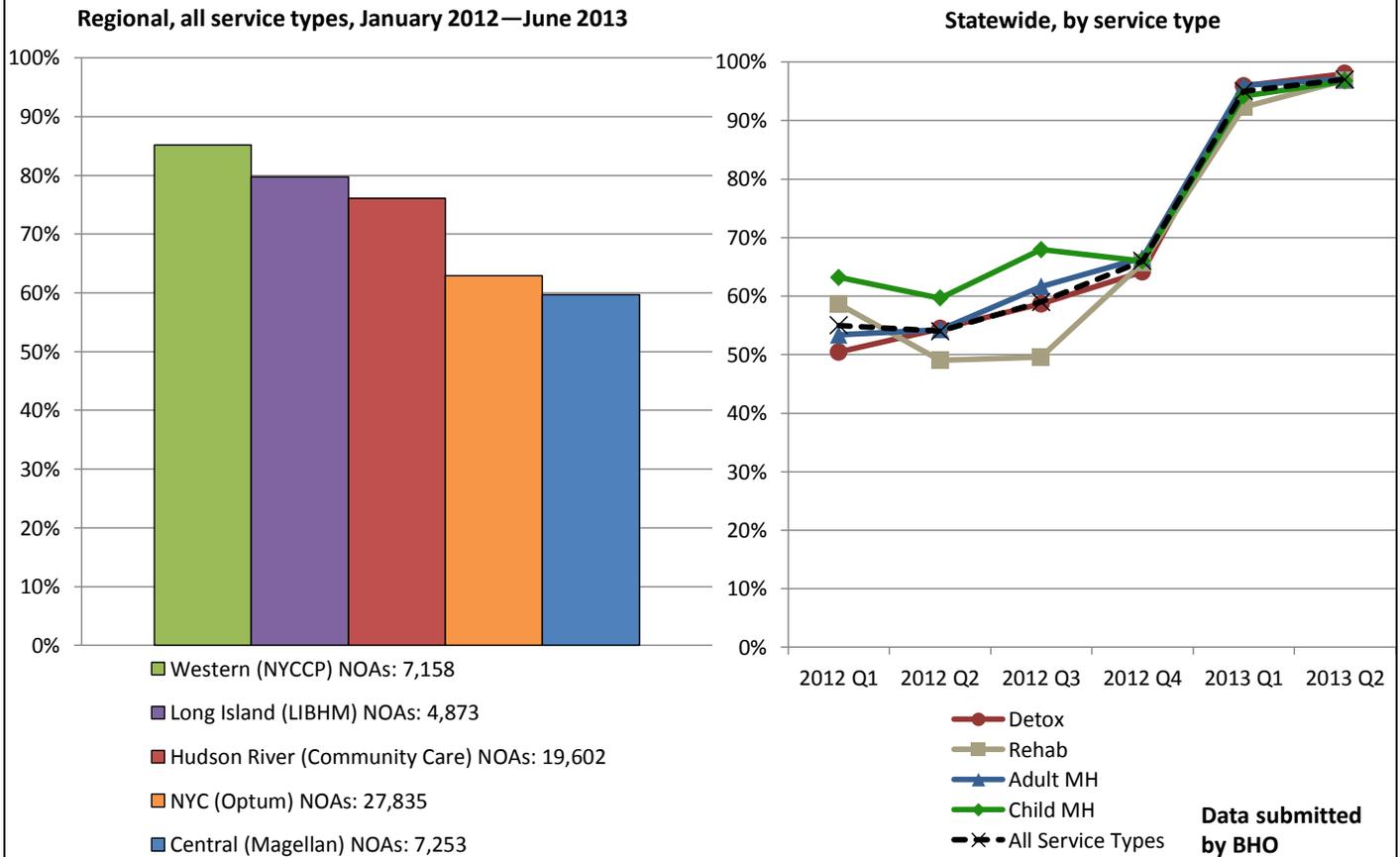


## Individuals discharged from detox units who had multiple prior detox admissions, April 2012—June 2013

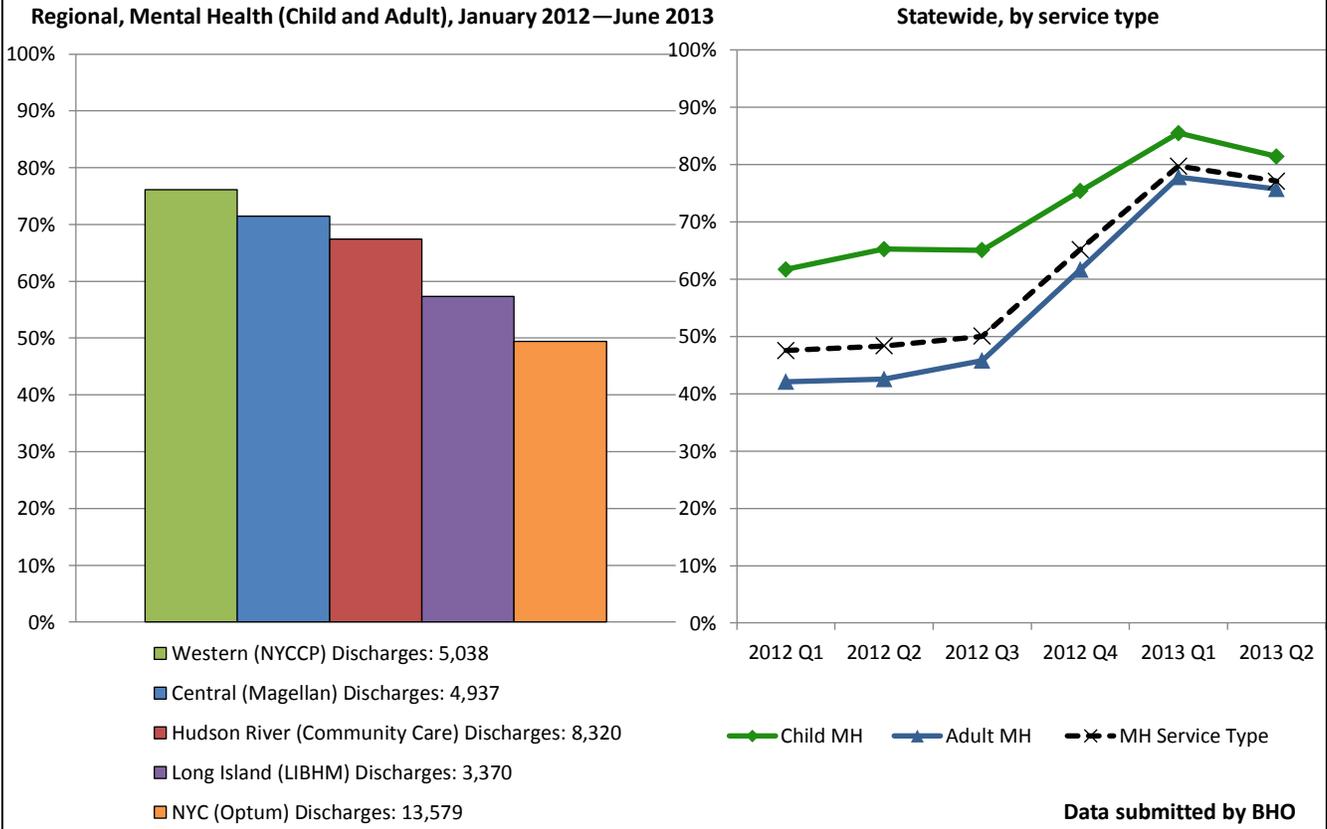


## II. Care Coordination and Discharge Planning

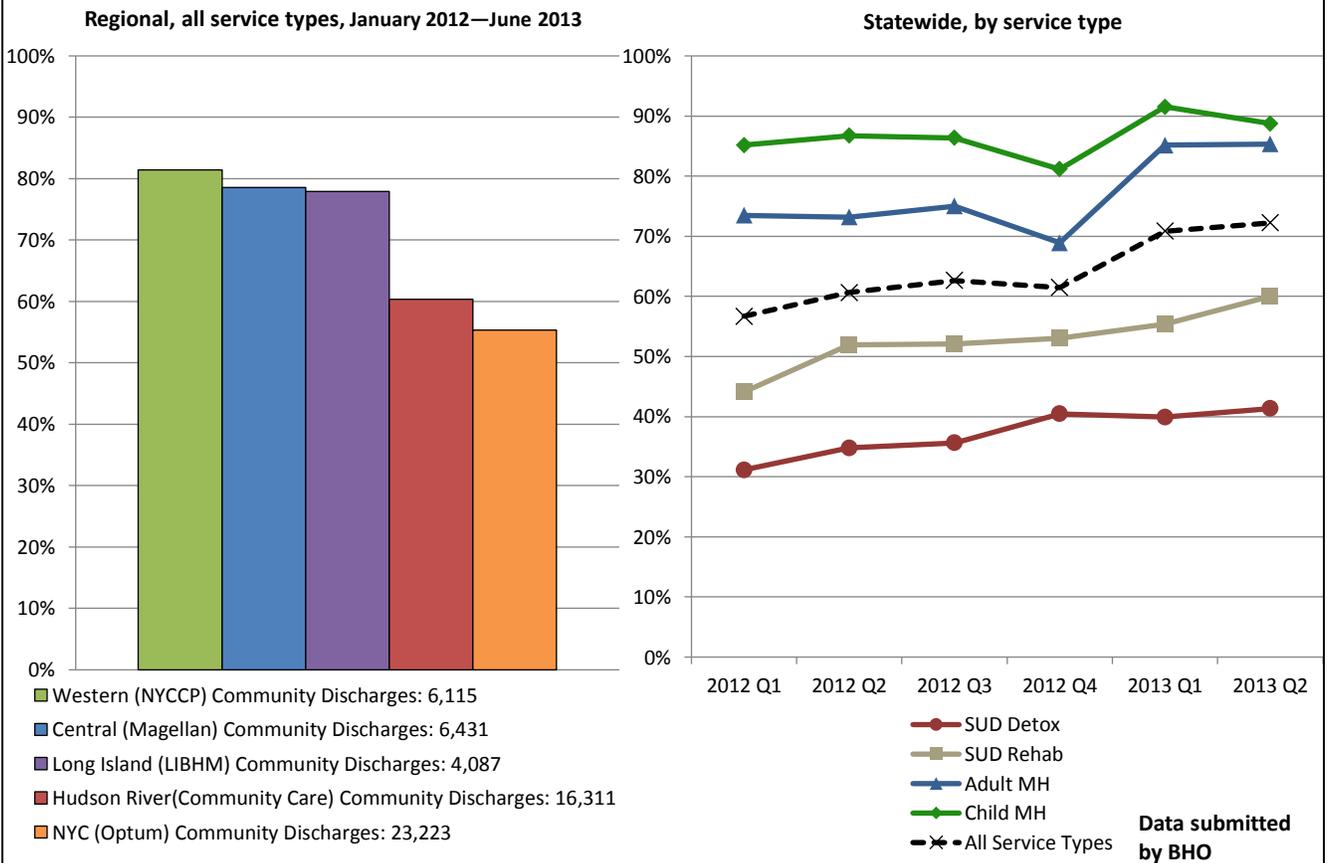
### Rates of BHOs completing initial review with provider within 72 hours of admission (based upon number of admissions)



# Rates of inpatient provider contacting current or prior mental health outpatient provider (for individuals discharged from mental health units)

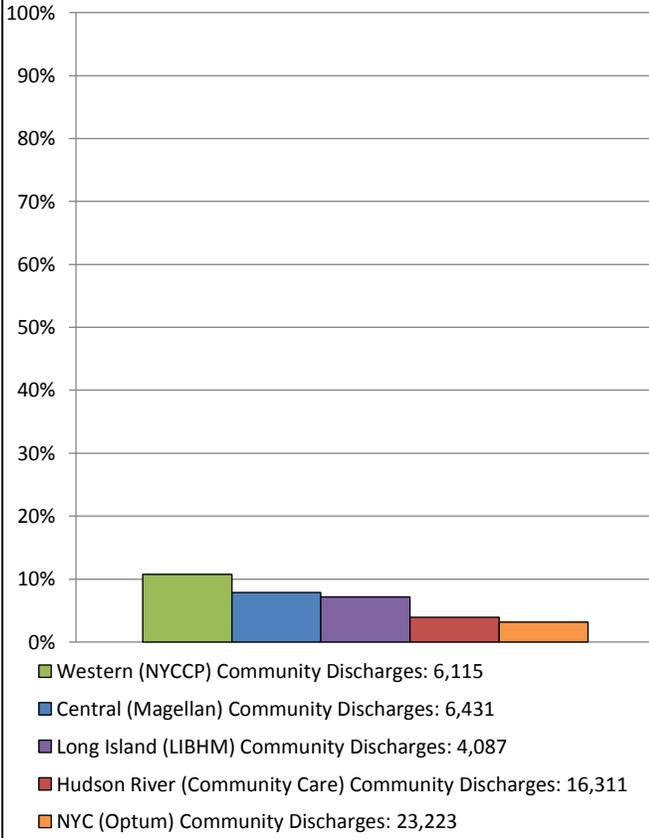


# Rates of hospital providers scheduling appointments with outpatient MH providers (for MH discharges) or SUD providers (for SUD discharges) for individuals discharged to the community

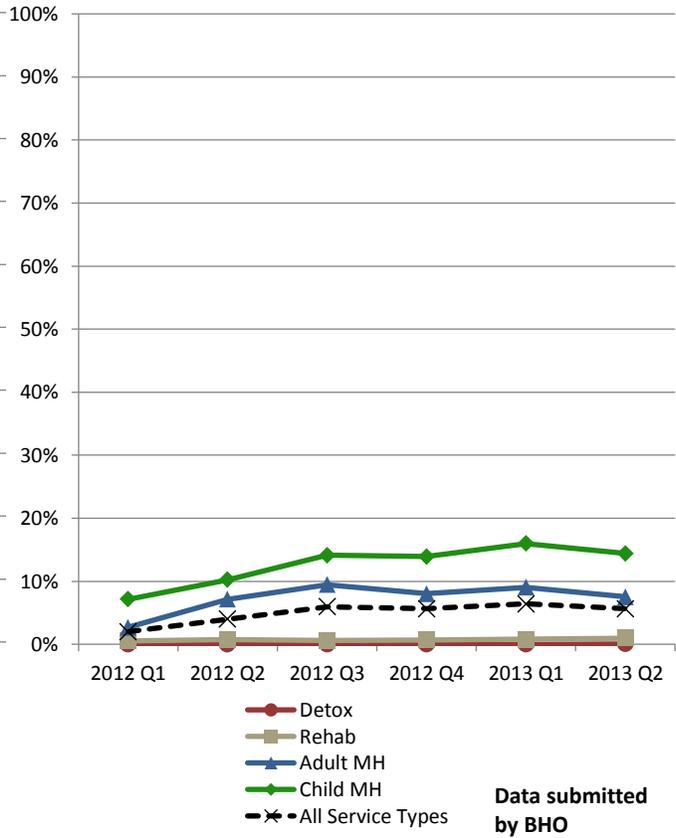


## Rates of referrals for case management/housing support services (for individuals discharged to the community)

Regional, all service types, January 2012—June 2013

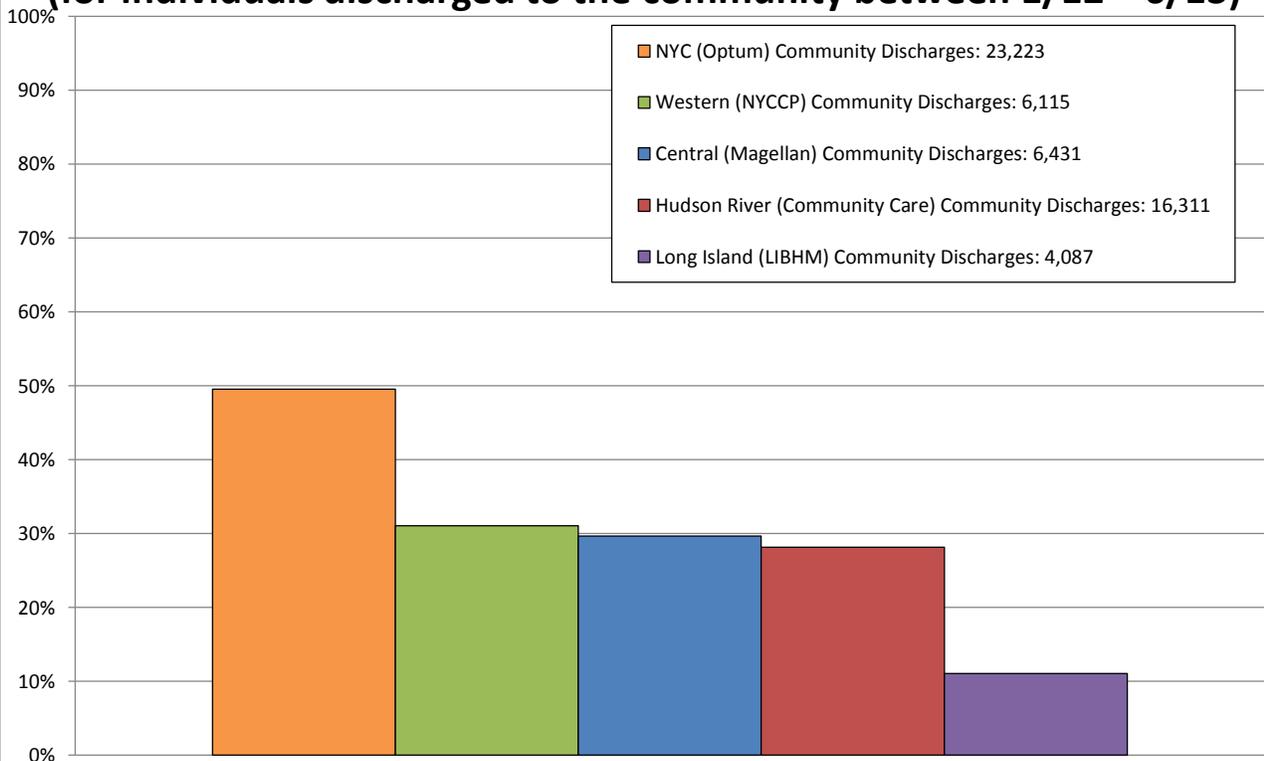


Statewide, by service type



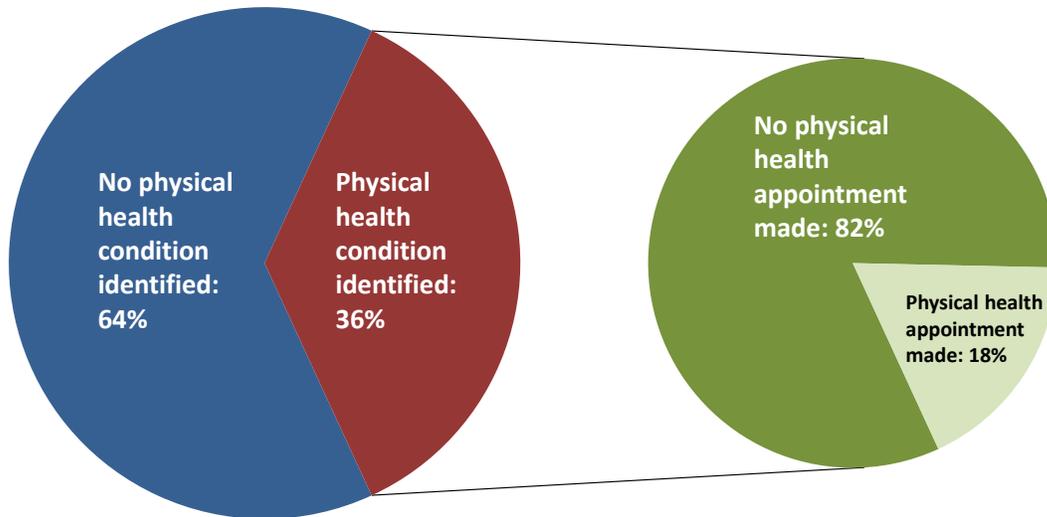
Data submitted by BHO

## Rates of inpatient providers identifying physical health care needs requiring post-hospital follow-up, (for individuals discharged to the community between 1/12—6/13)



Data Submitted by BHO

## Integrated care: How often did behavioral health inpatient providers identify general medical conditions requiring follow-up, and did they arrange aftercare appointments?

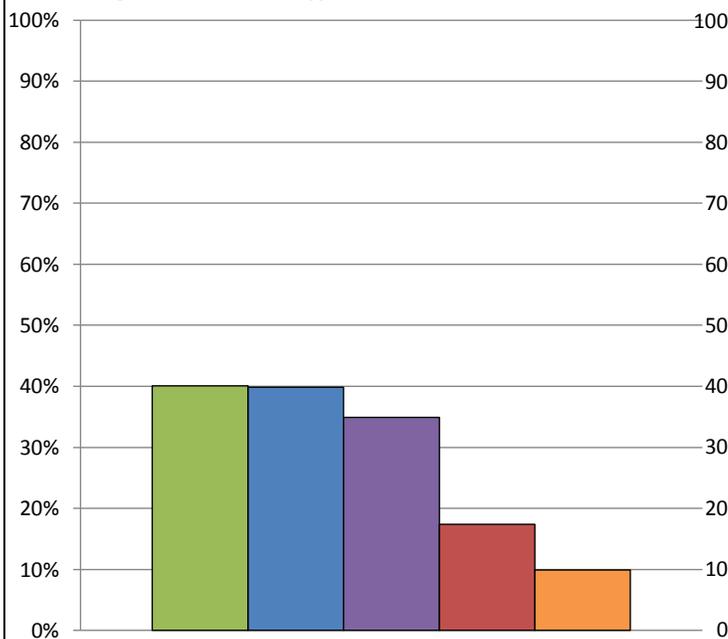


Based upon 56,167 behavioral health community discharges (all service types), January 2012—June 2013

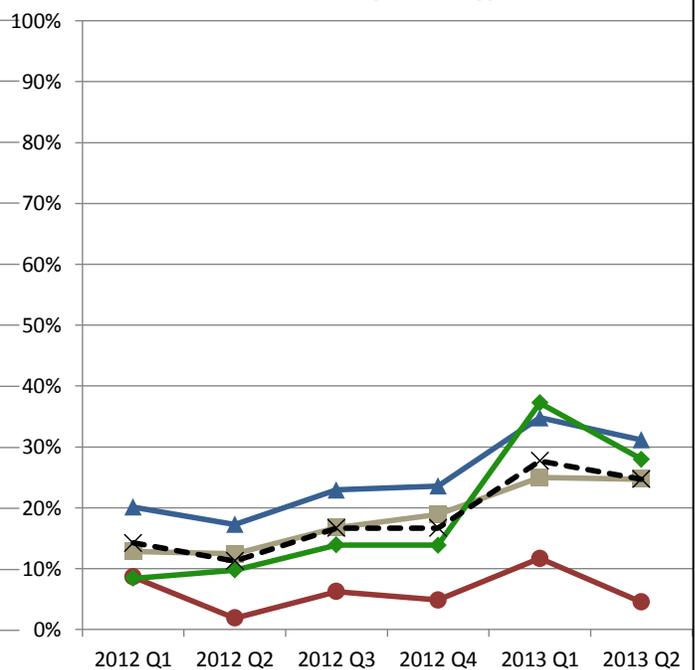
Data submitted by BHO

## For individuals with an identified physical health condition requiring follow-up, how often did the inpatient provider schedule a physical health aftercare appointment?

Regional, all service types, January 2012—June 2013



Statewide, by service type

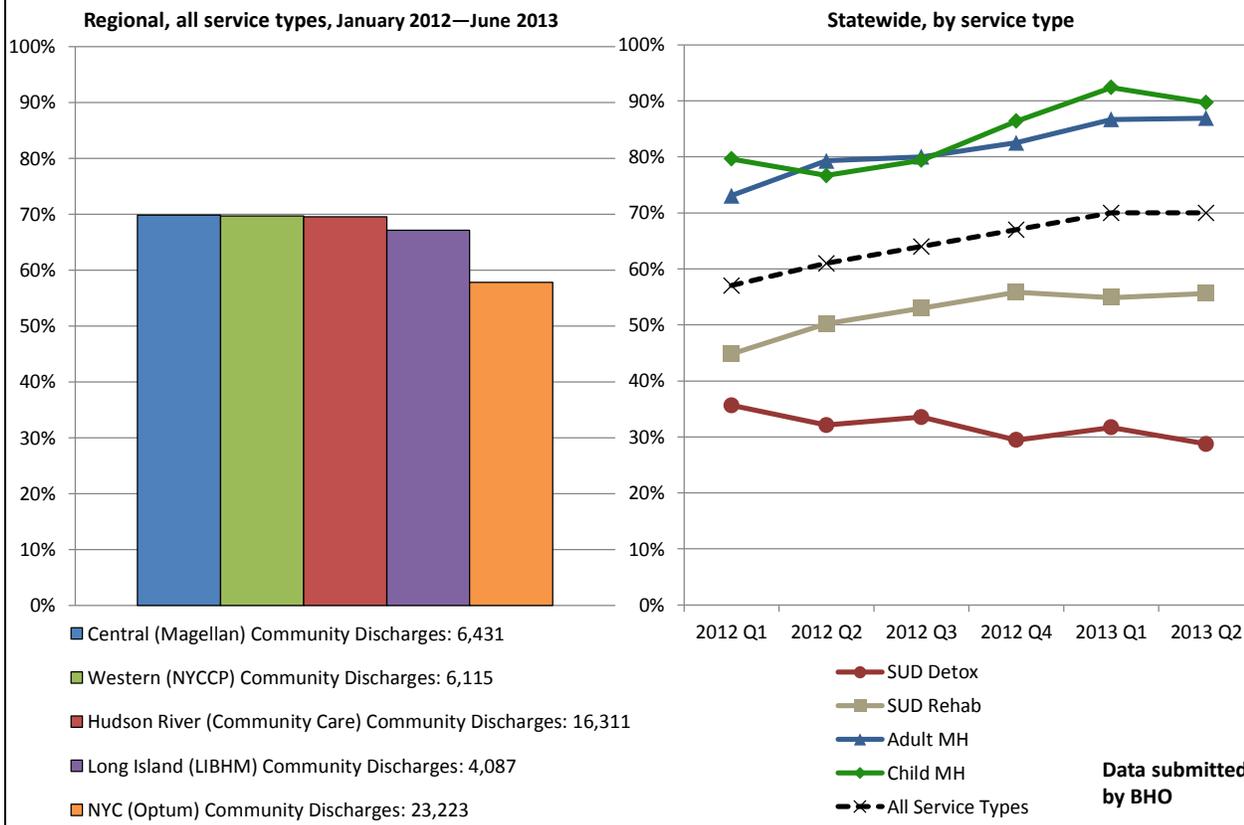


■ Western (NYCCP) individuals with PH need identified: 1,899  
 ■ Central (Magellan) individuals with PH need identified: 1,906  
 ■ Long Island (LIBHM) individuals with PH need identified: 453  
 ■ Hudson River (Community Care) individuals with PH need identified: 4,595  
 ■ NYC (Optum) individuals with PH need identified: 11,505

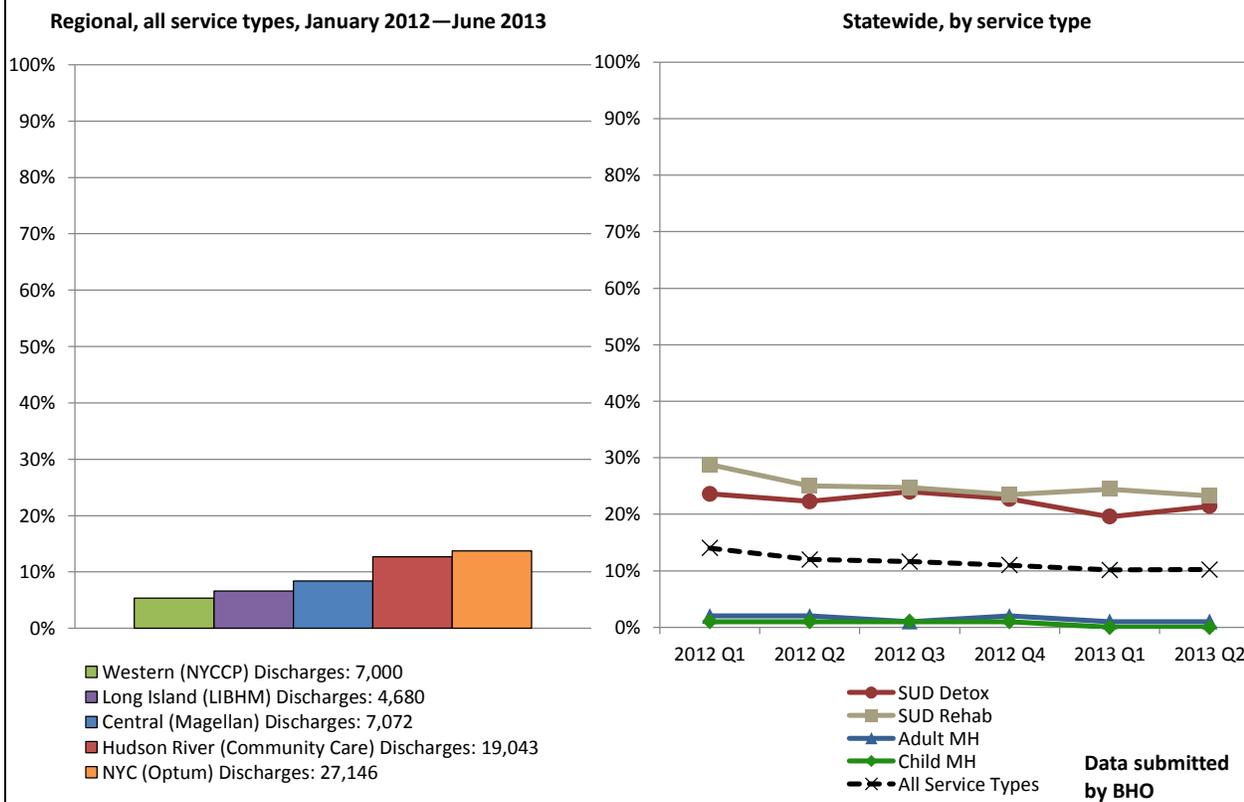
● Detox  
 ■ Rehab  
 ▲ Adult MH  
 ◆ Child MH

Data submitted by BHO

## Rates of inpatient providers sending case summaries to aftercare providers (for individuals discharged to the community)

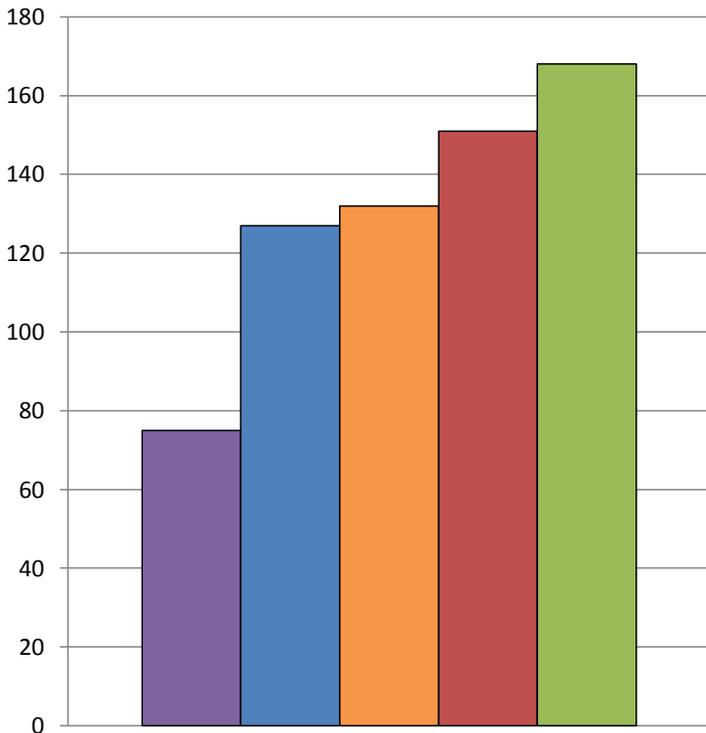


## Rates of Against Medical Advice (AMA) discharges



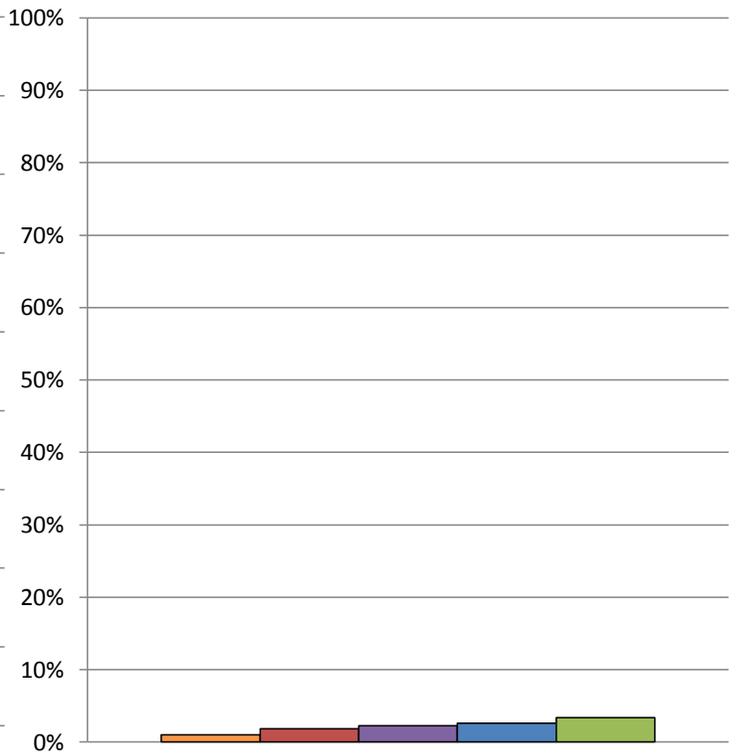
# Transfers from acute mental health units to OMH Psychiatric Centers for intermediate care

Numbers of discharges to OMH Psychiatric Centers, 1/12 – 6/13



- Long Island (LIBHM) Discharges: 3,370
- Central (Magellan) Discharges: 4,937
- NYC (Optum) Discharges: 13,579
- Hudson River (Community Care) Discharges: 8,320
- Western (NYCCP) Discharges: 5,038

% of discharges to OMH Psychiatric Centers, 1/12 – 6/13



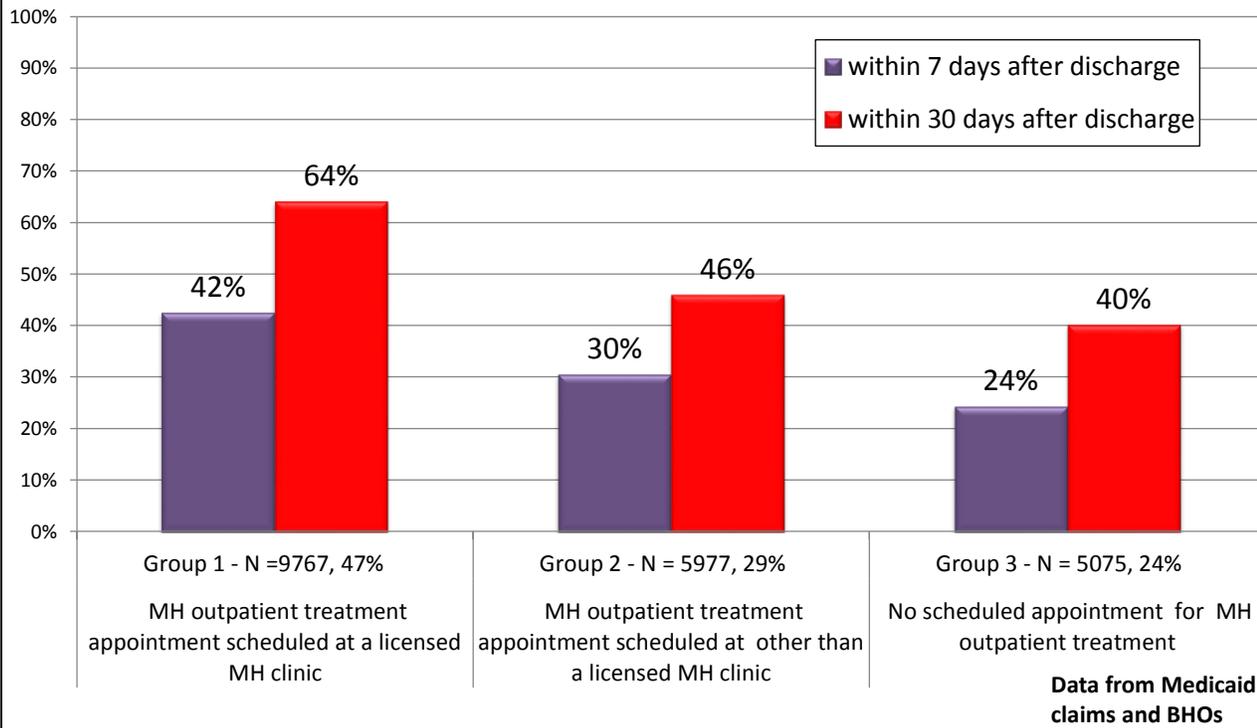
- NYC (Optum) Discharges: 13,579
- Hudson River (Community Care) Discharges: 8,320
- Long Island (LIBHM) Discharges: 3,370
- Central (Magellan) Discharges: 4,937
- Western (NYCCP) Discharges: 5,038

**Data submitted  
by BHO**

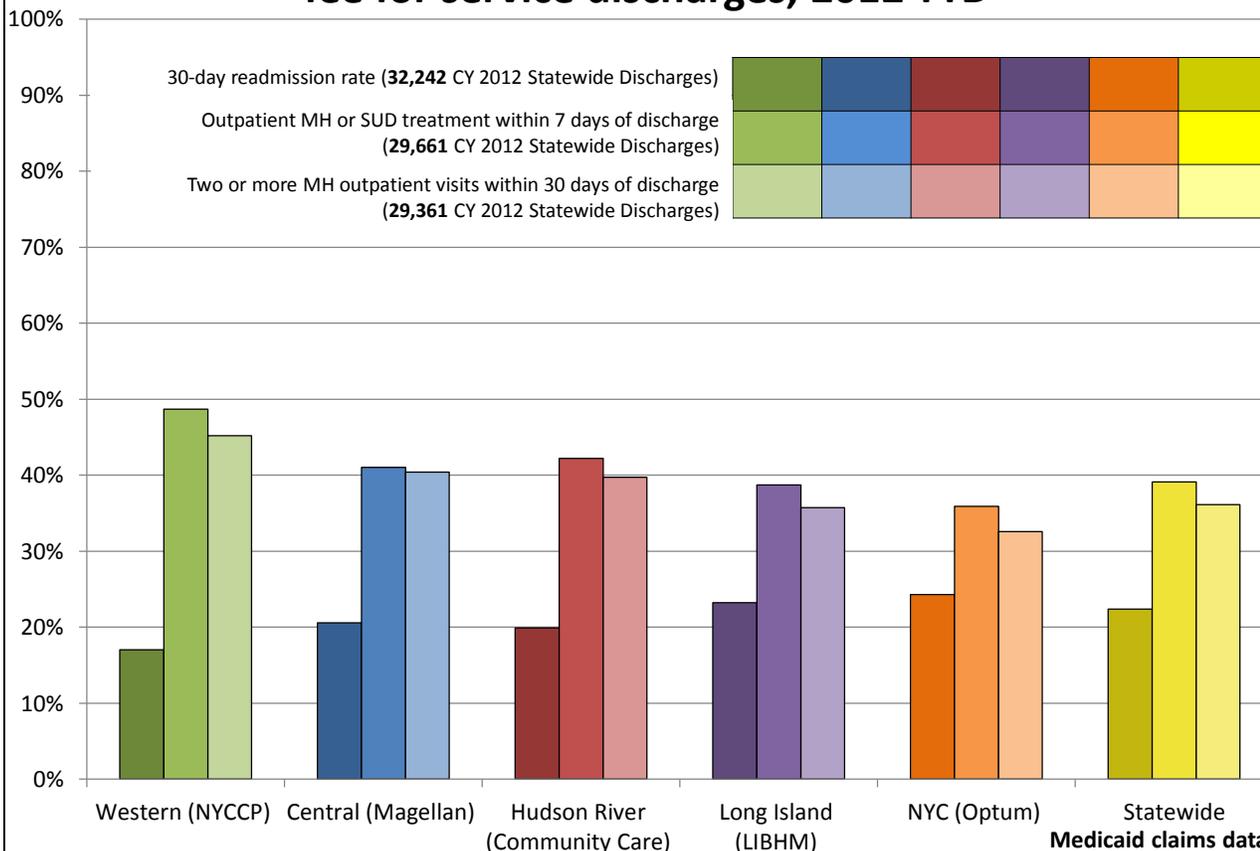
## III. Transitions to outpatient care following discharge

# Rates of attending outpatient appointments following discharge were higher when inpatient providers scheduled aftercare appointments

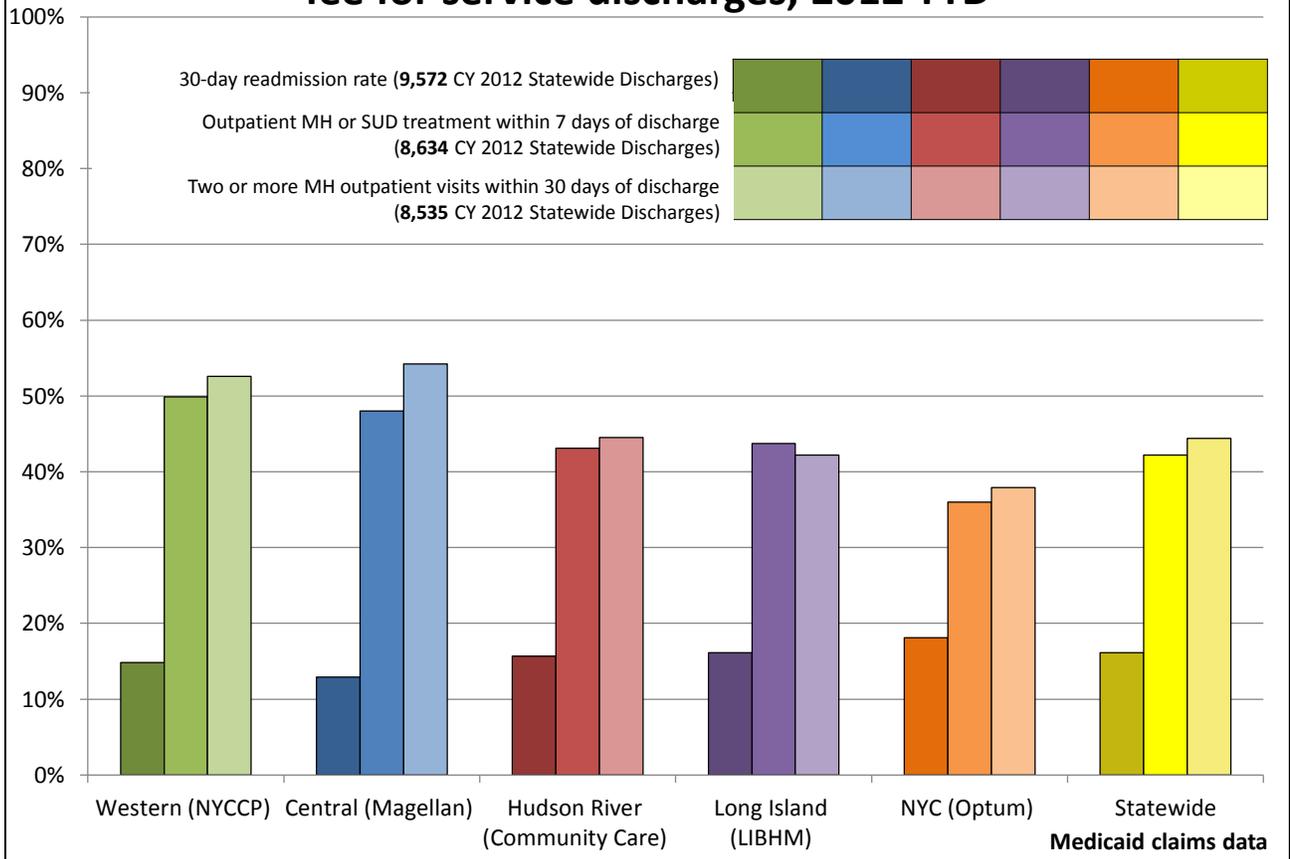
Percentage of discharges to the community from MH inpatient treatment followed by a licensed MH clinic service within 7/30 Days of discharge, calendar year 2012



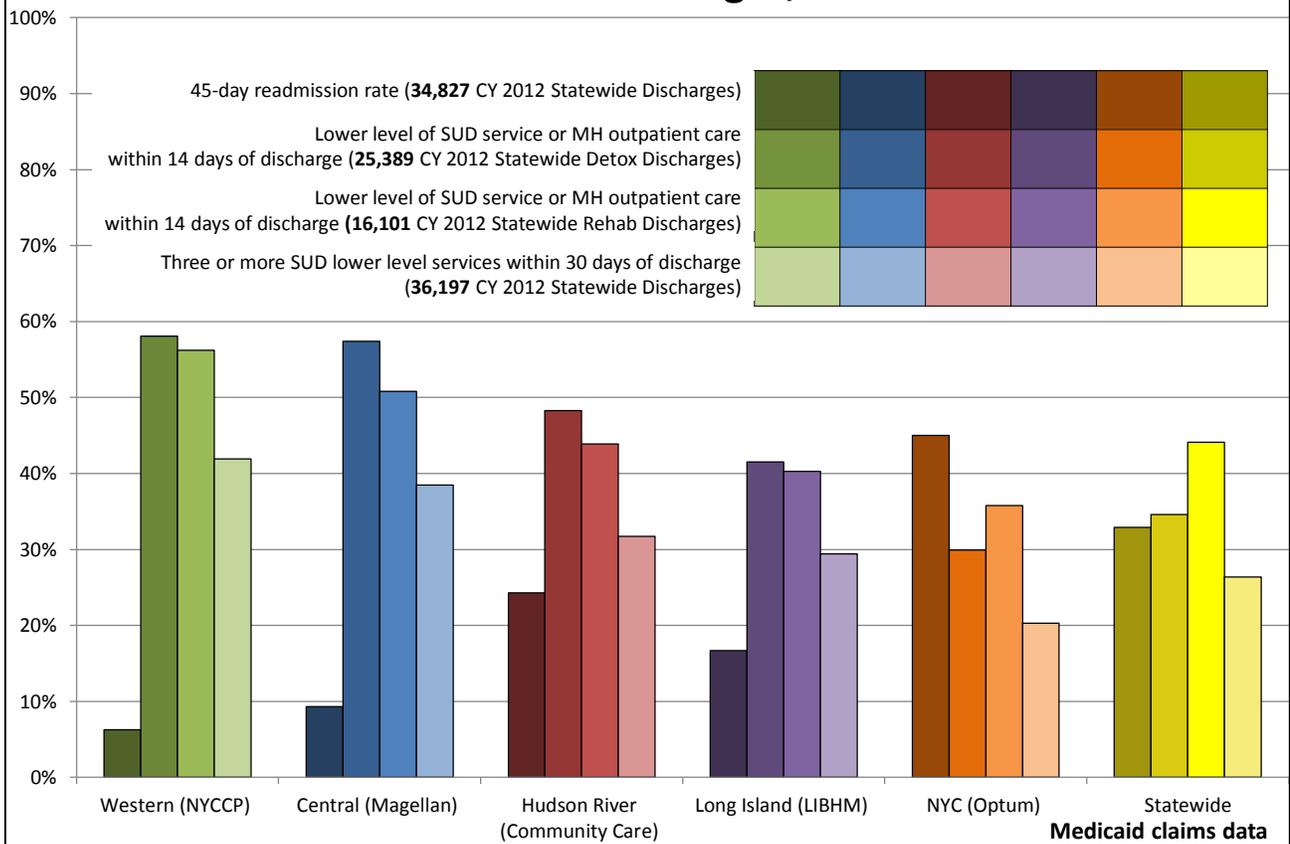
# Post-discharge outcomes for Adult Mental Health fee for service discharges, 2012 YTD



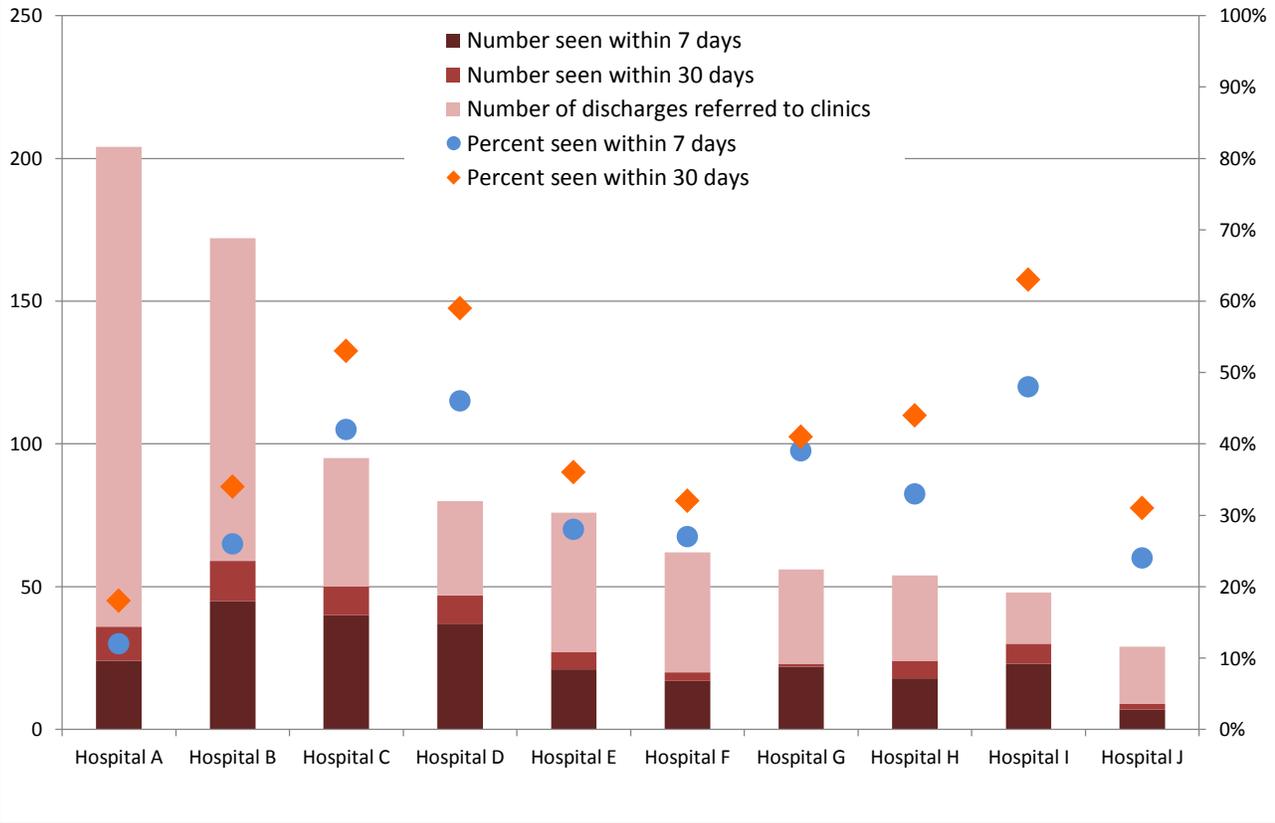
## Post-discharge outcomes for **Child Mental Health** fee for service discharges, 2012 YTD



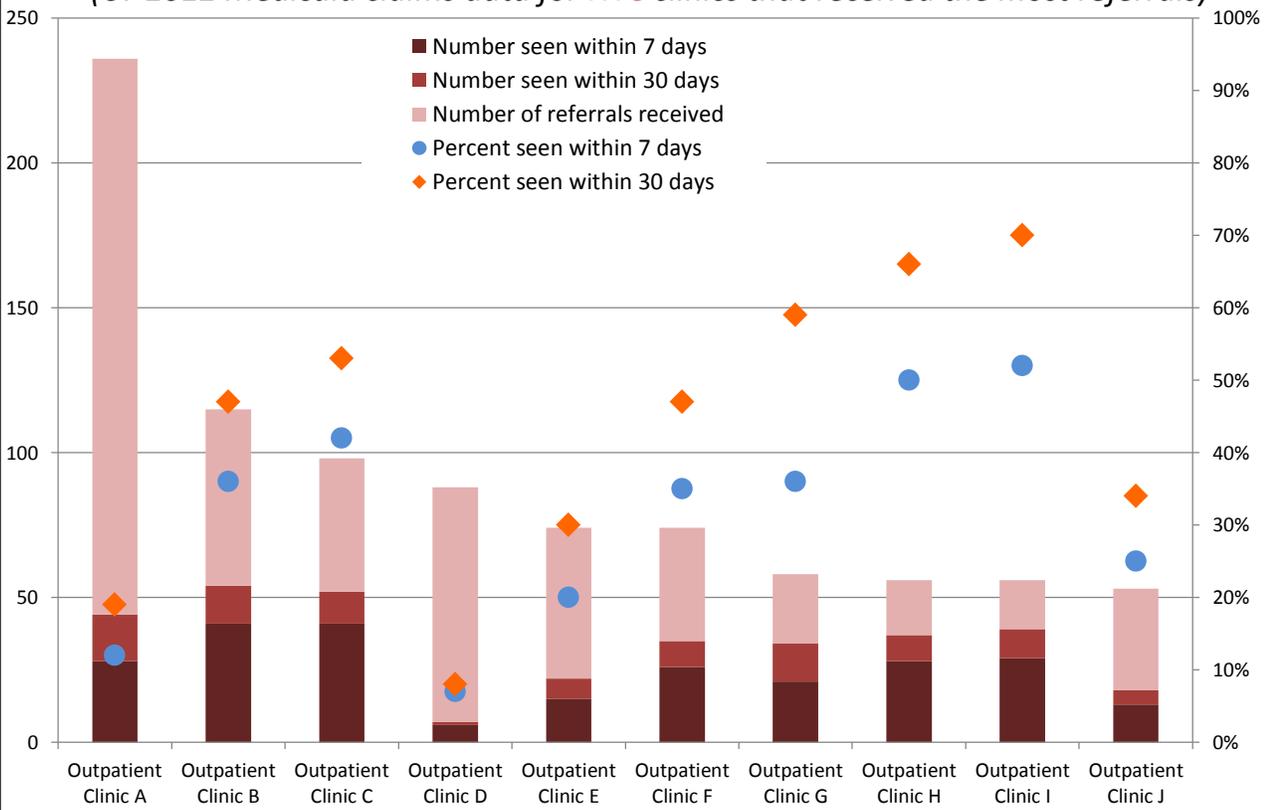
## Post-discharge outcomes for **SUD** fee for service discharges, 2012 YTD



### How do hospitals compare in rates of connection with outpatient services for adults discharged from their inpatient mental health units? (CY 2012 Medicaid claims data for NYC hospitals that made the most referrals)



### How do outpatient clinics compare in rates of connection to outpatient services for adults discharged from inpatient mental health units? (CY 2012 Medicaid claims data for NYC clinics that received the most referrals)



**Summary:** BHO Phase I activities identified the following system gaps and practices that may provide opportunities for transforming NYS's mental health system:

- A. Inpatient providers had low rates of communicating with outpatient providers and arranging for follow-up after discharge
- B. Health Home care coordinators typically were not notified of inpatient admissions and rarely visited hospitalized enrollees to coordinate care
- C. Inpatient providers had low rates of referring individuals for physical health follow-up when medical problems requiring follow-up were identified
- D. Rates of individuals attending outpatient appointments in within 7- and 30-days of discharge from inpatient behavioral health units were under 50% for all service types and markedly lower than those seen in current NYS Medicaid managed care covered populations
- E. Outpatient providers demonstrated little incentive to engage recently discharged individuals or follow-up when individuals missed appointments following inpatient care
- F. 30-day inpatient readmission rates were over 20% for adult individuals hospitalized on mental health units; and 45-day readmission rates were over 30% for individuals treated on inpatient SUD units