MO HealthNet Managed Care
(Medicaid)

Healthy Blue

Missouri Follow-Up After BH Hospitalization initiative roll-out

MO HealthNet Division (MHD) state-wide stakeholder collaboration in partnership with Healthy Blue, Home State Health, and UnitedHealthcare®

Follow-Up After BH Hospitalization (FUH) HEDIS® measure

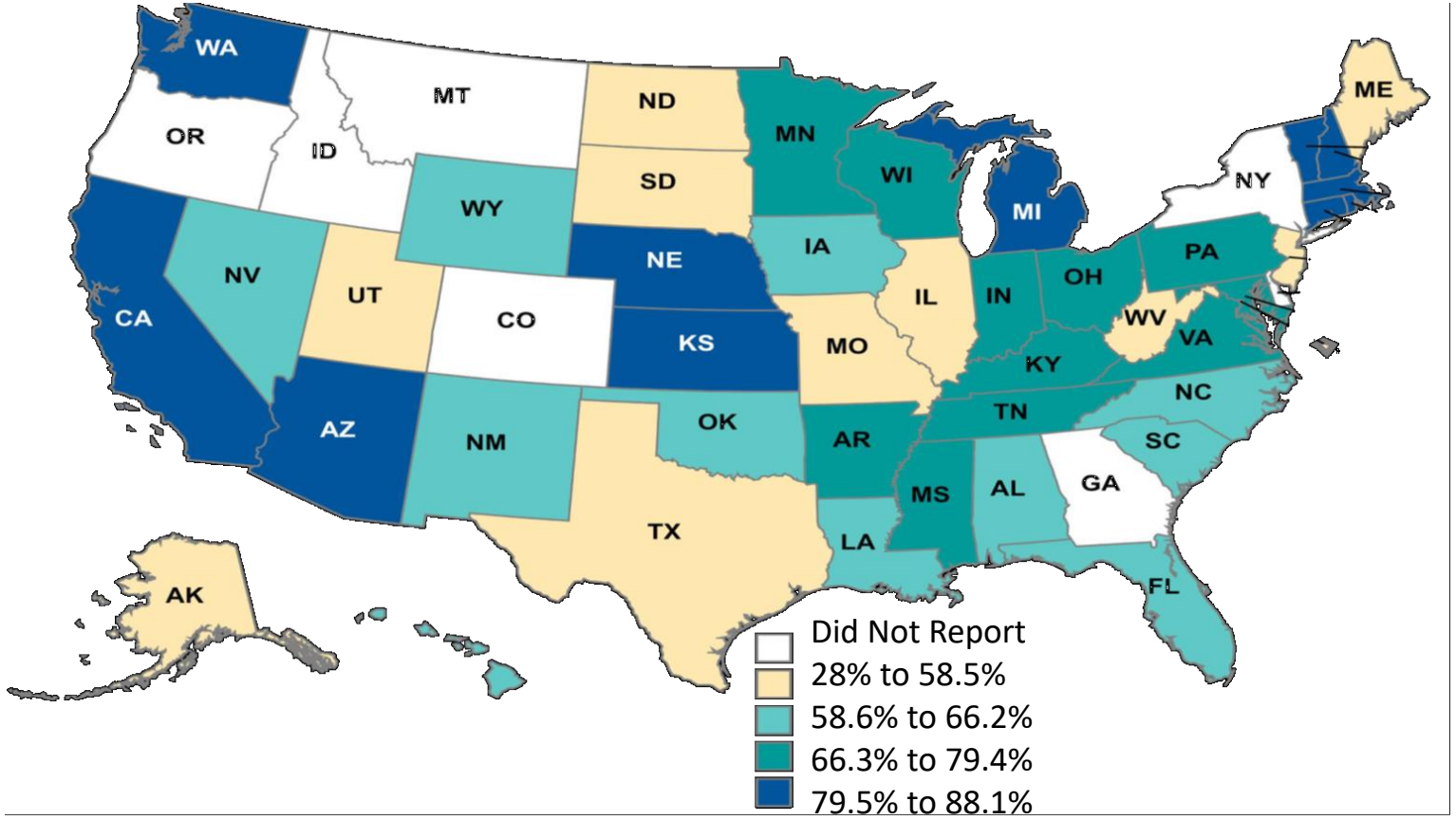
Follow-Up After Hospitalization for Mental Illness (FUH)

The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had a follow-up visit with a mental health practitioner. Two rates are reported:

- The percentage of discharges for which the members received follow-up within 7 days after discharge.
- The percentage of discharges for which the member received follow-up within 30 days after discharge.

Areas of improvement

Geographic variation in the percentage of discharges for children ages 6 to 17 hospitalized for treatment of mental illness or intentional self-harm with a follow-up visit with a mental health practitioner within 30 days after discharge FFY 2019 (n = 44 states)



Clinical process improvement project (PIP): FUH overview

FUH pilot transition to PIP

MHD will assist with the transition from pilot to PIP with full transition at the end of 2022. Goal: Improve **HEDIS measure by one percentage point.**

HEDIS Measure: FUH for Mental Health 30 days

Engage a multidisciplinary work group

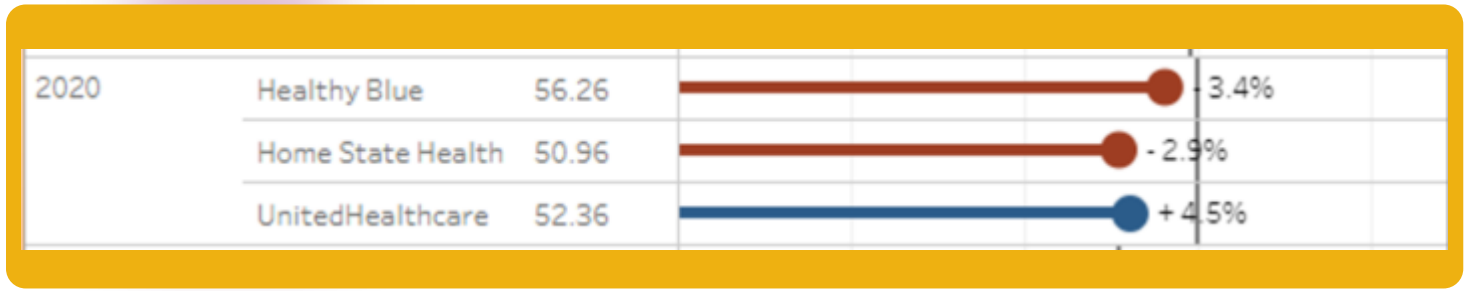
Develop AIM statement by Dec. 1, 2022

Submit high level PDSA cycle by December 1, 2022

Begin PIP in January 2023

Health plans to submit monthly data and meet with MHD quarterly.

Subject to EQRO review in 2024



The workgroup

- MHD
- Missouri Care/Healthy Blue
- UnitedHealthcare®
- Home State Health
- Compass Health
- Royal Oaks
- Crittenden
- Community Behavioral Health Coalition
- SSM
- Truman BH
- ReDiscover
- TriCounty

FUH pilot workgroup — key goal

Consensus agreement on a best-practice protocol for a state-wide 7-day FUH collaborative initiative

Approved 2020

FUH pilot workgroup — key goal (cont.)

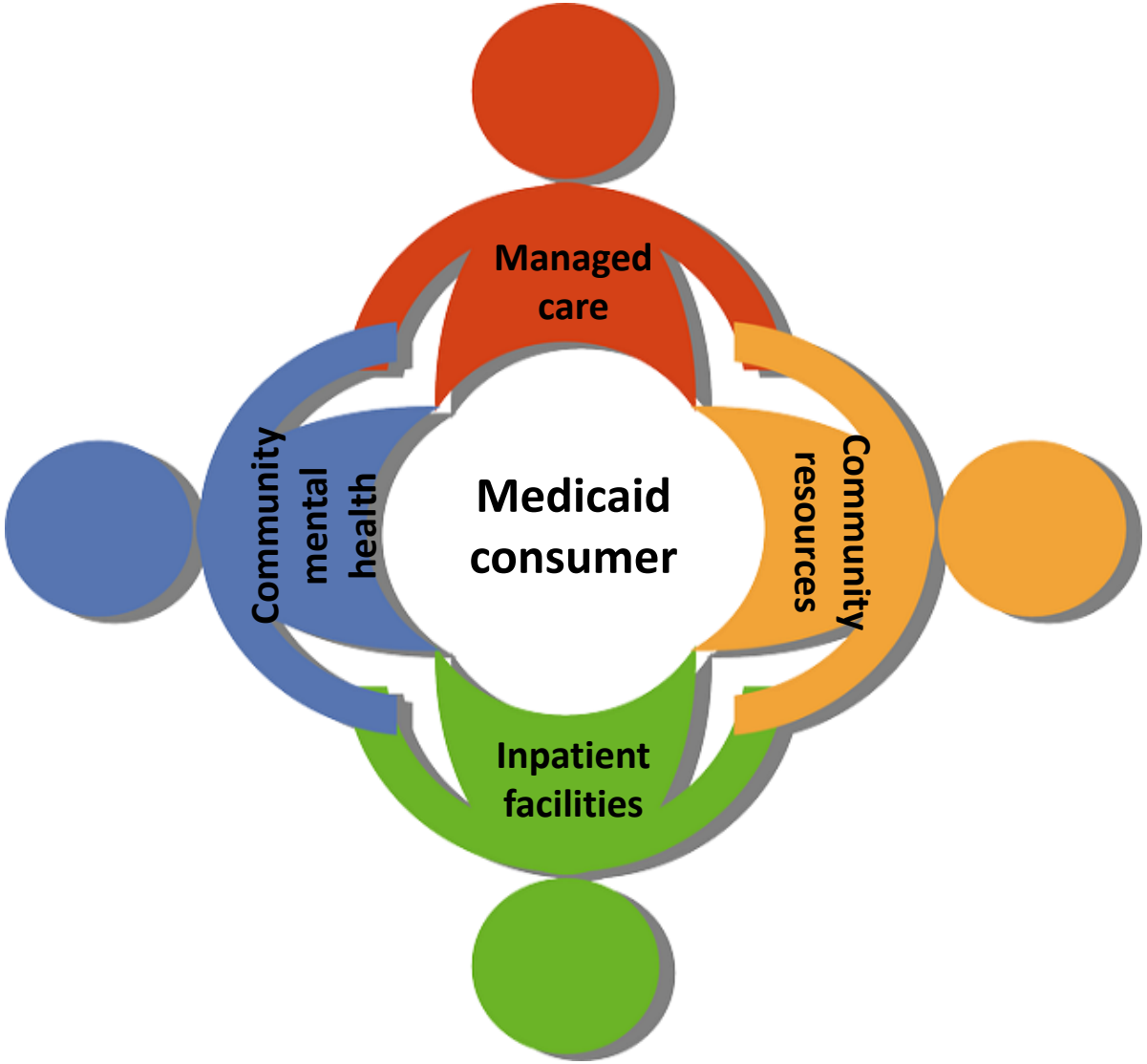
Consensus agreement on a
best-practice protocol for a
7-day FUH initiative
√ Statewide
√ Collaborative
Approved 2021

Historically

- Disconnected stakeholders:
  - Inpatient facilities
  - Community mental health
  - MCOs
  - MO HealthNet
- Disproportionate accountability for Follow-up After BH Hospitalization with consumers
- Independent initiatives; no coordinated best practice efforts


If everyone is moving forward together, then success takes care of itself.
- Henry Ford

Goal: MCO partner in consumer care

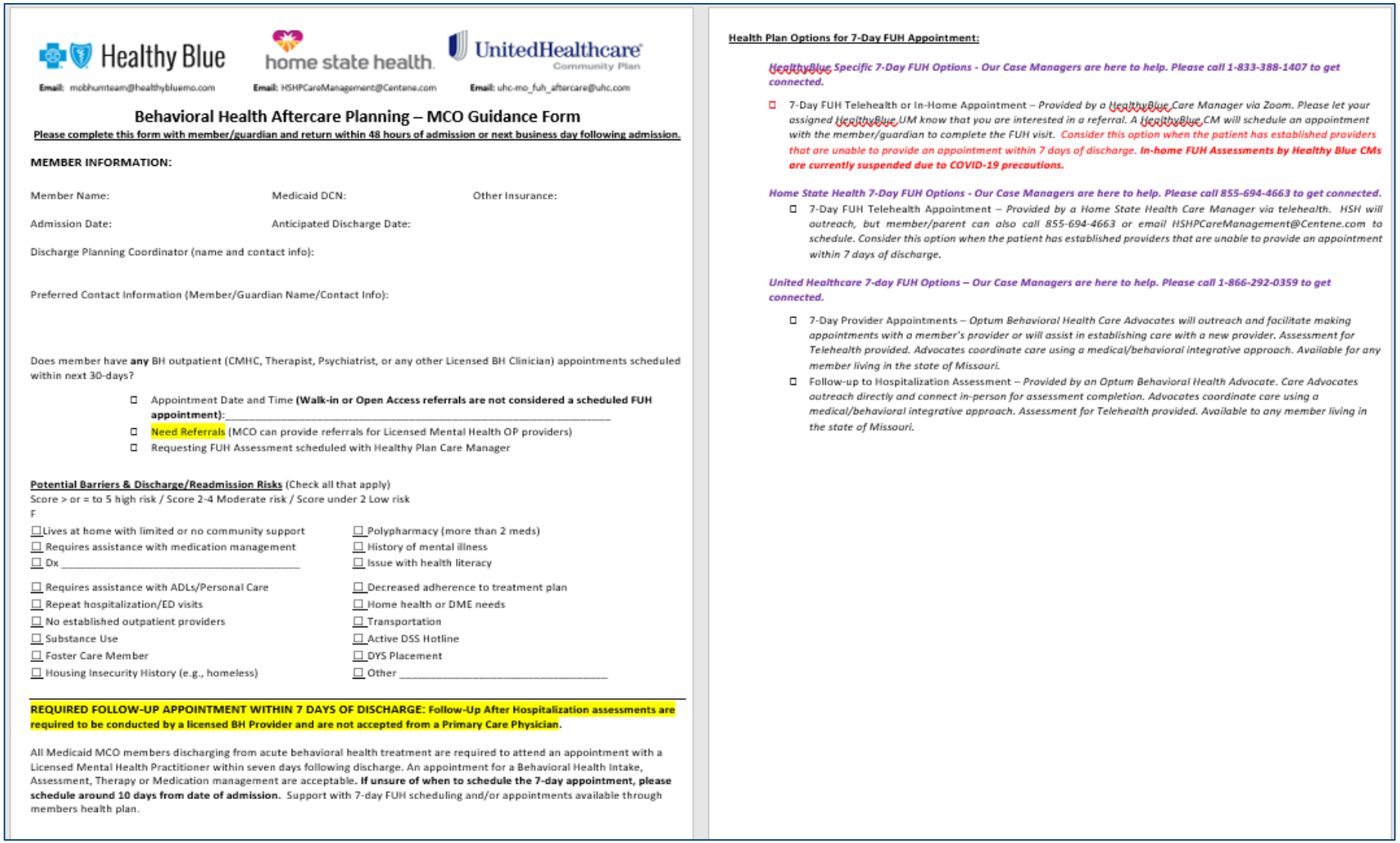


HEDIS FUH pilot review

Barriers:	Solutions:
Establishing appointments with providers in time to meet 7-day	FUH appointment as a post-stabilization assessment, not treatment appointment
Accessibility to BH resources	FUH appointment as a post-stabilization assessment, not treatment appointment
Compliance – Open Access Model	Telehealth/virtual options thru the health plans
IP capacity to collaborate with MCO on DC planning	MCO Invite to DC planning mtgs (children); IP follow-up w/MCO CM post DC planning pt discussion (adults)
Inability to connect with members while inpatient	IP facilitate warm transfer call to MCO to support accessing additional health plan benefits and SDOH support
Community providers unaware of member IP admission	IP/MCO protocol process facilitates outreach to the appropriate community partners

IP/MCO/CMHC/CCBHO FUH protocol workflow
MO HealthNet FUH workgroup

Behavioral Health Aftercare Planning – MCO Guidance Form



Healthy Blue
Email: mobhumteam@healthybluemo.com

home state health
Email: HSHPCareManagement@Centene.com

UnitedHealthcare Community Plan
Email: uhc-mo_fuh_aftercare@uhc.com

Behavioral Health Aftercare Planning – MCO Guidance Form

Please complete this form with member/guardian and return within 48 hours of admission or next business day following admission.

MEMBER INFORMATION:

Member Name: Medicaid DCN: Other Insurance:

Admission Date: Anticipated Discharge Date:

Discharge Planning Coordinator (name and contact info):

Preferred Contact Information (Member/Guardian Name/Contact Info):

Does member have **any** BH outpatient (CMHC, Therapist, Psychiatrist, or any other Licensed BH Clinician) appointments scheduled within next 30-days?

- ☐ Appointment Date and Time **(Walk-in or Open Access referrals are not considered a scheduled FUH appointment)**:_____
- ☐ Need Referrals (MCO can provide referrals for Licensed Mental Health OP providers)
- ☐ Requesting FUH Assessment scheduled with Healthy Plan Care Manager

Potential Barriers & Discharge/Readmission Risks (Check all that apply)
Score > or = to 5 high risk / Score 2-4 Moderate risk / Score under 2 Low risk
F

☐ Lives at home with limited or no community support
☐ Requires assistance with medication management
☐ Dx _____
☐ Requires assistance with ADLs/Personal Care
☐ Repeat hospitalization/ED visits
☐ No established outpatient providers
☐ Substance Use
☐ Foster Care Member
☐ Housing Insecurity History (e.g., homeless)
☐ Polypharmacy (more than 2 meds)
☐ History of mental illness
☐ Issue with health literacy
☐ Decreased adherence to treatment plan
☐ Home health or DME needs
☐ Transportation
☐ Active DSS Hotline
☐ DYS Placement
☐ Other _____

REQUIRED FOLLOW-UP APPOINTMENT WITHIN 7 DAYS OF DISCHARGE: Follow-Up After Hospitalization assessments are required to be conducted by a licensed BH Provider and are not accepted from a Primary Care Physician.

All Medicaid MCO members discharging from acute behavioral health treatment are required to attend an appointment with a Licensed Mental Health Practitioner within seven days following discharge. An appointment for a Behavioral Health Intake, Assessment, Therapy or Medication management are acceptable. **If unsure of when to schedule the 7-day appointment, please schedule around 10 days from date of admission.** Support with 7-day FUH scheduling and/or appointments available through members health plan.

Health Plan Options for 7-Day FUH Appointment:

HealthyBlue Specific 7-Day FUH Options - Our Case Managers are here to help. Please call 1-833-388-1407 to get connected.

- ☐ 7-Day FUH Telehealth or In-Home Appointment – *Provided by a HealthyBlue Care Manager via Zoom. Please let your assigned HealthyBlue UM know that you are interested in a referral. A HealthyBlue CM will schedule an appointment with the member/guardian to complete the FUH visit. Consider this option when the patient has established providers that are unable to provide an appointment within 7 days of discharge.* ***In-home FUH Assessments by Healthy Blue CMs are currently suspended due to COVID-19 precautions.***

Home State Health 7-Day FUH Options - Our Case Managers are here to help. Please call 855-694-4663 to get connected.

- ☐ 7-Day FUH Telehealth Appointment – *Provided by a Home State Health Care Manager via telehealth. HSH will outreach, but member/parent can also call 855-694-4663 or email HSHPCareManagement@Centene.com to schedule. Consider this option when the patient has established providers that are unable to provide an appointment within 7 days of discharge.*

United Healthcare 7-day FUH Options – Our Case Managers are here to help. Please call 1-866-292-0359 to get connected.

- ☐ 7-Day Provider Appointments – *Optum Behavioral Health Care Advocates will outreach and facilitate making appointments with a member's provider or will assist in establishing care with a new provider. Assessment for Telehealth provided. Advocates coordinate care using a medical/behavioral integrative approach. Available for any member living in the state of Missouri.*
- ☐ Follow-up to Hospitalization Assessment – *Provided by an Optum Behavioral Health Advocate. Care Advocates outreach directly and connect in-person for assessment completion. Advocates coordinate care using a medical/behavioral integrative approach. Assessment for Telehealth provided. Available to any member living in the state of Missouri.*

Inpatient MCO protocol — hospital care transitions (HCT) requirement

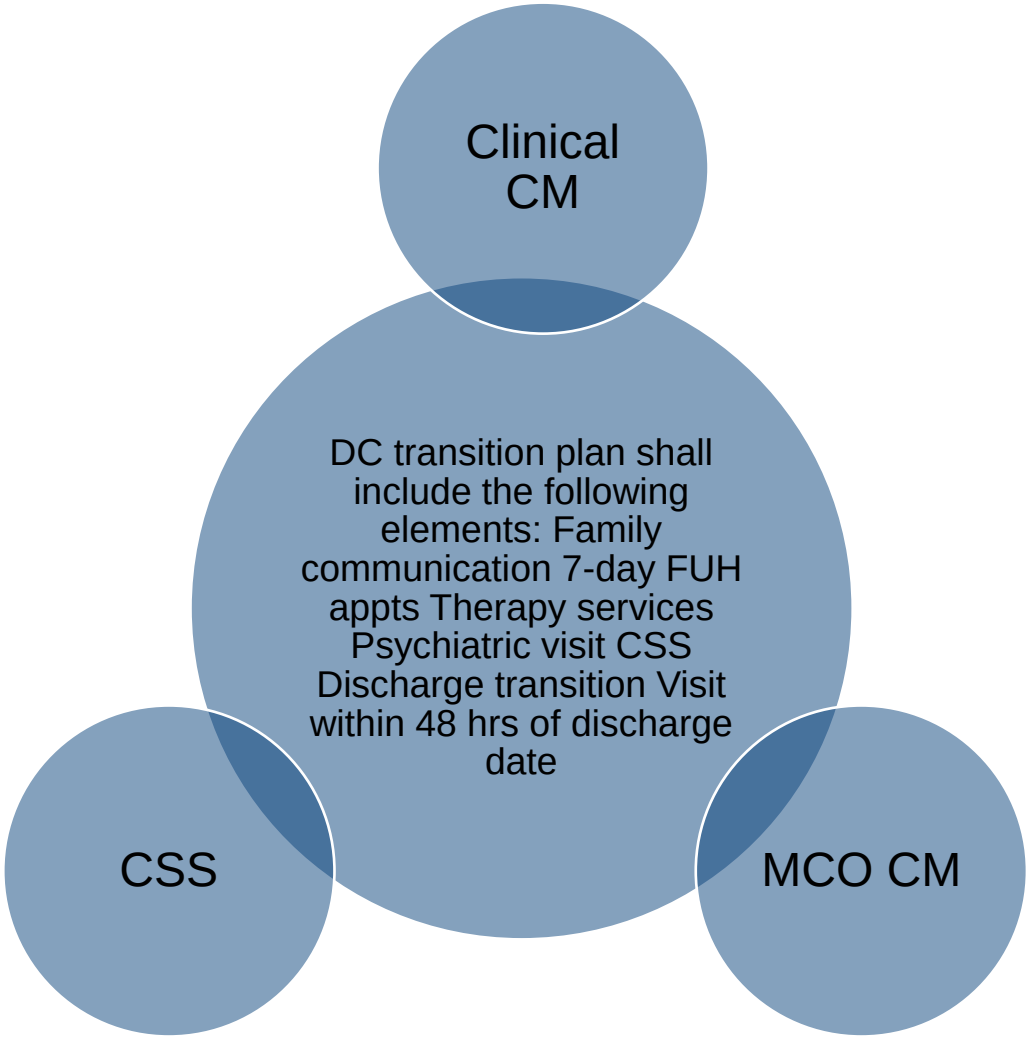
Within 48 hours of admission, the facility admissions staff sends (via secure email to the respective MCO) the MCO *AfterCare Planning Guidance Form* to the respective MCO notifying them of the admission and initiating discharge planning collaboration

Within 72 hours of admission MCO UM staff will identify assigned BH CM staff to outreach to the facility clinical care manager and initiate support in connecting with the member/family during the inpatient stay regarding BH care management. If the member is not already enrolled in care management with the health plan, the MCO CM will initiate the enrollment process. Appropriate CMHC/CCBHO community support specialists are identified and engaged.

The facility clinical care manager, MCO care manager, and any identified designated community support specialists shall remain in contact throughout the course of hospitalization and work together to establish a discharge transition plan

The MCO CM **and/or** CSS remains engaged with member to ensure completion of clinical goals, coordination of care and transition to community treatment and/or SDOH services

Inpatient MCO protocol — hospital care transitions (HCT) requirement (cont.)



2022 MCO contract requirement HCT

- **Onsite HCT management services upon admissions across 56+ BH IP facilities statewide** leveraging HCT coordinators to **work directly with the hospital staff** to assist members in their care transition.
- Services provided under the HCT program that **integrate with and enhance the discharge planning and care transition activities required of the hospital** by CMS.
- HCT coordinator **collaboration with facility staff responsible for discharge planning**, taking the hospital's regulatory requirements and processes into account.
- HCT coordinator **engagement with the member in the transition of members' care** by providing education about in-network care providers, programs they may be eligible for, and community-based resources
- HCT coordinator who shall **develop a plan with hospitals to facilitate TOC** for members, employing the use of HCT coordinators to **engage members at the bedside** and provide TOC assistance.

What’s new for you?

- Consistent improved support in scheduled through completed patient FUH assessments across Medicaid MCO health plans
- Liaison MCO support to connect member to appropriate CMHC/CCBHO entities
- Including MCO care managers in the BH IP facility discharge planning discussions
- Participation in a quarterly FUH initiative check-in

FUH pilot metrics

Rate of completed 7-day FUH appointments for BH IP admissions to participating pilot facilities during period of February 1, 2021, through June 30, 2021.

Rate of returned *APG Forms* by pilot facilities during period of February 2021 through June 30, 2021.

Pilot BH IP metrics

Healthy Blue

Facility	Quarter	# of Discharges	APG Forms Completed	% APG Forms Completed	FUH 7 Day Scheduled at Discharge	% FUH 7 Day Scheduled at Discharge	IP/MCO Collaboration in Timeframe	% IP/MCO Collaboration in Timeframe	FUH Den	FUH Completed in 7 Days	% FUH Completed in 7 Days	FUH Completed in 30 Days	% FUH Completed in 30 Days
Crittenton	1st	24	4	16.67%	8	33.33%	4	16.67%	33	12	36.36%	18	54.55%
Royal Oaks	1st	53	3	5.66%	37	69.81%	3	5.66%	49	25	51.02%	34	69.39%
Crittenton	2nd	46	33	71.74%	42	91.30%	33	71.74%	60	14	23.33%	42	70.00%
Royal Oaks	2nd	51	17	33.33%	48	94.12%	17	33.33%	74	25	33.78%	43	58.11%
Crittenton	3rd	40	32	80.00%	36	90.00%	32	80.00%	23	10	43.48%	16	69.57%
Royal Oaks	3rd	47	3	6.38%	34	72.34%	3	6.38%	15	9	60.00%	10	66.67%
Crittenton	4th	30	11	36.67%	10	33.33%	11	36.67%	28	7	25.00%	17	60.71%
Royal Oaks	4th	52	20	38.46%	22	42.31%	20	38.46%	42	23	54.76%	33	78.57%

Goal
80%
75%
< 75%

Goal
85%
80%
< 80%

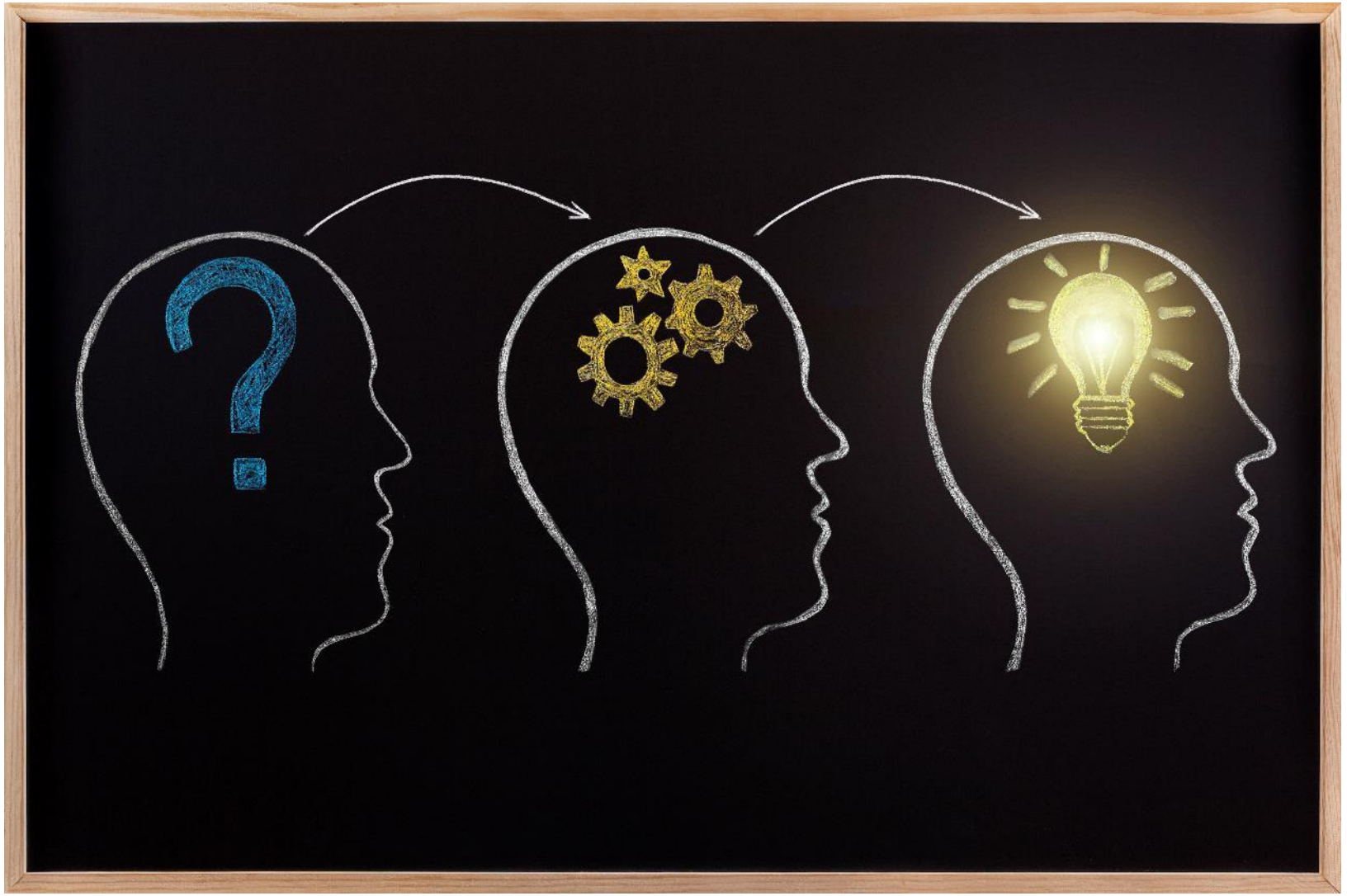
Goal
60%
55%
< 55%

Goal
66.67th = 44.82%
50th = 38.95%
< 50th

Goal
66.67th = 64.41%
50th = 60.08%
< 50th

2023 collaborative stakeholder metrics

Considerations and concerns brainstorm



Questions

https://provider.healthybluemo.com

MOHB-CD-018770-23 March 2023