Substance Abuse and Mental Health Services Administration

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Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover

Financing First Episode Psychosis (FEP) Programs

Presenters:

- Darcy Gruttadaro, J.D., Director of Advocacy, NAMI
- Mark R. Munetz, M.D., The Margaret Clark Morgan Chair of Psychiatry Northeast Ohio Medical University
- Mark Hurst, M.D., Medical Director, Ohio Department of Mental Health and Addiction Services

Transforming Young Lives

- We can improve young lives NOW
- Ground breaking NIMH study
- SAMHSA's support for program expansion
- U.S. is catching up with other parts of the world
- We can't wait, the public health imperative

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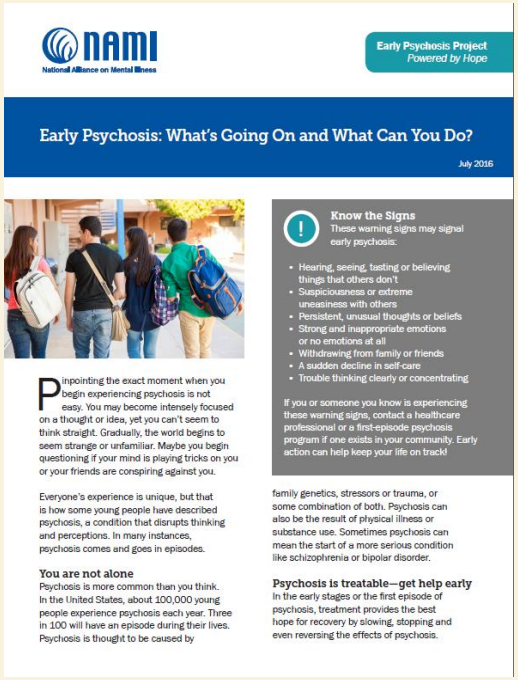
NAMI's FEP Project

Powered by hope …

- FEP program expansion
- Educating and spreading the word about FEP programs
- Targeted TA on outreach and program expansion
- Resource development for youth, young adults, families and other stakeholders

Resources …

- New tip sheets for youth, young adults and other stakeholders
- More coming… for primary care and schools



NAMI
National Alliance on Mental Illness

Early Psychosis Project
Powered by Hope

Early Psychosis: What's Going On and What Can You Do?

July 2016

Know the Signs
These warning signs may signal early psychosis:

- Hearing, seeing, tasting or believing things that others don't
- Suspiciousness or extreme uneasiness with others
- Persistent, unusual thoughts or beliefs
- Strong and inappropriate emotions or no emotions at all
- Withdrawing from family or friends
- A sudden decline in self-care
- Trouble thinking clearly or concentrating

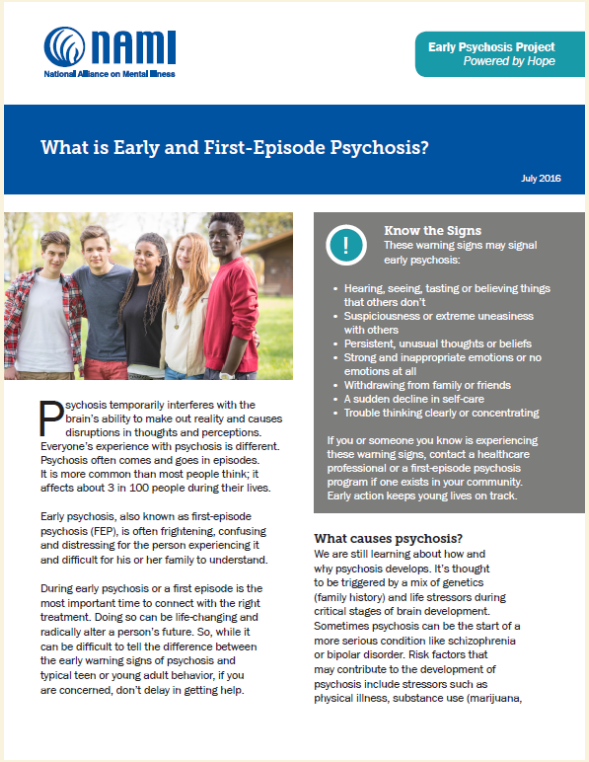
If you or someone you know is experiencing these warning signs, contact a healthcare professional or a first-episode psychosis program if one exists in your community. Early action can help keep your life on track!

Pinpointing the exact moment when you begin experiencing psychosis is not easy. You may become intensely focused on a thought or idea, yet you can't seem to think straight. Gradually, the world begins to seem strange or unfamiliar. Maybe you begin questioning if your mind is playing tricks on you or your friends are conspiring against you.

Everyone's experience is unique, but that is how some young people have described psychosis, a condition that disrupts thinking and perceptions. In many instances, psychosis comes and goes in episodes.

You are not alone
Psychosis is more common than you think. In the United States, about 100,000 young people experience psychosis each year. Three in 100 will have an episode during their lives. Psychosis is thought to be caused by family genetics, stressors or trauma, or some combination of both. Psychosis can also be the result of physical illness or substance use. Sometimes psychosis can mean the start of a more serious condition like schizophrenia or bipolar disorder.

Psychosis is treatable—get help early
In the early stages or the first episode of psychosis, treatment provides the best hope for recovery by slowing, stopping and even reversing the effects of psychosis.



NAMI
National Alliance on Mental Illness

Early Psychosis Project
Powered by Hope

What is Early and First-Episode Psychosis?

July 2016

Know the Signs
These warning signs may signal early psychosis:

- Hearing, seeing, tasting or believing things that others don't
- Suspiciousness or extreme uneasiness with others
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- A sudden decline in self-care
- Trouble thinking clearly or concentrating

If you or someone you know is experiencing these warning signs, contact a healthcare professional or a first-episode psychosis program if one exists in your community. Early action keeps young lives on track.

Psychosis temporarily interferes with the brain's ability to make out reality and causes disruptions in thoughts and perceptions. Everyone's experience with psychosis is different. Psychosis often comes and goes in episodes. It is more common than most people think; it affects about 3 in 100 people during their lives.

Early psychosis, also known as first-episode psychosis (FEP), is often frightening, confusing and distressing for the person experiencing it and difficult for his or her family to understand.

During early psychosis or a first episode is the most important time to connect with the right treatment. Doing so can be life-changing and radically alter a person's future. So, while it can be difficult to tell the difference between the early warning signs of psychosis and typical teen or young adult behavior, if you are concerned, don't delay in getting help.

What causes psychosis?
We are still learning about how and why psychosis develops. It's thought to be triggered by a mix of genetics (family history) and life stressors during critical stages of brain development. Sometimes psychosis can be the start of a more serious condition like schizophrenia or bipolar disorder. Risk factors that may contribute to the development of psychosis include stressors such as physical illness, substance use (marijuana,

Visit: www.nami.org/earlypsychosis

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The Importance of Financing

- Financing services and supports in FEP programs
- Financing statewide expansion of FEP programs
- Let's learn from Ohio …

PRESENTER

Mark R. Munetz, M.D.

The Margaret Clark Morgan Chair of Psychiatry

Northeast Ohio Medical University

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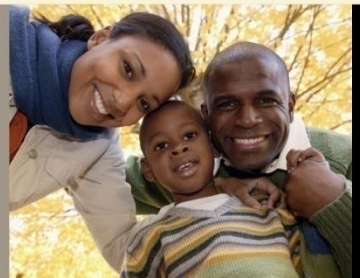
COORDINATED SPECIALTY CARE FOR PRIVATELY INSURED AND MEDICAID ENROLLED YOUTH AND YOUNG ADULTS:

CHALLENGES AND OPPORTUNITIES IN LONG-TERM SUSTAINABILITY AND FINANCING



DEPARTMENT OF HEALTH & HUMAN SERVICES • USA

NORTHEAST OHIO MEDICAL UNIVERSITY
Rootstown, Ohio

Northeast Ohio Medical University (NEOMED) is a community-based health science university. Its educational, clinical and research mission is achieved through community partnerships with health systems, including community mental health systems.

www.neomed.edu

NORTHEAST OHIO MEDICAL UNIVERSITY
Department of Psychiatry

The Department of Psychiatry at NEOMED operates statewide centers to support the effective dissemination of evidence-based practices:

- *Criminal Justice Coordinating Center of Excellence*
- *Ohio Program for Campus Safety and Mental Health*
- *Best Practices in Schizophrenia Treatment (BeST) Center*

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SAMHSA
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BeST CENTER AT NEOMED

The BeST Center was established:

- Department of Psychiatry, Northeast Ohio Medical University, in 2009
- Supported by The Margaret Clark Morgan Foundation and other private foundations and governmental agencies

The BeST Center's mission:

- Promote recovery and improve the lives of as many individuals with schizophrenia as quickly as possible
- Accelerate the use and dissemination of effective treatments and best practices
- Build capacity of local systems to deliver state-of-the-art care to people affected by schizophrenia and their families through training, consultation and technical assistance

BeST PRACTICES

- Early Identification and Treatment of Psychosis
- Family-based Services
- Cognitive Behavioral Therapy for Persistent Psychosis
- Integrated Primary and Mental Health Care
- Pharmacotherapy for Schizophrenia
- Cognitive Enhancement Therapy

FIRST: COORDINATED SPECIALTY CARE FOR FIRST EPISODE PSYCHOSIS

- Began as a pilot site for the RAISE NAVIGATE project
  - Staff from BeST Center and Child Guidance & Family Solutions received training from the RAISE NAVIGATE team
  - Adapted intervention to meet local needs

- FIRST expanded into six counties prior to 2014 mental health block grant 5% set-aside

ESSENTIAL ELEMENTS OF FIRST

Interprofessional team

Manualized treatment

Shared decision-making, CBt-p, Motivational Interviewing

Treatment integration

Family as part of recovery team

Individual Resiliency Training

Psychiatric Care

Supported Employment/Education

Family Psychoeducation

Case Management

Recovery Focus and Individual Choices

Assertive community outreach and education

Rapid access to assessment and services

Community partnerships

Regular data collection and analysis

Program evaluation and quality improvement

Policy advocacy

APPROACH TO COORDINATED SPECIALTY CARE EXPANSION

- Partner with local ADAMHS Board
  - Initially competitive request for partnership
  - Evolved to targeted invitations
- Offer modest funding, matched by board to support training time and start-up costs
- Assure board, agency and staff are “all in” on the model
  - Accepting all regardless of ability to pay
  - Promoting recovery; avoiding disability

BeST CENTER
INITIAL FIRST TRAINING AND CONSULTATION

Entire FIRST team:
- Training on the overall FIRST program for entire team
- Cognitive Behavioral techniques for psychosis (CBt-p)

Team leader:
- FIRST procedures
- Outreach strategy
- Outcomes data collection
- Family Psychoeducation
- Individual Resiliency Training, Supported Employment/Education and Case Management

Individual team member training:
- Counselors – Individual Resiliency Training, Family Psychoeducation
- Psychiatrist
- Supported employment/education specialist and case manager – Modules 1- 5

Manuals:
- Clinical guidelines
- Handouts to use with clients and families

BeST CENTER
ONGOING TRAINING AND CONSULTATION

Clinical Services:

- Services of a BeST Center consultant/trainer with expertise in First Episode Psychosis programs
- Services of BeST Center staff members with expertise in clinical practices used by FIRST programs
- Clinical consultation
- Refresher training for team members, training for new team members added due to staff turnover

Program Services:

- Convening of stakeholders
- Collaborative fundraising
- Ongoing technical assistance and support for outreach
- Ongoing technical assistance and support for data collection and analysis

Statewide Services:

- Policy advocacy

BeST CENTER
COLLABORATIVE LEARNING OPPORTUNITIES

Statewide learning communities monthly calls with ALL:

- FIRST team leaders
- FIRST prescribers (psychiatrists, APNs)

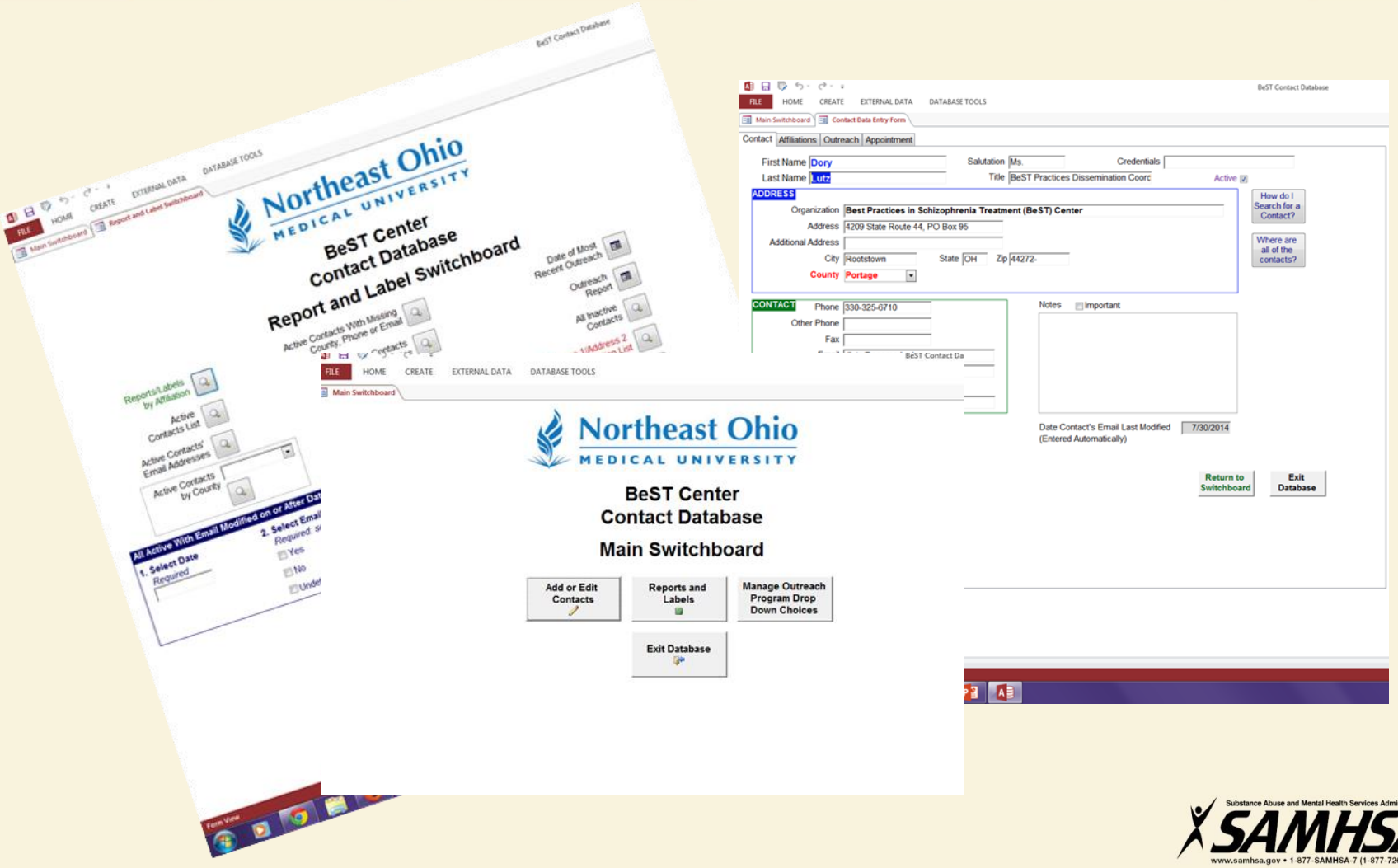
BeST Center activities:

- BeST Center's Experience: Barriers and Facilitators to First Episode Psychosis Program Implementation fact sheet
- Moving in the BeST Direction: Altering the Course of Schizophrenia conference

BeST Center national FEP collaborations:

- NASMHPD Webinar
- National Prodrome and Early Psychosis Network (PEPPNET)
- Consulting with Illinois, West Virginia

OUTREACH SUPPORT
POTENTIAL REFERRAL SOURCES DATABASE



OUTREACH MATERIALS

FIRST: EARLY IDENTIFICATION AND TREATMENT OF SCHIZOPHRENIA SPECTRUM DISORDERS

What is a FIRST program?

FIRST programs provide comprehensive, team-based treatment aimed at improving the mental health and quality of life for individuals who have experienced a first episode of a schizophrenia spectrum disorder by promoting early identification and providing best treatment practices as soon as possible. FIRST treatment includes psychiatric care, individual counseling, supported employment/education, family psychoeducation and case management that are all delivered in an integrated way by a six-person team based at a community mental health agency.

What are the benefits of FIRST treatment for clients, families and significant others?

- Decreased severity of the illness
- Less physical, mental, psychological, social and occupational disability
- Lower risk of relapse
- Fewer forensic complications
- Reduced family disruption and distress
- Reduced need for inpatient care
- Lower health care costs

FIRST Eligibility Criteria

While each person will be considered for FIRST treatment services on an individual basis, FIRST is most appropriate for individuals who:

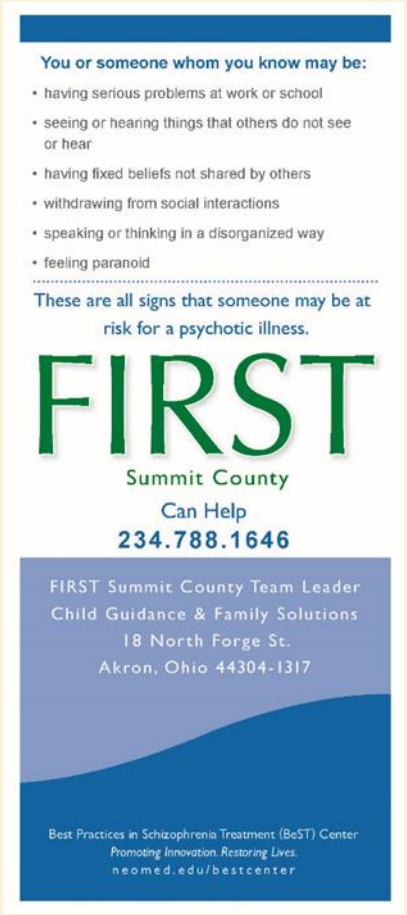
- are between 15-40 years of age — *or between 16-40 years of age in Mahoning County only;*
- are diagnosed with schizophrenia, schizoaffective disorder, schizophreniform disorder or other specified/unspecified schizophrenia spectrum and other psychotic disorder;
- have experienced no more than 18 months of psychotic symptoms (treated or untreated);
- are willing to consent to participate in at least two treatment modalities that include counseling, psychiatric care, supported employment/education, family psychoeducation and case management.

Other considerations

FIRST is not appropriate for individuals:

- with psychotic symptoms that are known to be caused by the temporary effects of substance abuse or another medical condition
- with an intellectual disability that impairs their ability to understand all of the treatment components

Individuals who do not meet the eligibility criteria for FIRST are referred to other treatment resources.



You or someone whom you know may be:

- having serious problems at work or school
- seeing or hearing things that others do not see or hear
- having fixed beliefs not shared by others
- withdrawing from social interactions
- speaking or thinking in a disorganized way
- feeling paranoid

These are all signs that someone may be at risk for a psychotic illness.

FIRST

Summit County
Can Help
234.788.1646

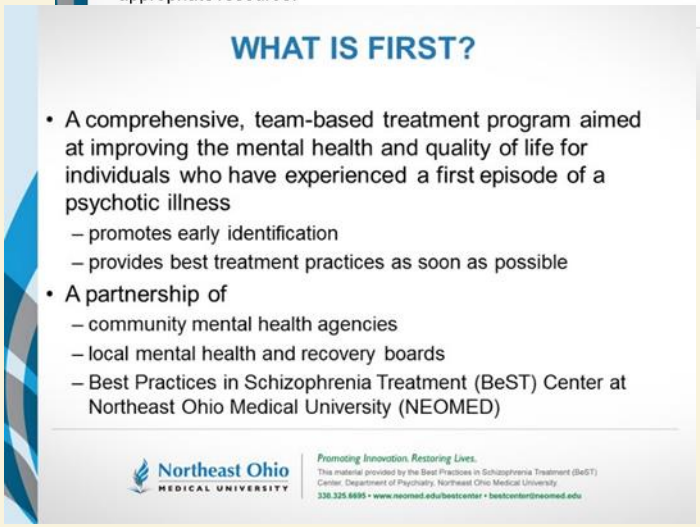
FIRST Summit County Team Leader
Child Guidance & Family Solutions
18 North Forge St.
Akron, Ohio 44304-1317

Best Practices in Schizophrenia Treatment (BeST) Center
Promoting Innovation. Restoring Lives.
neomed.edu/bestcenter

FIRST ENROLLMENT PROCESS

- Assessment: All calls to the dedicated FIRST telephone number are returned within 24 hours
- Team Leader completes a phone screening and, if appropriate, an intake assessment
- If FIRST treatment is appropriate, appointment with team psychiatrist is expedited
  - Team psychiatrist makes final decision

**All clients who do not meet criteria are referred to the most appropriate resource.



WHAT IS FIRST?

- A comprehensive, team-based treatment program aimed at improving the mental health and quality of life for individuals who have experienced a first episode of a psychotic illness
  - promotes early identification
  - provides best treatment practices as soon as possible
- A partnership of
  - community mental health agencies
  - local mental health and recovery boards
  - Best Practices in Schizophrenia Treatment (BeST) Center at Northeast Ohio Medical University (NEOMED)

Northeast Ohio MEDICAL UNIVERSITY

Promoting Innovation. Restoring Lives.

This material provided by the Best Practices in Schizophrenia Treatment (BeST) Center, Department of Psychiatry, Northeast Ohio Medical University
330.325.6695 • www.neomed.edu/bestcenter • bestcenter@neomed.edu

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ONGOING COMMUNICATION WITH POTENTIAL REFERRAL SOURCES

DATA COLLECTION AND ANALYSIS

Data Components

- Master Spreadsheet (enrollment, referrals)
- Service utilization and cost data (outpatient)
- Outcome measures

Data Transmission and Frequency

- Received monthly from teams in digital format

FIRST MASTER SPREADSHEET

Enrollment & Dis-enrollment

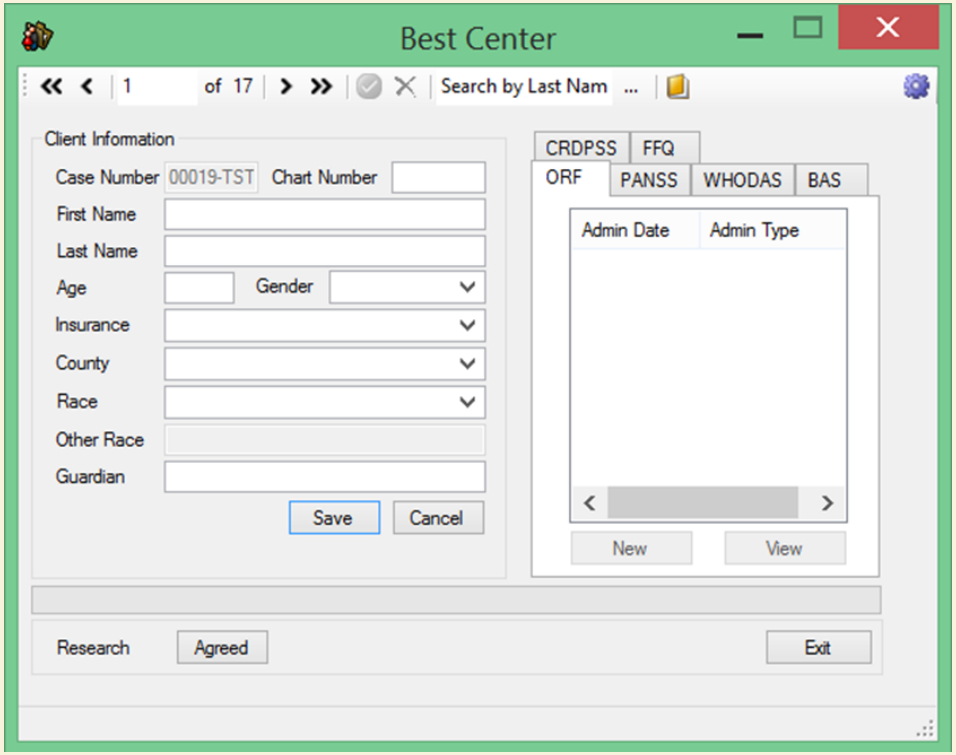
- Dates
- Program tenure
- Payer source
- Diagnosis
- Standardized reasons for closure

Referral Information

- Source
- Referral status tracking
  - E.g., reason pending or not accepted

FIRST OUTCOME DATA

BeST Center Outcome Computer Program



Outcomes measured at baseline and every 6 months

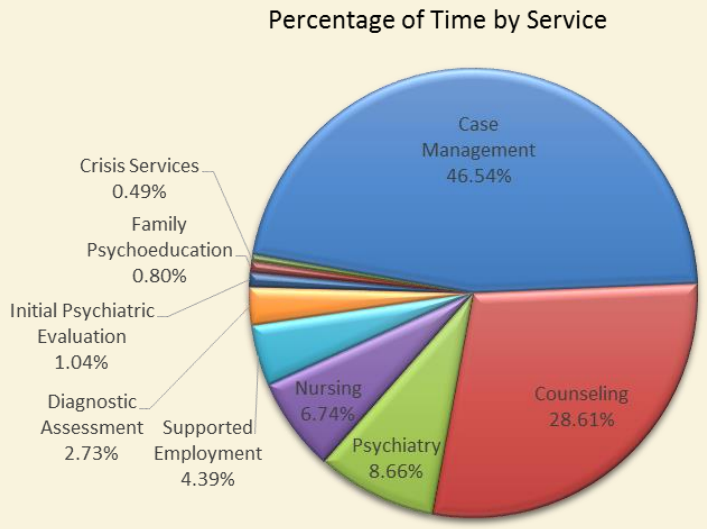
- Basic demographics
- Primary and secondary diagnoses
- Payer information
- Educational status
- Employment
- Hospitalization
- Relationships with family and friends
- Living situation

Clinical Outcomes

- Clinician-Rated Dimensions of Psychosis Symptom Severity

FIRST SERVICE UTILIZATION

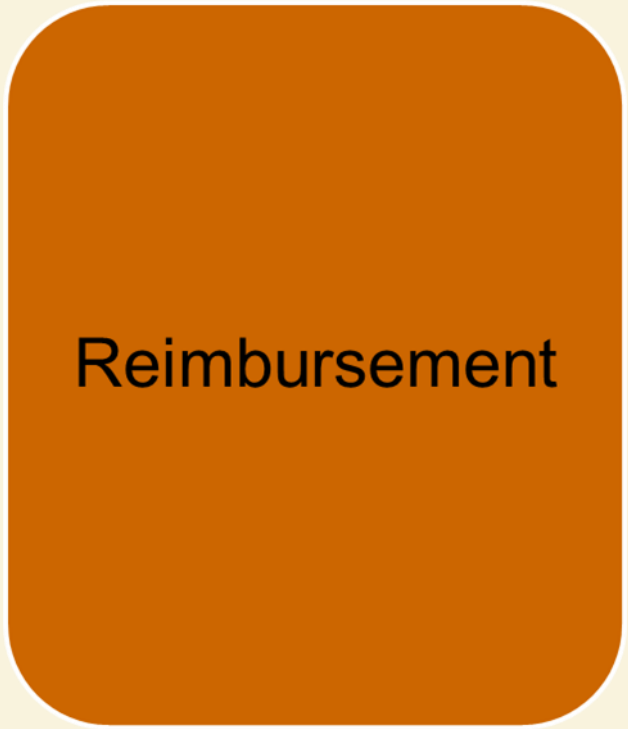
Percentage of Time by Service	
All FIRST Programs 2014 - 2016, N = 280	
Service	**Percentage**
Case Management	42.58%
Counseling	29.58%
Psychiatry	8.86%
Nursing	7.53%
Case Management Phone	5.59%
Supported Employment	4.43%
Family Psychoeducation	0.93%
Crisis Services	0.49%
Total	100.00%



FINANCING FIRST PROGRAMS

- Commitment from agency, board and BeST Center to make it work
- Minimal funding from BeST Center and county board to assist in initial start up
  - *At most $10,000 from each*
- Initially team members are not assigned full time to the team
- Maximize Medicaid and commercial insurance billing

FUNDING CHALLENGES FOR FIRST PROGRAMS



- **Supported employment, case management not covered by private insurance**
- **Medicaid does not cover supported education and it can be difficult to get Medicaid coverage for supported employment**
- **Training, team meetings and supervision are not reimbursable**

FUNDING CHALLENGES FOR FIRST PROGRAMS

- **Role of team leader includes activities not typically funded by third-party payers: data collection, outreach, program administration**
- **More robust support for team leader to allow sufficient time to develop program and outreach infrastructure**

FUNDING CHALLENGES FOR FIRST PROGRAMS

- **Project deficits for initial years of program**
- **Most new programs require extramural funding before they approach financial self-sufficiency**
- **May always require some subsidy under current reimbursement mechanisms**

POTENTIAL OPPORTUNITIES FOR FIRST PROGRAMS

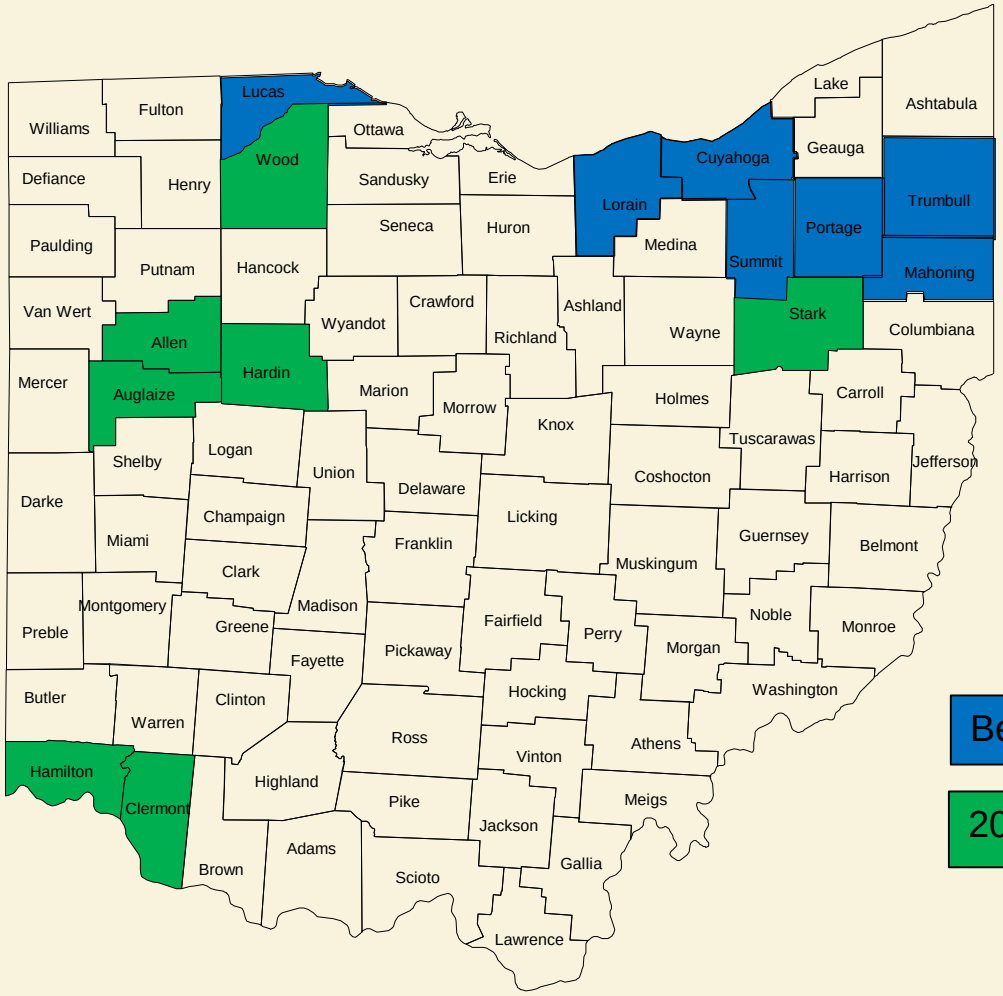
- **Individuals can stay on parents' insurance until age 26 without being full-time students**

POTENTIAL OPPORTUNITIES FOR FIRST PROGRAMS

Medicaid Expansion

- **Individuals no longer need to be disabled to be insured by Medicaid in Ohio; eligibility is determined by income**
- **Individuals under the age of 26 who are on family private insurance can also apply for Medicaid**
- **A majority of previously uninsured individuals are now Medicaid eligible. This gives ADAMHS boards discretionary funding that can be used to support components that are not reimbursed**

FIRST EARLY IDENTIFICATION AND TREATMENT OF PSYCHOSIS PROGRAMS 2016



BeST Center

2014 5% Block Grant

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ON THE HORIZON
BEHAVIORAL HEALTH CARE REDESIGN

? ?

- Impact of Medicaid rates?
- Impact of managed care?
- 2016 Mental Health Block Grant 10% set-aside**?**

PRESENTER

Mark Hurst, M.D.

Medical Director

Ohio Department of Mental Health and Addiction Services (OhioMHAS)

OhioMHAS Framework for Set-Aside Funds

A. Guidance from SAMHSA and NIMH

1. Components of Evidence-Based Treatments for FEP Coordinated Specialty Care (CSC) team
2. NIMH Recovery After an Initial Schizophrenia Episode (RAISE) Resources

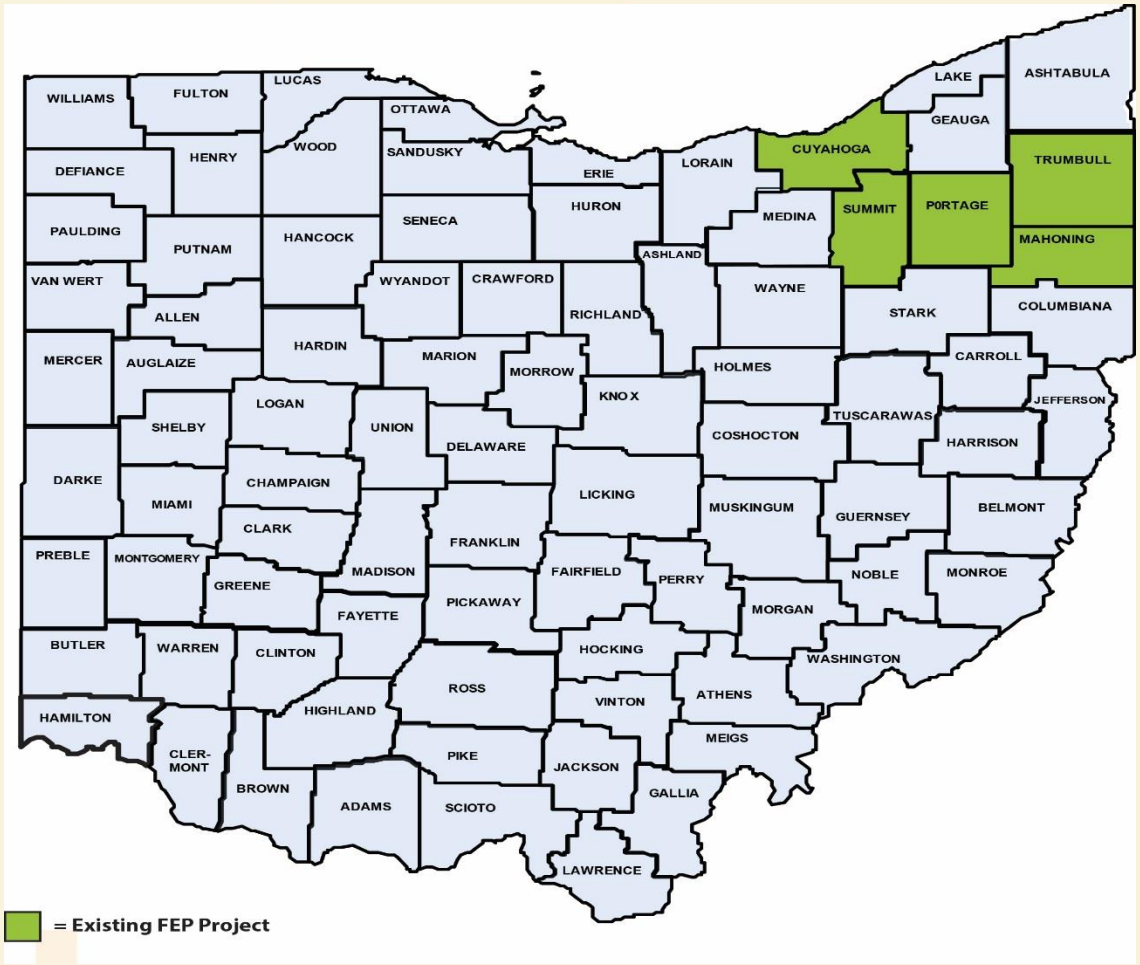
B. Existing Ohio Strengths and Initiatives

1. Investments for Young People at Risk: SAMHSA System of Care grant awarded to Ohio; ENGAGE Project focuses on a comprehensive approach for youth/young adults (ages 14-21) with behavioral health needs
2. Availability of Best Practices (i.e. ACT, IHBT, and IPS)
3. Integration of primary and behavioral health care
4. Medicaid Expansion in 2014
5. Funds directed toward treatment and staff training

C. Local Expertise/Technical Support: Best Practices for Schizophrenia Treatment (BeST) Center located at Northeast Ohio Medical University

1. Five existing FEP Projects (FIRST Projects) initiated in 2012 supported by the BeST Center

OhioMHAS Expand Existing Programs: Support Regional Access



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OhioMHAS Framework for Set-Aside Funds

SCOPE of the Project:

- **Target Population: Persons ages 15-25 with specific diagnoses**
  - **Changed to 15-30 in 2016**
- **Provider agrees to commit to work with youth/young adult two years**
- **Services initiated as close to onset of symptoms as possible**
- **Referral, recruitment and community education plan designed to reduce treatment delays**
- **Employment and education components**
- **Family involvement and comprehensive integrated care are addressed**
- **Evaluate service gaps for persons ages 15-30**

OhioMHAS Framework for Set-Aside Funds

Program Requirements:

- **Evidence based treatment approaches**
- **Sustainability plan**
- **Implement services within six months of the award**
- **Agreement to work with OhioMHAS on evaluation requirements**

OhioMHAS Approach

Request for Proposal (RfP)

Projects Required Qualifications:

- Applicant has clinical treatment experience working with individuals ages 15-30 with qualifying diagnosis; certified by OhioMHAS to provide specific services
- Non-profit provider meeting SAMHSA definition for a community center to qualify for Federal BG funds
- Applicant able to provide services to clients for up to two years
- Applicant has the capacity to track and report outcomes for evaluation
- Applicant has proven ability to implement an EBP
- Existing programs that wish to expand, must demonstrate a need and a plan for regional expansion
- Participation in learning communities

OhioMHAS Framework for Set-Aside Funds

OhioMHAS Goals:

- **Utilize Federal funds to implement or expand First Episode Psychosis (FEP) programs in two areas of the state**
  - Federal funds should be used for start-up and not long-term sustainability
- **Over time, all regions of Ohio will have treatment options for persons experiencing initial symptoms of serious mental illness (FEP programming)**
- **Service availability should match need and be based on data from various sources**
- **Increased access to assessment, treatment and specialized expertise (reduced wait-time)**
- **Local and regional collaboration between partners, funders and stakeholders is mutually supported**

OhioMHAS Approach

Request for Proposal (RfP)

Projects Preferred Requirements

Provider has implemented a comprehensive, multidisciplinary approach specific to needs of the target population that is trauma informed

Organizational experience in implementing EBPs and evidence supported practices for this population (ACT, IHBT, Transition to Independence Process, High Fidelity Wraparound, Peer Support, Supported Employment or Supported Education)

Ability to work in multiple counties, or on a regional basis with youth/young adult service systems

Interest in collaborating with the existing SAMHSA System of Care project (OhioMHAS)

Possesses a relationship with third party payers, including Medicaid Managed Care Organizations

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OhioMHAS Funded Projects (2014)

Coleman Professional:

- Portage County (expanded)
- Stark County (new)
- Allen, Auglaize and Hardin Counties (new)

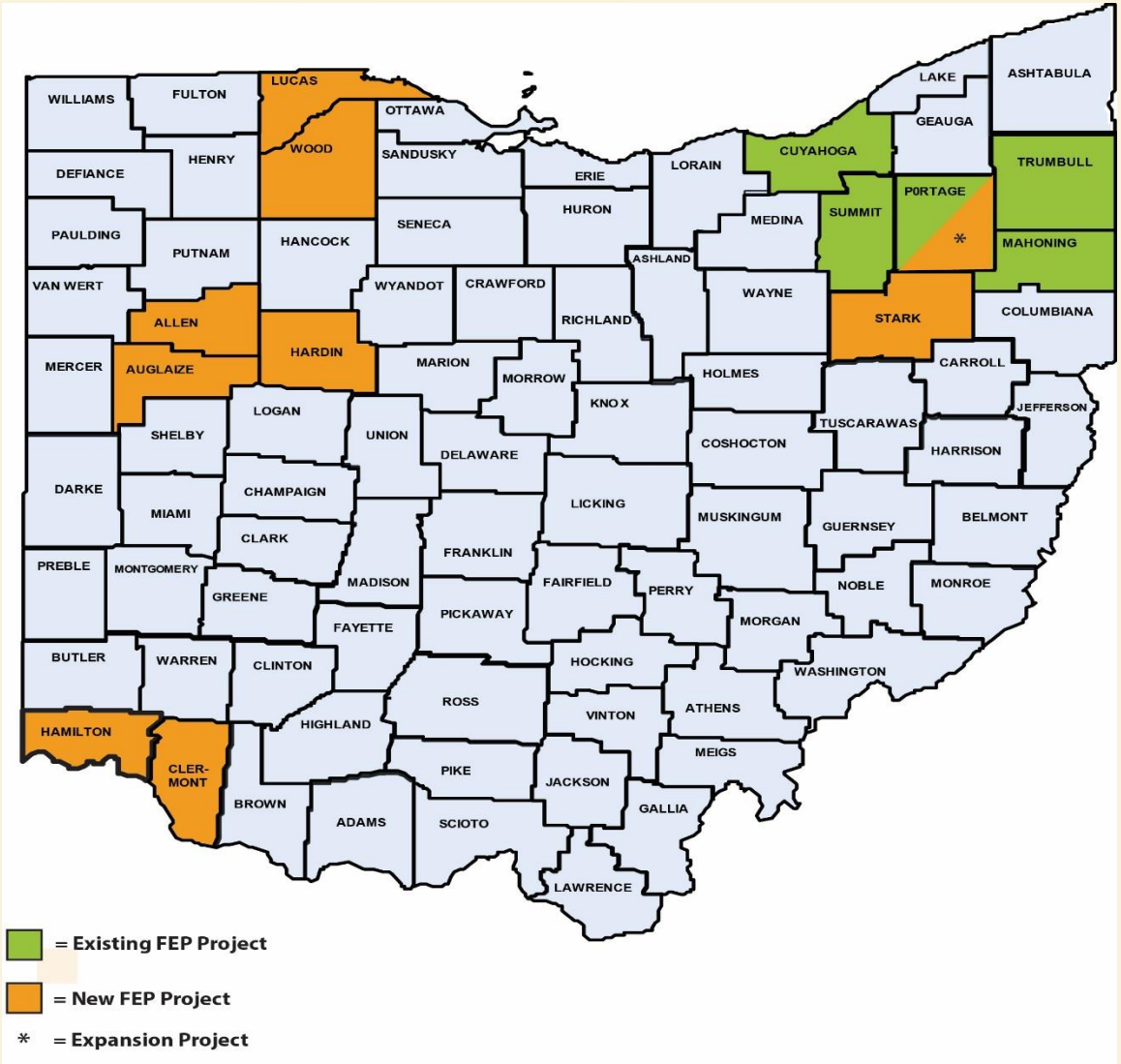
Zepf Center:

- Lucas and Wood Counties (new)

Greater Cincinnati BH:

- Hamilton and Clermont Counties (new)

Ohio Map of FEP Projects: Existing and BG Funded (2014)



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OhioMHAS Goals

Some Expected Results:

- Increased expertise, knowledge and skill in working with this specialized population
- Reduced hospitalizations, increase in education and/or employment (Client Specific Outcomes)
- New partners: Emergency rooms, pediatricians and primary care physicians, educational organizations, and others
- Improved outreach, education and referral
- Recommendations for expansion to all regions
- Recommendations for staff recruitment and retention
- ***Reimbursement strategies that support sustainability***

Ohio Community Structure

- **50 County Boards serving all 88 counties**
  - 49 combined boards (ADAMH: Alcohol, Drug abuse and Mental Health)
  - State funding
  - Local levy funding that varies greatly
- **Ohio Department of Mental Health and Addiction certified agencies:**
  - 300 addiction treatment agencies
  - 400 mental health agencies
  - Many dually certified

Ohio Behavioral Health Funding

Pre-Medicaid expansion:

- Boards responsible for Medicaid match until 2011
- Large uninsured population of individuals with mental illness and addictions
- Boards responsible for care of un-insured both inpatient (state hospital) and outpatient
- Carved-out Medicaid BH benefit
  - *Managed care plans responsible for inpatient coverage and medications*
  - *Fee-for-service responsible for all other services*

Post-Medicaid expansion:

- Medicaid match became state responsibility (freeing some levy funds)
- Boards no longer responsible for state hospital bed days
- Boards retained responsibility for outpatient care of uninsured (but fewer uninsured)
- Medicaid BH benefit still carved out
  - *Carve-in to occur January 1, 2018*

Ohio Behavioral Health Funding

Results of Medicaid expansion:

- Provided health care coverage to 954,887 low-income Ohioans, most of whom were previously uninsured.
- Within that group, 481,903 (50.5%) had a Medicaid claim for behavioral health services and 99,538 (10.4%) had claims that indicated severe mental illness.
- In calendar year 2015 alone, 77,590 Medicaid expansion enrollees with severe mental illness received $163 million in Medicaid-funded services from community behavioral health providers
- Prior to the expansion, these individuals relied predominantly on alcohol, drug and mental health (ADAMH) board-funded services.
- Freed-up $70 million annually in county-funded resources Previously used for treatment services

Ohio Approach to FEP Funding

- Federal Block Grant should be used to develop programs, not as source of continuing funding for sustainability
  - *How long is the funding needed?*
- Identify and capitalize on sources of revenue
  - *Billing for clinical services*
  - *Other funds for non-billable services (board support, etc.)*
  - *Future: would health plans be willing to subsidize FEP programs to provide traditionally non-billable services that are essential to good outcomes?*
- Maximize impact of Medicaid expansion
  - *Enrollment*
  - *Interface with managed care plans (required component of project)*
- Evaluate value-based purchasing and/or bundled payment options

Ohio Approach to FEP Funding

Findings so far:

- FBG funding duration for programs:
  - *Not sure how long, but possibly up to 5 years on a declining basis as billings increase and stabilize and need for technical assistance decreases*
- Identify and capitalize on sources of revenue
  - *Currently non-billable services: Some are covered by Medicaid MCPs (Transportation). Others are not. Commercial health plans often do not cover even the basic Medicaid covered services (like case management)*
- Maximize impact of Medicaid expansion
  - *Medicaid MCPs are interested in FEP based on good outcomes and cost savings (largely d/t decrease IP utilization) in short and long-term.*
  - *Carve-in not occurring until 1/2018*
  - *Many patients are not covered under Medicaid*
- Evaluate value-based purchasing and/or bundled payment options
  - *In process and holds promise*
  - *Inclusive of both Medicaid plans and Private plans*
  - *Opportunity for improved case finding and MCP care management*

Ohio Behavioral Health Funding

Current Model: Fee-for Service:

- More volume
  - *To the extent fee-for-service payments exceed costs of additional services, they encourage providers to deliver more services and more expensive services*
- More fragmentation
  - *Paying separate fees for each individual service to different providers perpetuates uncoordinated care*
- More variation
  - *Separate fees also accommodate wide variation in treatment patterns for patients with the same condition – variations that are not evidence-based*
- No assurance of quality
  - *Fees are typically the same regardless of the quality of care, and in some cases (e.g., avoidable hospital readmissions) total payments are greater for lower-quality care*
- "You get what you pay for"
  - *Volume over value…..quantity over quality*

Source: UnitedHealth, Farewell to Fee-for-Service: a real world

- Also: Disincentive to provide non-billable, but necessary services

Potential Approaches to FEP Funding

- Continue FFS, with non-billable services funded by boards, philanthropy, block grant, state subsidy, etc.
- Bundled rate (per member per month)
- Continue FFS, but with “pay-for-performance” bonuses based on cost savings, outcomes
- Episode based payment model

Retrospective episode model mechanics

Patients and providers continue to deliver care as they do today

1

Patients seek care and select providers as they do today

2

Providers submit claims as they do today

3

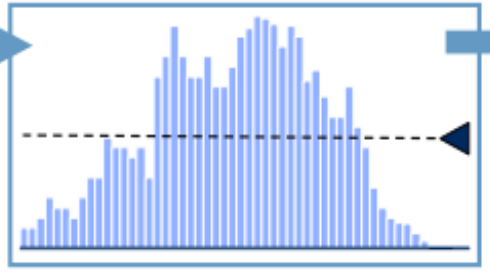
Payers reimburse for all services as they do today

Calculate incentive payments based on outcomes after close of 12 month performance period

4

Review claims from the performance period to identify a **'Principal Accountable Provider'** (PAP) for each episode

5 Payers calculate **average risk-adjusted reimbursement per episode** for each PAP

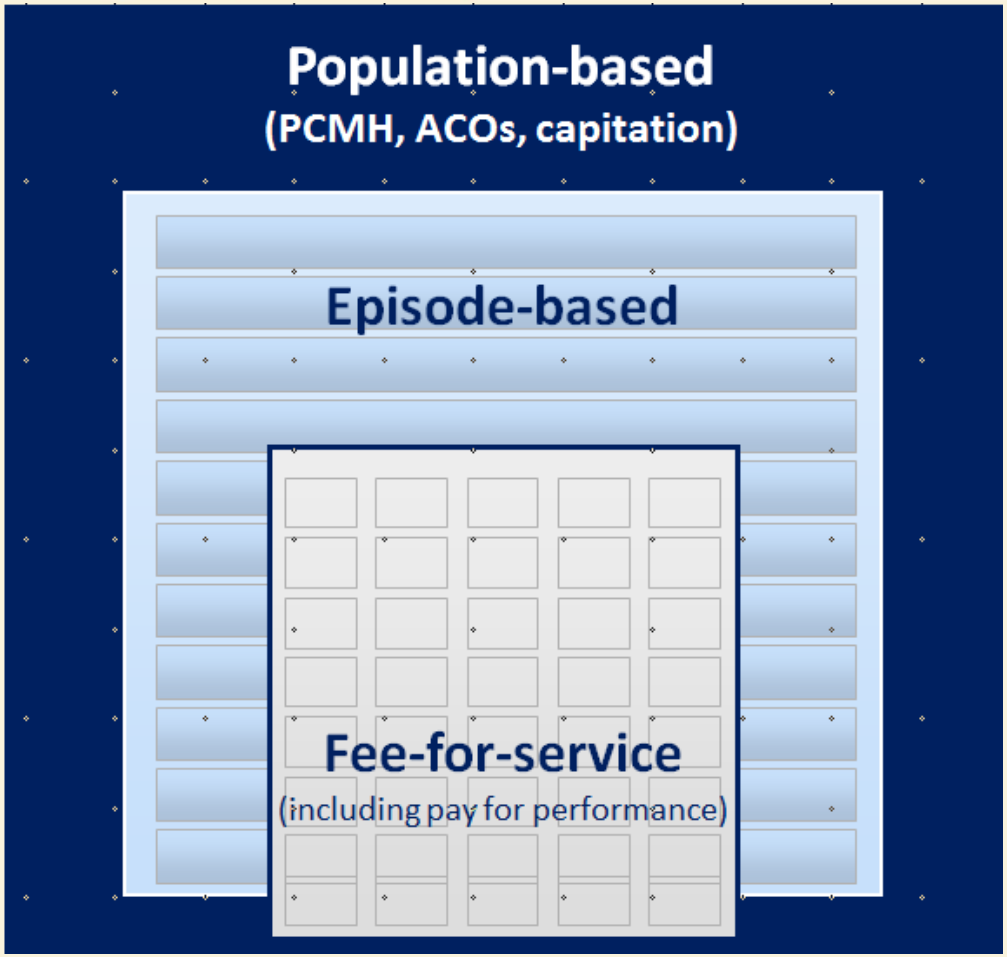


Compare to predeter-mined "commendable" and "acceptable" levels

6 **Providers may:**

- **Share savings:** if average costs below commendable levels and quality targets are met
- **Pay negative incentive:** if average costs are above acceptable level
- **See no impact:** if average costs are between commendable and acceptable levels

Potential models for FEP Funding



Potential Models for FEP Funding

- Potential for Episode-based model
  - *Includes all payer types: Medicaid and private*
  - *Helps drive EBPs*
  - *Encourages adoption of treatment model(s) not yet highly utilized*
  - *Those practicing utilizing EBP should achieve better outcomes, leading to potential to provider opportunity for financial incentive*
  - *Can assist with case finding and early entry into effective programming (applies to active payer involvement regardless of reimbursement model)*
  - *Early adoption of FEP can yield good short and long-term outcomes, benefitting the patient, family, community and those paying for services*

Opportunities for patients

- No direct changes to how individuals seek care or select providers
- Goal that new information (e.g., reports) and incentives to providers will lead patients to experience:
  - More coordinated care across all providers
  - A more person-centered approach to healthcare
  - Increasingly receive more emphasis on health, wellness, and health system accountability once a health issue arises

Ohio Approach to FEP Funding

Summary:

- Utilize 10% FEP set-aside to start new FEP programs and sustain program for a time-limited period
  - *Still considering funding duration and amounts over time*
- Collaborate with Medicaid MCPs and other 3rd party payers to establish relationship and support payment for billable services
- Assure enrollment in health coverage
- Maintain fidelity to FEP programming to achieve best results
- Monitor results
  - *Service utilization, health outcomes, employment, education, etc.*
- Collaborate with other FEP programs
- Prepare for behavioral health carve-in
- Assist and advise about newer payment models
- Keep the patient's interests and well-being at the forefront

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Thanks for your participation

Questions?