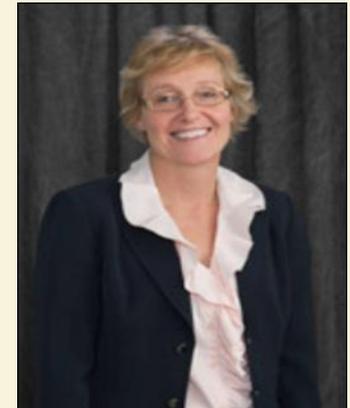
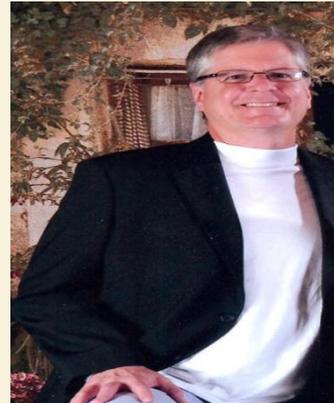


# How to do the Managed Care Dance – What You Need to Know to Participate in Networks



**ABHW**

**Association for Behavioral  
Health and Wellness**

*Advancing benefits and services  
in mental health, substance use  
and behavior change.*



# Polling Question

What role do you play in your organization?

- 1) Clinician
- 2) Peer
- 3) Administrative
- 4) Executive
- 5) Other



# Polling Question

How knowledgeable are you about behavioral health organizations and their credentialing process?

- 1) Very knowledgeable
- 2) Somewhat knowledgeable
- 3) Not very knowledgeable





# *SAMHSA-HRSA Center for Integrated Health Solutions*

## **How to Do the Managed Care Dance**

What You Need to Know to Participate in  
Networks



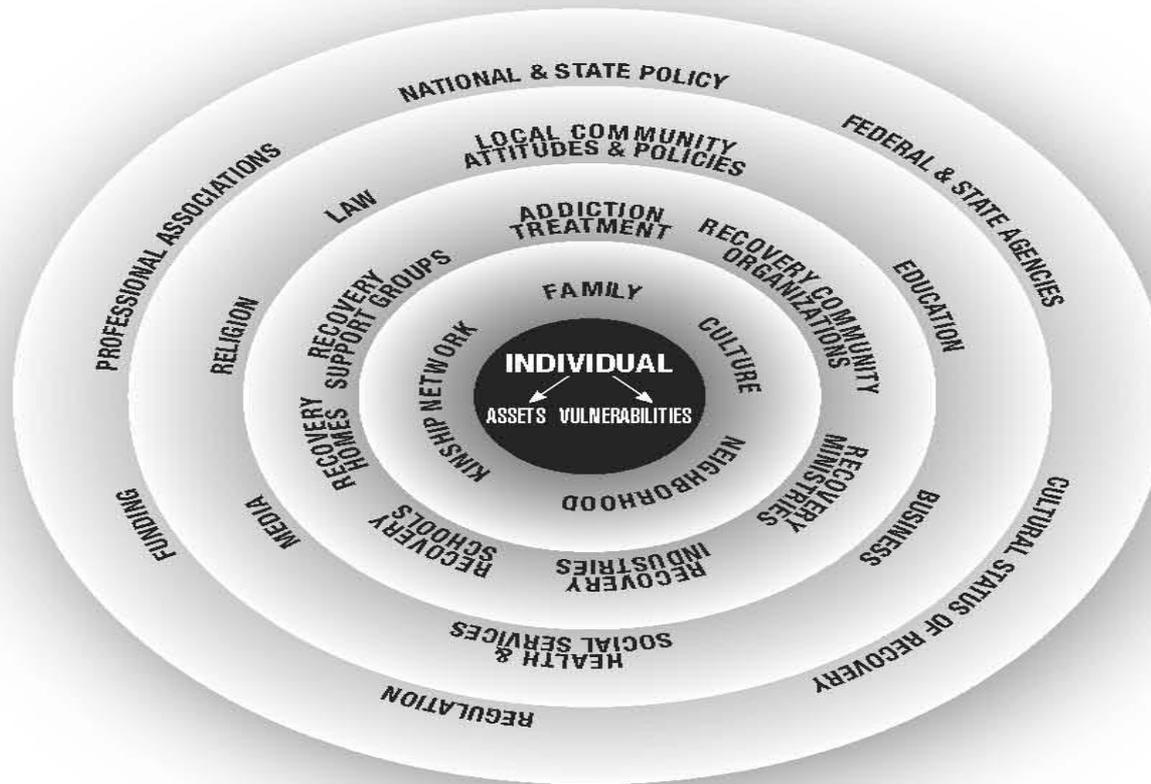
# Integrated Care: From Silos...



# ...to Synergies



# Integrated Systems



# Integrated Solutions



## PARTNERSHIP

- Relationship-centric
- Holistic health and wellness focus
- Federal, state and local Network Development and Management
- Innovative service and reimbursement models
- Person-centered focus and Recovery and Resiliency

## INTEGRATION

- Integration of behavioral and physical health including pharmacy
- Integration of health records
- Coordination of available benefits
- Chronic Disease management
- Pharmacy Management

## INNOVATION

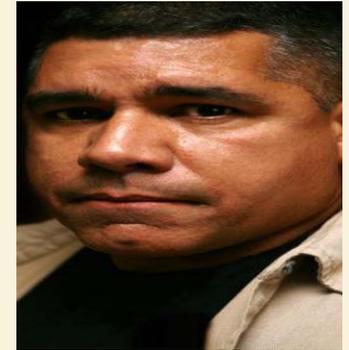
- Provider partnerships and pay for performance programs
- Single Member Health Record
- Analytics/Outcomes
- Coordination of funding streams
- Telehealth
- Systems capable IT



# The Medicaid Client: A Reintroduction

**The new Medicaid member may not be what you're used to:**

- 60% will have a diagnosable mental health disorder
- 83% have 3 or more chronic health conditions
- Dual eligibles are highly complex and difficult to manage; they have unique needs that require special expertise
- Half of disabled Medicaid enrollees with psychiatric conditions have claims for diabetes, pulmonary, or cardiovascular disease –significantly higher than those without psychiatric conditions
- Health improvement and cost reduction will not occur without the successful treatment of behavioral and emotional health issues.
- Traditional systems of care must be supported by community services and programs that offer appropriate alternatives based on Recovery and Wellness.



## The connection is clear—behavioral health co-morbidities drive physical health costs

- **32% of projected increases in Medicaid expenditures will come from the 50% increase in mental health and substance abuse costs**
- **Chronically ill costs are 75% higher for those with mental illness—triple that cost if they have a substance abuse disorder**
- **44% of dual eligible individuals have at least one mental illness—if more than one, costs are twice the average for the entire dual population**
- **It is estimated that over 25% of healthcare costs are driven by behavioral health problems.**



# Decision Making and How We Work

**“Our goal is equitable, efficient, effective and life enhancing systems at all levels.”**

## Decision Making:

- 1) Source Documents**
- 2) Research and Professional Literature**
- 3) Professional Experience**
- 4) Cognitive analysis and Intuitive Reflection**



## Who We Are: Components of Most BHMCOs

**“Knowing the structure and purpose of each department and individual contacts within each make effective partnerships easier to attain .”**

- ✓ Administration
- ✓ Finance
- ✓ Medical/Clinical
- ✓ Provider Relations
- ✓ Network Operations
- ✓ IT/DMA
- ✓ Claims
- ✓ Recovery and Wellness
- ✓ Quality and Compliance
- ✓ Customer Service



# Strategies for Partnering with BHMCOs

- 1) Become DSM and ASAM Experts
- 2) Know your state's Medicaid Plan and service definitions
- 3) Develop professional relationships with clinicians doing authorizations/utilization
- 4) Use the appeals process vigorously
- 5) Investigate "Preferred Provider" status
- 6) Develop relationships with different departments

- 7) Offer your expertise when possible/make presentations that are data driven.
- 8) Utilize "Principles above Personalities"
- 9) Use "person first" language
- 10) Start with a "walk through"
- 11) Share your change projects and perhaps invite participation...share status and outcomes



# Preferred Provider Status

## Characteristics

1. Use of EBPs and evidence of good clinical outcomes.
2. Evidence of accessibility.
3. Administrative efficiency including use of electronic claims submission.
4. Utilizations of customer satisfaction surveys.
5. Addresses cultural health disparities and works well within a system of care.

## Benefits

1. Potential for increased referrals.
2. Free Continuing Education.
3. Training Discounts.
4. Access to many additional mental health resources, assessment tools, appointment and medication notification tools that can be shared with clients.
5. Ranges of options to do on-site utilization management.



# The Credentialing Process

1. Go to the BHMCO website
2. Click on “Provider Home” or “Join Our Network”
3. Obtain Provider Handbook
4. Obtain Credentialing Checklist and Application
5. Call Provider Relations With Any Challenges or Questions
6. Thoroughly, Completely and Accurately Complete Application



# Member Organization Credentialing Links

- [Aetna Behavioral Health](#)
- [Beacon Health Strategies](#)
- [CBHNP PerformCare](#)
- [Cenpatico Behavioral Health](#)
- [MHN](#)
- [New Directions Behavioral Health](#)
- [Optum Behavioral Health](#)
- [ValueOptions](#)



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and behavior change.*





HOME | CLIENTS | MEMBERS | PROVIDERS | MOB...

PRODUCTS & SERVICES

ABOUT US

NEWS

CONTACT US

AWARDS

CAREERS



We help people live their lives to the fullest potential.

## Our Company

As the nation's largest independent behavioral health and wellness company, ValueOptions® is the company of choice for clients that include:

- ▶ Fortune 500 companies and other high-performing employers
- ▶ Federal, state and local governments
- ▶ National and regional health plans
- ▶ Trust and labor groups
- ▶ Universities and other academic institutions

We draw from our rich history to deliver solutions that address the physical and behavioral health needs of the people we serve. We understand the impact of an individual's well-being on their health, their productivity and their total

### Overview

- ▶ Executive Leadership
- ▶ Mission, Vision and Values
- ▶ Our Clients
- ▶ Affiliations
- ▶ Accreditations

### Spotlight

- ▶ ValueOptions® Appoints Sunny Sonner Executive Vice President of Human Resources
- ▶ Maryland Mental Hygiene Administration and ValueOptions® Aim to Measure and Improve Mental Health Outcomes with New



Site Search



**You're seeing our redesigned website!**  
You'll still find useful tips and other valuable information here — just now with a fresh, new look!

## Provider Services

ValueOptions® touches the lives of more than 30 million people. Integral to the services we offer are our more than 127,000 national network provider locations.

As a provider, your expertise furthers our company's mission of helping people live their lives to the fullest potential. To help you assist others, ValueOptions® provides secure, reliable, online tools for your use.

*Please browse through this list of some of our online tools.*

- ▶ **ProviderConnect®** is a secure application created with your needs in mind. It allows you to submit and review claims, check eligibility, update your practice profile, and view correspondences. It's available 24/7.
- ▶ Our **ProviderConnect® Helpful Resources** link connects you to a user's guide, HIPAA information, software downloads, important forms and helpful phone numbers.
- ▶ Our **Provider Handbook** contains information about our policies and procedures. Handbook topics include administrative procedures, clinical criteria and employee assistance programs (EAPs)

### Overview

- ▶ Providers' Home
- ▶ Provider Handbook
- ▶ Forms
- ▶ Education Center
- ▶ Compliance
- ▶ Network-Specific
- ▶ News
- ▶ Provider Contact
- ▶ Practice Profile
- ▶ ProviderConnect Helpfu

### ProviderConnect

## **Requirements of Degreed Counselor**

**Required by all plans surveyed that contract with this type of provider:**

### **Professional Counselors/Mental Health Counselors:**

- **Master's degree or higher.**
- **State licensed (LPC, LCSW, LSW or licensed marriage and family therapist) or certified at the highest level of independent licensure available in the provider's state where practice is to occur.**
- **Possess professional liability coverage at a minimum level of \$1,000,000 per episode and \$1,000,000 aggregate.**

### **EAP Counselors:**

- **Must be licensed in one of the disciplines recognized by the company (MD/DO, PSY, SW, RNCS, APN, MFT or LPC) at the highest level of independent licensure available in the provider's state where the practice is to occur.**
- **Possess professional liability coverage at a minimum level of \$1,000,000 per episode and \$1,000,000 aggregate.**



# Degreed Counselor

**Required by all plans surveyed that contract with this type of provider:**

## Professional Counselors/Mental Health Counselors :

- **Must have a minimum of 3 years post-licensure (at the highest level) clinical experience in a mental health/substance abuse setting providing direct patient care.**

**In states without licensure or certification, provider applicant must be a Certified Clinical Mental Health Counselor (CCMHC) as determined by the Clinical Academy of the National Board of Certified Counselors (NBCC] OR meet all requirements to become a CCMHC.**

## EAP Counselors :

- **All eligible provider applicants (with the exception of an MD or DO) must have a minimum of 3 years post licensure (at the highest level) clinical experience in a mental health/substance abuse/EAP setting providing direct patient care.**
- **Must possess knowledge and work experience of EAP Core Technology as indicated by:**
  - **Active status as a Certified Employee Assistance Professional (CEAP); OR**
  - **Two years of verifiable experience as an internal EAP counselor, and/or as an external EAP consultant to other organizations.**



# Degreed Counselor

**Required by all plans surveyed that contract with this type of provider:**

**Assessment and identification of drug and alcohol abuse/dependency problems and appropriate treatment interventions.**

**Possess knowledge and work experience in the assessment and treatment of substance abuse as indicated by:**

- **Active status as a Certified Employee Assistance Professional (CEAP) with experience in the assessment and/or treatment of chemical dependency;**
- **One year of experience in a substance abuse treatment facility;**
- **Completed a state-level certification acceptable to support eligibility for the National Certified Addiction Counselor (NCAC) credential;**
- **Possess International Certified Alcohol and Drug Counselor Certification (ICADC);**
- **Have a minimum of 6 units of continuing education (CEUs, PDHs, etc.) in chemical dependency assessment / treatment; OR**
- **Completed 3 graduate level hours of course work in chemical dependency.**



# Services Generally Provided

NS

Provider	Services							
	Outpatient Behavioral Health	Psychological Testing	Initial Diagnostic Assessment	Individual Psychotherapy (varying duration)	Health & Behavior Assessment	ECT	Group Therapy	Hypnotherapy
PhD/PsyD Psychologist	X	X	X	X	X		X	X
Master's Psychologist			X	X			X	
Degreed Counselor			X	X				
Certified Substance Abuse Counselor			X	X				
PhD/DSW/Master's Social Worker			X	X				
Peer and/or Recovery Support Specialist								
Other Nonmedical Personnel								
Case Manager								
Licensed Marriage and Family Therapist (LMFT)			X	X			X	
Providers of Applied Behavioral Analysis (ABA)			X	X				
Psychiatrist			X	X		X		
Addictionologist	X			X		X		
Other Medical Personal				X				
Physician's Assistant				X				
Nurse Practitioner	X		X	X				
Registered Nurse (Master's/PhD)	X			X				
Other Registered Nurse (Associate/BA/BS)								
Other Licensed Nurse (e.g. LPN)								
Substance Use or Mental Health Aides/Technicians								

# Services Generally Provided

NS

Provider	Services							
	Inpatient Diagnostic Assessment	In Home Counseling	Child/Adolescent Counseling	Marriage/Family Therapy	EAP	Psychiatric Diagnostic Interview	Outpatient Individual Psychotherapy	General Outpatient Evaluation
PhD/PsyD Psychologist	X	X	X	X	X	X	X	
Master's Psychologist	X	X	X	X		X	X	
Degreed Counselor						X	X	
Certified Substance Abuse Counselor						X	X	
PhD/DSW/Master's Social Worker	X	X	X	X	X	X	X	
Peer and/or Recovery Support Specialist								
Other Nonmedical Personnel								
Case Manager								
Licensed Marriage and Family Therapist (LMFT)	X	X	X	X	X	X	X	
Providers of Applied Behavioral Analysis (ABA)						X		
Psychiatrist			X	X		X		X
Addictionologist			X	X		X		X
Other Medical Personal						X		
Physician's Assistant								
Nurse Practitioner	X	X	X	X		X	X	
Registered Nurse (Master's/PhD)						X		
Other Registered Nurse (Associate/BA/BS)								
Other Licensed Nurse (e.g. LPN)								
Substance Use or Mental Health Aides/Technicians								

# Services Generally Provided

MS

Provider	Services							
	Group Psychotherapy	Pharmacological Management	Group Therapy	Family Psychotherapy (with or without patient present)	Evaluation	Substance abuse Counseling	Intervention	Case Management
PhD/PsyD Psychologist	X	X	X	X				
Master's Psychologist	X		X	X				
Degreed Counselor								
Certified Substance Abuse Counselor	X			X	X	X	X	
PhD/DSW/Master's Social Worker	X		X	X				X
Peer and/or Recovery Support Specialist								
Other Nonmedical Personnel								
Case Manager								X
Licensed Marriage and Family Therapist (LMFT)	X			X				
Providers of Applied Behavioral Analysis (ABA)				X				
Psychiatrist	X	X	X	X				
Addictionologist	X	X	X	X				
Other Medical Personal	X	X						
Physician's Assistant		X						
Nurse Practitioner	X	X	X	X				
Registered Nurse (Master's/PhD)	X	X		X				
Other Registered Nurse (Associate/BA/BS)								
Other Licensed Nurse (e.g. LPN)								
Substance Use or Mental								

# Services Generally Provided

MS

Provider	Services							
	Initial Diagnostic Assessment	Medication Training	Psychosocial Rehabilitation	Skill Training and Development	Advocacy	Outpatient Psych Rehab	Behavioral Health Rehab	Development of Cognitive Skills
PhD/PsyD Psychologist								
Master's Psychologist	X							
Degreed Counselor								
Certified Substance Abuse Counselor								
PhD/DSW/Master's Social Worker								
Peer and/or Recovery Support Specialist		X	X	X	X			
Other Nonmedical Personnel						X	X	
Case Manager					X			
Licensed Marriage and Family Therapist (LMFT)								
Providers of Applied Behavioral Analysis (ABA)								X
Psychiatrist								
Addictionologist								
Other Medical Personal								
Physician's Assistant								
Nurse Practitioner								
Registered Nurse (Master's/PhD)								
Other Registered Nurse (Associate/BA/BS)								
Other Licensed Nurse (e.g. LPN)								
Substance Use or Mental Health Aides/Technicians								

# Services Generally Provided

NS

Provider	Services							
	Behavioral Health Services Plan Development	Applied Behavioral Analysis	Functional behavior assessment	Autism assessment	Therapy Plan Development	Habilitation	Community Integration	Family Training
PhD/PsyD Psychologist								
Master's Psychologist								
Degreed Counselor								
Certified Substance Abuse Counselor								
PhD/DSW/Master's Social Worker								
Peer and/or Recovery Support Specialist								
Other Nonmedical Personnel								
Case Manager								
Licensed Marriage and Family Therapist (LMFT)								
Providers of Applied Behavioral Analysis (ABA)	X	X	X	X	X	X	X	X
Psychiatrist								
Addictionologist								
Other Medical Personal								
Physician's Assistant								
Nurse Practitioner								
Registered Nurse (Master's/PhD)								
Other Registered Nurse (Associate/BA/BS)								
Other Licensed Nurse (e.g. LPN)								
Substance Use or Mental Health Aides/Technicians								

# Services Generally Provided

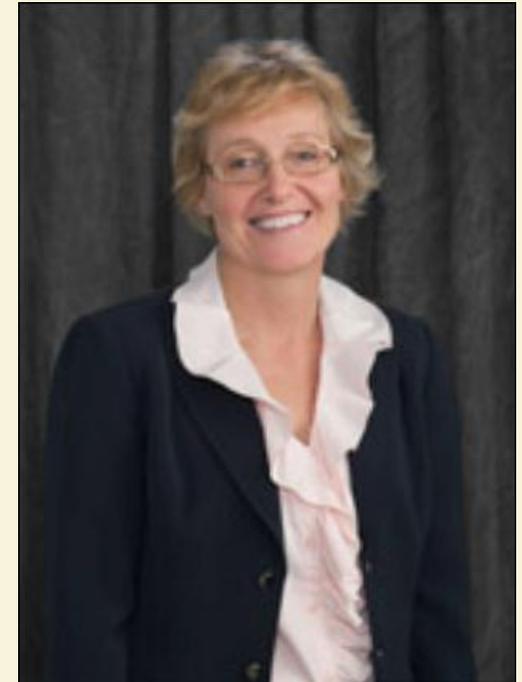
MS

Provider	Services							
	Psychiatric Evaluations	Individual Therapy	Standard Nursing Services	Provide Services in Licensed Clinics and Hospitals	Inpatient Behavioral Health	Prescribe Medication	Prescribe General Therapy	Standard LPN Services
PhD/PsyD Psychologist								
Master's Psychologist								
Degreed Counselor								
Certified Substance Abuse Counselor								
PhD/DSW/Master's Social Worker								
Peer and/or Recovery Support Specialist								
Other Nonmedical Personnel								
Case Manager								
Licensed Marriage and Family Therapist (LMFT)								
Providers of Applied Behavioral Analysis (ABA)								
Psychiatrist		X						
Addictionologist	X	X			X			
Other Medical Personal								
Physician's Assistant								
Nurse Practitioner	X				X			
Registered Nurse (Master's/PhD)				X		X	X	
Other Registered Nurse (Associate/BA/BS)			X	X				
Other Licensed Nurse (e.g. LPN)				X				
Substance Use or Mental Health Aides/Technicians								

**Deb Adler**

*SVP, Behavioral Network Services*

Optum Behavioral Solutions



# Changing Landscape in Provider Reimbursement Models

*“A shift toward increased collaboration between payors and providers is driving innovation in outcome-based payment models and delivery system configuration.”*



— Sam Ho,  
Chief Medical Officer,  
UnitedHealth Group



## Polling Question

Is your organization primarily reimbursed by which method:

- 1) Fee for Service
- 2) Performance-Based Contracting
- 3) Capitation or Case Rate
- 4) Multiple Methods
- 5) Don't Know

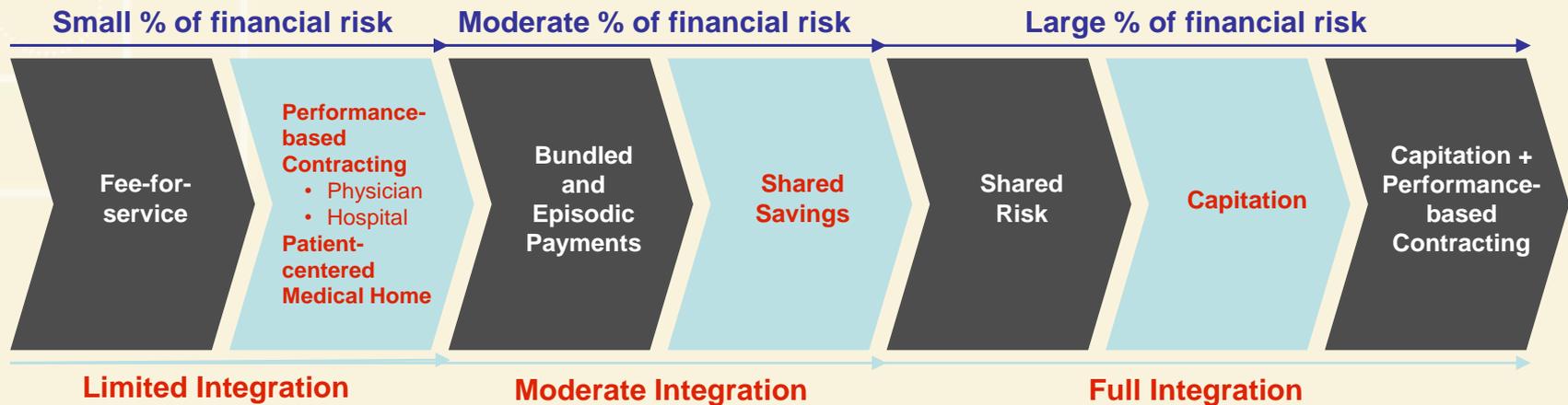


# Compensation Continuum for Performance-based Payments

A shift toward increased collaboration and outcome-based payment  
Requires several steps to achieve full integration

- This modular set of performance-based contracting options align with a provider's risk readiness

## Compensation Continuum (Level of Financial Risk)



# Reimbursement Methodologies

Fee for Service (FFS)

Performance-Based Contracting

Case Rate

Diagnostic Related Group (DRG)

Capitation

Definition	Pro's	Cons
Separate payment to a health-care provider for each unbundled medical service rendered to a patient	<ul style="list-style-type: none"> <li>⑩ Payments match services</li> <li>⑩ Complete utilization data</li> <li>⑩ Provides audit trail</li> </ul>	<ul style="list-style-type: none"> <li>⑩ May incentivize over-utilization</li> <li>⑩ May discourage efficiencies</li> <li>⑩ Doesn't address quality/performance directly</li> </ul>
Providers are rewarded for meeting pre-established targets for delivery of health-care services	<ul style="list-style-type: none"> <li>⑩ Incentivizes positive outcomes</li> <li>⑩ Supports improvement in quality measures</li> <li>⑩ May encourage efficiency</li> </ul>	<ul style="list-style-type: none"> <li>⑩ May direct provider attention only to impacted measures</li> <li>⑩ May be difficult to evaluate causality</li> </ul>
A flat payment for bundled group of procedures and/or services	<ul style="list-style-type: none"> <li>⑩ Controls cost per episode of care</li> <li>⑩ Decreases UM oversight</li> </ul>	<ul style="list-style-type: none"> <li>⑩ Increased provider risk</li> <li>⑩ Incentivizes shifting treatment to other settings/codes</li> </ul>
A flat payment for bundled group of procedures and/or services	<ul style="list-style-type: none"> <li>⑩ Aggregates claims by diagnostic category instead of lumping all diagnoses into one case rate</li> </ul>	<ul style="list-style-type: none"> <li>⑩ May result in premature discharge or under treatment</li> <li>⑩ May incentivize making cases more complicated</li> </ul>
A set payment for each enrolled person assigned to a provider or group of providers, whether or not that person seeks care, per period of time	<ul style="list-style-type: none"> <li>⑩ Predictable and stable costs</li> <li>⑩ Reduces billing</li> </ul>	<ul style="list-style-type: none"> <li>⑩ May promote under-treatment or selection incentives</li> </ul>



# Achieving the Triple Aim

## Improved Population Health, Quality and Affordability

These are the fundamental avenues of focus for improving care and outcomes, and enhancing employee health

### Triple Aim

#### Payment Reform

Performance-based contracting and other more sophisticated reimbursement approaches as providers' sophistication matures

**Facilitates provider quality and accountability**

#### Employee Responsibility/ Incentives

Consumer Tools/Transparency  
Centers of Excellence  
Benefit tiering/high performing networks

**Helps members make informed choices**

#### Population Analysis

Sophisticated Analytics  
Intra-provider incentives  
Electronic Health Records that allow Provider Interoperability  
Consumer support tools

**Facilitates total population management**



# Direction from Health and Human Services/Center for Medicare/Medicaid Services

**HHS** and **CMS** are facilitating the following strategies as a major focus of Health care reform:

**Public Reporting:** engaging consumers and others stakeholders

**Health Information Technology:** enabling improvement

**Value-Based Payment:** rewarding achievement

**Clinically-Integrated Delivery Systems:** achieving patient-centered, coordinated care

The Department of Health and Human Services in setting the stage for health care reform has commissioned the National Quality Forum to aid in the development of a national measurement strategy.

NQF will be convening a behavioral health workgroup to examine and assimilate measures.



# Performance-Based Contracting – At A Glance

Incentivizing provider performance leads to better outcomes for consumers

## Sample Facility Participation Requirements

- Demonstrated use of Evidence-Based Practices (EBP)
- Qualifies as High-Volume provider
- Participates in periodic meetings with clinical operations staff to review data
- Submits claims electronically

## Sample Metrics

- Reduction in Average Length of Stay
- Reduction in 30 day Readmission rate to any inpatient LOC
- Improved results on ambulatory follow-up rates (7 days post inpatient discharge)

## Sample Performance Incentives

- Facility will earn escalator based sharing of savings if performance is within targeted range
- Facility will earn performance bonus for achievement of quality metrics



# Pay-for-performance contracting shows encouraging results to date and result in system of care improvement

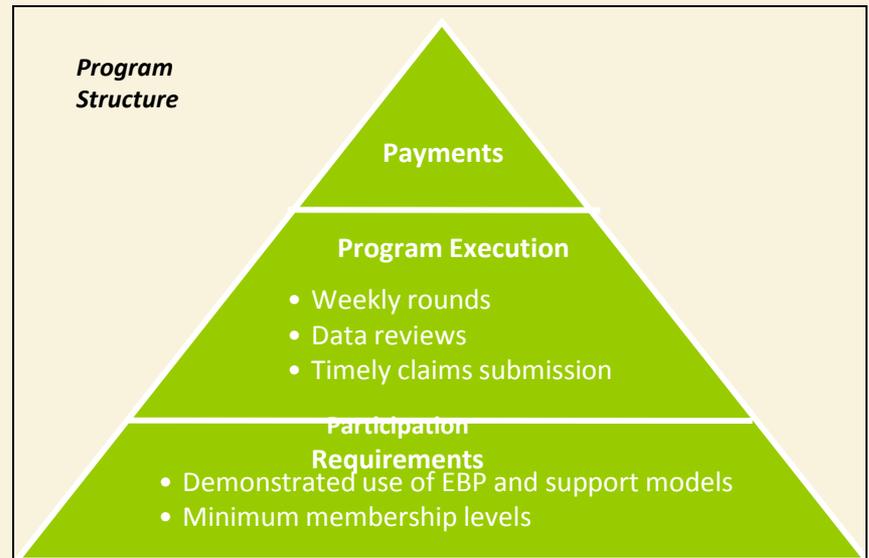
**Pilot Background & Objectives**

In New Mexico, a performance-based contracting initiative aimed at improving affordability, quality outcomes and member health was implemented as a proof of concept and launch pad for wider implementation

Specific objectives were to increase community tenure for consumers with history of Out-Of-Home (OOH) placements within the New Mexico public sector population

**Measured Outcomes**

Metric	Target	Achievement
Reduction in OOH Units	20%	55%
Readmit Rate	Not to exceed baseline by more than 2%	Readmit Rate Declined
Critical Incidents	Not to exceed baseline by more than 2%	Critical Incident Rate Declined



**Post-Pilot Expansion**

Expanded New Mexico Initiative to other counties

Worked with high volume facilities nationally serving both commercial and public sector members as part of a multi-phased implementation effort

Aligning incentives to achieve reduction in ALOS, readmissions, and improvements in HEDIS 7-day ambulatory follow up



# Medical Behavioral Integration: The Need and Managed Care Response

*“The most effective treatment for persons with comorbid conditions involves an evidenced-based, integrated approach that uses a multi-disciplinary team to screen and track mental health conditions in a primary care setting. — Bill Bonfield  
Chief Medical Officer, Optum*



## Polling Question

Does your organization provide:

- a) Medical Services only
- b) Behavioral Health Services only (including providing services for individuals with mental health needs and/or substance use disorders)
- c) Integrated services (both medical and behavioral health services)
- d) Not sure
- e) None of the above



# Why the focus on Medical Behavioral Integration?

## The Need

### Lack of integrated care delivery for medical and behavioral health conditions

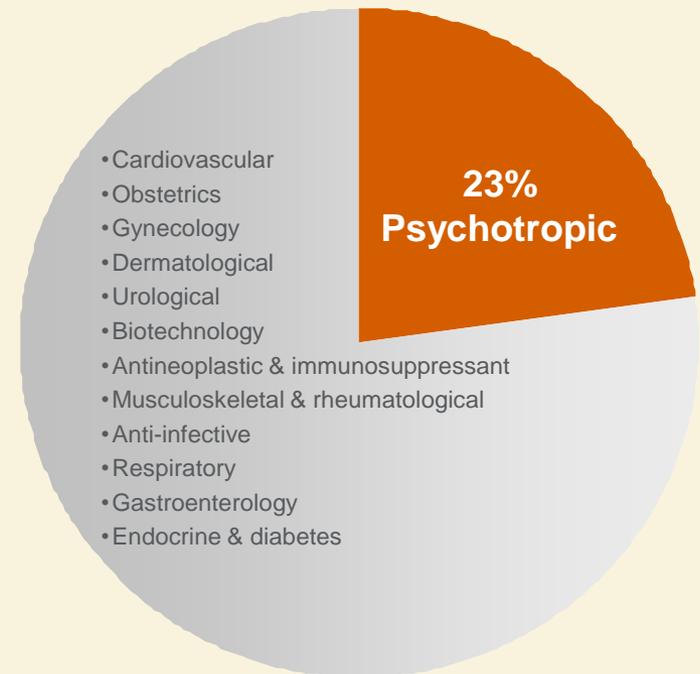
- For most chronic conditions, evidence shows that medical and behavioral health conditions co-exist
  - *In the 2003 National Co-morbidity Survey Replication (NCS-R), more than 68% of adults with a behavioral health disorder had at least one medical condition, and 29% of those with a medical disorder had a co-morbid mental health condition*
- Untreated behavioral health conditions co-morbid with medical conditions generate higher overall medical costs
  - *Untreated behavioral health conditions lead to poor medical treatment adherence, which drives increased medical cost*
  - *Untreated behavioral conditions have been shown to elevate symptom burden, cause functional impairment, and decrease quality and length of life. A 2006, eight-state report by Colton and Manderscheid documented that individuals with the most serious mental illnesses will die 25 years earlier than the average American*
- Untreated population with mental health and substance abuse issues
  - *The National Mental Health Association (NMHA) states that only 49% of patients with clinical depression and 52% of patients with generalized anxiety disorder are receiving treatment*



# Psychotropic Medication

Psychotropic medications account for the largest component of drug expenditures, at **23%**<sup>7</sup>

- Consumer use continues to grow annually
- Over **75%** of psychotropic drugs are prescribed by primary care providers (PCPs)<sup>7</sup>
- Studies indicate that only **8-22%** of all Major Depressive Disorder cases receive recommended guideline-level treatment<sup>8</sup>
- Up to **70%** of people do not take their psychotropic medication as prescribed<sup>7</sup>



## Integrated Service Delivery Core Principles

Whole Person Orientation	Focus on integrated consumer direct mental and physical health wellness goals, offering programs and services that are aligned with and supportive of the individual.
Coordinated Team Based Integrated Care	Personalized care across acute and chronic problems, to include prevention and focus on the physical, social, environmental, emotional, behavioral and cognitive aspects of care.
Enhanced Access	Improved access in accordance with consumer preferences for the type of care and provider preference.
Alignment of Incentives	Enhance evidence-based screening, assessment and intervention that promotes health behavior changes that improve member outcomes, increase consumer and provider satisfaction, and prevents/decreases hospitalization.
Recovery and Resiliency	Empowering individuals with tools, services and resources that focus on personal recovery goals. Engaging peers as coaches, educators and supporters. Embracing unique community based services to strengthen consumer choice.
Accountable Model/Outcomes	Measurement and management of population health delivered by the entire care team with a focus on achieving the triple aim: better care for individuals, better health outcomes for population and reduced costs of care.



# The Integration Continuum

## Coordinated Care Model

Routine screening for behavioral health problems conducted in primary care setting

- Referral relationship between primary care and behavioral health settings

- Routine exchange of information between both treatment settings to bridge cultural differences

Primary care provider to deliver behavioral health interventions using brief algorithms

- Connections made between the patient and resources in the community

## Co-located Only Model

Medical services and behavioral health services located in the same facility

- Referral process for medical cases to be seen by behavioral specialists

- Enhanced informal communication between the primary care provider and the behavioral health provider due to proximity

- Consultation between the behavioral health and medical providers to increase the skills of both groups

## Fully Integrated Model

- Medical services and behavioral health services located either in the same facility or in separate locations

- **One treatment plan** with behavioral and medical elements

- Typically, **a team** working together to deliver care, using a prearranged protocol

- Use of a health record or patient registry to track the care of patients who are screened into behavioral health services and a common platform to track and monitor patients that the entire team can use.



## The Future is focused on Value

Developing and implementing a suite of value-based incentive programs that reward care providers for improvements in quality and efficiency

Supporting delivery systems as they become more integrated and accountable for cost, quality and experience outcomes

Coordination of medical and behavioral health services increases the value for payors and consumers

Payment Reform  
Strategy



Delivery System  
Strategy

