



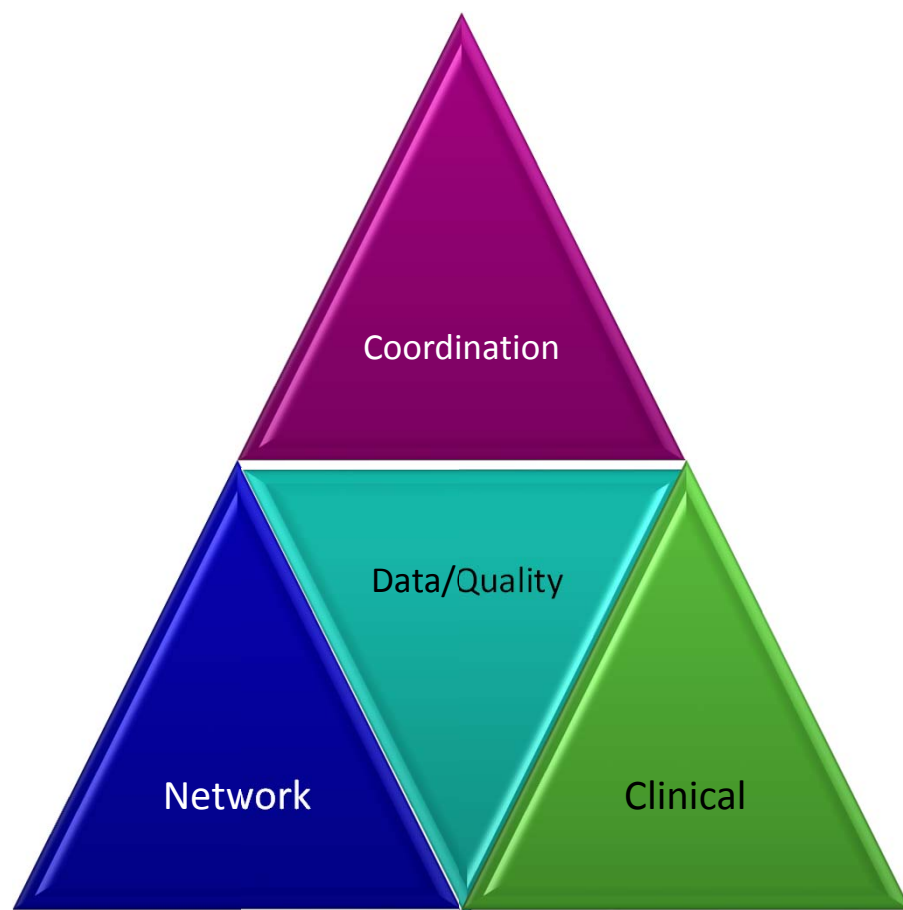
Magellan  
HEALTHCARE

# *LA Department of Insurance Annual Health Care Conference: 2015*

March 10, 2015



# *Managed Care: Providing A Foundation for today's Healthcare System*



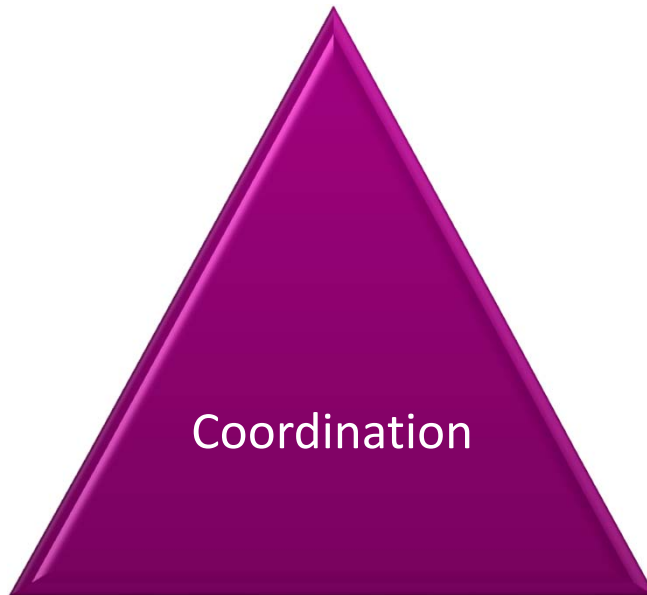
Outcomes-Based  
Direction

## GOALS

- Optimize use of resources – the right treatment at the right time by the positive treatment right provider.
- Enhance/facilitate outcomes – we want individuals to get better sooner and stay well longer.
- Prevent illness / Promote Wellness – to the extent that potential for illness or disease can be predicted, we want to intervene early.



## *How does it work: Managed Care 101*



- Utilization Management/Medically necessary services
- Case Reviews
- Care Coordination/Case Rounds
- Medical Necessity/Service Authorization
- Appeals
- Freedom of Choice
- Recovery and Support
- Network development and maintenance
- Quality monitoring
- Care Management
- Customer services
- Member services



## *Introducing the basics of a managed care system*

**By the numbers:**

**1,700+**

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Providers contracted to serve Medicaid members with BH needs

**More than 206,000**

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Adults and children served since March 1, 2012

**7 million**

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Claims for services processed

**260,000**

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Calls managed through single point of entry call center



## *Before the Louisiana Behavioral Health Partnership*

IP	CRISIS	SERVICES ADULT	SERVICES CHILDREN	SUBSTANCE ABUSE	OUTPATIENT
General Hospital	ER	OBH/LGE CMHC services	OBH/LGE CMHC services	Medical Detoxification	Psychiatrist
LSU teaching Hospital		Medication Management/ Nursing medication administration	Medication Management Nursing medication administration		APRN
Distinct Part Psych		Psychological Testing	MHR services- PSR/Communi ty Support /Family child interaction		Some nursing and SW services
State Hospitals			Psychological Testing		Medical and nonmedical psychologists
			MST		

## *After the Louisiana Behavioral Health Partnership*

IP	CRISIS	NEW & EXPANDED SERVICES ADULT	NEW & EXPANDED SERVICES CHILDREN	CSOC CHILDREN	SUBSTANCE ABUSE	OUTPATIENT
General Hospital	Telephonic Crisis Triage	ACT /FACT	TGH	TGH	Detox IP Detox RTC Detox OP	Outpatient CMHC/ FQHC
Free Standing Psychiatric Hospital	Mobile Services (Face to Face)	PSR	PSR	PSR	SA RTC	MHR
LSU Teaching Hospital	Crisis Residential	CPST	CPST	CPST	IOP	Individual
State Hospital	Crisis Intervention	Crisis Intervention	Crisis Intervention	Crisis Intervention	OP	Psychiatrist
<b>Distinct Part Psych</b>	Emergency Rm	Telepsychiatry	Case Conference	Case Conference	Suboxone	Licensed and medical psychologist
		FQHC	NMGH	NMGH		LCSW
		ECT	TFC	TFC		LPC
		ICM	MST	MST		LMFT
		Psychotherapy	FFT	FFT		LAC
		Psychological Testing	PRTF	PRTF		
			Psychotherapy	Independent Living/Skills Building		
			Psychological Testing	Parent /Youth Support and Training		
				Wrap around Facilitation (WAA)		
				Short-Tem Respite		
				<b>Crisis Stabilization</b>		



## *The Data Behind the Decisions*

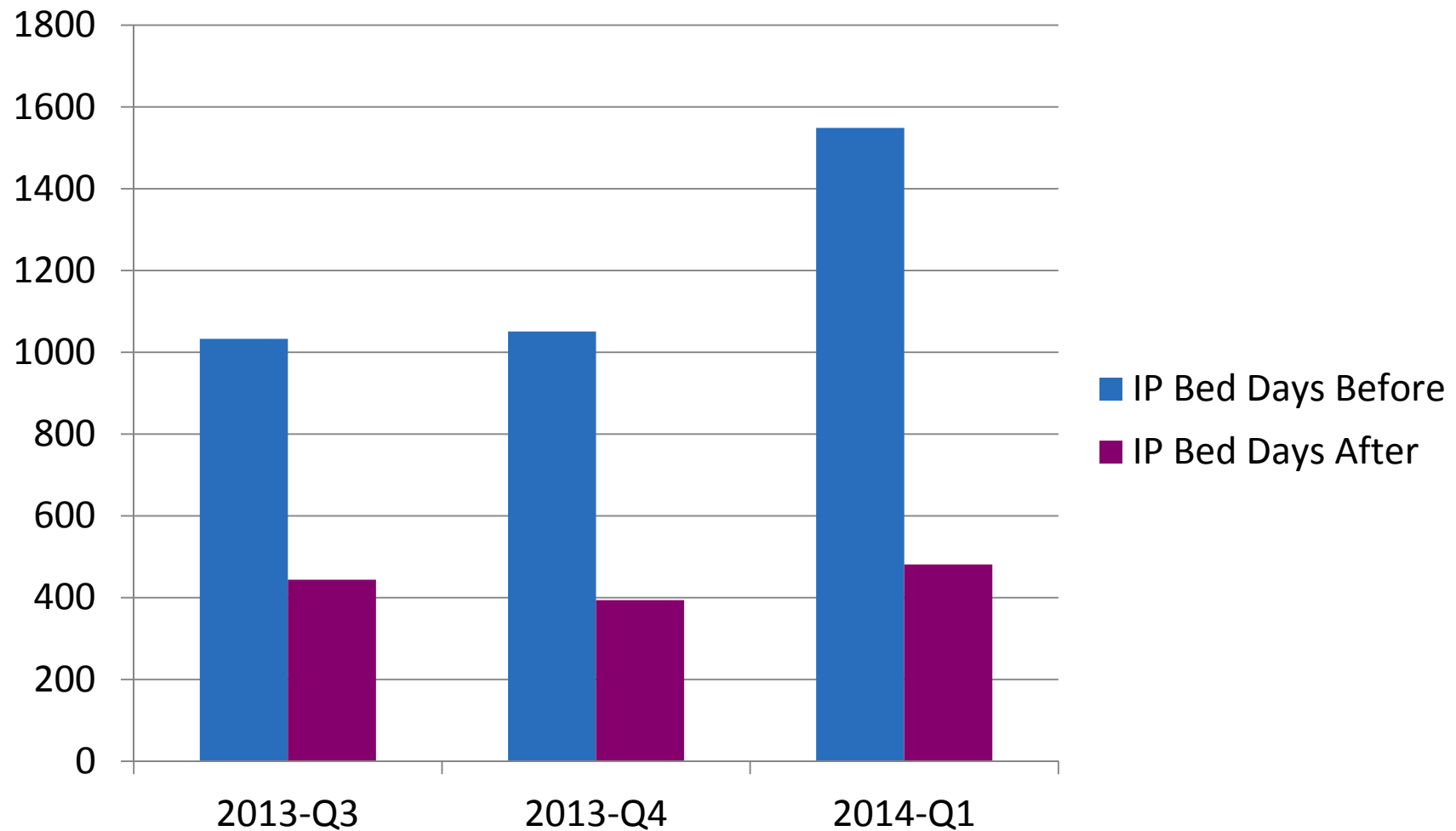


### Using data to help with Wellness: e.g.: addressing high-utilizers

Twice weekly conference where team members meet to discuss members who have been hospitalized most during the past quarter. Strategies are developed for each to 1) understand barriers to wellness, 2) develop individualized plans to address specific barriers, 3) encourage use of EBPs, such as HCBS services, 4) measure outcome



## *Stratifying by risk and targeted interventions: Top 50 High Utilizers*







# ***DATA: Assess population health through predictive modeling***

**Reliably identify** members with most risk

**Customized algorithms** that use HRA data, other demographic and diagnostic information



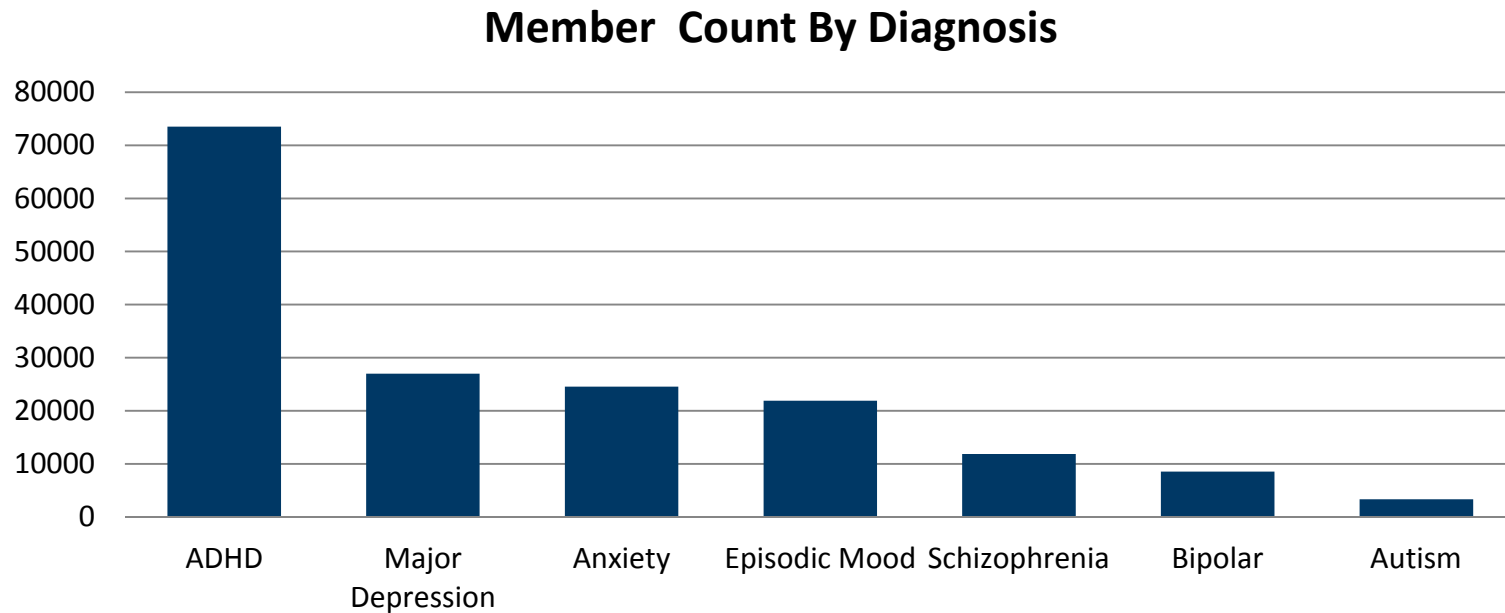
**Less focus**  
Less impactable cases



**More focus**  
cases with conditions and care gaps that are amenable to case management



## *Diagnosis Breakdown among all LA Medicaid members*



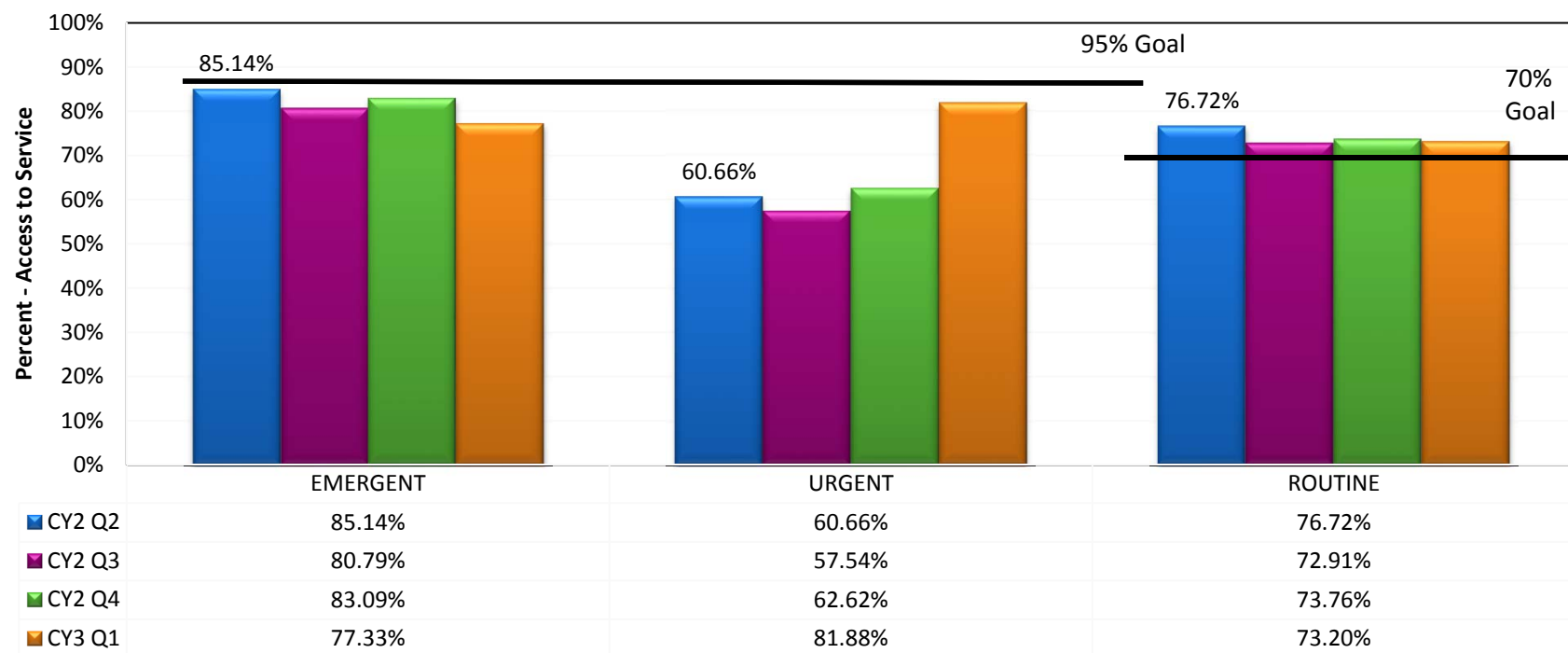
**As expected Attention Deficit Hyperactivity Disorder (ADHD), Major Depression, Anxiety, and Episodic Mood Disorder were the most prevalent diagnosis**



# Using Data to Assess Need and Drive Improvement

Because we know that access to after-care is one of the key drivers of readmission and poor community tenure for behavioral health patients

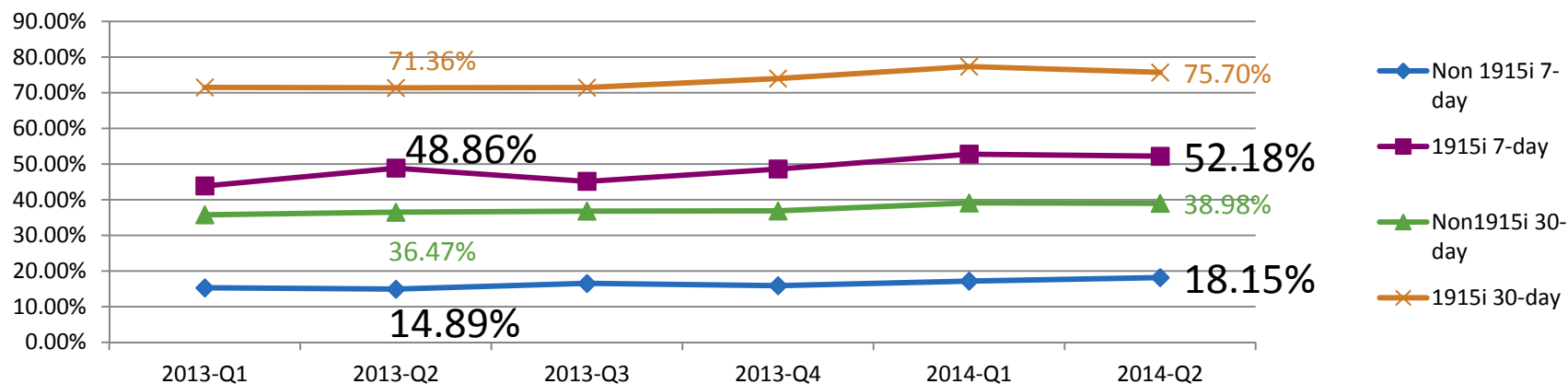
## Appointment Access Time to Service



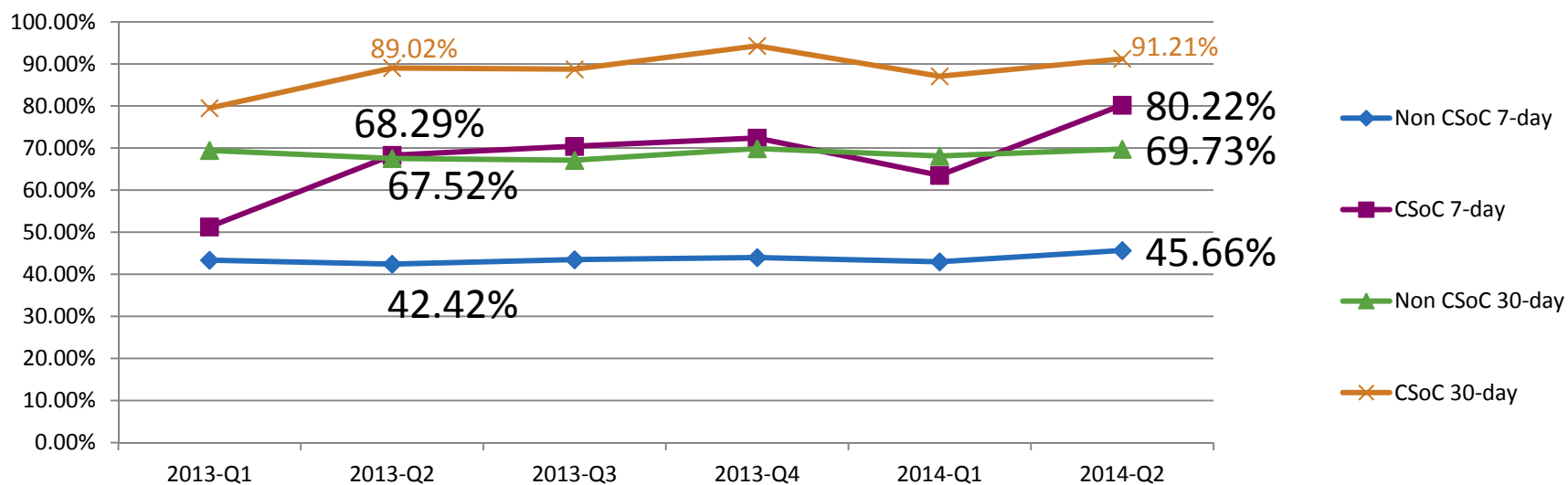


# Monitoring the population: Ambulatory Follow-Up

## Adults



## Children

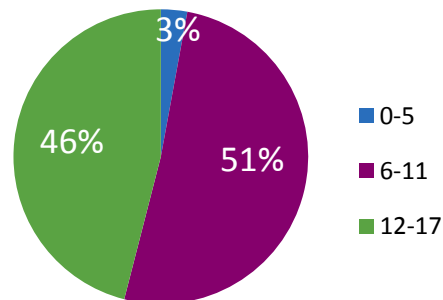




## *Predictive Modeling: Pharmacy as the GPS of the patient*

Prescriber type	Medicaid Payment for Psychotropics
General Practice	\$2,164,805.50
Family Practice	\$20,563,216.91
Psychiatry	\$37,772,813.98
<b>Pediatrics</b>	<b>\$32,665,133.49</b>
Internal Medicine	\$7,983,632.63
Nurse Practitioner	\$3,140,024.04
Psychologist (PBS Program Only)	\$999,114.76

**Age Breakdown of Children on  
5 or more Psychotropics**



For those children and adolescents who received psychotropics: 1,624 (1.8% of the total on psychotropic medications) received 5 or more psychotropics in the last year.

- The majority of the children receiving 5 or more psychotropics were between the age of 6-11.

## ***Louisiana Medicaid experience: 2014 Antipsychotic use***

<b>Children and Adolescents eligible for LA Medicaid</b>		<b>893,756</b>	
<b>Children and Adolescents served by Magellan</b>		<b>90,605 (10%)</b>	
<b>Medicaid members on at least 1 antipsychotic:</b> Risperidone: 56% Quetiapine: 18% Aripiprazole: 17% Ziprasidone: 4% Olanzapine: 3%	<b>Medicaid members on &gt;1 antipsychotic</b>	<b>Magellan members on at least 1 antipsychotic</b>	<b>Magellan members on &gt;1 antipsychotic</b>
<b>15,292</b>	<b>7370</b>	<b>12,195</b>	<b>6205</b>
<b>1.71% of Medicaid-eligible children and adolescents were on at least 1 antipsychotic</b>	<b>48.2% of all Medicaid-eligible children and adolescents on antipsychotic were on 2 or more</b>	<b>80% of all children and adolescents on an antipsychotic were seen by Magellan provider</b>	<b>84.2% of all children and adolescents on &gt;1 antipsychotic were seen by a Magellan provider</b>

# *Challenges to the LA Behavioral Health Partnership*



*DCFS clients*

*Youth with primary disruptive behavioral disorder diagnoses; Judicial clients*

*Youth with developmental disabilities*

*PRTF: in-state and out-of-state*

*Long-term placement needs*

*CSoC*

*Substance Use Residential Treatment*

*Quality monitoring*