

MHN ACO

Strategic Partnership for Improving Cost and Care of High-Risk Behavioral Health Patients

Bidder's Conference

October 25th, 2019

10:00 a.m. – 11:00 a.m.

One Prudential Plaza

130 E. Randolph Street

11th Floor Conference Center

Chicago, IL 60601

Agenda

1. Welcome
2. Overview of MHN ACO
3. Identifying the Need
 1. Utilization and Data
 2. Defining the Population
4. Expectations for the Partnership
 1. Bundled Payment Overview
 2. Expectations of the Partner
 3. How MHN will support the Partnership
5. Timeline and Process
6. Questions and Answers

Overview of MHN ACO

MHN ACO Partnerships to Achieve Delivery Transformation

Medical Home Network (MHN), is a not-for-profit organization founded in 2009 by the Comer Family Foundation with the vision to transform healthcare delivery for the Medicaid population of Greater Chicago.

MHN ACO, LLC established in 2014, in partnership with MHN

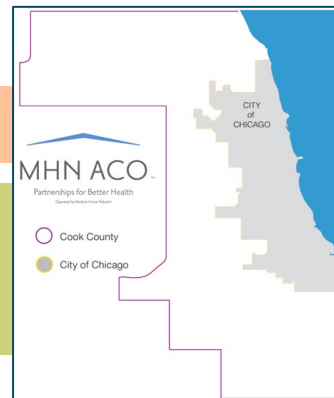
- High performing multi-organizational ACO
- 10 FQHCs and 3 Hospital systems
- Unique egalitarian governance model
- Enables members to drive cultural transformation and advance an integrated, practice-level model of care

MHN ACO Network

10 FQHCs
3 Hospital Systems

93 Medical Homes
500+ PCPs*
150+ Care Managers
1,200 Specialists
6 Hospitals

*Includes PAs & APNs



October 2019 MHN ACO Population

	Medicaid Members	ACO % of Total
ACA	23,252	19%
FHP	91,325	75%
ICP	7,426	6%
Total	122,003	100%

MHN ACO is Approximately **40%** of CountyCare's Membership

ACO Members defined as: Non-excluded & non-waiver CountyCare members assigned to an MHN ACO member medical home

MHN ACO CountyCare Members, October 2019

MHN ACO Practice Level Care Managers

FTEs Funded** **142.81**

*Full-time Equivalents estimated using August population

FQHC Owners

Alivio Medical Center
Aunt Martha's Health + Wellness
Chicago Family Health Center
Erie Family Health Centers
Esperanza Health Centers

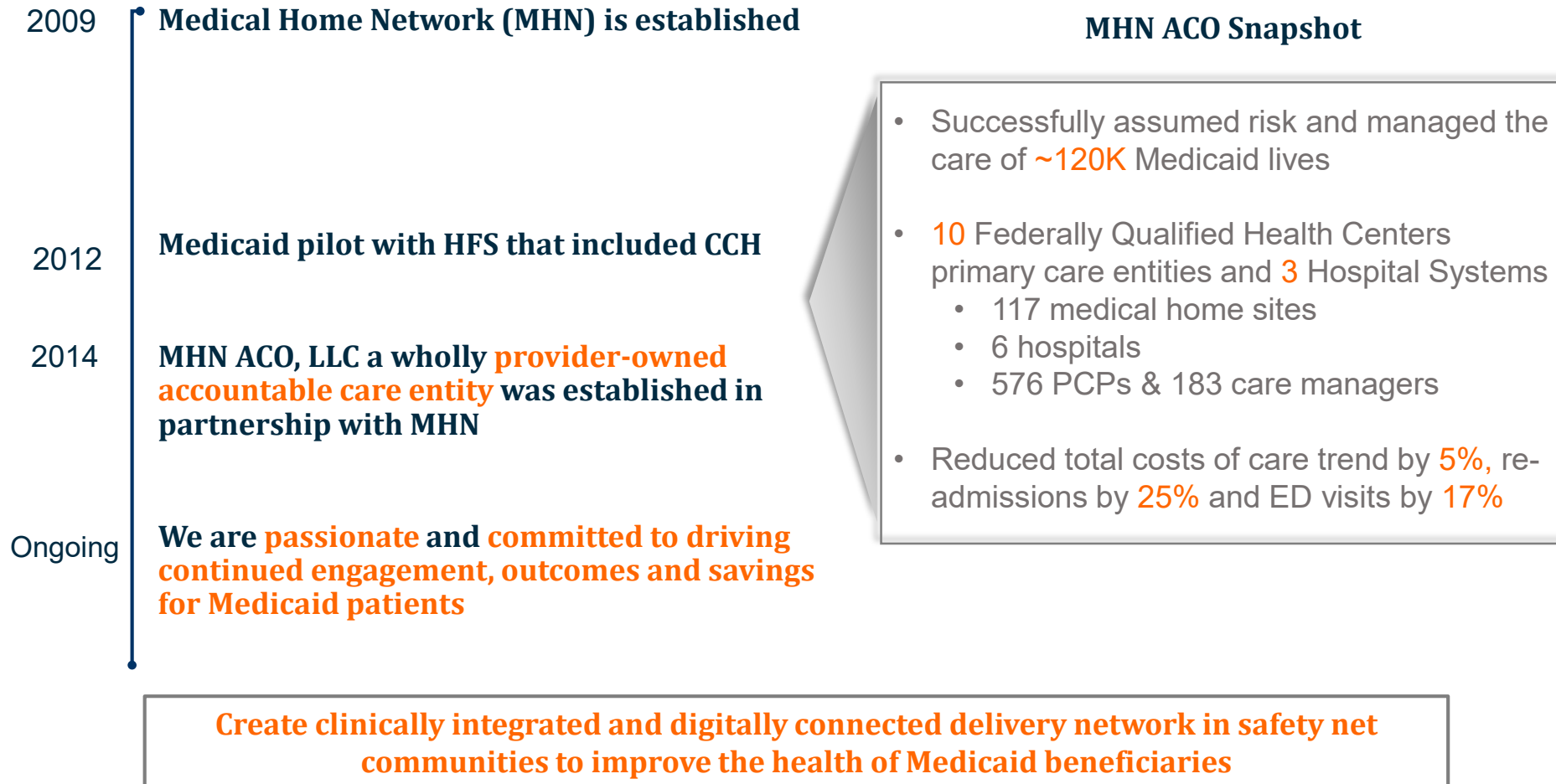
Friend Health
Lawndale Christian
Near North Health Svc Corp
PCC Wellness
PrimeCare Health

Health System Owners

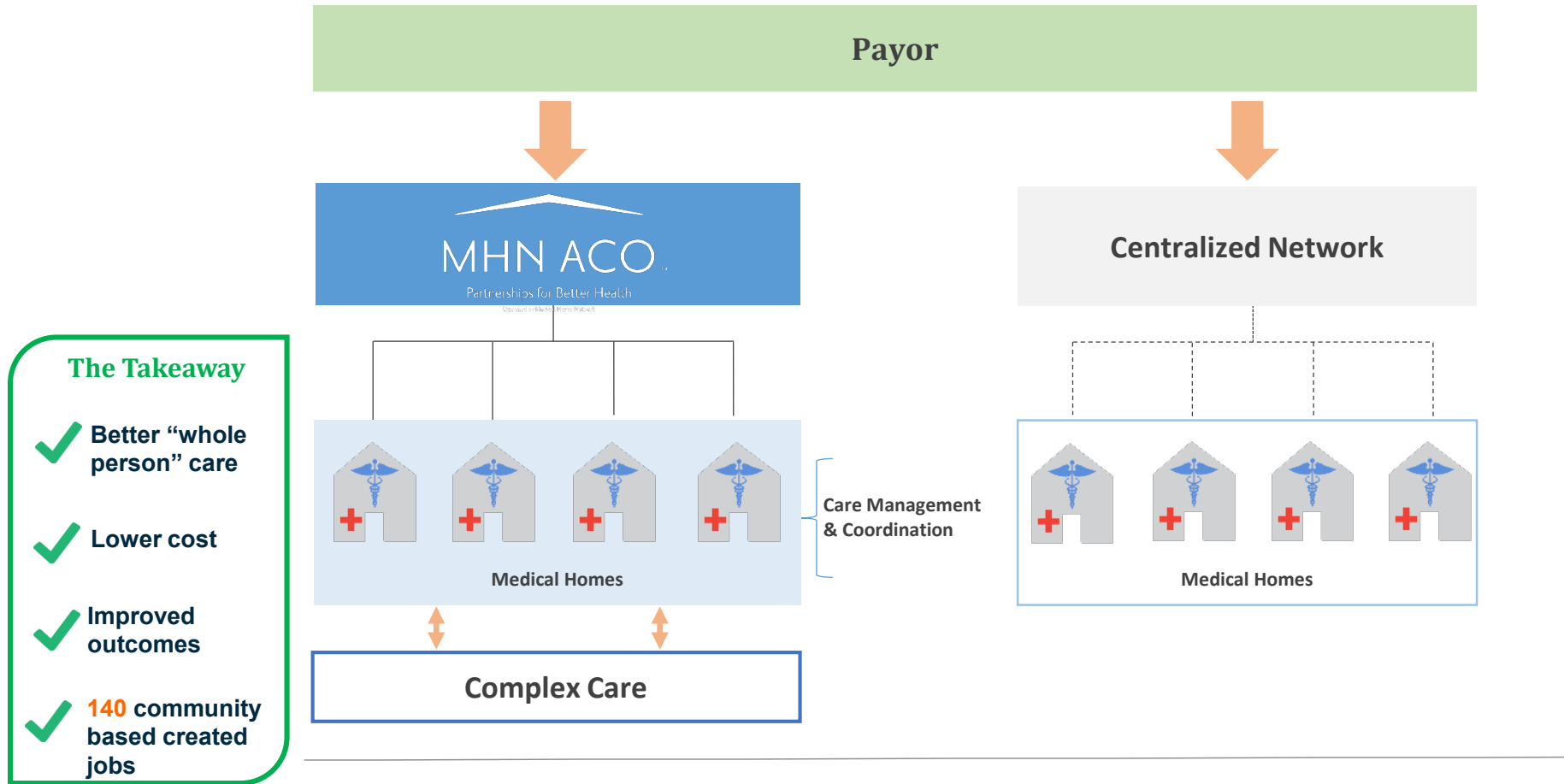
La Rabida Children's Hospital
Rush University Medical Center
Sinai Health System



Medical Home Network: Our History of Transformation in the Safety Net



Medical Home Network: Practice-Level vs. Centralized Care Management



Practice-level Care Management

- Builds on established patient relationships
- Requires structure and oversight
- Drives shared incentives and alignment

Centralized Care Management

- Challenged engaging patients
- Challenged engaging PCPs
- Limited access to EMR data

Identifying the Need for Partnership

Utilization and Data

What Can I Learn From the Top 30 High Cost BH Patients?

Demographic Overview

Top 30 Highest Cost Patients for Behavioral Health

Total mental health and substance use disorder costs January 2018 – December 2018

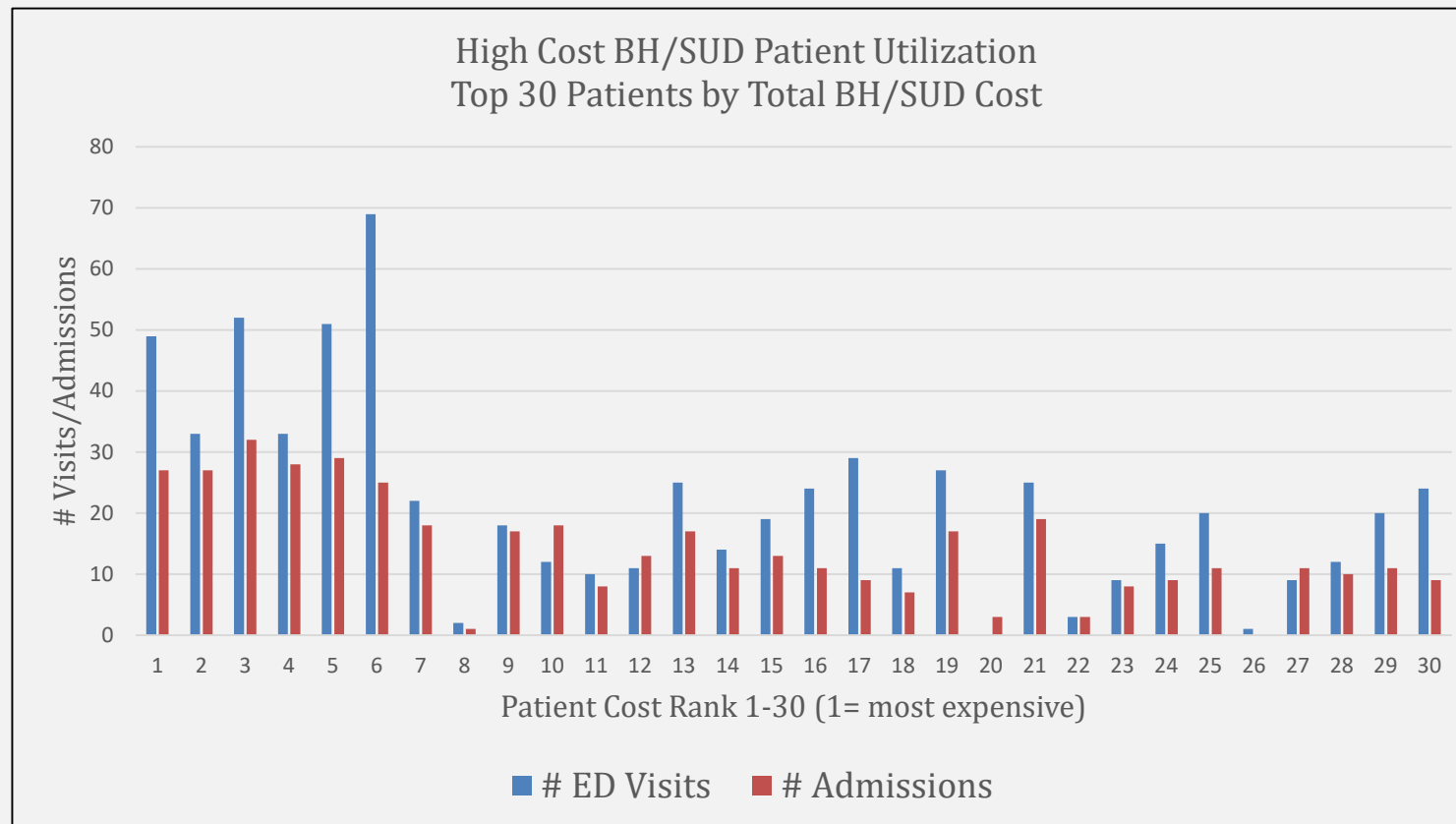
Cost		Demographics		
Average BH/SUD Costs per Patient	\$ 92,010	Zipcodes		
Average Total Cost per Patient	\$ 121,774	Near West Side (60612)	4	13.3%
		Humbolt Park (60651)	3	10.0%
		Belmont Cragin (60639)	2	6.7%
		West Garfield Park (60624)	2	6.7%
		South Lawndale (60623)	2	6.7%
		Other	17	56.7%

Demographics	# Patients	% of 30 Patients
Average Age	45	-
Gender		
# Males	23	76.7%
# Females	7	23.3%
Medical Home		
Practice #1	9	30.0%
Practice #2	5	16.7%
Practice #3	4	13.3%
Practice #4	4	13.3%
Practice #5	2	6.7%
Practice #6	2	6.7%
Practice #7	2	6.7%
Practice #8	1	3.3%
Practice #9	1	3.3%

Utilization of Top 30 High Cost BH Patients

Utilization	23 pts.
Total ED Visits	649
Average # ED Visits per Patients	22.4
Total Admissions	422
Average # Admissions per Patients	14.6

Opted Out Patient Utilization	5 pts.
# ED Visits	167
Avg. # ED Visits per Patient	33.4
# Admissions	90
Avg. # Admissions per Patient	18



What Can I Learn About Them From a Screening Health Risk Assessment?

Care Management	# Patients	% of 30 Patients
# Patients with Completed HRA in 2018	18	60.0%
High Risk	15	50.0%
Low-Soc Risk	3	10.0%
# Patients with no HRA in 2018, but at least one HRA prior to 2018	4	13.3%
# Patients with a Care Plan Reassessment in 2018	22	73.3%
# Patients who Opted Out in 2018	5	16.7%

Social Determinants - self reported on HRA	# Patients	% of 18 Patients who completed HRA in 2018
Housing		
Apartment/House	13	72.2%
Group Home	1	5.6%
Shelter	1	5.6%
Homeless	3	16.7%
Substance Use		
Reported Alcohol and/or Drug Use	11	61.1%
Identifies Overuse of Alcohol and/or Drugs	9	50.0%
Reporting Receiving Treatment	4	22.2%
Depression		
Reported Depression	13	72.2%
Reported Receiving Treatment	10	55.6%
Help with Essentials (Food, Clothing, etc.)	11	61.1%
Reported Fair or Poor Health Status	8	44.4%
Lack of Transportation	6	33.3%

Defining the Population

The population consists of unique members who had an acute admission:

- Within the following 7 hospitals
 - Saints Mary and Elizabeth Medical Center; Hartgrove Hospital; Riveredge Hospital; Saint Anthony Hospital; Norwegian American Hospital; Loretto Hospital; Mount Sinai Hospital
- With a primary diagnosis of Psychiatric or Substance Abuse (as defined by CDPS disease states)
- Costs and medical/ pharmacy utilization are tracked by number of days after discharge date
- During calendar year 2018

Limitations:

- May not reflect patients with dual diagnoses
 - If a member had multiple psych./substance abuse admissions at the select hospitals during 2018, we use the first admission to assign severity level.
- We may not have a full year of history for all members due to claims runout

Population Counts and Categories

Timeframe: CY2018

CDPS Category ⁽¹⁾	Number of Members
Psychiatric High, eg Schizophrenia	75
Psychiatric Medium, eg Bipolar & Hallucinations	116
Psychiatric Medium-Low, eg Depressive Disorder Recurrent, Manic, PTSD	280
Psychiatric Low, eg Depressive Disorder Single, Adjustment Disorder	35
Substance-Abuse Low, eg Opioid, Cocaine, and other chemical	164
Substance-Abuse Very Low, eg Alcohol	33
Initial Patients	703
Members excluded due to limited eligibility	4
Final Patients	699

1. Members are categorized into a CDPS Risk Category based off the primary diagnosis on the first admission to a partner hospital during the timeframe.

Patient Costs and Eligibility Post-Discharge

CDPS Category	Metric	Days Post-Discharge					
		1-30	31-60	61-90	91-120	121-150	151-180
Psychiatric High	Number Eligible: ⁽²⁾	75	72	70	69	66	64
	Average Paid:	\$3,015	\$2,172	\$2,392	\$2,479	\$2,076	\$2,719
Psychiatric Medium	Number Eligible: ⁽²⁾	115	108	108	107	104	101
	Average Paid:	\$3,734	\$2,474	\$2,558	\$3,510	\$2,267	\$2,609
Psychiatric Medium-Low	Number Eligible: ⁽²⁾	279	267	260	256	244	240
	Average Paid:	\$1,806	\$1,457	\$1,309	\$1,265	\$1,718	\$1,079
Psychiatric Low	Number Eligible: ⁽²⁾	34	33	30	30	29	26
	Average Paid:	\$1,512	\$895	\$771	\$606	\$840	\$1,339
Substance-Abuse Low	Number Eligible: ⁽²⁾	163	157	150	144	141	136
	Average Paid:	\$1,914	\$1,638	\$1,902	\$1,682	\$2,015	\$1,806
Substance-Abuse Very Low	Number Eligible: ⁽²⁾	33	30	30	29	29	30
	Average Paid:	\$2,535	\$2,749	\$2,317	\$2,422	\$2,138	\$2,614
Grand Total	Number Eligible: ⁽²⁾	699	667	648	635	613	597
	Average Paid:	\$2,298	\$1,772	\$1,793	\$1,891	\$1,896	\$1,767

1. For every member with a qualifying BH Admit, we only look at the first such admit in the timeframe.

If there is a second admit, it is included in the post-discharge costs.

2. Number of members who were eligible at any point in this timeframe. For example, 4 members were excluded because they were not eligible in the month following discharge.

Utilization Pre-Admission and Post-Discharge

Days Pre-Admit	1-30	31-60	61-90	91-120	121-150	151-180
Number Eligible: ⁽²⁾	702	640	596	543	500	452
Claims Category	Percent With ⁽³⁾					
Rx-Psych/Sub	33.2%	29.1%	26.2%	25.6%	24.0%	22.1%
Rx-Other	41.0%	40.5%	37.4%	40.1%	37.0%	35.6%
Med-Other-Psych/Sub	52.3%	37.3%	33.7%	36.1%	32.0%	30.5%
Med-Other-Other	52.3%	40.0%	35.2%	42.9%	36.8%	36.3%
Med-Primary Care	28.6%	20.8%	22.5%	21.7%	22.4%	22.6%
Med-ED-Psych/Sub	21.5%	6.6%	5.7%	6.1%	5.2%	3.8%
Med-ED-Other	24.6%	17.5%	12.2%	14.5%	14.0%	12.4%
Med-Inpatient-Psych/Sub	7.1%	6.3%	6.7%	6.8%	6.6%	5.5%
Med-Inpatient-Other	3.8%	2.3%	2.9%	1.8%	2.4%	3.1%
Total	76.8%	66.6%	63.1%	68.9%	64.2%	61.3%

Days Post-Discharge	1-30	31-60	61-90	91-120	121-150	151-180
Number Eligible: ⁽²⁾	699	667	648	635	613	597
Claims Category	Percent With ⁽³⁾					
Rx-Psych/Sub	50.5%	43.9%	45.1%	38.7%	40.8%	39.4%
Rx-Other	54.6%	46.3%	46.0%	44.7%	43.7%	46.2%
Med-Other-Psych/Sub	64.5%	54.0%	52.3%	49.4%	48.0%	45.2%
Med-Other-Other	52.4%	45.9%	44.9%	42.5%	43.1%	40.5%
Med-Primary Care	40.3%	27.6%	30.1%	25.7%	26.9%	27.5%
Med-ED-Psych/Sub	13.9%	10.8%	12.8%	9.4%	10.9%	8.2%
Med-ED-Other	20.2%	16.0%	15.6%	15.4%	15.0%	16.1%
Med-Inpatient-Psych/Sub	16.3%	11.8%	15.7%	12.1%	14.2%	10.6%
Med-Inpatient-Other	2.9%	2.5%	2.0%	3.6%	2.1%	3.0%
Total	86.7%	78.4%	78.1%	75.7%	73.7%	72.0%

In the 30 days prior to their admission at a target hospital, 28.6% of the 702 eligible patients had a claim for primary care. In the 30 days following discharge, 40.3% of the 699 eligible patients had a claim for primary care.

Expectations for the Proposal

What is MHN ACO looking for in this partnership?

- **Better communication and collaboration**
 - Documentation in MHNConnect
 - Regular meetings, collaboration and communication with stakeholders
 - Leveraging existing/building relationships
- **Mobile crisis response**
 - Response to ADT alerts for inpatient and ED utilization
 - Working collaboratively with Crisis Stabilization Units
 - Managing Transitions of Care
- **Supportive services including, but not limited to:**
 - Supportive Housing
 - Assertive Community Treatment (ACT)
 - Medication Assisted Treatment within the ACO
 - Psychiatry



**Savings that we
can share**

+

**Better member
outcomes**

How MHN Supports this Partnership through Training and Technology

- Training:
 - MHNConnect Care Management Platform
 - MHN Care Management Model
- Technology:
 - Real time ADT feeds
 - UM Authorizations
 - Medication Fills and Adherence Reports

How MHN can support this partnership: Medication Adherence Report

ACO MEMBER ADHERENCE REPORT

Adherence Reporting Period : 201807 - 201906

Limited to ACO Members Active as of End of Reporting Period with 2 or More Fills

Current Report Filters (First 10 Only Shown)

Currently Viewing
Total Non-Adherent Members | 741
Total Adherent Members | 543
Total Reported Members | 1,284
Percent Adherent | 42.3%

Product: All
 At Risk Status: All
 Adherence Report Group: ANTIPSYCHOTICS
 Medical Home: All
 PCP: All
 Adherence Status: All
 Adherence Level: All
 Months Enrolled: 12

Treated Member	Adherence Report Group	Adherence Status	MedHome	PCP Name	Values
	ANTIPSYCHOTICS	NON-ADHERENT			7.4 %
	ANTIPSYCHOTICS	NON-ADHERENT			9.6 %
	ANTIPSYCHOTICS	NON-ADHERENT			10.1 %
	ANTIPSYCHOTICS	NON-ADHERENT			11.0 %
	ANTIPSYCHOTICS	NON-ADHERENT			11.0 %
	ANTIPSYCHOTICS	NON-ADHERENT			12.1 %
	ANTIPSYCHOTICS	NON-ADHERENT			12.1 %
	ANTIPSYCHOTICS	NON-ADHERENT			12.3 %
	ANTIPSYCHOTICS	NON-ADHERENT			12.3 %

This report tracks whether members are regularly taking their medication. It looks at a timeframe and how many days are covered by a medication (Proportion of Days Covered, i.e., PDC). MHN will provide pharmacy detail and adherence-rates for all patients in the program.

Pharmacy Quality Alliance defines “Adherence” as a PDC of 80%

Medication Adherence Rates for Historical Population

Drug Category	Members with ≤2 fills ⁽¹⁾		Members with 2+ fills		
	# of Members	% of Total	# of Members	% of Total	% Adherent
Antidepressants	367	52.5%	336	48.1%	19.0%
Antipsychotics	433	61.9%	270	38.6%	25.9%

1. Members only included if they have 2+ fills in the drug category and 4+ months of eligibility post-discharge.

How MHN can support this partnership

Cost Tracking Post-Discharge

Severe Mental Illness

Looking at costs post-discharge for BH Admissions at Select Hospitals from Jan 1, 2018 to Dec 31, 2018.

Number of base BH Admissions = 703 ⁽¹⁾

Grand Total

Days Post-Discharge	1-30			31-60			61-90			91-120			121-150			151-180		
Number Eligible: ⁽²⁾	699			667			648			635			612			593		
Claims Category	Percent With ⁽³⁾	Avg Paid	Median Paid	Percent With ⁽³⁾	Avg Paid	Median Paid	Percent With ⁽³⁾	Avg Paid	Median Paid	Percent With ⁽³⁾	Avg Paid	Median Paid	Percent With ⁽³⁾	Avg Paid	Median Paid	Percent With ⁽³⁾	Avg Paid	Median Paid
Rx-Psych/Sub	51.8%	\$81	\$0	44.7%	\$85	\$0	46.1%	\$78	\$0	40.0%	\$85	\$0	42.3%	\$83	\$0	39.5%	\$73	\$0
Rx-Other	56.1%	\$142	\$2	47.1%	\$123	\$0	47.7%	\$141	\$0	46.1%	\$117	\$0	44.6%	\$178	\$0	47.4%	\$177	\$0
Med-Other-Psych/Sub	64.7%	\$451	\$130	54.3%	\$382	\$38	52.6%	\$328	\$17	49.6%	\$243	\$0	47.7%	\$290	\$0	44.5%	\$255	\$0
Med-Other-Other	51.8%	\$273	\$10	45.4%	\$199	\$0	44.3%	\$153	\$0	42.4%	\$214	\$0	42.3%	\$198	\$0	40.5%	\$188	\$0
Med-Primary Care	41.2%	\$71	\$0	28.6%	\$47	\$0	30.9%	\$50	\$0	25.8%	\$48	\$0	27.3%	\$54	\$0	27.5%	\$52	\$0
Med-ED-Psych/Sub	13.9%	\$37	\$0	10.8%	\$38	\$0	12.8%	\$40	\$0	9.4%	\$30	\$0	10.9%	\$41	\$0	8.1%	\$31	\$0
Med-ED-Other	20.2%	\$126	\$0	16.0%	\$91	\$0	15.6%	\$84	\$0	15.4%	\$94	\$0	15.0%	\$80	\$0	16.0%	\$95	\$0
Med-Inpatient-Psych/Sub	16.3%	\$933	\$0	11.8%	\$669	\$0	15.3%	\$826	\$0	12.1%	\$723	\$0	14.1%	\$806	\$0	10.3%	\$541	\$0
Med-Inpatient-Other	2.9%	\$185	\$0	2.5%	\$147	\$0	2.0%	\$81	\$0	3.6%	\$334	\$0	2.1%	\$161	\$0	2.5%	\$255	\$0
Total	86.7%	\$2,299	\$604	78.7%	\$1,781	\$401	78.5%	\$1,782	\$350	75.7%	\$1,889	\$318	74.2%	\$1,892	\$304	71.8%	\$1,668	\$259

1. For every member with a qualifying BH Admit, we only look at the first such admit in the timeframe.
If there is a second admit, it is included in the post-discharge costs. BH is defined using CDPS diagnosis codes.

2. Number of members who were eligible at any point in this timeframe.

3. This contains the percent of those eligible during the timeframe who had a claim in this category.

Bundled Payment Methodology:

Bundled payment methodology:

- Calculated by projected versus actual PMPM of the patient group population.
- Shared savings only payment model (no downside risk)

Illustrative Example:

Payment for work with 700 Patients that would qualify to be part of the population enrolled in the Partnership.

Month post trigger discharge	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	ANNUAL TOTAL	
Count of Eligible Patients	700	665	632	600	570	542	515	489	464	441	419	398		
PMPM	Predicted	\$2,298	\$1,772	\$1,793	\$1,891	\$1,896	\$1,767	\$1,795	\$1,773	\$1,894	\$1,799	\$1,810	\$1,650	\$22,138
	Actual	\$2,005	\$1,250	\$1,199	\$1,150	\$1,499	\$1,830	\$1,384	\$1,200	\$1,225	\$1,299	\$1,250	\$1,100	\$16,391
Total Monthly Cost	Predicted	\$1,608,600	\$1,178,380	\$1,132,728	\$1,134,907	\$1,081,013	\$957,090	\$923,643	\$866,706	\$879,563	\$793,673	\$758,600	\$656,964	\$11,971,866
	Actual	\$1,403,500	\$831,250	\$757,468	\$690,187	\$854,661	\$991,213	\$712,157	\$586,603	\$568,883	\$573,086	\$523,895	\$437,976	\$8,930,880
Total Savings	Variance	\$205,100	\$347,130	\$375,260	\$444,720	\$226,351	(\$34,124)	\$211,486	\$280,103	\$310,680	\$220,587	\$234,705	\$218,988	\$3,040,986

Timeline and Process

Process Step	Due Date
Bidder's Conference	October 23 rd , 2019
Proposals Due to MHN	Friday, November 8 th , 2019 at 12:00 p.m.
Review of Proposals by MHN ACO Subcommittee Members	November 11 th – 22 nd , 2019
Interview Potential Contract Awardees	Beginning December 1 st , 2019
Select Contract Awardee	TBD
Sign Contract	TBD
Meet with MHN Leadership to Discuss Project, Establish Work plan and Timeline	TBD
Program Implementation	TBD
Begin Execution of Contract	TBD

Submission Process

- Proposals submitted via email must be submitted no later than 12:00pm on Friday, November 8th, 2019 to:

ajensen@mhnchicago.org

- Proposals submitted by mail must be Post-marked by November 8th, 2019 and addressed to:

MHN ACO Behavioral Health Subcommittee
 Attn: Ashley Jensen
 Medical Home Network
 Two Prudential Plaza
 180 N. Stetson Ave., Suite 600-1
 Chicago, IL 60601

Late, incomplete or inaccessible proposals will not be considered.

Selection Process

- Medical Home Network will review Proposals using selection criteria by individually appointment ACO subject matter experts, with finalists decided upon by the Behavioral Health Subcommittee.
- Finalists will be notified of interview opportunity via e-mail no later than December 1st, 2019
- Contract Awardee will be selected and notified by Date TBD

Question and Answer Session