Division of
**Health Care
Finance & Administration**

Health Care
Innovation Initiative

Provider Stakeholder Group
December 2nd, 2015

Agenda

Update on Care Coordination Tool RFP

Briefing on profiles of children in Health Homes

New Schedule: Request For Proposal for Care Coordination Tool

EVENT	DATE (all dates are state business days)
RFP Re-release	December 4, 2015
Response Deadline	January 5, 2016
Contractor Signature Deadline	February 10, 2016
Contract Start Date	March 1, 2016

Care Coordination Tool RFP can be found here:
https://www.tn.gov/assets/entities/generalservices/cpo/attachments/RFP_31865-00410_Base_with_Amend_3.pdf

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Agenda

Update on Care Coordination Tool RFP

Briefing on profiles of children in Health Homes

Briefing on children in Health Homes

1 **Overview of children in Health Homes by inclusion criteria**

2 **Breakdown by age**

3 **Breakdown by diagnosis**

4 **View of utilization patterns**

5 **Breakdown of provider types for BH treatments**

❶ Review: Health Home member identification criteria

Working Health Home criteria

Claims-based

Category 1: Diagnostic criteria only

or

Anytime during the year, diagnosis or code of:
- Schizophrenia
- Bipolar disorder
- Personality disorder
- Other mood disorders
- Psychosis
- Abuse and psychological trauma
- Attempted suicide or self-injury
- Homicidal ideation

Category 2: Diagnostic and utilization criteria

or

One or more behavioral health-related (a) inpatient admissions or (b) crisis stabilization unit admissions or residential treatment facility admissions; during the last 12 months WITH a diagnosis of:
- Major depression
- Other depression
- Adjustment reaction
- Anxiety
- PTSD
- Substance use
- Psychosomatic disorders
- Conduct disorder
- Emotional disturbance of childhood and adolescence
- Somatoform disorders
- Other / unspecified

Provider referral

Category 3: Functional need

Provider documentation of functional need, to be determined by the provider and verified by the MCO. Designed to align with new L2 case management medical necessity criteria; approximated by the number of patients with 2 or more L2 case management visits

❶ Breakdown of adults and children in identified Health Home population by inclusion criteria

Identified Health Home population
Thousands of patients

Children as share of total

Category	no L2CM	1 L2CM	2+ L2CM	Adults	Total	Children as share of total
Category 1	9.0	1.1	6.2	47.7	64.0	48%
Category 2a[1]		0.1	2.3 / 0.1	2.5		<1%
Category 2b[2]	0.1				0.1	<1%
Category 3			17.3	7.7	25.0	51%
Total	9.1		23.5	57.8	91.5	100%
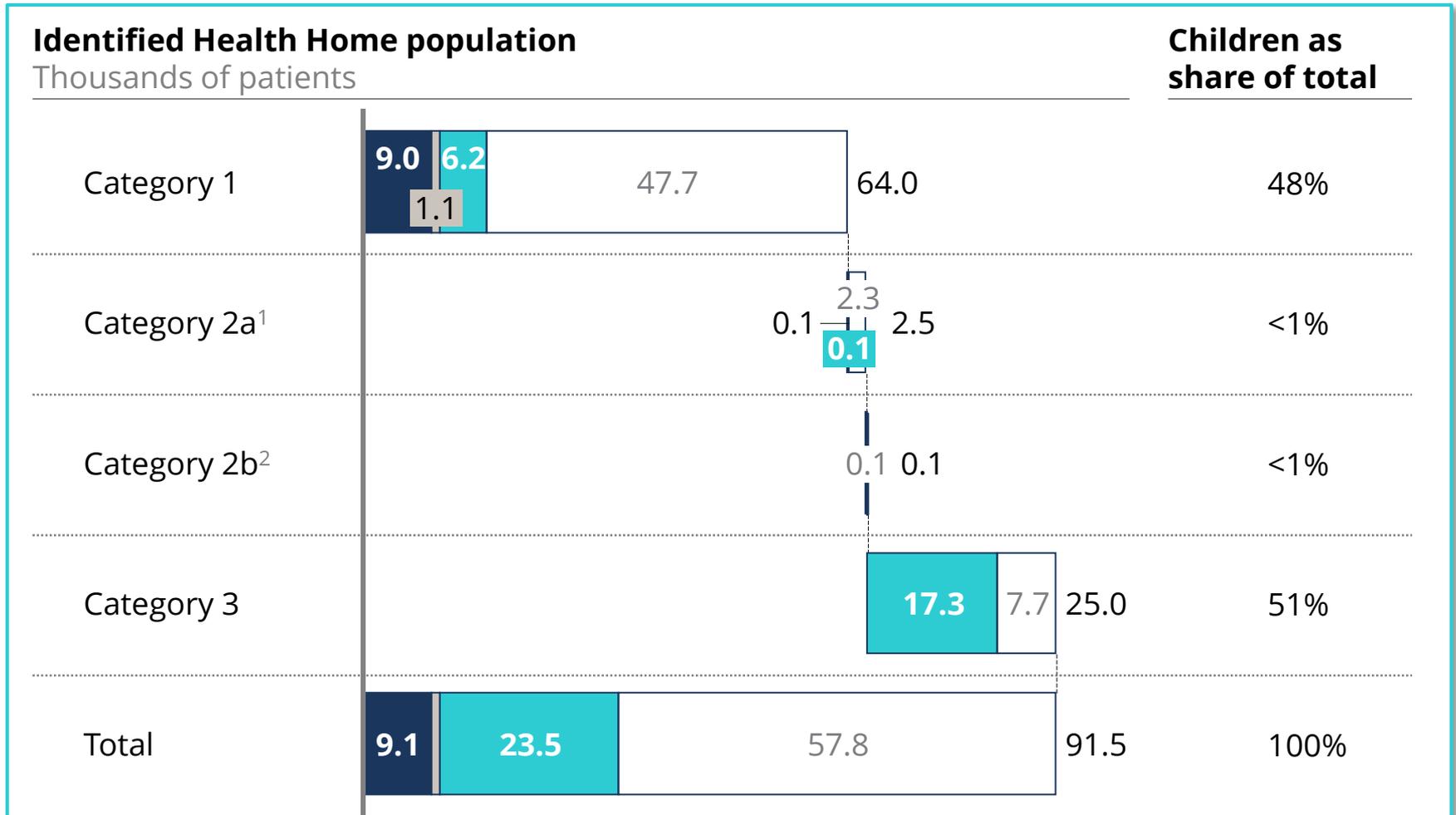
Note: There are ~3,000 members with one, and only one, level 2 case management visits that do not meet Category 1 or 2 criteria. These individuals are not included in the expected identified population
1 Utilization criteria includes inpatient stay   2 Utilization criteria includes residential treatment admission or crisis stabilization service 3 All adults in identified population
Source: TN 2014 claims data

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Breakdown of identified Health Home population by age

Under 18
18 and over

Potential health home members by age
Thousand unique patients

Share of total

Age	Thousand unique patients	Share of total
0-1	0	0%
2-10	12	13%
11-17	22	24%
18-34	27	30%
35-44	13	14%
45-54	10	11%
55-64	7	8%
65+	0	0%
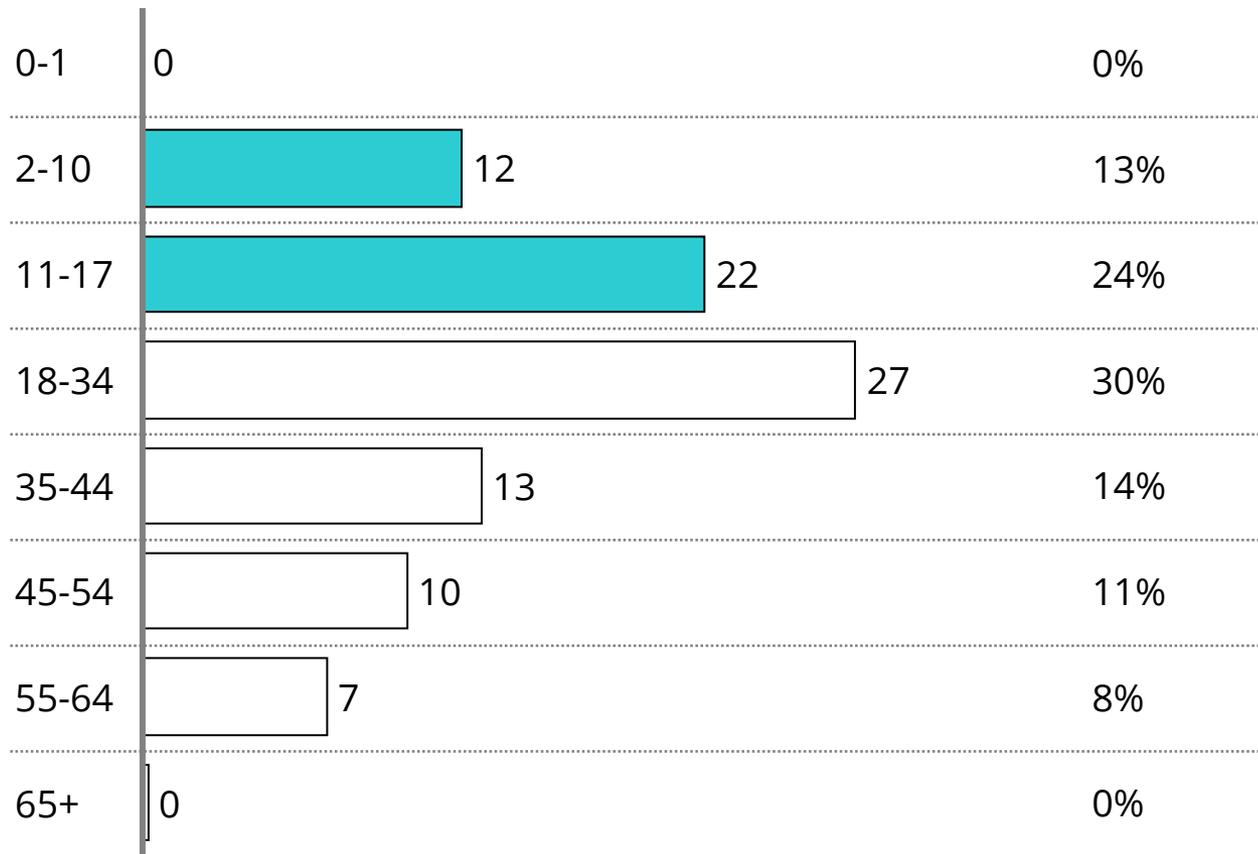
- Children account for 37% of the total identified Health Home population – and 25% when Category 3 is removed

- Among children, adolescents 11-17 account for about two thirds, and a third are children less than 11 years old

Source: TN 2014 claims data

8

3 Diagnoses of children in the identified population

Breakdown of BH diagnoses for children

Percent, 100%=34K unique patients for children (0-17) in identified Health Home population (duplicated patients)

Any children in HH target population

Diagnosis	Percent
ADHD	54
Other mood disorders	34
Conduct disorder	21
ODD	21
Adjustment reaction	20
Depression	15
Anxiety	15
Bipolar	13
PTSD	9
Major depression	8
Substance use	8
Attempted suicide or self-injury	7
Other/unspecified	5
Psychosis	5
Sleep disorders	5
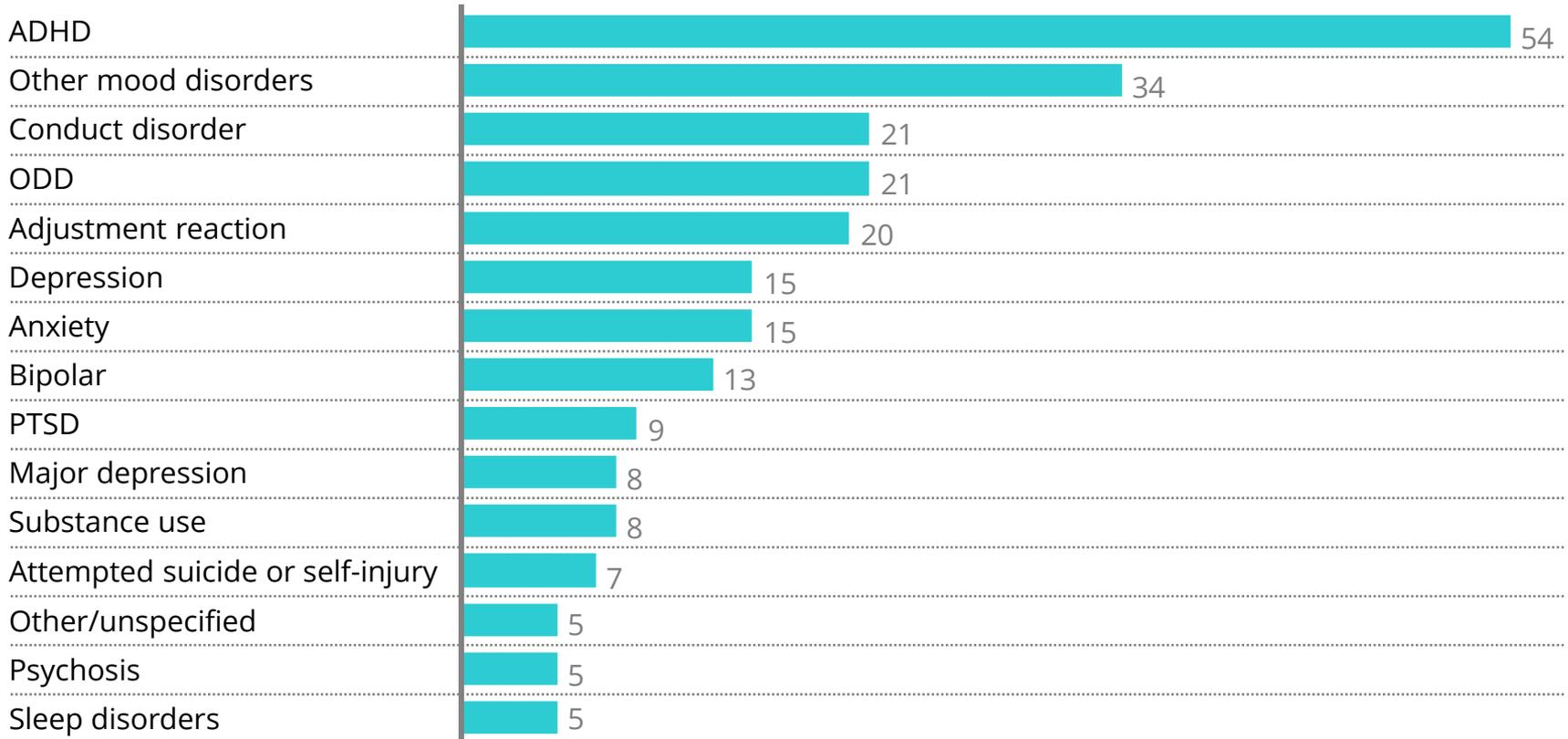
Note: All BH diagnoses with more than 5% prevalence for children in the target population. Members can have multiple conditions. Members with BH needs defined as a member with at least one BH diagnosis and receiving treatment.

Source: TN 2014 claims data

Utilization by children in the identified population compared to other children with behavioral health needs

ER and IP utilization for children in the HH target and other children with BH needs
Annual utilization per 1,000 annualized members

	BH-related ER visits per 1,000	Any ER visits per 1,000	BH-related IP admissions per 1,000	Any IP admissions per 1,000
Category 1	156	1,131	221	265
Category 2	101	1,122	1,150	1,269
Category 3	11	763	1	20
Other children with BH needs	16	676	4	39
	Avg=40	Avg=772	Avg=43	Avg=77
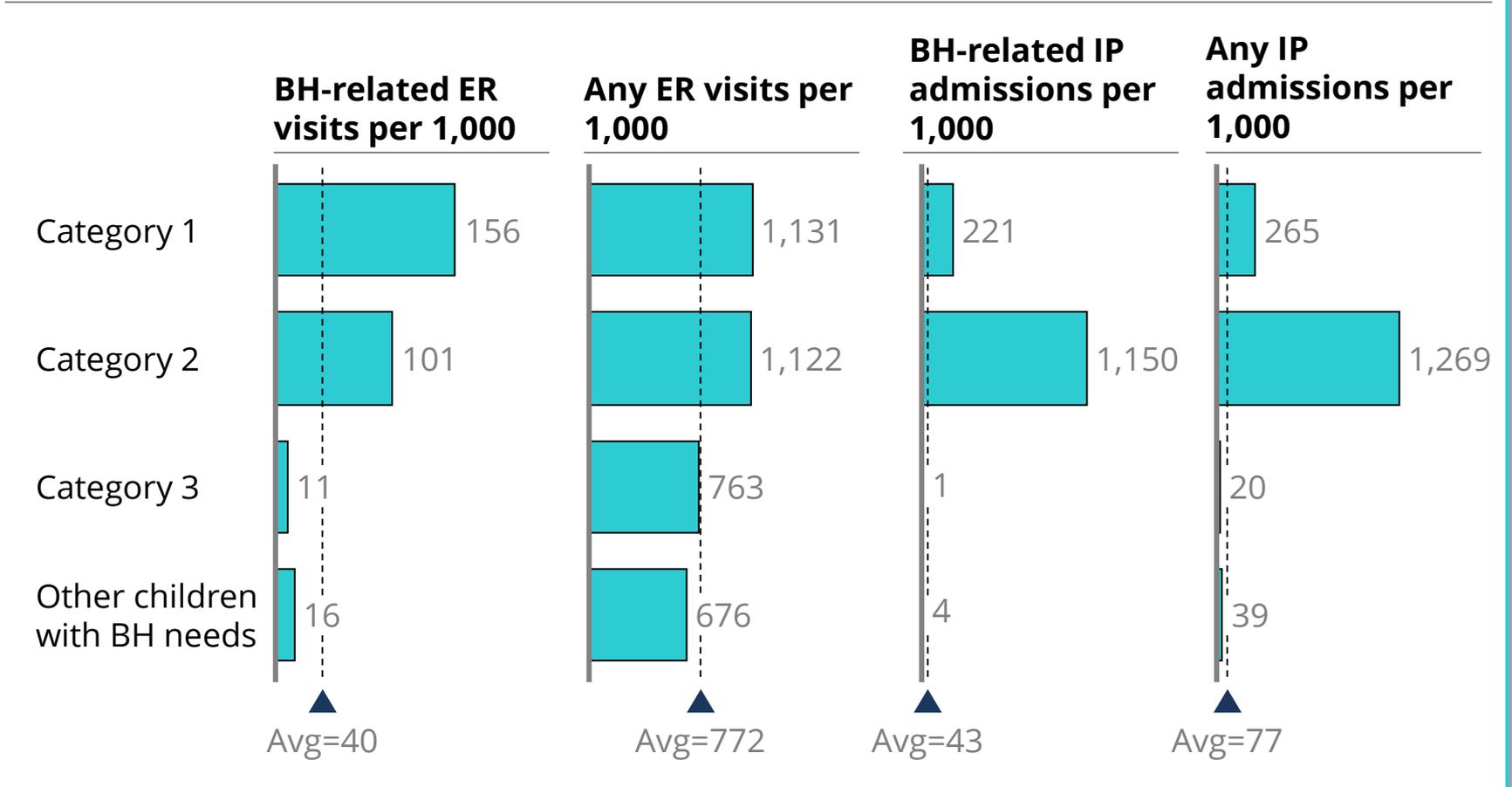
Note: Members with BH needs defined as a member with at least one BH diagnosis and receiving treatment.
Source: TN 2014 claims data

5 Care access patterns by age group in the identified population

xx More than 10 visits per year

Share of identified population with BH OP visits for each billing provider class
Percent of HH target population (duplicated members)

	Age 0-10	Avg. visit per year	Age 11-17	Avg. visit per year	Adults	Avg. visit per year
CMHC	71	15.6	66	14.1	62	12.8
Mental health clinic	21	12.7	28	16.7	14	16.6
Medical specialty	7	9.1	5	6.0	10	2.8
Primary care	18	2.8	14	2.5	23	2.5
BH specialty	7	6.9	8	8.4	7	7.2
Psych hospital	3	13.1	6	8.7	8	7.3
Community / supportive care	3	5.4	5	7.3	2	8.0
FQHC	1	3.8	1	3.7	2	2.8
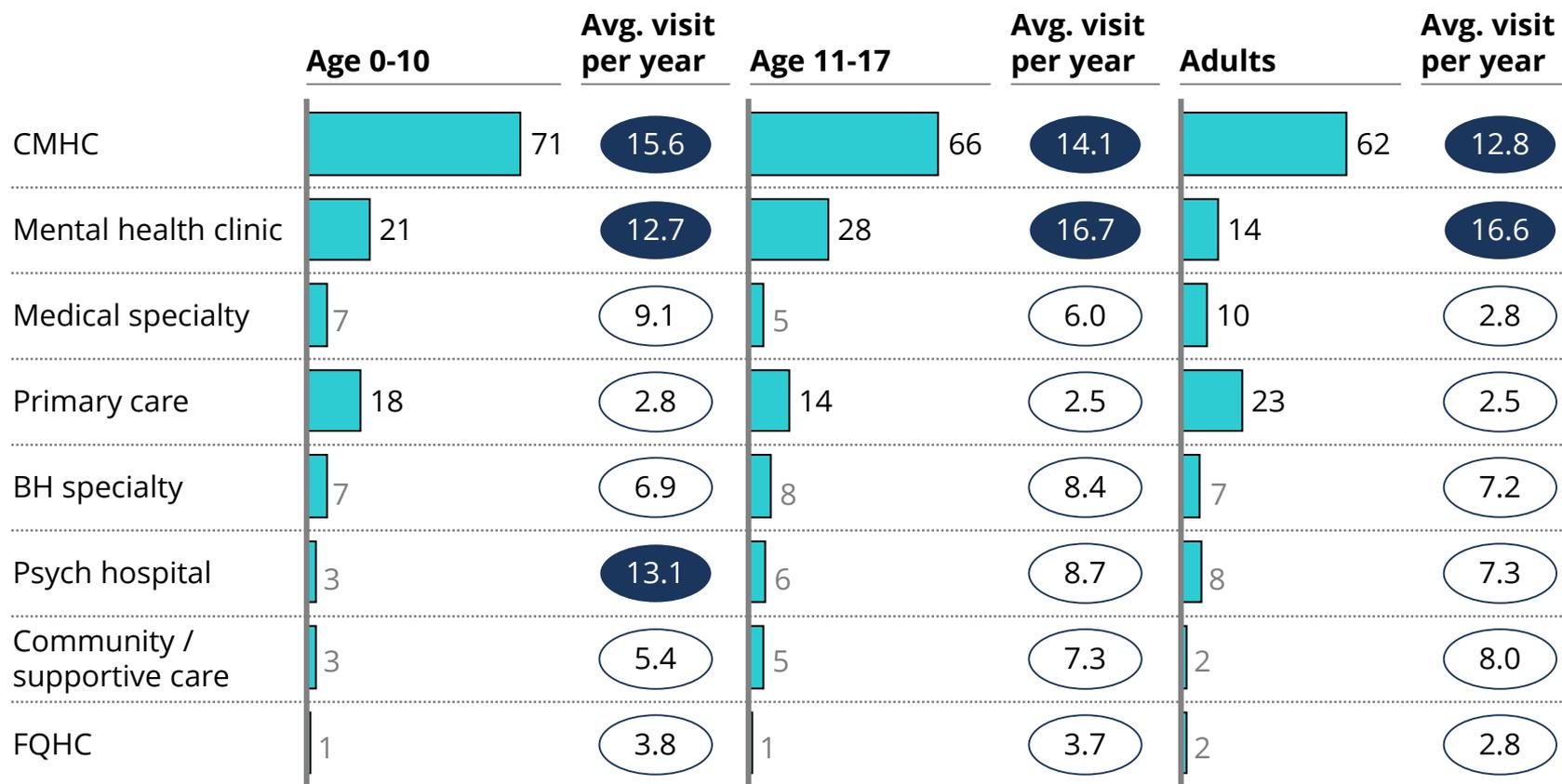
Note: Hospital, ER, Long-term care, Surgical specialty, BH residential facility, and other (e.g., transportation, labs) not shown.
Average annual visit calculated based on only members with visits to the given provider type
Source: TN 2014 claims data

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