

Primary Care Transformation:

Tennessee Health Link for TennCare members with significant behavioral health needs

An opportunity to improve care

TennCare members with significant behavioral health needs face various obstacles in accessing the care they need within the structure of a traditional health care system. Conversations with mental health providers in Tennessee have revealed the following barriers these members may face:

- **Access to primary care:** Many primary care providers in the State may lack experience in treating behavioral health conditions or engaging with high-acuity patients. As a result, members in this population often access primary care in emergency room settings
- **Continuity of care:** Members with behavioral health conditions may receive fragmented care due to lack of coordination across the various physical and behavioral health providers involved in their care
- **Treatment adherence:** Some members find it difficult to manage an appointment schedule or lack the transportation and social supports necessary to travel to appointments or pick up prescribed medications

Research shows that TennCare members with behavioral health needs are almost three times more likely than the average TennCare member to be hospitalized and twice as likely to present in an emergency room setting. These statistics point to an opportunity to better serve our members with significant behavioral health needs by increasing the focus on care coordination. One of the primary ways to achieve this is to launch Tennessee Health Link, a program that incentivizes increased care coordination for TennCare members with certain behavioral health needs.

Objectives of Tennessee Health Link

TennCare has worked closely with providers and TennCare health plans to create a program to address the diverse needs of members requiring behavioral health services. Through better coordinated behavioral and physical health services, the

program is meant to produce improved patient outcomes, greater provider accountability and flexibility when it comes to the delivery of appropriate care for each individual, and improved cost control for the State. Health Link providers are encouraged to ensure the best care setting for each patient, offer expanded access to care, improve treatment adherence, and reduce hospital admissions. In addition, the program is built to encourage the integration of physical and behavioral health, as well as, mental health recovery, giving every member a chance to reach his or her full potential for living a rewarding and increasingly independent life in the community.

What is Tennessee Health Link?

Tennessee Health Link is a team of professionals associated with a mental health clinic or other behavioral health provider who provides whole-person, patient-centered, coordinated care for an assigned panel of members with behavioral health conditions. Members who would benefit from Health Link will be identified based on diagnosis, health care utilization patterns, or functional need. They will be identified through a combination of claims analysis and provider referral.

Health Link professionals will use various care coordination and patient engagement techniques to help members manage their healthcare across the domains of behavioral and physical health, including:

- **Comprehensive care management** (e.g., creating care coordination and treatment plans)
- **Care coordination** (e.g., proactive outreach and follow up with primary care and behavioral health providers)
- **Health promotion** (e.g., educating the patient and his/her family on independent living skills)
- **Transitional care** (e.g., participating in the development of discharge plans)
- **Patient and family support** (e.g., supporting adherence to behavioral and physical health treatment)
- **Referral to social supports** (e.g., facilitating access to community supports including scheduling and follow through)

Another important aspect of Health Link is the focus on provider accountability for the outcomes of their patient panels. Rather than use a conventional fee for

service model for Health Link activities, the reimbursement model will be based on providing support to providers on a panel basis. Providers will have the flexibility to allocate resources and support across the members of their panels depending on the level of need at a particular point in time. The program will allow providers to perform activities in addition to the ones explicitly outlined if they are necessary for members to maintain progress. Providers will also be accountable for performance across a series of behavioral health and physical health outcome measures.

Providers that are able to achieve improvements in these measures will be eligible for additional incentive payments.

Did you know? There will be a strong case management and care coordination component to Tennessee Health Link, with a greater emphasis on:

- Addressing a member's physical health conditions in addition to their behavioral health needs
- Creating an interdisciplinary care team
- Interacting with medical and behavioral health providers
- Connecting collateral contacts with family and community organizations
- Improving patient recovery

How can Tennessee providers participate?

Behavioral health providers in Tennessee have the strongest therapeutic relationships with our members with significant behavioral health needs and therefore will be invaluable partners in our efforts to transform behavioral health care in Tennessee for the better. Providers must meet the following criteria to be eligible to participate in Tennessee Health Link:

- **Commitment:** Show evidence of collaboration with primary care providers
- **Minimum panel size:** 250 TennCare members
- **Practice type:** Be a recognized Community Mental Health Center (CMHC) or other provider (i.e., mental health clinic, Federally Qualified Health Center (FQHC), behavioral health specialty provider, primary care provider) with a strong commitment to TennCare members with high behavioral health needs

- **Tools:** Adoption of the State's care coordination tool and a documented plan to progress toward e-prescribing capabilities
- **Personnel:** Have the capability of providing behavioral health treatment on-site and identifying a Health Link care team that includes clinical care coordinators and case managers
- **Training:** All practices will have access to 2 years of practice transformation training and support through the State's provider training vendor. Practices are required to participate in trainings, including learning collaboratives and conferences

As providers begin operating as Health Links, they will be expected to perform all required Health Link activities for their members, as medically necessary, to be confirmed through encounter claims and audits conducted by TennCare's health plans. In addition, providers will be expected to achieve improvements in patient outcomes over time.

How will providers be compensated?

Providers who meet the requirements to become a Health Link practice in Tennessee will be assigned a panel of TennCare members who meet certain behavioral health identification criteria and will be provided a set of resources to manage their care. These supports will be provided in addition to the continued fee-for-service reimbursement for behavioral health treatment:

- **Practice transformation support:** Providers will receive in-kind support from the State and TennCare's health plans to make the clinical and organizational changes required to perform as successful Health Links. For their first two years in the program, practices will receive practice transformation training support from a State funded vendor.
- **New activity payments:** Providers will receive a rate for each member every month activities are delivered.
- **Outcome payments:** Outcome payments are intended to provide financial rewards for practices that succeed in increasing both efficiency and quality. Acceptable quality and efficiency outcomes must be achieved in order to receive bonus payments.

A commitment to increased information sharing

Health Link providers will have access to real-time patient information through the State's Care Coordination Tool. This web-based tool will allow providers to know when their patients have been admitted or discharged from a hospital or emergency room. Primary care and behavioral health providers will also be able to see if their patients need a preventive service, which patients may be at high risk for an acute episode, and what other services and prescriptions their patients have received from other providers.

Health Link providers will also receive detailed quality and efficiency reports from the TennCare health plans on a quarterly basis so that they can track their performance. These reports will be similar to the type of information currently provided in Episodes of Care provider reports. Core quality metrics will be measured to ensure that Health Link providers are meeting specified quality performance levels and to provide information practices can use to improve the quality of care they provide. In order to qualify for outcomes-based payments, practices must meet acceptable quality levels.

Timeline

Providers who are interested in being considered for Health Link status in Tennessee should be aware of the following timeline:

- **April 15, 2016 – May 15, 2016: Complete the Health Link provider application** for consideration to become a Health Link provider in the State. The application will be released on the TennCare website.
- **July 1, 2016: Health Link application decisions released** by the State. All providers who apply will receive notification about the status of their application decision.
- **By July 31, 2016: Initial Health Link member panel counts communicated** to providers by the health plans.
- **By October 1, 2016: Assigned Health Link member panels communicated** to Health Link providers.
- **December 1, 2016: Health Link program goes-live statewide.**

Frequently Asked Questions (FAQs)

Is the program mandatory for behavioral health providers in Tennessee?

No. This is not a mandatory program. However, we expect many behavioral health providers will see this as a great opportunity to improve care delivery for certain high need Medicaid patients. Providers who choose not to become Health Links can continue providing behavioral health treatment services as before; however, Level 2 Case Management services will all be moved to Health Link providers.

Which types of providers can apply to become Tennessee Health Links?

All Community Mental Health Centers (CMHCs) in Tennessee will be eligible to apply to become Health Links. In addition, other providers like Federally Qualified Health Centers (FQHCs), mental health clinics, primary care providers, and behavioral health specialty providers will be eligible to apply if they can prove a strong relationship with a substantial number of likely Health Link members.

How is Tennessee Health Link different from Level 2 Case Management?

Health Link is intended to include many of the activities associated with Level 2 Case Management, including patient check-ins and the provision of high-touch supports to enable treatment adherence. In addition, the Health Link care model involves a greater emphasis on coordination between the member's physical health and behavioral health. Health Link providers will have more flexibility than ever before to support their members in the most effective ways, including through collateral contacts with family and health care providers. Health Link also rewards providers for focusing on patient recovery, including independent living skills development.

What will happen to Level 2 Case Management under the new model?

All Level 2 Case Management will be transitioned to Tennessee Health Link. Payment for Level 2 Case Management services – as well as the new services being introduced as part of Health Link – will be included as part of the Health Link activity payments. Providers in Tennessee will no longer be able to bill the Level 2 Case Management service.

Are individuals served by Tennessee Health Link the same as those currently served by Level 2 Case Management?

All TennCare members who are receiving Level 2 Case Management when Tennessee Health Link goes live will be automatically enrolled in the new program. In addition, some members who are not currently served by Level 2 Case Management will also be eligible for Tennessee Health Link based on their behavioral health diagnoses and hospitalizations.