

Overview of the Physical Health Managed Care Organizations (PH-MCOs) Integrated Care Plan (ICP) Program

April 9, 2021

ICP Program Overview

- Implemented in Measurement Year (MY) 2015
- OMAP/PH - Exhibit B(2) PH-MCO and BH-MCO Integrated Care Plan (ICP) Pay for Performance Program
- The purpose of the program is to capture and monitor the case management activities of the PH/BH-MCOs population of members diagnosed with serious persistent mental illness (SPMI)

ICP Program Overview

In order to be eligible for an incentive payment under the ICP, the PH/BH-MCOs must submit the following specific data requirements for individuals with serious persistent mental illness (SPMI):

- 1. Member stratification** – Re-stratification shall be conducted on all members in the targeted SPMI population from the previous calendar year in January. New members shall have an initial stratification level established within sixty (60) days of the date of identification that a member has SPMI.

ICP Program Overview

- 2. Integrated Care Plan/Member Profile** – PH-MCOs must have at least **1200 members** that receive an ICP that has been used in care management activity by both the PH and BH MCO
- 3. Hospitalization Notification and Coordination** - Each PH-MCO and BH-MCO will jointly share responsibility for notification of all inpatient hospital admissions and will coordinate discharge and follow-up. Notification to the partner MCO of hospital admissions shall occur within one (1) business day of when the responsible MCO partner learns of the admission.

Performance Measures

1. Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)
 - i. Initiation rate
 - ii. Engagement rate
2. Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)
3. Combined BH-PH Inpatient 30 Day Readmission Rate for Individuals with Serious Persistent Mental Illness (SMI) (REA)
4. Emergency Department Utilization for Individuals with Serious Persistent Mental Illness (SPMI) (ER Util.)
5. Combined BH-PH Inpatient Admission Utilization for Individuals with Serious Persistent Mental Illness (SPMI) (IP Util.)

MY 2021 ICP Pay-for-Performance Changes

- Adding three new measures:
 1. Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications (SSD)
 2. Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9/0%) (HPCMI)
 3. Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC)
- Changes to Payment for PH-MCO Performance:
 1. Adding Benchmark Performance payout
 2. Revising Improvement Performance payout

Pay-for-Performance Changes Continued...

- An ICP will not count towards the required amount if the member has disenrolled from the PH/BH-MCO prior to the measurement year. An ICP will count towards the required amount if a member has an ICP and disenrolls from the PH/BH-MCO during the measurement year.
- The PH/BH-MCO is to share the ICP with both the Member and the member's Primary Care Provider (PCP)/BH Provider. Beginning in MY 2022 sharing the ICP with both the Member and member's PCP/BH Provider will become an eligibility requirement for an incentive payout.

Member Demographic Data

1. Member Name (Last, First, MI) _____

2. DOB (MM/DD/YYYY) _____

3. Gender _____

4. Phone Number _____

6. Home Address _____

7. Mailing Address _____

8. Medicaid ID _____

Utilization Information

Number of BH admissions in the past 12 months _____ Date of Last Discharge _____

Number of PH admissions in the past 12 months _____ Date of Last Discharge _____

Number of ED admissions in the past 12 months _____ Date of Last Discharge _____

Gaps in Care (12 month look-back, to include lab utilization and medical checks)

_____	_____	_____
_____	_____	_____

Pharmacy Use and Reconciliation History

1. Current Medication(s)

a. Medication _____

Dose _____

b. Medication _____

Dose _____

Care Team Demographics

1. PH PCP

a. Name _____

b. Address _____

c. Phone () ____ - _____

d. Specialty _____

2. BH Provider

a. Name _____

b. Address _____

c. Phone () ____ - _____

d. Specialty _____

3. PH MCO Contact

a. Name _____

b. Phone () ____ - _____

4. BH MCO Contact

a. Name _____

b. Phone () ____ - _____

Consent Status

1. Is there a consent on file? _____

2. Member has signed a Release of Information form for:

- HIV Information Effective Date _____ to _____
- Drug and Alcohol Effective Date _____ to _____
- Protected Health Information Effective Date _____ to _____

Member Goals

1. Health (the following care narrative should: identify needs, establish which MCO is primarily responsible for helping the member meet these needs, outline care coordination efforts, and detail outcomes as applicable)

2. Social Determinants of Health (the following narrative should: identify SDOH needs, establish which MCO is primarily responsible for helping the member meet these needs, outline care coordination efforts, and detail outcomes as applicable)

Roles of the HealthChoices PCMH

- Coordination of care at the provider level
- Work with the BH providers to address member's health needs
- Engaging the member in achieving their health goals and overcoming SDOH barriers.

Questions



QUESTIONS?

OMAP/OMHSAS ICP Contacts

- OMAP/PH
 - Michele Robison, Director, Division of Quality and Special Needs Coordination
 - mirobison@pa.gov
- OMHSAS/BH
 - Nancy Stadler, Director, Division of Quality Management
 - nstadler@pa.gov