

Molina Healthcare

2016 MAHP Summer Conference

Integrating the Medicaid Benefit: Lessons Learned and a Path Forward

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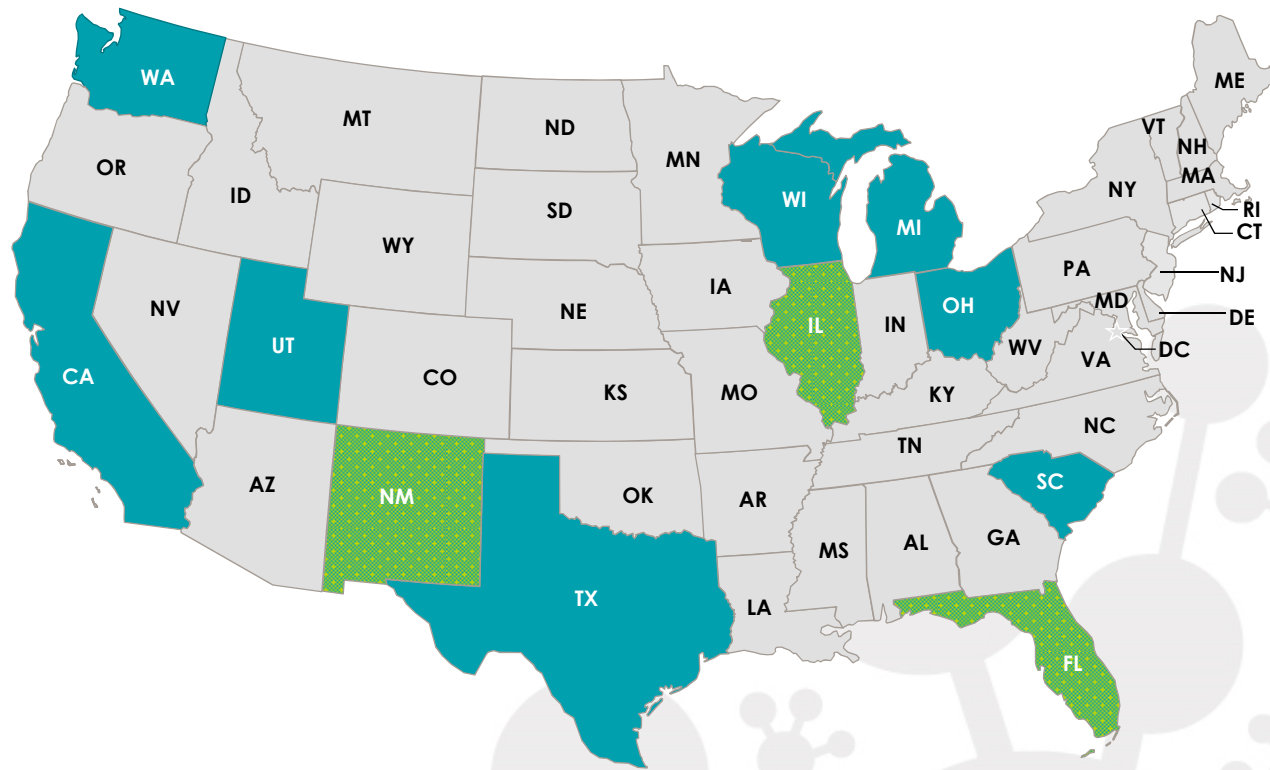
Your Extended Family.

Molina Health Plan Footprint

3.9 Million Members*

74% Medicaid

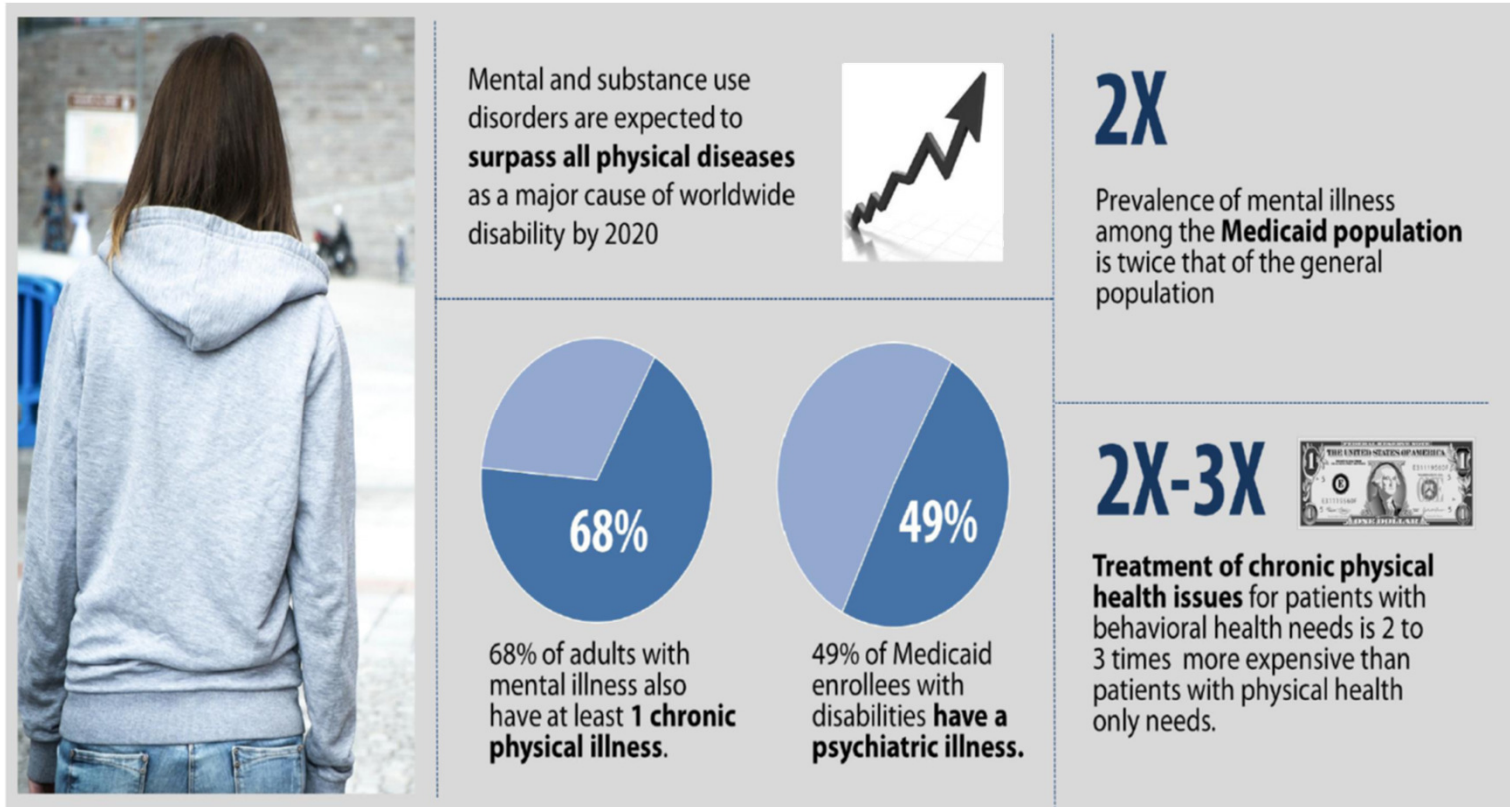
*as January 2016



 Molina Health Plan/Partial BH Integration

 Molina Health Plan/Full BH Integration

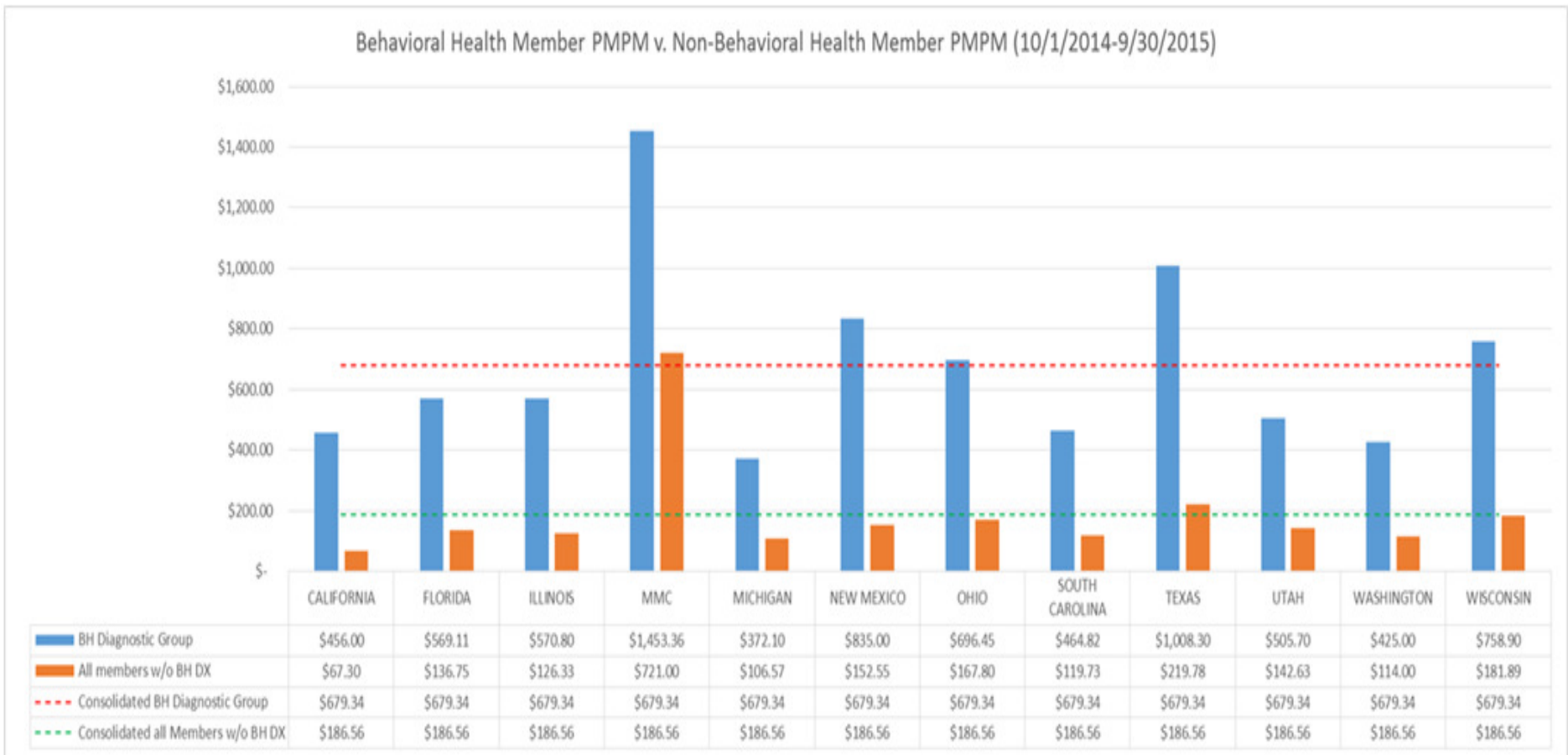
Diagnosis of Behavioral Health Conditions Increasing



Source: Annals of Internal Medicine: Crowley RA, Kirschner N, for the Health and Public Policy Committee of the American College of Physicians. The Integration of Care for Mental Health, Substance Abuse, and Other Behavioral Health Conditions into Primary Care: Executive Summary of an American College of Physicians Position Paper. Ann Intern Med. 2015;163:298-299. doi:10.7326/M15-0510

Impact of Behavioral Health Conditions on Physical Health

- Molina members with mental health and addiction diagnoses have significantly higher medical costs - across all LOBs, especially Medicare (noted MMC below)
- Focus on increasing behavioral health care



Integrating Behavioral Health

Broad Areas of Focus

- 9-12 months needed for a smooth and full transition
- Build an infrastructure
 - Provider network development - full continuum of services (contracting, credentialing, claims configuration, provider educational materials)
 - Member Services (benefits, call volume/staffing, complaint process, hand-off process; member educational materials, staff training needs)
 - Utilization Management/Case Management (determination of criteria to be used, complete a gap analysis of processes, P&Ps, job aides; determination of staffing core competency, clinical training materials, staffing model)

Integrating Behavioral Health

Broad Areas of Focus

- **Build an infrastructure**
 - **Pharmacy** (formulary, member education, medication therapy management processes, determination of staffing core competency)
 - **Quality** (gap analysis P&Ps, BH HEDIS interventions, NCQA standard review, clinical practice guidelines, staffing core competency)

Integrating Behavioral Health Lessons Learned

- **Undertreated/untreated mental health and substance use disorders drive medical costs**
 - **Increase detection via standardized screening (internal and via value-based contracting)**
 - **Initiate Collaborative Care* and partner with high volume PCP offices to standardize depression screening and support treatment and ongoing care**

Integrating Behavioral Health Lessons Learned

- **Undertreated/untreated mental health and substance use disorders drive medical costs**
 - **Build and enhance transitions of care processes, increase ‘boots-on-the-ground’, have a ‘meet the member where they are’ mentality; community based transitions of care coaches, Community Connectors, peer support**
 - **Focus on developing core BH competency in staff; even if choosing a vendor to manage the BH benefit; this cannot be overstated**

Discussion/Questions

