

Is a best practice model possible for Behavioral Health in the new health care environment?

National Dialogues on Behavioral Health –
Preconference

October 22, 2017 - (2:30 -3:45pm)

Leslie Schwalbe, Senior Vice President, State and Local
Governments

New Orleans, LA



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Health Benefits



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Health Services
\$83.6B FY16 revenue
132,000 employees

How will managed care contribute to the future of BH?

A modern, high performing, simpler health care system



Expand Access to Care

- Stable payments to care providers, higher value coverage for consumers
- New cost-effective state-federal partnerships that expand coverage and use effective and enhanced State-based administration systems and proven enrollment strategies



Make health care more affordable

- Promote value-based payments and advance consumer-directed care, cost and transparency tools, HSAs
- Limit excessive price increases and eliminate harmful taxes



Support and modernize Medicare

- Fund Medicare Advantage
- Modernize original Medicare



Reinvest in Health

- Create a 21st century workforce
- Enable data driven, interoperable system
- Invest in Medical and Health Services research and Innovation and prioritize prevention

How will managed care contribute to the future of BH?

- **Attention to HEDIS measures and closing gaps in care**
 - Rate of complications for people with diabetes cut in half between 1990 and 2010
 - Important to value-based contracting - more focused effort, provider QIP, STAR ratings, superior documentation requirements
- **Technology**
 - breakout years for telehealth
 - 98% of patient outcomes are based on what happens outside the physician's office
 - MyHealthcare cost tool (UHC) personalized estimates of the costs of care (transparency resources)
 - Data solutions for population health management – dashboard builds, short-report analytics, current and interactive capabilities
- **Identification & stratification of illnesses, greater attention to high resource users**
- **Integrated care**
- **Care coordination with lead provider agencies, including primary care, lessons learned**
- **Experience with value based contracts**
- **Peer Support, Community Health Workers, Navigators**
- **Full risk**

How will managed care address prevention, early intervention, employment, housing and other social determinants of health?

- **Rate structures in BH**
 - Will fee schedules adjust?
 - Will providers continue as the default?

- **Behavioral Health Homes**
 - Offer reimbursement within PMPM

- **States are pursuing CMS waivers for housing – CMS Information bulletin June 26, 2015, housing-related activities and services**
 - Washington Housing and Employment Services Waiver (10/2016).
 - No R&B but does include supported housing services for members who are chronically homeless, individuals with frequent or lengthy institutional or residential care; certain LTSS members with frequent turnover of in-home caregivers; members with PRISM risk score (expensive care and negative outcomes)

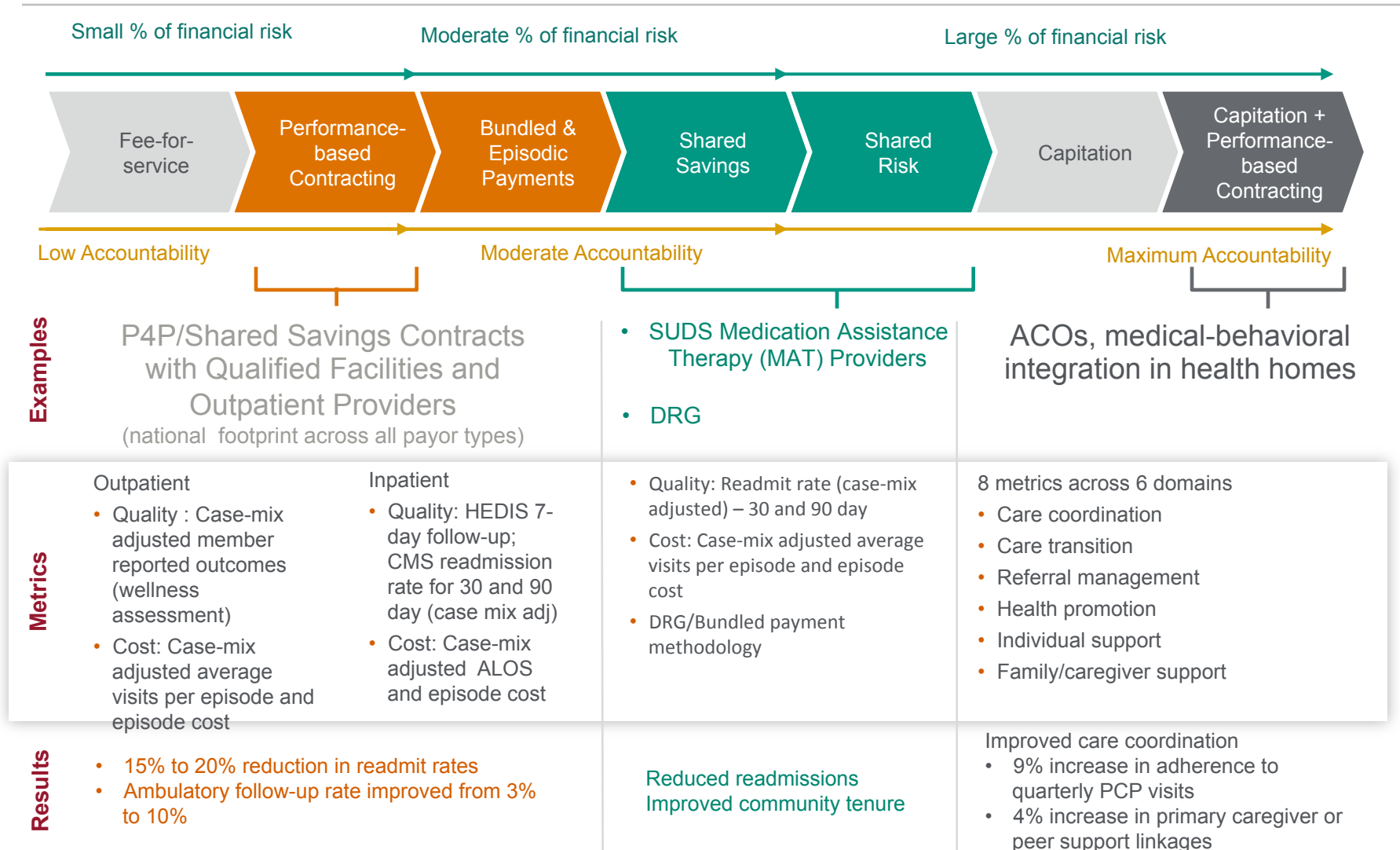
- **SDoH requirements seen in many integrated Medicaid RFPs**

How will managed care address prevention, early intervention, employment, housing and other social determinants of health?

- **The UnitedHealth Group Affordable Housing Investment Program** invests in projects that qualify for federal Low Income Housing Tax Credits (Housing Credit) or Historic Rehabilitation Tax Credits. The program provides critical equity for the development of affordable rental housing developments to which housing tax credits have been allocated. Program creates affordable housing with a focus on serving low-income families, households with special needs and the growing population of aging adults

- **MyConnections, myCommunity Connect Center – Maryvale, AZ**
 - Partnership with Chicanos Por La Causa, Inc. (CPLC)
 - Barriers to better health are often not clinical issues, but social and financial barriers
 - Social services, skills training, wellness rewards program, non-emergency medical transportation, connections to housing

What models exist and are being developed for measurement based care and value based payment?



Thank you.

Contact information:

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Value Based Purchasing – What are the best practices in financing, and how can these be adapted or used in the emerging healthcare environment?

National Dialogues on Behavioral Health

October 25, 2017 (8:45 – 11:00 am)

Leslie Schwalbe, Senior Vice President, State and Local
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New Orleans, LA



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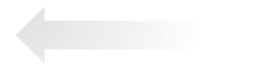
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Framework



- Lack of attribution (Behavioral Health Home may be an exception); members attributed to PCP



- High proportion of low volume members



- Readiness to Take Risk

Behavioral Health Contracting Strategies

Performance-based contracting

Providers are financially rewarded for meeting pre-established targets for delivery of healthcare services

- Collaborative Care Model
- Inpatient P4P
- Outpatient P4P
- Glide Path

Bundled and episodic payments

A flat payment for a bundled group of procedures, services and/or diagnostic category

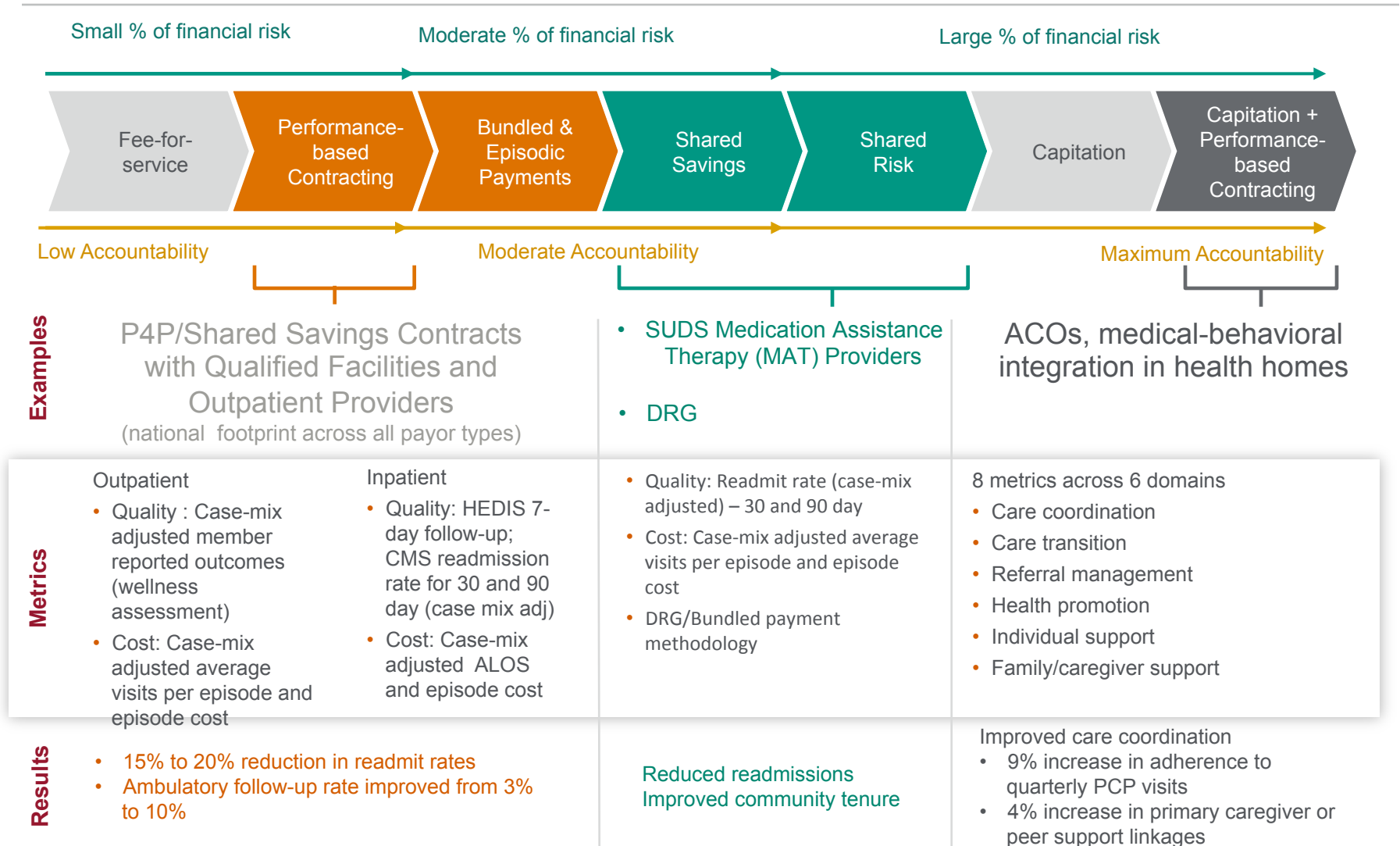
- DRG
- MAT bundles
- Tiered case rates

Shared savings and capitation

A set payment for each enrolled person assigned to that physician or group of physicians, whether or not that person seeks care, per period of time ; may include a Withhold and/or Performance Incentive

- Shared Savings
- Capitation (with quality incentives)
- Capitation

What are the best practices in financing?



Contracting models to promote integration

Integrated
ACO

Collaborative
Care Model

Enhancing
Medication
Assisted
Treatment
(MAT)

PCP
Incentives

GlidePath

Thank you.

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