Medicaid Managed Care Approaches to Confront Mental Health Inequities

Bailit Health

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Questions? Email Heather Howard at heatherh@Princeton.edu.

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Housekeeping Details

All participant lines are muted. If at any time you would like to submit a question, please use the Q&A box at the bottom right of your screen.

After the webinar, the slides and a recording will be available at **www.shvs.org**.

Agenda

- **Background**

- **State Medicaid Managed Care Approaches to Promoting Mental Health Equity**

- **Guest Perspectives**

- **Discussion**

Background

Definitions

Health Equity

- Everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, gender identity, sexual orientation, socioeconomic status, geography, or any other social barrier/factor.

Health Inequities

- Differences that are unfair and unjust without comparison to another group.

Disparities

- Avoidable differences in health outcomes experienced by people with one characteristic (e.g., race, gender, sexual orientation) as compared to the socially dominant group (e.g., White, male, cis-gender, heterosexual, etc.).

https://www.shvs.org/wp-content/uploads/2021/08/Talking-About-Anti-Racism-Health-Equity-1-of-3.pdf

Mental Healthcare Inequities in the U.S.

- Racism in healthcare, housing, food and nutrition, educational, and judicial systems contributes to health inequities.

- Inequities are well-documented, persistent, and lead to disparate health outcomes.

- The combined impact of structural racism and a fragmented and underfunded mental healthcare system produces disparities in access to mental health services, diagnoses, and treatment of mental health conditions, quality of care, and health outcomes.

Racism and Mental Health

"…the history of racism, bigotry, heterosexism, transphobia, ageism, and other discrimination in the United States is a constant source of stress which can lead to feelings of invalidation, negation, dehumanization, disregard, and disenfranchisement."
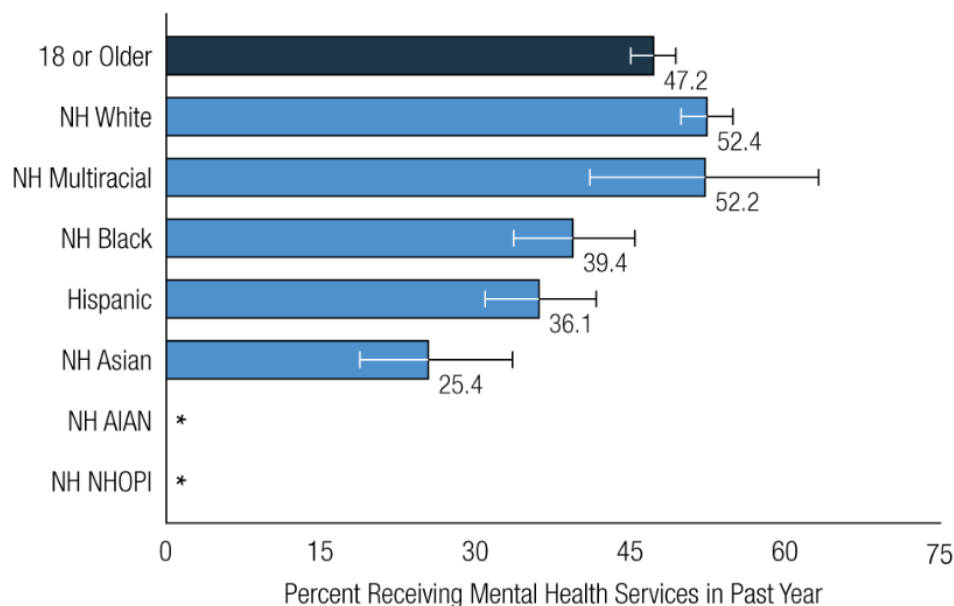
— The California Pan-Ethnic Health Network In Partnership with the California Reducing Disparities Project Partners

Source: *California Reducing Disparities Project Strategic Plan to Reduce Mental Health Disparities.* CA: California Pan-Ethnic Health Network; 2018. https://cpehn.org/assets/uploads/archive/resource_files/crdp_strategic_plan.pdf

Receipt of Mental Healthcare Services

FFR1.66

Mental Health Services Received in the Past Year: Among Adults Aged 18 or Older with Any Mental Illness in the Past Year; by Race/Ethnicity, 2021

18 or Older — 47.2
NH White — 52.4
NH Multiracial — 52.2
NH Black — 39.4
Hispanic — 36.1
NH Asian — 25.4
NH AIAN — *
NH NHOPI — *

Percent Receiving Mental Health Services in Past Year

* Low precision; no estimate reported.
AIAN = American Indian or Alaska Native; Black = Black or African American; Hispanic = Hispanic or Latino; NH = Not Hispanic or Latino; NHOPI = Native Hawaiian or Other Pacific Islander.
Note: Error bars were calculated as 99 percent confidence intervals. Wider error bars indicate less precise estimates. Large apparent differences between groups may not be statistically significant.
Note: Mental Health Services include any combination of inpatient or outpatient services, receipt of prescription medication, or virtual services.

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SAMHSA
Substance Abuse and Mental Health Services Administration

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2021

The Role of Medicaid in Promoting Equity in Mental Healthcare

- Medicaid is the single largest payer of mental health services.

- Medicaid serves a disproportionate number of people of color and individuals with low incomes, groups that also experience barriers to accessing mental healthcare.

- Nationally, comprehensive managed care plans serve more than 72% of Medicaid enrollees.

Purpose of the Issue Brief

Medicaid Managed Care Strategies to Reduce Racial and Ethnic Health Disparities in Mental Healthcare for Adults

Prepared by Bailit Health

STATE Health & Value STRATEGIES | *Driving Innovation Across States*

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- Highlights opportunities for Medicaid programs to implement managed care strategies that center equity in mental healthcare and improve mental health outcomes for adults.

- Focus of the brief is on mental health conditions, such as depression, anxiety, and schizophrenia, and not substance-use disorders.

State Medicaid Managed Care Approaches to Promote Mental Health Equity

Medicaid Managed Care Approaches

1 Direct quality improvement strategies to identify mental health disparities and successfully intervene to promote equity.

2 Facilitate access to clinical and non-clinical mental healthcare services.

3 Integrate mental healthcare and physical healthcare in primary care.

4 Address the lack of a racially and ethnically diverse mental health workforce.

1. Direct quality improvement strategies to identify mental health disparities and successfully intervene to promote equity

Activity	Description
Monitoring Performance.	Identify where disparities exist, the magnitude of the disparities, and targeted performance improvement initiatives. Approaches: Stratify mental healthcare measures of quality, access and patient experience by race and ethnicity to confirm and/or identify disparities and measure the impact of efforts to reduce them. States can then use the data to inform quality improvement initiatives or design performance improvement projects (PIPs).
Accountability for Performance.	Ensure managed care entities (MCEs) implement strategies to improve performance. Approaches: Public reporting; financial or non-financial incentives to improve performance.

Perspective from California Department of Health Care Services (DHCS)

2. Facilitate access to clinical and non-clinical mental healthcare services.

Activity	Description
Contracting with certain service providers.	Require MCEs to contract with certain covered service providers (e.g., crisis response providers for stabilization services) or provide flexibility in the mental healthcare services offered, such as through in lieu of services (ILOS).
Support for non-clinical workers transitioning to the Medicaid network.	Require MCEs to implement trainings for providers, including on Medicaid billing and coding processes; provide guidance on the scope of the roles of non-clinical workers to promote consistency across plans for providers.
Implement state directed payment approaches.*	Require MCEs to increase payment per service provided by a mental healthcare provider by a certain percentage or dollar amount; directed payments to community-based providers for outreach and education costs; promote value-based payment models.

*In accordance with federal rules under 42 CFR 438.6(c), which govern and limit states' abilities to direct certain types or levels of MCE payments to specific classes of providers.

3. Integrate mental health in primary care settings.

Activity	Description
Creating integrated care capacity in MCE networks.	Define integrated care and/or create standards for integrated care models and require MCE adherence; incorporate training requirements into the standards to ensure primary care providers, nurses, medical assistants, mental health clinicians, peer support service providers, and other members of the multi-disciplinary care team and practice are working together to support fully integrated and efficient care delivery, as envisioned; require MCEs to demonstrate their provider network includes integrated care settings.
Flexible payment approaches.	Permit provider billing of multiple services on a single day (if there are limits in place); expand billing codes to reflect models of integrated care; direct or encourage value-based payment models that provide flexibility to integrate care.

4. Address the lack of a racially and ethnically diverse mental health workforce.

Activity	Description
Creating standards of network adequacy.	Require MCEs to demonstrate how they are recruiting and retaining a network of racially and ethnically diverse mental healthcare providers to ensure access to and continuity of care; require indication of providers' cultural and linguistic capabilities (e.g., languages spoken, medical interpreter services available) in their provider directories.
Foster a culture of care and staff that is inclusive, responsive, and representative of the enrolled population.	Require implementation of the national CLAS* standards; require NCQA Health Equity (or Health Equity Plus) accreditation within a certain timeframe.

CLAS: Culturally and Linguistically Appropriate Services

Guest Perspectives

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Additional Resources

- *Promoting Health Equity in Medicaid Managed Care: A Guide for States* identifies steps Medicaid agencies can take to establish the internal building blocks to advance their equity goals.

- *State Health Equity Measure Set* provides states with a curated set of measures, including mental healthcare measures, that allows states to compare and track their state-wide performance over time on improving health equity.

- *Promising Approaches to Reducing Disparities in Birth-Related Health Outcomes in Medicaid* highlights state interventions and collaborations that demonstrate promise in reducing disparities and begin to center equity in birth-related health policies.

Discussion

The slides and a recording of the webinar will be available at www.shvs.org after the webinar

Thank You

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