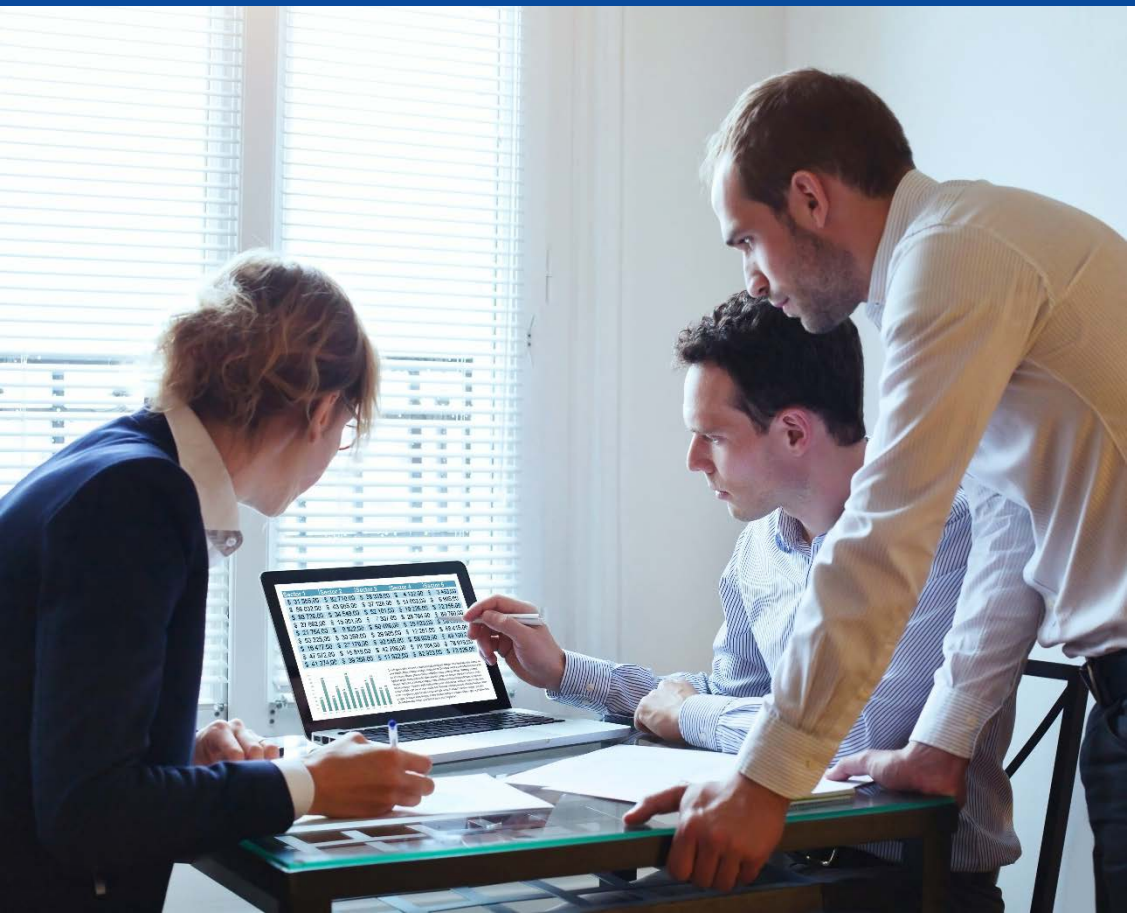
CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Medicaid Innovation Accelerator Program



Using Data to Better Understand Medicaid Populations with SMI

September 6, 2018

3:00 PM – 4:30 PM ET

IAP | Medicaid Innovation Accelerator Program

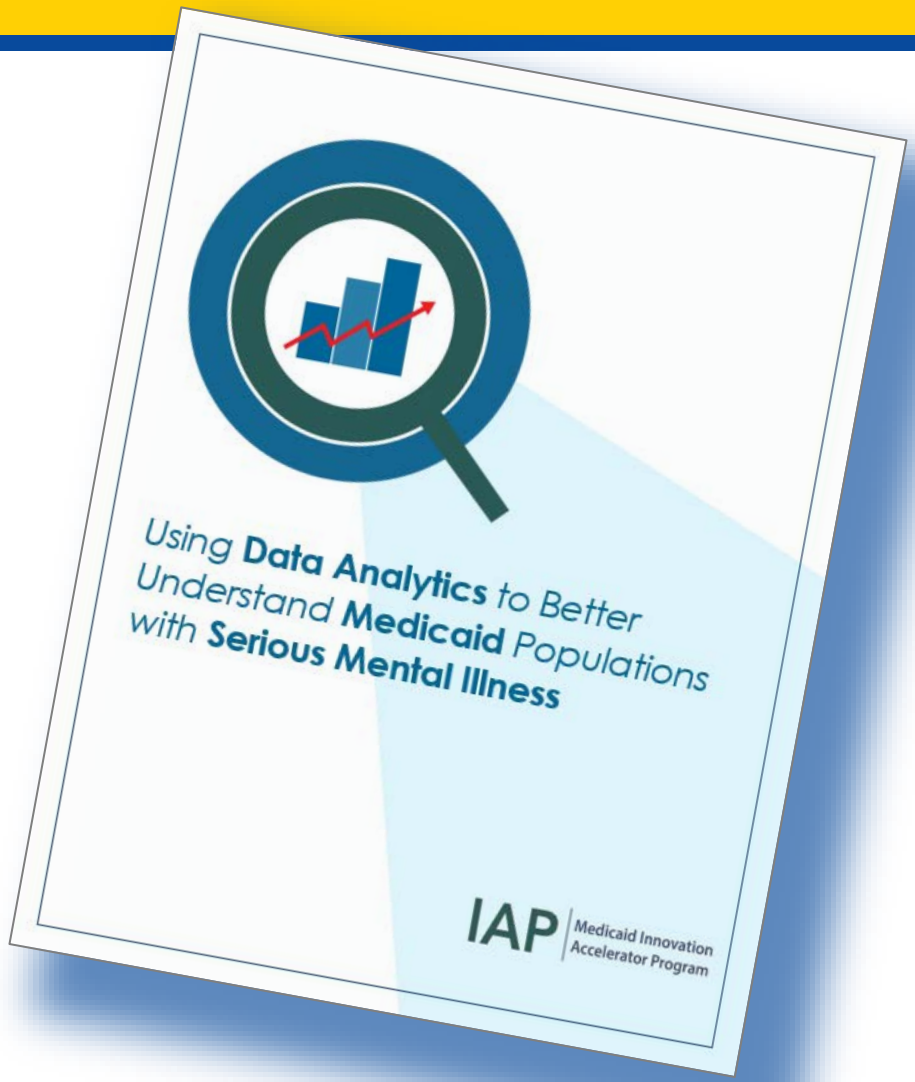
Logistics for the Webinar

- All lines will be muted
- To participate in a polling question, exit out of “full screen” mode
- Use the chat box on your screen to ask a question or leave a comment
  - Note: chat box will not be seen if you are in “full screen” mode

Welcome

David Shillcutt

Technical Resource for States



Agenda

- Welcome
- Introduction to IAP's Latest Technical Resource
- Preliminary Considerations
- Walk Through of Framework for Analyses
- State Medicaid Panel Perspectives
- Questions and Answers
- Takeaways

Key Presenters

- David Shillcutt, Medicaid IAP, CMS
- Suzanne Fields, IBM Watson Consultant
- Gina Eckart, Health Management Associates
- Izanne Leonard-Haak, Health Management Associates
- Dr. David Kelley, Pennsylvania Medicaid
- Dr. James Becker, West Virginia Medicaid
- Dr. Kate Neuhausen, Virginia Medicaid

Medicaid Innovation Accelerator Program

- Goal: To improve the health and health care of Medicaid beneficiaries, and to reduce costs by supporting states in their ongoing payment and delivery system reforms
- Launched in 2014 by the Centers for Medicare and Medicaid in collaboration with Center for Medicare and Medicaid Innovation
- Supports state Medicaid agencies to build capacity in key program and functional areas by offering targeted technical support, tool development, and cross-state learning opportunities

Introduction to IAP's Latest Technical Resource

Suzanne Fields

Poll #1

- Please select the types of data analyses your state Medicaid agency has conducted related to your Medicaid beneficiaries with SMI (select all that apply)?:
  - *Demographic make-up*
  - *Utilization of services*
  - *Costs associated with care*
  - *Other (please specify in chat box)*
  - *Have not done this type of analysis*

Understanding Medicaid Populations w/ Serious Mental Illness (SMI)

- Health care is moving from Fee-for-Service to value-based payments for quality and outcomes
- Improving quality and outcomes requires special focus on beneficiaries with complex needs and high cost (BCNs)
- A significant subgroup of BCNs are beneficiaries with SMI
- Medicaid covers 21% of adults with mental illness and 26 % of all adults with SMI[1]

[1] Kaiser Foundation Infographic (https://www.kff.org/infographic/medicaids-role-in-behavioral-health/)

Objectives

To outline preliminary steps states can take:

- To identify adult Medicaid beneficiaries with SMI
- To gain a better understanding of the population with SMI
- To provide information that can support future decision-making

Technical Resource Provides a Foundation

- Intended to assist Medicaid Directors, policy developers, data analytics staff and other program personnel
- Will help in understanding the types of analysis and information that can be generated using Medicaid claims and encounters data
- Can be modified, built upon, or combined, to meet state-specific needs
- Used in collaboration with state behavioral health authorities, can foster mutual understanding of Medicaid beneficiaries with SMI

Organization

- Background
- Preliminary Considerations
- ***Analysis of Beneficiary Data***
- ***Analysis of Utilization Data***
- ***Analysis of Cost Data***
- Further Possibilities for using Medicaid Data
- Next Steps

Preliminary Considerations

Gina Eckart Izanne Leonard-Haak Dr. David Kelley

Preliminary Consideration:
Scope of Analysis

- There is no one-size-fits-all scope for an analysis of the population with SMI
- The scope of the analysis and the characteristics of the population to be analyzed will influence the results
- State may want to consider using or adapting a definition of SMI currently used in the state, if feasible
- Important to ensure that the scope of analysis aligns with the state's Medicaid policy and program priorities

Poll #2

- For states that are just contemplating where to start scoping a deep data dive, where do you think your state might begin?
  - *Using a set of **diagnostic codes** (e.g. for major depression, bipolar disorder, and schizophrenia)*
  - ***Refining** target population **based on service utilization** (e.g. beneficiaries with at least one inpatient or outpatient visit for depression, bipolar, or schizophrenia in the past year)*
  - ***Refining** target population **based on pharmacy claims** (e.g. beneficiaries with depression, bipolar, or schizophrenia receiving an antipsychotic or mood stabilizer in the last year)*
  - ***Other (please specify in chat box)***
  - ***Not sure** where to start*

Preliminary Consideration:
SMI vs. Comparison Group

States may want to:

- Use a comparison group of adult Medicaid population without SMI
  - Contrasting population with SMI with others will help in understanding how the population with SMI differs in experience, access, and costs, compared to other adult populations
- Consider other adult populations for comparisons, e.g.:
  - High utilizers of emergency departments
  - 65+ group; primarily receive services through Medicare
  - Institutional populations with high costs; may skew overall results

Preliminary Considerations:
Data Available from Claims & Encounters

- Claims and encounters are a very rich source of basic information on a state's population with SMI
- Claims and encounters data provide information on:
  - beneficiaries' diagnoses
  - age, gender, eligibility status
  - type of service and service usage
  - costs
  - place of service (e.g. home, office, hospital emergency department, behavioral health clinic)
  - in some cases, also includes health home, ACO or other care management initiatives
- Not a perfect source, but a very good start

Dr. Kelley – Chief Medical Officer, Pennsylvania Office of Medical Assistance

PA SMI Innovations Project: Similar Preliminary Considerations

- Defined focus population
  - Beneficiaries with SMI with high cost/high needs
  - Included schizophrenia and bipolar disorder
- Identified comparison groups
  - Two sites (southeast and southwest)
  - Comparison groups for both sites
- Used encounter data for analysis
  - Physical health and behavioral health encounter data used

Walk Through of Framework for Analyses

Izanne Leonard-Haak

Organizing Framework for Analyses

A. Beneficiary
   1. Size of Population with SMI
   2. Categorizing SMI Diagnoses
   3. SMI Demographics
   4. Co-occurring Conditions

B. Utilization
   5. Top Services Utilized
   6. Utilization of Selected Procedures
   7. Average Length of Stay for Inpatient Hospitalizations

C. Cost
   8. Average Cost of Care
   9. Top Cost Drivers

Core analyses are only suggestions; can be modified, combined, or built-upon, to meet state-specific needs

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Organization of Core Analyses

1. Questions to Be Answered
2. Medicaid Data Required for Analysis
3. Approach to Analysis*
4. Sample Output**
5. Conclusion

* Not meant to provide specific programming logic or define a specific set of detailed queries

** Mock Data: All data provided in the Technical Resource are sample data only and should not be used as benchmarks

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Sample Analysis: *Co-occurring Conditions*

1. Questions to Be Answered

- What is the prevalence of the selected co-occurring chronic physical health conditions among the population with SMI?
- How does the comparison group population's co-occurring chronic physical health conditions compare to the population with SMI?

Sample Analysis: *Co-occurring Conditions*

2. Data Needed

- Previously created data sets
  - Reference table – population with SMI created in #1
  - Reference table – comparison group population created in #1
- Selected physical health ICD-9/ICD-10 diagnosis codes
- Claims and encounters data:
  - Beneficiary identifier
  - Dates of service
  - Diagnosis codes

Sample Analysis: *Co-occurring Conditions*

3. Approach

a. Access the two populations created in #1 (the population with SMI and the comparison group population)

b. Select the physical health conditions and the related diagnosis codes for the analysis

c. Query each population for the presence of a claim or encounter with one of the selected physical health diagnoses in the primary or secondary diagnosis fields

Continued on next slide

Sample Analysis: *Co-occurring Conditions*

3. Approach (continued)

d. Calculate the following:

- **SMI Count**: the total number of Medicaid beneficiaries with SMI identified in #1 who have at least one claim with a selected physical health condition
- **Percentage with SMI:** the number of Medicaid beneficiaries with SMI who have an identified physical health condition, divided by the total number of Medicaid beneficiaries with SMI, expressed as a percentage
- **Comparison Group Count & Percentage:** Apply the same methodology as above to determine the count and percentage

Sample Analysis: *Co-occurring Conditions*

4. Sample Output

Physical Health Condition	SMI Count	Percent with SMI	Comparison Group Count	Percent of Comparison Group
Total Population	4,727	100%	81,273	100%
Unduplicated population with at least one physical health condition listed below	2,284	48.32%	40,297	49.58%
Tobacco Use Disorder	1,905	40.30%	16,063	19.67%
Pulmonary Disease	1,807	38.23%	23,013	28.32%
Diabetes	1,781	37.68%	19,960	24.56%
Obesity	1,691	35.77%	11,803	14.52%
Respiratory Disorders	1,243	26.30%	13,569	16.70%
Substance Use Disorder	1,162	24.58%	3,782	4.65%
Hypertension	984	20.82%	14,322	17.62%
Hepatitis C	834	17.64%	15,173	18.67%
Hyperlipidemia	532	11.25%	4,839	5.95%
Cardiovascular Disease	450	9.52%	5,731	7.05%
Human Immunodeficiency Virus	42	0.89%	535	0.66%

Data included in the table is mock data

Sample Analysis: *Co-occurring Conditions*

5. Conclusion (partial excerpt)

- Identifying the prevalence of behavioral health diagnoses among adult beneficiaries with SMI provides early indicators of conditions that may be driving utilization of cost
- Comparing the population with SMI and the comparison group helps states understand where more targeted interventions versus more globally applicable education or care management programs are needed

Analysis of Beneficiary Data

#1 - Count and Percentage of Adults w/SMI and Comparison Group

Sample Questions

- What is the unduplicated count of the adult Medicaid population with SMI and the percentage of this population as part of the total Medicaid population?
- What is the unduplicated count and percentage of the Medicaid population contained in the comparison group?

#1 - Count and Percentage of Adults w/SMI and Comparison Group

Sample Output

Adult Population	Unduplicated Count	Percent of Adult Medicaid
Total State Medicaid Population	86,000	100%
Comparison Group	81,273	94.51%
Population With SMI	4,727	5.49%

Data included in table is mock data

#2 - Categorizing SMI Diagnoses

Sample Questions

- What are the most prevalent behavioral health diagnoses among adults with SMI?
- Which behavioral health diagnoses are the most prevalent in the comparison group?
- Are there behavioral health diagnoses that may require reconsideration of the scope of the analyses?

#2 - Categorizing SMI Diagnoses

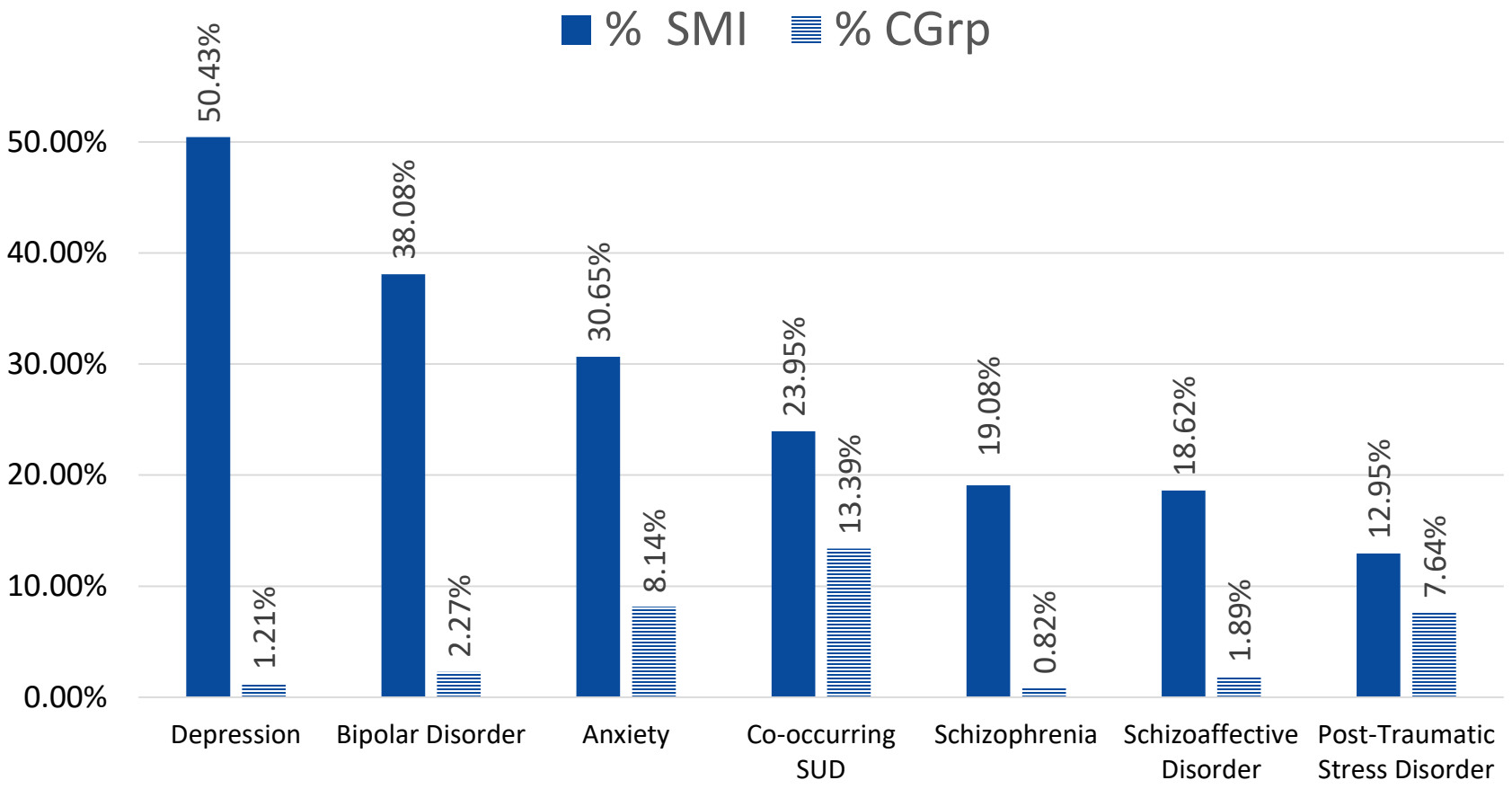
Sample Output

Diagnosis Category	SMI Count	Percent with SMI	Comparison Group Count	Percent of Comparison Group	Total Adult Medicaid	Percent of Adult Medicaid
Unduplicated Count of Beneficiaries with SMI from #1	4,727	100.00%	81,273	100.00%	86,000	100.00%
Depression	2,384	50.43%	983	1.21%	3,367	3.92%
Bipolar Disorder	1,800	38.08%	1,845	2.27%	3,645	4.24%
Anxiety	1,449	30.65%	6,615	8.14%	8,064	9.38%
Co-occurring SUD	1,132	23.95%	10,882	13.39%	12,014	13.97%
Schizophrenia	902	19.08%	667	0.82%	1,569	1.82%
Schizoaffective Disorder	880	18.62%	1,536	1.89%	2,416	2.81%
Post-Traumatic Stress Disorder	612	12.95%	6,209	7.64%	6,821	7.93%

Data included in the table is mock data; beneficiary counts are unduplicated within each diagnosis but, not across diagnoses

#2 - Percentage of Diagnosis Among Adults w/SMI and Comparison Group

Sample Output (Graph)



Data included in the graph is mock data

#3 - Statewide Adult Population w/SMI Stratified by Age, Gender, etc.

Sample Questions

- What is the age distribution of adult Medicaid beneficiaries with SMI, and how does it compare to the age distribution of the Medicaid population?
- How are adult Medicaid beneficiaries with SMI distributed among race and ethnicity categories?
- How are adult Medicaid beneficiaries with SMI distributed among gender categorizations?
- What Medicaid programs and delivery systems in the state serve the population with SMI?

#3 - Statewide Adult Population w/SMI Stratified by Age, Gender, etc.

Sample Output

SMI Profile Category	Subcategory	SMI Count /Percent	Comparison Group Count/Percent	Medicaid Total
Total Adult Population	Total Population	4,727	81,273	86,000
Median Age	Median Age	47.98	51.14	50.97
Age	Age 18-24	41.82%	54.44%	53.75%
	Age 25-64	38.08%	24.99%	25.71%
	Age 65+	20.10%	20.57%	20.54%
Gender	Female	52.10%	51.90%	51.91%
	Male	47.90%	48.10%	48.09%
Race	Asian	1.60%	1.54%	1.54%
	Black	7.30%	7.49%	7.48%
	Multiracial	0.70%	0.83%	0.82%
	Native American	0.20%	0.24%	0.24%
	White	90.20%	89.90%	89.92%
Ethnicity	Hispanic	15.20%	14.70%	14.73%
	Non-Hispanic	84.80%	85.30%	85.27%
Geography	Frontier	1.35%	1.64%	1.62%
	Rural	23.75%	24.74%	24.69%
	Urban	74.90%	73.62%	73.69%
Medicaid Delivery System	Fee for Service	23.10%	18.40%	18.66%
	Managed Care	76.90%	81.60%	81.34%
Medicaid Program	Medicaid	81.01%	78.30%	78.45%
	Medicaid Expansion	18.99%	21.70%	21.55%
Other	Dual-Eligibles	38.71%	15.21%	16.46%

Data included in the table is mock data

#4 – Co-occurring Chronic Physical Health Conditions

(Repeated for illustration purposes)

Sample Questions

- What is the prevalence of the selected co-occurring chronic physical health conditions among the population with SMI?
- How does the comparison group population's co-occurring chronic physical health conditions compare to the population with SMI?

#4 – Co-occurring Chronic Physical Health Conditions

(Repeated for illustration purposes)

Sample Output (Table)

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#4 – Co-occurring Chronic Physical Health Conditions

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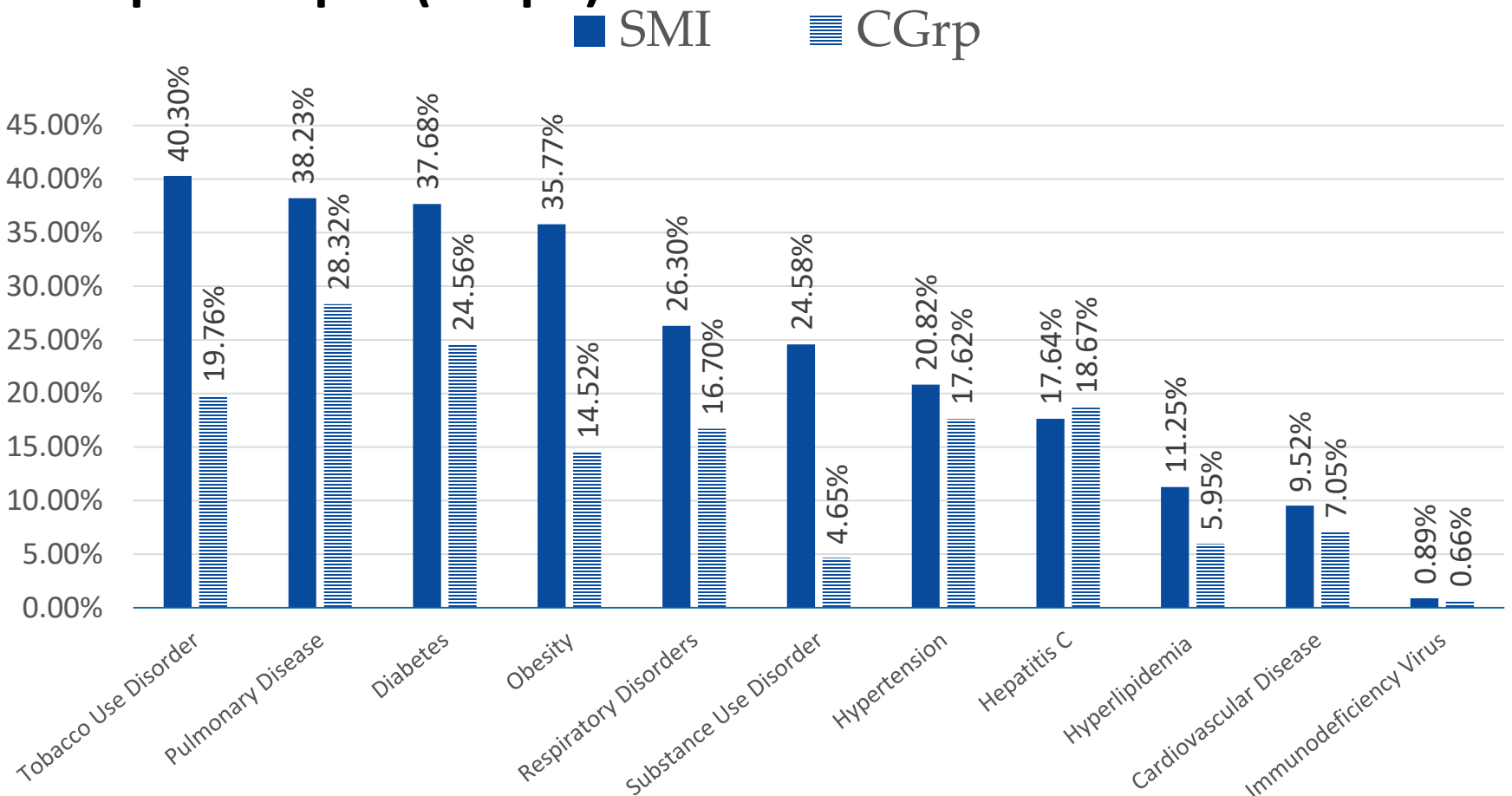
Sample Output (Graph)



Data included in the graph is mock data

Analysis of Utilization Data

#5 - Top Services Utilized by the Population w/SMI and Comparison Group by Volume

Sample Questions

- What are the top services/procedures for the population with SMI in terms of volume?
- What is the total volume of these services for the population with SMI compared to the comparison group?
- What is the utilization rate (units per thousand) for those services in both the population with SMI and the comparison group?

#5 - Top Services Utilized by the Population w/SMI and Comparison Group by Volume

Sample Output

Procedure Code	Procedure Description	Total Services Used by SMI	Services Used by SMI Per 1,000	Total Services Used by Comparison Group	Comparison Group Per 1,000
99285	EMER DEPT HIGH SEVERITY&THREAT FUNCJ	8,643	1,828	10,936	135
99284	EMER DEPT HI SEVERITY&URGENT EVAL	6,704	1,418	7,808	96
90937	HEMODIALYSIS REPEATED EVAL +-REVJ DIAL RX	5,792	1,225	23,079	284
85610	PROTHROMBIN TM	5,741	1,214	35,654	439
A0425	GROUND MILEAGE (AMBULANCE)	5,589	1,182	5,711	70
80048	BASIC METABOLIC PANEL CALCIUM TOTAL	5,500	1,164	15,097	186
G0463	HOSPITAL OUTPATIENT CLINIC VISIT	5,234	1,107	417	5
93005	ECG ROUTINE ECG W/LEAST 12 LDS TRCG ONLY W/O I&R	4,816	1,019	5,919	73
A0427	ALS1-EMERGENCY (ADVANCED LIFE SUPPORT)	3,713	786	3,627	45
70450	CT HEAD/BRN C-MATRL	3,447	729	4,547	56
99283	EMER DEPT MODERATE SEVERITY	2,370	501	4,083	50

Data included in the table is mock data

#6 - Select Behavioral Health Procedures by Volume

Sample Questions

- What is the utilization of the selected behavioral health services?
- Do there appear to be gaps in service use?

#6 - Select Behavioral Health Procedures by Volume

Sample Output

Procedure Code	Description	Count of Beneficiaries	Total Units
90792	Pharmacologic Management	3,709	20,519
90804	Individual Therapy 20 – 30 min	3,478	71,307
90847	Family Psychotherapy	1,885	5,919
90887	Other Psychiatric Services or Procedures	1,604	2,005
H0031	Mental Health Assessment, by Non-physician	1,576	1,582
H0001	Alcohol and/or Drug Assessment	1,393	1,401
90853	Group Psychotherapy	1,087	13,044
90801	Diagnostic Interview Examination	972	3,710
H2011	Crisis Intervention Service, per 15 minutes	953	4,168
H2012	Behavioral Health Day Treatment, per hour	372	134,020
99201	New Patient Office Visit	129	770
H2021	Community-based Wrap-around Services, per 15 mins	51	1,112
H0015	Alcohol and/or Drug Services; Intensive Outpatient	42	714
H2019	Therapeutic Behavioral Services, per 15 minutes	37	185
H0006	Alcohol and/or Drug Services; Case Management	28	2,031
H0025	Behavioral Health Prevention Education Service	23	244
99221	Admission History and Physical; Exam	18	54
90816	Individual Psychotherapy	17	147
H0024	Behavioral Health Prevention Information Dissemination Svc	12	116
H0046	Mental Health Services, Not Otherwise Specified	7	287
H0047	Alcohol and/or Other Drug Abuse Svcs., Not Otherwise Spec.	2	142

Data included in the table is mock data

#7 – Average Length of Stay in Days

Sample Question

- How does the Average Length of Stay (ALOS) for each facility type compare between the population with SMI and the comparison group population?

#7 – Average Length of Stay in Days

Sample Output

Facility	SMI Admissions	SMI Total Days	SMI ALOS	Comparison Group Admissions	Comparison Group Total Days	Comparison Group ALOS
Inpatient – Acute Hospital	3,214	13,499	4.2	1,807	2,891	1.6
Inpatient – Psychiatric Hospital	1,824	24,978	13.69	28	134.4	4.8
Skilled Nursing	231	347	1.5	341	273	0.8

Data included in the table is mock data

Analysis of Cost Data

#8 - Average Cost of Care for Adults w/SMI

Sample Questions

- What is the average annual Medicaid total cost of care for non-dually eligible SMI beneficiaries versus non-dually eligible comparison group beneficiaries?
- What is the average annual Medicaid total cost of care for dually-eligible SMI beneficiaries versus dually-eligible comparison group beneficiaries?
- What is the average Medicaid total cost of care by selected behavioral health diagnoses in the population with SMI?

#8 - Average Cost of Care for Adults w/SMI (Non-Duals)

Sample Output

Adult Non-Duals Population/Selected Diagnosis Categories	Count of Beneficiaries	Total Annual Expenditures	Average Annual Expenditures Per Beneficiary	Monthly Per Member Per Month
Total Medicaid Population	71,844	$310,727,030	$4,325	$360.44
Comparison Group	68,911	$284,978,543	$4,135	$344.58
Adults with SMI	2,897	$41,617,966	$14,365	$1,197.08
Bipolar Disorder	887	$5,103,461	$16,322	$1,360.17
Schizophrenia	424	$3,767,616	$17,856	$1,488.00
Schizoaffective Disorder	422	$4,360,872	$10,002	$833.50

Data included in the table is mock data; beneficiary counts are unduplicated within each diagnosis but not across diagnoses

#8 - Average Cost of Care for Adults w/SMI (Dual-Eligibles)

Sample Output

Adult Duals Population/Selected Diagnosis Categories	Count of Beneficiaries	Total Annual Expenditures	Average Annual Expenditures Per Beneficiary	Monthly Per Member Per Month
Total Medicaid Population	14,156	$285,993,668	$20,203	$1,683.59
Comparison Group	12,362	$156,720,660	$12,678	$1,056.50
Adults with SMI	1,830	$60,814,560	$33,232	$2,769.33
Bipolar Disorder	913	$41,085,000	$45,000	$3,750.00
Schizophrenia	478	$27,017,516	$56,522	$4,710.17
Schizoaffective Disorder	458	$7,018,392	$15,324	$1,277.00

Data included in the table is mock data; beneficiary counts are unduplicated within each diagnosis, but not across diagnoses

#9 - Top Services Delivered to Medicaid Beneficiaries w/SMI by Cost

Sample Questions

- What are the top services/procedures for the population with SMI in terms of cost?
- What is the total cost of each of these services for the population with SMI compared to the comparison group?
- What is the PMPM cost for these services in both the population with SMI and the comparison group?

#9 - Top Services Delivered to Medicaid Beneficiaries w/SMI by Cost

Sample Output

Procedure Code	Procedure Description	Annual SMI Total	Annual SMI PMPM	Annual Comparison Group Total	Annual Comparison Group PMPM
99285	EMER DEPT HIGH SEVERITY&THREAT FUNCJ	$4,522,883	$79.73	$5,404,048	$5.54
99284	EMER DEPT HI SEVERITY&URGENT EVAL	$2,130,105	$37.55	$2,580,068	$2.65
A0427	ALS1-EMERGENCY (ADVANCED LIFE SUPPORT)	$2,038,195	$35.93	$1,991,048	$2.04
A0425	GROUND MILEAGE AMBULANCE	$1,662,184	$29.30	$1,944,252	$1.99
74177	CT ABD & PELVIS W/CONTRAST	$816,695	$14.40	$1,333,611	$1.37
70450	CT HEAD/BRN C-MATRL	$723,857	$12.76	$959,406	$0.98
99283	EMER DEPT MODERATE SEVERITY	$448,023	$7.90	$860,909	$0.88
99291	CC E/M CRITICALLY ILL/INJURED 1ST 30-74 MIN	$434,853	$7.67	$498,180	$0.51
J9310	RITUXIMAB CANCER TREATMENT	$428,107	$7.55	$1,106,453	$1.13
26615	OPEN TX METACARPAL FRAC SINGLE EA BONE	$399,867	$7.05	$230,954	$0.24

Data included in the table is mock data

State Medicaid Panel Perspectives

- Dr. James Becker

- Dr. Kate Neuhausen

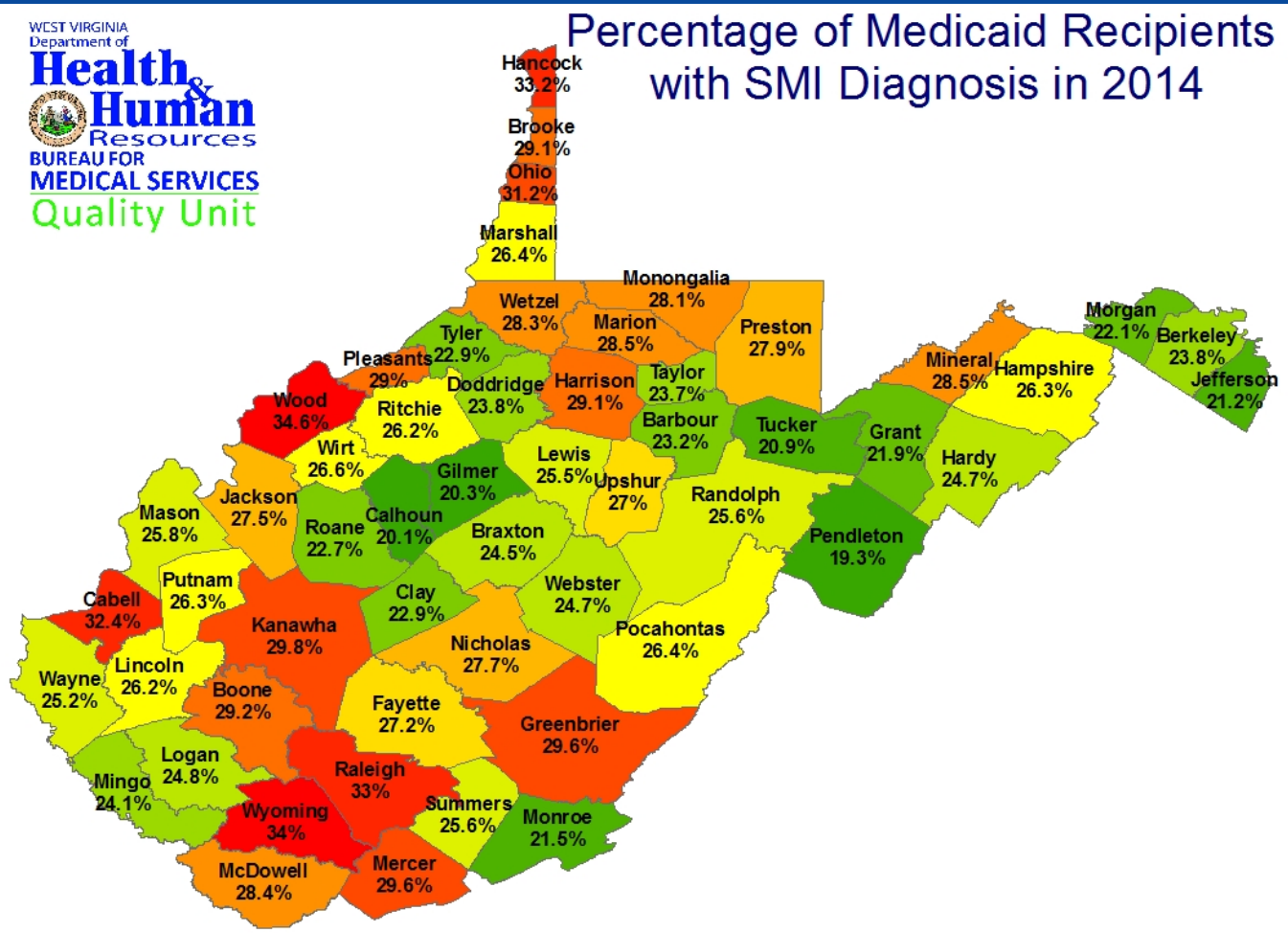
- Dr. David Kelley

Dr. Becker – Medical Director, West Virginia Bureau of Medical Services

West Virginia Health Homes (HH): SMI Data Analysis

1. Program design: vulnerable populations/high risk behaviors/disease rates
2. Utilization of services patterns
   - e.g. Geographic distribution, ED access
3. Analysis of beneficiaries with co-occurring conditions
   - Obesity with comorbid depression
   - Anxiety with SUD

Dr. Becker – Medical Director,
West Virginia Bureau of Medical Services



IAP Medicaid Innovation Accelerator Program

Dr. Becker – Medical Director,
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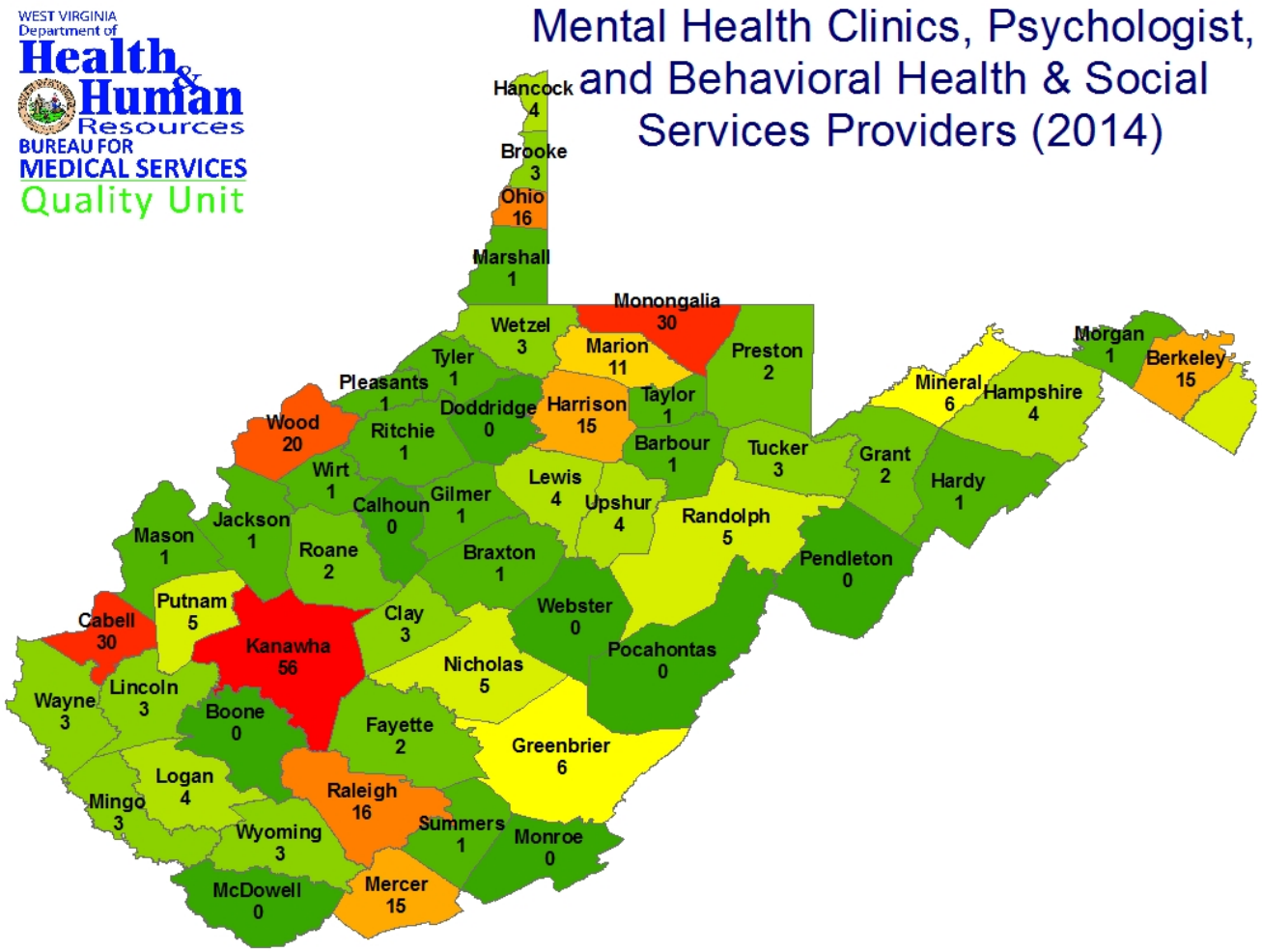

IAP Medicaid Innovation Accelerator Program

Dr. Becker – Medical Director,
West Virginia Bureau of Medical Services

- In the first year of the HH program, 1500 patients with SMI were offered care coordination. Patients who stayed continuously engaged for 10 or more months had significant savings against historical spend and control population.
- Lessons learned:
  - Screen for outliers
  - Spot misleading data
  - Define high utilization
  - Work and test the data

Dr. Neuhausen – Chief Medical Officer, Virginia Department of Medical Assistance Services

Addiction and Recovery Treatment Services (ARTS) Program:

- Used data analysis to identify population with SUD and geographic "hot spots"
- Implemented comprehensive continuum of evidence-based addiction treatment services based on American Society of Addiction Medicine (ASAM) in April 2017
- Independent evaluation by Virginia Commonwealth University is demonstrating impact of program including:
  - Increases in providers treating Medicaid members with SUD and OUD
  - Increases in SUD and OUD treatment rates
  - Decreases in ED visits and hospitalizations
- Data from evaluation is identifying populations such as pregnant women that still have inadequate access to treatment and informing future interventions

Dr. Neuhausen – Chief Medical Officer, Virginia Department of Medical Assistance Services

Virginia Commonwealth University Evaluation: Increase in pregnant members with Substance Use Disorder (SUD) and Opioid Use Disorder (OUD) receiving treatment

Beneficiaries	**Before ARTS** Apr 2016 - Mar 2017	After ARTS Apr 2017 - Mar 2018	Percent Change
Total number of pregnant members with SUD	2,993	3,188	7%
Pregnant members with SUD receiving any SUD treatment	62	575	827%
Percent receiving treatment	**2%**	**18%**	**780%**
Total number of pregnant members with OUD	1,028	1,056	3%
Pregnant members with OUD receiving any OUD treatment	42	262	524%
Percent receiving OUD treatment	**4%**	**25%**	**507%**
Total number of pregnant members with SUD	2,993	3,188	7%

Dr. Neuhausen – Chief Medical Officer, Virginia Department of Medical Assistance Services

Lesson Learned/Next Steps:

- Up-front data such as from SMI analysis can help inform more targeted and effective programs and interventions
- Virginia Medicaid is implementing an Enterprise Data Warehouse
  - House encounter and claims data
  - Building connections to as many sources of relevant data as possible, including public health/vital statistics data, Emergency Department Admission/Discharge/Transfer feeds, lab data, social determinants, and Health Risk Assessment data
  - Populate population health dashboards
  - Data will inform all future program design and implementation

Dr. Kelley – Chief Medical Officer, Pennsylvania Office of Medical Assistance

PA SMI Innovations Project: Similar Preliminary Considerations

- Defined focus population
  - Beneficiaries with SMI with high cost/high needs
  - Included schizophrenia and bipolar disorder
- Identified comparison groups
  - Two sites (southeast and southwest)
  - Comparison groups for both sites
- Used encounter data for analysis
  - Physical health and behavioral health encounter data used

Dr. Kelley – Chief Medical Officer, Pennsylvania Office of Medical Assistance

Results of Pennsylvania SMI Innovations Program[2]

Region	Pilot Population	Comparison Group
Southeast	5.7% decline in ED Visits	10.5% increase in ED Visits
Southwest	13.3% decline in ED visits; Decline in mental health hospitalizations and readmissions	1.4% increase in ED visits; Increase in mental health hospitalizations and readmissions

[2]Source for Results of PA SMI Innovations Program (http://www.chcs.org/media/PA_SMI_Innovations_1001122.pdf)

Questions and Answers

Suzanne Fields and State Medicaid Panel

Poll #3

Please select the types of additional analyses related to the population with SMI that would be most helpful to you (check all that apply):

- Provider Access
- Deeper Dive into Service Utilization
- Hospitalizations, Readmissions, and ED use
- Medication Utilization
- Corrections
- Other (please specify in chat box)

Takeaways

Suzanne Fields

Takeaways

- The Technical Resource can be used to help states gain a better understanding of the population with SMI
- Comparison groups can help to more easily identify disparities (e.g. Pennsylvania)
- Structured analyses can illuminate high utilization and cost outliers (e.g. West Virginia)
- Organizing data, such as geo-mapping, can spotlight hotspots and provider shortages (e.g. West Virginia)
- Focused analyses can help inform targeted and effective programs and interventions (e.g. Virginia)

Where Can You Find the Resource?

Link to Beneficiaries with Complex Care Needs and High Costs Program Area: https://www.medicaid.gov/state-resource-center/innovation-accelerator-program/program-areas/beneficiaries-with-complex-needs/index.html

Thank You!

Thank you for joining us for this webinar about

Using Data to Better Understand Medicaid Populations with SMI!

Please complete the evaluation form

following this presentation.

Contact Information: MedicaidIAP@cms.hhs.gov