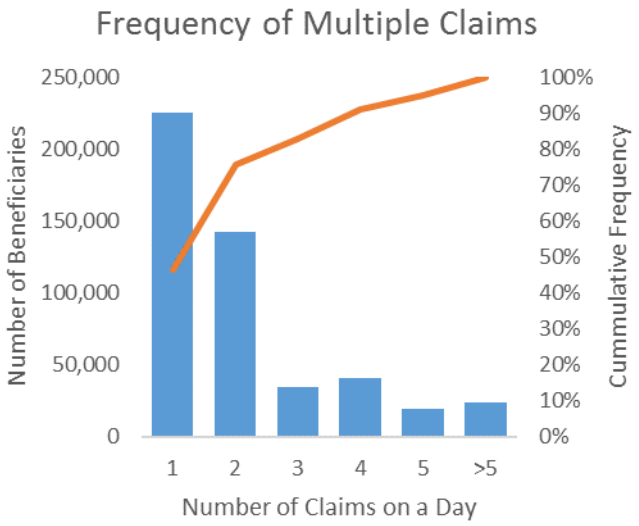
Multiple Services in Behavioral Health

In Arkansas, 74% of Medicaid expenditures are for beneficiaries in high risk populations including the Aged, Blind and Disabled (ABD) and those in behavioral health programs. Yet, ARMedicaid does not have a formal care management program for high risk populations. Policy controls utilization of specific codes – controlling the number and frequency of specific services. However, policy and practice do not manage services to assure that they are achieving high outcomes for optimum cost. The legislature wanted to know whether related services might be overused because policy did not specifically prevent such overuse. For example, patients might receive group therapy and individual counselling on the same day. Ultimately, the question is whether care management can improve healthcare value, by improving utilization and better targeting care to the beneficiary's needs.

The first step in analysis of this question is to consider whether on a single day, beneficiaries received services under three related codes: individual therapy, group therapy and day services. To test for this required extracting one year of claims data for every claim with one of the 3 codes. This created a table of the claims covering 46,000 beneficiaries who had received one or more claims for one of the services at least once during the year. These totaled $186MM in behavioral health spending concentrated on 2.3MM individual days on which patients received services. The day-by-day claims records for the beneficiaries who claimed these codes showed that 46% of the time only one claim is made per day for one of the 3 codes. On an additional 30% of days, providers make two claims and 7% three claims. Thus, over half of the time when a beneficiary has a claim, there is more than one claim. This equates to over$40MM in annual claims for multiple services on the same day.



These multiple claims on the same day were not against policy, which only restricts the frequency and total number of claims of a particular service code. This raises the question, are these services unrelated, complementary or redundant. Or might it be that multiple, related services could even be counterproductive, because two or three services on the same day over-extend the patient and reduce the ability to benefit from each service. Every beneficiary has a Master Treatment Plan, and services require a report to the beneficiaries file explaining how the service is tied to the Plan. Yet, no professional is charged with assuring that individual services combine into a collective set of care that makes sense for the beneficiary. Further investigation of whether services are excessive requires looking at the case files—the work of a care manager.

The second aspect of the study is whether beneficiaries are receiving services across three unique programs on the same day: Rehabilitative Services for Persons with Mental Illness (RSPMI), Child Health Management Services (CHMS), and , Developmental Day Treatment Clinic Services (DDTCS). According

to the agency director, these are independent programs and should never overlap. Of the 38MM possible days on which there could be multiple claims across programs, on only 89,000 days did providers make multiple claims for a recipient. Of 105,000 recipients with time-based claims, 3,431 had multiple claims across programs...3.2%. The glass could be either half empty or half full: while 3.2% is small, it represents $17MM in claims that according to agency leadership "should never happen".

This finding provided strong evidence the legislature used to push forward a care management plan for the ABD population. This brings up the challenge of understanding when care management is effective. Ziguar and Stuart reviewed 44 studies of the effectiveness of care management in behavioral health. They found general agreement that case management delivers "small to moderate improvements" in the effectiveness of mental health services.[1] Thus, in crafting a program of care management for behavioral health, Medicaid executives and the Arkansas legislature must plan ahead for how to measure and demonstrate the *value* of their investment in care management…*increasing* patient outcomes while *reducing* cost.

[1] A Meta-Analysis of the Effectiveness of Mental Health Case Management Over 20 Years, Stephen J. Ziguras, M.A., and Geoffrey W. Stuart, Ph.D., Psychiatric Services, Volume 51 Issue 11, November 2000, pp. 1410-1421 http://dx.doi.org/10.1176/appi.ps.51.11.1410