

Assessment of 2013-2014 Data on the Provision of Behavioral Health Services in New Mexico

September 25, 2015

Background

In 2012, Optum, New Mexico's managed care contractor for behavioral health (BH), conducted research and desk audits on all of its contracted BH providers. Optum detected irregularities in the claims data, indicating potentially unusual activity, and reported these irregularities within the BH system to the State. Beginning in February of 2013, the State then moved to conduct a comprehensive audit, contracting with Public Consulting Group, Inc. (PCG) to review 15 BH providers. In 2012, The 15 providers accounted "for roughly 85% of the state's behavioral health spending for more than 30,000 of the most vulnerable and difficult to treat consumers, delivering services to a significant portion of the 82,000 Medicaid and non-Medicaid beneficiaries annually. In June 2013, New Mexico's Human Services Department (HSD) suspended payments-- based on credible allegations of fraud-- to the 15 largest behavioral health providers that had been subject to the audit, pursuant to the authority provided under the ACA and CMS regulations. The state, then, transitioned all beneficiaries (Medicaid and non-Medicaid) being served by the suspended providers to new incoming providers out of Arizona. In January of 2014, the state transitioned almost all of its Medicaid beneficiaries to Centennial Care. Behavioral health services for Medicaid beneficiaries were transitioned from one managed care organization (Optum) to four managed care organizations (MCOs). Services provided through these MCOs include physical health, behavioral health, and long-term care benefits.

Since summer of 2013 CMS has requested data from the state regarding the impact of the transition of beneficiaries from existing to new providers. There were four sources of information collected and analyzed by CMS. These include:

- Provider Self-Reported Data
- Quarterly Reports for the NM Behavioral Health Collaborative
- Data provided by the state to the NM Legislative Finance Committee (statewide and by county)
- CMS Reports #41 and #45

Summary:

- Obtaining data and analyzing trends between 2013 and 2014 is challenging due to the state's transition to Centennial Care and the change from one MCO to four plans offering behavioral health services

- For those data that are available for 2013 and 2014, trends are identified for aggregate populations, but not for Medicaid populations specifically
- In 2013, due to the challenging nature of the state's data and data reporting lags, CMS asked the state to provide additional data. The state asked providers to report data on the numbers of individual served. That data shows that between 2013 and 2014, the number of people served increased. However, that trend was not consistent across providers.
- We also reviewed the utilization and expenditures data reported by the state and it showed increases in the number of Medicaid beneficiaries receiving behavioral services.
- Additional 2014 reporting by the state showed increases in the numbers of people receiving behavioral health services and an increase in spending on these services. However, survey data showed decreases in key outcome measures reported by adults with behavioral health conditions and families/caregivers.

Described below are the data sources, a brief analysis and a discussion of the issues associated with each of these data sources. The historical data that the state provided to CMS through the Medicaid Statistical Information Systems (MSIS) are incomplete for 2013-2014. Through the improvements being made to that reporting system, CMS expects that New Mexico's encounter data reporting will improve. Due to the current MSIS data limitations, CMS is reliant on other sources of state-reported data which is inconclusive. From 2013 to 2014, some data indicate an increase in number of overall individuals served (Medicaid and non-Medicaid) and an uptake in certain BH services. The data has limitations. For instance the Pre-Centennial Care numbers include all beneficiaries and do not provide specific information on the number of Medicaid beneficiaries receiving behavioral health services. The State FY 2014 numbers provide specific information on the number of Medicaid beneficiaries served. While the overall number of individuals served increased, we cannot determine if the number of Medicaid beneficiaries receiving behavioral health services specifically increased from State FY (SFY) 2013 to State Calendar Year (SCY) 2014. The data provided does indicate that there were changes in the number of beneficiaries receiving certain services (inpatient and outpatient services) and a decrease in the number of individuals receiving residential and recovery services. However, there are data limitations that affect this analysis, including the lack of Medicaid specific information for SCY 2014 and Medicaid FFS data for SFY 2014. The consumer satisfaction data indicate a decrease in certain measures between 2013 and 2014.

Provider Self-Reported Information

In 2013, CMS requested regular updates regarding the number of beneficiaries receiving behavioral health services (with a specific interest in Behavior Management Services (BMS)). BMS provides services for children, youth and their families for the purpose of resolving or ameliorating the child's emotional and behavioral needs by improving the capacity of parents and/or caregivers to address problematic behaviors for children and youth with mental health or substance use disorders. Specifically CMS was interested in obtaining real time information for beneficiaries transitioning from existing to new providers. State claims

data was not considered real time since there was often a 6-9 month lag between when services were provided and when a provider submitted a claim. In lieu of claims information the state requested that new providers report the number of beneficiaries served. This information from new providers was compared to the number of people served by the existing providers.

Analysis

In June of 2013, five new Arizona-based agencies assumed the responsibility for individuals served by 15 existing providers. The data supplied by these providers indicate that overall the number of individuals served increased by 24% (+ 2,499) from May 2013 (pre-transition) to April 2014. (However there were two organizations that served fewer individuals in this time period (-850). The state indicated that some of this decrease was due to better guidance from the state for highly used children's services, Behavior Management Services (BMS). Specifically, the state provided more clarity regarding the medical necessity for this service and how the state was providing alternative behavioral health services to children who may not meet the medical necessity criteria for BMS. The state provided additional information on BMS that did account for the decreases cited by these agencies.

Agency	Pre-Transition	Post-Transition			%Change
	Total Consumers Served (May 2013)	Total Consumers Served (Feb 2014)	Total Consumers (April 15, 2014)	Change May 2013-April 2014	
Agave	3599	2754	2983	-616	-17%
La Frontera	2915	4154	3726	811	28%
Open Skies	1283	1220	1049	-234	-18%
Turquoise	1368	2550	3016	1648	120%
Valle del Sol	1153	1326	2043	890	77%
Grand Totals:	10318	12004	12817	2499	24%

Data Issues

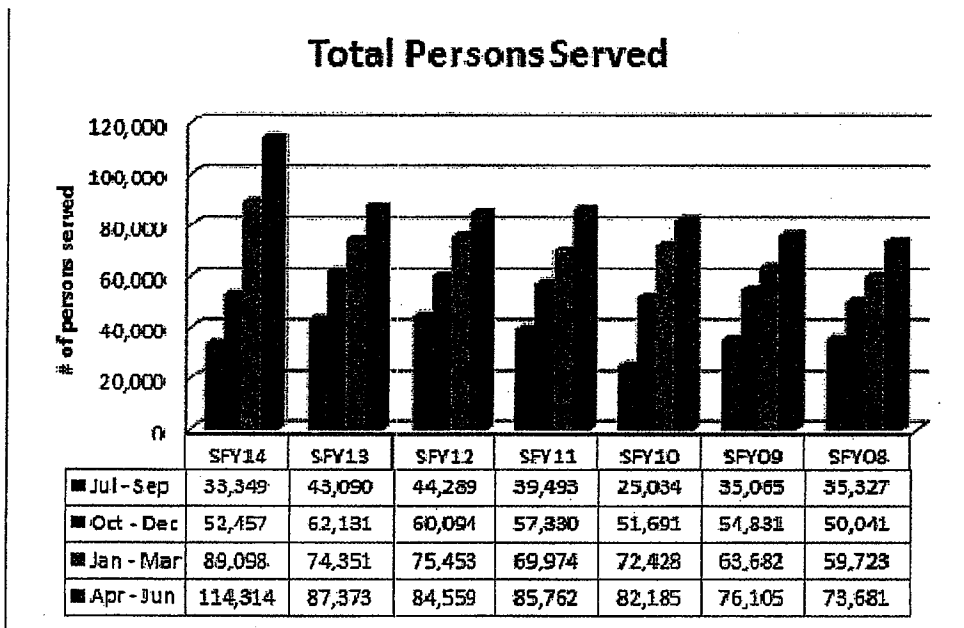
- This was provider self-reported information and may not be the most valid and reliable source of information
- Data was reported on the number of beneficiaries receiving BH services and does not include any changes in the number of services that an individual receives.
- Data included counts of both Medicaid beneficiaries and individuals who were uninsured.

Behavioral Health Collaborative Data

Since February of 2014, CMS has received information from New Mexico regarding BH utilization based on claims information. This information was collected and reported quarterly by the State BH Collaborative. The NM BH Collaborative is a state organization comprised of state agencies that purchase BH services (such as....). Utilization data was provided for Medicaid beneficiaries and non-Medicaid. It included quarterly utilization data for SFY 09 through the first 2 quarters of SFY 2014 (these quarters were proceeding the change in the BH network). The state reports this data to the Collaborative on a quarterly basis. The Collaborative review changes by quarter (rather than annually) between two consecutive years (and across years) to identify issues during the year rather than annually. The number of people served from quarter to quarter is cumulative.

Analysis

The overall trend in the number of persons served has increased over the reporting period (SFY 08 through SFY 14). However the chart below shows a decrease in the number of individuals receiving BH services from Quarter 1 2014 (the quarter immediately after the provider transition) compared to Quarter 1 2013 (-9,700 individuals, 23% decrease). There were also decreases from Quarter 2 2014 (90 days after the provider transition) compared to Quarter 2 2013 (-9,600, 16% decrease). There were increases in subsequent quarters (quarter 3 and 4) in compared to the same time period in 2013 (+19,200 or a 57% increase).



Data Issues:

- Claims data for Quarter 3 and 4 of 2014 are incomplete. The number of beneficiaries receiving services will likely be higher as additional claims are submitted.
- During Quarter 1 and Quarter 2 of SFY14, the transition providers had separate, short-term transition contracts to provide services, while establishing billing systems.

Services provided and paid for under these contracts were not included in the claims data.

NM CMS Annual Report

In early 2015 CMS requested that the state provide information regarding the utilization of behavioral health services for Medicaid beneficiaries for 2014. The state provided two reports: #41, BH Utilization Management and Report #33, Annual Consumer Family/Caregiver and Youth Satisfaction Surveys. Report #41 was based on the states claims data.

The BH Utilization Management captures key information about Centennial Care to monitor service utilization patterns. The report was structured to provide tracking of pre- and post-Centennial Care utilization. The report examines utilization of over 200 BH services in CY 2014 (January 1st-December 31st 2014) for five categories: Inpatient, Residential, Intensive Outpatient, Recovery, and Outpatient. It shows the unduplicated number of members receiving services by age group, as well as units of service and expenditures.

The annual New Mexico Consumer, Family/Caregiver and Youth Satisfaction Project (C/F/YSP) survey for members identified with BH needs. The C/F/YSP is a yearly survey of the satisfaction of New Mexico Adults, Family/Caregivers and Youth receiving state funded mental health and substance abuse treatment and support services. The C/F/YSP survey serves two purposes: to inform a quality improvement process to strengthen services in New Mexico; and, to fulfill federally mandated data reporting requirements.

Data Analysis Report #41

The #41 report shows a significant increase in number of individuals receiving behavioral health services post Centennial Care (State Calendar Year 2014) versus pre-Centennial Care (State Fiscal Year 2013). The chart below provided the unduplicated count of:

- Medicaid beneficiaries enrolled in the Centennial Care program in 2014
- Medicaid fee-for-service beneficiaries (e.g. Native Americans) in 2014
- Non-Medicaid individuals in 2014 who were uninsured and receiving behavioral health services funded through state or county funds or federal block grant funds from the Substance Abuse and Mental Health Services Administration.

The far right column provides number of individuals (Medicaid beneficiaries and individuals who are uninsured) receiving behavioral health services.

The total number of individuals receiving behavioral health services in CY14 was 160,582, an 84% increase over the previous year. In some service categories (inpatient, outpatient, and intensive outpatient) there was an overall increase in the number of individuals receiving behavioral health services. The service categories that showed a decrease were recovery support services (-3,379) and residential (-248 services).

	Unduplicated Count of Recipients Served By Level of Care* CY 2014				
	Centennial Care members	Medicaid FFS ¹	Non Medicaid	Total	Pre-CC SFY2013***
Inpatient	6,280	Not available	809		5,030
Residential	1,610	Not available	2,113		3,971
Intensive Outpatient	1,760	Not available	896		2,296
Recovery	9,115	Not available	5,462		17,956
Outpatient	95,733	Not available	26,964		81,512
Value Added Services					1,264
Uncategorized					8,053
Unduplicated - All Services **	98,393	32,306	29,883	160,582	87,373
	* Based on claims data				
	*Totals will not equal sum of levels of care as there will be some duplication				
	*** Unduplicated count, all funds, 12 months, July,2012-June,2013				

In addition, Report #41 shows an 11% (\$26.8M) increase in spending for BH services in State CY 2014 in comparison to Pre CC SFY 2013.

	Expenditures for BH Services * CY 2014				
	Centennial Care members	Medicaid FFS**	Non-Medicaid	Total	Pre-CC SFY2013***
Inpatient	\$17,555,674	Not available	\$1,044,442	\$18,600,116	\$22,037,112
Residential	\$62,088,582	Not available	\$9,208,685	\$71,297,267	\$76,080,401
Intensive Outpatient	\$5,831,418	Not available	\$1,382,270	\$7,213,688	\$12,182,971
Recovery	\$26,436,794	Not available	\$4,390,285	\$30,827,079	\$40,427,251
Outpatient	\$94,480,948	Not available	\$9,198,368	\$103,679,316	\$83,471,195
Value Added Services					\$4,910,907
Outliers					\$3,397,196
All Services	\$206,393,416	\$37,646,711	\$25,224,049	\$269,264,176	\$242,507,033
	* Based on claims data				
	*Data on the expenditures by setting of service not available at time of this report				
	*** Unduplicated count, all funds, 12 months, July,2012-June,2013				

¹ Data on Medicaid Fee-for-Services recipients, by setting of service and related expenditures were not available at the time of this report. So those data are excluded from the following observations.

Data Issues

- Medicaid FFS information is not available for service specific categories and therefore the number of individuals and expenditures may be higher for individual service categories which could affect the analysis.
- Data does not provide a breakout by age or geography and may not show where there were changes in utilization or spending for children versus adults or for areas that may have been most impacted by the transition from existing to new providers.
- Data does not differentiate the number of Medicaid beneficiaries receiving behavioral health services in SFY 2013 and therefore it is not clear if the actual number of Medicaid beneficiaries receiving behavioral health services increased from 2013.

Data Analysis Report #33

As noted previously, Report #33 is the annual New Mexico Consumer, Family/Caregiver and Youth Satisfaction Project (C/F/YSP) survey for members identified with BH needs who receive state funded (including Medicaid funded) mental health and substance abuse treatment and support services. The percentages within the following table indicate the proportion of responses that were “Positive” as measured on a 5-point Likert scale with “Strongly Agree” and “Agree” being reported as satisfied or overall as having a positive response. The survey of Adults in Service (Table 1 below) showed that all measures except one (satisfaction) decreased between 2013 and 2014. Noteworthy decreases included the following performance measures: “outcomes” (-10%), “social connectedness” (-5%) and “improved functioning” (-8%). The survey of Family/Caregivers of Children in Service (Table 2 below) showed increases or the same positive response rates in five areas and was lower than in two. However, in 2014 New Mexico had higher positive rates than the United States average in each area for 2013.

Table 1. Adults in Service: Their satisfaction in the following areas in 2013 Pre Centennial Care, 2014 and the comparison with the US Average (2013)

Scales Topic	Pre Centennial Care New Mexico 2013	New Mexico 2014	US Average 2013
Access	86%	85%	85%
Participation in Treatment	88%	87%	81%
Improved Functioning	81%	73%	70%
Social Connectedness	88%	83%	70%
Outcomes	85%	75%	71%
Quality & Appropriateness	91%	88%	88%
Satisfaction	88%	89%	88%

Table 2. Family/Caregivers of Children in Service: Their satisfaction in the following areas in 2013 Pre Centennial Care, 2014 and the comparison with the US Average (2013)

Scales Topic	Pre Centennial Care New Mexico 2013	New Mexico 2014	US Average 2013
Access	88%	89%	85%
Participation in Treatment	89%	92%	88%
Improved Functioning	84%	81%	69%
Social Connectedness	92%	93%	85%
Outcomes	85%	81%	68%
Cultural Sensitivity	96%	96%	93%
Satisfaction	86%	88%	86%

Data Issues

- The Family/Caregivers of Children in Service collect information from adults and family/caregivers who received state funded behavioral health services. It does not differentiate between Medicaid beneficiaries and other individuals that received state funded services (e.g. individuals who are uninsured).
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NM Legislative Finance Committee Data

There were two reports developed by the State of New Mexico for their Legislative Finance Committee this spring. One data report mirrored the information that was provided to CMS (Reports #41 and #33). As these reports indicated, the number of individuals receiving behavioral health services and BH expenditures were higher in State Calendar Year 2014 than State FY 2013. Another data report provided a county-specific breakout of utilization and expenditures for SFY 2014.

Data Issues:

- Medicaid FFS information is not available for service specific categories and therefore the number of individuals and expenditures may be higher for individual service categories which could affect the analysis.
- Data does not provide a breakout by age or geography and may not show where there were changes in utilization or spending for children versus adults or for areas that may have been most impacted by the transition from existing to new providers.
- Data doesn't differentiate the number of Medicaid beneficiaries receiving behavioral health services in SFY 2013 and therefore it is not clear if the actual number of Medicaid beneficiaries receiving behavioral health services increased from 2013.
- For the county-specific report there was no comparison between pre CC and SFY 2013 and therefore it was not possible to identify impact of the transition on specific counties.

Initial Conclusions

The five data sources are not conclusive regarding the impact the transition had on access to behavioral health services for Medicaid beneficiaries since none of the data sources for SFY 2013 provided Medicaid specific data. The provider self-reported showed some changes (increases and decreases) in utilization—but it was only a point in time and we have no additional data past May of 2013. In addition, this data cannot be verified with a valid data source (e.g. claims or encounter information). Consumer satisfaction information shows slight decreases and increases across multiple measures between 2013 and 2014 and this should be monitored.

CMS is currently reliant on state-submitted data. The data has significant limitations including the completeness of the data and the ability to identify which geographic areas and populations may be experiencing decrease in utilization and therefore would indicate potential access issues. In the near term, CMS is discussing additional data reporting with the state. And now and through 2016, CMS and states are moving to a Transformed Medicaid Statistical Information System (T-MSIS) and New Mexico is expected to go into T-MSIS production in mid-2016. With the transformed federal IT system and focus on enhanced state reporting, CMS expects that New Mexico's reporting of Medicaid data will be more timely and complete, which will allow for better monitoring of utilization and access to services.