

Senate Bill 419

Advisory Committee
Meeting

April 27, 2023



Year 1 Measures

Measure Name	Data Source
Measure #1: Continuity of Care After Medically Managed Withdrawal from Alcohol and/or Drugs	Claims
Measure Description: Percentage of discharges from a medically managed withdrawal episode for adult Medicaid beneficiaries, ages 18–64, that were followed by a treatment service for substance use disorder (SUD) (including the prescription or receipt of a medication to treat a substance use disorder [pharmacotherapy] within 7 or 14 days after discharge.)	

Measure Name	Data Source
Measure #2: Continuity of Care after Inpatient or Residential Treatment for Substance Use Disorder (SUD)	Claims
Measure Description: Percentage of discharges from inpatient or residential treatment for substance use disorder (SUD) for Medicaid beneficiaries, ages 18–64, which were followed by a treatment service for SUD. SUD treatment services include having an outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth encounter, or filling a prescription or being administered or dispensed a medication for SUD. (After an inpatient discharge only, residential treatment also counts as continuity of care.) Two rates are reported, continuity within 7 and 14 days after discharge.	

Year 1 Measures

Measure Name	Data Source
Measure #3: Social Need Screening and Intervention (SNS-E), will be modified to meet needs of the SUD pilot program.	Electronic Health Record (E.H.R.)/Claims
<p>Measure Description: The percentage of members who were screened, using pre-specified instruments, at least once during the measurement period for unmet food, housing and transportation needs and received a corresponding intervention if they screened positive.</p> <p>Six rates will be reported:</p> <p>Food screening: The percentage of members who were screened for unmet food needs. Food intervention: The percentage of members who received a corresponding intervention within 1 month of screening positive for unmet food needs.</p> <p>Housing screening: The percentage of members who were screened for unmet housing needs. Housing intervention: The percentage of members who received a corresponding intervention within 1 month of screening positive for unmet housing needs.</p> <p>Transportation screening: The percentage of members who were screened for unmet transportation needs. Transportation intervention: The percentage of members who received a corresponding intervention within 1 month of screening positive for unmet transportation needs.</p>	

Year 1 Measures

Measure Name	Data Source
Measure #4: Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)	Claims
<p>Measure Description: The percentage of acute inpatient hospitalizations, residential treatment or detoxification visits for a diagnosis of substance use disorder among members 13 years of age and older that result in a follow-up visit or service for substance use disorder.</p> <p>Two rates are reported:</p> <p>Rate #1: The percentage of visits or discharges for which the member received follow-up for substance use disorder within the 30 days after the visit or discharge.</p> <p>Rate #2: The percentage of visits or discharges for which the member received follow-up for substance use disorder within the 7 days after the visit or discharge.</p>	

SB419 Advisory Committee

Advisory Committee Accomplishments:

- Worked to determine best approach for the pilot program.
- Provided constructive feedback on the legislation, including areas of potential difficulty, such as long-term tracking of patients.
- Worked collaboratively to develop a new set of four, nationally-vetted quality measures as proposed alternatives to the current measures detailed in SB419.

Multi-Disciplinary SB419 Advisory Committee

- Representatives include BMS, state offices, bureaus and associations, MCOs, RTCs, and hospitals. See *4/27 Meeting Agenda page 2* for committee composition.
- Met on weekly basis between May and September, 2022.

Results of Stakeholder Engagement

Extensive stakeholder feedback has been collected from RTC surveys and interviews with RTC providers, MCOs, and other key stakeholders. BMS initiated early involvement of key stakeholders to ensure broad collection of input in designing the pilot program.



>20 Advisory Committee Members.



88% Survey Response Rate:

- *23/26 RTC Providers Participated.*



3 MCO 1:1 Interviews.

1 MCO Group Interview.



Key Areas of Focus, Including:

- *Collecting and Exchanging Patient Data.*
- *Difficulties in Contacting Patients Post-Discharge.*

Stakeholder Feedback

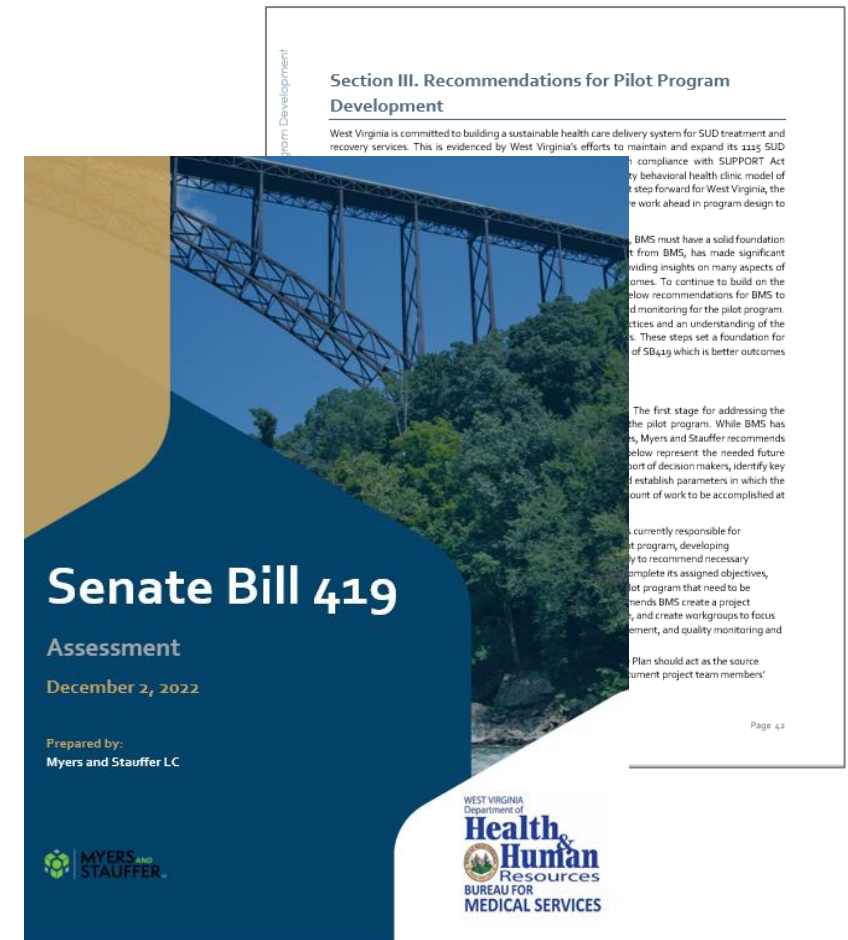
Statewide RTC surveys revealed significant operational challenges in collecting and exchanging data as required to participate in the pilot program.

- Widespread behavioral health **workforce shortages** exist and are exacerbated by the COVID-19 pandemic.
- RTCs using manual, **paper-based recordkeeping systems** can experience delays in patient referrals to community-based supports.
- Nearly half of RTC providers report **barriers in exchanging patient data with other community providers** to coordinate patient care.

Key Finding: RTCs need to gain additional technology and resources prior to participating in the pilot program.

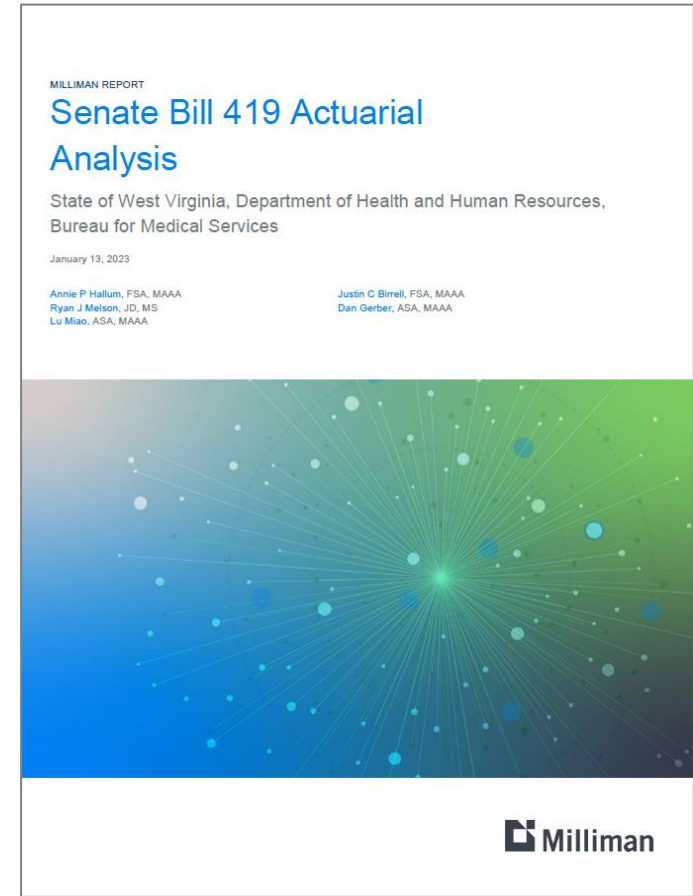
SB419 Assessment: Key Findings

- **Additional program design and planning** must be finalized prior to initiating the pilot program.
- Achieving the desired outcomes set forth in SB419 will require **several program years to accomplish**.
- **Program methodology, reporting, governance, and fiscal impact** all need to be addressed and considered by BMS prior to initiating the pilot program.



SB419 Actuarial Analysis

- SB419 requires an actuarial report due to the Legislative Oversight Commission on Health and Human Resources Accountability by January 15, 2023.
- SB419 does not provide sufficient information or clarity around the pilot program methodology and approach to provide an estimated fiscal impact for services and associated administrative costs.
- The actuarial analysis for Year 1 focused on a baseline assessment of costs for the SUD population to allow an evaluation of the program impact in future years.



Next Steps

Pilot Program Design

- Establish governance.
- Voluntary program.
- Provider incentives.
- Fiscal impact.
- Federal authority considerations.



Pilot Program Implementation

- Finalize pilot timeline.
- Execute pilot program.
- Analyze program data.
- Gather feedback.
- Refine program as needed.



Post-Implementation Activities

- Required reporting.
- Actuarial reporting.
- Program evaluation.



Questions