

Goals for today

Discuss Rocky Mountain Health Plans (RMHP) efforts to integrate behavioral health services and reimbursement strategies to support that goal. Will discuss successes, challenges and outcomes from implemented policies. We will discuss:

- ✓ **Integration imperatives**
- ✓ **Comprehensive approach**
- ✓ **Policy enablers**
- ✓ **Payment & financing**
- ✓ **Provider engagement**
- ✓ **Future opportunities**

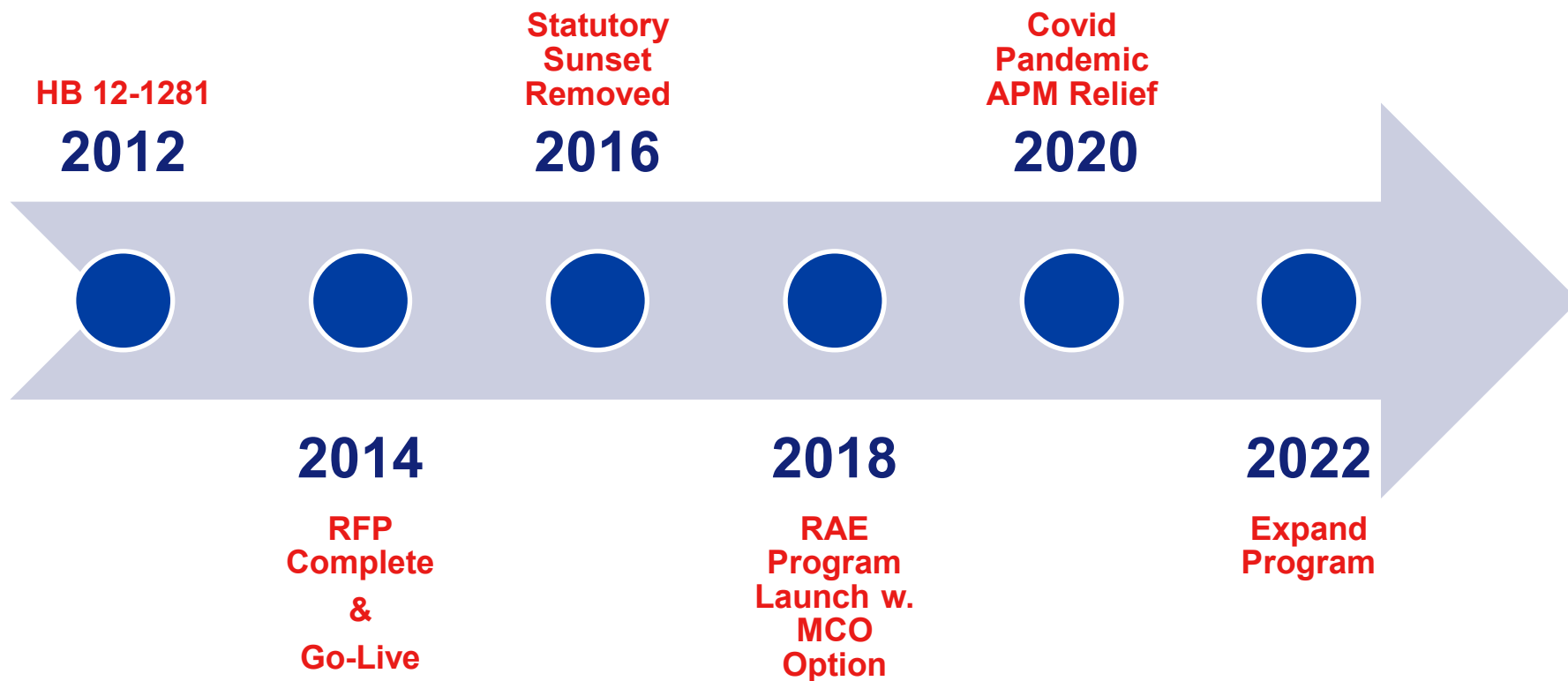
Behavioral Health Drives Overall Outcomes

Six of the top 10 primary health risk factors for RMHP's complex population are in the behavioral health domain

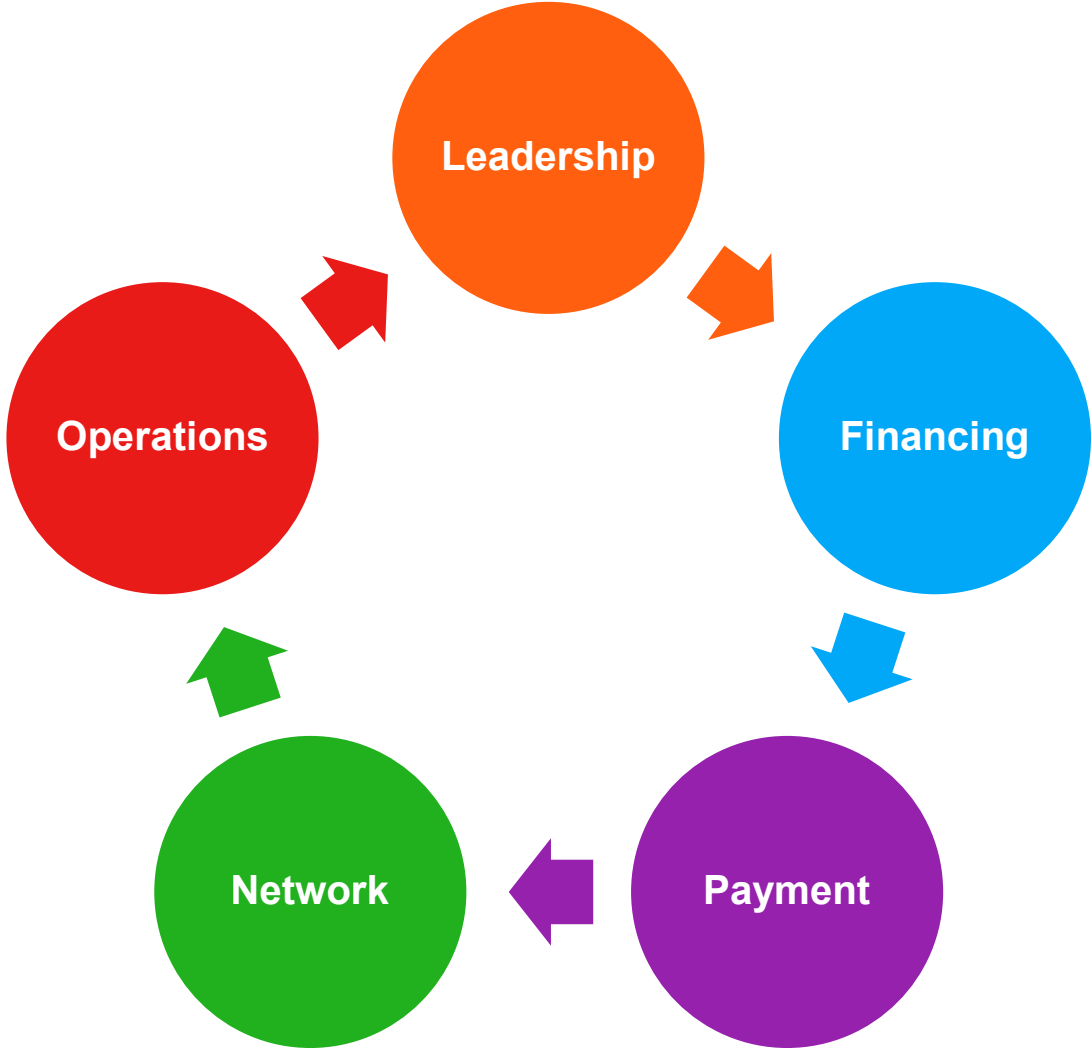
Rank	Primary Risk Factor	Complex Population	Non-Complex Population
1	Substance Abuse	14.5%	1.8%
2	Childhood-onset psychiatric disorders	10.1%	1.4%
3	Mood disorder, depression	9.5%	2.4%
4	Obstetrics	5.3%	0.4%
5	Other mental health	4.9%	4.1%
6	Other infectious disease	4.9%	0.6%
7	Psychotic/schizophrenic disorders	4.3%	0.5%
8	Mood disorder, bipolar	3.9%	0.8%
9	Diabetes	3.8%	1.0%
10	Acute and chronic renal failure	3.1%	0.0%
Total Primary Behavioral Health Risk Factors (in the top 10)		47.1%	11.0%

That's why behavioral health access and choice is so important

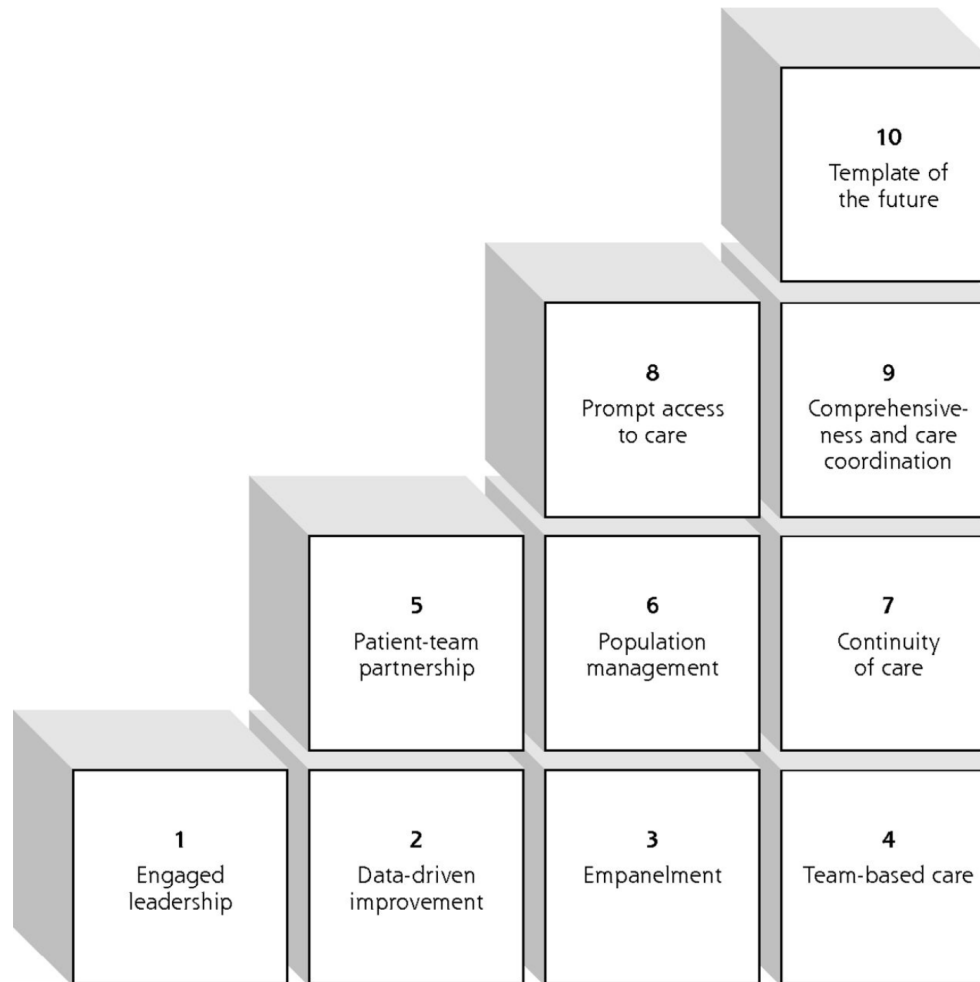
A decade in the making.



Comprehensive Approach

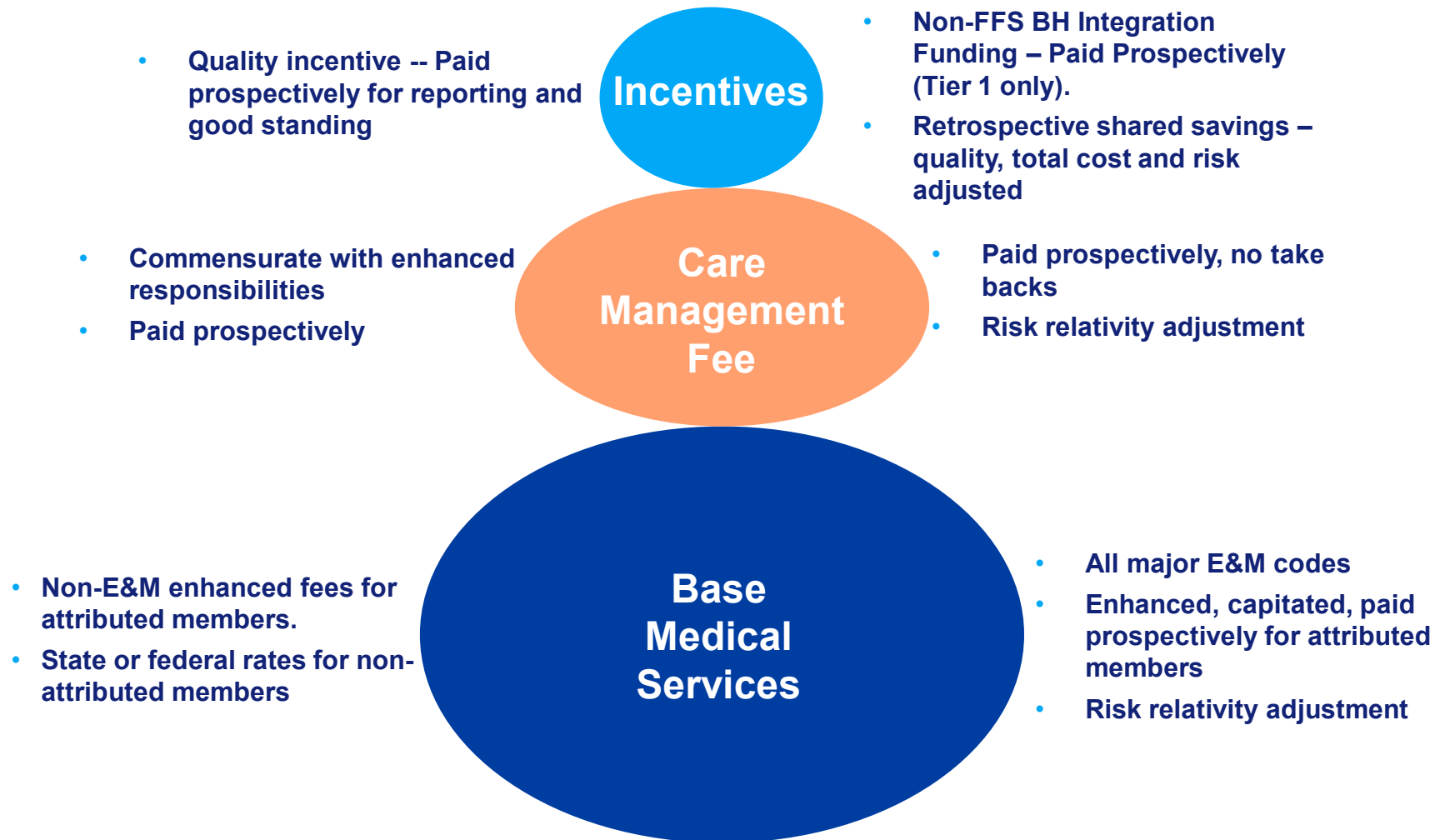


Vision: Comprehensive Primary Care



Source: Thomas Bodenheimer, Amireh Ghorob, Rachel Willard-Grace and Kevin Grumbach
The Annals of Family Medicine March 2014, 12 (2) 166-171; DOI: <https://doi.org/10.1370/afm.1616>

Alternative Payment Model



RMHP “Track 2” payment model for Medicaid, DSNP, Exchange and Medicare Advantage Membership

Program Outcomes

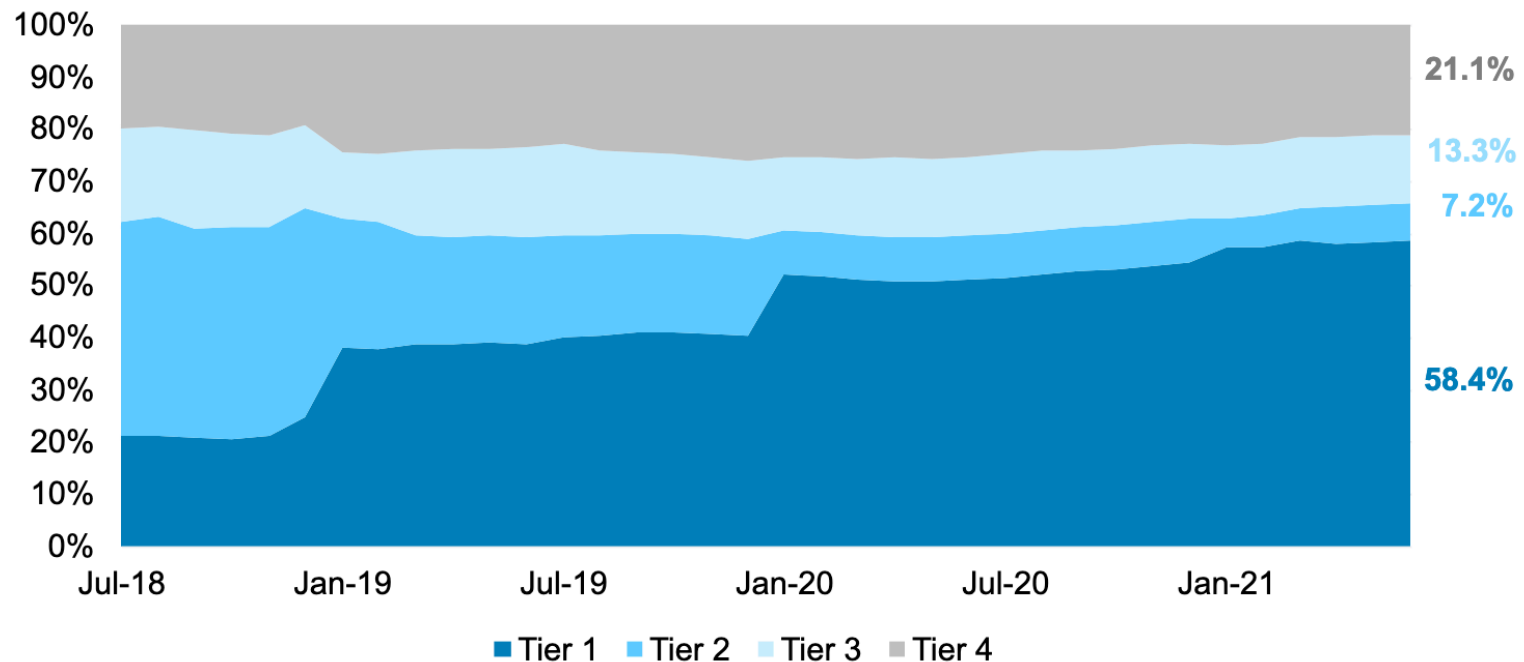


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Tiered Provider Participation

RMHP Member Attribution by Provider Tier



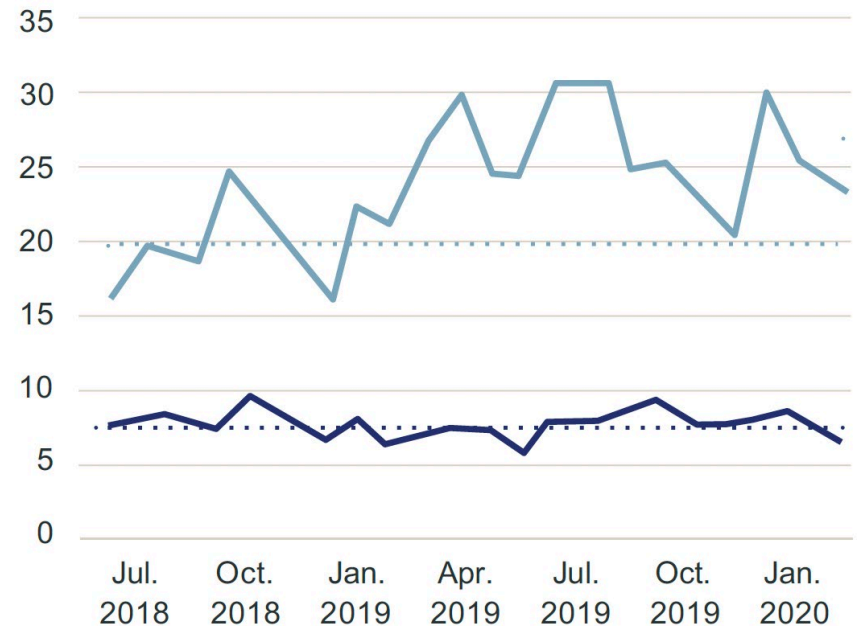
- **Tiering guide and criteria – see:** <https://www.rmhp.org/-/media/RMHPdotOrg/Files/PDF/Provider/Commonly-used-forms/RMHP-RAE-Resource-Guide.aspx>

Program Outcomes – Behavioral Health

Integrated care requires integrated financing.

- ✓ 30% of annual gainsharing paid to CMHCs (from the *physical health* budget).
- ✓ Financial support to PCMPs for non-coded activities (health & behavioral services, collaborative care codes).
- ✓ Community reinvestment for innovative services (e.g., dispatch - based Community Paramedicine, & Co-Responder programs).

Psychotherapy Visits Billed In Primary Care Settings
(Per 1000 Member Months) 2018 - 2020



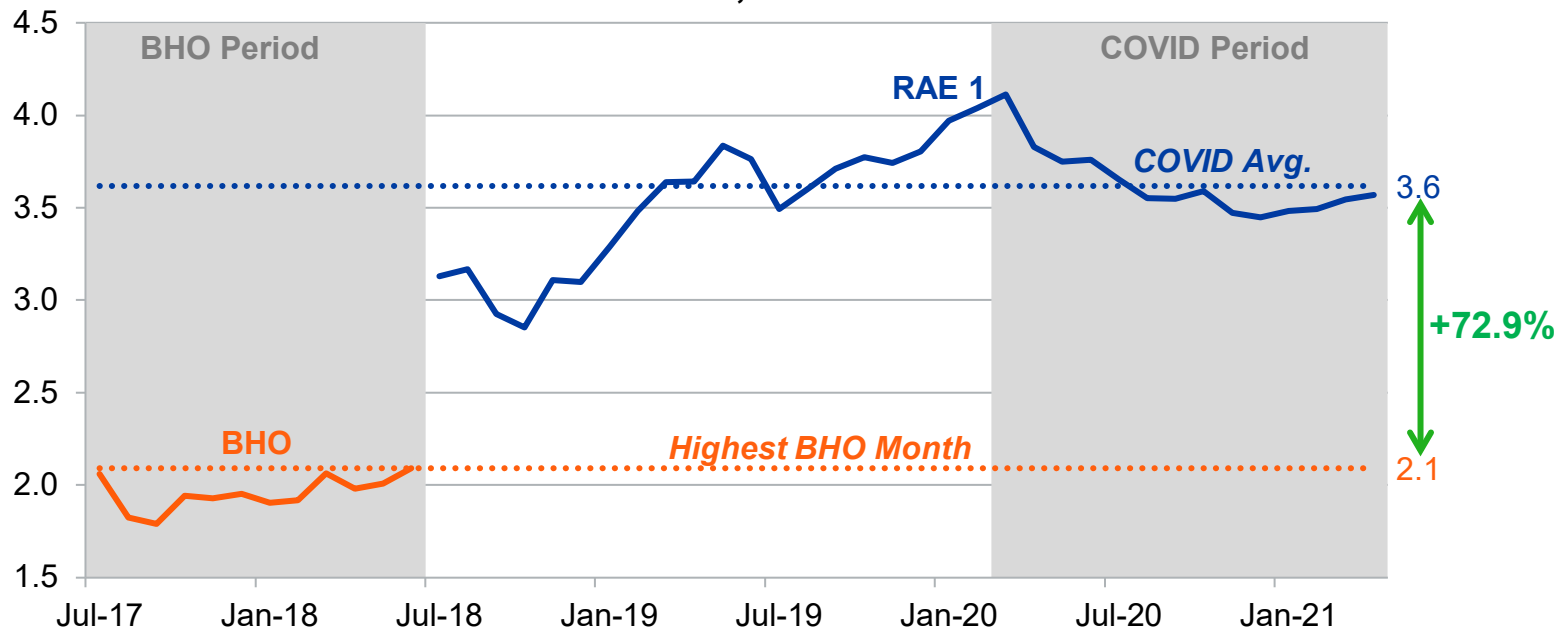
■ PCMPs in PRIME counties
■ PCMP's in non-PRIME counties in ACC Region 1

Source: Colorado Health Institute, April 15, 2021 Legislative Report

IPN – BH Network Expansion

RMHP's network of providers regularly providing psychotherapy during COVID is 72.9% larger than the BHO network.

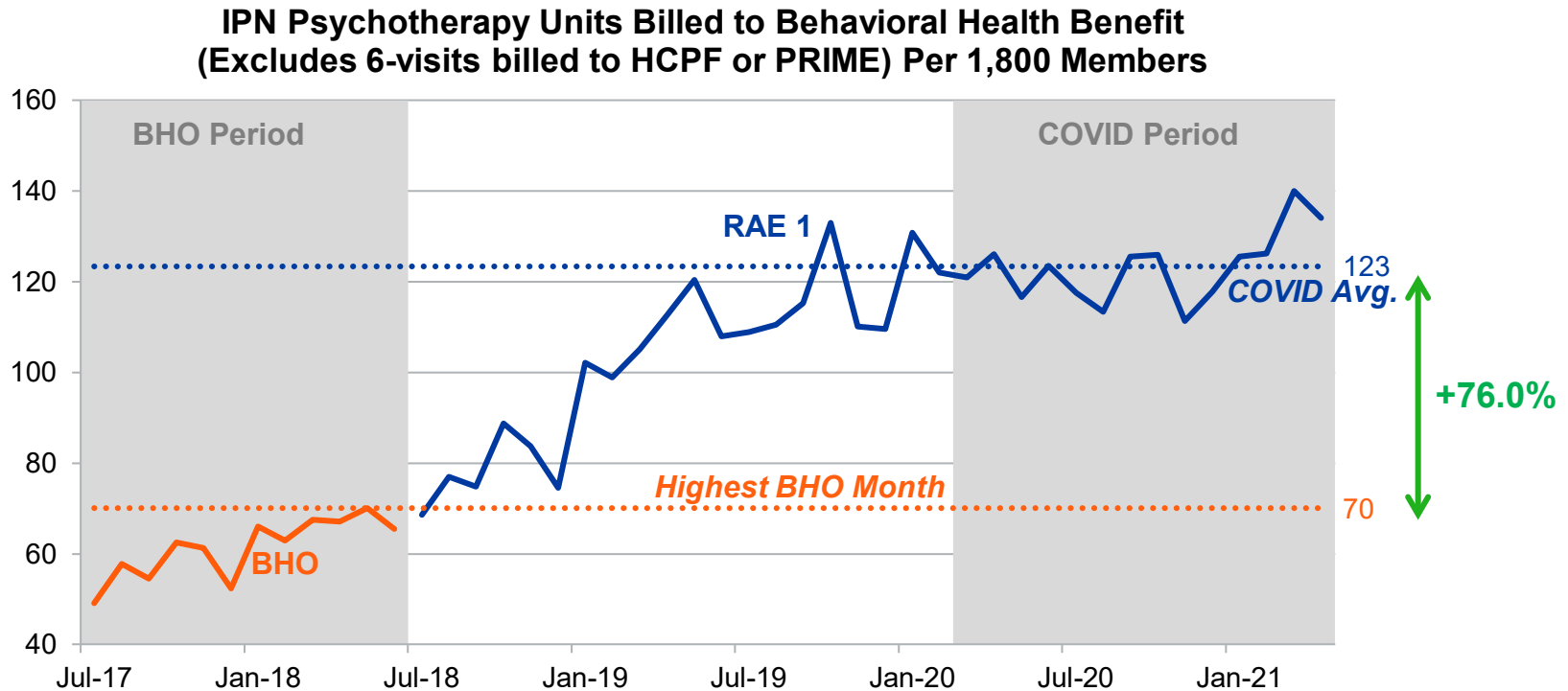
**Unique IPN Groups Billing Psychotherapy Each Month
Per 1,800 Members**



Note: Includes any IPN provider group that bills at least one of the basic psychotherapy codes. Excludes IBNR.
RAE Region 1 COVID averages is from March 2020 through April 2021.

IPN – Increased Outpatient Care

The average number of psychotherapy services per Member provided in RMHP's network since COVID is 76.0% higher than the highest month in BHO.

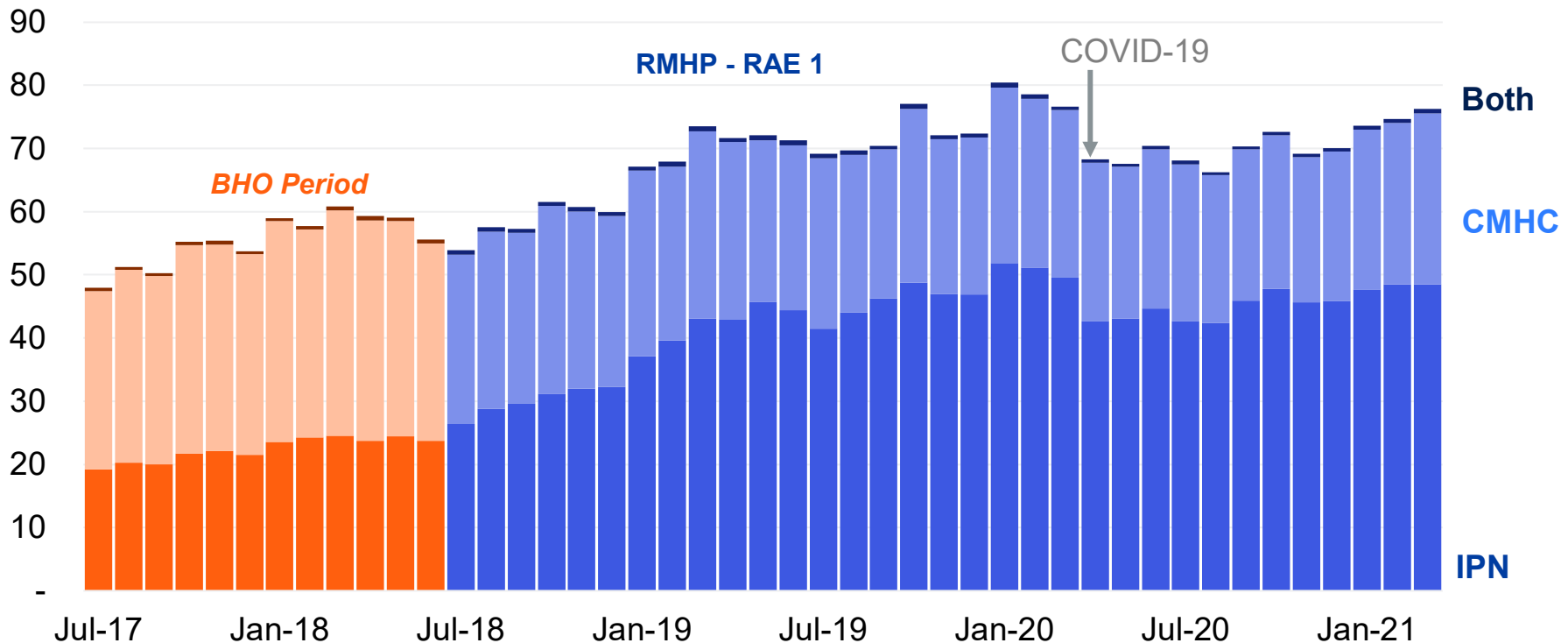


Note: Total units of basic psychotherapy provided by the IPN. Excludes IBNR.
RAE Region 1 COVID averages is from March 2020 through April 2021.

IPN – Increased Outpatient Care

Total access to psychotherapy (provided by IPN and CMHCs) in RMHP's network is near pre-COVID levels and well above BHO access.

Number of Members Provided Psychotherapy
(Excludes 6-visits billed to HCPF or PRIME) Per 1,800 Members

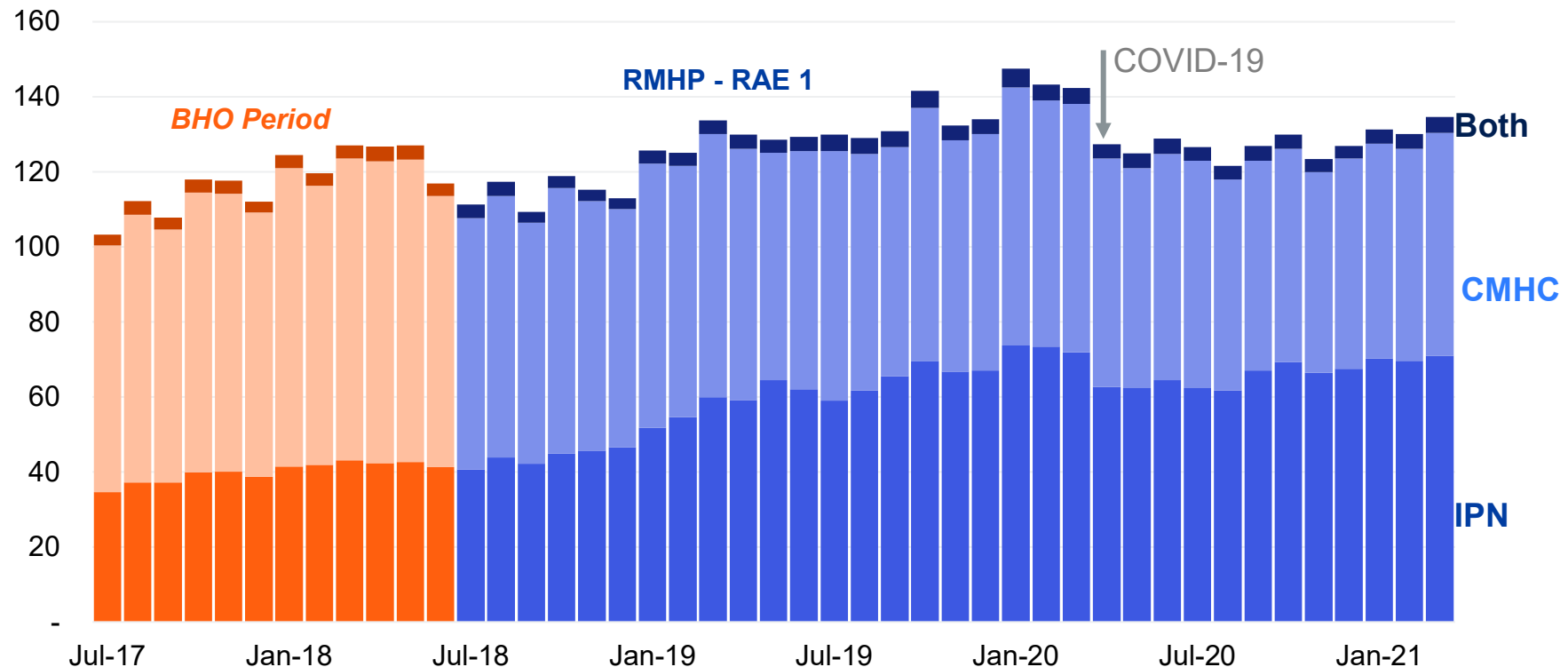


Note: Excludes IBNR.

IPN – Increased Outpatient Care

Access to total outpatient services has recovered to pre-COVID levels

Number of Members Provided Outpatient BH Services
(Excludes 6-visits billed to HCPF or PRIME) Per 1,800 Members



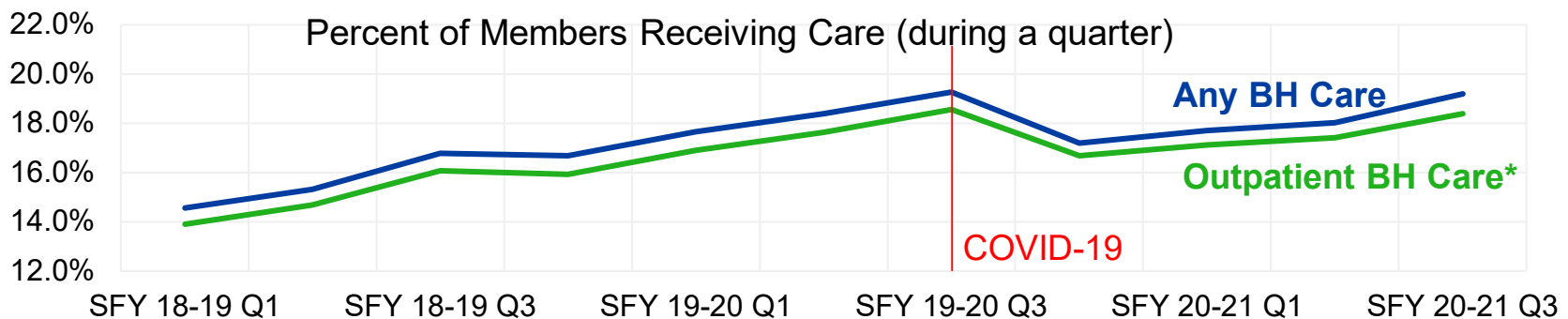
Note: Excludes IBNR.

Penetration Rate

The percent of Members receiving behavioral health care in a given quarter has consistently trended upwards and has nearly reached pre-COVID levels

Quarter	Unique Members	Any RAE BH Service		Outpatient Services*	
		Unique Members	Percent of Members	Unique Members	Percent of Members
SFY 18-19 Q1	205,395	29,868	14.5%	28,545	13.9%
SFY 18-19 Q2	195,192	29,883	15.3%	28,635	14.7%
SFY 18-19 Q3	190,409	31,945	16.8%	30,609	16.1%
SFY 18-19 Q4	188,296	31,418	16.7%	29,989	15.9%
SFY 19-20 Q1	185,900	32,809	17.6%	31,383	16.9%
SFY 19-20 Q2	186,055	34,189	18.4%	32,804	17.6%
SFY 19-20 Q3	183,492	35,319	19.2%	34,049	18.6%
SFY 19-20 Q4	189,315	32,524	17.2%	31,568	16.7%
SFY 20-21 Q1	199,456	35,318	17.7%	34,136	17.1%
SFY 20-21 Q2	209,719	37,776	18.0%	36,527	17.4%
SFY 20-21 Q3	218,819	41,992	19.2%	40,236	18.4%

COVID-19



*Note: Outpatient care excludes all hospital care, inpatient care, and residential care (behavioral health or sub-stance use disorder).

Tier 1 Cost Performance

*Tier 1 PCMP TCOC trends have generated **\$9.9M in savings** compared to TCOC trends for non-Tier 1 PCMPs.*

Tier 1 Trend Savings (Controlling for COVID-19 Enrollees and Member Acuity)			
	Year 2 Savings	Year 3 Savings	Total Savings
Tier 1 trend (PMMP)	\$10.99	\$20.49	
Non-tier 1 Trend (PMPM)	\$16.66	\$25.60	
Savings (PMPM)	\$5.67	\$5.11	
T1 Member Months	760,087	1,096,546	
Annual Savings	\$4,309,385	\$5,608,448	\$9,917,832
Annual Savings	0.7%	0.8%	0.7%

TCOC Trends

- Raw TCOC trends are -0.2% over the first 3 years of the RAE
- Trends are modest (3.2%) when controlling for shifts in acuity and enrollment
- Tier 1 and Tier 2 practices have lower trends than Tier 3 and 4 practices

RAE Total Cost of Care Trends - Controlling for COVID-19 Enrollees and Member Acuity						
	SFY20 (v. SFY19)		SFY21 (v. SFY20)		SFY21 (v. SFY19) 2-Year Average	
Tier	PMPM	Percent	PMPM	Percent	PMPM	Percent
Tier 1 Practices	\$10.99	3.2%	\$9.50	2.7%	\$10.24	2.9%
Tier 2 Practices	\$20.07	5.2%	\$2.12	0.6%	\$11.10	2.8%
Tier 3 Practices	\$20.51	5.6%	\$5.40	1.2%	\$12.96	3.5%
Tier 4 Practices	\$13.22	3.4%	\$13.07	3.1%	\$13.15	3.3%
Non-Tier 1 Average	\$16.66	4.3%	\$8.94	2.1%	\$12.80	3.3%
RAE Avg.	\$14.95	4.0%	\$9.22	2.4%	\$12.08	3.2%
Raw RAE Avg (w/o COVID or Acuity Adj.)	\$12.20	3.3%	-\$13.35	-3.5%	-\$0.57	-0.2%

Value Spectrum

Significantly enhanced APM reimbursement for comprehensive primary care.

Accelerated behavioral health integration compared to RAE-only PCMPs.

Rural health specialty network access and accountability.

Continuous community reinvestment through performance incentives.

“Commendable” distinction from NCQA in Medicaid accreditation.

Routinely meet and beat State “MLR quality measures” year over year.

Superior performance on access and member experience measures vs. FFS in annual EQRO reporting.

Implementation Planning



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