Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

December 29, 2016

Michael Marshall
Secretary of Senate
State Capitol Building
LOCAL

Carmine Boal
Chief Clerk of the House
State Capitol Building
LOCAL

Dear Mr. Marshall and Ms. Boal:

Enclosed please find a copy of a report to the General Assembly relative to the Mental Health Services Annual Report, pursuant to the directive contained in Iowa Code 249N.8(2).

Please feel free to contact me if you need additional information.

Sincerely,

Sally Titus
Deputy Director

ST/tam

Enclosure

cc: Terry E. Branstad, Governor

Iowa Department of Human Services

Review of the Outcomes and Effectiveness Of Mental Health Services Provided under the Iowa Health and Wellness Plan

2016

Mental Health Services provided under the Iowa Health and Wellness Plan

Introduction

This Annual report of the review of the outcomes and effectiveness of mental health services provided under the Iowa Health and Wellness Plan is submitted pursuant to Iowa Code 249N.8 which requires the department to annually submit a report of the results of a review of the outcomes and effectiveness of mental health services provided under the Iowa Health and Wellness Plan (IHAWP).

Overview

The IHAWP was enacted to provide comprehensive health care coverage for low income adults. On January 1, 2014, the IHAWP began covering all Iowans age 19-64 with income up to and including 133 percent of the Federal Poverty Level.

During SFY16, the IHAWP served an average of 146,385 individuals that were not previously covered by a full benefit Medicaid plan compared to 122,759 during SFY15. IHAWP enrollees made up 25% of the total Medicaid enrollment for SFY16.

IHAWP Mental Health Services

The IHAWP provides mental health services for many Iowans who were not previously eligible. Many of these individuals would be eligible for services funded by the Mental Health and Disability Service Regions. These services include:

- Mental Health Inpatient Treatment
- Mental Health Outpatient Treatment
- Home and Community Based Services for persons with Chronic Mental Illness

IHAWP Mental Health Outcome Measures

The IHAWP maximizes the use of outcome measures derived through the National Quality Forum and the National Committee on Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS). Of the 69 outcome measures, seven are specific to access to mental healthcare services and include the following:

- Measure 1 Access to primary care (Measure 1A and 1B)

- Measure 2 Follow-up after hospitalization for mental illness
- Measure 5 Timely appointments, care and information
- Measure 17 Anti-depressant medication management
- Measure 18 Mental health utilization
- Measure 19 Behavioral/emotional care
- Measure 49 Attention to mental/emotional health

Within the IHAWP evaluation there are seven distinct groups. Two of these are the study groups, Wellness Plan and Marketplace Choice. There are five additional comparison groups used for various parts of the evaluation, where such a comparison is appropriate. Analyses involving administrative data utilize adult members in the Family Medical Assistance Program (FMAP) and adult members of IowaCare as comparisons. Analyses involving survey data utilize adult members of the Medicaid State Plan who were eligible due to income (MSP-IE), adult members of the Medicaid State Plan eligible due to disability (MSP-SSI), and IowaCare members when questions from that program's evaluation were comparable.

The following represents the results of the IHAWP Interim Evaluation conducted by the University of Iowa Public Policy Center on behalf of the department. The complete report may be accessed online at:
https://dhs.iowa.gov/sites/default/files/IHAWP_Interim_Report_2015.pdf

Measure 1 Access to primary care

1A Percent of members who had an ambulatory care visit

Results

Tables 1 and 2 provide the rates for Adults' Access to Preventive/Ambulatory Health Services as defined through NCQA HEDIS. Both tables include only those members who were eligible for at least 11 months in 2014 and 11 months in 2013 and met the age criterion 19-64 in both years. Essentially, these tables take those eligible for the measure in 2014 and look back for these same members in 2013.

The data in Tables 1 and 2 indicate that members in IowaCare were the least likely to have had a preventive/ambulatory care visit. These same members when in Wellness Plan (WP) or Market Place Choice (MPC) were more likely to have had a preventive/ambulatory care visit. Of note, those in WP were more likely to have had a visit than those in MPC. None of the three groups (IowaCare, WP or MPC) were as likely to have had a visit as the FMAP group. We suspected that this may be due to the larger proportion of women in the FMAP group; however, on further analyses we found that both women and men in FMAP were more likely to have a visit.

Table 1. Adults' access to preventive/ambulatory health services by program and age for WP members eligible for at least 11 months in CY 2014 and 11 months in CY 2013

Age		FMAP 2013	IowaCare 2013	FMAP 2014	WP 2014
20-44 years	% Number	87% 15,184	63% 5,538	89% 15,444	83% 7,475
45-64 years	% Number	86% 1,774	70% 6,601	87% 1,791	89% 8,408
Total	% Number	87% 16,958	66% 12,139	89% 17,235	86% 15,883

Table 2. Adults' access to preventive/ambulatory health services by program and age for MPC members eligible for at least 11 months in CY 2014 and 11 months in CY 2013

Age		**FMAP 2013**	**IowaCare 2013**	**FMAP 2014**	**MPC 2014**
20-44 years	% Number	87% 14,696	70% 1,710	89% 15,444	80% 1,595
45-64 years	% Number	85% 1,666	77% 1,582	87% 1,791	86% 1,674
Total	% Number	87% 16,362	73% 3,292	89% 17,235	83% 3,269

Table 3 provides the rates for all members eligible for at least 11 months in 2014 without regard to their status in 2013. Members aged 20-44 years in FMAP are most likely to have a visit at over 85%. The proportion of members 20-44 years of age who had a visit in WP and MPC was 79% and 73%, respectively. For those ages 45-64 WP had a rate nearly equal to FMAP (86% vs 87%, respectively), while 80% of those in MPC had a visit.

Table 3. Adults' access to preventive/ambulatory health services by program and age for members eligible for at least 11 months in CY 2014

Age		**FMAP 2014**	**WP 2014**	**MPC 2014**
20-44 years	% Number	87% 28,248	79% 21,742	73% 6,452
45-64 years	% Number	87% 3,226	86% 16,515	80% 3,749
Total	% Number	87% 31,474	82% 38,257	76% 10,201

Measure 2 Follow-up after hospitalization for mental illness

2A Percent of discharges for members with a mental illness diagnosis that were followed by a visit with a mental health provider

Results

This measure was moved to a later date to allow for supplemental non-emergency medical transportation (NEMT) survey and analyses

2B Whether a member discharged with a mental illness diagnosis had a follow-up visit with a mental health provider

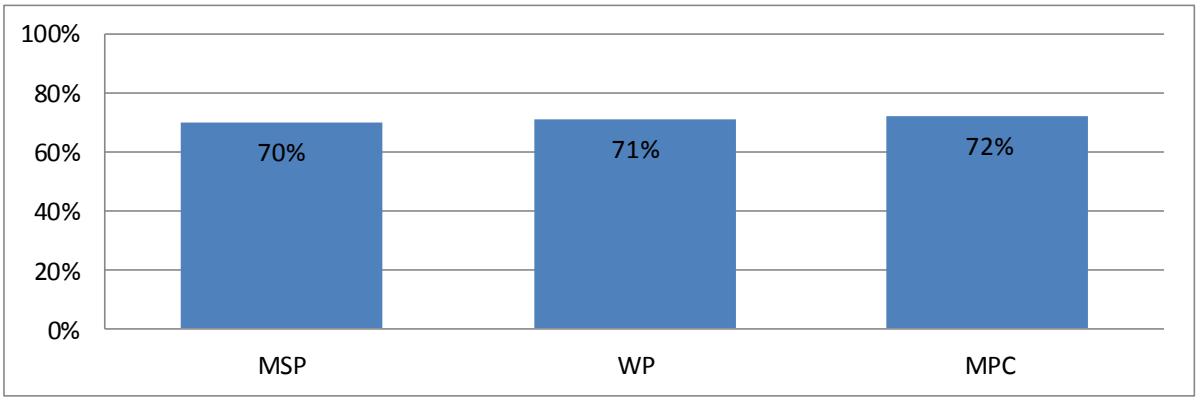
Results
This measure was moved to a later date to allow for supplemental NEMT survey and analyses.

Measure 5 Timely Appointments, Care and Information

The 2014 member survey was used for this measure. This is a CAHPS composite measure designed to assess respondent experience with getting appointments for care as soon as needed, the time spent at the office waiting for the appointment, and receipt of timely answers to questions. Composite measures combine results for closely related items that have been grouped together conceptually and analytically. Five survey items were combined for this measure:
1. When you needed care right away, how often did you get care as soon as you needed?
2. How often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?
3. When you phoned a doctor's office during regular office hours, how often did you get an answer to your medical question that same day?
4. When you phoned a doctor's office after regular office hours, how often did you get an answer to your medical question as soon as you needed?
5. How often did you see a doctor within 15 minutes of your appointment time?

Results
Figure 1 provides the percentage per group who reported timely access to care and information (as defined by the composite measure). There was no difference in reported timely access to care and information among the three comparison groups (MSP-IE, WP, and MPC) with around 70% reporting usually or always experiencing timely access.

Figure 1. Timely Access to Care



Measure 17 Anti-depressant medication management (Measures 17A and 17B)

17A Percent of members with major depressive disorder who remained on anti-depressant medication

Results
Rates provided in Table 4 indicate that members with major depressive disorder (MDD) were much more likely to receive effective acute phase and continuation phase treatment than those in IowaCare or those in FMAP during CY 2013 or CY 2014

Table 4. Proportion of population age 19-64 identified as having major depressive disorder with effective acute phase and continuation phase treatment, CY 2013 and CY 2014

	FMAP 2013	**IowaCare 2013**	**FMAP 2014**	**WP 2014**	**MPC 2014**
Proportion with major depressive disorder	4% 1,437	1% 560	4% 1,391	3% 1,149	2% 281
Effective acute phase treatment	39% 563	43% 241	41% 574	60% 687	65% 183
Effective continuation phase treatment	25% 361	26% 147	27% 370	49% 562	53% 150

17B whether a member with major depressive disorder remained on antidepressant medication

Results
Models for Regression Discontinuity Design (RDD) and Differences in Difference (DID) are still under development.

Measure 18 Mental health utilization

18A Number and percent of members receiving any mental health services

Results
Protocols for mental health utilization are still being developed and tested.

18B Number of mental health services a member received

Results
Protocols for mental health utilization are still being developed and tested.

Measure 19 Behavioral/emotional care

There are two measures from the survey to assess access to, and unmet need for, mental/emotional health care defined as follows:

1. Access to treatment or counseling for a mental or emotional health problem = the percentage who responded that they usually or always found it easy to get the treatment or counseling for a mental or emotional health problem through their health plan (calculated only for those who responded that they had a need for this kind of treatment or counseling).

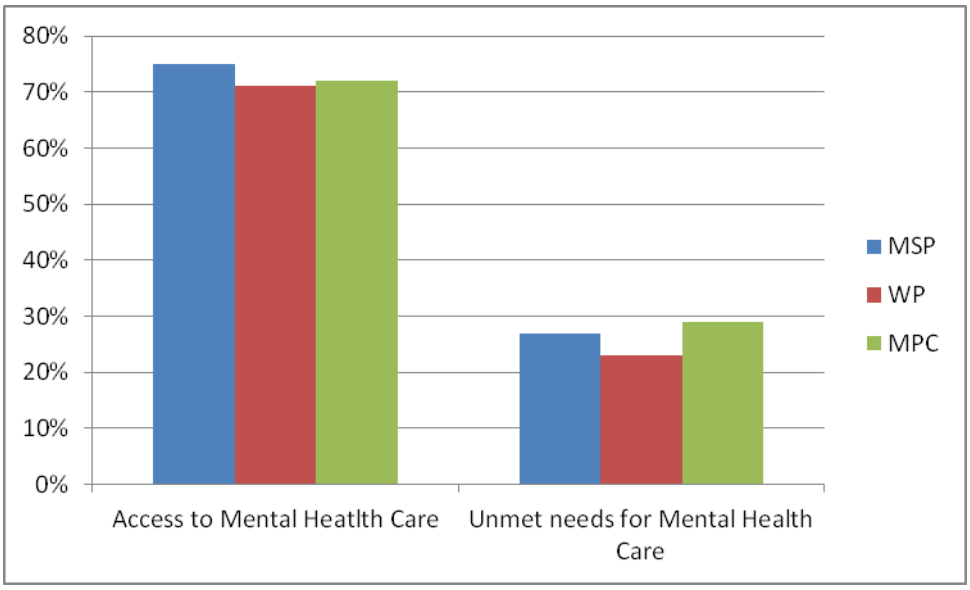
2. Unmet need for mental/emotional health care = the percentage who responded that there was a time when they needed treatment or counseling for a mental or emotional health problem but could not get it for any reason (calculated only for those who responded that they had a need for this kind of treatment or counseling).

Results

For those who reported having received treatment for a mental or emotional health problem, around three-quarters reported that it was usually or always easy to get the treatment they needed using their health plan (MSP-IE: 75%, WP: 71%, MPC: 72%).

The groups were similar with regard to unmet need for mental health care services with 27% of MSP-IE, 23% of WP, and 29% of MPC members reporting an unmet need.

Figure 2. Access to and unmet need for mental or emotional health care



Slightly higher percentages of MSP-SSI members (79%) reported easy access to treatment when they needed it for a mental or emotional health problem. This item was not asked of IowaCare members in the 2012 survey. MSP-SSI members were similar to these groups with 27% reporting an unmet need for mental health care while IowaCare members in 2012 had a higher percentage (44%) of unmet need for these services.

Measure 49 Attention to mental/emotional health (Comprehensive care)

This is a CAHPS Patient-Centered Medical Home (PCMH) composite measure designed to assess respondent perception of how well their provider paid attention to their mental or emotional health which is the CAHPS way to assess the comprehensive care component of the PCMH.

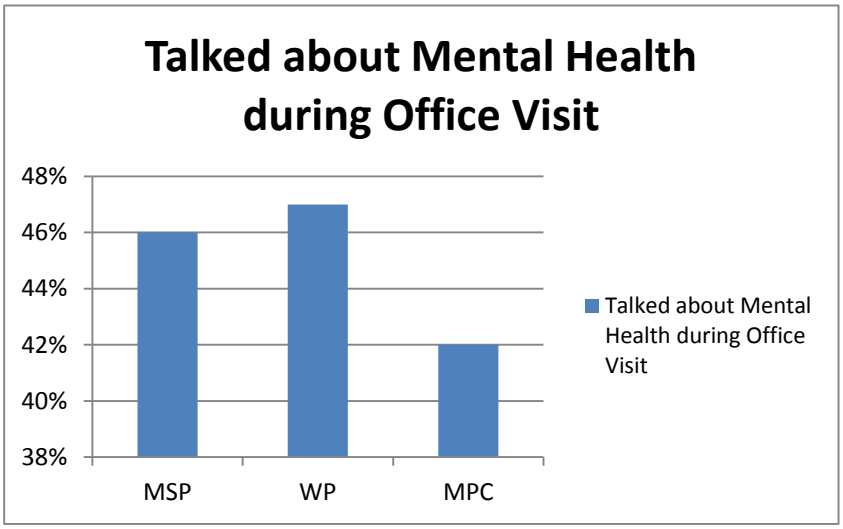
Comprehensiveness of care was assessed using a three-item composite measure comprised of the following questions about discussions of mental/emotional health:
1. Did anyone in a doctor's office ask you if there was a period of time when you felt sad, empty, or depressed?
2. Did you and anyone in a doctor's office talk about things in your life that worry you or cause you stress?
3. Did you and anyone in a doctor's office talk about a personal problem, family problem, alcohol use, drug use, or a mental or emotional illness?

An affirmative response to these questions denoted provider attention to the members' mental/emotional health. A composite measure defined by CAHPS and incorporating these three items was used to provide a summary measure of member satisfaction with their provider on this attribute.

Results

Figure 3 provides the results of this analysis. Almost half (46%) of MSP-IE members, 47% of WP members, and 42% of MPC members reported that their provider paid attention to their mental/emotional health during office visits. Results were similar for MSP-SSI members (43%) in the post-IHAWP period and IowaCare members (42%) in the pre-IHAWP period.

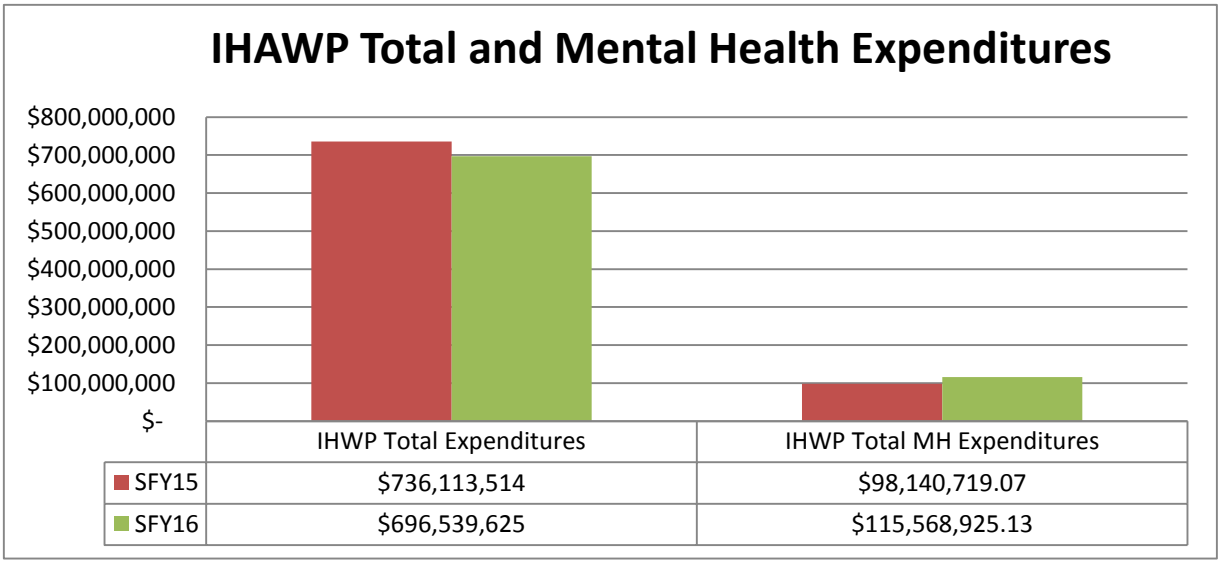
Figure 3. Members reporting that their provider paid attention to their mental health



Mental Health Expenditures

Figure 4 provides the total expenditures for all claims paid for IHAWP enrollees and the total expenditures for all mental health service claims paid for dates of service during SFY15 and SFY 16. It is important to note that the data for SFY16 represents all claims paid by the IME, all claims paid under the Iowa Plan for Behavioral Health extracted from encounter data for the period of July 1, 2016 through December 31, 2016, and all claims paid by the three managed care organizations under the IA Health Link extracted from encounter data for the period of April 1, 2016 through June 30, 2016. Total IHAWP expenditures experienced a slight decline from SFY15 to SFY16 whereas there was an 18 percent increase in mental health service expenditures during the same period.

Figure 4. IHAWP Mental Health Service Expenditures



	IHWP Total Expenditures	IHWP Total MH Expenditures
SFY15	$736,113,514	$98,140,719.07
SFY16	$696,539,625	$115,568,925.13