In 2011 New York State (NYS) began to implement managed behavioral healthcare for Medicaid recipients who were previously exempt. This included over 250,000 individuals with SMI and/or serious SUD served in the NYS public mental health system and accounted for more than 100,000 inpatient mental health admissions in 2011. Beginning in January 2012, Behavioral Health Organizations (BHOs) were contracted to conduct utilization review when these individuals were admitted to inpatient mental health units.

Five BHOs were contracted to review inpatient behavioral health admissions in geographically distinct regions following the same contract rules developed by NYS. The BHOs contracted to provide utilization review were Beacon Health Strategies (Western Region); Magellan Health Services (Central Region); Community Care Behavioral Health Organization (Hudson River Region); OptumHealth (NYC); and ValueOptions (Long Island Region). Magellan, OptumHealth, and ValueOptions have been the largest for-profit BHOs nationally (in terms of enrollment) for the past 10 years and together controlled 35% of the national BHO market in 2011. Beacon Health Strategies is a for-profit BHO that has contracts in 17 northeast states as of 2012. Community Care Behavioral Health Organization is a subsidiary of the University of Pittsburgh Medical Center Health System and is the largest not-for-profit BHO in the country.

Each of the 5 BHOs operated under the same contract rules to provide inpatient utilization review for individuals with SMI and serious SUD. The BHOs did not authorize or pay for services, but followed utilization review standards developed by NYS that focused on care coordination needs of admitted individuals and emphasized the importance of successful transition from inpatient to community-based care. For every fee for service (FFS) inpatient admission, the hospital provider was required to notify the BHO within 24 hours. BHO care managers created service use history reports (based upon Medicaid claims data provided by NYS) and shared them with the provider within 72 hours of admission. Providers were also required to submit discharge plans to the BHO for each admission. In addition, the BHOs identified individuals with SMI and serious SUD who had “complex needs” based upon definitions that used secondary data. In NYS, these Complex Needs populations included individuals admitted to mental health inpatient units who: (1) had a prior mental health admission within 30 days; (2) were receiving court-mandated outpatient mental health services upon admission; or (3) were included on a “High Need Ineffectively Engaged” list created by NYS each month. For these Complex Needs cases, BHO care managers conducted ongoing (at least weekly) concurrent review throughout the individual’s hospitalization, focusing on care coordination and discharge planning needs.

From January 2012 – June 2013, 66,719 FFS admissions were reported to BHOs. Twenty-three percent belonged to one or more of the Complex Needs groups. Key findings from reviews are summarized below:
New York State
Behavioral Health Organizations
Summary Report, January 2012 – June 2013

NYS Offices of Mental Health and
Alcoholism and Substance Abuse Services

Phase I BHOs were Administrative Services Organizations

Charge to BHOs: conduct advisory concurrent review of
inpatient behavioral health services and facilitate treatment
and discharge planning for Medicaid FFS beneficiaries.

- New York City Region:
  OptumHealth

- Hudson River Region:
  Community Care Behavioral
  Health

- Long Island:
  Long Island Behavioral Health
  Management (North Shore/Long
  Island Jewish & ValueOptions)

- Central Region:
  Magellan Behavioral Health

- Western Region:
  New York Care Coordination
  Program (with Beacon Health
  Strategies)
I. BHO Phase I Admissions

66,719 fee-for-service admissions were reported to BHOs between January 2012—June 2013.
BHO Phase I Admissions

Of the 66,719 FFS admissions reported to BHOs over 18 months, 23% belonged to one or more of the following Complex Needs populations:

1. **AOT**: Individuals with active Assisted Outpatient Treatment orders (involuntary outpatient treatment)

2. **Adult MH Readmissions**: Adults admitted to a mental health inpatient unit who had a previous mental health admission in the prior 30 days

3. **Youth MH Readmissions**: Youth admitted to a mental health inpatient unit who had a previous mental health admission in the prior 90 days

4. **SUD Readmissions**: Individuals (all ages) admitted to a substance use disorder (SUD) inpatient unit who had a previous SUD admission in the prior 90 days

5. **Multiple Detox Admissions**: High Need Inpatient Detoxification: individuals with ≥3 inpatient detox admissions in the prior 12 months

6. **High Need Ineffectively Engaged**: ≥3 inpatient/ER visits in prior 12 months OR forensic mental health services in prior 5 years OR expired AOT order in prior 5 years, AND no claims indicating recent community-based services

7. **Provider-nominated**

Complex Needs and Non-Complex Needs Admissions

January 2012—June 2013

Data submitted by BHO
Rates of admissions of individuals who were homeless (shelter or street)

Regional, all service types, January 2012—June 2013

Long Island (LIBHM) NOAs: 4,873
Western (NYCCP) NOAs: 7,158
Central (Magellan) NOAs: 7,253
NYC (Optum) NOAs: 27,835
Hudson River (Community Care) NOAs: 19,602

Statewide, by service type

2012 Q1 2012 Q2 2012 Q3 2012 Q4 2013 Q1 2013 Q2
SUD Detox SUD Rehab Adult MH Child MH All Service Types

Data submitted by BHO

Individuals discharged from detox units who had multiple prior detox admissions, April 2012—June 2013

Fewer than 3 prior Detox admissions
3 or more prior Detox admissions

34% of all individuals discharged from NYC detox units had at least 3 other detox stays in the prior 12 months

Data submitted by BHO
II. Care Coordination and Discharge Planning

Rates of BHOs completing initial review with provider within 72 hours of admission (based upon number of admissions)

Regional, all service types, January 2012—June 2013

- Western (NYCCP) NOAs: 7,158
- Long Island (LIBHM) NOAs: 4,873
- Hudson River (Community Care) NOAs: 19,602
- NYC (Optum) NOAs: 27,835
- Central (Magellan) NOAs: 7,253

Statewide, by service type

- Detox
- Rehab
- Adult MH
- Child MH
- All Service Types

Data submitted by BHO
Rates of inpatient provider contacting current or prior mental health outpatient provider (for individuals discharged from mental health units)

Regional, Mental Health (Child and Adult), January 2012—June 2013

Western (NYCCP) Discharges: 5,038
Central (Magellan) Discharges: 4,937
Hudson River (Community Care) Discharges: 8,320
Long Island (LIBHM) Discharges: 3,370
NYC (Optum) Discharges: 13,579

Statewide, by service type

Child MH
Adult MH
MH Service Type

2012 Q1 2012 Q2 2012 Q3 2012 Q4 2013 Q1 2013 Q2

Rates of hospital providers scheduling appointments with outpatient MH providers (for MH discharges) or SUD providers (for SUD discharges) for individuals discharged to the community

Regional, all service types, January 2012—June 2013

Western (NYCCP) Community Discharges: 6,115
Central (Magellan) Community Discharges: 6,431
Long Island (LIBHM) Community Discharges: 4,087
Hudson River (Community Care) Community Discharges: 16,311
NYC (Optum) Community Discharges: 23,223

Statewide, by service type

SUD Detox
SUD Rehab
Adult MH
Child MH
All Service Types

2012 Q1 2012 Q2 2012 Q3 2012 Q4 2013 Q1 2013 Q2

Data submitted by BHO
Rates of referrals for case management/housing support services (for individuals discharged to the community)

Regional, all service types, January 2012—June 2013

- Western (NYCCP) Community Discharges: 6,115
- Central (Magellan) Community Discharges: 6,431
- Long Island (LIBHM) Community Discharges: 4,087
- Hudson River (Community Care) Community Discharges: 16,311
- NYC (Optum) Community Discharges: 23,223

Statewide, by service type

Rates of inpatient providers identifying physical health care needs requiring post-hospital follow-up, (for individuals discharged to the community between 1/12—6/13)

- Western (NYCCP) Community Discharges: 6,115
- Central (Magellan) Community Discharges: 6,431
- Long Island (LIBHM) Community Discharges: 4,087
- Hudson River (Community Care) Community Discharges: 16,311
- NYC (Optum) Community Discharges: 23,223
Integrated care: How often did behavioral health inpatient providers identify general medical conditions requiring follow-up, and did they arrange aftercare appointments?

Based upon 56,167 behavioral health community discharges (all service types), January 2012—June 2013

Data submitted by BHO

For individuals with an identified physical health condition requiring follow-up, how often did the inpatient provider schedule a physical health aftercare appointment?

Regional, all service types, January 2012—June 2013

Statewide, by service type

Data submitted by BHO
Rates of inpatient providers sending case summaries to aftercare providers (for individuals discharged to the community)

- Central (Magellan) Community Discharges: 6,431
- Western (NYCCP) Community Discharges: 6,115
- Hudson River (Community Care) Community Discharges: 16,311
- Long Island (LIBHM) Community Discharges: 4,087
- NYC (Optum) Community Discharges: 23,223

Rates of Against Medical Advice (AMA) discharges

- Western (NYCCP) Discharges: 7,000
- Long Island (LIBHM) Discharges: 4,680
- Central (Magellan) Discharges: 7,072
- Hudson River (Community Care) Discharges: 19,043
- NYC (Optum) Discharges: 27,146
Transfers from acute mental health units to OMH Psychiatric Centers for intermediate care

Numbers of discharges to OMH Psychiatric Centers, 1/12 – 6/13

% of discharges to OMH Psychiatric Centers, 1/12 – 6/13

Data submitted by BHO

III. Transitions to outpatient care following discharge
Rates of attending outpatient appointments following discharge were higher when inpatient providers scheduled aftercare appointments.

Percentage of discharges to the community from MH inpatient treatment followed by a licensed MH clinic service within 7/30 Days of discharge, calendar year 2012.

- **Group 1 - N = 9,767, 47%**: MH outpatient treatment appointment scheduled at a licensed MH clinic.
- **Group 2 - N = 5,977, 29%**: MH outpatient treatment appointment scheduled at other than a licensed MH clinic.
- **Group 3 - N = 5,075, 24%**: No scheduled appointment for MH outpatient treatment.

Data from Medicaid claims and BHOs.

Post-discharge outcomes for Adult Mental Health fee for service discharges, 2012 YTD.

- 30-day readmission rate (32,242 CY 2012 Statewide Discharges)
- Outpatient MH or SUD treatment within 7 days of discharge (29,661 CY 2012 Statewide Discharges)
- Two or more MH outpatient visits within 30 days of discharge (29,361 CY 2012 Statewide Discharges)

Medicaid claims data.
Post-discharge outcomes for **Child Mental Health** fee for service discharges, 2012 YTD

- 30-day readmission rate: 9,572 CY 2012 Statewide Discharges
- Outpatient MH or SUD treatment within 7 days of discharge: 8,634 CY 2012 Statewide Discharges
- Two or more MH outpatient visits within 30 days of discharge: 8,535 CY 2012 Statewide Discharges

Post-discharge outcomes for **SUD** fee for service discharges, 2012 YTD

- 45-day readmission rate: 34,827 CY 2012 Statewide Discharges
- Lower level of SUD service or MH outpatient care within 14 days of discharge: 25,389 CY 2012 Statewide Detox Discharges
- Three or more SUD lower level services within 30 days of discharge: 36,197 CY 2012 Statewide Discharges
How do hospitals compare in rates of connection with outpatient services for adults discharged from their inpatient mental health units?  
*(CY 2012 Medicaid claims data for NYC hospitals that made the most referrals)*

How do outpatient clinics compare in rates of connection to outpatient services for adults discharged from inpatient mental health units?  
*(CY 2012 Medicaid claims data for NYC clinics that received the most referrals)*
Summary: BHO Phase I activities identified the following system gaps and practices that may provide opportunities for transforming NYS’s mental health system:

A. Inpatient providers had low rates of communicating with outpatient providers and arranging for follow-up after discharge.
B. Health Home care coordinators typically were not notified of inpatient admissions and rarely visited hospitalized enrollees to coordinate care.
C. Inpatient providers had low rates of referring individuals for physical health follow-up when medical problems requiring follow-up were identified.
D. Rates of individuals attending outpatient appointments in within 7- and 30-days of discharge from inpatient behavioral health units were under 50% for all service types and markedly lower than those seen in current NYS Medicaid managed care covered populations.
E. Outpatient providers demonstrated little incentive to engage recently discharged individuals or follow-up when individuals missed appointments following inpatient care.
F. 30-day inpatient readmission rates were over 20% for adult individuals hospitalized on mental health units; and 45-day readmission rates were over 30% for individuals treated on inpatient SUD units.