



Anthem HealthKeepers Plus
Offered by HealthKeepers, Inc.



HHR Oversight Meeting

July 8, 2021

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Why CMHRS Services were Carved into Managed Care

- Medicaid Expenditures FY17: > \$9.2B
 - Mental health services represent 9.4% of the total expenditures
- Increase cost in 3 CMHRS services between 2006 to 2017:

Service	2006	2017	% Change
MHSS	\$ 23.4	\$ 251.0	973% ↑
TDT	\$ 30.8	\$ 186.0	504% ↑
IIH	\$ 55.4	\$ 127.6	130% ↑

Note: Dollars in millions

- Jan 2018 CMHRS services fully carved-in
- Rate-setting managed care savings assumption – 13%

Note: Data from Virginia: Advancing Mental Health by the Farley Health Policy Center – March 2018

Provider Education

- MCOs / DMAS held provider webinars to explain service expectations
- Anthem participated in private provider associate conferences to include both VNPP and VACBP
 - Allowed for provider Q&A
 - Provider education on service expectations, documentation required for authorizations, etc.
- Private provider associate education/trainings
- 1:1 written and/or verbal discussions with Anthem UM review team
- Peer to peers: Anthem Medical Director and Psychology reviewers provided 1:1 feedback to providers regarding concerns and/or discrepancies with the documentation submitted pertaining to the provision of services.

Network Assessment

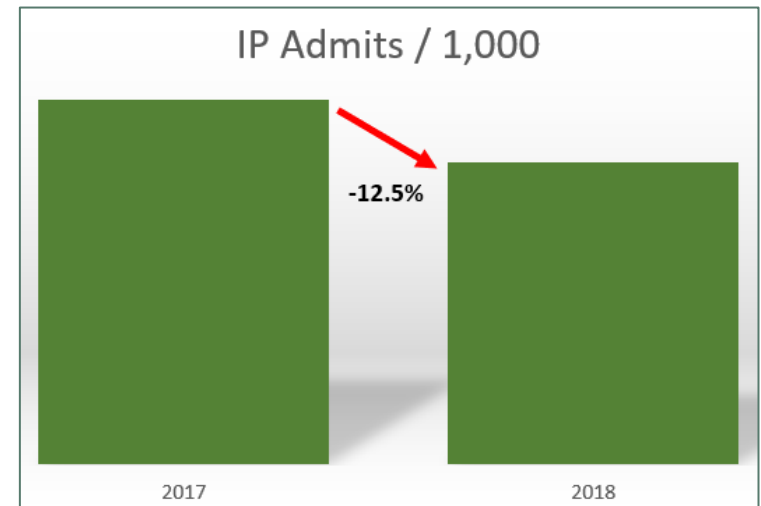
- Anthem ensures the best service and value to our members and state customer. Assessment criteria included the following:
 - Provider requesting maximum units for all members therefore no indication of individualized treatment.
 - Individual service plan the same for different members (including background history at times).
 - Member in service for years with no discharge goals/plan identified or titration of units.
 - No linkage to other services and supports although clinically indicated.
 - Required elements of the service not being provided (often OP therapy and psychiatric med management).
 - Clinical information on authorization requests consistently lacking to support need for services.
 - Goals of member not appropriate for service or member's individual needs.
 - Reports that guardian was unaware that services were taking place with the member.
 - Reports from guardians of service delivery concerns.
 - No licensed professional available to discuss services.
 - Provider reporting false information on authorization request.
 - Billing for claims when member was in residential/IP/incarcerated.
 - Inappropriate/aggressive interactions with UM team.
 - Unresponsive to multiple attempts at provider education.

CMHRS Network

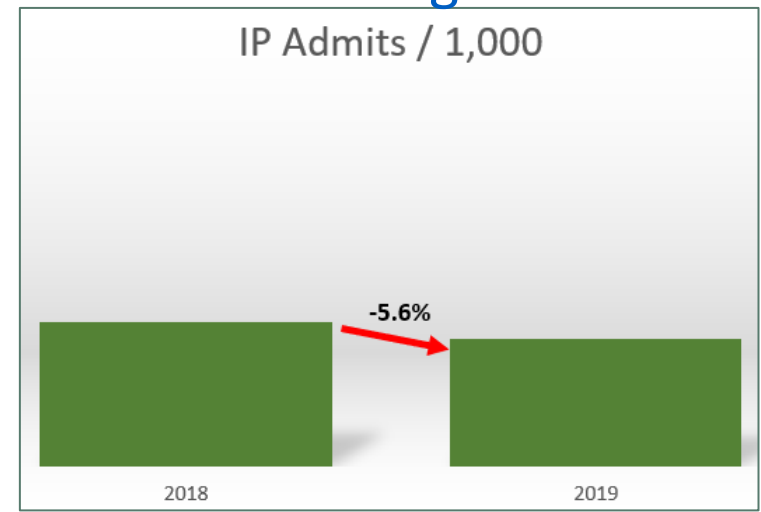
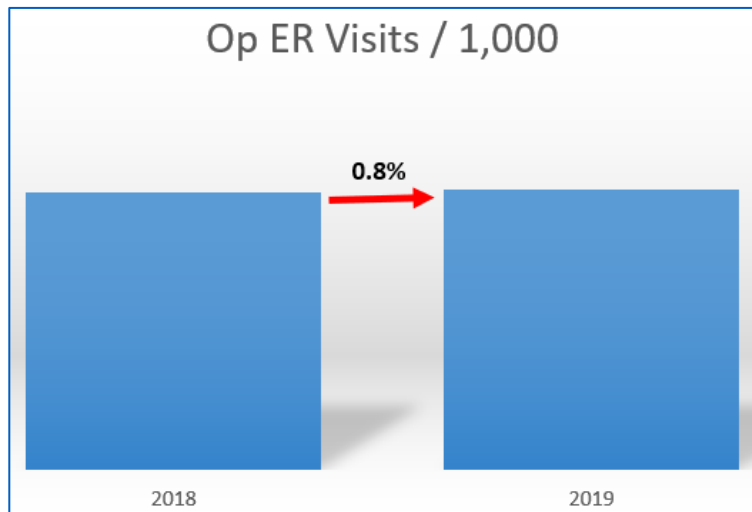
- DMAS approved MCO network activities could begin with stringent agency oversight
- MCO's prepared recommendations and provided DMAS the following:
 - Proposed Providers
 - Members potentially impacted by termination
 - Evidence of alternative provider coverage
- Terminations were clustered in areas where Anthem has a dense network of behavioral health care providers.
- DMAS allowed impacted members to switch MCOs if they preferred to stay with their current provider.
- Anthem was unaware of the ownership demographics of the providers.
- Mutual without cause termination language is standard contract language in MCO contracts and throughout most industries.

Member Outcomes

2017 Pre Carve-In v. 2018 Post Carve-In Mental Health Skill Building



2018 v. 2019 Mental Health Skill Building



Member Outcomes

Therapeutic Day Treatment

Baseline: 1/19-6/19 Compared to 9/19-3/20

TDT Services	Change in Inpatient BH Admits	Change in Outpatient ER Visits	Change in Member Receiving Therapy
% Change in Utilization	-15.40%	-18.40%	+35% (39.5% → 53.2%)
No TDT Second Period*	-35.30%	-5.80%	-

* 93% remained in plan