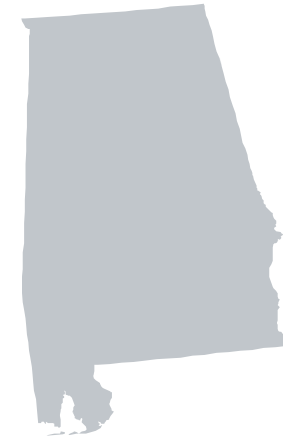




OPEN MINDS

Alabama Health & Human Services Market Profile



Health & Human Services Market Profile Overview

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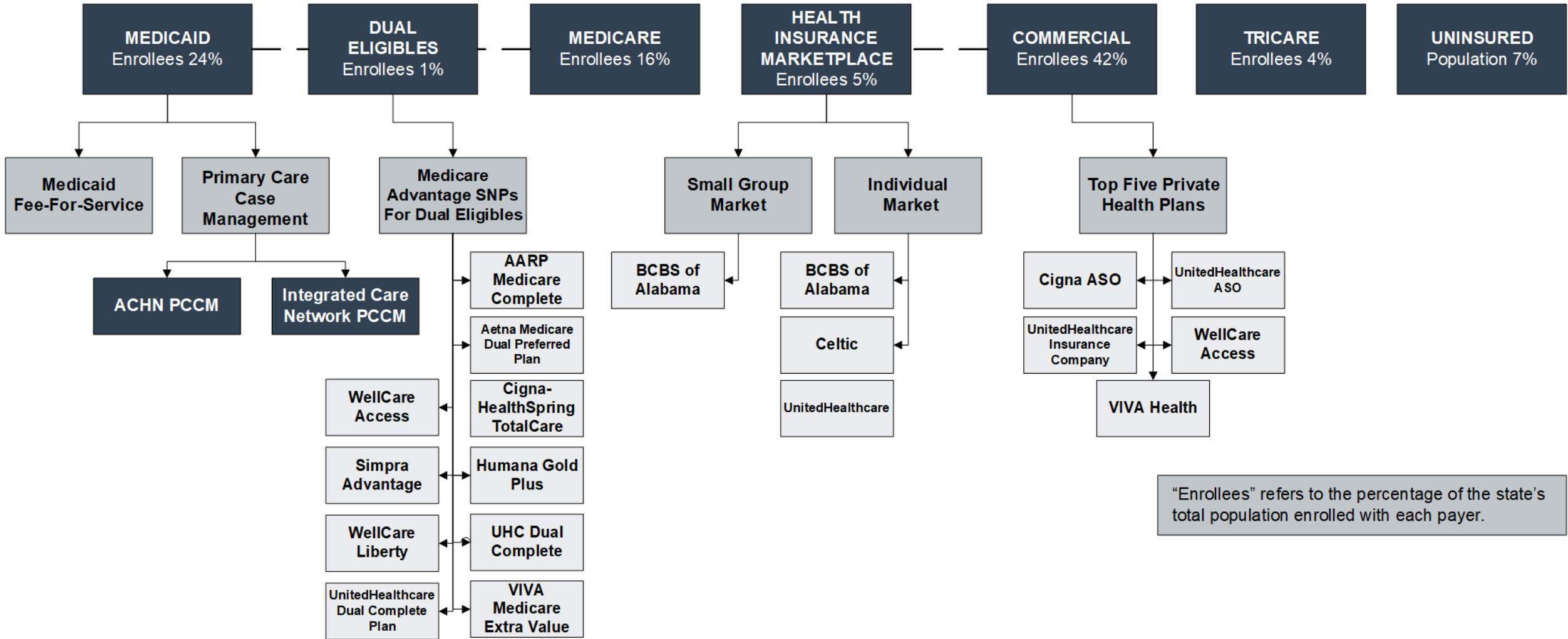
H. [Appendices](#)

1. *OPEN MINDS* Estimates For The Share Of SMI Consumers By Payer/Plan
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A. Executive Summary

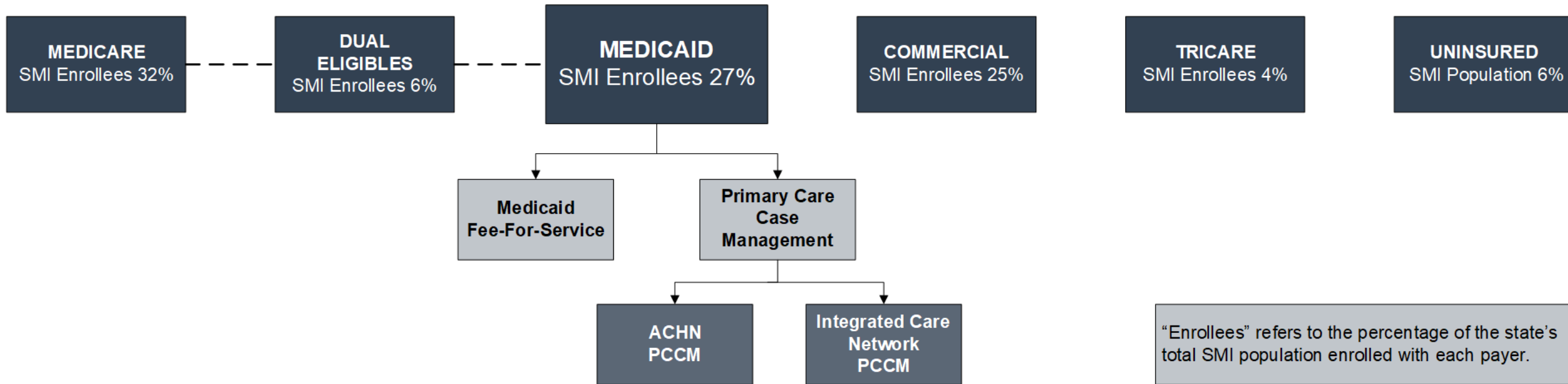
A.1. Alabama Physical Health Care Coverage by Payer

Total Alabama Population- 5,039,877
 Estimated SMI Population- 362,045



“Enrollees” refers to the percentage of the state’s total population enrolled with each payer.

A.1. Alabama Behavioral Health Care Coverage by Payer



A.2. Medicaid Services Care Coordination Initiatives

Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	Active Program	Description
Managed Care Plan		The state has halted implementation of risk-based managed care. Managed care services are delivered through the state's PCCM program.
Primary Care Case Management (PCCM)	✓	The state operates two PCCM programs; Alabama Coordinated Health Network (ACHN) and the Integrated Care Network, which it considers to be managed care.
Accountable Care Organization (ACO) Program		None
Affordable Care Act Model Health Home		The state's health homes for persons with chronic conditions were discontinued in 2019 with the implementation of the ACHN.
Patient-Centered Medical Home (PCMH)	✓	Primary care providers in the ACHN PCCM program serve as medical homes for their enrollees.
Dual Eligible Demonstration		None
Managed Long-Term Services and Supports (MLTSS)		The state has discontinued its plans for a MLTSS program.
Certified Community Behavioral Health Clinics (CCBHC) Grant	✓	Alabama currently has one CCBHC.

A.3. Behavioral Health Care Safety-Net Delivery System

State Agencies Responsible For Uninsured Citizens & Delivery System Model

Physical Health Services

- Alabama Department of Public Health provides physical health services to the safety-net population. It provides funding to county public health departments that in turn deliver services on a sliding fee basis.

Mental Health Services

- The Alabama Department of Mental Health provides mental health services to the safety-net population by contracting with community behavioral health entities, called 310 Boards, that are operated at the county or joint county level, as well as through contracted provider organizations.

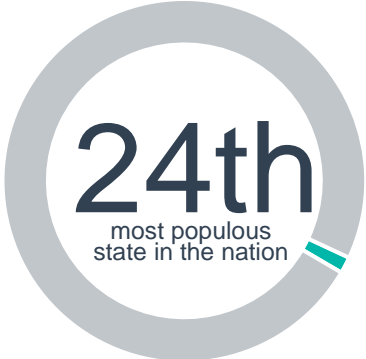
Addiction Treatment Services

- The Department of Mental Health also delivers addiction treatment services through the 310 boards and through contracted provider organizations.

B. Alabama Health Financing System Overview

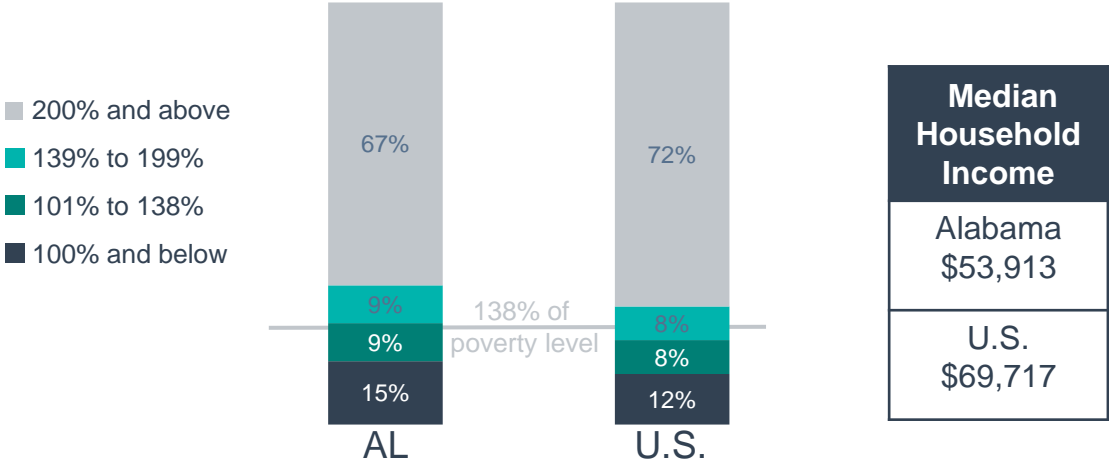
B.1. Population Demographics

Total Alabama Population-5,039,877
 Estimated SMI Population- 362,045



2% of the U.S. population

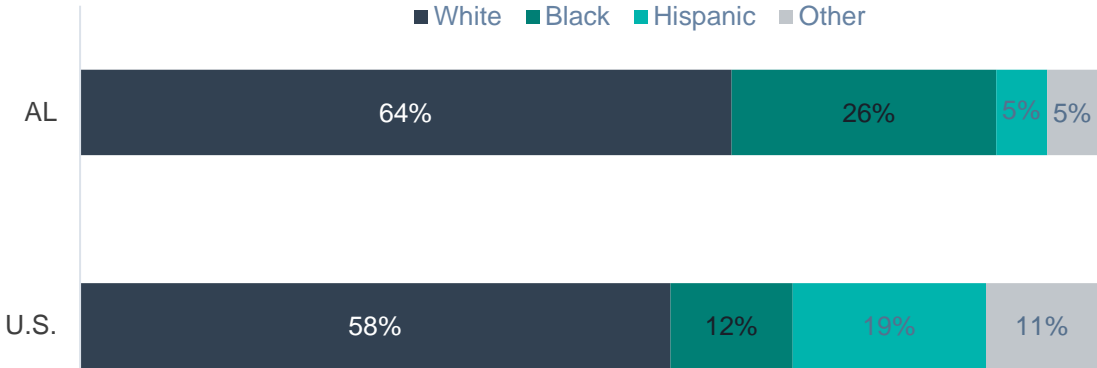
Population Distribution By Income To Poverty Threshold Ratio



Population Distribution By Age

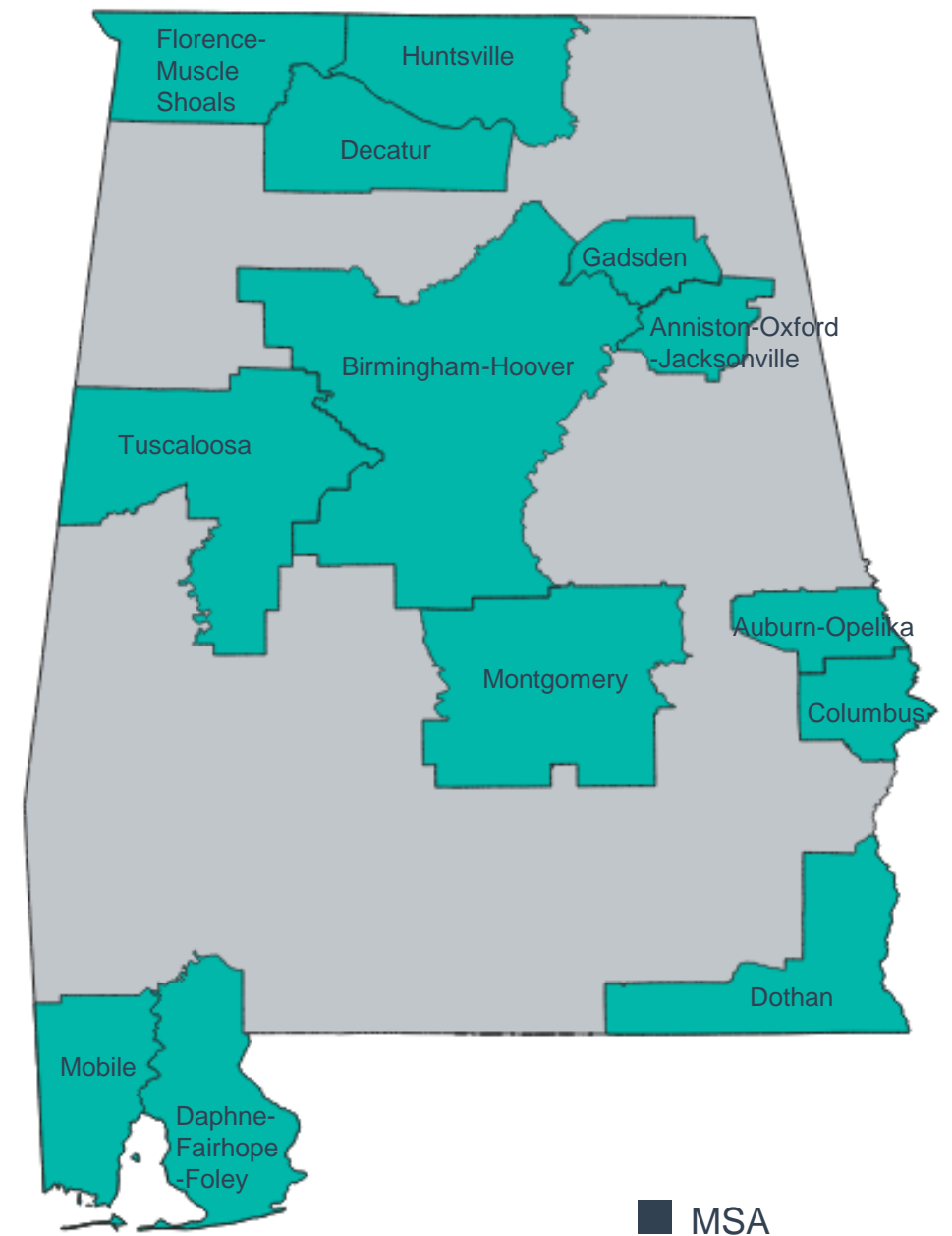


Alabama & U.S. Racial Composition

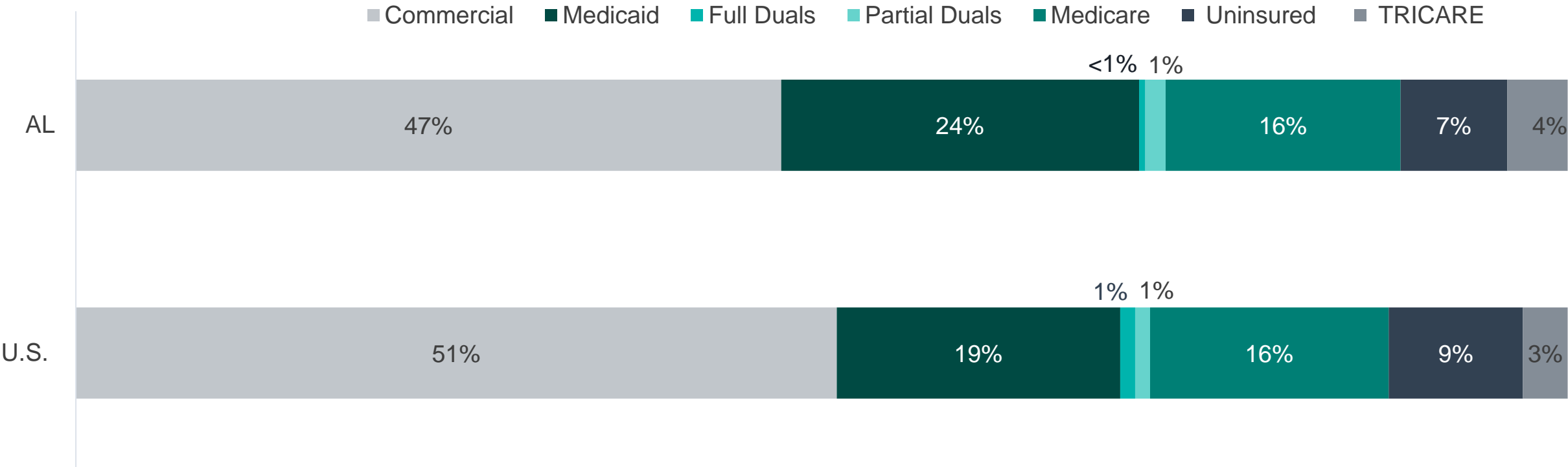


B.2. Population Centers

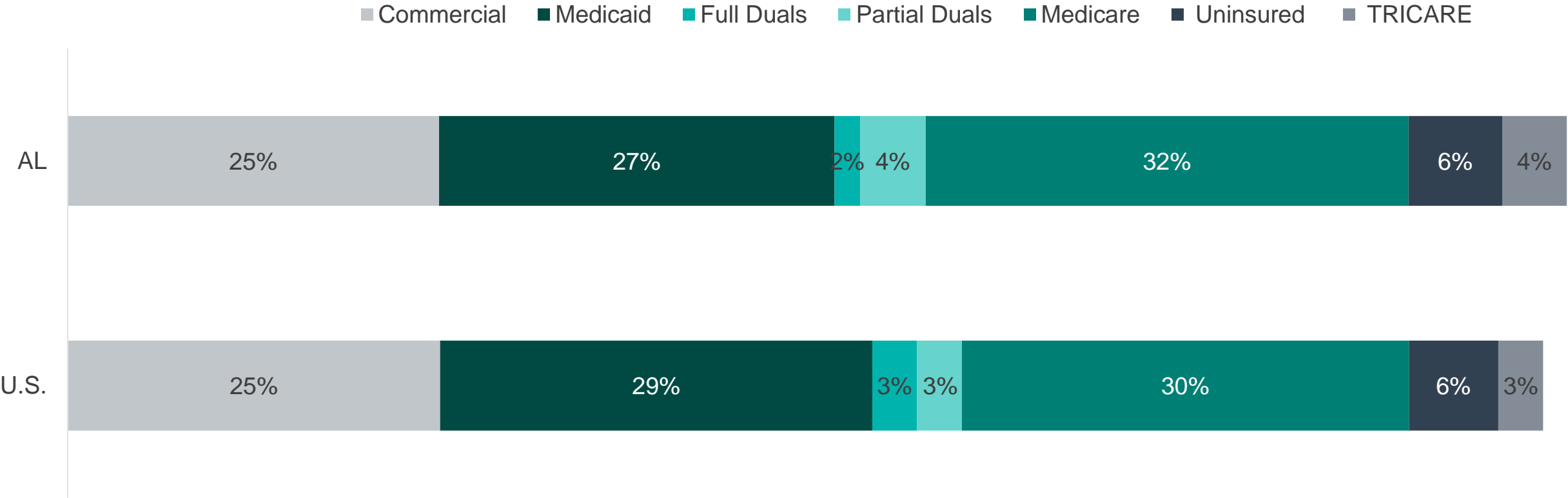
Metropolitan Statistical Areas (MSAs)		
MSA	AL MSA Residents	Percentage
Total MSA Population	4,122,274	82%
Birmingham-Hoover	1,114,262	22%
Huntsville	502,728	10%
Mobile	428,220	8%
Montgomery	385,798	8%
Columbus, GA-AL	327,536	6%
Tuscaloosa	268,191	5%
Daphne-Fairhope-Foley	239,294	5%
Auburn-Opelika	177,218	4%
Decatur	156,758	3%
Dothan	151,618	3%
Florence-Muscle Shoals	151,517	3%
Anniston-Oxford-Jacksonville	115,972	2%
Gadsden	103,162	2%



B.3. Population Distribution By Payer: National vs. State



B.3. SMI Population Distribution By Payer: National vs. State



B.4. Largest Alabama Health Plans By Enrollment

Plan Name	Plan Type	Enrollment*
WellCare Access	Commercial administrative services only (ASO)	2,488,317
Alabama Medicare Fee-For-Service (FFS)	Medicare	428,136
Alabama Medicaid FFS	Medicaid	314,114
TRICARE	Other Public	210,552
AARP MedicareComplete	Medicare Advantage	121,812
HumanaChoice	Medicare Advantage	117,379
Blue Advantage	Medicare Advantage	101,291
VIVA Health	Medicare Advantage	52,271
Humana Gold Plus	Medicare Advantage	48,613

* Medicaid enrollment as of May 2022; TRICARE as of July 2021; Commercial as of May 2022; Medicare enrollment as of May 2022

B.4. Largest Alabama Health Plans By Estimated SMI Enrollment

Plan Name	Plan Type	Enrollment*	Estimated SMI Enrollment
Alabama Medicare FFS	Medicare	428,136	137,004
WellCare Access	Commercial ASO	2,488,317	103,021
AARP MedicareComplete	Medicare Advantage	121,812	38,980
HumanaChoice	Medicare Advantage	117,379	37,561
UnitedHealthcare Dual Complete Choice	Medicare Advantage	101,291	32,314
Alabama Medicaid FFS	Medicaid	314,114	27,014
TRICARE	Other Public	210,552	17,476
VIVA Health	Medicare Advantage	52,271	16,727
Humana Gold Plus	Medicare Advantage	48,613	15,556

* Medicaid enrollment as of May 2022; TRICARE as of July 2021; Commercial as of May 2022, Medicare enrollment as of May 2022

B.5. Health Insurance Marketplace

Health Insurance Marketplace	
Health Plan Marketplace Percentage	3%
Type of Marketplace	Federal
Individual Enrollment Contact	https://www.healthcare.gov/
	1-800-318-2596
Small Business Enrollment Contact	https://www.healthcare.gov/small-businesses/
	1-800-706-7893

2023 Individual Market Health Plans
<ol style="list-style-type: none"> 1. Blue Cross and Blue Shield of Alabama 2. Celtic 3. UnitedHealthcare

2023 Small Group Market Plans
<ol style="list-style-type: none"> 1. Blue Cross and Blue Shield of Alabama

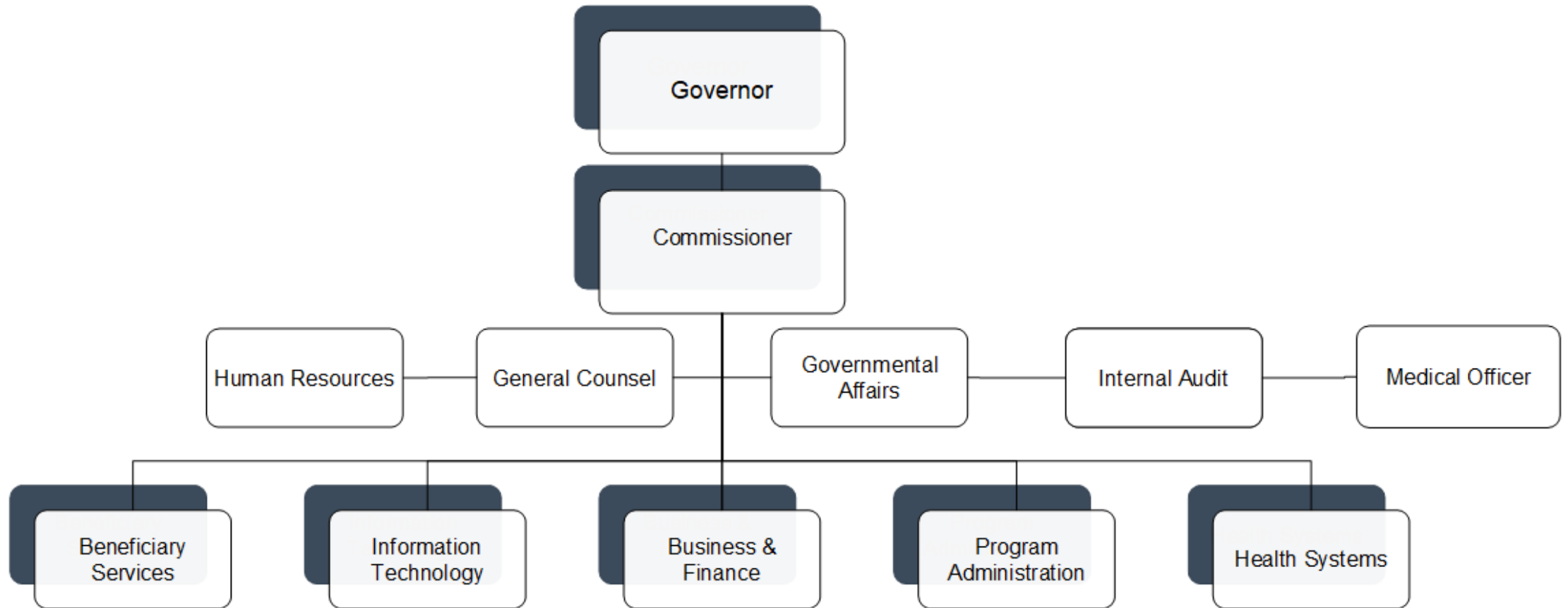
B.6. Accountable Care Organizations

Medicare Shared Savings ACOs	
1. Accountable Care Coalition of Alabama	1. Doctors ACO, LLC
2. ACO of North Delaware, LLC	2. Fresenius Seamless Care of Central Alabama*
3. Alabama Physician Network	3. Fresenius Seamless Care of Gulf Shore*
4. Aledade Accountable Care 22, LLC	4. LTC ACO, LLC
5. Aledade Accountable Care 79, LLC	5. North Georgia HealthCare Partnership, Inc dba Live Oak Care
6. Aledade Jupiter ACO, LLC	6. Northwest Florida Health Partners LLC dba Gulf Coast Health Partners
7. CHSPSC ACO 12, LLC	7. PH Health Alliance LLC
8. CHSPSC ACO 19, LLC	8. Piedmont Clinic ACO, LLC
9. CHSPSC ACO 21, LLC	9. Select Physicians Associates, LLC
10. CPSI AC 3, LLC	10. Statera Health, LLC
11. Cumberland ACO, LLC	

* End Stage Renal Disease Model

C. Medicaid Administration, Governance & Operations

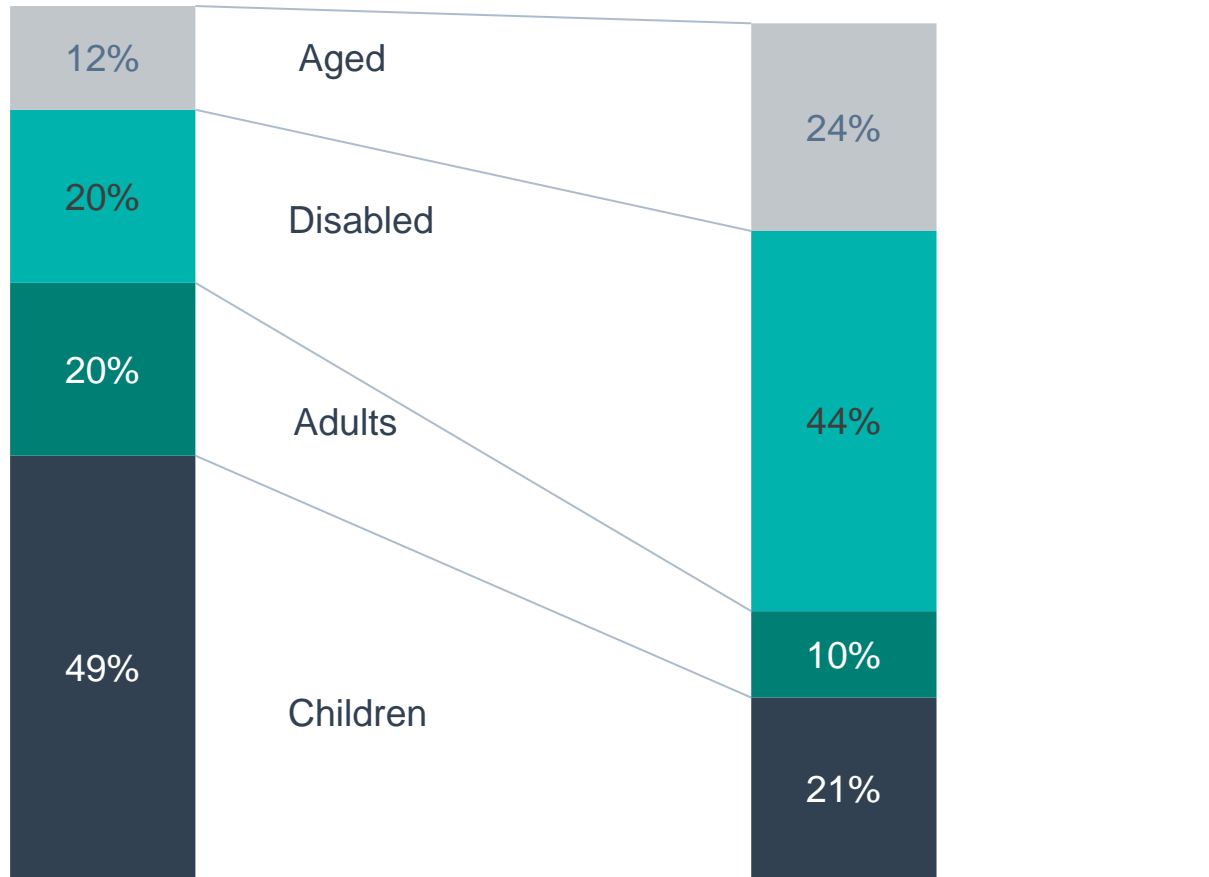
C.1. Medicaid Governance: Key Leadership



C.1. Medicaid Governance: Organization Chart

Name	Position	Department	Email
Stephanie McGee Azar	Commissioner	Alabama Medicaid Agency	stephanie.azar@medicaid.alabama.gov
Mason Tanaka	Deputy Commissioner, Information Systems & Technology	Alabama Medicaid Agency	mason.tanaka@medicaid.alabama.gov
David McIntosh	Deputy Commissioner, Business & Finance	Alabama Medicaid Agency	David.mcintosh@medicaid.alabama.gov
Vacant	Medical Director	Alabama Medicaid Agency	N/A
Barry Cambron	Deputy Commissioner, Health Systems	Alabama Medicaid Agency	Barry.Cambron@medicaid.alabama.gov
Ginger Carmack	Deputy Commissioner, Program Administration	Alabama Medicaid Agency	ginger.carmack@medicaid.alabama.gov
Gretel Felton	Deputy Commissioner, Beneficiary Services	Alabama Medicaid Agency	gretel.felton@medicaid.alabama.gov
Travis Houser	Associate Director, Managed Care	Alabama Medicaid Agency, Department of Health Systems	Travis.Houser@medicaid.Alabama.Gov
Bakeba Raines	Directo, Managed Care Operations	Alabama Medicaid Agency, Department of Health Systems	bakeba.raines@medicaid.alabama.gov

C.2. Medicaid Program Spending By Eligibility Group



Percent of Total Medicaid Population

Percent of Total Medicaid Spending

*Based on FY 2020 data

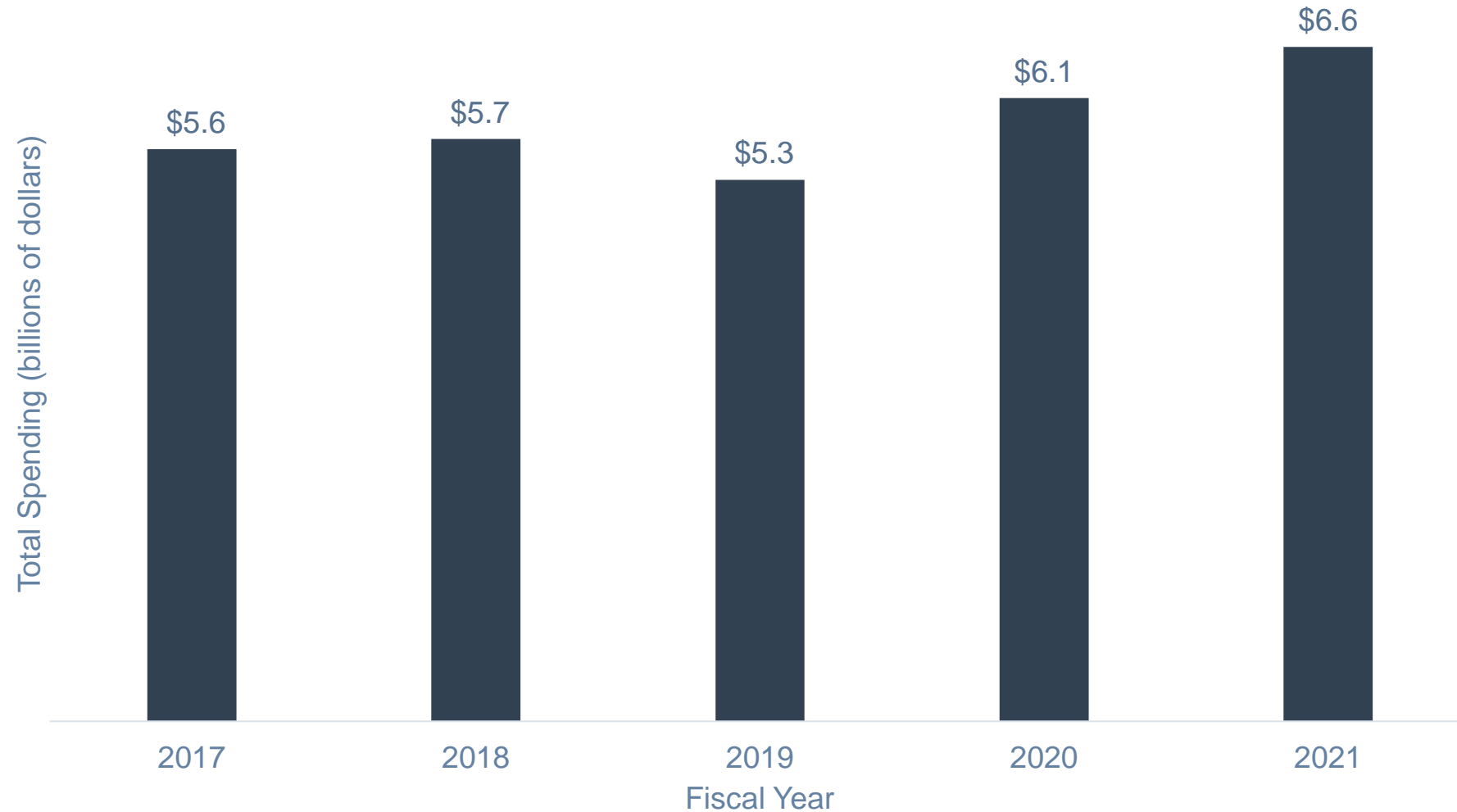
Medicaid Spending Per Enrollee, FY 2020		
	U.S.	AL
All populations	\$8,718	\$5,711
Children	\$3,495	\$2,529
Adults	\$5,461	\$3,115
Expansion adults	\$7,227	N/A
Blind and disabled	\$23,123	\$12,248
Aged	\$18,552	\$11,115

C.2. Medicaid Program Spending: Budget

Budget Item	SFY21 Spending	Percent Of Budget
Hospital	\$2,712,000,000	41%
Institutional LTSS	\$1,072,000,000	18%
Other acute	\$694,000,000	10%
Home- and community-based LTSS	\$634,000,000	10%
Physician	\$430,000,000	6%
Medicare premiums and coinsurance	\$384,000,000	6%
Drugs	\$370,000,000	6%
Clinic and health center	\$113,000,000	2%
Managed care and premium assistance	\$91,000,000	1%
Other practitioner	\$87,000,000	1%
Dental	\$78,000,000	1%
Budget Total: \$6,665,000,000		

Federal & County Financial Participation	
FY 2023 Federal Medical Assistance Percentage (FMAP)	78.6%
CY 2023 Newly Eligible FMAP (expansion population)	N/A
Counties contribute to state Medicaid share	No

C.2. Medicaid Program Spending: Change Over Time



C.3. Medicaid Expansion Status

Medicaid Expansion	
Participating In Expansion	No
Date Of Expansion	N/A
Medicaid Eligibility Income Limit For Able-Bodied Adults	133% of the Federal Poverty Level (FPL) for parents; No coverage for childless, able-bodied adults
Legislation Used To Expand Medicaid	N/A
Number Of Individuals Enrolled In The Expansion Group (October 2020)	N/A
Number Of Enrollees Newly Eligible Due To Expansion	N/A
Benefits Plan For Expansion Population	N/A

C.4. Medicaid Program Benefits

Federally Mandated Services

1. Inpatient hospital services
2. Outpatient hospital services
3. Federally Qualified Health Center (FQHC) services
4. Laboratory and x-ray services
5. Nursing facilities for individuals 21 and over
6. Early and Periodic Screening and Diagnosis and Treatment (EPSDT)
7. Family planning services and supplies
8. Pregnancy-related and postpartum services
9. Nurse midwife services
10. Physician services
11. Medical and surgical services of a dentist for individuals 21 and under
12. Home health services
13. Behavioral health services
14. Emergency transportation to medical care
15. Non-emergency transportation to medical care
16. Eye care services
17. Hospice care

Alabama's Optional Services

1. Certified nurse anesthetist services
2. Clinic services
3. Prescribed drugs
4. Prosthetic devices
5. Rehabilitative services
6. Inpatient and nursing facility services for individuals age 65 and over in an IMD
7. Intermediate care facility services for individuals with intellectual or developmental disabilities (ICF/IDD)
8. Public institution services for individuals with I/DD
9. Inpatient psychiatric services for individuals under age 22
10. Case management
11. Renal dialysis services
12. Nursing facility services for patients under 21
13. Hearing services for individuals 21 and under
14. Organ transplant services
15. Dental services

D. Medicaid Financing & Service Delivery System

D.1. Medicaid Financing & Service Delivery System

Medicaid System Characteristics			
Characteristics	Medicaid Fee-For-Service (FFS)	Integrated Care Network PCCM	Alabama Coordinated Care Health Network (ACHN) PCCM
Enrollment (December 2021)	314,114	19,216	605,317
SMI Enrollment	<ul style="list-style-type: none"> Alabama does not specifically preclude individuals from enrolling in the PCCM program based on a diagnosis of SMI. As a result, the majority of the SMI population is enrolled in managed care. Estimated 66% of the SMI population is enrolled in PCCM. 		
Management	Alabama Department of Medicaid	Alabama Select Network	Alabama Department of Medicaid
Payment Model	Fee-for-service	Per member per month case management fee and FFS	Per member per month case management fee and FFS
Geographic Service Area	Statewide	Statewide	Statewide

Total Medicaid: 1,154,492 | Total Medicaid With SMI: 99,286

D.1. Medicaid System Overview

Medicaid Financial Delivery System Enrollment

Total Medicaid population distribution	<ul style="list-style-type: none"> As of December 2021: approximately 34% in Medicaid fee-for-service (FFS) and 66% in primary care case management (PCCM) programs. Alabama considers its PCCMs to be managed care.
SMI population inclusion in managed care	<ul style="list-style-type: none"> The SMI population is not specifically excluded from enrollment in the Alabama Coordinated Healthcare Network (ACHN) or Integrated Care Network (ICN) PCCM program. <i>OPEN MINDS</i> estimates that 66% of the SMI population is enrolled in a PCCM program.
Dual eligible population inclusion in managed care	<ul style="list-style-type: none"> Dual eligibles residing in a nursing home or enrolled in the Alabama Community Transition or the Elderly and Disabled section 1915 (c) waiver are automatically enrolled in ICN. All other dual eligibles are enrolled in FFS or D-SNP's. Estimates on the number of dual eligibles in the ICN program are not currently available.
Long-term services and supports inclusion in managed care	<ul style="list-style-type: none"> All LTSS beneficiaries receive services FFS. Nursing home, Alabama Community Transition for the Elderly and Disabled receive care coordination services through the PCCM.

Medicaid Financing & Risk Arrangements: Behavioral Health

Service Type	FFS Population	Managed Care Population
Traditional Behavioral Health	Covered FFS by the state	Covered FFS by the state and delivered through one of the two PCCMS, ACHN or the ICN.
Specialty Behavioral Health	Covered FFS by the state	
Pharmaceuticals	Covered FFS by the state	
Long-Term Services and Supports (LTSS)	Covered FFS by the state	<ul style="list-style-type: none"> Nursing home, Alabama Community Transition or the Elderly and Disabled section 1915 (c) waiver services are covered FFS by the state and delivered through the ICN PCCM. All other LTSS services are financed FFS by the state.

D.1. Medicaid Care Coordination Initiatives

Medicaid Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	Active Program	Description
Managed Care Plan		The state has halted implementation of risk-based managed care. Managed care services are delivered through the state's PCCM program.
Primary Care Case Management (PCCM)	✓	The state operates two PCCM programs; Alabama Coordinated Health Network (ACHN) and the Integrated Care Network, which it considers to be managed care.
Accountable Care Organization (ACO) Program		The state has halted implementation of risk-based managed care service delivery through ACO-like entities.
Affordable Care Act Model Health Home		The state's health homes for persons with chronic conditions were discontinued in 2019 with the implementation of the ACHN.
Patient-Centered Medical Home (PCMH)	✓	Primary care providers in the ACHN PCCM program serve as medical homes for their enrollees.
Dual Eligible Demonstration		None
Managed Long-Term Services and Supports (MLTSS)		The state has discontinued its plans for a MLTSS program.
Certified Community Behavioral Health Clinics (CCBHC) Grant	✓	Alabama currently has one CCBHC

D.1. Medicaid Service Delivery System Enrollment By Eligibility Group

Population	Mandatory FFS Enrollment	Option To Enroll In FFS Or PCCM	Mandatory ICN/ACHN Enrollment
Parents and caretakers			X
Children			X
Blind and disabled individuals			X
Aged individuals			X
Dual eligibles	X*		
Medicaid expansion	Not applicable		
Individuals residing in nursing homes			X
Individuals residing in ICF/IDD	X		
Individuals in foster care			X
Other populations	<ul style="list-style-type: none"> • Retroactive eligibility • Enrollment in another managed care plan, or the HIPPA program • Persons living in group homes • Persons receiving hospice care • Other persons receiving medical exemption • Inmates • Individuals receiving refugee medical assistance. 	<ul style="list-style-type: none"> • American Indians 	<ul style="list-style-type: none"> • Alabama Community Transition (ACT) waiver recipients • Elderly and Disabled waiver recipients • Maternity Care Recipients • Breast and Cervical Cancer individuals

*Additionally, the D-SNP program is an option for individuals that are dual eligible

D.2. Medicaid FFS Program: Overview

- Based on FY 2021 enrollment when 34% of the population was in FFS, *OPEN MINDS* estimates that in December 2021, the FFS program served 314,114 individuals.

D.2. Medicaid FFS Program: Behavioral Health Benefits

All mental health and addiction treatment benefits are financed FFS and are covered by the state.

FFS Mental Health Benefits	
1.	Intake evaluation
2.	Medical assessment and treatment
3.	Diagnostic testing
4.	Crisis intervention
5.	Individual, group, and family counseling
6.	Medication administration
7.	Medication monitoring
8.	Partial hospitalization
9.	Adult intensive day treatment
10.	Adult Rehabilitative day program
11.	Child and adolescent day treatment
12.	Treatment plan review
13.	Mental health care coordination
14.	Coping skills training
15.	In-home intervention
16.	Basic living skills
17.	Family support/psychoeducational services
18.	Case management
19.	Assertive community treatment (ACT)*
20.	Program for assertive community treatment (PACT)*
21.	Rehabilitative services for individuals with mental illness, ASD, or I/DD
22.	High intensity care coordination services for individuals under age 21 with ASD with or without I/DD.
23.	ABA therapy for individuals under age 21.

FFS Addiction Treatment Benefits	
1.	Intake evaluation
2.	Methadone treatment
3.	Medical assessment and treatment
4.	Diagnostic testing
5.	Individual, group, and family counseling
6.	Medication administration
7.	Basic living skills
8.	Social skills training
9.	Coping skills training
10.	Family support/psychoeducational services
11.	Treatment plan review
12.	Peer support services
13.	Outpatient detoxification
14.	Rehabilitative services for individuals with substance use disorder.

*ACT and PACT are benefits provided to persons with SMI only.

D.2. Medicaid FFS Program: SMI Population

- The SMI population is not specifically excluded from managed care; however some dual eligibles, who constitute a large percentage of the SMI population, are mandatorily enrolled in FFS.
- *OPEN MINDS* estimates that 34% of the SMI population is enrolled in FFS.
- ACT and PACT benefits are available for persons with SMI when they are in a high-risk period due to exacerbation of illness, return from inpatient/residential psychiatric care, are resistant to traditional clinic-based interventions, or are difficult to engage in ongoing treatment.

D.2. Medicaid FFS Program: Pharmacy Benefit

Alabama FFS Program Pharmacy Benefit & Utilization Restrictions	
State Uses Pharmacy Benefit Manager	No
Responsible For Financing General Pharmacy Benefit	Medicaid FFS
Responsible For Financing Mental Health Pharmacy Benefit	Medicaid FFS
State Uses A Preferred Drug List (PDL) For General Pharmacy	Yes
State Uses A PDL For Mental Health Drugs	Yes, antidepressants and anxiolytics are included in the general pharmacy PDL. Antipsychotics are not included on the PDL.
State Uses A PDL For Addiction Treatment Drugs	No, all addiction treatment drugs require prior authorization.
Coverage Of Antipsychotic Injectable Medications	Covered as a pharmacy benefit; prior approval is required
Utilization Restrictions For Mental Health Or Addiction Treatment Drugs	<ul style="list-style-type: none"> • For most classes of drugs, non-preferred drugs require prior authorization. • All antipsychotic drugs and addiction treatment drugs require prior authorization. • All opioids now have a cumulative daily Morphine Milligram Equivalent (MME) limit. Opioid claims must not exceed 250 cumulative MME per day.
State Has A Pharmacy Lock-In Program Or Other Restriction Program	Recipients who are proven to have abused or misused the Medicaid program may be locked in to one doctor and one pharmacy; be required to repay the state for misspent funds; and/or may be suspended from the program for at least one year and until full restitution is made.

D.3. Medicaid Managed Care Program: Overview

- Based on estimates that 65% of the Medicaid population is enrolled in managed care, *OPEN MINDS* estimates that the managed care program served an average of 624,533 individuals in December 2021.
- Alabama's newest initiative, Alabama Coordinated Health Network (ACHN), consolidated the Patient 1st program and a number of other Medicaid programs into a single coordination program managed by the region-specific primary care case management entities (PCCM-E) (See the [next slide](#) for these regions).
 - This program was implemented in October 2019 through a section 1915 waiver. The waivers scheduled expiration date is September 2021.
 - Waiver was renewed as of January 2022.
- Incentives will be provided to both the PCCM-Es and regional entities to promote better health care outcomes and provide a higher volume of care coordination services.
 - ACHN's are required to pay for activity, not membership, and are required to redirect current expenditures to better achieve desired outcomes.
- The ACHN's and provider organizations each have a separate system of incentives (see [slide 35](#)).
 - These incentives are to provide a higher volume of care coordination services.

D.3. Medicaid Program Managed Care: ACHN Regions

- The ACHN regions are not required to take on full financial risk, and do not pay the providers directly.
- The ACHN are responsible for the care coordination system in their region.
- Some services the ACHN's are authorized to provide are:
 - Services in a setting of the recipient's choice, including provider offices, hospitals, ACHN's entity office, public location, or in the recipient's home.
 - Help manage complex or noncompliant patients
 - Perform screening and assessment of an individual's needs.
 - Assist individuals with transportation, applying for Medicaid, appointments, appointment reminders and referrals.
 - Educate individuals with medication or treatment plans
 - Facilitate communication between the individual and providers.
 - Help individual's locate community services.
- In addition to the Quality Improvement Plan, the state requires the ACHN to submit and implement Quality Improvement Projects (QIPS).
 - These QIPS are to address at minimum childhood obesity, infant mortality and/or adverse birth outcomes, and substance use disorder.
 - Each QIP must be completed within the timeframes that have been established by the AMA and must make all the information regarding the success of the program available through ongoing reporting and review.

D.3. Medicaid Managed Care Program: Quality Incentive Program

PCCM-E Quality Incentive Program Measures		
CMS Measure Designation		Description
1	W15-CH	Well Child Visits in the First 15 Months of Life
2	ABA-AD	Adult BMI Check
3	WCC-CH	Child BMI
4	CCS-AD	Cervical Cancer Screen
5a	AMR-CH	Asthma Medication Ratio (Child Measure)
5b	AMR-AD	Asthma Medication Ratio (Adult Measure)
6	AMM-AD	Antidepressant Medication Management
7	LBW-AD	Live Births less than 2500
8a	CAP-CH	CAP-CH 12-24 months
8b		CAP-CH 25 months to 6 years
8c		Child Access to Care 7-years to 11-years
8d		Child Access to Care 12-years to 19-years
9	PPC-CH	Prenatal and Postpartum: Timeliness of Prenatal Care
10	IET-AD	Initiation and Engagement of Treatment for AOD (Initiation and Continuation)

D.3. Medicaid Managed Care Program: Provider Measures

Provider Measures				
Measure		Measure Description	State-Wide Baseline	Benchmark As of September 2020
1	W34-CH	Well Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	61.1%	66.7%
2	AWC-CH	Adolescent Well-Care Visits	43.0%	45.0%
3	CIS-CH	Childhood Immunization Status (Combo 3)	70.5%	74.0%
4	IMA-CH	Immunizations for Adolescents (Combo 2)	20.4%	24.6%
5	AMM-AD	Antidepressant Medication Management (Continuation Phase)	29.6%	37.1%
6	HA1C-AD	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing	73.4%	83.3%
7	FUA-AD	Follow-Up after ED Visit for Alcohol and other Drug Abuse or Dependence (30 days)	11.4%	12.4%
8	CHL-AD	Chlamydia Screening in Women Ages 21-24	9.7%	54.3%

D.3. Medicaid Managed Care Program: ACHN Payment Structure

- The ACHN program contains two levels of payment – one for the regional entities and one for the PCPs.
- Participating PCPs will receive four different types of payments:
 - Enhanced FFS rates
 - Quarterly payments for achieving or documenting progress towards PCMH recognition
 - Quarterly cost-effectiveness bonus payments based on patient attribution and two-year look back of medical claims
 - Quarterly quality bonus payments based on quality measures relevant to the PCPs practice
- For the first four quarters of the program, all PCPs will receive the full bonus payments based on participation. After four quarters, payment will be based on performance on benchmarks. The bonus payment for quality participation will be automatically attained for seven quarters.
- The PCCM-Es will receive a capitated rate for care coordination based on the complexity of the patient. PCCM-Es will also receive a small per member per month for quality improvement projects and an incentive payment up to 10% of revenue received for meeting quality metrics.

Level	Payment	Definition
Monitoring	\$35.00	Monitoring through claims and data review for cost efficiency and clinical appropriateness
Moderately Managed	\$101.43	Completion of at four non-face-to-face activities in a month
Intensely Managed	\$202.86	At least one face-to-face encounter

D.3. Medicaid Managed Care Program: ICN Program

- In October 2018, Alabama implemented a PCCM program, called Integrated Care Network (ICN), for individuals in the long-term care population.
 - The state administers the program through a section 1915 (b) waiver that was approved in September 2018.
- The ICN program provides services to an estimated 19,216 beneficiaries. Individuals eligible for the ICN program include individuals:
 - In a nursing facility
 - Enrolled in home- and community-based services (HCBS) through the Elderly and Disabled Waiver, HIV/AIDS waiver, or the Alabama Community Transition waiver
- The Alabama Medicaid Agency contracts with a single, statewide organization, Alabama Select Network, LLC, to manage the ICN program.
 - Alabama Select Network is responsible for developing enrollee care plans, outreach and education activities, coordination with behavioral health provider organizations, and coordination with LTSS provider organizations.
 - Alabama Select Network has some additional responsibilities in utilization and claims review, quality improvement activities, and telephonic case management and triage.
- Alabama Select Network receives PMPM payment for care coordination. Additionally, there is a shared savings component to the model.
 - 2020 PMPM rate for HCBS enrollees is \$290.13 and nursing home enrollees is \$18.65. The state has not released the 2023 rates at this time.
 - Direct services are reimbursed fee-for-service.

D.3. Medicaid Managed Care Program: Behavioral Health Benefits

All mental health and addiction treatment benefits are financed FFS and are covered by the state.

FFS Mental Health Benefits	
1. Intake evaluation	16. Basic living skills
2. Medical assessment and treatment	17. Family support/psychoeducational services
3. Diagnostic testing	18. Case management
4. Crisis intervention	19. Assertive community treatment (ACT)*
5. Individual, group, and family counseling	20. Program for assertive community treatment (PACT)*
6. Medication administration	21. Rehabilitative services for individuals with mental illness, ASD, or I/DD
7. Medication monitoring	22. High intensity care coordination services for individuals under age 21 with ASD with or without I/DD.
8. Partial hospitalization	23. ABA therapy for individuals under age 21.
9. Adult intensive day treatment	
10. Adult Rehabilitative day program	
11. Child and adolescent day treatment	
12. Treatment plan review	
13. Mental health care coordination	
14. Coping skills training	
15. In-home intervention	

FFS Addiction Treatment Benefits	
1. Intake evaluation	
2. Methadone treatment	
3. Medical assessment and treatment	
4. Diagnostic testing	
5. Individual, group, and family counseling	
6. Medication administration	
7. Basic living skills	
8. Social skills training	
9. Coping skills training	
10. Family support/psychoeducational services	
11. Treatment plan review	
12. Peer support services	
13. Outpatient detoxification	
14. Rehabilitative services for individuals with substance use disorder	

*ACT and PACT are benefits provided to persons with SMI only.

D.3. Medicaid Managed Care Program: SMI Population

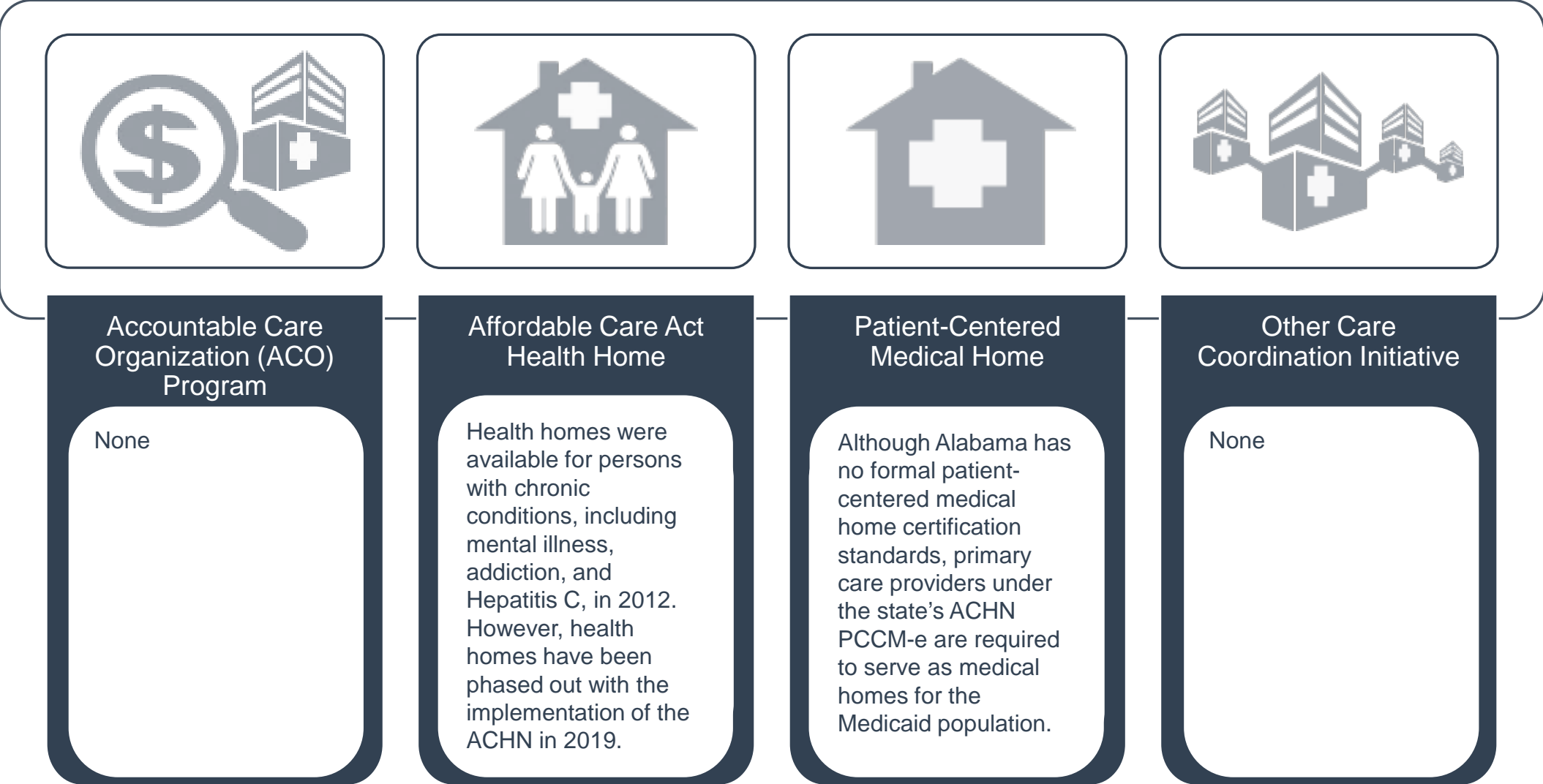
- The SMI population is not specifically excluded from enrollment in the ACHN or ICN PCCM program. *OPEN MINDS* estimates that 66% of the SMI population is enrolled in ACHN or the ICN.
- ACT and PACT benefits are available for persons with SMI when they are in a high-risk period due to exacerbation of illness, return from inpatient/residential psychiatric care, are resistant to traditional clinic-based interventions, or are difficult to engage in ongoing treatment.

D.3. Medicaid Managed Care Program: Pharmacy Benefit

Because Alabama’s managed care delivery system is a PCCM program, pharmacy benefit administration is identical to that of the FFS system.

Alabama FFS Program Pharmacy Benefit & Utilization Restrictions	
State Uses Pharmacy Benefit Manager	No
Responsible For Financing General Pharmacy Benefit	Medicaid FFS
Responsible For Financing Mental Health Pharmacy Benefit	Medicaid FFS
State Uses A Preferred Drug List (PDL) For General Pharmacy	Yes
State Uses A PDL For Mental Health Drugs	Yes, antidepressants and anxiolytics are included in the general pharmacy PDL. Antipsychotics are not included on the PDL.
State Uses A PDL For Addiction Treatment Drugs	No, all addiction treatment drugs require prior authorization.
Coverage Of Antipsychotic Injectable Medications	Covered as a pharmacy benefit; prior approval is required
Utilization Restrictions For Mental Health Or Addiction Treatment Drugs	<ul style="list-style-type: none"> • For most classes of drugs, non-preferred drugs require prior authorization. • All antipsychotic drugs and addiction treatment drugs require prior authorization. • All opioids now have a cumulative daily Morphine Milligram Equivalent (MME) limit. Opioid claims must not exceed 250 cumulative MME per day.
State Has A Pharmacy Lock-In Program Or Other Restriction Program	Recipients who are proven to have abused or misused the Medicaid program may be locked in to one doctor and one pharmacy; be required to repay the state for misspent funds; and/or may be suspended from the program for at least one year and until full restitution is made.

D.4. Medicaid Program: Care Coordination Initiatives



D.5. Medicaid Program: Demonstration & Care Management Waivers

Waiver Title	Waiver Description	Waiver Type	Enrollment Caps	Effective Date	Expiration Date
Alabama Coordinated Health Network (ACHN) (AL-09)	Authorizes the creation of a Primary Care Case Management Entity (PCCM-e) centered around care coordination and quality initiatives. Specific attention will be paid to maternity, obesity, and substance abuse.	1915 (b1), 1915 (b3), 1915 (b4)	None	01/01/2022	09/30/2023
Institutions for Mental Disease Waiver for Serious Mental Illness	Reimburses for acute inpatient stays in institutions for mental disease for Medicaid eligible individuals ages 21-64 with a serious mental illness.	1115	None	05/20/2022	05/19/2027
Alabama Plan First	Authorizes family planning services for women, ages 19 through 55, with income at or below 141% of the FPL and sterilization for men, ages 21 and older, with income at or below 141% of the FPL	1115	None	10/01/2000	09/30/2023
Integrated Care Network AL-08	Authorizes the creation of the ICN program, a primary care case management program for individuals in need of LTSS.	1915 (b1), 1915 (b4)	None	12/02/2021	09/30/2023
Alabama Community Waiver Program	Authorizes the creation of Community Wavier Program for individuals with I/DD to increase their ability to stay n their natural and existing living arrangements.	1115	500	10/21/2021	09/20/2026

D.5. Medicaid Program: Section 1915 (c) HCBS Waivers

Waiver Title	Target Population	2023 Enrollment Cap	Operating Unit	Concurrent Management Authority
AL Home and Community-Based Waiver for the Elderly and Disabled (0068.R07.00)	Individuals age 65 and over and individuals of all ages with physical disabilities	15,000	Alabama Department of Senior Services (ADSS)	1915 (j) program
AL Home and Community-Based Waiver for Persons with Intellectual Disabilities (0001.R07.00)	Individuals with intellectual disabilities ages three and above	5,260	The Alabama Department of Mental Health, Division of Developmental Disabilities (ADMH DDD)	None
AL SAIL (0241.R05.00)	Individuals between the ages of 18 and 64 with physical disabilities	800	Alabama Department of Rehabilitation Services/SAIL Services	1915 (j) program
AL HCBS Living at Home Waiver for Persons w/ID (0391.R03.00)	Individuals with intellectual disabilities ages three and above	769	ADMH DDD	None
AL ACT (0878.R01.00)	Individuals age 65 and over and individuals of all ages with physical disabilities	675	ADSS	1915(j) program
AL Technology Assisted Waiver (0407.R03.00)	Individuals age 21 and over who are technology dependent	80	Office of Long Term Care Health Care Reform	1915 (j) program
AL Community Waiver Program	Individuals with intellectual disabilities (ID), ages 3 and above.	850	The Alabama Department of Mental Health, Division of Developmental Disabilities (ADMH DDD)	1115 program

D.6. Medicaid Program New Initiatives: Institutions for Mental Disease Waiver for Serious Mental Illness

- Alabama Medicaid is seeking authority to reimburse for acute inpatient stays in institutions for mental disease (IMDs) for Medicaid eligible individuals ages 21-64 with a serious mental illness (SMI).
- Through this demonstration Alabama seeks to regain and sustain the benefits achieved under the State's previous participation in the Medicaid Emergency Psychiatric Demonstration.
- This waiver will allow the State to target the inpatient Behavioral health access issues currently present in Mobile, Washington, and Baldwin counties.
 - While the state proposes to limit reimbursement to IMDs operating in the aforementioned counties Medicaid enrollees in need of inpatient behavioral health services would be able to access services via the IMDs participating in the Demonstrations, regardless of their county of residence.
- In 2017, the last acute care hospital in the region with an adult psychiatric inpatient unit began serving only geriatric patients. Alabama's state psychiatric hospital, Bryce Hospital, is also located several hours away from the region. By implementing a regional IMD waiver, Alabama will have the opportunity to increase access to critical behavioral health services in the area of the state currently experiencing the most pronounced gaps in the service continuum.

D.6. Medicaid Program New Initiatives: Prior Authorization RFP

- Alabama released an RFP in January 2021 in search of a vendor to handle prior authorization for nursing facilities, intermediate care facilities for individuals with ICF/IDD, hospice, post-extended care, swing bed, and inpatient psychiatric care facilities.
- Proposals from interested parties were due on March 21, 2021, with an anticipated start date of October 1, 2021.
 - On June 10, 2021, the Alabama Medicaid Agency issued an Intent to Award Notice to Keystone Peer Review Organization Inc. (Kepro) for the Medicaid Medical and Quality Review RFP (RFP Number 2021-MQR-01).
 - The final award of this contract is subject to review by the Legislative Oversight Committee and signature by the Governor.

E. Dual Eligible Financing & Service Delivery System

E.1. Dual Eligible Medicaid Financing & Service Delivery System

Dual Eligible* Medicaid System Characteristics			
Characteristics	Medicaid Fee-For-Service (FFS)	Integrated Care Network PCCM	PACE
Enrollment (December 2020)	84,525		151
Estimated SMI Enrollment	27,048		45
Management	Alabama Department of Medicaid	Alabama Select Network	One non-profit organization
Payment Model	Fee-for-service	Per member per month case management fee and FFS	Blended capitated rate
Geographic Service Area	Statewide	Statewide	Mobile County

Total Dual Eligible Enrollment: 84,674 | Total Dual Eligible Enrollment With SMI: 27,093

*Unless otherwise noted, the term *dual eligibles* in this section refers to Medicare enrollees with full Medicaid benefits.

E.2. Largest Dual Eligible Health Plans By Estimated SMI Enrollment

Health Plans	Parent Company	Plan Type	January 2023 Enrollment	Estimated SMI Enrollment
UnitedHealthcare Dual Complete	UnitedHealthcare	Medicare Advantage D-SNP	48,847	15,631
VIVA Medicare Extra Value	VIVA Health, Inc	Medicare Advantage D-SNP	20,021	6,407
Humana Gold Plus	Humana, Inc	Medicare Advantage D-SNP	18,094	5,790
Cigna-Healthspring TotalCare	HealthSpring of Alabama, Inc	Medicare Advantage D-SNP	12,673	4,055
Aetna Medicare Dual Preferred Plan	Aetna, Inc	Medicare Advantage D-SNP	4,959	1,587
WellCare Access Open	WellCare Health Plans, Inc	Medicare Advantage D-SNP	527	169
Devoted Dual Alabama	Devoted Health Plan of Alabama, Inc	Medicare Advantage D-SNP	350	112
WellCare Liberty	WellCare Health Plans, Inc	Medicare Advantage D-SNP	320	102
WellCare Access	WellCare Health Plans, Inc	Medicare Advantage D-SNP	236	76

E.3. Dual Eligible Medicaid Financing & Delivery System: Overview

- Dual eligible enrollment as of December 2020 was 84,674.
- Medicare covers most acute services (which may include psychiatric care), while Medicaid, the payer of last resort, covers LTSS and non-physician behavioral health services.
- Dual eligibles in need of LTSS have been included in the Integrated Care Network (ICN) primary care case management (PCCM) program developed for individuals receiving long-term care.
 - ICN was originally envisioned as a capitated managed care program; however, spending estimates indicated that the capitated model would be more costly than the status quo.
 - The program is designed for individuals residing in nursing facilities or receiving HCBS through either the Alabama Community Transition or the Elderly and Disabled section 1915(c) waiver.
 - For more information see [section D.3](#).
- Dual eligibles not in need of LTSS are enrolled in the state's FFS program or one of the states D-SNPs.
- Total D-SNP enrollment as of January 2023 was 107,718, total SMI enrollment was 40,362.

E.4. Dual Eligible Medicaid Financing & Delivery System: New Initiatives

- Alabama does not have, and is not seeking, a demonstration with the Centers for Medicaid & Medicare Services (CMS) to design a new model for integrating benefits and financing for dual eligibles.

F. Long-Term Services & Supports Financing & Service Delivery System

F.1. LTSS Financing & Service Delivery System

The state runs the Integrated Care Network, a program specially designed for individuals in a nursing facility or enrolled in home- and community-based services (HCBS) through the Elderly and Disabled Waiver, HIV/AIDS waiver, or the Alabama Community Transition waiver

LTSS* Medicaid System Characteristics	
Characteristics	Integrated Care Network
Enrollment (January 2021)	19,216
Estimated SMI Enrollment	6,149
Management	<ul style="list-style-type: none"> • Physical health: PCCM through one company • Behavioral health: PCCM through one company
Payment Model	<ul style="list-style-type: none"> • Physical health: PMPM Capitated Rate • Behavioral health: PMPM Capitated Rate
Geographic Service Area	Statewide

*Long-Term Services & Supports

F.1. Medicaid LTSS Service Delivery System Enrollment By Eligibility Group

The state excludes most individuals in need of Long-term Services and Supports (LTSS) from enrolling in managed care. Therefore, most beneficiaries are enrolled in FFS.

Population	Mandatory FFS Enrollment	Option To Enroll In FFS Or PCCM	Mandatory Integrated Care Network
Disabled adults	X		
Disabled children	X		
Blind individuals	X		
Aged individuals	X		
Dual eligibles	X		
Individuals with I/DD	X* (unless they are receiving waiver services)		X* (Waiver services only)
Individuals residing in nursing homes			X
Individuals residing in ICF/IDD			X
Other HCBS Recipients			X
Other populations			

F.2. LTSS Medicaid Financing & Delivery System: Overview

- Medicaid beneficiaries in need of LTSS services receive services through the FFS system. Individuals in need of nursing facility level of care or receiving home- and community-based services (HCBS) through one of the state's waivers are enrolled in the Integrated Care Network for additional care coordination services.
- The Alabama Medicaid Agency contracts with a single, statewide organization, Alabama Select Network, LLC, to manage the ICN program.
 - Alabama Select Network is responsible for developing enrollee care plans, outreach and education activities, coordination with behavioral health provider organizations, and coordination with LTSS provider organizations.
 - Alabama Select Network has some additional responsibilities in utilization and claims review, quality improvement activities, and telephonic case management and triage.
- Alabama Select Network receives PMPM payment for care coordination. Additionally, there is a shared savings component to the model.
 - 2020 PMPM rates for HCBS enrollees is \$290.13 and nursing home enrollees is \$18.65. The state has not released the 2023 rates at this time.
 - Direct services are reimbursed fee-for-service.

F.3. Medicaid LTSS Program: Health Plan Characteristics

- The state runs the Integrated Care Network, a program specially designed for individuals a nursing facility or enrolled in home- and community-based services (HCBS) through the Elderly and Disabled Waiver, HIV/AIDS waiver, or the Alabama Community Transition waiver.

F.4. Medicaid LTSS Program: Health Benefits

All physical health, mental health, and addiction treatment benefits are financed FFS and are covered by the state.

FFS Mental Health Benefits	
1. Intake evaluation	16. Basic living skills
2. Medical assessment and treatment	17. Family support/psychoeducational services
3. Diagnostic testing	18. Case management
4. Crisis intervention	19. Assertive community treatment (ACT)*
5. Individual, group, and family counseling	20. Program for assertive community treatment (PACT)*
6. Medication administration	21. Rehabilitative services for individuals with mental illness, ASD, or I/DD
7. Medication monitoring	22. High intensity care coordination services for individuals under age 21 with ASD with or without I/DD.
8. Partial hospitalization	23. ABA therapy for individuals under age 21.
9. Adult intensive day treatment	
10. Adult Rehabilitative day program	
11. Child and adolescent day treatment	
12. Treatment plan review	
13. Mental health care coordination	
14. Coping skills training	
15. In-home intervention	

FFS Addiction Treatment Benefits	
1. Intake evaluation	
2. Methadone treatment	
3. Medical assessment and treatment	
4. Diagnostic testing	
5. Individual, group, and family counseling	
6. Medication administration	
7. Basic living skills	
8. Social skills training	
9. Coping skills training	
10. Family support/psychoeducational services	
11. Treatment plan review	
12. Peer support services	
13. Outpatient detoxification	
14. Rehabilitative services for individuals with substance use disorder.	

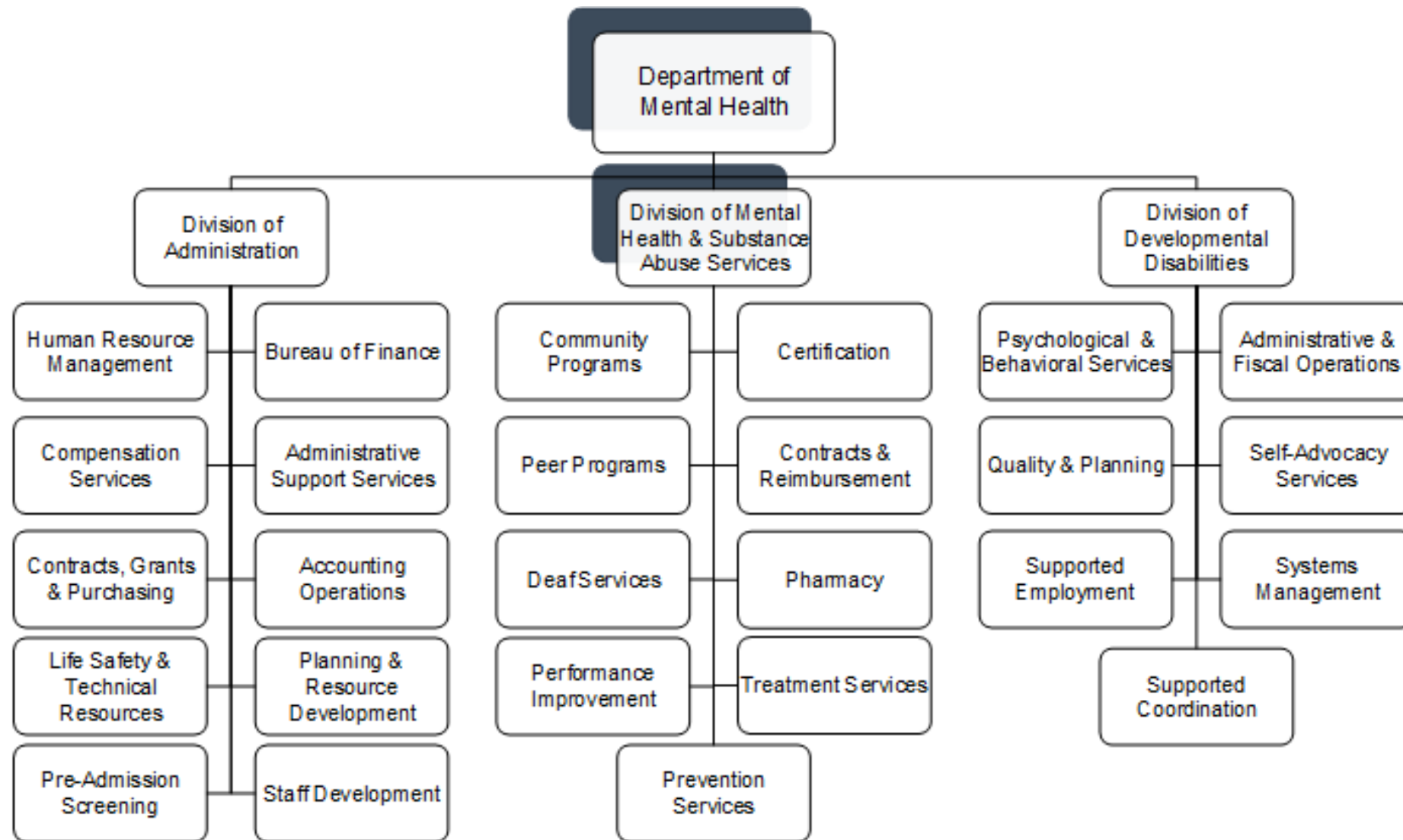
*ACT and PACT are benefits provided to persons with SMI only.

F.5. LTSS Medicaid Financing & Delivery System: New Initiatives

- Alabama has no pending initiatives that will influence the finance or delivery systems of the LTSS population.

G. State Behavioral Health Administration & Finance System

G.1. Department Of Mental Health Governance: Organization Chart



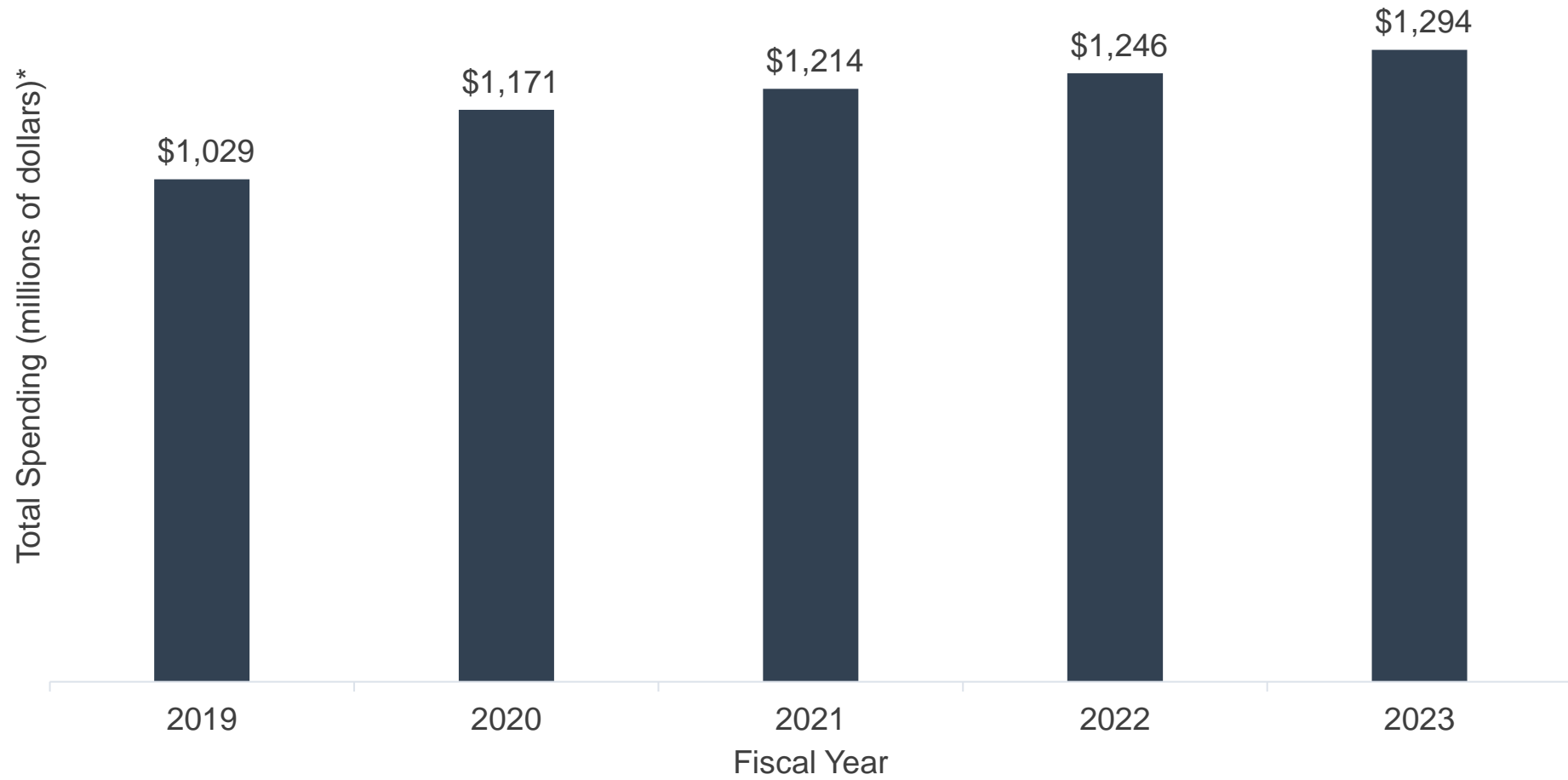
G.1. Department Of Mental Health Governance: Key Leadership

Name	Position	Department	Email
Kim Boswell	Commissioner	Department of Mental Health	kimberly.boswell@mh.alabama.gov
Tammie McCurry, M.D.	Associate Commissioner, Division of Mental Health and Substance Abuse Services	Department of Mental Health	tammie.mccurry@mh.alabama.gov
Terry Pezent	Associate Commissioner, Division of Developmental Disabilities	Department of Mental Health	terry.pezent@mh.alabama.gov
Natasha Jackson	Associate Commissioner, Division of Administration	Department of Mental Health	natasha.jackson@mh.alabama.gov

G.2. Department Of Mental Health: Spending

Budget Item	FY 2023 Requested Budget	Percent Of Budget
Institutional Treatment & Care of Intellectually Disabled Program	\$641,467,600	50%
Institutional Treatment & Care of Mentally Ill Program	\$470,649,897	36%
Substance Abuse Program	\$109,622,406	8%
Administrative Services Program	\$36,126,428	3%
Special Services Program	\$36,526,524	3%
Budget Total: \$1,294,392,855		

G.2. Department Of Mental Health: Spending Over Time



G.3. State Psychiatric Institutions

State Psychiatric Institutions			
Institution	Location	Population	Beds
Bryce Hospital	Tuscaloosa	Adult	256
Mary Starke Harper Geriatric Psychiatry Center	Tuscaloosa	Geriatric	96
Taylor Hardin Secure Medical Facility	Tuscaloosa	Forensic	140
Total			492

G.4. Behavioral Health Safety-Net Delivery System

- The Alabama Department of Mental Health (DMH) provides mental health and addiction treatment services to the safety-net population by designating, funding, and overseeing regional authorities called 310 Boards that operate at the county or joint county level. The 310 Boards serve as the single point of entry for DMH services.
- The Boards receive federal and state funding from DMH and also allocations from local governments.
- Each board can be designated as a comprehensive agency, serving persons with mental health, substance abuse, and developmental disabilities (DD) services, or can be specially designated to provide services either for persons with DD or for persons with mental health and/or addiction. Services provided by the 310 boards may include one or more of the following:
 - a. Inpatient
 - b. Outpatient/therapy services/case management
 - c. Partial hospitalization
 - d. Emergency care
 - e. Community education and consultation
 - f. Diagnosis
 - g. Evaluation
 - h. Rehabilitation/habilitation
 - i. Residential care/respice care
- Medicaid beneficiaries may also receive 310 Board services. The 310 Boards accept commercial insurance and individual fees on an ability-to-pay basis.
- The Department of Mental Health also contracts separately with other provider organizations to provide mental health and substance abuse treatment services to the safety-net population.

G.4. Behavioral Health Safety-Net Delivery System: 310 Boards

Mental Health & Substance Abuse 310 Board	Counties Served
Ability Alliance of West Alabama	Bibb, Pickens, Tuscaloosa
AltaPointe Health Systems	Baldwin, Clay, Coosa, Mobile, Randolph, Talladega, Washington
Autauga Elmore Developmental Services	Autauga, Elmore
Blount County MR/DD	Blount, St. Clair
Cahaba Center for Mental Health	Dallas, Perry, Wilcox
CED Mental Health Center	Cherokee, DeKalb, Etowah
Chilton-Shelby Mental Health Center	Chilton, Shelby
Cindy Haber Center	Baldwin, Clarke, Mobile, Washington
Cullman County Center for the Developmentally Disabled	Cullman
DeKalb County for the Intellectually Challenged	DeKalb
East Alabama Mental Health Center	Chambers, Lee, Russell, Tallapoosa
East Central Mental Health Center	Bullock, Macon, Pike
Greater Etowah 310 Board	Etowah
Highland Health Systems	Calhoun, Cleburne
Indian Rivers Mental Health Centers	Bibb, Pickens, Tuscaloosa
JBS Mental Health Authority	Blount, Jefferson, St. Clair
Jefferson County Intellectual & Developmental Disabilities Authority	Jefferson

G.4. Behavioral Health Safety-Net Delivery System: 310 Boards

Mental Health & Substance Abuse 310 Board	Counties Served
Madison County 310 Board	Madison
Marshall-Jackson ID/DD 310 Agency	Jackson, Marshall
Mental Health Center of North Central Alabama	Lawrence, Limestone, Morgan
Montgomery 310	Montgomery
Montgomery Area Mental Health Authority	Autauga, Elmore, Lowndes, Montgomery
Mountain Lakes Behavioral Health	Jackson, Marshall
North Central Alabama MR/DD Authority	Lawrence, Limestone, Morgan
Northeast Alabama MR/DD Authority	Cherokee, DeKalb, Etowah
Northwest Alabama Mental Health Center	Fayette, Lamar, Marion, Walker, Winston
Riverbend Center for Mental Health	Colbert, Franklin, Lauderdale
South Central Alabama Mental Health Center	Butler, Coffee, Covington, Crenshaw
Southwest Alabama Behavioral Health Care	Clarke, Conecuh, Escambia, Monroe
SpectraCare Health Systems	Barbour, Dale, Geneva
TriCounty Agency for Intellectual Disabilities	Fayette, Lamar, Walker
Vaughn-Blumberg Services	Houston
Vivian B. Adams School	Dale
West Alabama Mental Health Center	Choctaw, Greene, Hale, Marengo, Sumter
Wellstone Behavioral Health	Cullman, Madison

H. Appendices

H.1. OPEN MINDS Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Commercial	4.1% of the commercially insured population over age 18	Substance Abuse and Mental Health Services Administration. (2022, January). Results from the 2020 National Survey on Drug Use and Health: Mental Health Detailed Tables. Retrieved October 2022 from https://www.samhsa.gov/data/sites/default/files/reports/rpt35323/NSDUHDetailedTabs2020v25/NSDUHDetailedTabs2020v25/2020NSDUHDetTabs01112022.zip
Medicaid	8.6% of persons in traditional Medicaid	Medicaid and CHIP Payment and Access Commission. (2022, June). Report to Congress on Medicaid and Chip. Retrieved October 2022 from https://www.macpac.gov/publication/june-2022-report-to-congress-on-medicaid-and-chip/
Medicare	16% of persons in the Medicare population, not dually eligible for Medicaid	Centers for Medicare and Medicaid Services. (2021). Medicare-Medicaid Coordination Office Report to Congress. Retrieved October 2022 from https://www.cms.gov/files/document/reporttocongressmmco.pdf

H.1. OPEN MINDS Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Medicare-Medicaid Dual Eligibility	25% of persons in the Medicare population dually eligible for partial Medicaid benefits	Congressional Budget Office. (2013, June). Dual-Eligible Beneficiaries of Medicare and Medicaid: Characteristics, Health Care Spends, and Evolving Policies. Retrieved December 12, 2017 from https://www.cbo.gov/sites/default/files/113th-congress-2013-2014/reports/44308_DualEligibles2.pdf
	32% of persons in the Medicare population dually eligible for full Medicaid benefits	
Other Public	8.3% of persons served by the Veterans Administration health care system or the TRICARE military health system	Military Health Systems. (2020, August 7). Examination of Mental Health Accession Screening: Predictive Value of Current Measures and Report Processes. Retrieved October 2022 from https://www.health.mil/Reference-Center/Presentations/2019/11/04/Examination-of-Mental-Health-Accession-Screening-Update
No Health Care Insurance	6.2% of uninsured persons over age 18	Substance Abuse and Mental Health Services Administration. (2019, August). Results from the 2018 National Survey on Drug Use and Health: Mental Health Detailed Tables. Retrieved December 16, 2019 from https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHDetailedTabs2018R2/NSDUHDetailedTabs2018.pdf

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Alternative Benefit Plan	ABP	State designed benefit package for the Medicaid expansion population (childless adults with income below 138% of the FPL). The benefit package must include the ten essential benefits as laid out in the PPACA. The Medicaid expansion population deemed medically frail (including those with SMI) are exempt from receiving benefits through the ABP.
Accountable Care Organizations	ACO	ACOs are groups of provider organizations—such as physicians and hospital systems—that form an agreement to coordinate care for a set group of individuals. If the ACO delivers high quality care—measured through performance metrics—and lowers the cost of providing care against a baseline, then the organization receives a portion of the savings generated. ACOs can exist alongside all payment structures (fee-for-service and managed care delivery systems) and payers (Medicare, Medicaid, commercial).
Administrative Services Organization	ASO	An arrangement in which an organization hires a third party to deliver administrative services to the organization, such as claims processing and billing. The ASO is not at-risk.
Capitation		A set amount of money paid per enrollee per month to a health care entity to cover the cost of health care services. Capitation can cover the cost of all health care services or subset of services, such as care coordination or home- and community-based services.
Carve-out		A carve-out is a Medicaid managed care financing model where some portion of Medicaid benefits—dental services, pharmacy services, behavioral health services, etc.—are separately managed and/or financed. Carve-out services can be financed on an at-risk basis by another organization or retained by the state Medicaid agency on a fee-for-service basis.
Certified Community Behavioral Health Clinic	CCBHC	Behavioral health clinics specially certified in a demonstration established by section 223 of the Protecting Access to Medicare Act of 2014. The clinics are designed to provide community-based mental health and addiction treatment services, to advance the integration of behavioral health with physical health care, and to provide care coordination across the full spectrum of health services.

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Community Mental Health Center	CMHC	An organization that can demonstrate that it is actively providing all services in section 1913(c)(l) of the Public Health Services Act, including a.) Outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically mentally ill, and residents of the CMHC’s mental health service area who have been discharged from inpatient treatment at a mental health facility; b.) 24 hour-a-day emergency care services; c.) Day treatment, or other partial hospitalization services, or psychosocial rehabilitation services; and d.) Screening for patients being considered for admission to state mental health facilities to determine the appropriateness of such admission. Additionally, the organization must meet the specifications for the state where it provides services.
Dual Eligible		An individual who is eligible for Medicare (Part A and B) and Medicaid. Medicare serves as the individual's primary insurance, and Medicaid acts as a supplement. Dual eligibles are sometimes referred to as Medicare-Medicaid enrollees (MMEs).
Federal Poverty Level	FPL	The U.S. Department of Health and Human Services sets a standard level of income that is used to determine eligibility for services and benefits, including Medicaid. In 2023, the FPL is \$13,590 for an individual and \$27,750 for a family of four.
Fee-For-Service	FFS	A system where the payer, in this case Medicaid, contracts directly with provider organizations and pays for providing care on a unit by unit basis. Health plans may also reimburse provider organizations on a FFS basis meaning they pay for each unit of care or test.
Health Home		A “whole person” care coordination model that specifically targets populations with chronic conditions including those with SMI. Health homes provide six essential functions: 1.) Comprehensive care management; 2.) Care coordination and health promotion; 3.) Comprehensive transitional care from inpatient to other settings, including appropriate follow-up; 4.) Individual and family support; 5.) Referral to community and social support services; 6.) Use of health information technology to link services. Health homes were originally developed as a Medicaid program, but have been adopted by other payers. For a state to have an official health home program they must have an approved state plan amendment.

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Health Insurance Marketplace	HIM	Created by the PPACA, the health insurance marketplace is an online platform where individuals and small businesses can purchase health insurance. The federal government subsidizes coverage purchased on the marketplace through premium tax credits for individuals with income up to 400% of the FPL.
Home- & Community-Based Services	HCBS	Long-term services and supports provided in the home or community in order to avoid institutionalization. Traditionally provided through 1915(c) waivers, HCBS services are usually limited to specific populations and a specific number of people. HCBS services include skilled nursing care, personnel care services, assistance with activities of daily living, and custodial care.
Institutions For Mental Disease	IMD	A hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including addiction. Federal financial participation is available for Medicaid IMD services for individuals under the age of 21 and age 65 and over. In recent years, CMS has relaxed the rules prohibiting payments in IMDs for individuals age 21-64. Medicaid health plans may provide up to 15 days of IMD services per month in lieu of state plan services if medically appropriate, cost effective, and consented to by the individual. Additionally, states may be granted a 1115 waiver authority to allow individuals to receive addiction and mental health treatment in IMDs.
Long-Term Services & Supports	LTSS	Services provided in the home, community, or institutional setting to those who experience difficulty living independently and completing activities of daily living as a result of cognitive disabilities, physical impairments, disabling chronic conditions, and/or age.
Managed Care		A health care delivery and financing system designed to manage cost, utilization, and quality. In Medicaid, states generally implement managed care through contracts with health plans, which provide a limited set of benefits to enrollees through a capitated or per person per month (PMPM) rate. The health plans generally assumes full-risk for the cost of treatment, and therefore contracts with a network of provider organizations to provide care at the most efficient rate possible while still maintaining member health.

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Medicaid		Medicaid is a joint federal-state program that provides health coverage to economically disadvantaged populations, such as low-income adults, children, and aged, blind, and disabled (ABD) individuals. States establish their own eligibility standards, benefit packages, provider payment policies, and administrative structures under broad federal guidelines. Financing is a shared responsibility of the federal government and the states.
Medicaid Waiver		Granted by CMS, waivers allow states to make temporary changes to their Medicaid program in order to test out new ways to deliver health coverage.
Medicaid Waiver Section 1115	1115 waiver	Known as research and demonstration waivers, states can apply for program flexibility to test new or existing approaches to financing and delivering Medicaid and CHIP.
Medicaid Waiver Section 1915(b)	1915(b) waiver	States can apply for waivers to provide services through managed care delivery systems, or otherwise limit an individual's choice of health plan or provider organization.
Medicaid Waiver Section 1915(c)	1915(c) waiver	States can apply for waivers to provide long-term care services in home- and community-based settings, rather than institutional settings.
Medical Home		A medical home is not a physical place, but a model for care coordination. Medical homes provide primary care services, care coordination, enhanced access to care, and care that is culturally and linguistically appropriate. Medical homes exist across multiple payers.
Medicare		Federal health insurance for individuals over the age of 65, individuals with certain disabilities, and individuals with end stage renal disease. Medicare covers most acute care services (which may include psychiatric care), but does not cover LTSS or non-physician behavioral health services.
Medicare Advantage	MA	Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Medicare Advantage Special Needs Plan	SNP	A special type of Medicare Advantage plan that is designed to provide targeted coordinated care to individuals who are a) institutionalized; b) dual eligible; and/or c) meet the severe chronic disabled conditions set forth by CMS. Plans emphasize improved care primarily through continuity of care and care coordination.
Medicare Part A		Hospital Insurance: Covers hospital, skilled nursing care, hospice, and home health care for most eligible individuals at no cost. Financed through payroll tax and deductibles, copayments are only charged if a stay becomes long-term.
Medicare Part B		Supplementary Medical Insurance: Covers most outpatient services, and consumers pay a premium based on income level.
Medicare Part C		Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.
Medicare Part D		Outpatient Prescription Drug Benefit: Private plans contract with Medicare to provide coverage for prescription drugs. Most consumers pay premiums based on their income.
Metropolitan Statistical Area	MSA	An urbanized area with a population of at least 50,000 plus adjacent territory that has a high degree of social and economic integration as measured by commuting ties.
Patient-Centered Medical Home	PCMH	See Medical Home.
Patient Protection & Affordable Care Act	PPACA or ACA	U.S. health care reform signed into law in 2010. The legislation regulates certain aspects of private and public health insurance programs and authorizes an individual mandate to secure essential health coverage, premium tax credits for the purchase of private health insurance, and increased insurance coverage of preexisting conditions. In 2012 the Supreme Court ruled that state participation is optional for provisions of the law expanding Medicaid coverage to adults ages 18 to 64 with incomes under 138% of the FPL. In 2017, Congress repealed the tax penalties associated with the individual mandate essentially ending the mandate.

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Primary Care Case Management	PCCM	A health care delivery system model with limited utilization and cost control. Under the PCCM model, Medicaid enrollees choose a primary care physician who acts as a gatekeeper for more intensive services. The primary care physician generally receives a per person per month (PMPM) fee for care coordination, and is reimbursed fee-for-service for all medical services provided.
Program Of All Inclusive Care For The Elderly	PACE	PACE serves populations over the age of 55 who are eligible for skilled nursing home care by utilizing a comprehensive delivery system of social, medical, and long-term care services to keep enrollees in the community for as long as possible. PACE is an optional state Medicaid program, and may only be available in certain states, or regions within states.
Serious Mental Illness	SMI	A mental, behavioral, or emotional disorder that lasts for a sufficient duration of time and causes impairment of major life activities. Serious mental illnesses include major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post traumatic stress disorder (PTSD), and borderline personality disorder.
Supported Employment		Provides services and supports to help individuals with disabilities become employed in an integrated or competitive work environment, and retain that employment.
Supported Housing		Housing provided for as long as needed at little or no cost to individuals with mental illness, or other vulnerable populations who are homeless or at-risk for homelessness. Mental health and social services are offered to participants, but are not a condition for participation in the program. The goal is to allow individuals to live as self-sufficient, independent lives as possible.
Value-Based Reimbursement	VBR	Reimbursement model in which payers financially reward or penalize health care provider organizations for performance on quality and cost of care. VBR payment mechanisms include P4P; capitation; shared savings models; shared risk models; and payments based on clinically-defined episodes, called episodes of care or bundled payments.

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