OPEN MINDS

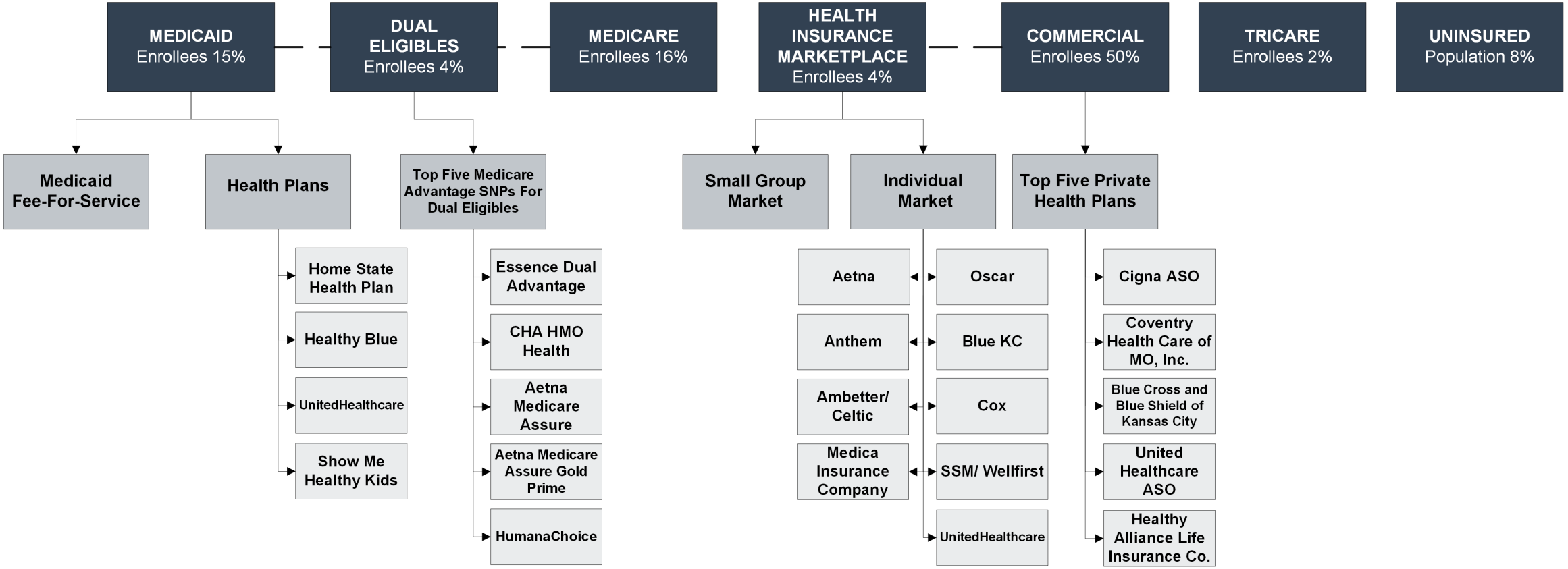
Missouri Health & Human Services System Market Profile: 2024

Health & Human Services System Market Profile Overview

A. Executive Summary

A.1. Missouri Physical Health Care Coverage by Payer

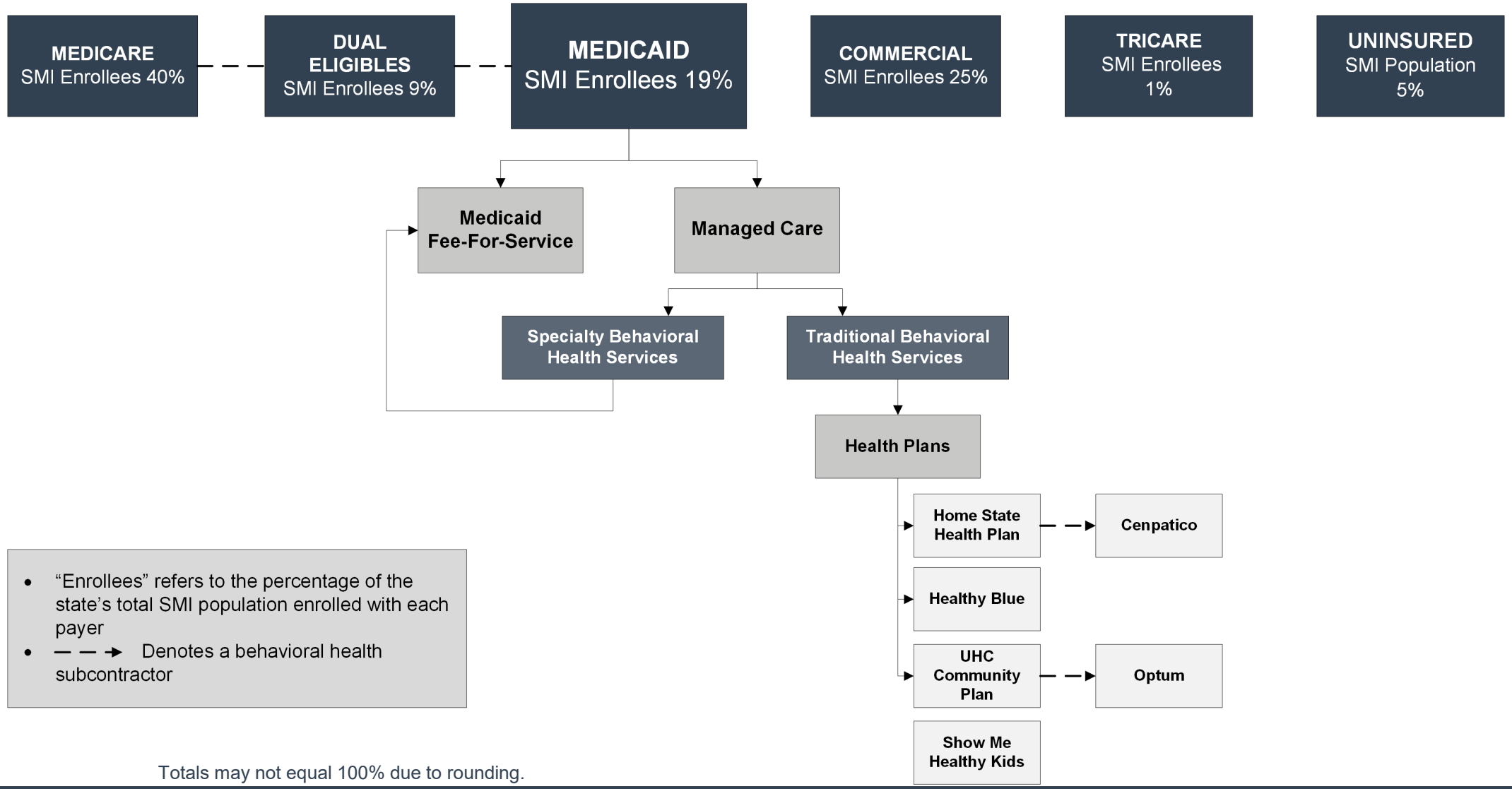
Total Missouri Population- 6,177,957
Estimated SMI Population- 494,237



Totals may not equal 100% due to rounding.

"Enrollees" refers to the percentage of the state's total population enrolled with each payer.

A.1. Missouri Behavioral Health Care Coverage by Payer



- "Enrollees" refers to the percentage of the state's total SMI population enrolled with each payer
- — — → Denotes a behavioral health subcontractor

Totals may not equal 100% due to rounding.

A.2. Medicaid Care Coordination Initiatives

Medicaid Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	**Active Program**	**Description**
Managed Care Health Plan	✓	The state requires the health plans to implement the Local Community Care Coordination Program (LCCCP).
Primary Care Case Management (PCCM)		None
Accountable Care Organization (ACO) Program		None
Affordable Care Act (ACA) Model Health Home	✓	The state has two health home programs—one for individuals with chronic conditions and one for individuals with SMI.
Patient-Centered Medical Home (PCMH)		The state is considering implementing PCMHs for the FFS population.
Dual Eligible Demonstration		None
Managed Long-Term Services and Supports (MLTSS)		None
Certified Community Behavioral Health Clinics (CCBHC) Grant	✓	The state currently operates 20 CCBHCs.

A.3. Health Care Safety-Net Delivery System

State Agencies Responsible For Uninsured Citizens & Delivery System Model

Physical Health Services

- The Missouri Department of Health and Senior Services is responsible for administering programs to improve access to health care for uninsured citizens.

Mental Health Services

- The Division of Behavioral Health (DBH) within the Missouri Department of Mental Health provides mental health services to the safety-net population through community mental health centers operating in 25 designated regions.

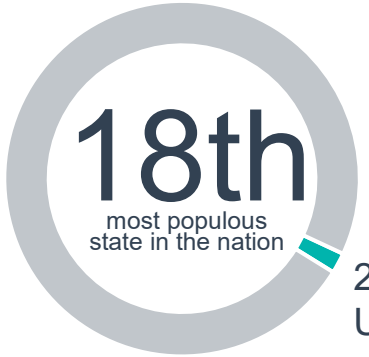
Addiction Treatment Services

- DBH contracts with a network of provider organizations throughout the state to provide addiction treatment services to the safety-net population.

B. Missouri Health Financing System Overview

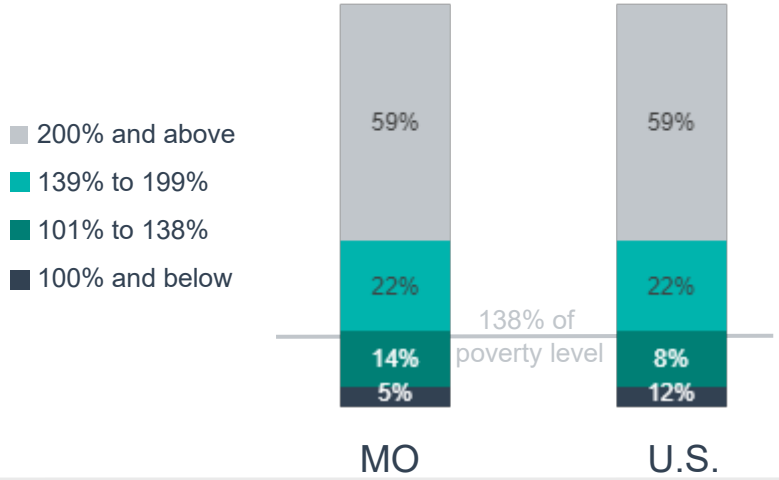
B.1. Population Demographics

Total Missouri Population- 6,177,957
Estimated SMI Population- 494,237



2% of the
U.S. population

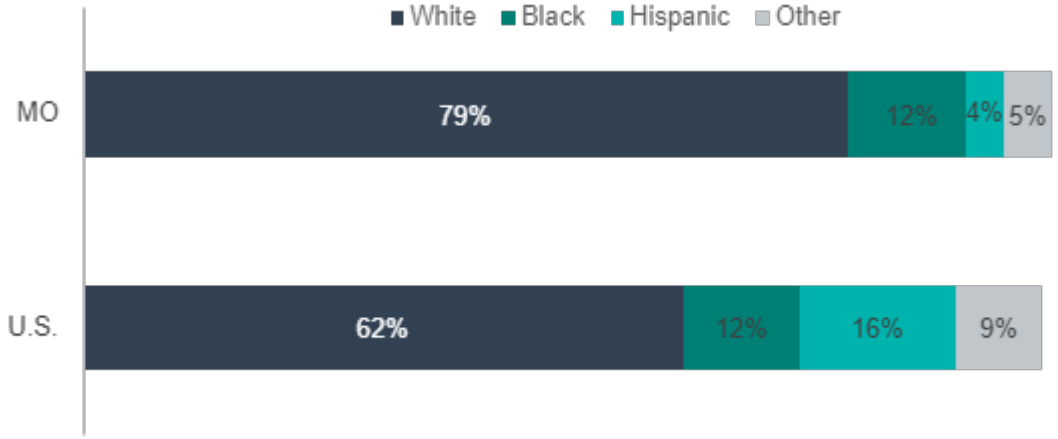
Population Distribution By Income To Poverty Threshold Ratio



Median Household Income	
Missouri	$64,811
U.S.	$74,755

Population Distribution By Age

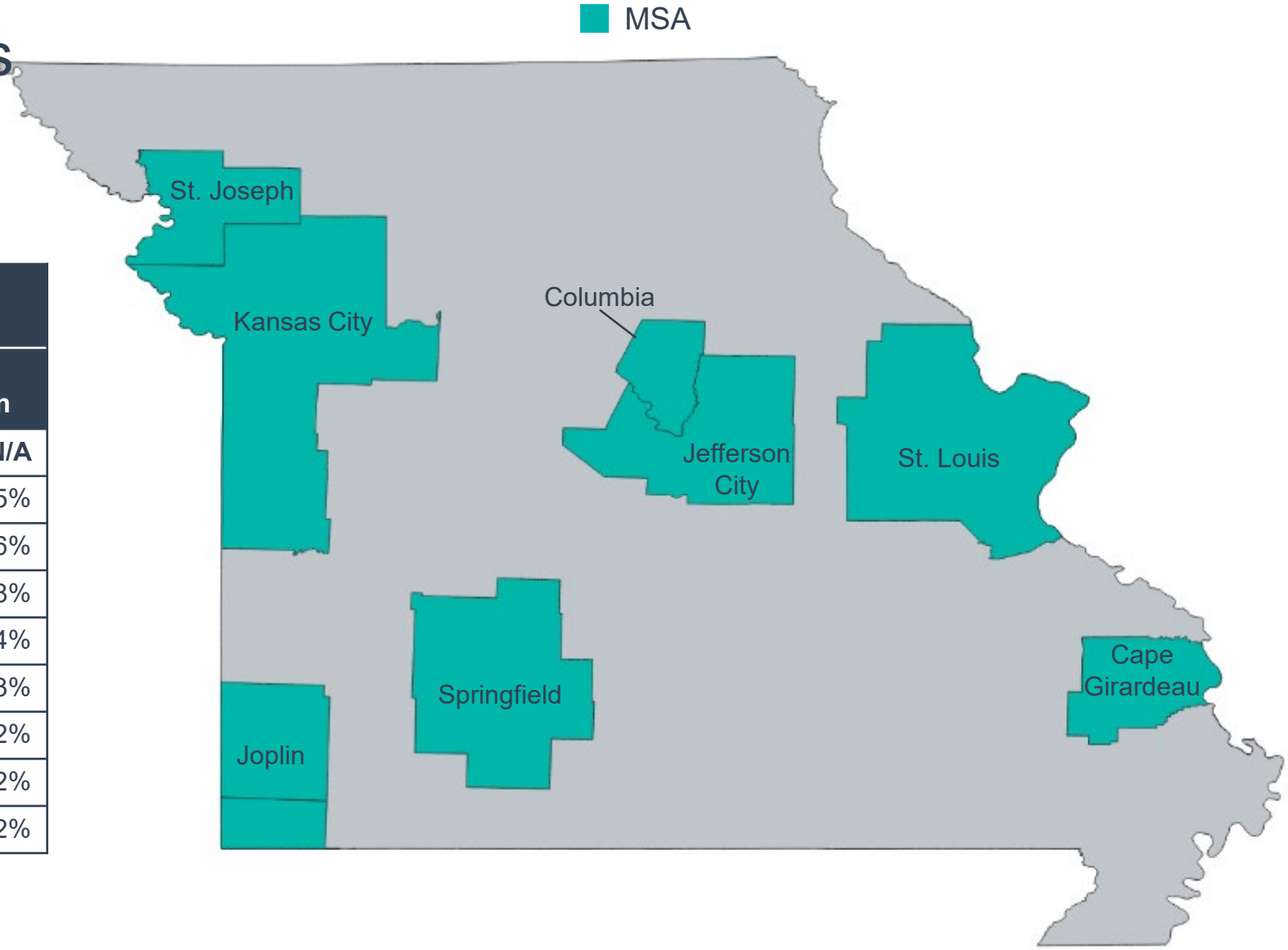
Missouri & U.S. Racial Composition



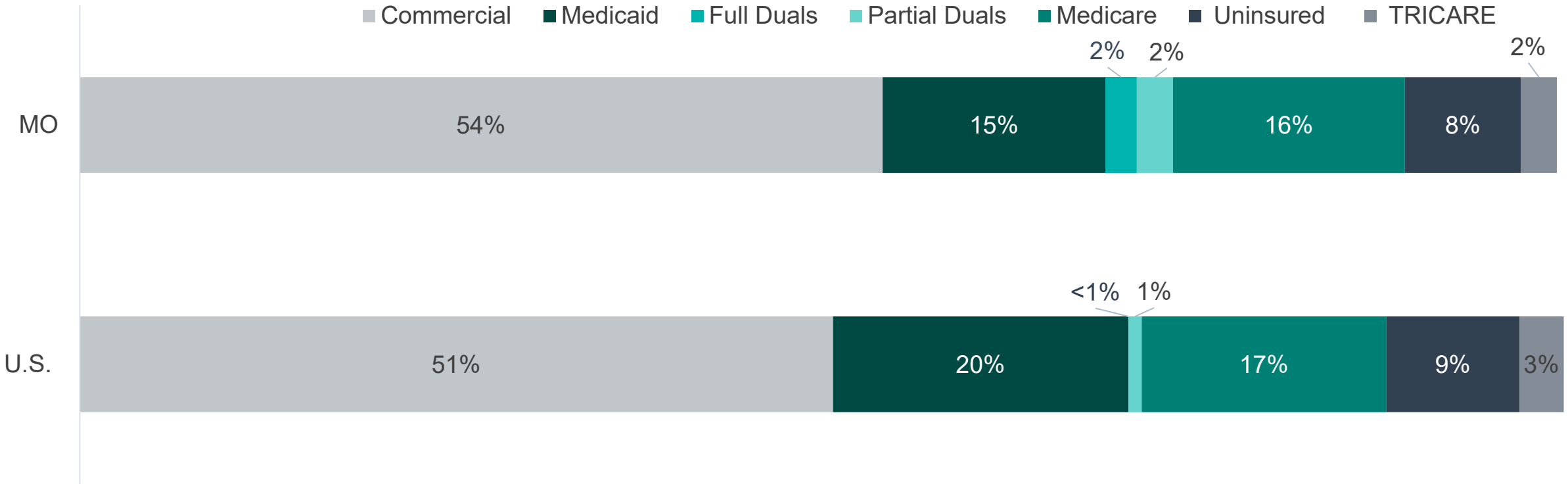
Totals may not equal 100% due to rounding.

B.2. Population Centers

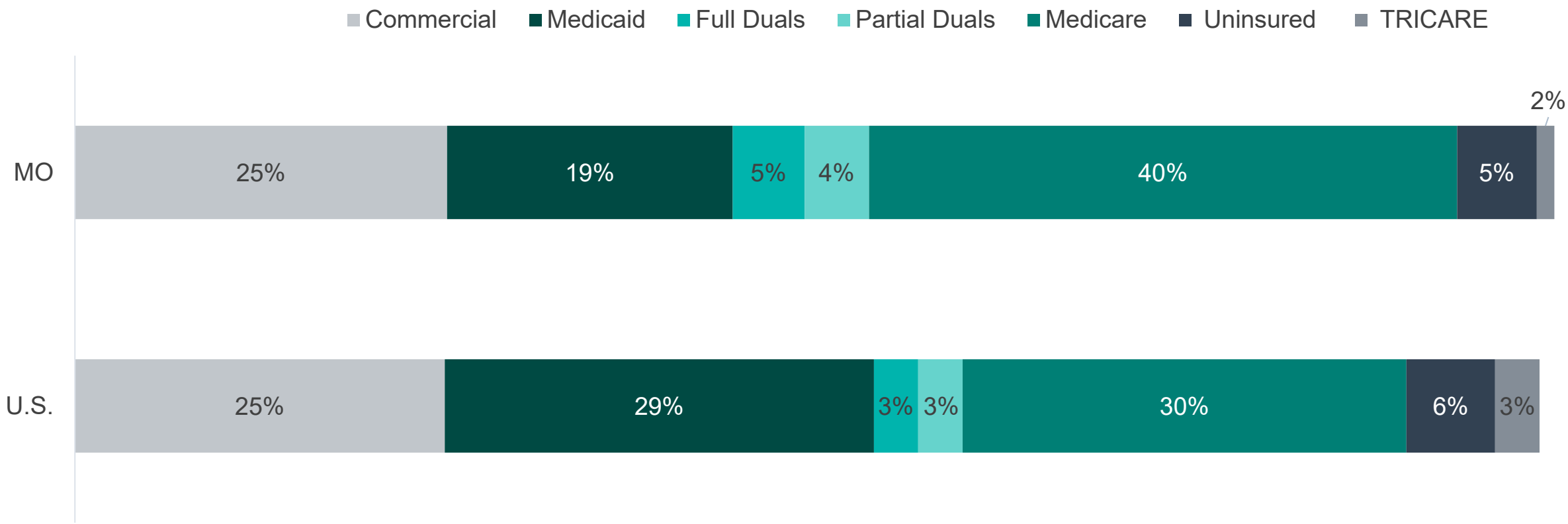
Metropolitan Statistical Areas (MSAs)		
MSA	**MSA Residents**	**Total Population**
Total MSA Population	**6,277,423**	**N/A**
St. Louis, MO-IL	2,796,999	45%
Kansas City, MO-KS	2,221,343	36%
Springfield, MO	491,053	8%
Columbia, MO	216,511	4%
Joplin, MO	184,086	3%
Jefferson City, MO	150,733	2%
St. Joseph, MO-KS	118,475	2%
Cape Girardeau, MO-IL	98,223	2%



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



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



Totals may not equal 100% due to rounding.

B.4. Largest Missouri Health Plans By Enrollment

Plan Name	Plan Type	Enrollment*
Health Alliance Life Insurance Company	Commercial	630,105
Medicare fee-for-service (FFS)	Medicare	628,352
UnitedHealthcare ASO	Commercial administrative services only (ASO)	451,180
Blue Cross Blue Shield of Kansas City	Commercial	377,209
Cigna ASO	Commercial ASO	363,492
Healthy Blue	Medicaid managed care	357,698
Coventry Health Care of Missouri	Commercial	346,213
Home State Health Plan	Medicaid managed care	314,897
UnitedHealthcare Missouri HealthNet Managed Care	Medicaid managed care	302,089
Medicaid FFS	Medicaid	250,543

*Medicaid enrollment as of July 2024; TRICARE as of December 2023; Commercial as of November 2023; Medicare enrollment as of August 2023

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

Plan Name	Plan Type	Enrollment*	Estimated SMI Enrollment
Medicare FFS	Medicare	628,352	142,636
Healthy Blue	Medicaid managed care	357,698	41,493
Home State Health Plan	Medicaid managed care	314,897	36,528
UnitedHealthcare Missouri HealthNet Managed Care	Medicaid managed care	302,089	35,042
Medicaid FFS	Medicaid	250,543	29,063
Care Improvement Plus South Central Insurance Co	Medicare Advantage	123,704	28,081
Healthy Alliance Life Insurance Company	Commercial	630,105	26,464
AARP MedicareComplete	Medicare Advantage	94,949	21,553
UnitedHealthcare of the Mid-West	Medicare Advantage	94,121	21,434
UnitedHealthcare of The Midlands, Inc	Medicare Advantage	88,351	20,056

*Medicaid enrollment as of July 2024; TRICARE as of December 2023; Commercial as of November 2023; Medicare enrollment as of August 2023

B.5. Health Insurance Marketplace

Health Insurance Marketplace	
Health Plan Marketplace Percentage	4%
Type of Marketplace	Federal
Individual Enrollment Contact	https://www.healthcare.gov/
	1-800-318-2596
Small Business Enrollment Contact	No small group plans are available through the marketplace. Employers must purchase coverage directly from an insurance carrier, or through an insurance broker.

2024 Individual Market Health Plans
1. Aetna
2. Anthem
3. Ambetter/Celtic
4. Blue KC
5. Cox
6. Medica
7. Oscar
8. SSM/Wellfirst
9. UnitedHealthcare

2024 Small Group Market Health Plans
None

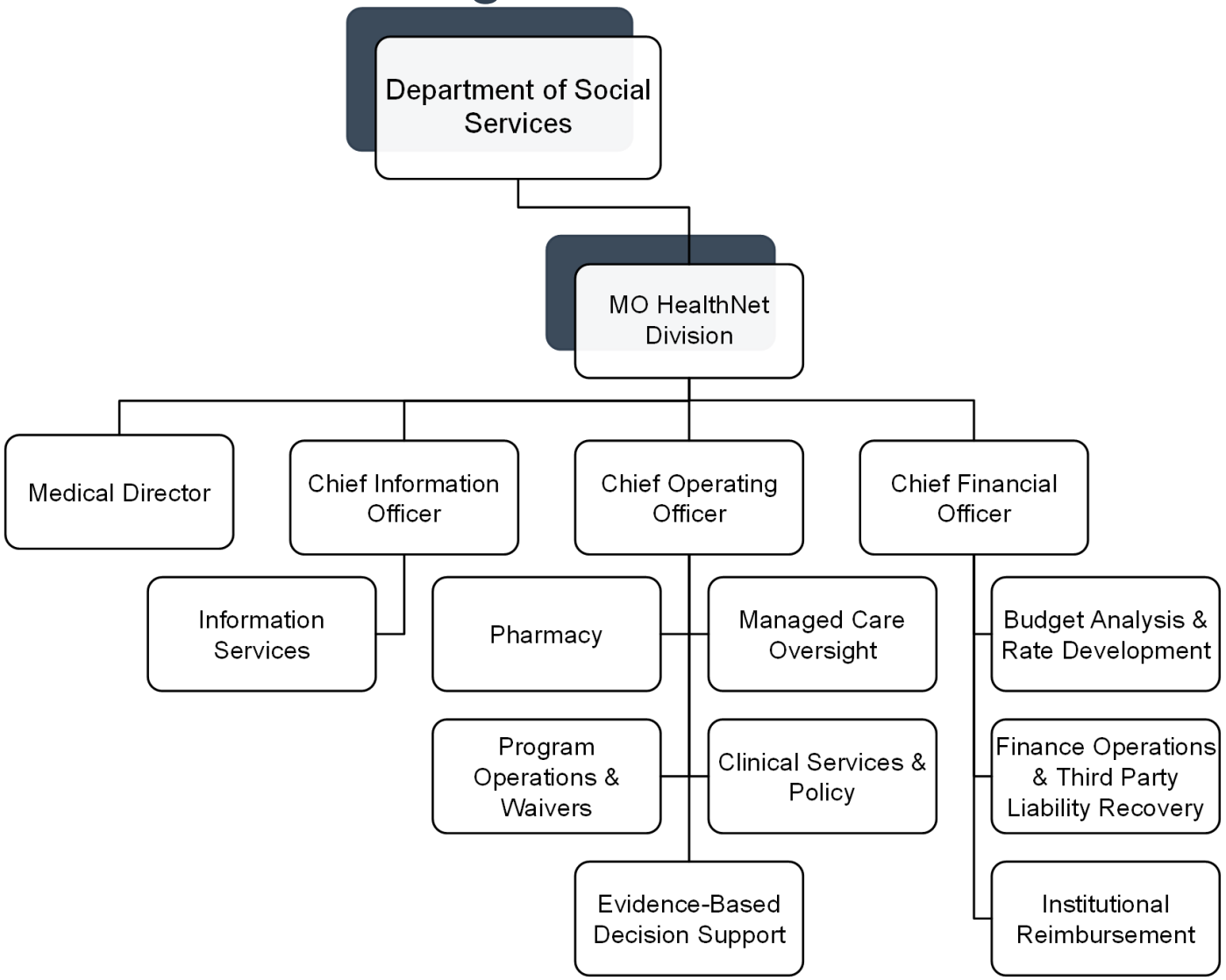
B.6. Accountable Care Organizations

Medicare Shared Savings ACOs
1. ACO of Central Alabama 1, LLC
2. Aledade Accountable Care 12, LC
3. Aledade Accountable Care 38, LLC
4. Baxter Physician Partners, LLC
5. BJC HealthCare ACO, LLC
6. Caravan Health ACO 20, LLC
7. Caravan Health ACO 22, LLC
8. Care Management of Southeast Missouri, LLC
9. CareConnectMD ACO, Inc
10. Central US ACO
11. Centrus Health of Kansas City, LLC
12. CHSPSC ACO 7, LLC
13. Health Choice Care, LLC
14. Keep Well ACO, LLC
15. Mercy Health ACO, LLC
16. SBMACO, LLC
17. SSM ACO, LLC
18. St Luke's ACO, LLC
19. USMM Accountable Care Partners

Commercial	
ACO	**Commercial Insurer**
Mercy Health ACO	Aetna, Cigna, Humana
Meritas Health CAC	Cigna
Saint Luke's Health System	UnitedHealthcare
St John's Mercy Hospital	Cigna

C. Medicaid Administration, Governance & Operations

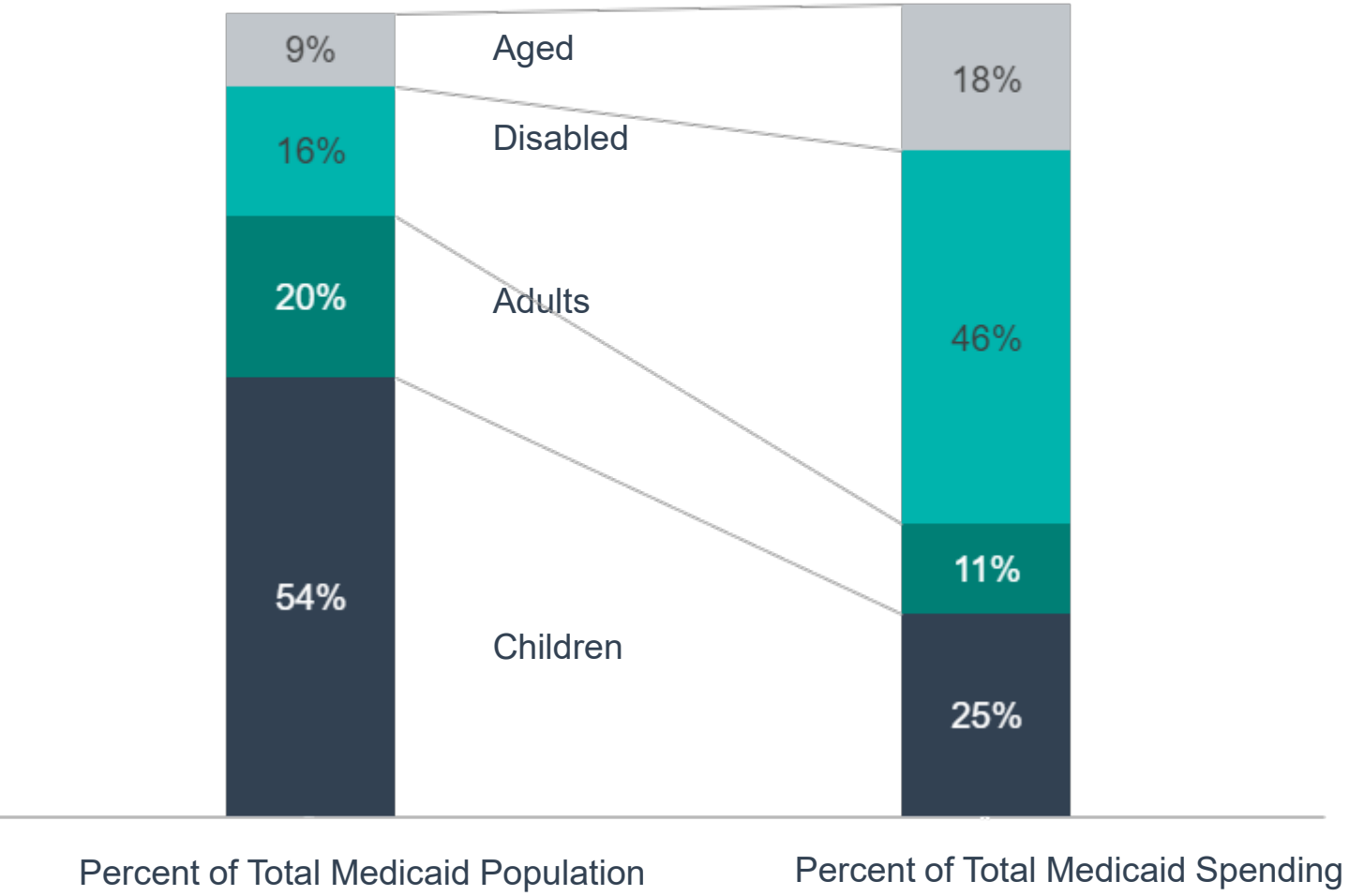
C.1. Medicaid Governance: Organization Chart



C.1. Medicaid Governance: Key Leadership

Name	Position	Department	Email
Robert Knodell	Director	Department of Social Services	robert.j.knodell@dss.mo.gov
Todd Richardson	Division Director	MO HealthNet Division	todd.richardson@dss.mo.gov
Timothy Kling, M.D.	Acting Medical Director	MO HealthNet Division	timothy.g.king@dss.mo.gov
Michelle Hoeller	Chief Information Officer	MO HealthNet Division	michelle.l.hoeller@dss.mo.gov
Jessica Dresner	Chief Operating Officer	MO HealthNet Division	jessica.dresner@dss.mo.gov
Anthony Brite	Chief Financial Officer	MO HealthNet Division	tony.brite@dss.mo.gov

C.2. Medicaid Program Spending By Eligibility Group



Based on FY 2021 data

Totals may not equal 100% due to rounding.

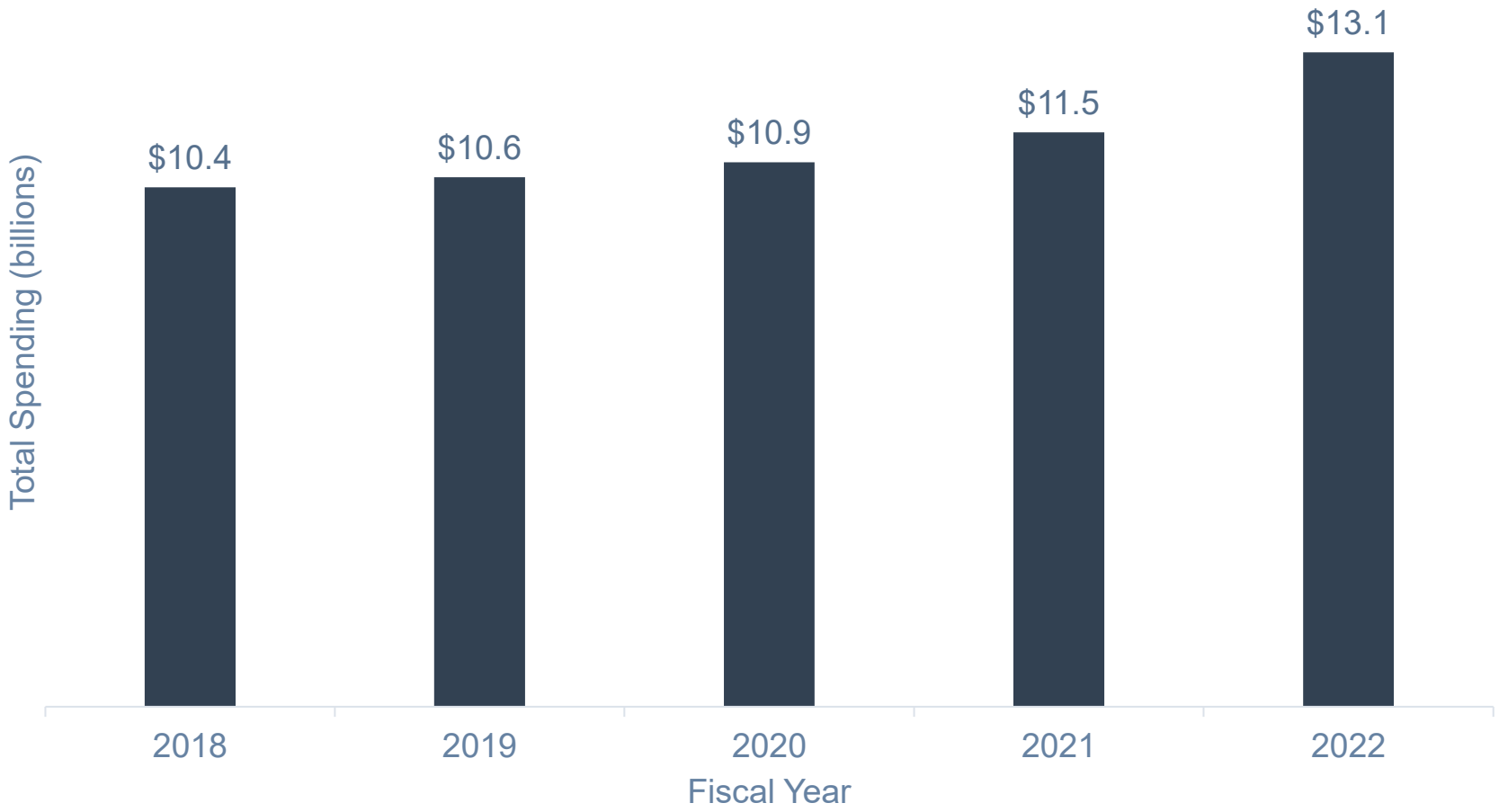
Medicaid Spending Per Enrollee, FY 2021		
	U.S.	MO
All populations	$8,651	$6,634
Children	$3,584	$4,309
Adults	$5,462	$6,202
Expansion adults	$7,486	$6,043
Blind and disabled	$23,935	$25,841
Aged	$18,514	$18,457

C.2. Medicaid Program Spending: Budget

Budget Item	SFY 22 Spending	Percent Of Budget
Managed care and premium assistance	$3,595,000,000	27%
Hospital	$2,847,000,000	22%
Home- and community-based LTSS	$2,788,000,000	21%
Institutional LTSS	$1,455,000,000	11%
Other acute	$872,000,000	7%
Drugs	$585,000,000	4%
Medicare premiums and coinsurance	$463,000,000	4%
Clinic and health center	$458,000,000	3%
Other practitioner	$14,000,000	<1%
Physician	$12,000,000	<1%
Dental	$4,000,000	<1%
Budget Total: $13,093,000,000		

Federal & County Financial Participation	
FY 2024 Federal Medical Assistance Percentage (FMAP)	66.1%
CY 2024 Newly Eligible FMAP (expansion population)	88.0%
Counties contribute to state Medicaid share	Yes

C.2. Medicaid Program Spending: Change Over Time



C.3. Medicaid Expansion Status

Medicaid Expansion	
Participating In Expansion	Yes
Date Of Expansion	October 1, 2022
Medicaid Eligibility Income Limit For Able-Bodied Adults	• 17% of the Federal Poverty Level (FPL) for parents and caretaker relatives • 100% of the FPL for adults aged 19 to 64 in St. Louis City and St. Louis County • No coverage for childless, non-disabled adults in other areas of the state
Legislation Used To Expand Medicaid	MO Amendment 2
Number Of Individuals Enrolled In The Expansion Group (September 2023)	343,168
Number Of Enrollees Newly Eligible Due To Expansion	343,168
Benefits Plan For Expansion Population	Benefits for the expansion population are identical to state plan benefits

C.4. Medicaid Program Benefits

Federally Mandated Services

1. Inpatient hospital services other than services in an institution for mental disease (IMD)
2. Outpatient hospital services
3. Rural Health Clinic services
4. Federally Qualified Health Center (FQHC) services
5. Laboratory and x-ray services
6. Nursing facilities for individuals 21 and over
7. Early and Periodic Screening and Diagnosis and Treatment (EPSDT)
8. Family planning services and supplies
9. Free standing birth centers
10. Pregnancy-related and postpartum services
11. Nurse midwife services
12. Tobacco cessation programs for pregnant women
13. Physician services
14. Medical and surgical services of a dentist
15. Home health services
16. Nurse practitioner services
17. Non-emergency transportation to medical care

Missouri's Optional Services

1. Targeted case management
2. Community psychiatric rehabilitation services
3. Comprehensive Substance Abuse Treatment and Rehabilitation (CSTAR)
4. Dental
5. Durable medical equipment and dentures
6. Hospice
7. Intermediate care facility for intellectual and developmental disabilities (ICF/IDD)
8. Personal care
9. Pharmacy
10. Podiatry
11. Psychologists
12. Social workers/counselors
13. Transplants
14. Therapy-occupational, physical, and speech (children only)
15. Chronic pain management

D. Medicaid Financing & Service Delivery System

D.1. Medicaid Financing & Service Delivery System

Medicaid System Characteristics		
Characteristics	**Medicaid Fee-For-Service (FFS)**	**Medicaid Managed Care**
Enrollment (June 2024)	250,543	1,021,856
SMI Enrollment	• Missouri Medicaid excludes dual eligibles from managed care and allows individuals with an SSI determination, including those with SMI, to opt-out of managed care. • An estimated 80% of the SMI population is enrolled in managed care, and 20% in FFS.	
Management	Department of Social Services	• Physical health: Four health plans • Specialty behavioral health: Department of Social Services
Payment Model	FFS	• Physical health: Capitated rate • Specialty behavioral health: FFS
Geographic Service Area	Statewide	Statewide

Total Medicaid: 1,272,399 | Total Medicaid With SMI: 147,598

D.1. Medicaid System Overview

Medicaid Financial Delivery System Enrollment	
Total Medicaid population distribution	As of June 2024: 20% in fee-for-service (FFS), 80% in managed care
SMI population inclusion in managed care	• Missouri Medicaid excludes dual eligibles from managed care and allows individuals with an SSI determination, including those with SMI, to opt-out of managed care. • Estimated 20% of population in FFS, 80% in managed care
Dual eligible population inclusion in managed care	• Dual eligibles are excluded from enrolling in managed care. • Estimated 100% of population in FFS, but can choose to enroll in a D-SNP

Medicaid Financing & Risk Arrangements: Behavioral Health		
Service Type	**FFS Population**	**Managed Care Population**
Traditional behavioral health	Covered FFS	Included in the health plan's capitation rate
Specialty behavioral health	Covered FFS	Excluded from the health plan's capitation rate and provided FFS
Pharmaceuticals	Covered FFS	Excluded from the health plan's capitation rate and provided FFS
Long-term services and supports (LTSS)	Covered FFS	Excluded from the health plan's capitation rate and provided FFS

D.1. Medicaid Care Coordination Initiatives

Medicaid Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	**Active Program**	**Description**
Managed Care Health Plan	✓	The state requires the health plans to implement the Local Community Care Coordination Program (LCCCP).
Primary Care Case Management (PCCM)		None
Accountable Care Organization (ACO) Program		None
Affordable Care Act (ACA) Model Health Home	✓	The state has two health home programs—one for individuals with chronic conditions and one for individuals with SMI.
Patient-Centered Medical Home (PCMH)		The state is considering implementing PCMHs for the FFS population.
Dual Eligible Demonstration		None
Managed Long-Term Services and Supports (MLTSS)		None
Certified Community Behavioral Health Clinics (CCBHC) Grant	✓	The state currently operates 20 CCBHCs.

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

Population	Mandatory FFS Enrollment	Option To Enroll In FFS Or Managed Care	Mandatory Managed Care Enrollment
Parents and caretakers			X
Children			X
Blind and disabled individuals	X (Individuals who are permanently and totally disabled)	X (Individuals who receive SSI)	
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	• Individuals receiving home- and community-based waiver services • Breast and cervical cancer participants • Women's Health waiver participants • Individuals with presumptive eligibility • AIDS Waiver Participants		• Persons receiving refugee assistance • Individual participating in DD waivers that are eligible in the above groups • Pregnant women

D.2. Medicaid FFS Program: Overview

- As of June 2024, FFS enrollment was 250,543.
- The Missouri Medicaid program is called MO HealthNet.

D.2. Medicaid FFS Program: Behavioral Health Benefits

All behavioral health benefits and pharmacy services are financed FFS.

FFS Mental Health Benefits
1. Inpatient hospitalization
2. Referral for screening to case management services
3. Court ordered services
4. Targeted case management
5. Community Psychiatric Rehabilitation (CPR)
1. Evaluation, assessment, and treatment planning
2. Crisis intervention and resolution
3. Medication services and administration
4. Metabolic syndrome screening
5. Community support
6. Intensive CPR
7. Residential and clustered apartment CPR
8. Peer support services
9. Psychosocial rehabilitation
10. Assertive community treatment (ACT)
11. Adult and adolescent inpatient diversion

FFS Addiction Treatment Benefits
1. Detoxification, including inpatient
2. Referral for screening to case management services
3. Tobacco cessation services
4. Comprehensive Substance Abuse Treatment and Rehabilitation (CSTAR) program
1. Comprehensive assessment and diagnosis
2. Treatment plan
3. Day treatment and extended day treatment
4. Community support
5. Individual, group, and family counseling
6. Medication services
7. Medically monitored inpatient detoxification
8. Opioid treatment program
9. Communicable disease counseling

D.2. Medicaid FFS Program: SMI Population

- Missouri Medicaid excludes dual eligibles from managed care and allows individuals with an SSI determination, including those with SMI, to opt-out of managed care.
- As of June 2024, *OPEN MINDS* estimates that 20% of the SMI population was enrolled in FFS.

D.2. Medicaid FFS Program: Pharmacy Benefit

Missouri 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, anticonvulsants and antipsychotics are included on the pharmacy PDL.
State Uses A PDL For Addiction Treatment Drugs	Yes, opioid dependence and opioid agonist drugs are included on the pharmacy PDL.
Coverage Of Antipsychotic Injectable Medications	Yes, the state includes injectable antipsychotic medications on the pharmacy PDL.
Utilization Restrictions For Mental Health Or Addiction Treatment Drugs	For most classes of drugs, non-preferred drugs require prior authorization. Restrictions vary by drug and may be subject to quantity limits, age limits, and/or step therapy.
State Has A Pharmacy Lock-In Program Or Other Restriction Program	MO HealthNet participants in the lock-in program are restricted to one PCP and require prior authorization for additional medical services. If services do not receive prior authorization, except for a documented medical emergency, the service will not be covered.

D.3. Medicaid Managed Care Program: Overview

- As of June 2024, managed care enrollment was 1,021,856.
- Health plans deliver physical health and traditional behavioral health services for families and children.
- All health plans are required to follow guidelines established by DSS and the MO HealthNet Division to provide the best quality of care for consumers. These guidelines ensure that health plans provide members with:
  - Access to a primary care provider organization of their choice
  - Provide prevention and wellness care
  - Utilize the appropriate setting at the right cost
  - Provide chronic care management
  - Emphasize the individual person
  - Encourage member responsibility and investment to improve wellness
  - Provide evidence-based care
  - Participate in the Medicaid Reform and Transformation project
- The Medicaid managed care contracts included a performance withhold of 3% of the capitation rate. The withhold is returned based on performance on five indicators. A return of up to 1.5% of the capitation rate was possible for each indicator.
  - Access to care for children
  - Screening and immunizations for children
  - Chronic disease management for children and adults
  - Women's health
  - Behavioral health

D.3. Medicaid Managed Care Program: Health Plan Characteristics

Home State Health

1. Profit status: For-profit
2. Parent company: Centene
3. Behavioral health subcontractor: Cenpatico
4. Pharmacy benefits manager: None*
5. Enrollment share: 31%

Show Me Healthy Kids

1. Profit status: For-profit
2. Parent company: Centene
3. Behavioral health subcontractor: Cenpatico
4. Pharmacy benefits manager: None*
5. Enrollment share: 5%

Healthy Blue

1. Profit status: For-profit
2. Parent company: Anthem
3. Behavioral health subcontractor: None
4. Pharmacy benefits manager: None*
5. Enrollment share: 35%

UnitedHealthcare Community Plan

1. Profit status: For-profit
2. Parent company: UnitedHealth Group
3. Behavioral health subcontractor: Optum
4. Pharmacy benefits manager: None*
5. Enrollment share: 30%

*All pharmacy services are financed FFS by the state and not included in the health plan's capitation.
Totals may not equal 100% due to rounding.

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

- Most traditional behavioral health services are included in the health plan's capitation rate. Specialty behavioral health and pharmacy services are not included in the health plan's capitation rate and are reimbursed FFS.
- Health plans may offer short-term services for mental health or addiction treatment disorders in an institution for mental disease in lieu of service.

Mental Health Benefits Provided By Health Plans
1. Inpatient hospitalization
2. Outpatient services
3. Counseling
4. Crisis intervention and access
5. Referral for screening to case management services
6. Court-ordered services

Addiction Treatment Benefits Provided By Health Plans
1. Detoxification, including inpatient
2. Outpatient services
3. Counseling
4. Crisis intervention and access
5. Referral for screening to case management services

Services Excluded From Managed Care & Provided FFS By The State
1. Comprehensive Substance Abuse Treatment and Rehabilitation (CSTAR) services
2. Community Psychiatric Rehabilitation services
3. Targeted case management
4. Tobacco cessation services
5. Pharmacy services

D.3. Medicaid Managed Care Program: SMI Population

- Missouri Medicaid excludes dual eligibles from managed care, and allows individuals with an SSI determination, including those with SMI, to opt-out of managed care.
- As of June 2024, *OPEN MINDS* estimates that 80% of the SMI population was enrolled in managed care.

D.3. Medicaid Managed Care Program: Pharmacy Benefit

All pharmacy services are financed FFS by the state and are not included in the health plan's capitation.

Missouri Managed Care 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, anticonvulsants and antipsychotics are included on the pharmacy PDL.
State Uses A PDL For Addiction Treatment Drugs	Yes, opioid dependence and opioid agonist drugs are included on the pharmacy PDL.
Coverage Of Antipsychotic Injectable Medications	Yes, the state includes injectable antipsychotic medications on the pharmacy PDL.
Utilization Restrictions For Mental Health Or Addiction Treatment Drugs	For most classes of drugs, non-preferred drugs require prior authorization. Restrictions vary by drug and may be subject to quantity limits, age limits, and/or step therapy.
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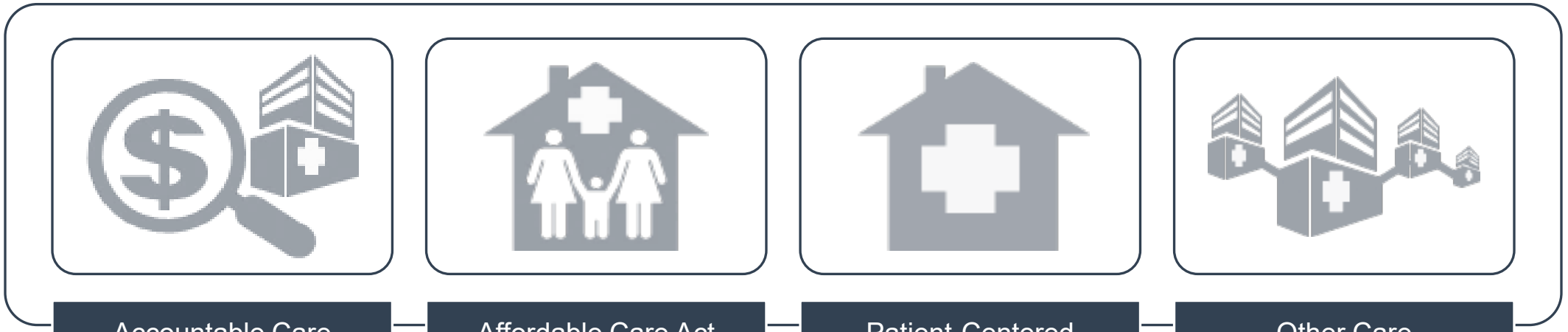
D.4. Medicaid Program: Care Coordination Initiatives



Accountable Care Organization (ACO) Program	Affordable Care Act Health Home	Patient-Centered Medical Home	Other Care Coordination Initiatives
None	The state operates two health home programs. One for individuals with chronic conditions and one for individuals with SMI.	The state is developing a patient-centered medical home (PCMH) program for the FFS program. Currently, these are operated as an aspect of the Health Homes.	The Local Community Care Coordination Program (LCCCP) is the state's care coordination initiative implemented through the Medicaid health plans.

D.4. State Medicaid Health Home Characteristics

	Primary Care Health Home Initiative
Target Population	• Individuals with one of the following conditions (no other conditions required): Diabetes, obesity, pediatric asthma • Individuals with two or more chronic conditions, or with one chronic condition and at-risk of developing another (all foster children are at-risk of developing another condition and can receive services) • Eligible chronic conditions include- Depression, anxiety, addiction, chronic pain, developmental disabilities, asthma, diabetes, heart disease, and body mass index over 25
Enrollment Model	• Passive enrollment for individuals already receiving services from a health home provider organization, with the ability to opt-out • Opt-in enrollment for individuals not already receiving services through a health home provider organization
Geographic Service Area	Statewide
Care Delivery Model	• Services provided by RHCs, FQHCs, or primary care clinics operated by hospitals where at least 25% of the population is enrolled in Medicaid or uninsured • Delivery of the six core health home functions • Creation of individualized care plan for each enrollee • Must achieve PCMH accreditation through NCQA or Joint Commission
Payment Model	• Per member per month case management fee of $65.65 paid by the state to the health home whether the individual is enrolled in managed care or FFS • Monthly management monitoring for treatment gaps, or one other health home function, is required for payment. • The state is considering a shared savings model for health home services.
Practice Performance & Improvement	• Hospital, emergency room, and skilled nursing facility admission rate • 20 chronic disease management measures, such as childhood weight screening and counseling, pediatric and adult asthma controller medication, and adult Screening, Brief Intervention, and Referral to Treatment (SBIRT) drug use. • Cost of care for enrolled individuals compared to control group from non-participating provider organization • Improvement in clinical measures such as hypertension or cholesterol levels. • Reduction in health care costs associated with avoidable services.

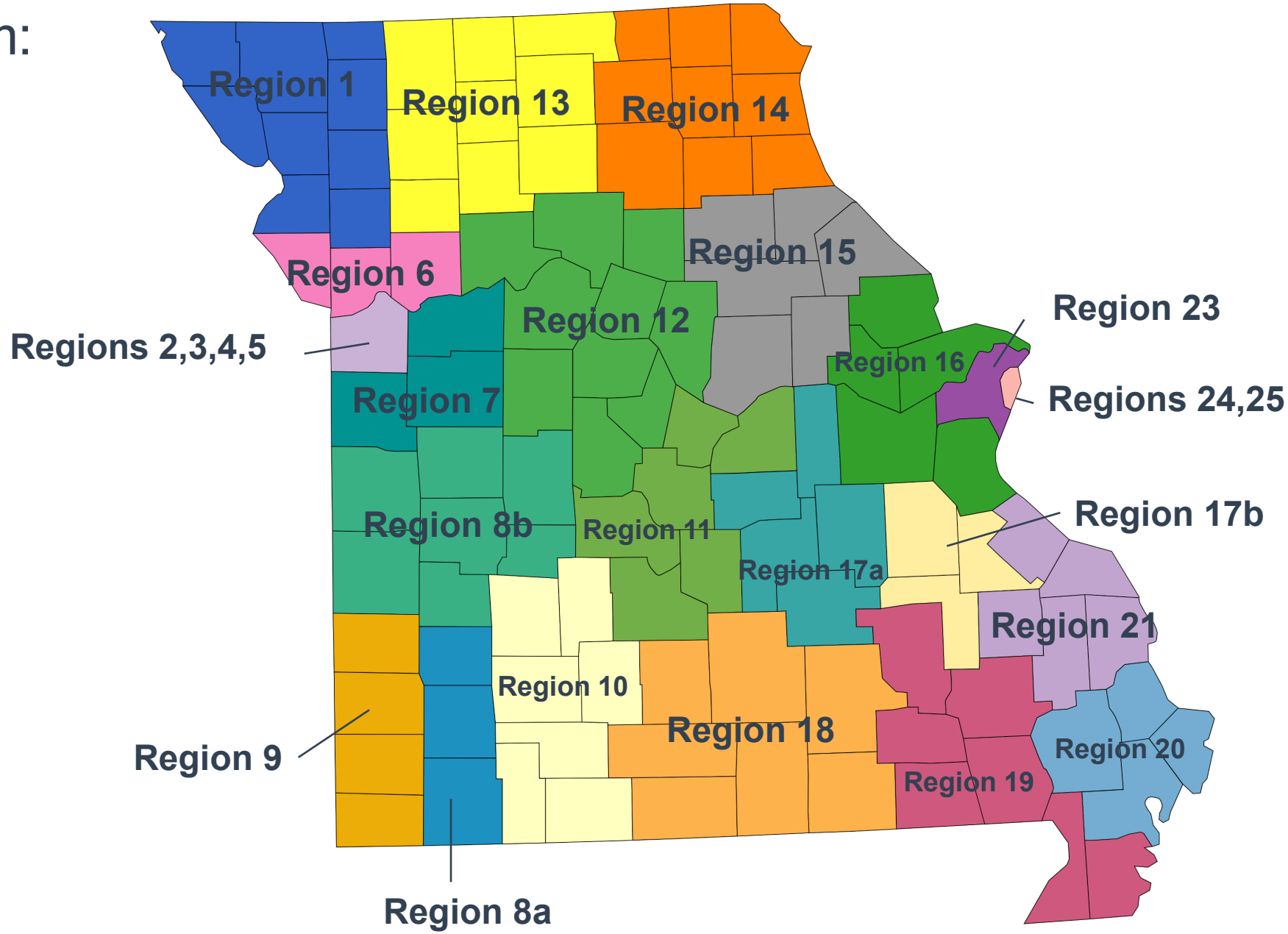
D.4. State Medicaid Health Home Characteristics

Comprehensive Care Management Health Homes Concept	
Target Population	• Persons with SMI • Persons with a mental health condition and addiction disorder • Persons with a mental health condition or an addiction disorder, and one of the following chronic conditions or risk factors: Diabetes, asthma/chronic obstructive pulmonary disease, cardiovascular disease, developmental disability, BMI greater than 25, or tobacco use
Enrollment Model	• Passive enrollment for individuals already receiving services from a health home provider organization with the ability to opt-out • Opt-in enrollment for individuals not already receiving services from a health home provider organization • Individuals who qualify for both health home programs must choose to enroll in one health home. The health programs differ in the way they provide care. The primary care home incorporates behavioral health care into the traditional health care model. The behavioral health home incorporates primary care into the behavioral health model; therefore, individuals can select the home based on the priority services needed.
Geographic Service Area	Statewide
Care Delivery Model	• All services are provided by the community mental health centers (CMHCs) • Utilization of the six health home core services • Must achieve medical home certification through a nationally recognized organization
Payment Model	• Per member per month case management fee of $87.11 paid by the state to the health home whether the individual is enrolled in managed care or FFS • Monthly management monitoring for treatment gaps, or one other health home function is required for payment.
Practice Performance & Improvement	• State, NCQA, and HEDIS quality measures • Annual assessment of cost-savings for each CMHC

D.4. Medicaid Program: Certified Community Behavioral Health Organizations

- The Division of Behavioral Health (DBH) currently has 22 community behavioral health care organizations serving all of Missouri's 114 counties. The community behavioral health organizations follow the new federal standards for Certified Community Behavioral Health Clinics (CCBHCs) and are eligible to participate in the Demonstration Project.
- The Demonstration Project (which began on July 1, 2017, and runs through September 30, 2025) is designed to convert Medicaid reimbursement for community behavioral health services from a fee-for-service reimbursement system to a prospective payment system while improving the availability, accessibility, and quality of community behavioral healthcare.
- The state has opted to continue the daily unit of payment method used by the CCBHCs and has added an incentive payment program.
  - Under the clinic's specific fixed daily rate, CCBHOs receive the same fixed payment for all services provided to a Medicaid beneficiary on a given day, regardless of the intensity of services provided.
  - The CCBHOs are eligible for Quality Incentive Payment (QIP) based on the achievement of particular performance measures. Each CCBHO is judged independently and receives payment based on improvement in scores from the previous year or, if the CCBHO has no previous score, improvement on statewide mean scores.

D.4. Medicaid Program: CCBHO Regions



D.4. Medicaid Program: CCBHO Regions

CCBHOs	Regions Served	FY 2024 PPS Rate
ALM Hopewell Center	24	$247.68
Bootheel Counseling Services	20	$249.79
Burrell Behavioral Health	5, 10, 12	$302.36
BJC Behavioral Health	23, 25, 17b	$288.60
Clark Community Mental Health Center	8a	$358.41
Community Counseling Center	21	$285.77
Compass Health, Inc.	7, 8b, 11, 16, 17a, 22	$327.36
East Central Missouri Behavioral Health	15	$268.99
Family Counseling Center, Inc.	19	$323.87
Family Guidance Center for Behavioral Healthcare	1	$280.25

D.4. Medicaid Program: CCBHO Regions (cont.)

CCBHOs	Regions Served	FY 2024 PPS Rate
Mark Twain Behavioral Health	14	$302.16
North Central Missouri Mental Health Center	13	$250.78
Ozark Center	9	$237.28
Ozarks Healthcare Behavioral Health	18	$258.95
Places for People	25	$370.08
Preferred Family Healthcare	13, 14	$305.02
ReDiscover	4	$425.26
Swope Health Services	3	$355.49
Beacon Mental Health	6	*
Truman Medical Center	2	$270.07

*New CCBHO, no PPS rate available as of July 2024.

D.4. Medicaid Program: The Local Community Care Coordination Program

- The Local Community Care Coordination Program (LCCCP) is the state's care coordination initiative, which was implemented through the Medicaid managed care contracts.
- The Medicaid health plans are required to implement a program focused on providing care management, care coordination, and disease management through local health care provider organizations.
  - The delivery model for the care coordination program can be determined by the health plan and is subject to approval by the state.
  - Models may include accountable care organizations (ACOs), PCMHs, primary care case management (PCCM), sub-capitated entities, or a combination of models.
- LCCCP entities are encouraged, but not required, to achieve some form of national recognition or certification.
- As appropriate, LCCCP activities must include comprehensive care management, care coordination, health promotion services, transitional care, individual and family support, disease management, extended office hours, open scheduling, alternative communications models, and referrals to community and social supports.
- The health plans are responsible for identifying and enrolling potential LCCCP participants based on health conditions or need of care continuity. Individuals already enrolled in a state health home are not eligible for the LCCCP program.
- Each health plan must document that 20% of its members are either enrolled in an LCCCP or have declined to enroll in an LCCCP. Failure to do so will result in the loss of a portion of the performance withhold at the end of the contract period.

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

Waiver Title	Waiver Description	Waiver Type	Enrollment Cap	Effective Date	Expiration Date
Missouri HealthNet (MO-0003)	Authorizes the state's managed care program.	1915 (b)	None	01/01/2024	06/30/2024*
Missouri Former Foster Care Youth Section 1115 Demonstration	Extends full Medicaid eligibility to former foster care under the age of 26.	1115	None	06/02/2021	12/31/2025
Missouri Targeted Benefits for Pregnant Women	Provides extended coverage to pregnant women who have been assessed as needing SUD treatment for twelve weeks past when pregnancy benefits end.	1115	None	01/01/2022	12/31/2026
Missouri Intensive Therapeutic Residential Habilitation Service (MO-04)	The program will transfer the administrative functions and responsibilities of personal care and respite Individual Provider (IP) management from the DSHS and Area Agency on Aging (AAA) staff to a contracted CDE vendor, the Consumer Direct Care Washington, LLC.	1915 (b)	None	10/01/2021	06/30/2026

*This waiver is still listed as approved on the CMS site. No additional information is available.

D.5. Medicaid Program: Demonstration & Care Management Waivers (cont.)

Waiver Title	Waiver Description	Waiver Type	Enrollment Cap	Effective Date	Expiration Date
Missouri Substance Use Disorder & Serious Mental Illness Demonstration	Reimburses for medically necessary residential substance use disorder (SUD) services furnished in facilities that qualify as an institution for mental disease, and for acute inpatient stays in institutions for mental disease (IMDs) for Medicaid eligible individuals ages 21-64 with a serious mental illness.	1115	None	12/06/2023	12/31/2028
Missouri Targeted Benefits for Postpartum Women	This demonstration enables the state to obtain Federal Financial Participation (FFP) for expenditures associated with the extension of Substance Use Disorder (SUD) and mental health services to certain Medicaid postpartum women who have been assessed as needing treatment for a Substance Use Disorder (SUD) for 10 months immediately the 60-day postpartum period.	1115	None	01/01/2022	12/31/2026

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

Waiver Title	Target Population	2024 Enrollment Cap	Operating Unit	Concurrent Management Authority
MO Aged and Disabled (0026.R09.00)	Individuals who are physically disabled ages 63 to 64, and individuals who are ages 65+	26,932	Missouri Department of Health and Senior Services, Division of Senior and Disability Services	No
MO DD Comprehensive (0178.R07.00)	Individuals with I/DD of any age	8,750	Missouri Department of Mental Health, Division of Developmental Disabilities	No
MO Adult Day Care (1021.R02.00)	Individuals who are physically disabled or disabled in other ways ages 18 to 63	2,256	Department of Health and Senior Services, Division of Senior and Disability Services	No
MO Div of DD Community Support (0404.R04.00)	Individuals with I/DD of any age	4,800	Missouri Department of Mental Health, Division of Developmental Disabilities	No
MO Partnership for Hope (0841.R03.00)	Individuals with autism or I/DD of any age	3,759	Missouri Department of Mental Health, Division of Developmental Disabilities	No
MO Independent Living (0346.R05.00)	Individuals who are physically disabled ages 18 to 64	1,150	Missouri Department of Health and Senior Services, Division of Senior and Disability Services	No
MO Medically Fragile Adult (40190.R05.00)	Individuals who are medically fragile ages 21 and older, and individuals with a developmental disability ages 21 and older	340	Department of Health and Senior Services, Bureau of Special Health Care Needs	No

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

Waiver Title	Target Population	2024 Enrollment Cap	Operating Unit	Concurrent Management Authority
MO Brain Injury Waiver (1406.R00.00)	Individuals aged 21 to 65 with traumatic brain injuries.	20	Missouri Department of Health and Senior Services, Division of Community Public Health	No
MO Children w/DD (MOCDD) (4185.R06.00)	Individuals with I/DD ages 0 to 17	366	Missouri Department of Mental Health, Division of Developmental Disabilities	No
MO AIDS (0197.R07.00)	Individuals with HIV/AIDS ages 21 and older	161	Missouri Department of Health and Senior Services/Bureau of HIV, STD, and Hepatitis	No
MO Structured Family Caregiving Waiver (1706.R00.00)	Individuals having been diagnosed with Alzheimer's or related Disorders, ages 21 and older.	300	Missouri Department of Health and Senior Services, Division of Senior and Disability Services	No

D.6. Medicaid Program: New Initiatives - Postpartum Care

- In November 2023, the U.S. Department of Health and Human Services, and CMS announced Missouri's extension of comprehensive coverage after pregnancy through Medicaid and the Children's Health Insurance Program (CHIP) for postpartum individuals for a full 12 months.
- The CMS Maternity Care Action Plan, is aimed at improving maternal health, particularly in underserved communities.
- Missouri is the 40th state to be approved for the extended coverage, made possible by the American Rescue Plan, and made permanent by the Consolidated Appropriations Act 2023.
- With this announcement an additional 18,000 people in Missouri will be eligible for Medicaid for a full year after pregnancy.

E. Medicare Financing & Service Delivery System

E.1. Medicare Financing & Service Delivery System

Medicare System Characteristics		
Characteristics	**Traditional Medicare (FFS)**	**Medicare Advantage**
Enrollment (August 2023)	633,794	669,517
SMI Enrollment	• *OPEN MINDS* estimates 51% of the population in Medicare Advantage, 49% in Traditional Medicare.	
Management	• Part A: Inpatient hospital, skilled nursing facility care, nursing home care, hospice and home health care • Part B: Clinical research, ambulance services, durable medical equipment, mental health and limited outpatient prescription drugs	• Medicare Advantage Plans provide Part A and Part B benefits, plus additional benefits based on plan chosen
Payment Model	• Part A & B cover up to 80%, remaining costs can be paid out of pocket	• Fixed amounts paid based on health plan chosen
Geographic Service Area	Statewide	Statewide

Total Medicare: 1,303,311 | Total Medicare With SMI: 295,851

E.1. Medicare Financing & Service Delivery System

Medicare Financial Delivery System Enrollment	
Total Medicare population distribution	As of August 2023: 51% Medicare Advantage, 49% in traditional Medicare.
SMI population inclusion in managed care	Estimated 51% of population in Medicare Advantage, 49% in traditional Medicare.
Medicare population inclusion in Chronic special needs plan or (C-SNP).	There are currently no C-SNP plans in Missouri.
Medicare population inclusion in Institutional Special Needs Plan (I-SNP).	Estimated that less than 1% of population is enrolled in I-SNP plans.

E.2. Medicare System: Overview

- Medicare enrollment as of August 2023 was 1,303,311.
- It is estimated around 16% of the state's total population is enrolled in Medicare, compared with about 19.5% of the U.S. population enrolled in Medicare.
  - *OPEN MINDS* estimates approximately 40% of the state's Medicare population has an SMI.
- In 2023, 51% of Missouri's Medicare beneficiaries were enrolled in private coverage (not counting Original Medicare beneficiaries who supplement their coverage with Medicare Part D prescription drug plans and/or Medigap plans).
- In 2023, there were 34 insurers that offered Medigap policies in Missouri.
- As mid-2023, there were 420,705 Missouri Medicare beneficiaries with coverage under stand-alone Medicare Part D prescription drug plans. Another 618,569 people with Medicare in Missouri had Medicare Part D prescription drug coverage integrated with their Medicare Advantage plans
  - Missouri's total Medicare Part D enrollment has been growing as the overall population enrolled in Medicare increases. Enrollment in stand-alone Medicare Part D plans has fallen, while the number of people with Part D coverage integrated with Medicare Advantage plans has risen.
- Many Medicare beneficiaries receive financial assistance through Medicaid with the cost of Medicare premiums, prescription drug expenses, and services not covered by Medicare – such as long-term care.

E.3. Medicare ACOs

Medicare Shared Savings ACOs
1. ACO of Central Alabama 1, LLC
2. Aledade Accountable Care 12, LC
3. Aledade Accountable Care 38, LLC
4. Baxter Physician Partners, LLC
5. BJC HealthCare ACO, LLC
6. Caravan Health ACO 20, LLC
7. Caravan Health ACO 22, LLC
8. Care Management of Southeast Missouri, LLC
9. CareConnectMD ACO, Inc
10. Central US ACO
11. Centrus Health of Kansas City, LLC
12. CHSPSC ACO 7, LLC
13. Health Choice Care, LLC
14. Keep Well ACO, LLC
15. Mercy Health ACO, LLC
16. SBMACO, LLC
17. SSM ACO, LLC
18. St Luke's ACO, LLC
19. USMM Accountable Care Partners

E.4. Medicare System: New Initiatives

- There are no new or pending initiatives currently.

F. Dual Eligible Financing & Service Delivery System

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

Dual Eligible* Medicaid System Characteristics	
Characteristics	**Medicaid Fee-For-Service (FFS)**
Enrollment (June 2023)	133,467
Estimated SMI Enrollment	28,028
Management	Department of Social Services
Payment Model	FFS
Geographic Service Area	Statewide

Total Dual Eligible Enrollment: 143,467 | Total Dual Eligible Enrollment With SMI: 28,028

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

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

Health Plans	Parent Company	Plan Type	March 2023 Enrollment	Estimated SMI Enrollment
UnitedHealthcare Dual Complete Choice	UnitedHealthcare	Medicare Advantage D-SNP	34,720	7,291
UnitedHealthcare Dual Complete	UnitedHealthcare	Medicare Advantage D-SNP	17,525	3,580
Anthem MediBlue Dual Advantage	Anthem HealthKeepers, Inc	Medicare Advantage D-SNP	11,976	2,515
Essence Dual Advantage	Essence Healthcare, Inc	Medicare Advantage D-SNP	7,548	1,585
CHA HMO Health	N/A	Medicare Advantage D-SNP	7,038	1,478
Humana Gold Plus	Humana, Inc	Medicare Advantage D-SNP	6,002	1,260
Aetna Medicare Assure	Aetna/ CVS	Medicare Advantage D-SNP	3,874	814
Aetna Medicare Assure Gold Prime	Aetna/ CVS	Medicare Advantage D-SNP	3.356	705
HumanaChoice	Humana, Inc	Medicare Advantage D-SNP	1,746	367
CompBenefits Insurance Company	N/A	Medicare Advantage D-SNP	1,422	299

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

- As of June 2023, dual eligible enrollment was 143,467.
- 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.
- Missouri excludes dual eligible beneficiaries from enrolling in managed care; therefore, dual eligibles are mandatorily enrolled in FFS.
- D-SNP enrollment as of June 2023 was 95,990, SMI enrollment for D-SNP was 20,158.

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

- Missouri does not have a dual eligible demonstration with the Centers for Medicare & Medicaid Services (CMS) currently.

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

G.1. LTSS Financing & Service Delivery System

- Missouri does not operate a MLTSS program

LTSS Medicaid System Characteristics	
Characteristics	**Medicaid Managed Care**
Enrollment (December 2023)	N/A
Estimated SMI Enrollment	N/A
Management	N/A
Payment Model	N/A
Geographic Service Area	N/A

Total LTSS Enrollment: N/A | Total LTSS Enrollment With SMI: N/A

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

Population	Mandatory FFS Enrollment	Option To Enroll In FFS Or Managed Care	Mandatory Managed Care Enrollment
Disabled adults	X (Individuals who are permanently and totally disabled)	X (Individuals who receive SSI)	
Disabled children	X (Individuals who are permanently and totally disabled)	X (Individuals who receive SSI)	
Blind individuals	X (Individuals who are permanently and totally disabled)	X (Individuals who receive SSI)	
Aged individuals		X	
Dual eligibles	X		
Individuals with I/DD	X		
Individuals residing in nursing homes	X		
Individuals residing in ICF/IDD	X		
Other HCBS Recipients	X		
Other populations	• Individuals receiving home- and community-based waiver services • Breast and cervical cancer participants • Women's Health waiver participants • Individuals with presumptive eligibility • Aids Waiver Participants		• Persons receiving refugee assistance • Individual participating in DD waivers that are eligible in the above groups • Pregnant women

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

- Missouri does not offer MLTSS services and instead all individuals receive care through the FFS system.

G.3. Medicaid LTSS Program: Health Benefits

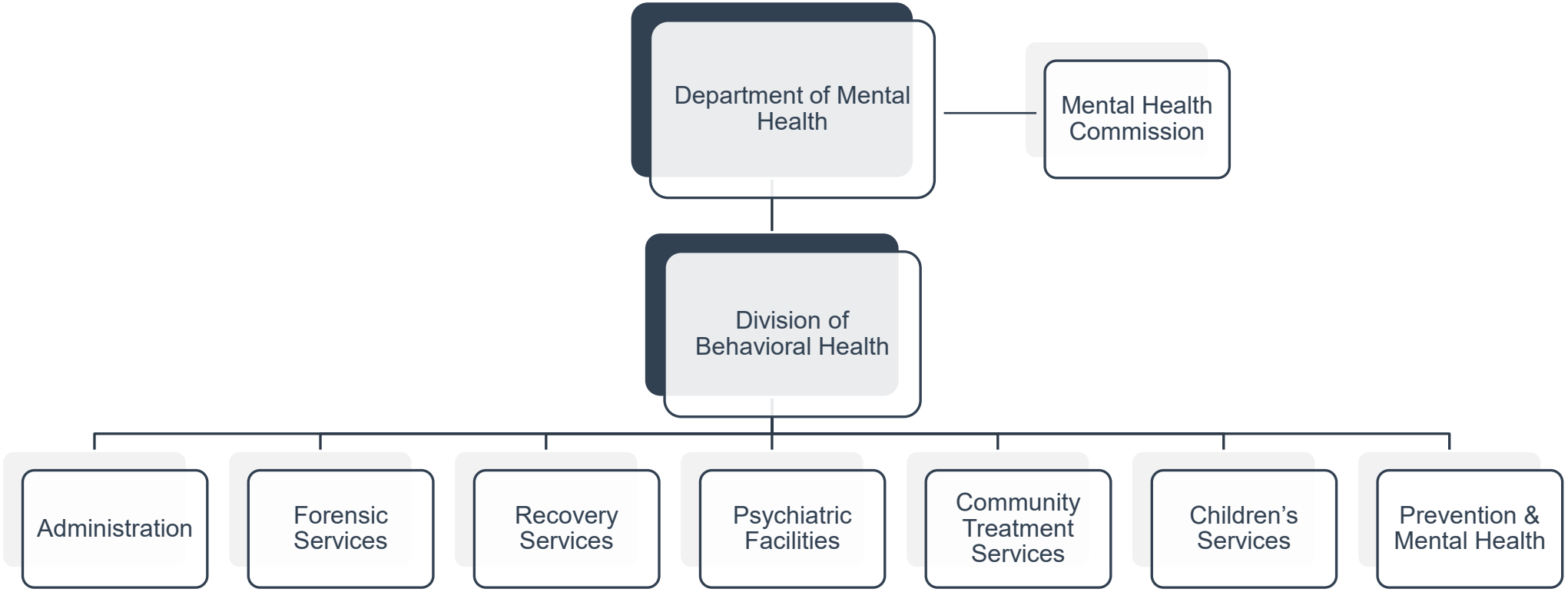
- Missouri does not offer MLTSS services and instead all services are the same as the FFS program.

G.4. LTSS Medicaid Financing & Delivery System: New Initiatives

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

H. State Behavioral Health Administration & Finance System

H.1. Department Of Mental Health: Organization Chart



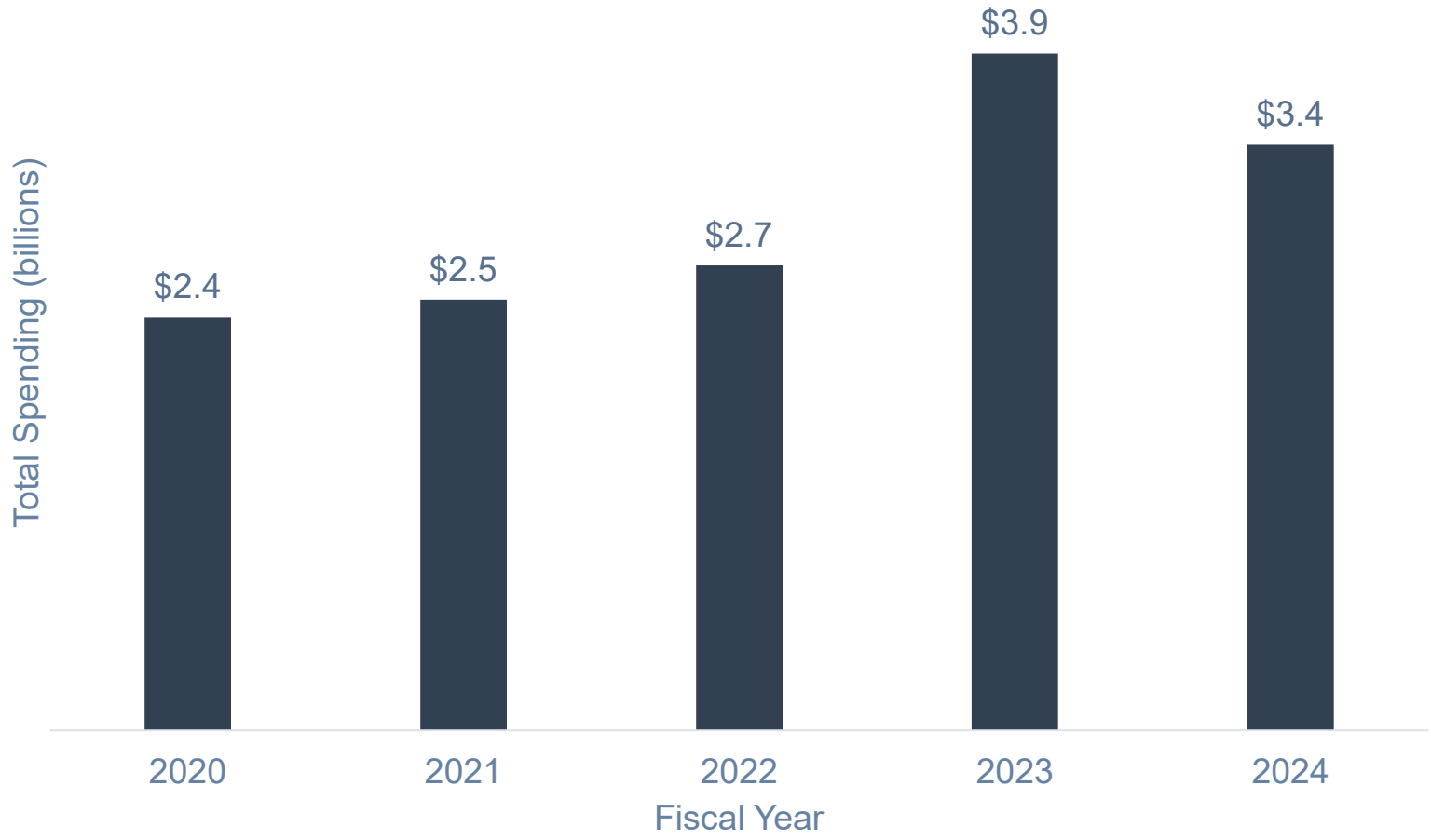
H.1. Department Of Mental Health: Key Leadership

Name	Position	Department	Email
Valerie Huhn	Director	Department of Mental Health	valerie.huhn@dmh.mo.gov
Nora Bock	Division Director	DMH, Division of Behavioral Health	nora.bock@dmh.mo.gov
Jeanette Simmons PsyD	Deputy Division Director	DMH, Division of Behavioral Health	jeanette.simmons@dmh.mo.gov
Vicki Schollmeyer	Deputy Director Of Administration	DMH, Division of Behavioral Health	vicki.schollmeyer@dmh.mo.gov
Robert Reitz, Ph.D.	Deputy Director of Psychiatric Facilities	DMH, Division of Behavioral Health	robert.reitz@dmh.mo.gov
Christine Smith	Director of Prevention and Crisis Services	DMH, Division of Behavioral Health	christine.smith@dmh.mo.gov
Jennifer Johnson	Director of Community Operations	DMH, Division of Behavioral Health	jennifer.johnson@dmh.mo.gov
Rosie Anderson-Harper	Director of Recovery Services	DMH, Division of Behavioral Health	rosie.anderson-harper@dmh.mo.gov
Cla Stearns	Director of Children's Services	DMH, Division of Behavioral Health	cla.stearns@dmh.mo.gov
Tim Wilson PsyD	Director of Forensic Services	DMH, Division of Behavioral Health	timothy.wilson@dmh.mo.gov

H.2. Department Of Mental Health: Spending

Budget Item	SFY 2024 Budget Request	Percent Of Budget
Division of Developmental Disabilities	$2,222,246,722	65%
Division of Behavioral Health	$1,157,900,458	34%
Office of the Director	$61,573,642	2%
Budget Total: $3,441,720,822		

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



H.3. State Psychiatric Institutions

State Psychiatric Institutions		
Institution	**Location**	**Beds**
Northwest MO Psychiatric Rehabilitation Center	St. Joseph	108
Center for Behavioral Medicine	Kansas City	82
Fulton State Hospital	Fulton	399
St. Louis Psychiatric Rehabilitation Center	St. Louis	196
Metropolitan St. Louis Psychiatric Rehabilitation Center	St. Louis	50
Hawthorn Children's Psychiatric Hospital	St. Louis	28
Southeast MO Mental Health Center	Farmington	348
Total		**1,211**

H.4. Behavioral Health Safety-Net Delivery System

- The Division of Behavioral Health (DBH) within the Department of Mental Health (DMH) contracts with community mental health centers (CMHCs) to provide mental health services to the safety-net population in 25 designated service areas.
- These centers serve as the entry point into the state system of services for persons with mental illness.
- Every center operates using DMH funding and accepts Medicaid payments for services. Most centers receive additional sources of financing, including federal grants, charitable donations, other insurance payments, and county tax monies.
- DBH contracts with a network of provider organizations throughout the state to provide addiction treatment services to the uninsured population.

H.4. Behavioral Health Safety-Net Delivery System: CMHC Service Areas

CMHC Service Areas

- Region 1
- Regions 2,3,4,5
- Region 6
- Region 7
- Region 8a
- Region 8b
- Region 9
- Region 10
- Region 11
- Region 12
- Region 13
- Region 14
- Region 15
- Region 16
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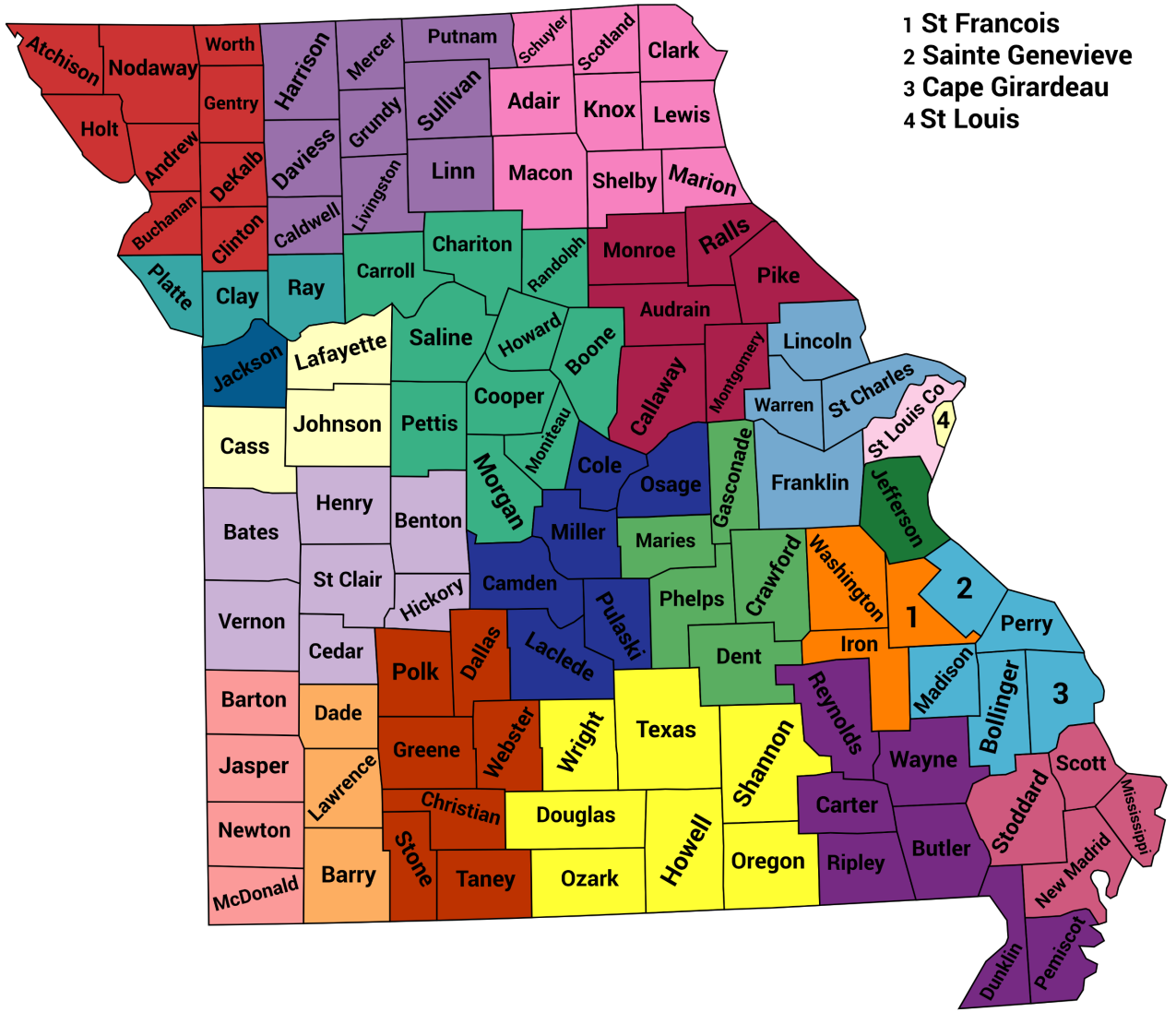
- Region 18
- Region 19
- Region 20
- Region 21
- Region 22
- Regions 23, 25
- Regions 24,25



H.4. Behavioral Health Safety-Net Delivery System: CMHC Service Areas

Region	CMHC(s)	Counties Served
1	Family Guidance Center	Andrew, Atchison, Buchanan, Clinton, DeKalb, Gentry, Holt, Nodaway, Worth
2	Truman Medical Center Behavioral Health	Jackson
3	Swope Health Services	Jackson
4	ReDiscover	Jackson
5	Comprehensive Mental Health Services	Jackson
6	Tri-County Mental Health Services	Clay, Platte, Ray
7	Compass Health-Warrensburg	Cass, Johnson, Lafayette
8a	Clark Community Mental Health Center	Barry, Dade, Lawrence
8b	Compass Health-Clinton	Bates, Benton, Cedar, Henry, Hickory, St. Clair, Vernon
9	Ozark Center	Barton, Jasper, McDonald, Newton
10	Burrell Behavioral Health	Christian, Dallas, Greene, Polk, Stone, Taney, Webster
11	Compass Health-Jefferson City New Horizons Community Support Services (Cole County only)	Camden, Laclede, Miller, Osage, Pulaski Cole
12	Burrell Behavioral Health-Central Region New Horizons Community Support Services (Boone County only)	Carroll, Chariton, Cooper, Howard, Moniteau, Morgan, Pettis, Randolph, Saline Boone
13	North Central MO Mental Health Center, Preferred Family Healthcare, Inc.	Caldwell, Daviess, Grundy, Harrison, Linn, Livingston, Mercer, Putnam, Sullivan

H.4. Behavioral Health Safety-Net Delivery System: CMHC Service Areas (cont.)

Region	CMHC(s)	Counties Served
14	Mark Twain Behavioral Health, Preferred Family Healthcare, Inc., Comprehensive Health Systems, Inc. (Marion County only)	Adair, Clark, Knox, Lewis, Macon, Schuyler, Scotland, Shelby Marion
15	East Central Missouri Behavioral Health Services	Audrain, Callaway, Monroe, Montgomery, Pike, Ralls
16	Compass Health, dba, Crider Center	Franklin, Lincoln, St. Charles, Warren
17a	Compass Health-Rolla	Crawford, Dent, Gasconade, Maries, Phelps
17b	BJC Behavioral Health Community Services, Mineral Area CPRC (St. Francois County only), Southeast Missouri Behavioral Health (St. Francois County only)	Iron, St. Francois, Washington
18	Ozarks Medical Center Behavioral Healthcare	Douglas, Howell, Oregon, Ozark, Shannon, Texas, Wright
19	Family Counseling Center	Butler, Carter, Dunklin, Pemiscot, Reynolds, Ripley, Wayne
20	Bootheel Counseling Services	Mississippi, New Madrid, Scott, Stoddard
21	Community Counseling Center	Bollinger, Cape Girardeau, Madison, Perry, Ste. Genevieve
22	Comtrea Community Treatment	Jefferson
23	BJC Behavioral Health Community Services	St. Louis County
24	Amanda Luckett Murphy Hopewell Center	St. Louis City
25	BJC Behavioral Health Community Services, Places for People, Inc., Independence Center, ADAPT of Missouri	St. Louis City and St. Louis County

H.5. Behavioral Health System: New Initiatives

- There are no new or pending initiatives currently.

I. Appendices

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

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Commercial	4.2% of the commercially insured population over age 18	Substance Abuse and Mental Health Services Administration. (2022). Results from the 2021 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved March 2023 from https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetTabsSect6pe2021.htm#tab6.8a
Medicaid	11.6% of persons enrolled in traditional Medicaid	Substance Abuse and Mental Health Services Administration. (2022). Results from the 2021 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved March 2023 from https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetTabsSect6pe2021.htm#tab6.8a
Medicare	22.7% of persons in the Medicare population, not dually eligible for Medicaid	Figueroa, J. F., Phelan, J., Orav, E. J., Patel, V., & Jha, A. K. (2020). Association of mental health disorders with health care spending in the Medicare population. Retrieved July 2024 from https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2762948#:~:text=Results%20Of%204%20358%20975,had%20no%20known%20mental%20illness

I.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	21% of persons in the Medicare population dually eligible for partial Medicaid benefits	ATI Advisory. (2022). A Profile of Medicare-Medicaid Dual Beneficiaries. Retrieved March 2023 from https://atiadvisory.com/wp-content/uploads/2022/06/A-Profile-of-Medicare-Medicaid-Dual-Beneficiaries.pdf
	16% of persons in the Medicare population dually eligible for full Medicaid benefits	
Other Public	4.5% of persons served by the Veterans Administration health care system or the TRICARE military health system	U.S. Census Bureau (2022). Table HHI-01. Health Insurance Coverage Status and Type of Coverage--All Persons by Sex, Race and Hispanic Origin: 2017 to 2021. Retrieved March 2023 from https://www2.census.gov/programssurveys/demo/tables/health-insurance/time-series/hic/hhi01.xlsx
No Health Care Insurance	6.2% of uninsured persons over age 18	Substance Abuse and Mental Health Services Administration. (2022). Results from the 2021 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved March 2023 from https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetTabsSect6pe2021.htm#tab6.8a

I.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.

I.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)(I) 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 2024, the FPL is $14,580 for an individual and $30, 000 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.

I.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 ages 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.

I.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.

I.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.

I.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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