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Removing Barriers to Mental Health Access

*Alliance Learning Circles
Mental Health and Addiction in the Workplace
January 27, 2009*

JRN

About Journal Communications

- Journal has over 4,000 employees nationally.
- Our strategic plan focuses on providing quality benefits while maintaining shareholder value.
- Like other employers, we struggle with keeping:
 - our benefit budget in line with payroll;
 - employer contributions competitive; and
 - solid benefits that add value.

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Historical Attempts to Control Costs

- Capitation agreements
- Narrow networks
- Lower coinsurance percentage (50%)
- Maximum dollar benefits
- Maximum number of days/visits
- Lifetime maximums

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Journal's Journey – 1997 to 2006

- Journal contracted with a “narrow” national network for all behavioral health and substance abuse treatment.
- Paid on a capitated basis.
- Benefits were restricted:
 - 80/20 coinsurance in-network, 60/40 out-of-network
 - Limited to 20 days of care (inpatient, outpatient or transitional)
 - Annual limits of \$7,000 then
 - After annual limit services are covered at 50%.

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Concerns with Capitation Arrangement

- Employer concerns:
 - Capitation cloaks plan experience - pay no matter what.
 - Expense to the plan was not integrated with claims data.
 - Were members non-compliant and driving up medical costs?
- Member concerns:
 - Access concerns due to narrow network.
 - Patients did not maintain compliance due to benefit restrictions and expense.
 - Patients with medication management needed more “touch” than plan would allow.

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2006 – Remove Barrier #1 – Eliminate “Narrow” National Network

- Members use the same network as for other medical services.
- Partnered with Humana to manage all mental health and substance abuse claims.
- Claims paid under medical plan (integrated reporting).
- Maintained coinsurance levels, but increased benefit to:
 - 30 days inpatient/transitional
 - 30 days outpatient
 - 12 days medication management

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2006 – Still concerned about...

- What happens when patients exceed the plan maximums?
- Is benefit cost affecting ability to receive appropriate care?
- Is benefit design increasing plan expense? Are costs shifting to ER, inpatient care?
- Are patients maintaining RX compliance?
- Is there a tie to absenteeism and disability benefits?

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2008 – Remove Barrier #2 – Benefit Limitations

- Cover mental health as any other illness (implement mental health parity)
 - Removed day/visit limits
 - Remove lifetime limits
- Waive the HSA deductible for “preventive prescriptions” as defined by the IRS

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2008 - Remove Barrier #3 – Lack of Primary Self-care

- Provide preventive examinations at 100%
 - Encourage relationship with PCP
 - Screening and early diagnosis of mental health concerns
- Increase reward for members who participate in HumanaBeginnings
 - Pre-natal support for patients with complicated pregnancy
 - Early diagnosis of post-partum depression

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2008 – Remove Barrier #4 – Segmented Managed Patient Care

- Integrated Behavioral Health model
 - Outsourced FMLA and STD administration
 - Refer patients to Personal Nurse
 - Manage co-morbid health conditions
- Integrated reporting
 - Medical
 - Mental health
 - Pharmacy
 - FMLA & STD
 - Absenteeism

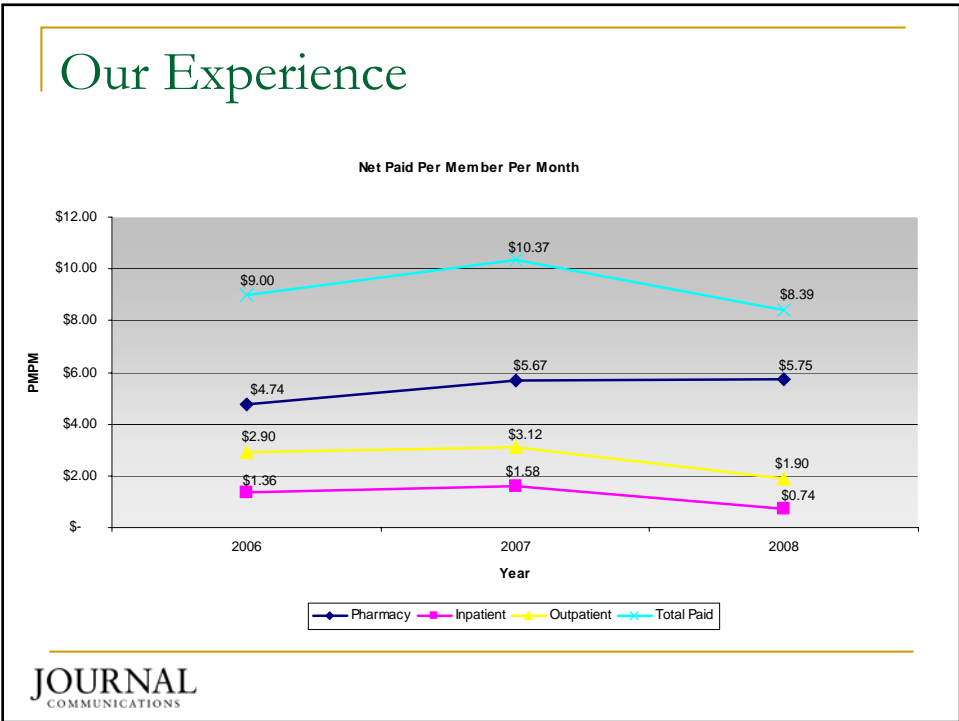
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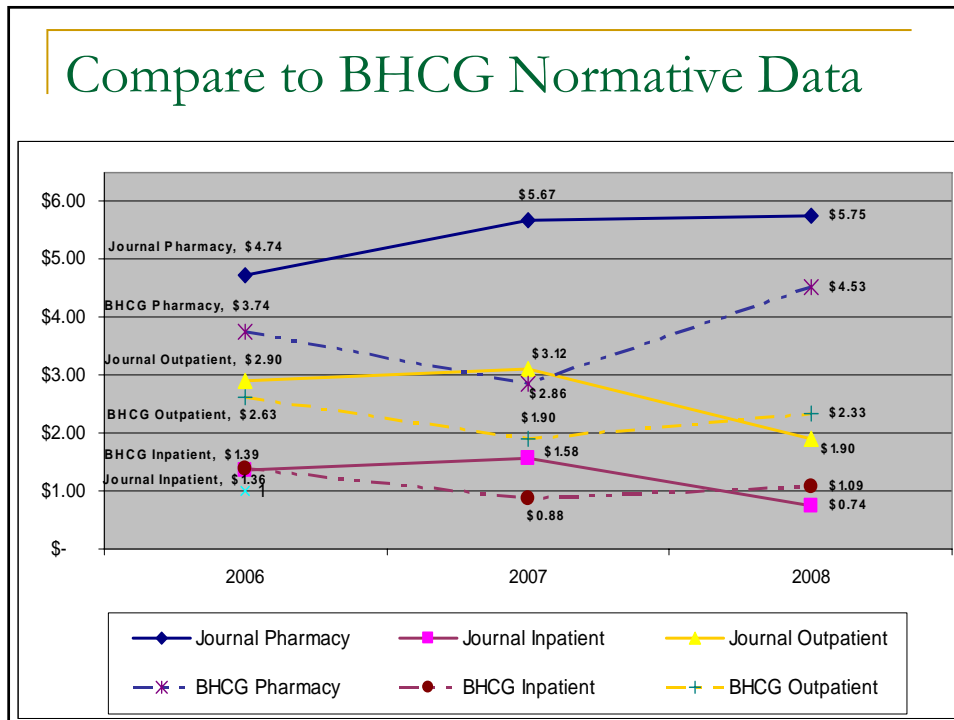
Our Experience 2006-2008

	Pharmacy	Inpatient	Outpatient	Total Paid
2006	\$ 301,456.46	\$ 86,462.94	\$184,245	\$572,165
2007	\$ 265,366.60	\$ 73,857.25	\$145,984	\$485,208
2008	\$ 243,993.52	\$ 31,286.30	\$80,773	\$356,052

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Still more to do...

- Apply Asheville project principal to Journal Communications - HealthMapRx
 - Diabetes – January 2008
 - Cardiac – January 2009
 - Mental Health – July 2009
- Roll out integrated Employee Assistance Plan January 2009
- Parlay value based purchasing
- Access BHCG rates for managed behavioral health and case management.

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