

Anthem Behavioral Health Program

Anthem Blue Cross
CalPERS Pension & Health Benefits Committee

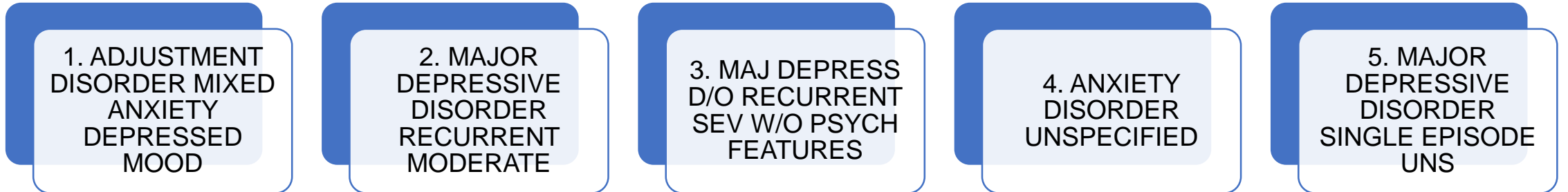
Rob Friedman, MD Managing Medical Director

Questions from CalPERS

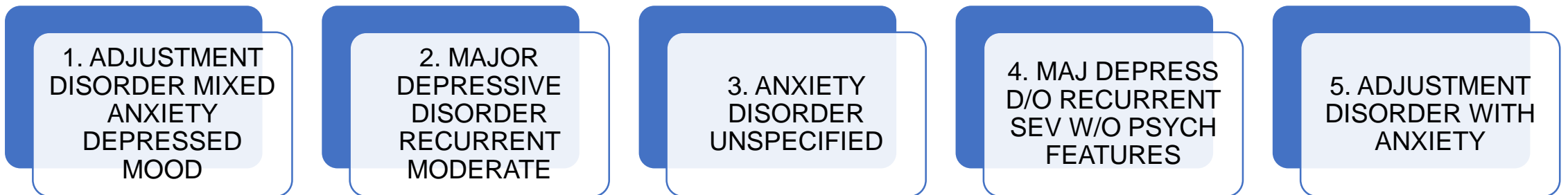
#	Questions	Slide #
1	<p>Utilization/Prevalence:</p> <ul style="list-style-type: none"> • Top 5 Mental Health Diagnoses by prevalence and overall # (for CalPERS and BOB) • Top 5 Mental Health Diagnoses by cost (for CalPERS and BOB) • Percentage of hospitalization costs due to mental illness (for CalPERS and BOB) 	3-4
2	Provide a more granular presentation on the strategies that each plan is doing to improve mental health care and access, and providing the right care at the right time for each patient.	4-6
3	Address how plan members with mental health and a chronic health issue/co-morbidity are screened and treated.	7
4	Identify specific initiatives your plan is undertaking to address stigma, and how your plan is evaluating the impact of these initiatives.	8
5	What strategies has your plan implemented to facilitate Mental Health care being embedded in Primary Care? What data are you tracking and what are your Measures of Success?	9
6	Please explain how your plan is ensuring compliance with mental health parity laws.	10
7	Please describe how your plan is addressing the Social Drivers of Health (SDH) and how these play a role in challenges and opportunities for the mental health care of CalPERS members.	11

Utilization and Prevalence

Top 5 HMO Diagnosis by Prevalence



Top 5 PPO Diagnosis by Prevalence



Utilization and Cost

Top 5 HMO Diagnosis by Cost

1. MAJ DEPRESS
D/O RECURRENT
SEV W/O PSYCH
FEATURES

2. ADJUSTMENT
DISORDER MIXED
ANXIETY
DEPRESSED
MOOD

3. MAJOR
DEPRESSIVE
DISORDER
RECURRENT
MODERATE

4. MAJOR
DEPRESSIVE
DISORDER
SINGLE EPISODE
UNS

5. ANXIETY
DISORDER
UNSPECIFIED

Top 5 PPO Diagnosis by Cost

1. MAJ DEPRESS
D/O RECURRENT
SEV W/O PSYCH
FEATURES

2. MAJOR
DEPRESSIVE
DISORDER
RECURRENT
MODERATE

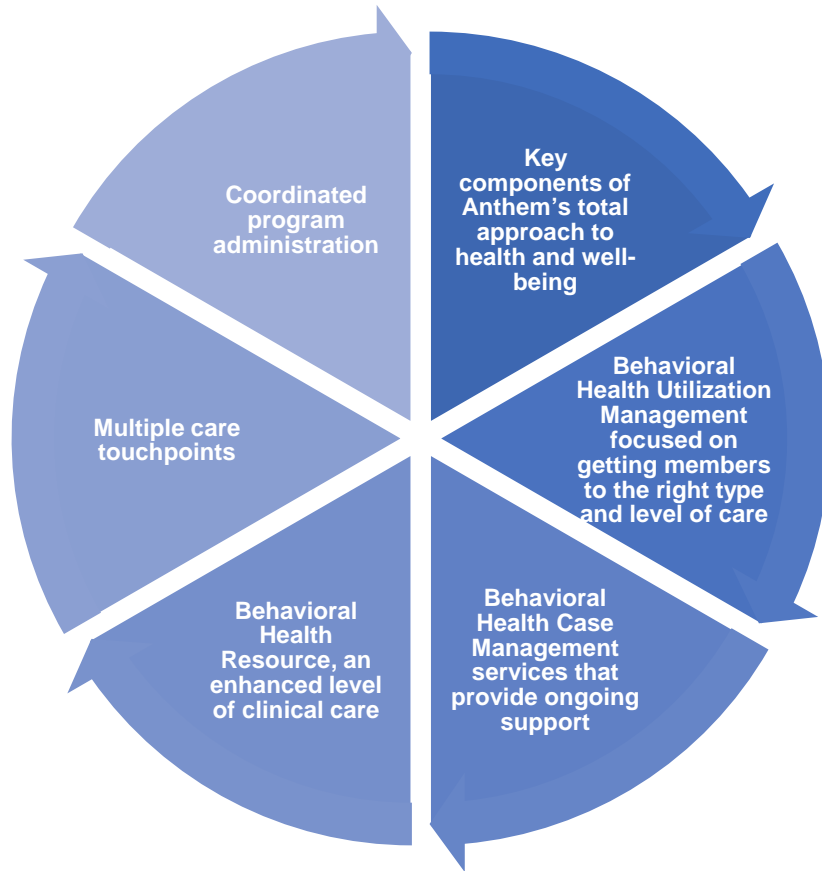
3. ADJUSTMENT
DISORDER MIXED
ANXIETY
DEPRESSED
MOOD

4. DYSTHYMIC
DISORDER

5. POST-
TRAUMATIC
STRESS
DISORDER
UNSPECIFIED

Anthem Behavioral Health

Supporting a whole-person approach to care



Coordinated Care

BH Resource Utilization Management



THE RIGHT CARE, THE RIGHT COST

- Initial review to approve medically necessary care
- Continued stay review to ensure progress is being made
- Coordination of care between providers
- Comprehensive discharge planning to prevent readmission



BETTER CARE COORDINATION

- Teams with in-depth benefits knowledge
- Joint clinical rounds with medical and behavioral health teams
- Shared systems for clinical documentation



CARE THAT CONTINUES

- Post-discharge outreach and follow-up
- Establishment of short and long-term care goals
- Engagement with family members and care givers



STRONG NETWORKS

- National network of behavioral health professionals and facility-based programs
- Access to LiveHealth Online for tele-health services



With support available at every stage of a behavioral health event members can expect the right type and level of care that meets their unique needs

Comorbid Medical/Behavioral Program (COMB)

The goal of the program is to provide members who have chronic medical conditions with a comprehensive behavioral health case management program to address overall needs, support members into appropriate levels of care, and enhance treatment compliance.

The Comorbid Medical/Behavioral Program (COMB) is designed to address the needs of members in a medical case management and disease management



Program involvement is voluntary and a member can opt out at any time.



Medical and behavioral case managers work jointly to support the member

LiveHealth Online

Making behavioral health care easy to access

- Private, easy to access and convenient visits with in-network licensed Psychologists, Therapists, and board certified Psychiatrists
- Visits by computer, table or smartphone
- Convenient online scheduling tool
- Similar in cost to an office therapy visit. Automatic claim submission
- Available in all 50 states
- Office hours are available 7:00 a.m. – 11:00 p.m. across all time zones Monday - Saturday



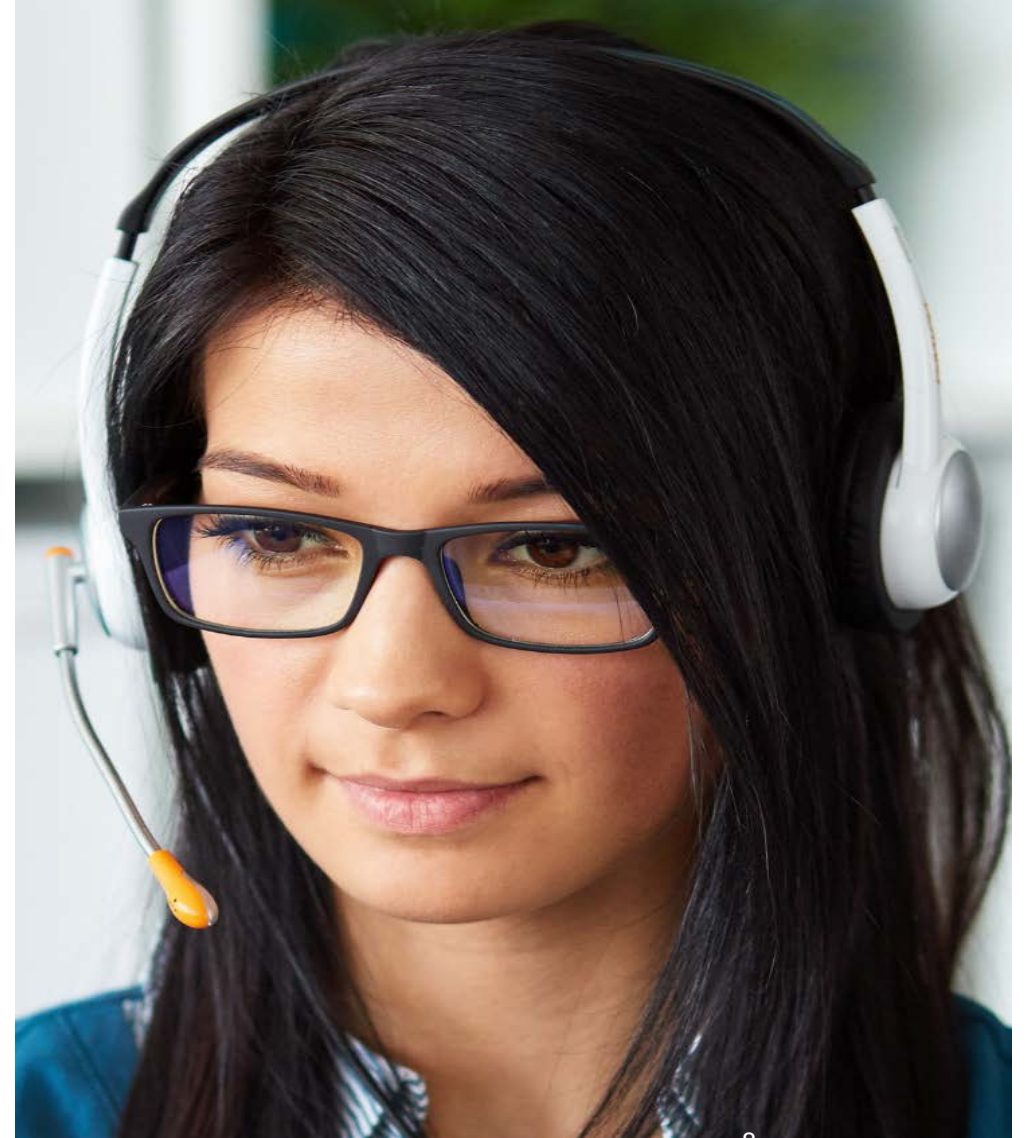
96%
Said provider
was professional
and helpful



95%
Felt provider
understood
their concerns

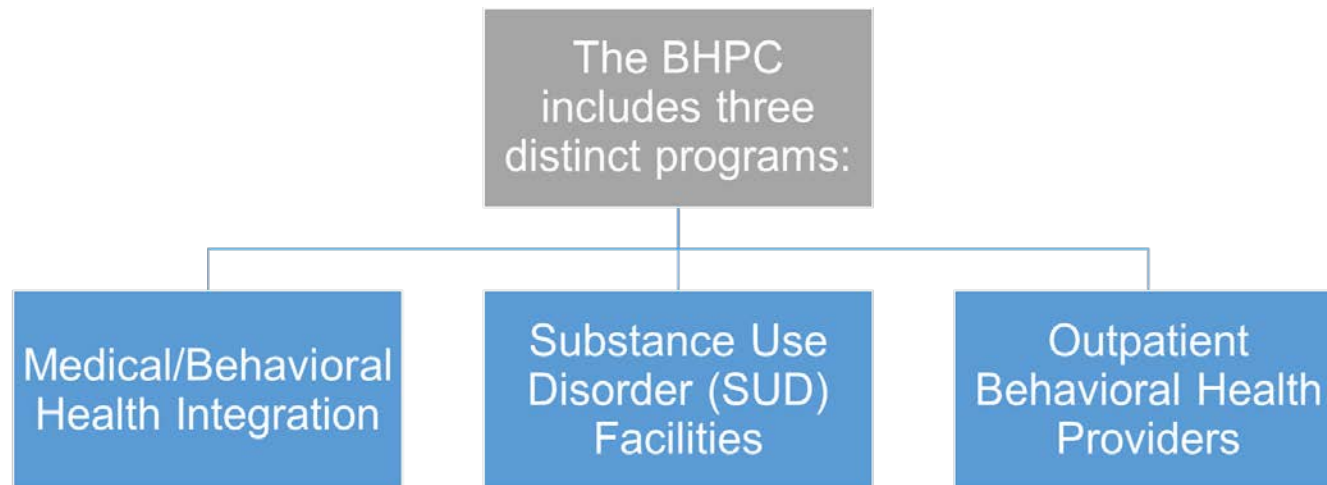


99%
Booked an LHO
visit sooner than
an office-based
visit



Behavioral Health Provider Collaboration (BHPC)

Our Behavioral Health Provider Collaboration (BHPC) value-based payment (VBP) initiative offers participating providers and facilities an upside-only opportunity to earn an alternative reimbursement when they demonstrate better performance. By recognizing and rewarding positive treatment outcomes and improved overall member health, we are transitioning provider reimbursement to a focus on value.



We use an annual claims-based scorecard to evaluate quality-improvement performance for participating SUD facilities and behavioral health providers, reviewing peer market averages and the specific provider's/facility's performance improvement rate.

Quality Improvement Program (QIPD)

- Our Quality Improvement Program Description (QIPD) is an ongoing, comprehensive and integrated system which defines how our various departments:
 - Supports quality, objectively and systematically
 - Monitors and evaluates the quality, safety and appropriateness of medical and behavioral health (BH) care and services offered by the provider network
 - Identifies and acts on opportunities for continuous improvement
 - Objectively and systematically evaluate compliance with regulatory and accreditation requirements, policies and procedures.



Rural Social Determinants of Health (SDH)

Anthem's Social Determinants of Health Programs In Rural Counties

Anthem's mission and values reflect the importance of the community. Our approach to social determinants of health looks at the hyperlocal nature of social determinants of health and cultural variations. Connecting consumers to their local resources is critical to having a meaningful impact that can be sustained over time.

- Anthem Foundation is focused on multiple domains of social determinants of health including:
 - Healthy food access and food insecurity, through grants in communities to connect consumers with food banks, cooking classes, support for local producers. Partnership examples: Feeding America and the Food Trust.
 - Neighborhoods and physical environment, through grants and community initiatives that provide access to programs and services to individuals in affordable/HUD housing, temporary shelters, foster home/families to help improve health outcomes. Partnership examples: American Red Cross and Direct Relief
 - Economic stability, through grants and community sponsorships supporting programs that improve overall health outcomes as part of readying individuals to enter or return to the workforce. Partnership example: NAMI, a peer-to-peer support program that reorients a volunteer workforce to deliver a peer-led program for people with mental health conditions.