

**PROVIDER ASSESSMENTS OF THE
MASSACHUSETTS BEHAVIORAL
HEALTH PROGRAM YEAR 8**

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**Massachusetts Behavioral Health Program
(Medicaid managed care) now in its 8th year**

Began January 1992

MASS HEALTH

**Carve-in (HMOs) and behavioral health
carve-out with Primary Care Clinician Plan**

**Carve-out managed by ValueOptions in its 6th
year**

**Decision expected soon on new contract.
(Update: June 30, 2001. Five year contract with
five year extension – total of ten years possible-
awarded to MBHP)**

Provider assessments began in 1993 by Brandeis Heller School

Annual mental health/substance abuse provider surveys 1993-1997 by Brandeis, then Suffolk University

Mental health mail provider surveys by Suffolk from 1998

Mich-Mass study began in 1997

Substance abuse phone surveys in Massachusetts (1997, 1999) and in Michigan (1998)

Also analyzing Mich-Mass substance abuse utilization and cost data from the two states (in progress)

100 mail interviews (50% inpatient, 50% outpatient; 50% mental health, 50% substance abuse) plus 25 mental health day treatment currently being completed. 1/4 in so far.

Preliminary findings today.

Assessment of Clinical Care

<u>Area</u>	Year 8	Compared to Year Earlier	
		Year 8	Year 7
Access to clinically appropriate care (levels and length of care)	3.7	3.5	3.1
Utilization appropriate to client need	3.8	3.4	3.3
Quality of care in general	3.6	3.2	3.3
Changes helpful to clients	3.6	3.1	3.3
Changes helpful to clients	2.78	3.11	3.27

Assessment of Clinical Decisions

	Year 8	Year 7
Hospitalizations	3.5	3.7
Lengths of stay	3.8	3.4
Outpatient care	3.8	4.2
Overall treatment	3.8	3.8
Recommendations		

Review Decisions and Appeals

Wanted to appeal Range of 0-30

Actually appealed Range of 0-15

Typically appealed 1/3-1/2 of those wanted to appeal.

Percent of wanted cases actually appealed down each of last 3 years.

Reason for not appealing: time

Service Coordination

Amount of coordination the same or slightly better than a year earlier.

BUT percent of cases appropriately coordinated was often below 50% and as low as 5-10%.

MBHP Administration

Decision Making

Year 8: 3.6 = more collaborative, but 36% more hierarchical

Year 7: 4.0 = more collaborative, but only 5% more hierarchical

	Year 8	Compared to Year Ago	
		Year 8	Year 7
Amount of required paperwork	3.8	3.8	3.2
Billing system and promptness in payments	4.0	3.2	3.3
Information about changes in MBHP system	3.8	3.4	3.3

MBHP Compared to Other MCOs

	Year 8	Year 7
Overall quality of care	4.0	3.6
Access for clients	3.8	3.6
Flexibility and responsive- Ness	3.6	3.5
Administration	3.8	3.6

Organizational Changes: Year 8

	Year 8	Year 7
Increases in FTE staff	3.4	3.3
Increases in revenues	3.4	3.2
Reduced or expanded continuum of care	3.3	3.6
Fewer or more staff hours devoted to paperwork	3.3	3.8
Meaningful Input of Consumers	3.0	2.9
Compared to Year Ago	3.3	3.2
Financial Health Compared to Before Managed Care	3.1 but 40% worse	NA
Financial Health Compared to a Year Ago	3.0 but 33% worse	2.8 but 31% worse