

Service Category	SCOPE 1	SCOPE 2	Payment Reform
	<p>Comprehensive primary care that includes the capacity to identify and treat patients with Mental Health (MH) and unhealthy substance use conditions within the scope of primary care that can be understood and treated more or less independently of other health conditions.</p> <p>"Our premise was that the " <b>No Chronic Conditions</b> " and " <b>Behavioral Chronic Conditions Only</b> " population cohorts would fall under scope one because these are the people likely to be most affected by this first intervention. For the people with no conditions, they may have conditions identified in the future, and would benefit from having access to BH care at their PCP. For members with behavioral only, they will immediately benefit from access to BH care at their PCP.</p>	<p>Comprehensive primary care that includes the capacity to identify and treat patients with MH and unhealthy substance use conditions PLUS BH contributors to common chronic illnesses and MH/SA conditions deeply intertwined with chronic illnesses</p> <p>"Our premise was that the " <b>Medical Chronic Conditions Only</b> " and " <b>Comorbid Medical and Behavioral Chronic Conditions</b> " population cohorts would fall under scope two because these are the people likely to be most affected by this first intervention. For the people with medical conditions will have better access to coordinated BH care from the start, for if and when they develop BH issues. For members with comorbid conditions, they will immediately benefit from the integrated care for their conditions.</p>	<p>Payment reform will also affect the utilization and costs associated with different types of services. Some examples are included</p> <p>Examples of payment reform include bundled payments, global payments, Patient Centered Medical Homes, pay for performance and other incentives that reward providers for meeting certain utilization and quality standards.</p>
<b>Claims Category</b>	<b>Assumption</b>		
Inpatient Hospital - Physical	No change to more intensive services - these are not included in the spectrum of care provided in this intervention.	May be a decrease in some intensive services, due to early detection and prevention	Could lead to a reduction in utilization,length of stay, and readmissions.
Inpatient Hospital - Behavioral	May be a decrease in some intensive services, due to early detection and prevention - or maybe no change, since the intervention is focused on primary care.	May be a decrease in some intensive services, due to early detection and prevention	Could lead to a reduction in utilization,length of stay, and readmissions.
Outpatient Hospital - Physical	No change to these services, since this intervention is more focused on treating behavioral in addition to physical.	Increase in outpatient services, decrease in inpatient services - due to better care coordination and encouraging use of more efficient services	May see in increase in OP services, since they are less expensive than inpatient. Patients may also be referred to follow up in an OP setting, to avoid readmissions and shorten length of IP stay.
Outpatient Hospital - Behavioral	Could be affected by intervention, but also may see no change. Some things that might have been an IP admit before might just be a partial hospitalization now, which would increase, but some of what might have been an intensive OP visit before might just be SPC behavioral visit now, which would be a decrease.	Could be affected by intervention, but also may see no change. Some things that might have been an IP admit before might just be a partial hospitalization now, which would increase, but some of what might have been an intensive OP visit before might just be SPC behavioral visit now, which would be a decrease.	May see in increase in OP services, since they are less expensive than inpatient. Patients may also be referred to follow up in an OP setting, to avoid readmissions and shorten length of IP stay.
Emergency Services	Slight decrease, since some admits are for BH conditions; with better management at the PCP level, I would think there could be a slight decrease in ER visits.	Decrease in ER costs - if chronic conditions are more well-managed, fewer emergency needs	Better access to care should lead to decrease in ER visits.
Professional Primary Care - Physical	Increase in PCP costs - more time dedicated to coordinating care and collaborating with BHP, practice team, family and patient	Increase in PCP costs - more time dedicated to coordinating care and collaborating with BHP, practice team, family and patient. Increase in preventive services to promote healthier behaviors, especially for those with chronic illnesses.	Increased patient access and better preventive care will likely result in an increase in PCP visits and costs (offset by decreases in other categories).
Professional Specialty Care - Physical	No change	Increase in specialty physical care, due to utilizing services to manage chronic conditions	Potentially increase in these services, moving away from more intensive treatment
Professional Specialty Care - Behavioral	Increase in specialty behavioral care - more therapy to treat milder behavioral issues (depression, anxiety, PTSD, family disturbance, substance abuse problems)	Increase in specialty behavioral care - more therapy to treat behavioral issues (depression, anxiety, PTSD, family disturbance, substance abuse problems)	Potentially increase in these services, moving away from more intensive treatment
Diagnostic Imaging/X-Ray	No change	Could see an increase as comorbid patients get more proactive, comprehensive primary care, and their docs order more diagnostic services.	Potentially decrease in these services, as they are only provided when necessary; but could also see an increase as a way to manage other treatments.
Laboratory Services	No change	Slight increase, due to better management of chronic conditions	Potentially decrease in these services, as they are only provided when necessary; but could also see an increase as a way to manage other treatments.
Durable Medical Equipment/Prosthetics	No change	No change	No change
Dialysis Procedures	No change	No change	No change
Skilled Nursing Facility	No change	Maybe slight decrease, due to better managed care of chronic conditions (in line with decrease in IP hospital admissions, since SNF is sometimes an intermediate care setting after IP hospital stays).	Bundled payments may lead to an decrease in these services, as people are discharged directly to their homes.
Long Term Care	No change	No change	No change
Hospice	No change	No change	No change
Home Health Care	No change	No change	May lead to an increase in these services, as people are discharged directly to their homes.
Ambulance	No change	Slight decrease, mimicking decrease in ER services.	No change
Prescription Drugs - Physical	Increases in prescription drugs are common when patients receive additional care, even if that care is more focused on behavioral conditions.	Medical Rx costs and utilization will increase, since more patients with comorbid conditions will be treated and encouraged to take their meds (both Medical and Behavioral Rx)	Better managed and more efficient care may lead a decrease in Rx costs (but also could lead to an increase, if care is managed by routine drugs instead of physician visits).
Prescription Drugs - Behavioral	Behavioral Rx costs and utilization will increase, since more patients with (milder) behavioral conditions will be treated (anxiety meds, anti-depressants, ADHD meds (adderall, etc)	Behavioral Rx costs and utilization will increase, since more patients with behavioral conditions will be treated (anxiety meds, anti-depressants, ADHD meds (adderall, etc) and encouraged to take meds	Better managed and more efficient care may lead a decrease in Rx costs (but also could lead to an increase, if care is managed by routine drugs instead of physician visits).
ICF/MR	No change	No change	No change
Home and Community-Based Services	This category includes the "Case Management" services (HCPCS code T1016) which I would guess would increase under more comprehensive primary care	This category includes the "Case Management" services (HCPCS code T1016) which I would guess would increase under more comprehensive primary care	May lead to an increase in these services, as people are discharged directly to their homes.
Professional Other	No change	Slight increase, this category covers PT/OT/ST.	No change
All Other Services	No change	No change	No change