

MMIS and Behavioral Health Data Interoperability: Why Care?

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Medicaid and Behavioral Health Services

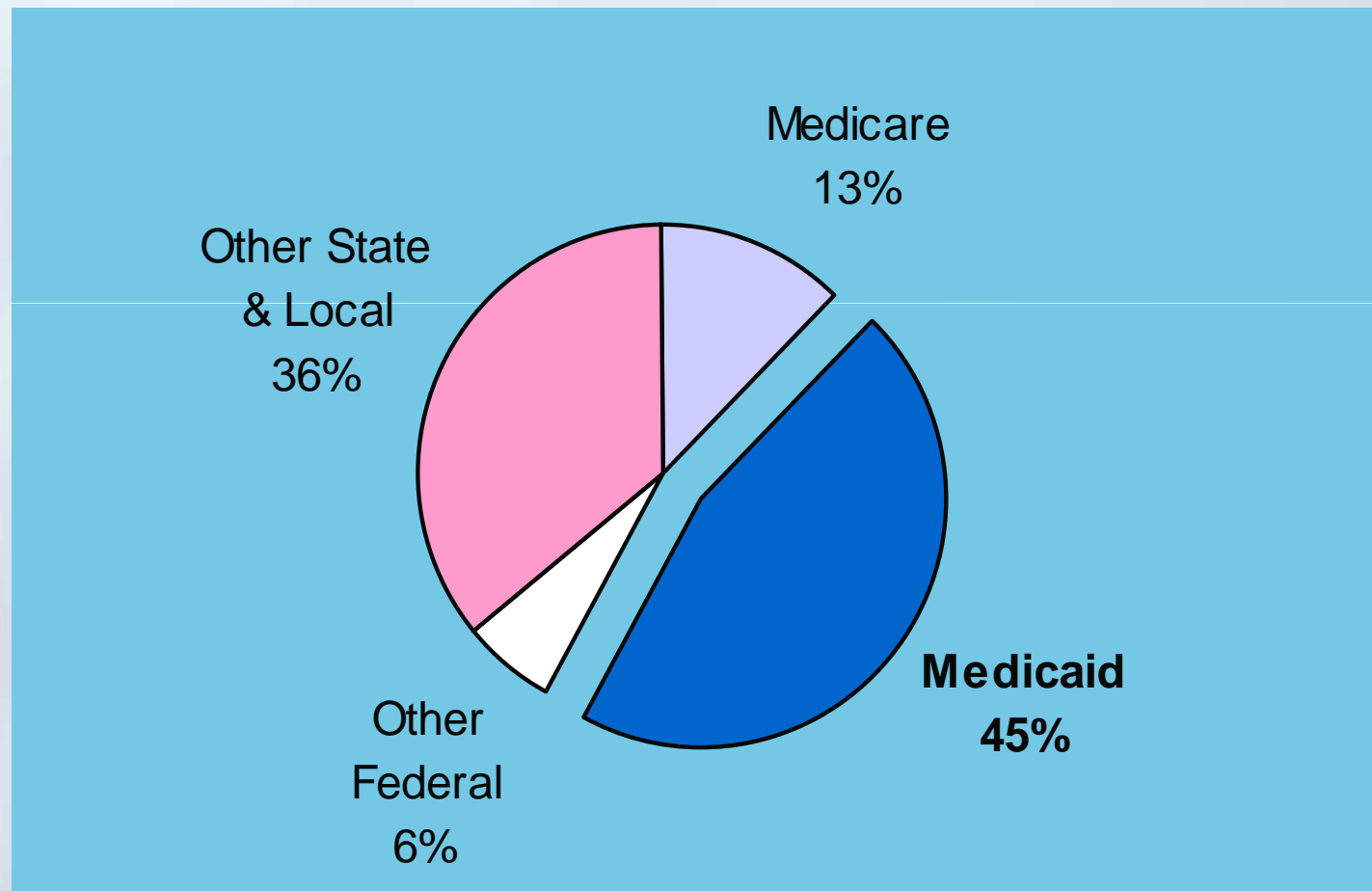
Survey Analysis and Financing Branch

Medicaid is the largest payer of MH services in the nation, and the second largest payer of SA services.



Medicaid is nearly half of all public MH spending

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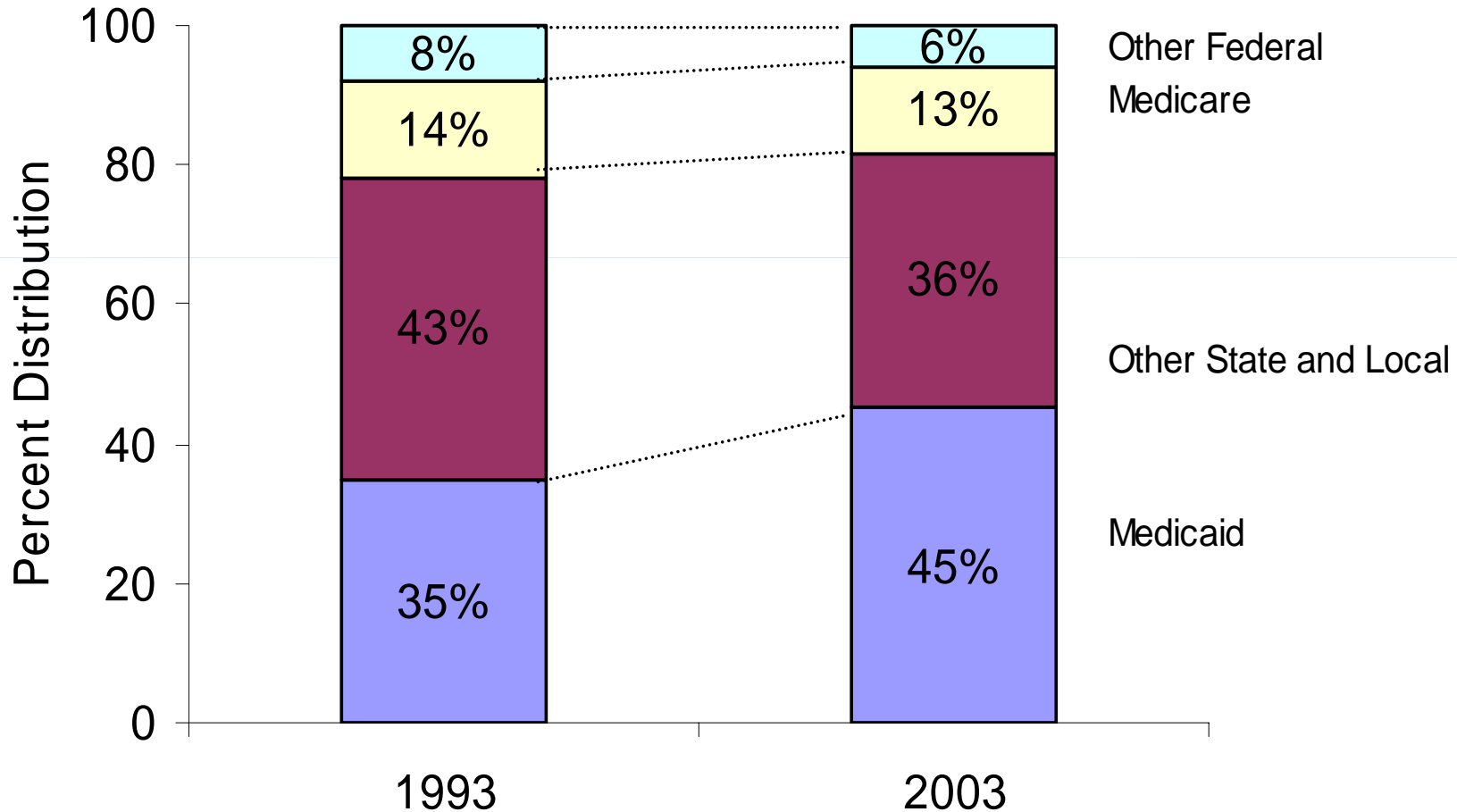
Financing Trends

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**Medicaid is growing faster than
other sources of public MH
spending**

MH Public Payer Shares, 1993-2003

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“The increasing reliance on Medicaid to fund mental health services has made the Centers for Medicare and Medicaid Services the *de facto* federal mental health authority.”

Campaign for Mental Health Reform

July, 2005



Impact on Medicaid

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- MH service users make up a major portion of high cost Medicaid enrollees
- Jones et al. (2004) - 74% of SMI in Medicaid had at least one chronic health problem; 50% had two or more
- Another Medicaid study found that of different pairings of chronic co-morbid conditions, psychosis was a factor in 5 of the 7 highest cost pairs

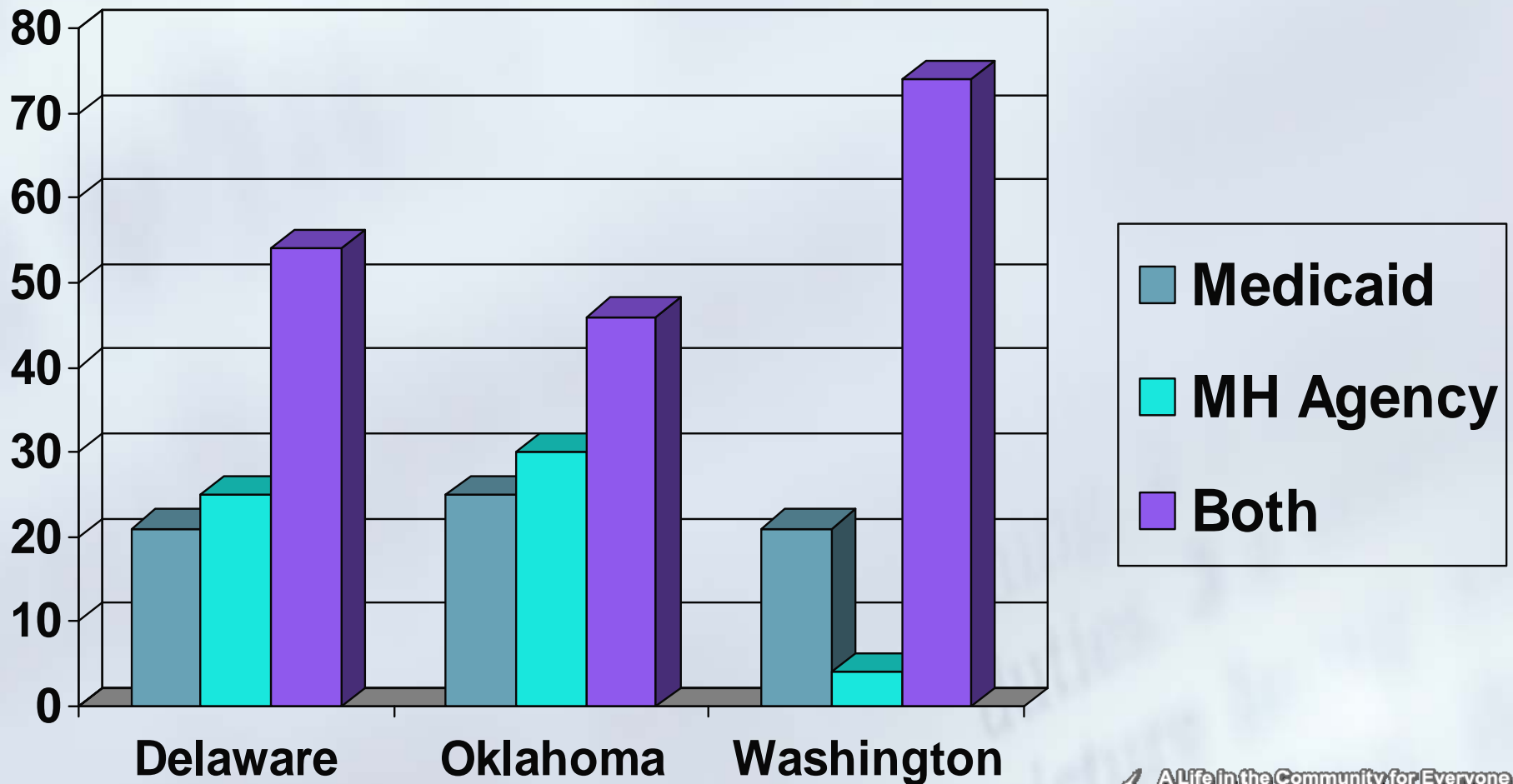
State MH Authorities (SMHAs)

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- SMHAs are decreasing their role in inpatient/institutional care
- Important sectors of the service system fall outside SMHA overview – e.g., primary care physicians, nursing homes, and ERs
- More of what SMHAs do is administering part of the Medicaid program

Source of Support: Adults w/SMI

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MH and Medicaid data incompatibility

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- SMHA and Medicaid data are limited in their compatibility - differences in data elements and coding mean that identical service events cannot be identified with confidence
- Many states maintain multiple MH IT platforms & about half use “legacy” systems
- Nearly half use unique service coding system and DSM IV for dx codes
- Less than half have detailed prescription drug data

Consequences of status quo

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- Audit vulnerability/limited ability to identify fraud and abuse (in a heightened federal audit environment)
- Failure to capture legitimate FFP
- Ltd ability to construct a comprehensive picture of the service system and address issues of quality of care and cost shifting
- Provider burden

Why Change?

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- We are in a new day
- The EHR train is moving
- New emphasis on consumer-centric approaches
- Desire for better integration with primary care
- Need for improved quality of care and transparency



