Health Home and Managed Care Organization Operational Workgroup

Summary of Deliberations

This report reflects the deliberations and recommendations of the Workgroup on a number of key issues impacting the implementation and administration of the Health Home initiative at respective organizational levels, and sought to generate consensus on mutually beneficial ways and means for all parties to effectively and efficiently communicate and work collaboratively on this endeavor. The Workgroup was co-chaired by *Stephen Rosenthal, Montefiore Medical Center* and *Nicholas Liguori, Amerigroup Health Plus* (formerly).

INTRODUCTION

The Operational Workgroup was charged with the following tasks:

1. Evaluate existing information exchange processes among plans, providers and New York State Department of Health (NYSDOH) to determine how state can use existing data collection mechanisms to collect and exchange needed data (in lieu of the Member Tracking Sheet);
2. Create an easy and standardized conduit for modifying and submitting the Member Tracking Sheet/new process for exchanging information among all parties;
3. Suggest refinements to the operational processes for billing and claims; and
4. Consider how to best administer and collect data from the functional status assessment (FACT-GP) tool that will be used to adjust the member rates.

The following individuals participated in one or more Workgroup meetings as members or observers:

- Nicholas Liguori, Amerigroup Health Plus Amerigroup, Co-Chair
- Stephen Rosenthal, Montefiore-BAHN, Co-Chair
- Lauren Castaldo, Metroplus
- Charlene Desaro-Raimondo
- Lynda H. Karig Hohmann, NYSDOH
- Nicole Jordan-Martin, Montefiore-BAHN
- Susan Kwon, Healthfirst
- Lisa Rowe, Fidelis

- Kyle Stark, Ellis Hospital Care Central (VNS Schenectady)
- Joann Susser, NYSDOH
- David Thomas, Fidelis
- Arthur Fontanilla, Healthfirst
- Mary Pfeifer, Healthfirst
- Rick Yonkers, North Shore LIJ
- Lauren Pulver, NYSDOH

The workgroup convened face-to-face and via telephone conferencing on the following dates:
- July 18th
- August 6th
- September 19th

I. RESULTS OF WORKGROUP DELIBERATIONS ON CHARGES

A. <u>Charge 1</u>: **Evaluate existing information exchange processes among plans, providers and DOH to determine how state can use existing data collection mechanisms to collect and exchange needed data (in lieu of the Member Tracking Sheet).**

The Workgroup discussed this issue at the inaugural meeting and agreed that a Subgroup of representatives with direct responsibility for managing the Member Tracking Sheet at their respective organizations would be convened to brainstorm around this charge in greater detail, generate recommendations and report back to the Workgroup. The Tracking Sheet Subgroup convened on August 1st and September 7th inclusive of the following individuals:

- Alma Duhanxhiu, Health Plus Amerigroup
- Joseph Guarino, Montefiore-BAHN
- Nicole Jordan-Martin, Montefiore-BAHN

- Nicholas Liguori, Health Plus Amerigroup
- Vera Polyachek, All Sector Healthcare
- Lisa Rowe, Fidelis
- Kyle Stark, Ellis Hospital Care Central (VNS Schenectady)
- Suzanne Steer, Montefiore-BAHN
- Boris Vilgorin, FEGS

The following reflects the Subgroup's brainstorming session and NYSDOH's response to suggested changes to the Member Tracking Sheet:

1. *Are there any prospects for Health Homes and Health Plans to automate the Member Tracking Sheet?*

   - Care Central (VNS Schenectady) is currently implementing a care management record "Care Team Connect' that includes a coding system that will trigger generation of the Member Tracking Sheet. At the time of these deliberations no other Health Home or Health Plan reported any automation of the Member Tracking Sheet. Montefiore-BAHN is currently developing requirements for the development of data coding to automate the generation of the Member Tracking Sheet.

   - Subgroup agreed that standardization of file format and exchange medium is important for both Health Plans and health homes—outgoing and return Member Tracking Sheets.

   - Subgroup also recommended that NYSDOH should set a fixed monthly date for submission of the Member Tracking Sheet, i.e., 7th of every month, rather than 1st Tuesday—*NYSDOH response: Files can be submitted at any time. The data is now moved are the last business days to submit files for that time period. On the first Tuesday of the month, the files are run to adjust rates. If you need a fixed date each month for the initial data submission of the month, use the first day of each month."*

2. *Can the Member Tracking Sheet be simplified?*

   - The following fields should be removed to avoid potential for unnecessary errors given that NYSDOH houses this information and will not utilize the information to make any changes: gender, address change—*NYSDOH response: "These fields are felt by the DOH to be necessary. The spacing issues can be addressed by using a database with the field size incorporated for that data element. A query to the database would then pull in the correct field size without having to manually put it in. Organizations having trouble with this should speak to their IT persons about setting up a database."*

   - Subgroup recommendation: The following fields should only be required for <u>Referrals</u>: CIN, DOB, TCM/MATS/CIDP status—*NYSDOH response: "These fields are felt by the DOH to be necessary. The spacing issues can be addressed by using a database with the field size incorporated for that data element. A query to the database would then pull in the correct field size without having to manually put it in. Organizations having trouble with this should speak to their IT persons about setting up a database."*

- What is the purpose of the following fields in the <u>Add/Change</u> records: earliest contact date, end date, date of last contact—are these really needed or can NYSDOH eliminate them? *NYSDOH response: "These fields are needed by the state. If you use a database and a query to complete this form, any spacing issues would be eliminated as the query would use the spacing established in the database to fill that space."*

- Conversion from FFS to managed Medicaid, movement between Health Plans and Health Homes, and referrals should be handled outside of the Member Tracking Sheet —there should be a process for NYSDOH to notify Health Plans and Health Homes accordingly:

    a. <u>Conversion from FFS to Managed Medicaid</u>:

      ➢ NYSDOH should add existing Health Home assignment to the Health Plan's assignment file—*NYSDOH response: "As it is set up at the moment, the most current carrier of information regarding insurance coverage should be the Care Manager who should be aware the member is moving from FFS to MMC and who should notify the plan of the member's relationship with the Health Home. The state will make the information available through the portal as soon as it can."*

      ➢ NYSDOH should add name and MMIS number for the Health Plan to the return Member Tracking Sheet (error file).

      ➢ Health Plan should acknowledge to Health Home that the beneficiary will maintain their existing (FFS) Health Home assignment.

    b. <u>Movement between Health Plans</u>:

      ➢ NYSDOH should add existing Health Home assignment to the Health Plan's assignment file—*NYSDOH response: "They do. It is also available on the portal under "Recipient Function".*

      ➢ NYSDOH should add name and MMIS number for the *new* Health Plan to the return tracking sheet (error file).

      ➢ The new Health Plan should acknowledge to Health Home that the beneficiary will maintain their existing Health Home assignment.

    c. <u>Transfer between Health Homes</u>:

      ➢ To avert potential billing issues, only the existing Health Home should be allowed to bill for the month in which the transfer occurs; the new Health Home should bill as of the following month.

      ➢ To ensure the above holds through, NYSDOH should add an error code to the Health Home return tracking sheet to indicate that another Health Homes billed, along with the name and MMIS number for the other Health Home. Either Health Home would then use this information to contact the other Health Home to resolve the duplication and resubmit—*NYSDOH response: "Edit code "006" denotes that a member is enrolled in another health home. The second*

> *health home can go to the Health Home portal under "Recipient Function" and, using the CIN, look up the member and identify the other health home."*

   d. Referrals:

   ➢ To aid in the identification and resolution of duplicate referrals in the same month, NYSDOH should add an error code to the Health Home return tracking sheet to indicate that another Health Home submitted the same referral, along with the name and MMIS number for the other Health Home. Either Health Home would then use this information to contact the other Health Home to resolve the duplication and resubmit—*NYSDOH response: "Edit code "006" denotes that a member is enrolled in another health home. The second health home can go to the Health Home portal under "Recipient Function" and, using the CIN, look up the member and identify the other health home."*

- *Are there any existing NYSDOH or other system(s)/mechanism(s) that can fulfill the tracking sheet purpose?*

   The Subgroup agreed to review internally at our respective organizations and reported back that they were unable to identify any existing systems/mechanisms that could fulfill the tracking sheet purpose.

The Subgroup's recommendations to the Operations Workgroup were:

   A. Simplify the tracking sheet as indicated above;

   B. Provide additional information to streamline eligibility, conversion from FFS to managed Medicaid, movement between Health Plans and Health Homes, and referrals; and

   C. Continued exploration of existing systems/mechanisms that could be adapted to fulfill the purpose of the tracking sheet.

B. Charge: Create an easy and standardized conduit for modifying and submitting the Member Tracking Sheet/new process for exchanging information among all parties.

The Workgroup was unable to identify any other conduit for exchanging data among all parties. The existing Health Commerce System— Office of Health Insurance Programs (OHIP) Data Mart Portal was discussed with respect to future and existing capacity.
- Current capacity:
  NYSDOH discussed the current functionality of the OHIP Data Mart Portal with respect to checking member eligibility and Health Home assignment status. The Workgroup noted that this functionally only accommodates single queries and therefore, is time consuming and resource intensive—NYSDOH advised that there are no plans to accommodate batched queries in this portal and that efforts are focused on the development of the aforementioned comprehensive portal. The Workgroup also noted that there was some disparity between the eligibility information in the portal and that in the Medicaid core eligibility system ePACES—NYSDOH noted that this may be due to a lag between ePACES is updated and that information feeds to the portal.

The Workgroup also discussed the ongoing complexity of managing the transition of converting targeted case management (TCM)/Managed Addictions Treatment services (MATS)/Chronic Illness Demonstration Program (CIDP) programs to the Health Home program—there is still a great deal of confusion around tracking and billing for these Health Home members.

The Workgroup inquired regarding the possibility of receiving data dumps of updated demographic information—NYSDOH agreed to follow up and advise; however, no response received to date.

- Future capacity:
  During the Workgroup's deliberations, NYSDOH advised regarding plans for their development of a comprehensive portal that would be informed by multiple data sources, offer several user interfaces (i.e., consumer, Health Home, NYSDOH) and functionalities (i.e., data submission/extraction, care management tool, analytics), and that IBM has been engaged to provide technical assistance for this effort. The portal would be funded by dollars allocated in the NYSDOH Medicaid 1115 Waiver application currently pending approval by Centers for Medicare and Medicaid Services. Discussion ensued around the timeline for this portal development given that Health Homes had and still are making significant health information technology investments to aid program implementation—NYSDOH advised that there was no timeline available. NYSDOH requested that the Workgroup serve as a focus group for IBM—the Workgroup agreed and recommended continued engagement with IBM throughout the portal development process.

  The focus group convened with IBM and NYSDOH representatives on October 11, 2012 to review the design/architecture for the portal. The focus group agreed that such was very comprehensive but recommended that the development of comprehensive member records, Medicaid eligibility, Health Home assignment/eligibility, as well as data analytics and reporting capabilities be prioritized for initial development.

C. Charge: Suggest refinements to the operational processes for billing and claims.

During the period of the Workgroup's deliberations, both Health Homes and Health Plans reported that they were awaiting confirmation from NYSDOH that Health Home rates had been loaded onto their respective provider files with Computer Sciences Corporation. In the absence of billing experience, the general consensus was that the approach to billing would be no different than that used to bill for treatment services.

D. Charge: Consider how to best administer and collect data from the functional status assessment (FACT-GP) tool that will be used to adjust the member rates.

The FACT-GP was finalized and published after Workgroup deliberations commenced. Health Homes had not yet determined a timeline for their respective implementation of this requirement. Additionally, a related issue—adjustment/development (community referrals) of acuity scoring—was being deliberated by the Health Home and Managed Care Organization Quality and Assignment Workgroup, and included the role of the functional assessment in this regard as well as its inclusion in the list of metrics in the NYSDOH Case Management Annual Reporting Tool that is being adapted for use by Health Homes and Health Plans in the future.

II. OVERALL RECOMMENDATIONS TO NYSDOH

A. Simplify the tracking sheet in accordance with the aforementioned Subgroup recommendations;

B. Provide additional information to streamline eligibility, conversion from FFS to managed Medicaid, movement between Health Plans and Health Homes, and referrals. Provide updated demographics or access to databases to aid successful outreach and engagement efforts;

C. Consolidate the Operational and Quality and Assignment Workgroups as outstanding issues overlap between the two with respect to adjustment/development of acuity scores, and reporting of quality and care management metrics including the functional assessment scores;

D. Utilize the Workgroup as ongoing consultants for the development and/or refinement of Health Home requirements, including the NYSDOH Health Home Portal contemplated for development with assistance from IBM—this will ensure that Health Homes and Health Plans have the opportunity to inform the process and plan accordingly for implementation at their respective organizations;

E. Allow Health Homes to report all TCM/MATS/CIDP member assignments to NYSDOH via the Member Tracking sheet, irrespective of Health Plan affiliation—this will allow NYSDOH to update a member's Health Home record and hence OHIP Data Mart Portal in a more timely manner to reflect the existence of a Health Home assignment, which will dramatically decrease the likelihood of multiple Health Homes engaging a member and facing non-payment later on when it is determined that the member is already assigned and being billed for; and

F. Work towards mutual transparency around converting TCM/MATS/CIDP program billing and Health Home chargebacks.