# HARP Update and Strategic Task Force for HARP-eligible Member Enrollment

## August 11, 2015
## Learning Collaborative

# HARP/BH Implementation Timeframe

- HARP implementation and integration of specialty behavioral health services into mainstream plans begins in October 2015 for NYC

- >65,000 HARP eligible individuals will potentially be enrolled in HARPs between October 2015 – January 2016

  - If a person is in an MCO with a HARP line of business, they will be passively enrolled into their Plan's HARP product

  - If a person is in an MCO without a HARP line of business, they will be given the option to enroll in a HARP

- Home and Community Based Services (HCBS) Eligibility Evaluations (using the interRAI NYS Community Mental Health module) should begin ASAP upon HARP enrollment

- HCBS will be available as of January 2016

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# Strategic Task Force

- Strategic Task Force organized to quickly ramp up enrollment for HARP-eligible members in NYC by October 1
  - Includes leadership from OMH, OASAS, AIDS Institute and OHIP

- Asked Managed Care Organizations and Health Homes to each identify a single point person and back-up.

- Identify barriers/systemic gaps contributing to low enrollment rates.

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# Strategic Task Force and HARP Members

- Convened in NYC on April 23, 2015
  - Bimonthly WebEx meetings since then

- 118,000 HARP-Eligible members statewide

- Prioritize enrollment of NYC HARP-eligible members who will be enrolled in HHs beginning in April – 67,005 2014 NYC HARP-eligible members

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# Strategic Task Force to Increase HARP-Eligible Enrollment in Health Homes

- Identify actionable items for HHs, MCOs and CMAs to address barriers/systemic gaps to improve outreach and enrollment efforts.
  - HH Development Funds - $190.6 million
    - ✓ Member Engagement and Health Promotion
    - ✓ Workforce Training and Retraining
    - ✓ Clinical Connectivity and HIT
    - ✓ Joint Governance Technical Assistance
- Form specialized, intensive outreach and engagement teams to focus on boots-on-the-ground enrollment.
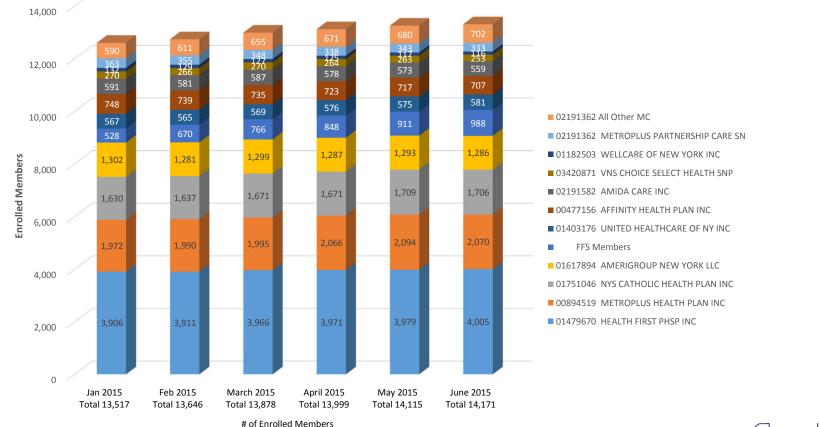- Establish monthly enrollment targets and monitor performance.

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# Strategic Task Force Progress to Date

- Progress: Slow increase in Outreach/Enrollment

- As of July 22, 2015 meeting,14,000 (21%) Enrolled and 7,000 (10%) in Outreach of the 67,000 NYC HARP-eligible members

  - Represents an increase of 221 enrolled, and an increase of 1349 in Outreach for June, compared to July 1 meeting numbers for June

  - **21,181** (32%) in Outreach and Enrollment combined

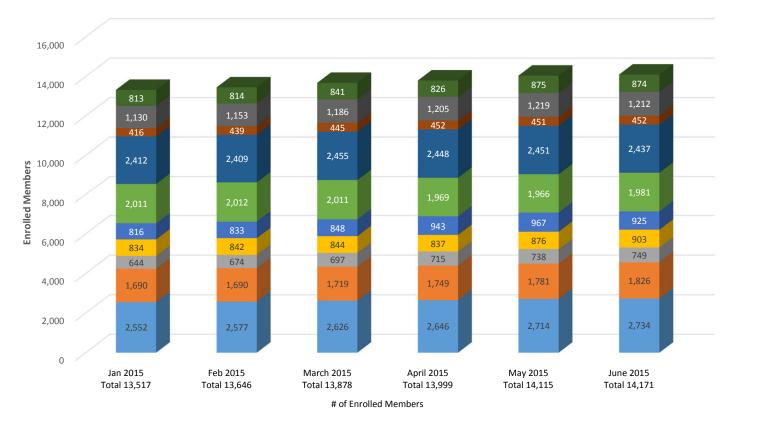- From 2012 to June 2015: 47,525 (71%) have been in Outreach and Enrollment combined

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# NYC HARP-eligible HH Enrollment Jan 2015 to June 2015 (for Larger Plans)



**Enrolled Members**

| | Jan 2015 Total 13,517 | Feb 2015 Total 13,646 | March 2015 Total 13,878 | April 2015 Total 13,999 | May 2015 Total 14,115 | June 2015 Total 14,171 |
|---|---|---|---|---|---|---|
| 02191362 All Other MC | 590 | 611 | 655 | 671 | 680 | 702 |
| 02191362 METROPLUS PARTNERSHIP CARE SN | 363 | 355 | 348 | 338 | 343 | 333 |
| 01182503 WELLCARE OF NEW YORK INC | 132 | 129 | 127 | 125 | 117 | 215 |
| 03420871 VNS CHOICE SELECT HEALTH SNP | 270 | 266 | 270 | 264 | 263 | 253 |
| 02191582 AMIDA CARE INC | 591 | 581 | 587 | 578 | 573 | 559 |
| 00477156 AFFINITY HEALTH PLAN INC | 748 | 739 | 735 | 723 | 717 | 707 |
| 01403176 UNITED HEALTHCARE OF NY INC | 567 | 565 | 569 | 576 | 575 | 581 |
| FFS Members | 528 | 670 | 766 | 848 | 911 | 988 |
| 01617894 AMERIGROUP NEW YORK LLC | 1,302 | 1,281 | 1,299 | 1,287 | 1,293 | 1,286 |
| 01751046 NYS CATHOLIC HEALTH PLAN INC | 1,630 | 1,637 | 1,671 | 1,671 | 1,709 | 1,706 |
| 00894519 METROPLUS HEALTH PLAN INC | 1,972 | 1,990 | 1,995 | 2,066 | 2,094 | 2,070 |
| 01479670 HEALTH FIRST PHSP INC | 3,906 | 3,911 | 3,966 | 3,971 | 3,979 | 4,005 |

# of Enrolled Members

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# NYC HARP-Eligible HH Enrollment Jan 2015 to June 2015 (for Larger Health Homes)



**Enrolled Members**

| | Jan 2015 Total 13,517 | Feb 2015 Total 13,646 | March 2015 Total 13,878 | April 2015 Total 13,999 | May 2015 Total 14,115 | June 2015 Total 14,171 |
|---|---|---|---|---|---|---|
| QUEENS COORDINATED CARE PARTNE | 813 | 814 | 841 | 826 | 875 | 874 |
| BRONX LEBANON HOSPITAL CENTER | 1,130 | 1,153 | 1,186 | 1,205 | 1,219 | 1,212 |
| NORTH SHORE UNIVERSITY HOSPITA | 416 | 439 | 445 | 452 | 451 | 452 |
| COMMUNITY CARE MANAGEMENT PART | 2,412 | 2,409 | 2,455 | 2,448 | 2,451 | 2,437 |
| SOUTHWEST BROOKLYN HEALTH HOME | 2,011 | 2,012 | 2,011 | 1,969 | 1,966 | 1,981 |
| JACOBI MEDICAL CENTER | 816 | 833 | 848 | 943 | 967 | 925 |
| COMMUNITY HLTHCARE NETWORK AI | 834 | 842 | 844 | 837 | 876 | 903 |
| ST LUKES ROOSEVELT HSP CTR | 644 | 674 | 697 | 715 | 738 | 749 |
| MONTEFIORE MEDICAL CENTER | 1,690 | 1,690 | 1,719 | 1,749 | 1,781 | 1,826 |
| COORDINATED BEHAVIORAL CARE IN | 2,552 | 2,577 | 2,626 | 2,646 | 2,714 | 2,734 |

# of Enrolled Members

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# What the State is Doing

- MAPP will facilitate the assignment of HARP-eligible members into Health Homes

- Working on getting 12 months of claims for HARP-eligible members with a BH flag for mental health, instead of last 5 claims, to be given to Health Homes.

- OMH housing and behavioral health service use data made available from MCOs to Health Homes

- Guidance and FAQ sheet being developed for Plans, HHs, CMAs and Providers around data sharing

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# What Plans are Doing

- Several Plans have a portal or alert so the HH can learn if a member is in the hospital.

- Some of the Plans include a HARP-eligible flag on their list, which is very helpful for prioritizing members to engage in the acute care setting.

  - Plans have found the acute care setting to be a useful arena for engagement and enrollment

- At least one Plan is using peer support to engage members in physical and mental health facilities

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# Data Sharing and Data Exchange for Intensive Outreach

- MCO can use real-time data on hospital or ED admissions to alert Health Home of members' presence, for engagement by the HH

  - HARP Flag important to prioritize these members

- MCOs would need an Agreement (e.g. ASA) for each CMA with which they would like to share administrative data for Outreach

  - Agreement should include communication to the HH that information is being shared, to keep them informed

- Providers/Practitioners concerned with release of information, and what can be shared

  - Especially special releases, including Mental Health, Substance Use, and HIV consents

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# What Health Homes are Doing

- One HH is looking at the highest member utilizers across their network of hospitals, and have had success with enrollment by targeting these members

- Another HH is working with HHS-Connect, which "uses cutting-edge technology to improve service delivery through interagency data sharing and collaboration."

- Another HH is exploring the Kognito Conversation Platform for training of outreach workers to better engage the member

  - This is a simulated "virtual human" that allows learners to "safely practice having challenging conversations about driving changes in health behavior and attitudes."

  - https://www.youtube.com/watch?v=ag9aj290nT0

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# Confusion of Terminology

- Still much confusion in the field around HARPS and Health Homes

- HH terminology confused with *Home Health* Care by EDs and Hospital staff

- Confusion of terms "Health Home" vs "Medical Home" (Patient-Centered Medical Home)

- Education and marketing strategies continue to be important

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# MCO Health Home Workgroup

- Meets monthly to facilitate exchange of ideas

- Works on HH Standards Document, Plan of Care requirements, and Home and Community Based Services workflow

- DOH discusses appropriate uses of Health Home Development Funds and status of submissions and reviews

- DOH reports on Health Home Readiness Reviews to be attested by October

- Provides updates on ongoing projects, such as the Criminal Justice Pilot HHs, Redesignation of HHs, and the Designation of HHs to serve children.

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# Trainings

- HCBS specific trainings have been conducted by MCTAC and will be posted - http://www.mctac.org/


- CMH assessment training was made available May 15, 2015

  - Instructions on how to access the training can be found at: http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/harp_hiv_snp.htm

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# Some Questions for Consideration

- Why do some HARP-eligible members who are reached, decline to enroll in a HH?

- How can education and marketing be maximized to improve community and provider understanding of Health Homes and their mission?

- How can HARP-eligible members who are hospitalized be best accessed for maximal engagement?

- How can OMH housing/service use data be best utilized for Outreach and Enrollment?

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