Health Homes Implementation Update

New York State Department of Health
May 30, 2013

More than 17% of High Risk Members are Enrolled in Designated Health Homes (HH)

Statewide Health Home Enrollment Statistics (Based on Jan 2012 to May 2013 Claims)		
48 HHs in 57 Counties Designated under 3 Phases effective 1/1/12, 4/1/12, 7/1/12		48
Converting Members	# of HH Recipients Engaged in *Outreach*	990
New Members	# of HH Recipients Engaged in *Outreach*	12,103
Converting Members	# of HH Recipients Engaged in *Active Care Management*	23,618
New Members	# of HH Recipients Engaged in *Active Care Management*	7,817
	Total # HH Recipients (Distinct count)	**38,233**
Total Health Home Eligible Individuals (MHSA and others)		805,000
# of Higher Risk Members Higher risk members are identified based on predictive risk model and ambulatory connectivity measure; e.g.,those with lower ambulatory connectivity and those more likely to die or have an inpatient or nursing home admission)		224,000
% of Higher Risk Members		28%
% of Higher Risk Members Enrolled		**17.1%**

Total HH Billings Since Effective Date of Phase 1 Exceed $110 million

Total HH Billings from January 2012 – April 2013 as of May 29, 2013				
Claim Type	Amount Paid	Claim Count	Recipients	Amount Paid Per Claim
Converting Legacy Claims	$104,861,454	176,647	24,645	$593
New Health Home Claims	$9,066,036	49,257	19,276	$184
Total	$113,927,490	225,904	39,699	$504

Projected Health Home Enrollment:
2013-14 = 151,000
2014-15 = 225,000

Health Homes: Member Assignments and Increasing Volume

- Challenge: Increase Volume and Assignments
- In January 2013 about 60,000 HH eligible members in Phase 1 and 2 counties were prioritized for HH assignment by HH (FFS -25%) and Managed Care Plans (75%) and posted to Health Home Tracking System assignment files
- Week of May 20, 2013 risk score used for member prioritization lowered
  - ✓ Refreshed assignment list includes 222,000 members (181,000 or 82% MC and balance FFS)
  - ✓ List includes members in Phase 3 counties that have a designated Health Home
- Health Home and Managed Care Plan contracts are being executed on an ongoing basis - there are 99 approved contracts between Health Homes and Managed Care Plans.

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HH Tracking System Portal
Short Term Solution

- Short term solution to providing data critical to launching and implementing the HH program
- Currently available to Health Homes and Managed Care Plans with Health Commerce System access.

❑ **Recent Enhancements**

- **May 28, 2013**
  - ✓ To improve assignment tracking, DOH has added feed back loop between DOH and Managed Care Plans (MCPs)
    - MCPs now have the ability to submit files directly to DOH (rather than the HH) to indicate the HH their Plan members have been assigned to
    - As the MCP assignment files are submitted to the DOH Health Home Tracking System and processed, the respective Health Home Assignment files will then be refreshed to include managed care members that have been assigned to the Health Home.
    - Health Homes can now download assignment files which would include both fee for service and managed care members and will no longer receive assignment files from multiple sources.
  - ✓ MCPs should immediately begin to submit HH assignments to the portal
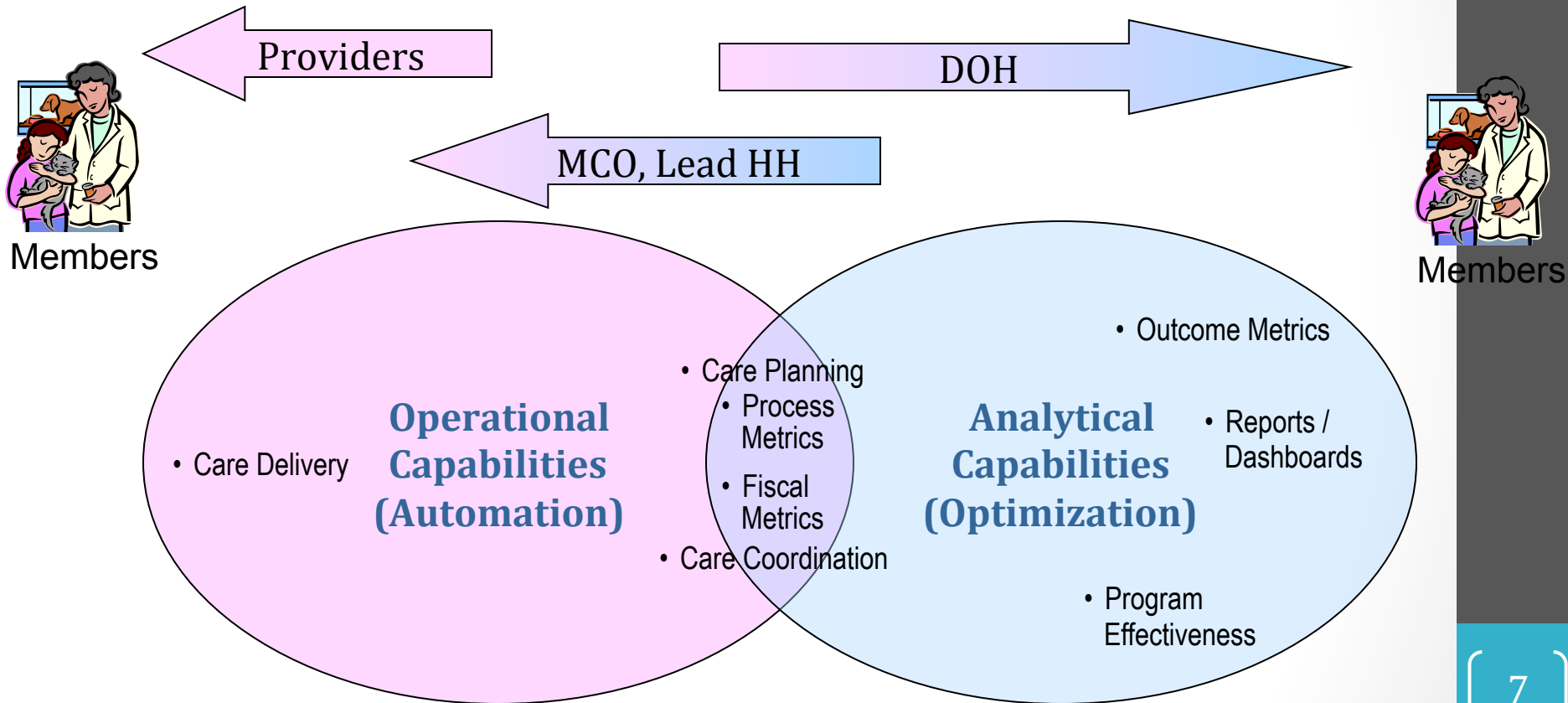
HH Tracking System Portal
Short Term Solution

❑ **Recent Enhancements**

- **May 13, 2013**

  - ✓ Member search function updated to include Recent Care Management Section
    - Lists all the providers that have billed converting care management or HH rate codes in the past six months
  - ✓ Billing roster function – allows HH to submit monthly billing information to MCPs through the portal for MC members not receiving services from converting programs (which bill directly)

- Now Available: Navigating the Health Home Tracking System Manual

- Health Home Tracking System Specifications Document will be available in the near future

Develop a New Health Home Portal ~ Long Term Solution

Implement a Portal Facility delivering Automation and Optimization to Support interoperability across systems, users and business functions – allowing for the collection, use and sharing of information critical to the processing, monitoring, and coordinated care of the HH program

Providers

DOH

MCO, Lead HH

Members

Members

Operational Capabilities (Automation)

- Care Delivery

- Care Planning
- Process Metrics
- Fiscal Metrics
- Care Coordination

Analytical Capabilities (Optimization)

- Outcome Metrics
- Reports / Dashboards
- Program Effectiveness

Health Home Readiness Reviews

✓ Readiness site visits have been completed for all Phase 1 Health Homes, and 16 of the 17 Phase 2 Health Homes (one remaining site visit has been scheduled)

✓ Site visits for Phase 3 Health Homes are anticipated to begin in September 2013

✓ Key areas of focus include:

- Compliance with data security outlined in the Date Exchange Agreement Application (DEAA) with DOH

- Progress addressing any contingencies

- Confidentiality

- Composition of provider teams

- Outreach and engagement strategies

- Assessment and care plan development

- Information sharing

- Scope of services
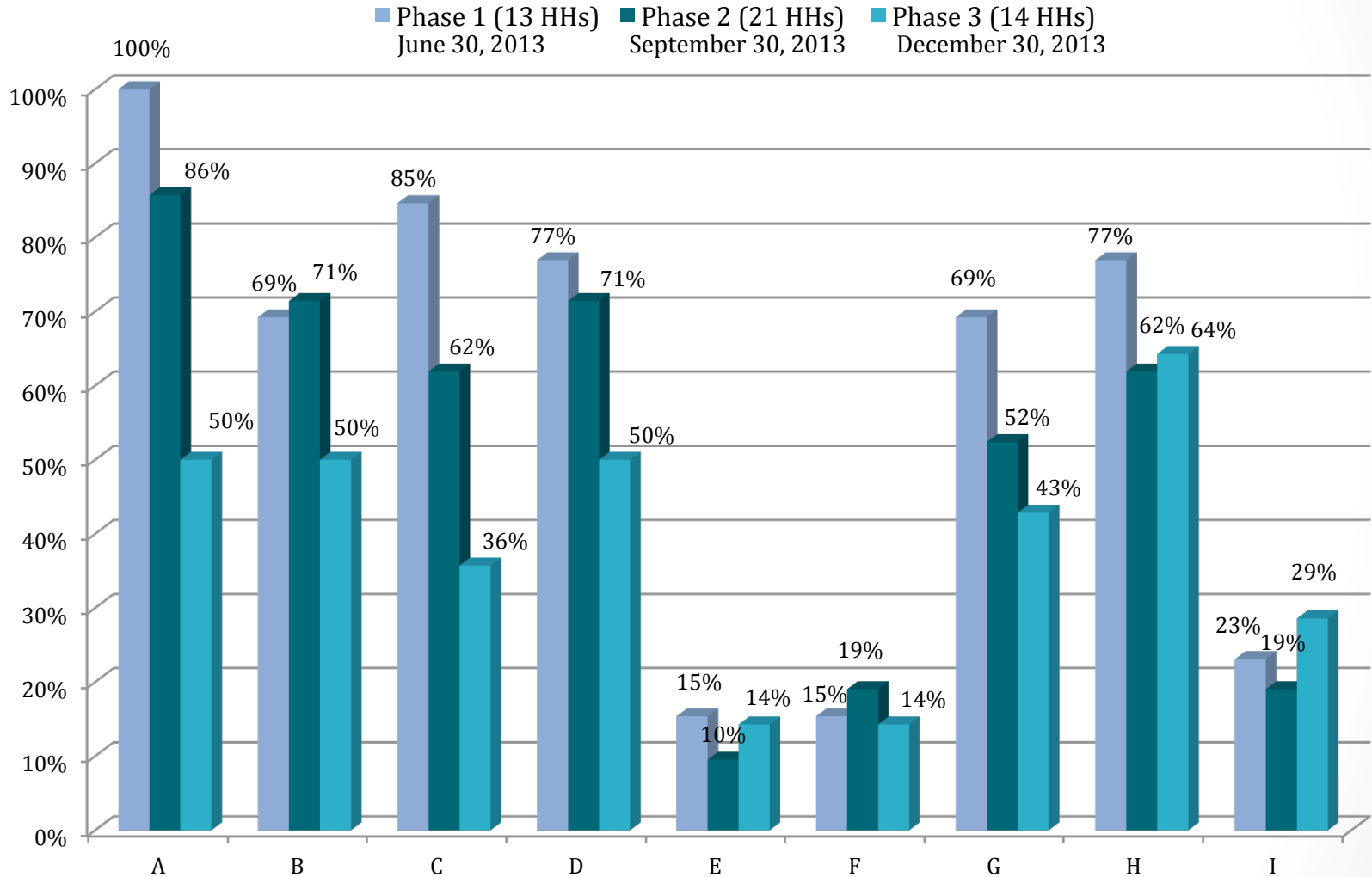
HH Readiness Reviews

Successes

- **Administrative requirements** and contingencies have been satisfied (signed DEAAs and MCO contracts, HCS accounts established)

- HHs using a combination of systems to ensure **network security** (password protections, firewalls and web filtering)

- **HIPAA policies** and procedures in place – staff training has been conducted

- **Consent forms** securely maintained and stored

- Most HHs are using or are in the process of selecting a **structured information system to share and update care plans**

- Members of the provider network are working to develop **uniform policies** and procedures and **create** cohesive Health Home **partnerships**

Challenges

- The ability for **care managers to respond to prompt notification** of emergency and inpatient facility admissions/discharge

- A process and time frame for **providing crisis intervention** for both medical and behavioral health events

- Further **integration** of behavioral health and physical health through interdisciplinary teams

- **Linkage of the EHR** for communication among interdisciplinary care team members

- Uniform use and identification of the **official Health Home name in all Health Home documents** (e.g., consent forms, promotional information, care plans)

- **Connectivity** to the local RHIO to satisfy Health Home HIT standards

49% of All HIT Standards Have Been Met
(As of May 13, 2013)

Phase 1 (13 HHs) June 30, 2013 — Phase 2 (21 HHs) September 30, 2013 — Phase 3 (14 HHs) December 30, 2013

Percent of HHs in Each Phase Which Are Compliant with Each HIT Standard

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Health Home Implementation Grants

- Challenge: Building new programs on service dollars with no start up is difficult

- Enacted 2013-14 Budget Includes up to $15 million of HH Implementation Grants

  - Spending delayed until 2014-15 to address the loss in federal revenue from modifications to Medicaid financing system of OPWDD

  - HH Grants may be implemented in 2013-14 if Global Cap Spending savings can be identified

  - Statute requires distribution be based on formula, considerations include: access to similar funding opportunities, geographic and demographic factors including population served, prevalence of qualifying conditions, connectivity to providers

    - DOH is actively working to identify savings and is beginning to think about the formula for distribution.

Health Home Programmatic Activities

- Special Health Home Pilots
  - Supported housing serve unstably housed HH enrollees
    - $5 million for rent and service subsidies to supportive housing providers
    - $2 million for HH enrollees diagnosed with HIV but medically ineligible for existing HIV rental assistance programs
  - Criminal Justice (6 HH participating in demo to link criminal justice population to HHs)

- Beginning to develop new Health Home models and populations (Children, LTC, OPWDD, Adult Home residents)

Success: Inpatient Service Cost for a Subset of Health Home Enrolled Members Declining
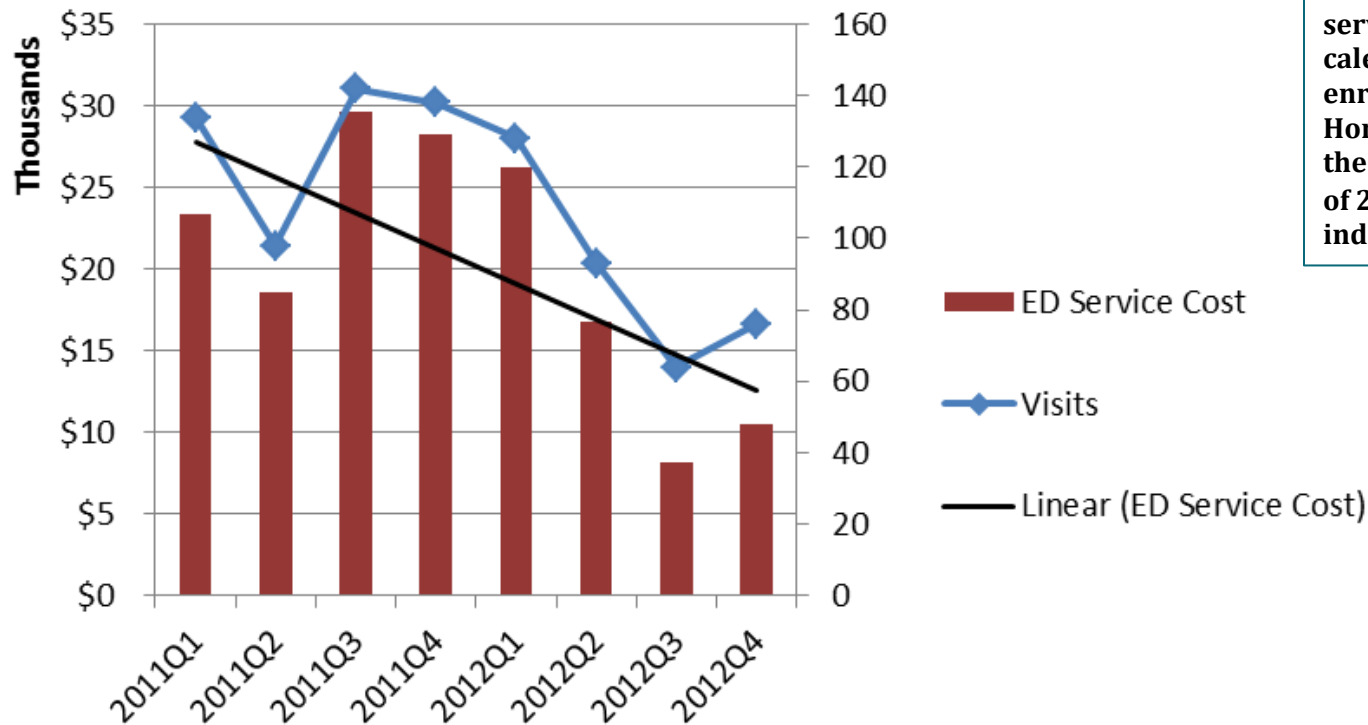
Inpatient Services Utilization and Spending Dropping for Health Home Enrolled *
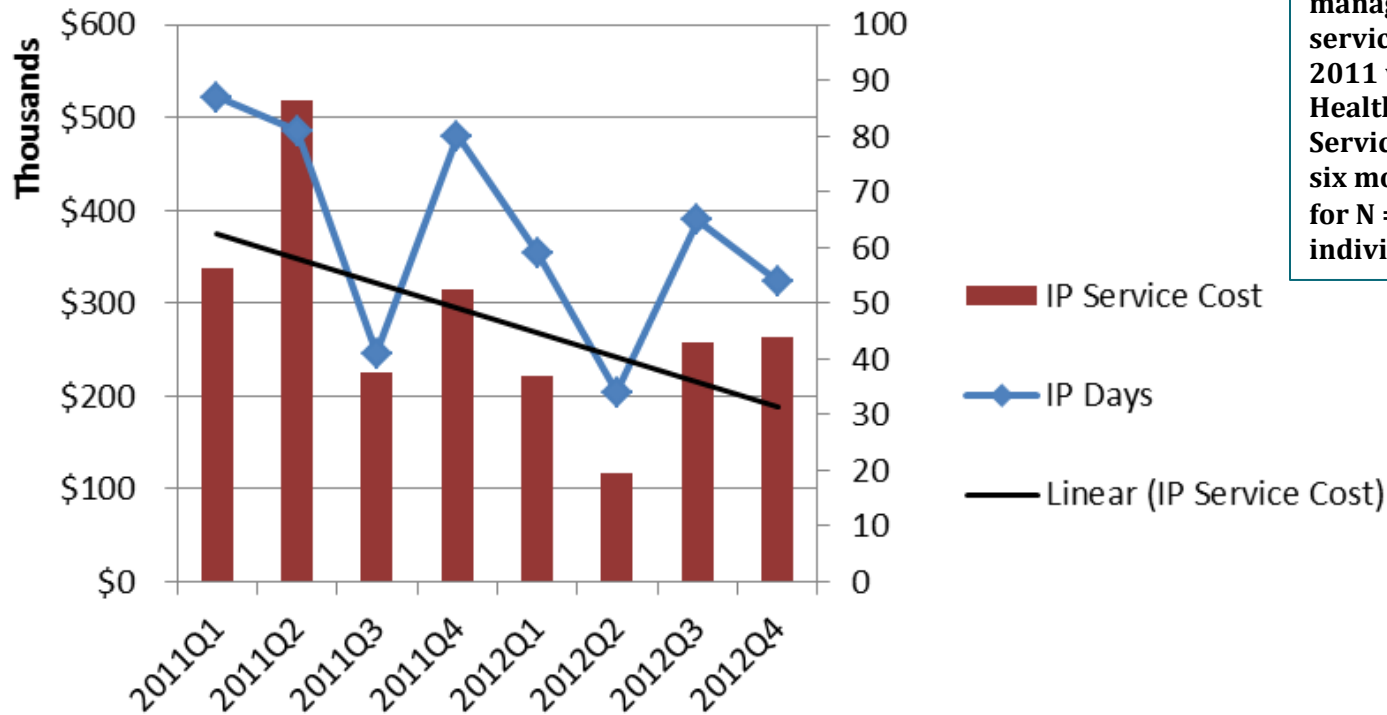
* Includes individuals continuously enrolled in Medicaid with no case management services in calendar 2011 who enrolled in Health Home Services in the first six months of 2012 for N = 194 individuals.

- IP Service Cost
- IP Days
- Linear (IP Service Cost)

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Success: ER Service Cost for a Subset of Health Home Enrolled Members Declining

Emergency Room Utilization and Spending Dropping for Health Home Enrolled *

* Includes individuals continuously enrolled in Medicaid with no case management services in calendar 2011 who enrolled in Health Home Services in the first six months of 2012 for N = 194 individuals.

Legend:
- ED Service Cost
- Visits
- Linear (ED Service Cost)

What Have We Learned So Far?

- Most parties have been completely vision aligned...need better service integration – plenty of conflicting views on how to get there
- Building new programs on service dollars with no start up is difficult
- Building on the fly is hard for everyone – especially for something so new
- We can learn from each other to address challenges and implement best practices
  - Amazing partnerships have formed - Success stories are heartening
  - Amazing difficulties have been overcome
  - Amazing challenges remain
- Next step is for Health Home leads and partners to move from implementation to performance improvement
  - Collaborative effort - State and Plans need to help