

# COVID-19 Effects on Medicaid Health Homes

Department of Health | Office of Health Services Quality and Analytics | Bureau of Quality Measurement and Evaluation

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## Effects of the COVID-19 Pandemic on New York State Medicaid Health Home Services

The COVID-19 pandemic began in New York State in March 2020<sup>1</sup> causing in-person functions for non-essential businesses to stop,<sup>2</sup> including limiting the types of health care services available.<sup>3,4</sup> Previous studies looking at the impacts of the pandemic across the United States found reductions in in-person visits (emergency department,<sup>5,6</sup> inpatient,<sup>6</sup> and outpatient<sup>6,7,8</sup>) and increases in telehealth visits.<sup>6-8</sup> One group with potential impacts due to the COVID-19 pandemic is New York State Medicaid members in the Health Home (HH) program. In this program, members younger than 21 years are assigned to Health Homes Serving Children and depending on their circumstances members as young as 18 years old can be assigned to Health Homes Serving Adults. To reduce the impacts of the pandemic the New York State Department of Health (the Department) made several HH program policy changes in March 2020.<sup>9,10</sup> Our analysis examined how the COVID-19 pandemic and the policy changes put in place by the Department affected HH services enrolled members received by comparing three time periods: pre COVID-19 (2019), early COVID-19 (2020), and late COVID-19 (2022).

### Key Findings:

- During the pandemic Health Homes carried out key processes at the same or improved rates.
- Health Homes shifted towards technology-related modes of service delivery during the pandemic.
- On average the number of interventions received each month was the same before and during the pandemic, suggesting Health Homes were able to carry out key processes during the pandemic.

### Health Homes carried out key processes at the same or improved rates during the pandemic.

Figure 1: Health Home Serving Adults process measure rates.

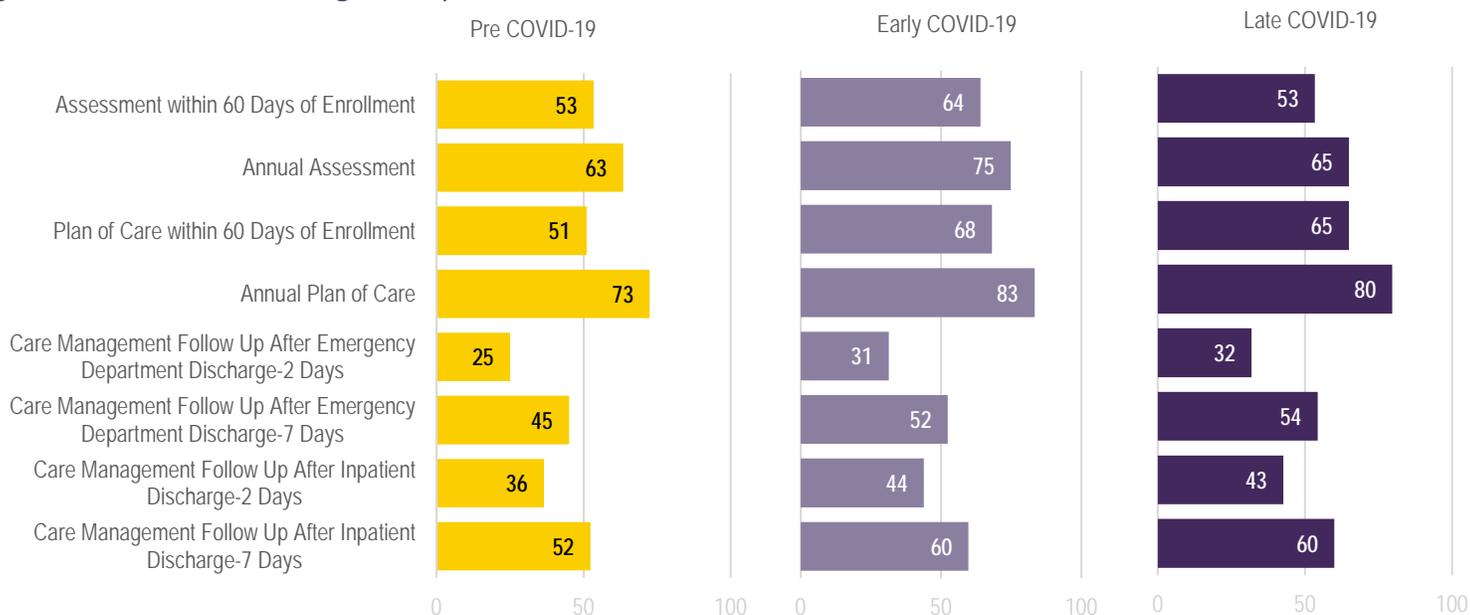
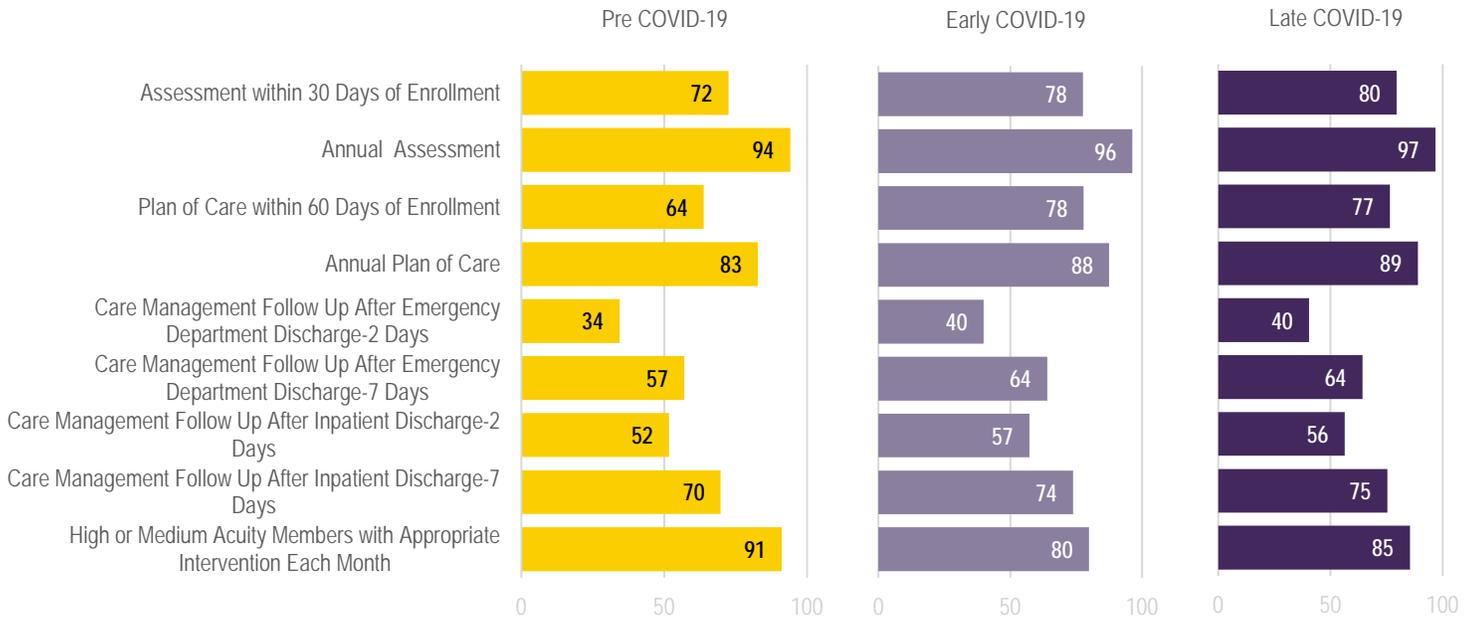


Figure 2: Health Home Serving Children process measure rates



**Process Measures Show Health Home Performance Meeting Key Policies**

- There was a statistically significant difference in rates for all process measure between the three time periods.
- Most process measure rates increased or maintained near pre COVID-19 rates during the pandemic. Some measures spiked in early COVID-19 then returned to near pre COVID-19 rates during late COVID-19.
- The rate for the Health Homes Serving Children process measures high or medium acuity members with appropriate intervention each month dropped during early COVID-19 but in late COVID-19 increased again.

**During the COVID-19 pandemic, Health Homes shifted to more technology-related modes of service delivery**

- Interventions are HH care management activities that carry out key processes. Health Home Serving Adults had average monthly interventions of 1.6 during pre COVID-19, 1.9 during early COVID-19 and 1.7 during late COVID-19. Health Home Serving Children had 2.5, 2.8, and 2.6 average monthly interventions during pre, early, and late COVID-19 respectively.
- During the pandemic intervention modes shifted towards technology-related modes of email, phone, SMS/text, and video during the pandemic. This shift was more prominent for members in Health Homes Serving Children.

Figure 3: Percent of Health Home Serving Adults enrolled members with each intervention

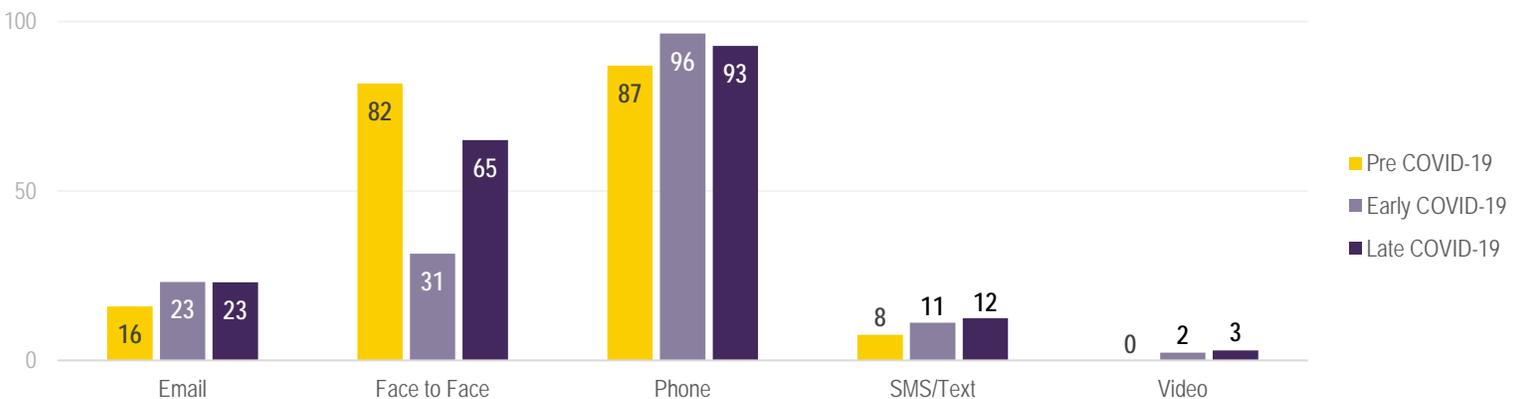
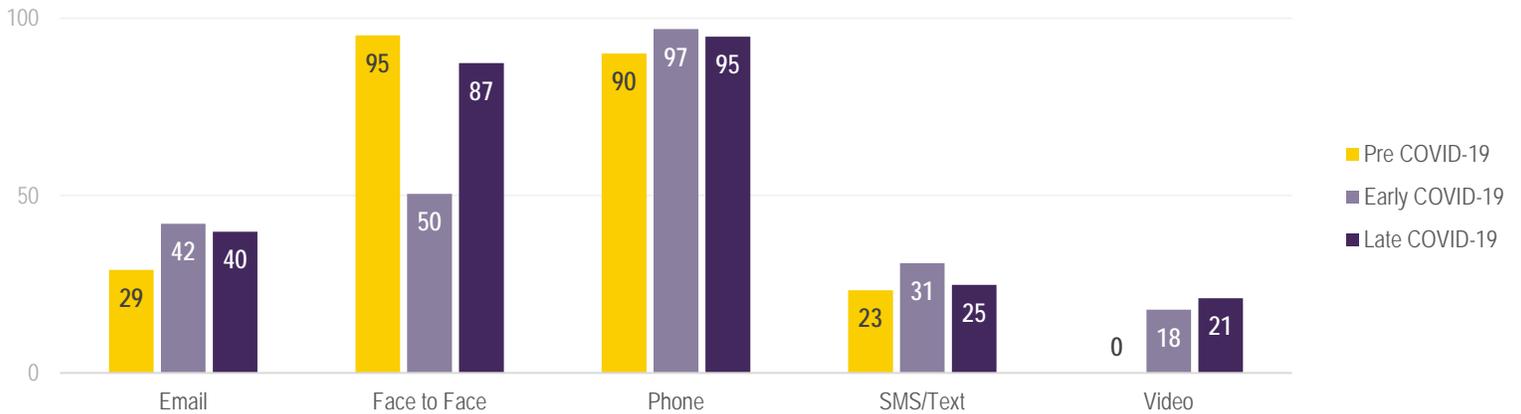


Figure 4: Percent of Health Homes Serving Children enrolled members with each intervention mode.



## Summary

The amount of HH services members received during the pandemic stayed the same or increased. This was most likely due to the policy changes put in place, allowing more time for completing a member’s initial comprehensive assessment and plan of care<sup>10</sup> and allowing services to be delivered by telehealth instead of face to face.<sup>9,10</sup> While the average number of interventions per month stayed the same, the way interventions were delivered changed to more technology-related modes of phone, video, text, and email, most likely a result of the telehealth policy.<sup>9</sup> Our analysis shows HHs found ways to maintain intervention rates at a time of disruption. HHs and care managers improved their Seven Day Care Management Follow Up After Inpatient and Emergency Department Discharge by using more technology-related modes of delivery during the early and late COVID-19 cohorts. New service delivery methods enabled HHs to sustain intervention frequency and improve care management follow-up.

## Methods

### Cohorts

We compared HH enrolled members during three time periods related to the COVID-19 pandemic: pre COVID-19 (April-October 2019), early COVID-19 (April-October 2020), and late COVID-19 (April-October 2022). Member enrollment was determined using the [Medicaid Analytics Performance Portal Health Home Tracking System \(MAPP HHTS\)](#), the system used to track HH enrollment. Most Health Home Serving Adult members were enrolled 13 months or more during all three cohorts. Health Home Serving Children members moved towards being enrolled 13 months or more during early COVID-19

and maintained the change during late COVID-19. Cohorts were kept to the same 6 months each year to reduce the effects of seasonality. To keep HH services members received consistent across all cohorts, we excluded members who: (1) had rate codes that were not for their HH program, (2) only had a rate code of Assertive Community Treatment because this rate code was retired in 2019, (3) only had pended or superseded segments, or (4) did not have any rate codes billed for all enrolled months during the cohort.

### Data Sources

We used completed comprehensive assessment, plan of care, and completed intervention data from the [Health Home Care Management Reporting Tool \(HHCMART\)](#). This is standardized member-level care management data submitted to the Office of Health Services Quality and Analytics by HHs each quarter. Interventions with a mode of letter were excluded as there is no way to determine if the intervention was completed. Finalized [Child and Adolescent Needs and Strengths-New York \(CANS-NY\)](#) data was pulled from MAPP HHTS.

### Analysis

We calculated the HH process measure rates in SAS 9.4 using the [HH redesignation domain 2 process measure specifications](#). For this analysis two additional measures, Annual Plan of Care and Annual CANS-NY Assessment, were created to show the complete picture of services delivered by HHs. We used appropriate procedures to determine if the difference in measure rates between cohorts was statistically significant. The difference was statistically significant if the chi square had a p-value less than 0.05.

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## Supplemental Tables

**Table 1. Health Home Service Measure Rates**

Measure	Service Measure Rates			P-Value
	Pre COVID-19	Early COVID-19	Late COVID-19	
<b>Health Home Serving Adults</b>				
Assessment within 60 Days of Enrollment*	53.35	64.01	53.39	<0.0001
Annual Assessment*	63.47	74.84	64.98	<0.0001
Plan of Care within 60 Days of Enrollment*	51.00	68.17	64.91	<0.0001
Annual Plan of Care	72.53	83.29	79.70	<0.0001
Care Management Follow Up After Emergency Department Discharge-Two Days*	24.99	31.32	31.89	<0.0001
Care Management Follow Up After Emergency Department Discharge-Seven Days*	45.04	52.37	54.37	<0.0001
Care Management Follow Up After Inpatient Discharge-Two Days*	36.47	43.88	42.66	0
Care Management Follow Up After Inpatient Discharge-Seven Days*	52.29	59.74	60.02	<0.0001
<b>Health Home Serving Children</b>				
Assessment within 30 Days of Enrollment*	72.47	77.58	79.52	<0.0001
Annual Assessment	94.07	96.32	96.76	<0.0001
Plan of Care within 60 Days of Enrollment*	63.84	77.82	76.52	<0.0001
Annual Plan of Care	82.79	87.46	88.92	<0.0001
Care Management Follow Up After Inpatient Discharge-Two Days*	51.70	57.25	56.31	<0.0001
Care Management Follow Up After Inpatient Discharge-Seven Days*	69.76	73.85	75.31	<0.0001
Care Management Follow Up After Emergency Department Discharge-Two Days*	34.39	39.86	40.49	<0.0001
Care Management Follow Up After Emergency Department Discharge-Seven Days*	56.99	64.07	64.30	<0.0001
High or Medium Acuity Health Homes Serving Children Enrolled Members with Appropriate Intervention Each Month*	91.18	79.82	85.36	<0.0001

\*=current Health Home Process Measure, a set of measures created by NYS to check Health Home performance on selected policies

**Table 2. Health Home Completed Interventions**

Mode/Target	Pre COVID-19		Early COVID-19		Late COVID-19	
	Number of Interventions	Percent of Total Members with an Intervention	Number of Interventions	Percent of Total Members with an Intervention	Number of Interventions	Percent of Total Members with an Intervention
<b>Health Homes Serving Adults</b>						
All Interventions	1,645,941	96.8	1,965,820	97.8	1,691,433	97.8
Average Monthly Interventions	1.6	NA	1.9	NA	1.7	NA
<b>Mode</b>						
Email	58,749	15.9	94,030	23.2	84,301	23.1
Face to Face	615,266	81.8	132,546	31.5	393,287	65.0
Phone	936,236	87.0	1,672,442	96.5	1,148,784	92.9
SMS/Text	35,577	7.6	58,183	11.2	57,041	12.5
Video	113	0.0	8,619	2.3	8,020	3.0
<b>Target</b>						
External Provider	70,007	17.2	116,533	25.5	122,978	27.7
Family Member	27,482	7.7	47,109	10.9	51,091	13.2
HH or CMA Staff	5,349	1.9	7,588	2.3	5,643	2.1
Member	1,441,873	95.7	1,647,645	96.3	1,365,968	96.3
Multidisciplinary Team Meeting	59,687	15.1	86,931	19.6	78,925	20.2
Other	41,543	11.1	60,014	15.9	66,828	18.4
<b>Health Homes Serving Children</b>						
All Interventions	445,568	98.0	574,052	98.2	685,912	98.7
Average Monthly Interventions	2.5	NA	2.8	NA	2.6	NA
<b>Mode</b>						
Email	28,852	29.0	62,381	42.1	61,793	39.8
Face to Face	200,182	95.2	54,687	50.4	197,087	87.3
Phone	192,038	90.0	401,442	96.9	366,884	94.8
SMS/Text	24,470	23.3	38,644	30.9	38,441	24.8
Video	26	0.0	16,898	17.9	21,707	21.0
<b>Target</b>						
External Provider	21,115	21.4	38,614	31.9	44,548	29.0
Family Member	66,947	40.1	128,444	57.6	150,773	53.4
HH or CMA Staff	2,251	3.2	2,717	4.1	2,576	3.2
Member	299,517	95.9	321,261	90.1	374,410	92.5
Multidisciplinary Team Meeting	43,443	37.2	58,731	41.9	58,774	36.9
Other	12,295	13.0	24,285	21.5	54,831	47.9