Health Home-Managed Care Plan Workgroup Meeting # 3
September 19, 2012
1 – 4 PM
SUNY School of Public Health
Attendees List attached as separate document

Greg Allen, Director Division of Program Development and Management, gave the following Health Home Update:

- Phase 2 and 3 SPAs were approved and roll-out activities for these Health Homes are in progress. Phase 3 loyalty analysis will be done when all three downstream partners submitted.
- HH-CMART will be rolled out early 2013 for collection first of 2012 data. Revisions were done with the input of the Referral and Quality Workgroup.
- There are suggested revisions to the Member Tracking Tool based on Operations Workgroup and others. In draft for discussion at the meeting are the following changes:

Fields	Action	Notes
Managed Care Plan MMIS ID	Remove	The Portal will obtain this information through DOH enrollment records
TCM/MATS/COBRA/CIDP Indicator	Change	This field will become a population indicator. A single indicator will be used to identify converting members that MCO/HH should not bill for.
TCM/MATS/COBRA/CIDP Slot Type	Remove	DOH will collect this information using claim information
Billing Provider MMIS ID	Remove	
Managed Care Assignment Date	Remove	No longer necessary if DOH sends out both MC & FFS assignments
Referral Date	Remove	
Transfer Provider MMIS ID	Remove	
Date of earliest contact	Remove	These dates will be collected through the CMART Tool
Date of latest contact	Remove	
Recipient Contact Address Line 1	Remove	
Recipient Contact Address Line 2	Remove	
Recipient Contact City	Remove	
Recipient Contact State	Remove	
Recipient Contact Zip Code	Remove	
Recipient Contact Phone	Remove	
Recipient Contact Alternate Phone	Remove	
Consent Date	Add	The date that the member initially signed the consent for with the HH. This will eventually be used to release addition member information post consent.

- Further draft recommendations include the exchange of the Tracking System data. The HH will exchange tracking files for both FFS and MC members with the DOH. DOH will collect MC member assignments from the MCO and provide both the FFS and MC assignments directly to the HH. Additionally, it was offered that the Department would not require Phase 2 HH to use the Member Tracking Sheet until all changes were finalized so reprogramming would not have to occur internally.
- Update provided on the concept of the planned Health Home Portal.
- Internal discussions are focused on addressing administrative costs incurred by MCO and HH.
- Infrastructure funding is a key department priority.
- HEAL 22 has been released and qualifying HH mental health providers should take advantage of these funds.
- DOH is working closely with CMS on the MFFS Duals Project; however, quality measures and shared savings issues must be resolved for the Department to go forward.

Lyn Hohmann, MD introduced the two Health Home-Managed Care Sub-Workgroups: Operations, represented by Stephen Rosenthal and Referral and Quality represented by Neil Pessin and Peggy Leonard.

Stephen Rosenthal began his presentation noting that a number of the issues the Workgroup has raised about the Member Tracking Sheet were now being addressed by the Department. Specific concerns related to redundant data, transmitting referrals through another mechanism, and addressing enrollment and billing issues when a FFS HH member moves to managed care or a HH member moves to another HH as well as issues related to TCM/MATS/CIPD program assignments. Stephen shared that the Operations Workgroup were used as a focus group to vet the new portal concept and were generally pleased with the concept.

Peggy and Neil both presented for the Referral and Quality Workgroup. Peggy noted that the committee agreed that the 3 month outreach and engagement period should start once the care management organization indicates on the tracking sheet that they have begun outreach. This is consistent with current use of the tracking sheet, but there may be issues.

The first major focus was on the Community or “Bottom-Up” referral process. A community referring agency must first determine if the member meets basic criteria for a HH including being homeless and having a qualifying disease and/or behavioral health condition, psychotic in nature. County of residence or loyalty data will determine appropriate HH. Once a member agrees to join a HH, the case manager will conduct the comprehensive evaluation. At this time, such a member is reimbursed at the average acuity score for the Health Home; however, the workgroup is recommending a point score system that more accurately reflects the presenting acuity. In addition, they recommend monthly acuity adjustments to more accurately reflective reassessments in the field.

Next the workgroup presented their recommended starter set of quality measures: engagement rate of HH members, care plan completion date (% completed 30 days from initial contact), ER utilization and patient satisfaction survey score (survey developed by committee). There will need to be consideration of risk scoring for setting thresholds as some HH have a larger group of higher acuity members.

The final item for presentation was the work on the HH CMART tool, the data collection tool related to the process of care management. A number of the elements were modified based upon committee recommendation. In addition, the recommendation was made for the HH to report the data directly to the DOH and not through the MCOs and this was agreed to by the DOH.

Both workgroups made the recommendation that they be combined into one workgroup since the work they were doing was overlapping and that they be used to continue working on refinements to Health Homes and being a sounding board for department recommendations.

Lauren Tobias led the discussion regarding the future of the workgroups. After discussion, the following were agreed to:

- The Workgroups would be combined into one workgroup with equal representation by the MCOs and the HHs.
- This Workgroup would serve an advisory/consulting/planning role for the department and could assign smaller sub-workgroups to work on specific topics.
- The combined workgroup would have been 15 to 25 members and would include representation from Phase 1, 2 and 3 Health Homes as well as at least one downstream partner representative.
- A SPOA/LGU/Country representative should be added to the workgroup.
- HPA will collect the names from MCOs of persons who would like to serve on the Workgroup.
- The Department will survey HHs in early January for participation.

Greg Allen and Lauren Tobias opened the question and answer period.

- There is a continued issue with infrastructure costs. Greg reiterated the attempts by the Department to find funding.
- Several Health Homes noted issues with TCMs and the difficulty of receiving upstream administrative costs. Greg emphasized that TCM providers will be Health Homes in slightly over one year and will need to work with the lead Health Home to ensure this transition works. This includes funding arrangements
- One Health Home noted that they have responsibility for the outcomes of TCMs including tracking but no avenue for oversight at this time as the TCM does their own billing. Greg again noted that this was temporary as noted above. Our goal is to have an integrated system.
- Health homes will be able to get an acuity score down load through the portal shortly.
- Health homes are concerned with volume. Opportunities include MCO's contracting with available Health Homes, the state's assignment of additional at risk members, and mergers and consolidations to achieve economies of scale.
- Community referrals are currently allowed and an average acuity score is applied. The Health Homes program will review the suggestions of the sub-workgroups regarding acuity scoring.
- Phase 1 and 2 updates will be available from the portal in early January.

- Eligible duals lists will be released in January whether or not the state participates in the CMS duals demonstration.
- Regarding the Member Tracking System recommendations, the Phase 1 Health Homes would like to remain part of the redesign process. There may be difficulties if the Phase 2 do not use the tracking tool because the lead may not be able to keep track of who is in the Health Home. It was also noted that removing the TCM flag would be difficult since HH need to know who these members are. Downstream providers still need to complete several different Health Home Tracking sheets.
- MCOs had some concerns with the recommendations since they want reports. They were advised reports would be available on demand and refreshed weekly. Can the MCOs get an exception report?
- There is a need for batch files which may be available if the new portal is built. There is also need to know all information about a member on look-up as it was stated TCMs make interagency referrals and Health Homes have no way of knowing where there members are.
- There are issues of submitted files failing. The Department will work on FAQs of the most common reasons submissions fail.

Greg ended the meeting by commending the Chairs and Workgroups for their work and commending the Health Homes and the Plans for the collective work being done on Health Homes.