HEALTH HOME AND MANAGED CARE WORK GROUP MEETING
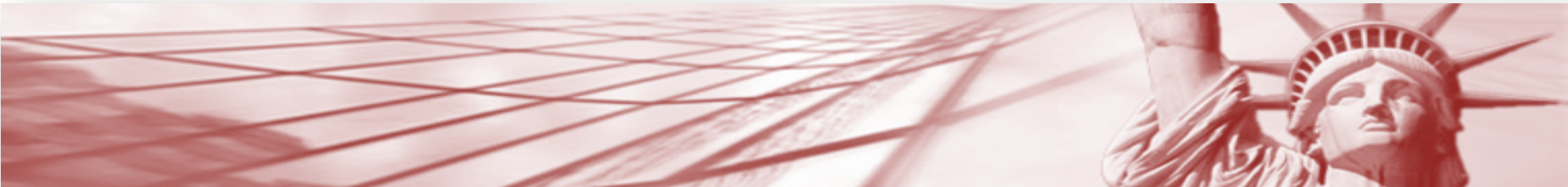
January 9, 2014
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NEW YORK
state department of
HEALTH

AGENDA

- Enrollment and Billing Statistics
- Health Home Implementation Grants
- Tracking System and Billing Updates
  - Salient Data Analysis
- Update on Low, Medium, High Transitional Rate Model
- MRT Waiver Update (DSRIP; State Plan and MC Services)
- Health Home Portal
- Regional Educational Forums on Housing
- HARPs/BHOs and Health Homes
- Works in Progress: Other Updates

Health Home Enrollment Statistics

Statewide Health Home Enrollment – Claims Data **Since Program Inception** (Based on January 2012 to December 2013 Claims)		
48 HHs (32 Unique Entities) Designated under 3 Phases effective 1/1/12, 4/1/12, 7/1/12		
Converting Members	# of HH Recipients Engaged in Outreach	5,692
New Members	# of HH Recipients Engaged in Outreach	87,762
Converting Members	# of HH Recipients Engaged in Active Care Management	41,157
New Members	# of HH Recipients Engaged in Active Care Management	36,152
	Total # HH Recipients (Distinct count)	141,521
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)		446,000
% of Higher Risk Members		55%
% of Higher Risk Members Enrolled or in Outreach		32%

As of December 26, 2013 there were about 74,000 currently active members in Health Home Tracking System (50,000 active care management/24,000 in outreach)

Health Home Claims Exceed $259 Million

Total-to-Date Health Home Claims with DOS between Jan. 2012 to Dec. 2013			
Rate Summary	Unique Recipients w/MA Svc Claims	MA Service Claim Ct	MA Svcs Paid
Health Home Case Mgmt Svcs (Converting)	41,157	346,866	$198,927,760
Heatlh Home Outreach (Converting)	5,692	10,144	$4,983,320
Health Home Outreach (New Slots)	87,762	185,023	$25,262,083
Health Home Services (New Slots)	36,152	142,939	$30,212,031
Totals (Rate Summary)	141,521	684,972	$259,385,194

Stage 2 Health Home Implementation Grants To Be Awarded ($12.8 million)

Health Homes Score (Stage 1 Formula)	Number of Health Homes	Award per Health Home Stage 1 Grants Made in July 2013	Award per Health Home Stage 2 (Uses Score/Formula from Stage 1 Grants)	Total Awards Stage 1 & 2
Health Homes w/scores > 50	16	$110,000	$451,765	$561,765
Health Homes w/score equal to 50	6	$55,000	$426,667	$481,667
Health Homes w/scores < 50	9	$0	$284,444	$284,444
Southern Tier TBD Health Home	--	$110,000	$451,765	$561,765
	Total Grants	$2.2 Million	$12.8 Million	$15.0 Million

Tracking System vs. Paid Claims

Statistics on members in the tracking system as compared to paid claims were shared with each Health Home. Follow-up calls were made to Health Homes to help them identify and correct discrepancies (see Spreadsheet).

- The number of members with paid claims or in tracking increased by 21, 597 members or 52%; from 41,657 in October 2013 to 63,254 in January, 2014.

- The number of members with paid claims **not** in the tracking system increased by 6,731 members or approximately 20% from 34,212 in October, 2013 to 40,943 in January, 2014. This may be due to the fact that OMH TCM providers are billing the new Health Home rate codes but members are not yet in the tracking system.

- Members in tracking without paid claims increased by 10,826 members or approximately 17%; from 63,459 in October 2013 to 74,285 in January 2014. This is mostly likely due to OMH TCM providers submitting information to the tracking system so DOH can reprocess the OMH TCM claims under the Health Home rate codes. The reprocessing of OMH TCM claims should close this gap.

Rationalizing Health Home Rate Structure to Ensure a Smooth Rate Transition to Managed Care

- At last HH/MCO Workgroup meeting a simplified/modified rate structure derived from a set of tiered (Low, Medium, High) rates for each Health Home population (HARP, non-Non-Harp and Other members and AOT) was discussed.

- Based on feedback Low, Medium, High structure revised to address case load size and salary assumptions. (see Spreadsheet)

- Next steps: Develop methodology for assigning members to Low, Medium, High tiers.

MRT Waiver Update

Current MRT Amendment Proposal Strategy

- New York is moving forward with a three-part approach:
  - ✓ **State Plan Amendment** ($525 million /5 years)
  - ✓ **Delivery System Reform Incentive Payment (DSRIP) Plan** ($7.375billion/5 years)
  - ✓ **Managed Care Contract Payments** ($2.1billion/5 years)

- Total Waiver proposal is for $10 billion over five years.

- Our aim is to stay true to the original goals of the MRT Waiver Amendment, while making our proposal consistent with CMS feedback on what can be approved.

MRT Stakeholder Update Presentation given on 12/4/2013 – details available on DOH MRT Website

State Plan Amendment (SPA)
For Health Home Development

- Consistent with original Waiver Amendment, Health Home Development Funds would support:

    - Member Engagement and Health Home Promotion
    - Workforce Training and Retraining
    - HIT Implementation – Clinical Connectivity
    - Joint Governance Technical Assistance and Implementation Funds

- Health Home Development Funds will be distributed through an application process.
    - ✓ similar to the process employed for the Vital Access Program.

Delivery System Reform Incentive Payment Plan (DSRIP)

- State-wide program.

- Focus is on Public Hospitals and wide variety of Safety Net Providers who provide significant care to Medicaid recipients.

- Definition of Safety Net Providers under discussion.

- Full document and DSRIP presentation available on DOH MRT website at:

http://www.health.ny.gov/health_care/medicaid/redesign/docs/ny_mrt_dsrip_reducing_avoid_hosp_use.pdf

DSRIP Key Components

- Key focus of DSRIP is to reduce inappropriate hospitalizations.
- DSRIP Payments are performance-based.
- DSRIP program proposal includes 25 programs that are divided into three focus areas:
  - Hospital Transition, Public Hospital Innovation, Primary Care Expansion and Vital Access Providers
  - Long Term Care Transformation
  - Public Health Innovation
- Key theme – communities of providers will be encouraged to work together to develop DSRIP project proposals.
- Projects must result in substantial, transformative change for providers.
- Stakeholder/Public Comments on Waiver are due January 15, 2014.
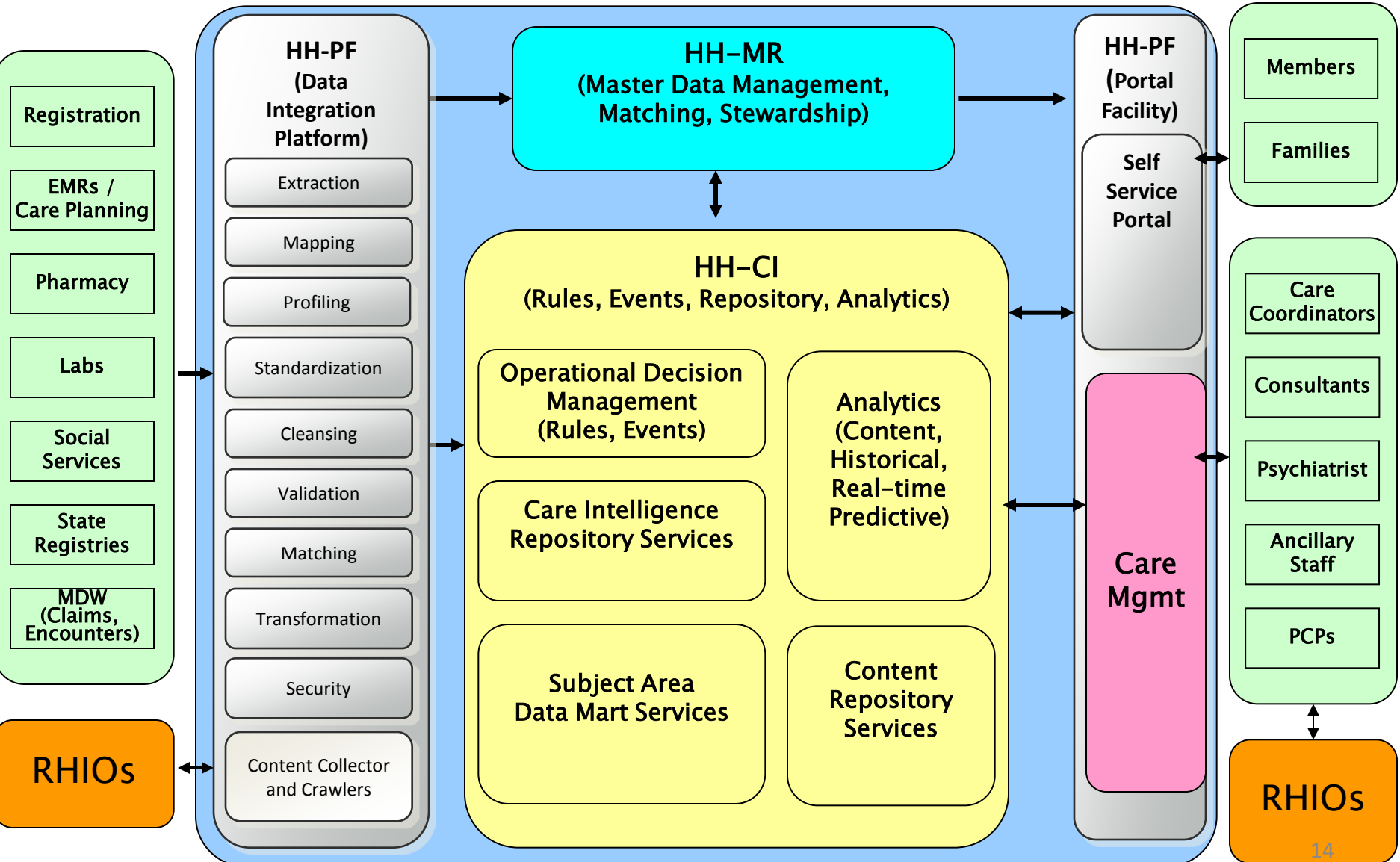
Managed Care Contract Amendments

- Managed Care Contract Payments of $2.1 billion over 5 Years will support:

  - ✓ Primary Care Technical & Operational Assistance ($305 million)
  - ✓ Health Workforce Needs: Retraining, Recruitment and Retention ($495 million)
  - ✓ 1915i Services ($1.3 billion)

- Funds will flow to Plans who will be contractually required to contract for those services.

- Use of funds will need to be pre-approved by the State.

Health Home Portal Development

- Advanced Planning Document for funding portal has approval from CMS.

- Goal is to have first stages of portal in place within 6 months of receiving formal approval of funding.

- First stage of portal development includes:
  - Moving current Member Tracking System to Portal
  - Access to Medicaid Data Warehouse, Curam Care Management Module and Salient analytics.

- Planned access directly or through RHIO.

Health Homes Information System (HH-IS)

Conceptual Solution Architecture Capabilities Elaborated

HH-PF (Data Integration Platform)

- Extraction
- Mapping
- Profiling
- Standardization
- Cleansing
- Validation
- Matching
- Transformation
- Security
- Content Collector and Crawlers

HH–MR (Master Data Management, Matching, Stewardship)

HH-PF (Portal Facility)

- Self Service Portal

HH–CI (Rules, Events, Repository, Analytics)

- Operational Decision Management (Rules, Events)
- Care Intelligence Repository Services
- Analytics (Content, Historical, Real–time Predictive)
- Subject Area Data Mart Services
- Content Repository Services

Care Mgmt

Inputs (left column):
- Registration
- EMRs / Care Planning
- Pharmacy
- Labs
- Social Services
- State Registries
- MDW (Claims, Encounters)

RHIOs

Outputs (right column):
- Members
- Families
- Care Coordinators
- Consultants
- Psychiatrist
- Ancillary Staff
- PCPs

RHIOs

Health Homes and Housing

- MRT Supportive Housing Health Home Pilot Program will award $4 million through an RFA,` expected to be released in early February.
  - ✓ **RFA Funds are included in the $86 million MRT Housing Funds already in pipeline.**

- RFA will seek applications from Supportive Housing Providers for funds to provide rental subsidies and/or on site community based services to provide housing for homeless or unstably housed Medicaid members enrolled in Health Homes.
  - ✓ ***Supportive Housing Applicants will be required to identify and receive commitment of one or more designated Health Homes to be the Provider's partner in implementing the RFA funds.***

Health Homes and Housing

- 5-7 Regional Housing Forums will be held in 2014 hosted by the Corporation for Supportive Housing (CSH) and Health Home Program.

  - Forums will focus on providing education on housing resources and collaborative working relationships/roles of Health Home Care Coordinators and Supportive Housing Care Managers.

  - Audience will be Health Homes, housing providers, hospitals, government partners, treatment centers & others.

HARP and Behavioral Health Transition

- A webinar was held and an RFI has been released to provide an opportunity for stakeholders to submit questions about the HARP benefit plan. Deadline to submit questions has been extended to January 17.

- The State submitted a Behavioral Health 1115 Waiver Amendment to CMS on December 30th, along with a response to 106 questions posed by CMS based on preliminary discussions. This amendment will amend the State's Partnership Plan to authorize the expansion of Behavioral Health services into Managed Care.

- The RFI and Behavioral Health Waiver amendment materials are posted at the link below (click on the link and then on the Behavioral Health Transition tab on the left)

http://www.health.ny.gov/health_care/medicaid/redesign/

Works in Progress

Adult Homes

- Briefings have been provided to NYC-based Health Homes and MLTC plans that will be participating in the first stage of transitioning Adult Home residents to the community.

ACT

- Guidance on the integration of ACT teams into Health Homes has been released; OMH and DOH will be conducting regional trainings for ACT teams and Health Homes across the State.

Works in Progress

Children in Health Homes

- Models for enrollment of Children in Health Homes. January 27, 2014 – "Health Home 101" for Children's Stakeholders.

Health Home Plus

- Development of Health Home Plus, an enhanced model for AOT and other high-intensity populations.

Hospital Referral

- Best Practice Guidelines for Hospitals to Develop CMS required referral process to Health Homes

Managed Long Term Care/Health Home Enrollment

- Clarifying Health Home policies and procedures on eligibility and MLTC/HH enrollment.