NEW YORK STATE | Department of Health | Medicaid Redesign Team

# Health Home Update

## Learning Collaborative

## August 11, 2015

# Agenda

- Background of DSRIP and MRT Reforms
- Performing Provider Systems (PPS)
- PPSs and Health Homes
- Behavioral Health Transition and HARPS
- Health Home Development Funds (HHDF)
- MAPP Update
- Billing Readiness
- Discussion

# Background of DSRIP and MRT Reforms

# 2014 MRT Waiver Amendment

- Medicaid Redesign Team (MRT) convened January 2011 to develop an action plan to reshape the Medicaid system to reduce avoidable costs and improve quality.
- In April 2014, Governor Andrew M. Cuomo announced that New York State and Centers for Medicare and Medicaid Services (CMS) finalized agreement on MRT Waiver Amendment.
- Part of the MRT plan was to obtain a 1115 Waiver which would reinvest MRT generated federal savings back into New York's health care delivery system.

# 2014 MRT Waiver Amendment

- In April 2014, New York State and CMS finalized Waiver Amendment
  - Allows the State to reinvest $8 billion of $17.1 billion in Federal savings generated by MRT reforms.
  - $6.4 billion is designated for **Delivery System Reform Incentive Payment Program** (DSRIP).
  - $190.6 million designated for Health Home Development Funds.
- The Waiver will:
  - Transform and integrate the State's health care delivery system.
  - Bend the Medicaid cost curve, while improving health outcomes.
  - Assure access to quality care for all Medicaid members.
  - Create a financially sustainable safety net infrastructure.

# DSRIP Explained

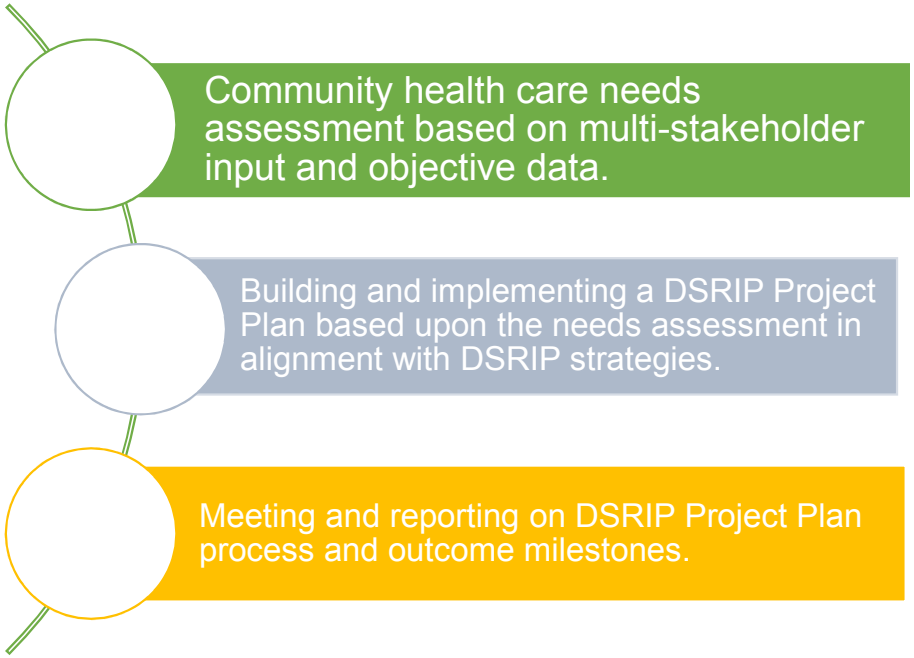
- Overarching goal is to reduce avoidable hospital use – ED and inpatient– by 25% over 5+ years of DSRIP.
- This will be done by **developing integrated delivery systems**, **removing silos, enhancing primary care and community-based services**, and **integrating behavioral health and primary care.**
- Built on goals of the Triple Aim to:
  - Improve quality of care
  - Improve health
  - Reduce costs

# Performing Provider Systems (PPS)

# Performing Provider Systems (PPS)

Partners should include:

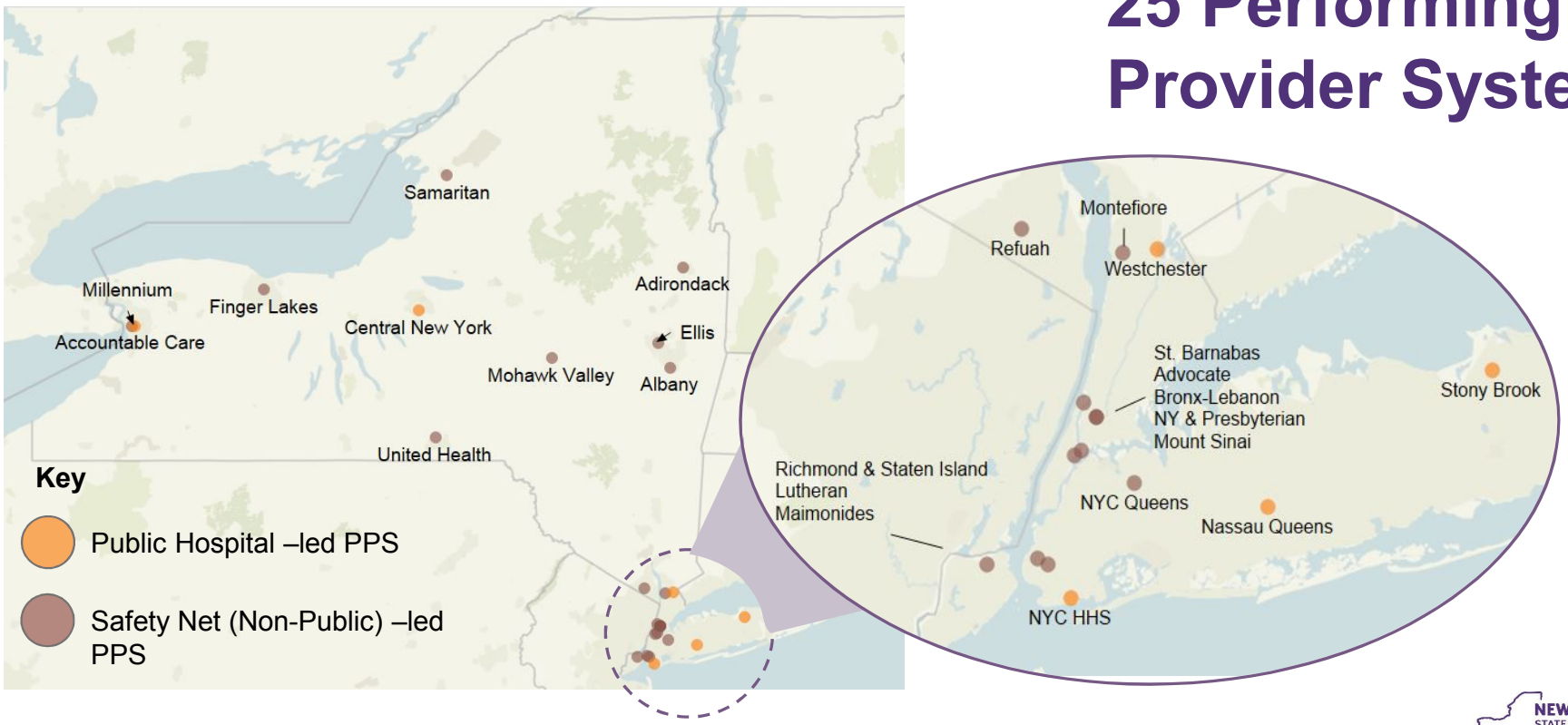
- Hospitals
- **Health Homes**
- Skilled Nursing Facilities
- Clinics & FQHCs
- Behavioral Health Providers
- Home Care Agencies
- Physicians/Practitioners
- Other Key Stakeholders




NEW YORK STATE OF OPPORTUNITY. Department of Health

# Performing Provider Systems (PPS)

## 25 Performing Provider Systems

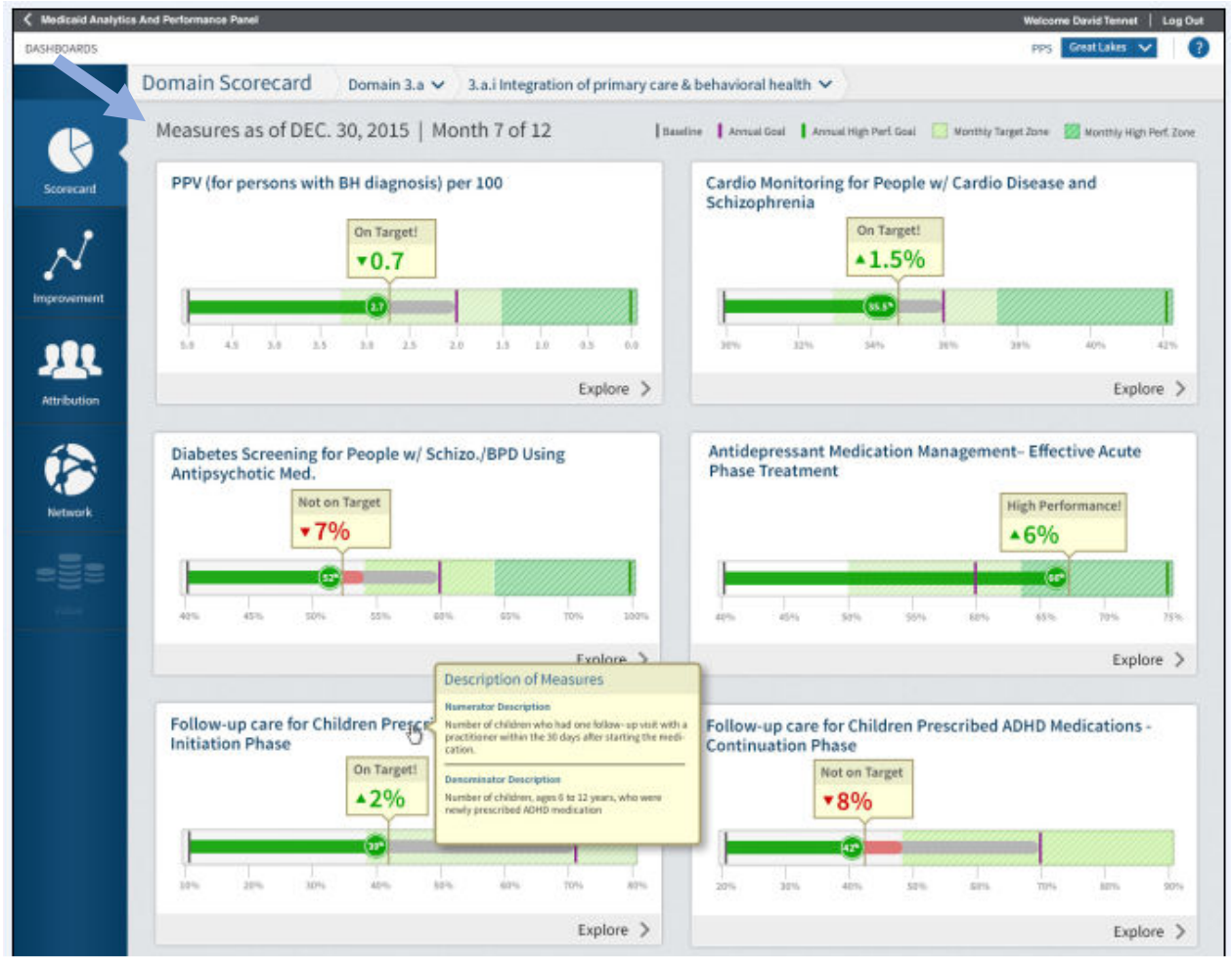



NEW YORK STATE OF OPPORTUNITY. Department of Health

# Project Progress

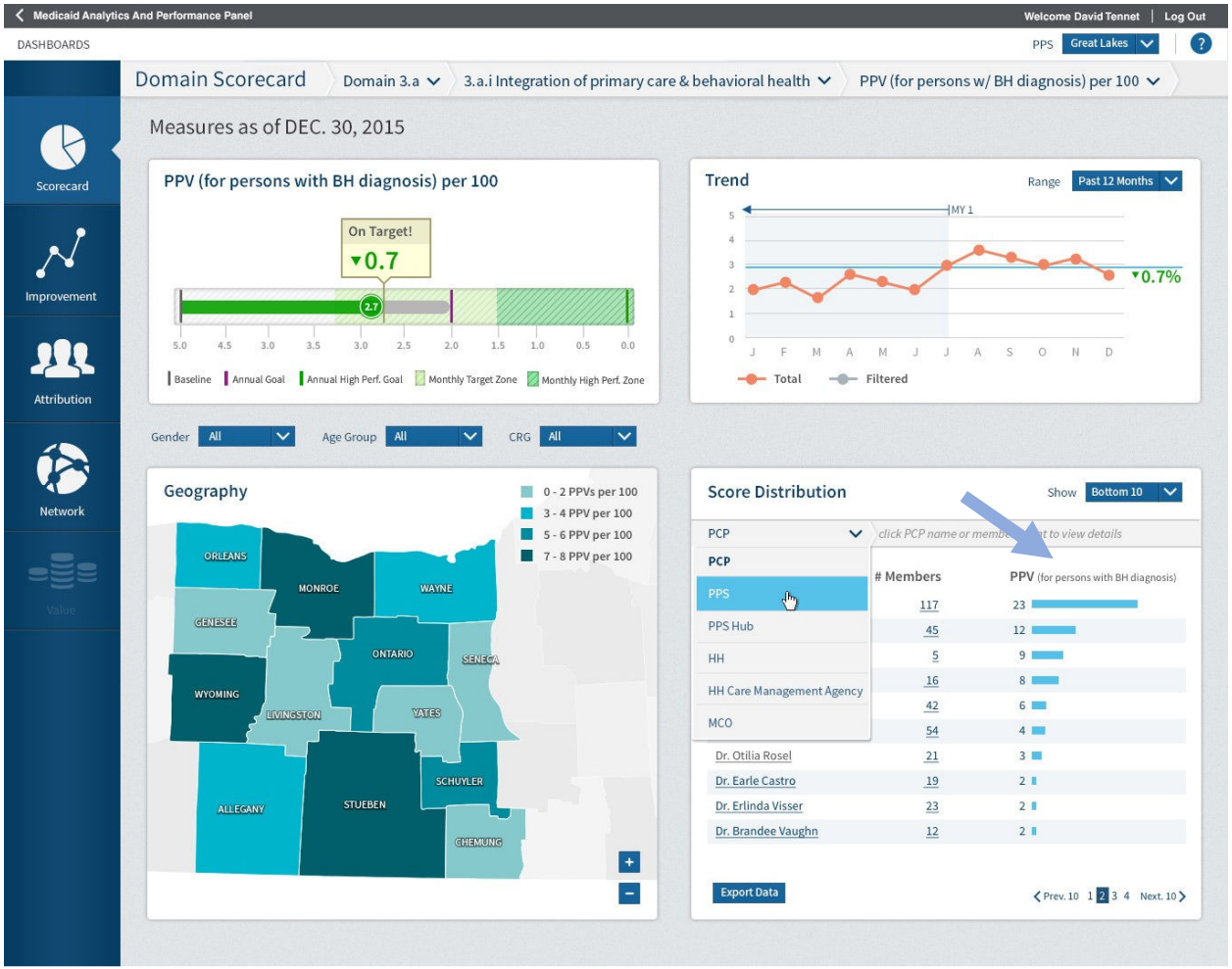

NEW YORK STATE OF OPPORTUNITY. Department of Health

# Project Measures



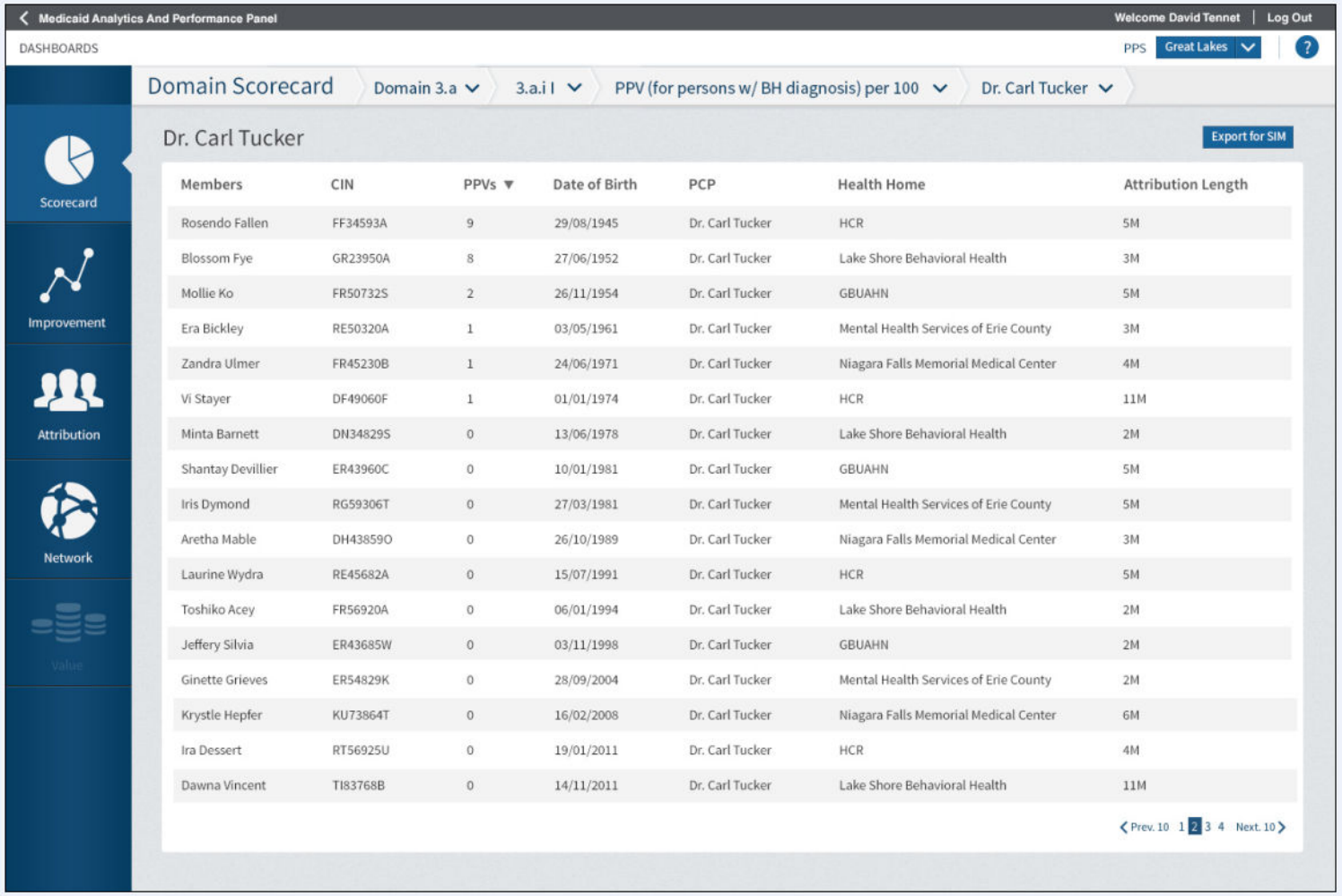

NEW YORK STATE OF OPPORTUNITY. Department of Health

# Project Measures: PPV (for persons w/BH diagnosis)




NEW YORK STATE OF OPPORTUNITY. Department of Health

# State Solution Performance Dashboards → to Member detail




NEW YORK STATE OF OPPORTUNITY. Department of Health

# Performing Provider Systems and Health Homes

# Health Homes and Medicaid Reform

Health Homes continue to have prominent role in New York's Medicaid Redesign Team (MRT) Transformation through DSRIP:

- Health Homes will provide care management to facilitate the shift of behavioral health benefits for adults and children to managed care.
- Health Homes are being tailored towards children.
- Additional MRT waiver resources are designated for the PPSs to strengthen Health Home partnerships (Erie County Medical Center and Health and Hospitals Corporation).

# Health Homes' Value to DSRIP

**How Health Homes add value to PPSs in DSRIP:**

- The ultimate goal of DSRIP is to reduce avoidable hospitalizations and ER visits.
- DSRIP projects are the means through which PPSs reach that goal.
- Since it is particularly difficult to ensure engagement between complex patients and multiple healthcare providers, Health Homes can have a significant impact on maintaining continuity of care for this population.
- For projects that touch on a variety of heath conditions, Health Homes are ideally suited for helping keep this population healthy and out of institutional settings.
- It is therefore in the PPS' best interest to drive patients to Health Homes to meet their DSRIP goals.

# Health Homes Serving Children

- Health Homes and provision of care management to children with multiple chronic conditions, SED, trauma are ideally positioned to provide value to DSRIP projects.
- While DSRIP does not include any explicitly pediatric or child-focused projects, its holistic and integrated approach to healthcare transformation will have a marked effect on children's health.

| Health Homes Designated to Serve Children | Affiliated Performing Provider Systems |
|---|---|
| Greater Rochester Health Home Network LLC | Finger Lakes |
| CNYHHN Inc. | Adirondack Health Institute, Mohawk Valley, Samaritan Medical Center |
| North Shore LIJ Health Home | Nassau Queens, Stony Brook |
| Coordinated Behavioral Care, Inc. Health Home | Mount Sinai, Nassau Queens, New York City Health and Hospitals, Staten Island |
| St. Mary's Healthcare | Alliance for Better Health Care |
| Niagara Falls Memorial Medical Center | Millennium Collaborative Care |
| Catholic Charities of Broome County | Southern Tier Rural |
| Hudson River HealthCare, Inc. (HRHCare) | Montefiore, Nassau Queens, Stony Brook |
| St. Luke's-Roosevelt Hospital Center dba Mount Sinai Health Home | Mount Sinai |
| Community Care Management Partners, LLC (CCMP) | Bronx-Lebanon, Mount Sinai, St. Barnabas |
| Adirondack Health Institute, Inc. | Adirondack Health Institute |
| Care Central (VNS of Northeastern NY an affiliate of Ellis Medicine) | Alliance for Better Health Care |
| Montefiore Medical Health Home | St. Barnabas Hospital, Montefiore, Westchester, Nassau Queens, Mount Sinai |
| Children's Health Homes of Upstate New York, LLC (CHHUNY)* | Millennium Collaborative Care, Finger Lakes, Central New York Care Collaborative |
| Collaborative for Children and Families* | New York City Health and Hospitals, Refuah |
| Kaleida Health-Women and Children's Hospital of Buffalo* | Sisters of Charity Hospital |

**These Health Homes are currently under development, and are designated to serve children once they become operational*

NEW YORK STATE OF OPPORTUNITY. Department of Health

# Children and Medicaid Hospital Use

- Children enrolled in Medicaid diagnosed with DSM-V mental health conditions are markedly more likely to have inpatient and ER claims than the general Medicaid population of children

| Inpatient and ER Claims & Spend Per Beneficiary | | | |
|---|---|---|---|
| | **DSM-V Population** | **General Population** | **Difference** |
| **Inpatient Claims** | 0.28 | 0.10 | 188.21% |
| **ER Claims** | 1.43 | 0.90 | 57.70% |
| | | | |
| **Inpatient Paid Amount** | $1,761 | $ 541 | 225.14% |
| **ER Paid Amount** | $158 | $ 94 | 66.61% |

- There is ***significant room for decreasing unnecessary ER visits and hospitalizations*** by building a coordinated network between PPSs and children's mental health providers through DSRIP

# Behavioral Health and HARP Update

# Behavioral Health-Overview

- The New York State Department of Health (DOH), in collaboration with the New York State Office of Mental Health (OMH), and the New York State Office of Alcohol and Substance Abuse Services (OASAS), are transitioning the full Medicaid behavioral health system to managed care.
  - ✓The goal is to create a fully integrated behavioral health (mental health and substance use) and physical health service system that provides comprehensive, accessible, and recovery oriented services.
- New York State is regionally phasing in the behavioral health benefit into managed care beginning for adults 21 (NYC first, followed by the rest of the State).
- The integration of children's behavioral health services into managed care will be take place in 2017.

# Behavioral Health and HARPS

- In addition to the mainstream MCOs that will manage the current Medicaid behavioral health services, some MCOs have chosen to be qualified as a Health and Recovery Plan (HARP). HARPs are special needs managed care plans that will have specialized staff with behavioral health expertise.
- They will offer qualified Medicaid recipients all of the services they can get in a mainstream MCO plus access to an enhanced benefit package that includes Behavioral Health Home and Community Based Services (BH HCBS) if they are eligible and individualized care management through Health Homes.
- NYS received CMS approval this month.

# Behavioral Health Timeline

The current timeline for the adult behavioral health transition is as follows:

- October 1, 2015 – NYC Mainstream Plans and HARPs implement non-HCBS behavioral health services for enrolled members.
- October 2015 – January 2016 – NYC HARP enrollment phases in.
- January 1, 2016 – BH HCBS are made available to qualified HARP members.
- July 1, 2016 – Rest of State Mainstream Plan Behavioral Health Management and Phased HARP Enrollment Begins.

HARP enrollment letters for NYC eligible members (67,000) being sent out in three groups of 20,000+-first group sent out this month, next group in Sept/Oct, final group Nov/December.

# Strategic Task Force for HARP Members

- Strategic Task Force formed to quickly ramp up Health Home enrollment for HARP-eligible members in NYC.
- Includes leadership from OMH, OASAS, AIDS Institute and OHIP.
- 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.
- Convened in NYC on April 23, 2015-Bimonthly WebEx meetings since then.

# Health Home Development Funds (HHDF)

# HHDF Appropriate Uses

The four purposes for which the HHDF can be used:

- Member Engagement and Health Home Promotion
- Workforce Training and Retraining
- Clinical Connectivity and Health Information Technology (HIT) Implementation
- Joint Governance Technical Assistance

# Opportunities to Leverage HHDF

- Improve outreach and enrollment efforts, including for members that will be enrolled in Health and Recovery Plans (HARPs);
- Align and complement PPS activities related to DSRIP projects and overall goal of reducing avoidable hospital use;
- Launch the development and enrollment of children in Health Homes;
- Continue to leverage the use of Health Information Technology to improve care management performance and payment processes to downstream providers.

# HHDF Timeline

- HHDF payments began in March 2015 and will continue quarterly through December 2016.
- Thirty Health Homes submitted preliminary assessments on the proposed uses for funds on May 15, 2015.
- Assessments were reviewed and response letters were sent out on July 29, 2015.
- Required reports on how the HHDF is being spent will be due from Health Homes on a semi-annual basis starting in September 2015.

# MAPP Update

# MAPP Implementation

- Based on requests from the Health Home Community, the State has delayed the August 17, 2015 MAPP Health Home Tracking System (HHTS) implementation date. A new go-live date will be set shortly.
- The decision to push back the implementation date is based upon concerns from the Health Home community on their ability to properly update and test their existing systems to make sure the systems will correctly interact with MAPP HHTS. Additionally, we will use the added time to fine tune the system prior to implementation.

# MAPP Implementation

By pushing back the MAPP HHTS implementation date, we will be able to:

- Update the current tracking system to correct current issues regarding managed care plans' ability to assign HARP members to a Health Home.
- Give providers more time to make necessary changes to their existing systems to make sure they can interact with MAPP HHTS.
- Extend the provider testing period for providers to submit test files to the system.

# Billing Readiness

# Health Home Billing Readiness Attestations

As of August 1, 2015 DOH has received 10 attestations from Health Homes which have procedures in place, and have tested their ability to bill MCO's for Health Home services and pass Health Home payments down to CMA's and downstream providers. Attestations are due to DOH by October 1, 2015

- Health Homes need to indicate in their attestations the timeframe in which they expect to be able to send payments to CMA's and downstream providers.
- If Health Homes will not be ready by the January 1, 2016 deadline for these requirements, they need to submit a letter of deficiency as soon as possible.
- If Health Homes need assistance, they may consider using a portion of the Health Home Development Funds to improve existing procedures and be ready for the January 1, 2016 deadline.

# Open Discussion