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Health Home Managed Care Work Group Meeting

September 28, 2015

Agenda

- Welcome
- Update from Health Home/MCO Coalition
- Health Home Standards Update
- Updated Health Home Complaints and Incidents Policy
- Status on Administrative Service Agreement Templates
- Health Home Development Funds Report
- Billing Readiness Attestation
- MAPP and HCS Updates
- Behavioral Health Updates
- Health Homes Designated to Serve Children
- Results of Survey



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Update From Health Home/MCO Coalition



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Health Homes Standards Document

Status of Health Home Standards Document

- No additional comments have been received since our last meeting.
- Minor changes have been made to the AOT section.
- Placeholders have been added for Standards and requirements are being developed for the Adult Home transition and for Health Homes serving children.
- A final version will be posted on the Health Homes website.



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Update on the Complaints and Incidents Policy

Monitoring Complaints and Incidents Policy Updates

The original Health Home policy, “Monitoring the Reporting of Complaints and Incidents” was developed through a joint effort between NYSDOH Health Homes staff, AIDS Institute, Office of Mental Health, Office of Alcoholism and Substance Abuse Services, Bureau of Managed Care Certification and Surveillance, and Division of Legal Affairs, and approved by each State agency’s upper management.

http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/hh_monitoring_complaint_and_incident_policy_09_30_14.pdf

The policy was implemented in September 2014.

Monitoring Complaints and Incidents Policy Updates

Based on NYSDOH's monitoring of incident investigations, feedback from Health Homes and Care Management Agencies, and the Health Home Coalition, NYSDOH Health Home team in collaboration once again with State partners have updated this policy to provide clearer guidance on the management of complaints and incidents.

Monitoring Complaints and Incidents Policy Updates

The major changes to policy are:

1. Clarify the definition of what is a Complaint and what is an Incident.
2. Expanded complaint and incident categories from two levels to three:
 - Level 1: Complaints which will continue to be managed by the CMA,
 - Level 2: Incidents that are managed jointly by the Health Home and CMA and no longer need to be reported to NYSDOH, and
 - Level 3: Incidents that are managed jointly by the Health Home and the CMA and must be reported to NYSDOH.

Monitoring Complaints and Incidents Policy Updates

3. Define the responsibility of Health Homes to manage incident investigations, monitor trends, and work in conjunction with care managements agencies and State agencies;
4. Clarify reporting guidance involving allegations against licensed entities;
5. Change in timelines for reporting Level 3 Incidents to allow more time for Health Homes and Care Management Agencies to obtain details about the allegation before notifying NYSDOH;

Monitoring Complaints and Incidents Policy Updates

6. Addition of a new section on Personal Health Information (PHI) Breaches;
7. Provides clearer guidance for Tracking of Complaints and Incidents by Health Homes and Care Management Agencies;
8. Provides clearer guidance on record keeping requirements for Health Homes and CMAs.

Monitoring Complaints and Incidents

Next Steps

- FINAL DRAFT version of the updated policy has been sent out to all Health Homes for comment by October 6, 2015.
- Implementation of this updated policy anticipated in October 2015
- A webinar will be held to review the changes to the policy.



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Administrative Service Agreements

Status of Administrative Service Agreement Template

- Additional comments have been received from Health Homes, MCOs, and Plan Associations.
- Changes include:
 - ✓ Incorporation of language to allow MCOs to share data with Care Management Agencies;
 - ✓ Edits and corrections in wording for clarity;
 - ✓ See distributed revision.
- Guidance is being developed for submitting revised contracts to NYSDOH.



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Health Home Development Funds

Health Home Development Funds

- The first semi-annual report was due on September 15, 2015.
- Currently DOH has received 25 reports.
- DOH and KPMG will review the reports to verify all uses are within the four authorized spending categories.
- Reports will also be reviewed to verify only 30% of funds received to date have been used to offset expenditures prior to August 1, 2015.

Health Home Development Funds

- At the Health Home Learning Collaborative, Health Homes requested that a list of proposed projects be shared. DOH and KPMG have put together a list summarizing the proposed projects for each Health Home.
- KPMG will be reaching out to all Health Homes for input on whether NYSDOH should publish a list of how each is planning to use funds.
- DOH would like to offer a monthly call to Health Homes for questions and discussion regarding the uses of HHDF.
- The next round of HHDF payments will be made at the end of September.



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Health Home Billing Readiness Attestation

Health Home Billing Readiness Attestations

Attestations are due to DOH by October 1, 2015.

- As of September 17, 2015 NYSDOH has received 11 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.
- MAPP go live date has been announced for October 15, 2015. Health Homes need to start preparing to test file compatibility with MAPP. Final specs were sent to all Health Homes on September 15, 2015.
- State staff have been following up directly with Health Homes that have not submitted attestations to better understand the organization's plans for billing readiness.

Health Home Billing Readiness Attestations

- Some of the feedback from Health Homes:
 - Many Health Homes are using development funds to implement new billing software. They are waiting to submit the attestation until they are sure the new software can meet their billing needs.
 - Health Homes are preparing to test their systems with the MAPP file specs which were released to Health Homes on September 15, 2015. There is concern with testing and the compatibility between MAPP and Health Homes billing software.
 - Health Homes are spending development funds on hiring IT and billing specialists/managers to help coordinate and streamline the new billing process for Health Homes.
 - Many Health Homes that have not submitted their attestations to DOH have plans in place and are confident they will be ready by the January 1, 2016 date but would like to be certain before attesting their readiness to DOH.



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MAPP and HCS Updates

MAPP Development and HCS Access

- The MAPP HHTS will go-live on **Thursday October 15, 2015**. In preparation for this October 15 go-live date, the current Health Home Tracking System will stop accepting file uploads as of **5:00 p.m. on October 5, 2015**.
- From 5 p.m. October 5 to 9 a.m. on October 15, users will not be able to submit to DOH member tracking, assignment, or billing roster information. As of October 15, 2015 the pre-MAPP HHTS will no longer be accessible **TO ANY USERS IN ANY CAPACITY**.
- In preparation for this system “blackout” period, MCOs, Health Homes and CMAs should work together to ensure that all information in the system as of 4:59 p.m. on October 5 is up to date and correct.

MAPP Development and HCS Access

- If you NEED to exchange billing roster information during the blackout period to avoid cash flow issues, then that billing information **MUST** be exchanged outside of the system in a secure HIPAA compliant manner **DURING THE BLACKOUT PERIOD ONLY**. Once the MAPP HHTS goes live on October 15, all billing information **MUST** be exchanged **FOR ALL MEMBERS** using the **MAPP HHTS Billing Support** function.
- During the blackout period, it is important that you use caution when working with new members. To avoid working with a member that is already associated with another Health Home during the “blackout” period, you should reach out to other Health Homes in your region to come up with a “blackout” plan to facilitate Health Home communication to ensure that two Health Homes do not start working with the same member during the blackout period.

MAPP Development and HCS Access

- For providers that would like to submit test files prior to go-live, a MAPP HHTS test environment will be available to all MCP and Health Home worker use roles as of September 28, 2015.
 - Information regarding accessing and using this test environment will be sent out directly to the MCP and Health Home workers soon.
 - To prepare for file testing, **OR TO BETTER UNDERSTAND THE MAPP HHTS**, please read through the MAPP HHTS Specifications Document that is posted to the MAPP section of the Health Home website (link below):

http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/mapp_hhts_billing_support_specs.pdf

MAPP Development and HCS Access

If you have any questions about the individuals from your organization that are registered as MAPP users, please contact your organization's single point (SPOC) of contact. If your organization's SPOC has any questions about your organization's MAPP HHTS users, have your SPOC contact us by submit an email to the Health Home email web form using the link below under the "Medicaid Analytics Performance Portal" subject heading.

Link to SPOC list:

http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/mapp_spoc.xlsx

Health Home email webform link:

https://apps.health.ny.gov/pubdoh/health_care/medicaid/program/medicaid_health_homes/emailHealthHome.action

MAPP Clinical and Functional Indicators

- When MAPP goes live on October 15 users must access and populate the clinical and functional indicators in MAPP for dates of service beginning October 1.
- Answers to these indicators will determine high medium and low (HML) rate structure starting in January 2016.
- A summary of the indicators is available at:
http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/hh_hml_rate.pdf
- Full file specifications are available at:
http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/mapp_hhts_billing_support_specs.pdf

MAPP Clinical and Functional Indicators

- Health Homes and CMAs have asked for guidance on the documentation they should obtain/maintain in order to support responses to the clinical and functional indicators in MAPP.
- The clinical and functional indicators were developed by a sub-group of the Health Home MCO Workgroup.
- The notes and emails from that group were reviewed and suggestions for documentation were compiled and are included as an attachment for this meeting.
- Need input from the Health Home community on these-**THESE ARE SUGGESTIONS** only.
- Possible project for Health Home MCO Coalition, or the original subgroup can be reconvened? Need input from the group on next steps.



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Behavioral Health Updates

HARP/BH Implementation Timeframe: Review

- HARP implementation and integration of specialty behavioral health services into mainstream plans begins in October 2015 for NYC
- >65,000 HARP eligible individuals will potentially be enrolled in HARPs between October 2015 – January 2016
 - If a person is in an MCO with a HARP line of business, they will be passively enrolled into their Plan's HARP product
 - If a person is in an MCO without a HARP line of business, they will be given the option to enroll in a HARP
- Behavioral Health Home and Community Based Services (HCBS) Eligibility Evaluations (using the interRAI NYS Community Mental Health module) should begin ASAP upon HARP enrollment
- HCBS will be available as of January 2016.

HARP-Eligible Members

The following are major reasons why a CY 2014 HARP member may not be pushed to the plan assignment file:

- (1) they are currently in a non-mainstream plan (i.e. MLTC);
- (2) they enrolled with a plan through the exchange and the current HHTS does not recognize that member's plan in the current Health Home Tracking System; and,
- (3) the member's current coverage code or R/E code is not compatible with the Health Home program.

HARP-Eligible Members

Please note, if a member moves from FFS to a mainstream plan or the member switches plans and does not have an active outreach or enrollment segment, the member will appear on the new plan's assignment file as of the date the HHTS "sees" the change in coverage.

To the plan it will seem like these are "new" members because the member's coverage changed and they are newly appearing on the new plan's assignment file.

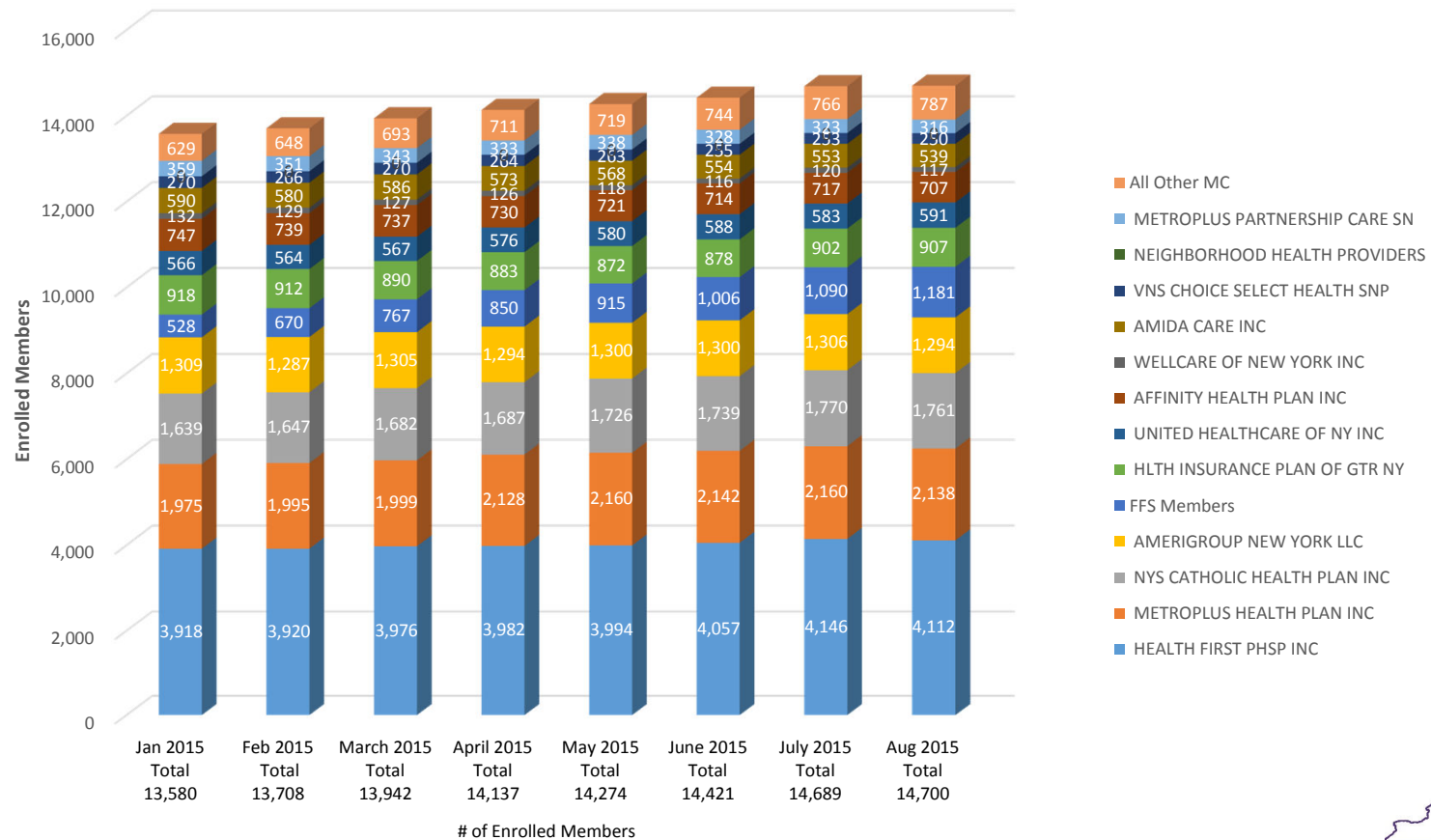
Strategic Task Force Progress to Date

- Progress: Continued increase in outreach/enrollment
- As of September 22, 2015, over 14,700 (21.9%) Enrolled and 8,356 (12.5%) in Outreach, of the 67,000 NYC HARP-eligible members.
 - This is an increase of 219 members Enrolled, and an increase of 1,105 in Outreach for August, compared to data from 2 weeks prior.
 - **23,056** (34.4%) in outreach and enrollment combined through August.
- From 2012 through August 2015: 49,758 (74.3%) have been in Outreach and Enrollment combined.
 - 21,238 have been Enrolled from 2012 through August 2015
 - 37,054 have been in Outreach 2012 – 2015 (numbers are not additive)

NYC HARP-eligible Member Enrollment in HHs Jan 2015 to Aug 2015 (for Larger Health Homes)



NYC HARP-eligible Member Enrollment Jan 2015 to Aug 2015 (for Larger Plans)



State Updates

- The assignment logic changed on July 31, allowing more streamlined assignment of members from the MCO into the HH.

Note: If Medicaid members enroll through the Exchange, they still are not captured.
- Outreach time and effort for low-risk members may be shortened to prioritize HARP-eligible members, if this is impacting capacity.
- Guidance and an FAQ sheet have been developed for MCOs, Health Homes, CMAs and providers around data sharing. The draft is under review by State counsel-draft included as an attachment for this meeting, for review and discussion.

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Data-Sharing

- **Guidance to Managed Care Organizations, Health Homes, Care Management Agencies, and Providers:**
 - Sharing Protected Health Information for Outreach to support Enrollment of Individuals in Health Homes
 - Sharing Protected Health Information after Enrollment/Consent have been completed
- **Guidance for Sharing Protected Health Information for Outreach by Health Homes**
 - Frequently Asked Questions

Data-Sharing FAQ Document

- **What information may be shared between MCOs and lead Health Home Agencies?**
 - MCOs have established Business Associate Agreements and/or other formal assurances to allow this exchange of PHI.
- **What information may be shared between lead Health Home Agencies and downstream Care Management Agencies?**
 - The CMA can only receive the same information as the Health Home receives from the MCO, excluding include any information protected under 42 CFR Part 2.

Data-Sharing FAQ Document

- **What information may be shared between CMAs and providers?**
 - CMAs may request that the provider explain the Health Home service to the potential enrollee and either ask the enrollee to contact the CMA staff or help arrange a meeting between the individual and the CMA staff.
 - An OASAS-certified provider would not be able to be contacted, nor reach out to the patient about the Health Home service unless that patient gave consent for the CMA to contact the SUD provider in the first place
- **What information may be shared between MCOs and CMAs?**
 - This sharing of PHI would require a written scope of work describing the nature of information to be shared and an established Business Associate Agreement and/or other formal assurance to allow exchange of PHI.
 - The ASA template will include language to allow MCOS and CMAs to enter into agreements to share information for outreach.

Behavioral Health HCBS Assessments

- Health Home Care Managers who will be conducting BH HCBS assessments should be completing training for the NYS Community Mental Health Assessment
 - Training was made available on May 15, 2015
 - Assessors will need HCS access to complete assessments and training
 - More information on how to access training can be found at http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/harp_hiv_snp.htm
- Health Homes, Care Management Agencies, MCOs, and ACT teams in the role of Health Home Care Managers need to designate a Single Point of Contact for care management activities related to the behavioral health implementation and the NYS Community Mental Health Assessment
 - Letter dated July 27, 2015 has information on where to submit Single Point of Contact
 - This letter can be found at: http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/bhmc_nyc_imp.pdf

Behavioral Health HCBS Plan of Care

- HCBS Plan of Care (POC) needs to be submitted to MCO for review and approval in order to access HCBS services. The POC must meet federal requirements.
- The State developed and shared a list of standard elements for a HCBS POC.
- The State has received the HCBS POC template that the Health Home/MCO Coalition has revised.
- The State has made some revisions to the Coalition's template. The latest version is included as an attachment for this meeting. Any additional comments or edits that the Coalition needs to make should be made to the latest version that the State has attached.

Sharing Plans of Care

- Health Homes/MCO Coalition is working on a fully integrated POC of which HCBS POC will be a part.
- The State is looking into whether MAPP for Health Homes can be used to upload and share Plans of Care. May not be available immediately and an interim solution may have to be developed.
- The coalition is working on the best mechanisms for sharing the POCs prior to full MAPP functionality. They have developed a working POC stopgap proposal.



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Health Homes Designated to Serve Children

Deliverables for Health Homes Contingently Designated to Serve Children

Due Dates for Demonstrating Contingencies Satisfied:

- June 30: Designees must sign and return Contingency Letters
- July 17: New NPI Notification, Health Home primary contact, Health Home Single Point of Contact (SPOC)
- August 17: CMA SPOC, Finalized Network Partner List, Contingency Response, Data Exchange Application Agreement with DOH, NPI and Name Change Notification
- September 1: Business Associate Agreements
- September 15: HIT Standards complete for existing HHs
- October 1: Billing readiness attestation
- December 15, 2016: HIT Standards complete for new HHs

Health Homes Serving Children – Training



Services News Government Local

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Information for a Healthy New York

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Medicaid Health Homes
Medicaid Health Homes Page
Medicaid Home
Assessment and Quality Metrics - HH-CMART
Contact information and Network Partner Lists for Designated Health Homes
Email NYS Health Homes Program
Forms & Templates
Health Homes and Children
Health Homes and the Criminal Justice Population
Health Home Funding Opportunities
Health Home Medicaid Updates, Policy and Provider Manual
Health Home Work Groups, Learning Collaborative and Webinars
Health Information Technology (HIT)
Housing and Health Homes
Managed Care
Medicaid Analytics Performance Portal (MAPP)
Administrative Requirements for Health Homes
Member Assignment, Tracking System, Billing and Rates
New York State Health Home Requirements
NYS Implementation of Health Homes

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Children's Health Home Training Webinars and Presentations

- August 24th Webinar: OMH TCM Serving Children Transition to Health Homes-Legacy Rates (PDF, 1MB)
- August 13, 2015 Overview for Care at Home I & II Providers (PDF, 1MB)
- July 9, 2015 MAPP Children's Health Home Webinar (PDF, 1MB)
- July 9, 2015 MAPP Children's Health Home Webinar (Recording)
- June 24, 2015 Health Homes Designated to Serve Children - Next Steps (PDF, 1MB)
- June 24, 2015 Health Homes Designated to Serve Children - Next Steps (WMV, 63MB)
- June 8, 2015 Transitioning Office of Mental Health Targeted Case Management Program Serving Children to Health Homes (PDF, 2MB)
- June 8, 2015 Transitioning Office of Mental Health Targeted Case Management Program Serving Children to Health Homes (Webinar Recording)
- May 27, 2015 Data Exchange and Health Homes Serving Children: Data Exchange Application & Agreements for Health Homes Serving Children (PDF, 292KB)
- May 27, 2015 Data Exchange and Health Homes Serving Children: Data Exchange Application & Agreements for Health Homes Serving Children (WMV, 63MB)
 - NYS Department of Health Data Exchange Application & Agreement Document (DOCX, 638KB)
- May 18, 2015 Health Home Serving Children: Consent Policy and Procedures (PDF, 128KB)
- May 18, 2015 Health Home Serving Children: Consent Policy and Procedures (WMV, 90MB)
- May 11, 2015 Referral and Health Home Assignment Process for Children- Example "Use Cases" (PDF, 1MB)
- May 11, 2015 Referral and Health Home Assignment Process for Children- Example "Use Cases" (WMV, 89MB)
- April 29, 2015 Tailoring Health Home Model to Serve Children: Design and Implementation Updates (PDF, 1MB)
- April 29, 2015 Tailoring Health Home Model to Serve Children: Design and Implementation Updates (WMV, 126MB)
- April 6, 2015 Conference of Local Mental Hygiene Directors – Overview of Design of Health Home Model for Children (PDF, 1MB)
- March 4, 2015 Health Home Implementation Webinar, Session #51 - Health Information Technology: Requirements for Health Homes (PDF, 1MB)
- March 4, 2015 Health Home Implementation Webinar, Session #51 - Health Information Technology: Requirements for Health Homes (WMV, 51MB)
- February 27, 2015 Commissioner's Advisory Panel - Tailoring Health Homes to Serve Children (PDF, 1MB)
- November 5, 2014 - Overview of Final Health Home Application to Serve Children and Other Design Updates (PDF 985KB)

http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/hhsc_webinars.htm



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Health Homes Designated to Serve Children

Readiness activities, webinars, and trainings continue through December 31, 2015. Children will begin to be enrolled in Health Homes on January 1, 2016.

Upcoming Training

Health Home Serving Children Webinar: Readiness for Enrolling Children, September 30, 2015

<https://attendee.gotowebinar.com/register/5443907838105218306>

List of Health Homes Serving Children

https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/hh_children_designations.pdf



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Results of Health Home/MCO Workgroup Survey

HH/MCO Workgroup Surveys

- Short survey to elicit feedback on priority of agenda topics, time allowed for presentations and discussion, and ideas for additional topics or speakers.
- Thirteen responses were received. Of those who identified themselves,
 - 4 Health Homes
 - 3 MCO's
 - 2 CMA's
 - 1 State agency staff
- Top five topics, in order of identified importance:
 - HH/MCO/CMA Standards
 - MAPP and HCS Updates
 - Plan of Care Requirements
 - Behavioral Health
 - HARP Outreach/Enrollment *and* HH Redesignation (tied)

HH/MCO Workgroup Surveys

- Most indicated the meeting was long enough and left enough time for discussion; one suggested increasing the frequency of meetings.
- Other topics/suggestions included:
 - ✓ Opportunity to submit questions prior to the meeting
 - ✓ Patient acuity as it relates to assignments, expectation for enrollment, & focus on high acuity patients
 - ✓ End of AIDS Epidemic and the ETE's impact of service to HH members
 - ✓ Have former TCM Care Coordination Agency present
 - ✓ Presentation by MAPP implementation team to brainstorm ideas for efficiency/address redundancy, as well as discussion and answer re operationalization of MAPP within Health Homes
 - ✓ Discussion on building capacity
 - ✓ HCBS assessments and HH doing them for MCO's for members who do not want to join a Health Home
 - ✓ UAS assessments

DISCUSSION