Health Home – Managed Care Work Group Meeting

Health Homes Implementation Update

July 19, 2013

13 Percent of High Risk Members are Enrolled in Designated Health Homes (HH)

Statewide Health Home Enrollment Statistics (Based on Jan 2012 to June 2013 Claims)		
48 HHs in 57 Counties Designated under 3 Phases effective 1/1/12, 4/1/12, 7/1/12		48
Converting Members	# of HH Recipients Engaged in ***Outreach***	2,365
New Members	# of HH Recipients Engaged in ***Outreach***	22,370
Converting Members	# of HH Recipients Engaged in ***Active Care Management***	29,441
New Members	# of HH Recipients Engaged in ***Active Care Management***	14,522
	Total # HH Recipients (Distinct count)	**58,421**
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	**13.1%**

Total HH Billings Since Effective Date of Phase 1 Exceed $140 million

Total HH Billings from January 2012 – June 2013 as of July 16, 2013				
Claim Type	Amount Paid	Claim Count	Recipients	Amount Paid Per Claim
Converting Legacy Claims	$125,517,484	214,552	31,288	$585
New Health Home Claims	$17,615,352	86,655	33,560	$203
Total	$143,132,836	301,207	58,421	$475

Health Homes: Member Assignments and Increasing Volume

- Challenge: Increase Volume and Assignments
- In January 2013 about 60,000 HH eligible members in Phase 1 and 2 counties were prioritized for HH assignment by HH (FFS -25%) and Managed Care Plans (75%) and posted to Health Home Tracking System assignment files
- May 2013:
  - Assignments released to designated Phase 3 Health Homes
  - Criteria used to prioritize members for assignment adjusted bringing the total assigned members to approximately 446,000 (82% MC and balance FFS)
- Health Home and Managed Care Plan contracts are being executed on an ongoing basis - there are 99 approved contracts between Health Homes and Managed Care Plans.

MRT HH Initiatives ~ HH Implementation Grants

- $2 million of "Stage I" Health Home Implementation Grants have been awarded to 22 of 32 distinct Health Homes
  - As required by statute, SFY 13-14 spending from the $15 million available for Grants must be funded from savings identified under the Global Spending Cap
  - To the extent additional savings can be identified in the current year, Stage II Grants (not to exceed $15 million) may be allocated in SFY 13-14
  - The Budget also authorizes the distribution of Grants in 2014-15

- Goal was to distribute limited resources as widely and effectively as practicable
  - The formula used to distribute grants considered the lack of access to similar funding, HIT connectivity, geographic and demographic factors, and the prevalence of HH qualifying conditions
  - The Department consulted with the HH MCO Work Group and modified its approach to reflect comments received
  - The Department looks forward to working with this Group to explore alternative formulas for allocating future HH Grants

Elements of Formula to Allocate Stage I Grants

Lead Health Home Measure	Points	
	Yes	No
Does the Health Home have a defined relationship with a RHIO?	10	5
Did the Health Home receive resources or otherwise benefit from HEAL 17? (Based on Health Home Survey Responses)	0	10
Did the Health Home participant in a CMMI grant or program? (Based on Health Home Survey Responses)	0	10
Is the average cardiovascular death rate in the Health Home service area greater than the average of 250 per 100,000 residents? (Vital Statistics Data 2007 – 2009)	10	0
Is the average rate of poor mental health in the Health Home service area greater than the average of 8,500 per 100,000 residents? (BRFSS 2008-2009)	10	0
Was the average acuity of the Health Home members higher than 7.5? (Based on Average Acuity of Health Home members from the May 22, 2013 Assignment Files and Members Reported in the Health Home Tracking System as of June 7, 2013)	30	0

Elements of Formula to Allocate Stage I Grants

Total Population of Counties Served by Health Home (2010 Census)	Points
< 50,000	10
50,000 - 100,000	8
100,001 - 250,000	6
250,001 - 500,000	2
500,001+	0
Geographic region served, measured in square miles (Vital Statistics 2009)	Points
< 500 square miles	0
> 500 square miles	2
> 1,000 square miles	4
> 2,000 square miles	6
> 4,000 square miles	10
Rural Area Served (Based on 2010 Census of Urban and Rural Classification)	Points
< 50 Percent	0
> 50 Percent	10

- HH with total score of more than 50 points awarded $110,000
- HH with total score of 50 points awarded $55,000

HH Tracking System Portal ~ Short Term Solution

- Short term solution to providing data critical to launching and implementing the HH program
- Currently available to Health Homes and Managed Care Plans with HCS access

❑ **Recent Enhancements – May 28, 2013**

✓ To improve assignment tracking, DOH has added feed back loop between DOH and Managed Care Plans (MCPs)

- MCPs now have the ability to submit files directly to DOH (rather than the HH) to indicate the HH their Plan members have been assigned to
- As the MCP assignment files are submitted to the DOH Health Home Tracking System and processed, the respective Health Home Assignment files will then be refreshed to include managed care members that have been assigned to the Health Home.
- Health Homes can now download assignment files which would include both fee for service and managed care members and will no longer receive assignment files from multiple sources.

✓ MCPs should immediately begin to submit HH assignments to the portal

HH Tracking System Portal ~ Short Term Solution

- **Recent Enhancements – May 13, 2013**
  - ✓ Member search function updated to include Recent Care Management Section
    - Lists all the providers that have billed converting care management or HH rate codes in the past six months
  - ✓ Billing roster function – allows HH to submit monthly billing information to MCPs through the portal for MC members not receiving services from converting programs (which bill directly)

- Now Available:
  - Navigating the Health Home Tracking System Manual
  - Updated Health Home Tracking System Specifications Document

MRT Initiative ~
Develop a New Health Home Portal ~ Long Term Solution

Implement a Portal Facility delivering Automation and Optimization to Support interoperability across systems, users and business functions – allowing for the collection, use and sharing of information critical to the processing, monitoring, and coordinated care of the HH program

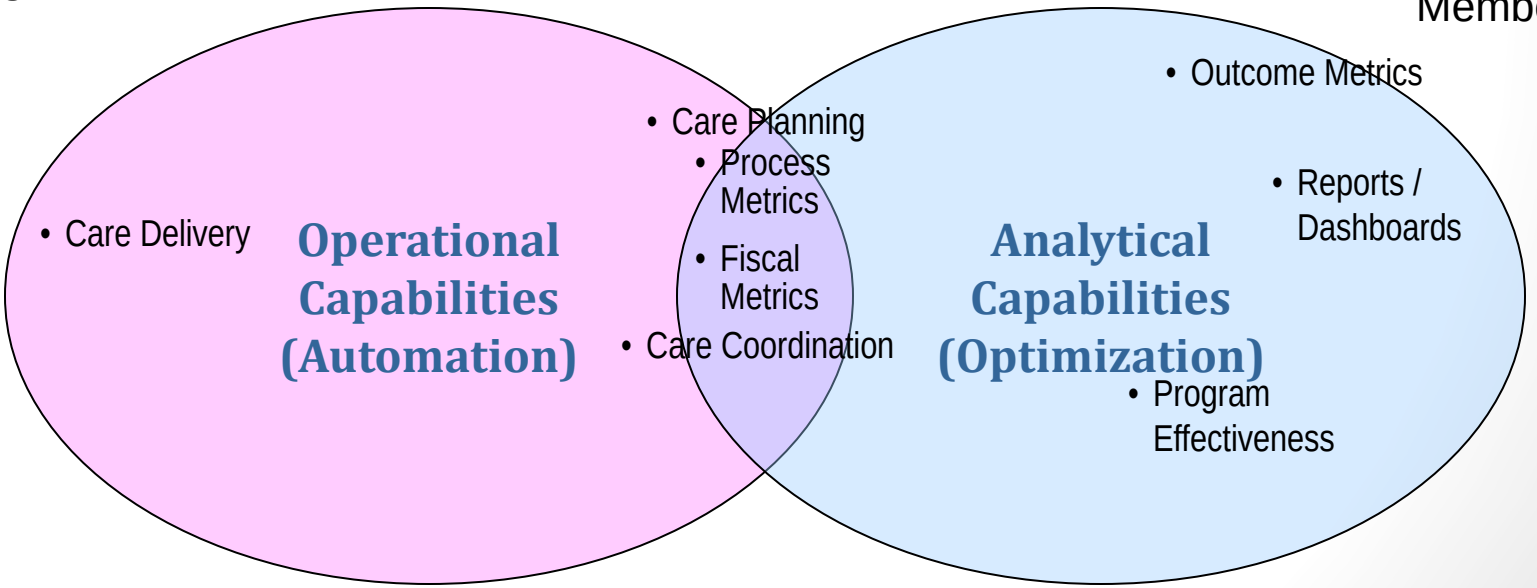
Members

Providers

DOH

MCO, Lead HH

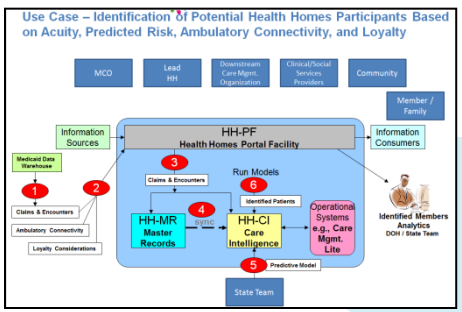
Members



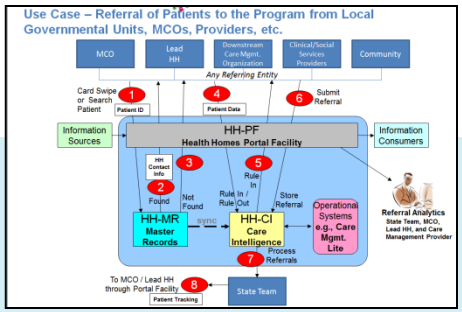
Department working to secure APD

NY Health Homes Use Cases

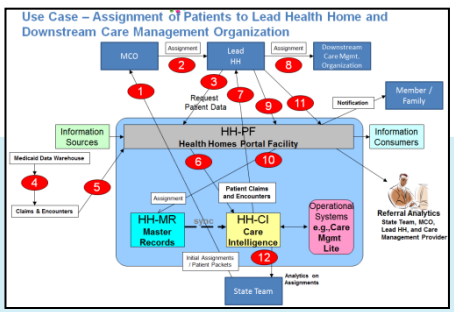
Identification …



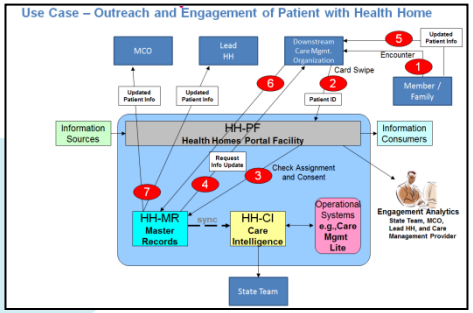
Referral …



Assignment …

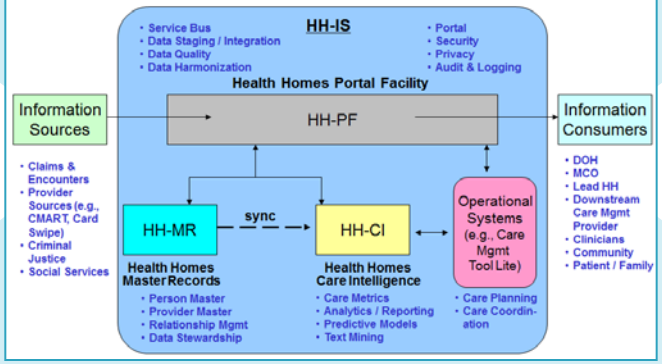


Outreach …



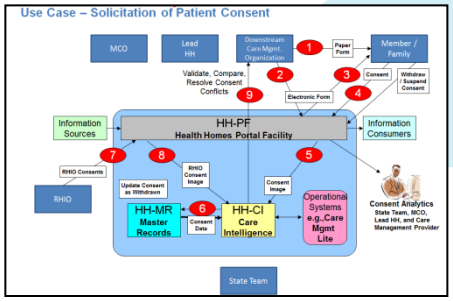
Health Homes Information System (HH-IS)

Conceptual Solution Architecture Capabilities

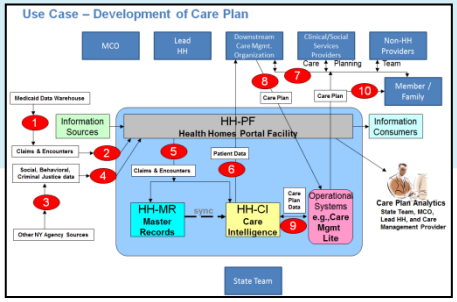


Conceptual Solution Architecture

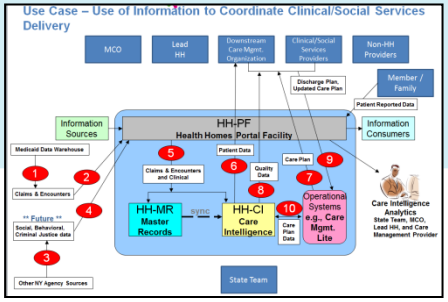
Consent …



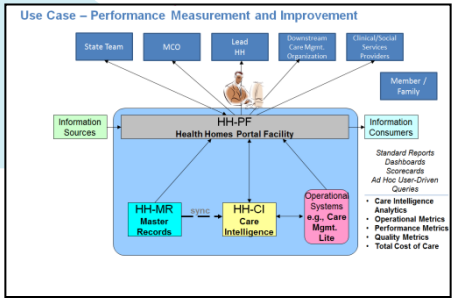
Care Planning …



Care Coordination …



Performance Mgmt …



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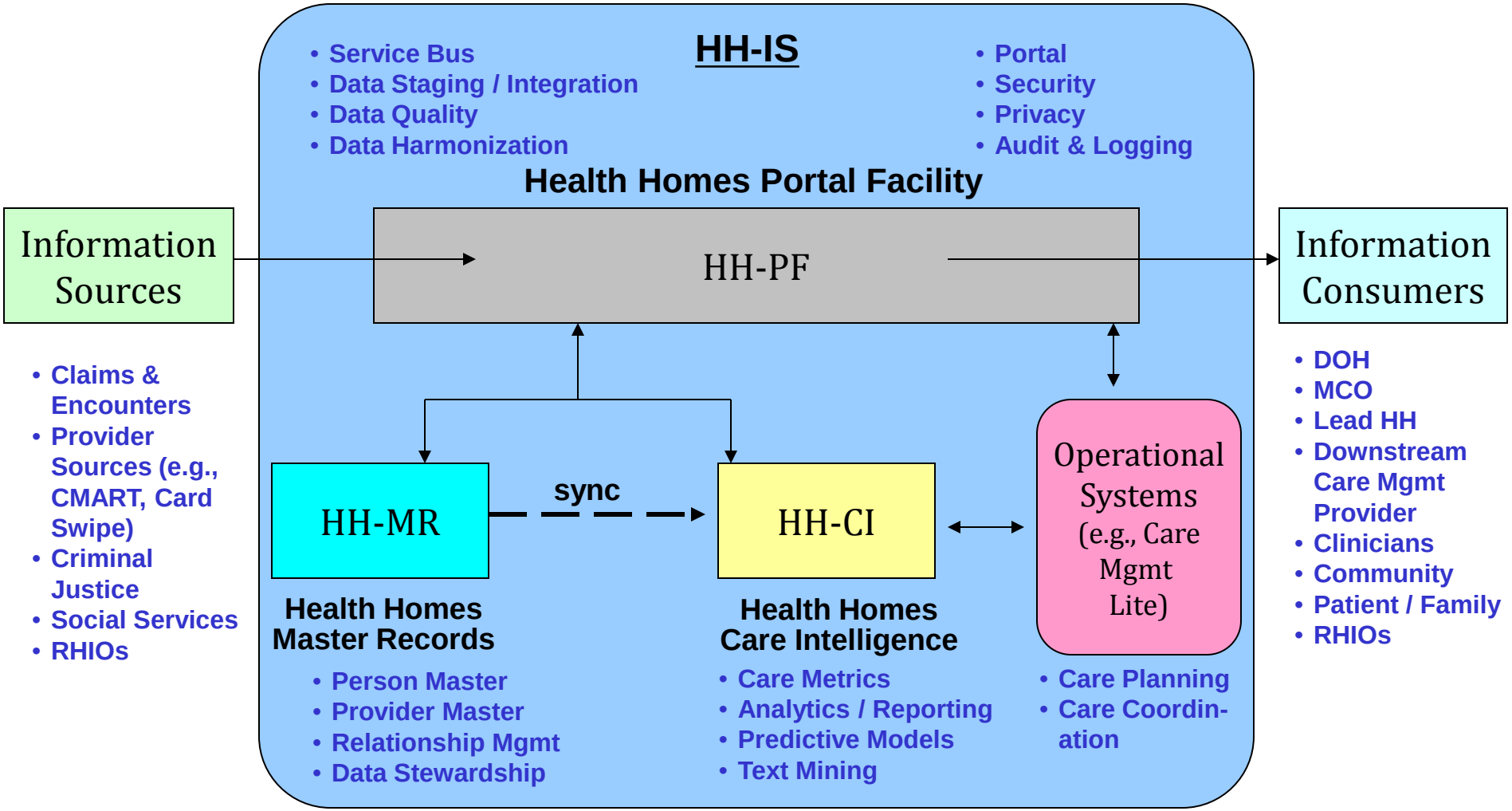
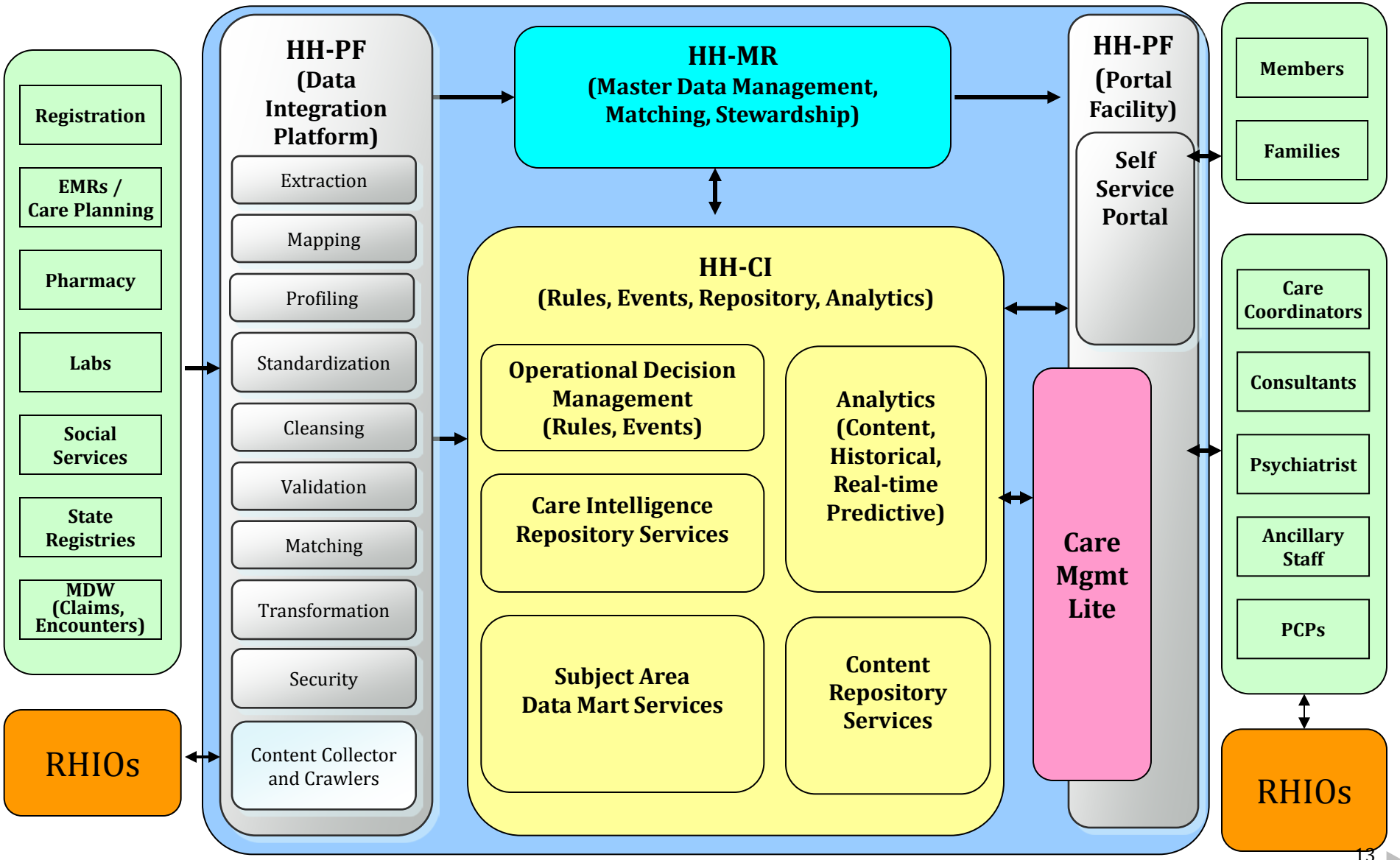
Conceptual Solution Architecture Capabilities



Health Homes Information System (HH-IS)

Conceptual Solution Architecture Capabilities Elaborated



Other MRT Health Home Initiatives

- Enrolling Children into Health Homes
  - Over next several months Department will be working with OMH, OASAS and Stakeholders to identify issues and proposed parameters and protocols for the enrollment of children into HHs
  - Issues and proposed protocols will be collaboratively developed and addressed with stakeholders
- Hospital Referrals to Health Homes
  - Work with Hospitals and stakeholders to refine guidance and procedures for meeting the CMS Referral Requirements
- Oversight Grievance/Complaints and Incident Reporting
  - Agency staff developing a proposed process for discussion with stakeholders
- Shared Savings SPA
  - Department has begun initial discussions with CMS
- Transition to Managed Care
  - State Agency Teams are working to make recommendations for the consideration of stakeholders to facilitate a smooth transition from Legacy to Health Home rates and to the enrollment of the HARP eligible patients and movement of the behavioral benefit into Managed Care.