



**Department
of Health**

Medicaid
Redesign Team

Health Home Development Fund (HHDF) Use and Reporting Requirements

November 1, 2017

Agenda

- History and Brief Overview of HHDFs
- Authorized Uses and Funding Categories:
 - Member Engagement and Health Home Promotion
 - Workforce Training and Retraining
 - Clinical Connectivity and Health Information Technology (HIT) Implementation
 - Joint Governance Technical Assistance
- Requirements and Procedures for HHDF use
- Examples of HHDF Projects
- Reporting Requirements
- Reviewing a Sample Report

History of Health Home Development Funds

- On March 10, 2015 the Centers for Medicare and Medicaid (CMS) approved the State Plan Amendment (SPA) to implement the \$190.6 million of Health Home Development Funds authorized in the MRT 1115 Waiver amendment
- Authorized by the Special Terms and Conditions (STCs) of the MRT 1115 State Waiver Amendment, the Health Home PMPM rate add-on was paid over three years:
 - ✓ August 1, 2014 to March 31, 2015: \$80 million
 - ✓ April 1, 2015 to December 31, 2015: \$66.7 million
 - ✓ January 1, 2016 to December 31, 2016: \$43.9 million

History of Health Home Development Funds- HHSC

- In April 2016, New York received approval from the Centers of Medicare and Medicaid Services (CMS) to expand and tailor its Health Home care management program to serve children
 - ✓ Sixteen Health Homes were designated to serve children – 13 of those Health Homes have been serving adults since 2012 or 2013; one of those Health Homes has been serving adults in one county and significantly expanded its service area for children only by 25 counties; and 3 are new Health Homes designated to serve children only
 - ✓ The 2016-17 Enacted Budget included \$7.2 million resources to provide start-up funds to four Health Home Serving Children that did not benefit from \$190.6 million of MRT Waiver Health Home Development Funds distributed prior to December 2016 or significantly expanded their service area to serve children
 - ✓ Each Health Home received a base distribution of \$500,000, with the balance distributed according to their share of projected enrollments across the four Health Homes

Overview of HHDF Payment Calculation

- The rate add-on applied only to paid claims for outreach and engagement which had a corresponding segment in the tracking system/MAPP
- The rate add-on was calculated by dividing the authorized payment amount by the total number of claims reconciled to the tracking system/MAPP for those periods
- Payments began in March 2015 and were made quarterly through December 2016

Purpose of Health Home Development Funds

Health Home Development Funds (HHDF) provide opportunities to improve and leverage Health Home infrastructure and improve performance

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

SPA Authorized HHDF to be Used for the Following Authorized Purposes

- ✓ **Member Engagement and Health Home Promotion**
- ✓ **Workforce Training and Retraining**
- ✓ **Health Information and Clinical Connectivity**
- ✓ **Joint Governance Technical Assistance**

Authorized Funding Categories

Member Engagement and Health Home Promotion

- Targeting strategies for conducting outreach to engage and enroll specific populations (e.g., HARP members, the homeless)
- Initiatives to improve communication and collaboration between DSRIP PPS's, hospitals, health care plans and Health Home care managers to facilitate alerts about emergency room and inpatient admissions
- Education Forums to educate consumers and families, the health care community, community providers and other social organizations about the purpose of Health Homes and how to access and make a referral to Health Homes
- Development of marketing materials, public service announcements, posters, and other educational tools
- Development of low literacy and multilingual educational resources for Health Homes and other cultural competency materials
- Consultation with literacy/multilingual experts to develop community engagement strategies

Authorized Funding Categories

Workforce Training and Retraining

- Support for training in care management, including training to understand the unique needs of patients with complex needs (e.g., medically fragile children, members with serious emotional disturbance (SED), members with serious mental illness (SMI) or substance use disorder, including those members enrolled in HARPs)
- On-line or on-site training opportunities that include how to use assessment tools (e.g., CANS-NY)
- On-line or on-site training programs geared to individuals providing care management and other Health Home roles (e.g., patient navigators, peer supports)
- Cultural competence training
- HIT/EHR training for care managers to facilitate use of the Health Home supported HIT
- Training to enhance the ability of care management agencies to coordinate care and develop care plans for individuals eligible for home and community based services (HCBS) Training for care managers on accessing and locating supportive housing and community supports and services
- Cross disciplinary training for care managers to expanding their clinical knowledge base and enhance their ability to serve a more clinically diverse population

Authorized Funding Categories

Health Information and Clinical Connectivity

- Develop electronic interfaces for Care Management Application or Certified for Meaningful Use Electronic Health Record (EHR) software between Health Homes, network partners and their local RHIO/QE/SHIN-NY
- Hire IT consultant to assist Health Homes and network partners in development of interfaces
- Development of EHRs to import/export data using Medicaid Analytics Performance Portal (MAPP) specifications
- Development of shared Electronic Health Records with the capability of reporting evidence-based medical guidelines for population management (system acquisition should include interoperability considerations/standards)
- Purchase of Care Management Application or Certified for Meaningful Use Electronic Health Record software for Health Home and network partners
- Technical Assistance to assist designated lead Health Homes and network partners selecting and implementing Care Management Application or Certified for Meaningful Use Electronic Health Record software
- Purchase of electronic hardware (e.g., tablets/other portable electronic devices) to support utilization of Care Management Application or Certified for Meaningful Use Electronic Health Record software
- Development of HIT systems to ensure prompt payment of care management agencies

Authorized Funding Categories

Joint Governance Technical Assistance

- Costs of developing joint governance organizations to offset or replace the necessity for capital contributions from network partner organizations to support implementation and readiness activities
- Direct support to network partners to assist them in developing necessary administrative infrastructure
- Restructuring to align with Delivery System Reform Incentive Payment (DSRIP) initiatives
- Support for targeted local learning collaboratives to foster best practices to assist in the development of joint governance structures
- Quality improvement and quality assurance programs that will assist Health Homes with complying with reporting requirements and improving efficiency and member outcomes in their governance structure
- Transition to a network partner relationship with one or more Managed Care Plans.
- Network development to move beyond care management to functioning as an Accountable Care Organization for Medicaid members
- Collaboration with regional partners and stakeholders to identify service gaps and unmet needs that will inform governance strategies and network development
- Development of governance models that promote collaboration and participation of community based organizations
- Development of administrative infrastructure to ensure prompt payment of care management agencies

HHDF Project Highlights From Across the State

- Community Health Conference (Niagara Falls Memorial Medical Center) →
- Wellpass (formerly SenseHealth) communication platform to electronically send reminders to the member (St. Joseph's Hospital Health Center)
- Navigating Homelessness Seminar / Various Learning Collaboratives (Capital Region Health Connections)
- Numerous Health Homes:
 - RHIO Integration with EHRs
 - EHR licensing fees
 - Providing promotional materials to CMAs for outreach efforts



James Neiss/staff photographer Michael Williams with the Buffalo Federation Neighborhood Center says a few words to his conference colleagues. Niagara Falls Memorial Medical Center held a day-long conference Wednesday at the Four Points by Sheraton hotel, bringing together more than 140 representatives from community based organizations across Niagara County in an effort to better focus the delivery of care in the community. JAMES NEISS

NFMMC hosts community health conference

NETWORKING: Representatives from more than 60 area service providers discuss ways to improve patient care.

Staff Reports
[Niagara Gazette](#) | Wed, 14 Jun 2017 19:33:37 -0400

Niagara Falls Memorial Medical Center has, in recent years, undertaken an effort to consolidate, streamline and better connect the numerous treatments and services it offers in an effort to stem social and economic factors that damage community health.

Requirements and Procedures for HHDF Use

- All HHDF projects must advance the directives and requirements of the Health Home Program
- HHDF must NOT duplicate or be used for purposes which other direct funding sources are available (e.g. DSRIP, other federal funding)
- Health Homes must consult with their downstream network partners (downstream partners may include care management agencies and providers of both health and administrative services) to identify appropriate uses of HHDF and will be required to report and document that collaboration
- Health Homes are strongly encouraged to consult and develop plans with their PPS to use HHDF to align, enhance and support basic infrastructure development necessary to meet the objectives of one or more DSRIP projects and which otherwise would not be supported by direct DSRIP incentive payments

Requirements and Procedures FOR HHDF Use

- Health Homes were allowed to use a portion (no more than 30% of total HHDF payments) for the reimbursement of expenses previously incurred in the implementation of the Health Home program
- Health Homes that have questions regarding the appropriate use of HHDF for specific purpose may request a consultation with the Department by:
 - Sending email to the Health Home web form (address on last slide)
 - Choose Subject: Health Home Development Fund
 - Include a Description of Proposed Use and Primary Contact
- Health Homes must file quarterly reports documenting the use of the HHDF

HHDF should complement and align with DSRIP projects but must directly benefit the Delivery of Health Home Care Management – Example 1

Example – Workforce Training and Re-training:

DSRIP Funding

- Funding used for on-line or on-site training programs geared to individuals playing key implementation roles in all DSRIP projects to support workforce transition activities

Health Home Funding

- Funding used for on-line or on-site training programs geared to individuals providing care management and other Health Home roles specific to providers within the Health Home (e.g., patient navigators, peer supports)

HHDF should complement and align with DSRIP projects but must directly benefit the Delivery of Health Home Care Management – Example 2

Example – Member Engagement and Promotion of Health Homes:

DSRIP Funding

- Development of marketing materials, public service announcements, posters, and other educational tools regarding DSRIP and the PPS

Health Home Funding

- Development of marketing materials, public service announcements, posters, and other educational tools specific to the Health Homes

HHDF should complement and align with DSRIP projects but must directly benefit the Delivery of Health Home Care Management – Example 3

Example – Health Information and Clinical Connectivity:

□ DSRIP Funding

- Development of electronic interfaces between PPS and network partners
- Funding can be used for:
 - Network formation
 - HIT capabilities
 - Network interoperability amongst partners

HHDF should complement and align with DSRIP projects but must directly benefit the Delivery of Health Home Care Management – Example 3 (continued)

Example – Health Information and Clinical Connectivity:

□ Health Home Funding

- An entity may be both a network partner in DSRIP as well as a network partner in Health Homes
- Funding must be used for applications unique to the Health Home work in MAPP or otherwise, such as:
 - Development of IT systems to ensure prompt payment of Health Homes Per Member Per Month (PMPM) to downstream partners
 - Creation of interoperability between care plans
 - Developing an interface between their EHR and RHIO
 - Analysis of Health Home performance data

Reporting Requirements

- Reports must be submitted electronically (see web address on last slide)
- Quarterly reports shall be submitted until such time as it is verified that all funds have been used in accordance with authorized purposes
- Funds not used in accordance with approved purposes as defined herein or otherwise approved by the Department, will be recouped

Sample Reporting Templates: Quarterly Reporting Form

Health Home Name:	ABC 123 Health Home of NY				
Contact Name:	John Smith	Telephone:	518-555-0000	Email Address:	jsmith@abc123HH.org
Date Report Submitted	10/31/17				

Quarterly Report Due Dates (7/31/2017, 10/31/2017, 1/31/2018, 4/30/2018) and quarterly thereafter until all HHDF Funds Expended

Total Amount of HH Development Funds Received to Date (Last HHDF payment was Dec 2016)	\$2,750,000.00
Total Amount of HH Development Funds Spent to Date (Not Including Prior Expenditures) (equals sum of column J)	\$1,016,250.00
Total Amount of HH Development Funds Spent on Prior Expenditures (Prior to August 1, 2014) (equals sum of column G)	\$325,000.00
Percent of Spending for Prior Expenditures to Total HH Development Funds (may not exceed 30% of all HHDF received)	11.82%
Amount of funds remaining to be spent as of the date of this submission	\$1,408,750.00
Percentage of remaining funds vs. total funds received	51.23%

Title and Brief Description of Project/Initiative	Authorized Funding Categories				Estimated or Actual Total Costs of Project	Total Amount Spent Prior to August 1, 2014 to be Reimbursed by HHDFs	Total HHDF Spent on Project During Current Reporting Period	Total HHDFs Spent on Project After 8/1/14 and During Prior Reporting Periods	Total HHDFs Spent on Project to Date (NOT including Expenditures made prior to 8/1/14) (Column	Describe how project will benefit network partners and anticipated process for collaborating and consulting with network partners on the use of funds. These semi annual reports must be shared with downstream care management agencies.
	Member Engagement and Promotion of Health Homes	Workforce Training and Retraining	Health Information and Clinical Connectivity	Joint Governance Technical Assistance and Implementation Funds						
<i>Electronic Health Record</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$1,500,000.00	\$300,000.00	\$150,000.00	\$300,000.00	\$450,000.00	ABC 123 HH of NY has selected "ABC EHR" as our electronic health record and will be using HHDF's to pay the annual contract for the next 2 years.
<i>Semi-annual Networking Event</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$150,000.00	\$0.00	\$25,000.00	\$75,000.00	\$100,000.00	Networking event for local community stakeholders to raise awareness of Health Homes, provide workshops on outreach efforts, sharing of best-practices, and provide light refreshments to attendees. Expenses also incurred for renting out meeting space for attendees/exhibitors.
<i>Health Home Marketing Material/Advertisements</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$400,000.00	\$0.00	\$60,000.00	\$125,000.00	\$185,000.00	ABC 123 HH of NY has an ad campaign for local billboards, ads at local bus stops, radio ads, as well as printed brochures for community providers to hand-out to their patients if needed.
<i>Monthly Grand Rounds</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$200,000.00	\$0.00	\$30,000.00	\$75,000.00	\$105,000.00	Provide a venue for experts in the field to give lectures on specific topics that impact Health Home members and Care Managers alike.
<i>QA Technical Assistance</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$200,000.00	\$0.00	\$18,750.00	\$37,500.00	\$56,250.00	QA Specialist was hired to support CMA's with quality assurance oversight for reporting requirements and improving efficiency and member outcomes in their governance structure. Will conduct desk-reviews on a sample of records for each CMA at least quarterly and provide feedback and plans of corrective action based on results.
<i>Billing software/vendor</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$300,000.00	\$25,000.00	\$50,000.00	\$70,000.00	\$120,000.00	Licensing billing software to ensure that billing and payment is sent in a timely manner.
Totals					\$2,750,000.00	\$325,000.00	\$333,750.00	\$682,500.00	\$1,016,250.00	

Due Dates for Submitting Required Reports

Reporting Period	Report Due Dates
July 2017 – September 2017	October 31, 2017
October 2017 – December 2017	January 31, 2018
January 2018 – March 2018	April 30, 2018
April 2018 – June 2018	July 31, 2018
July 2018 – September 2018	October 31, 2018
October 2018 – December 2018	January 31, 2019*

*Quarterly reports will be required every 3 months thereafter until all funds received are documented as expended

Questions, Requests for Consultations, Report Submissions-Submit to the Health Home Email Web Form:

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

Choose Subject “Health Home Development Fund”

The screenshot shows the 'Department of Health' web form for 'Individuals/Families'. A dropdown menu is open, listing various subject categories. The 'Health Home Development Fund' option is highlighted in blue. Other visible options include Behavioral Health Implementation, Care Management/Health Home Core Services, Community Mental Health Assessment & BH HCBS Plan of Care, Consent/Opt Out/Withdrawal of Consent/Information Sharing, Criminal Justice Funding, DEAA/Subcontractor Agreement, HARP, Health Commerce Accounts for Health Homes, Health Home Billing, Health Home Performance Targets, Health Home Policy, Health Homes Serving Children, Health Information Technology (HIT), HML Assessments/Claim Rates, Hospital Letters of Attestation, Hospital Referral Requirement – Questions, Housing, MCP/ MLTC Contracts, Member Outreach/Active Enrollment/Referrals, Online Network partner Updates, Organization Demographics/Contacts, Performance Measurement, Provider Enrollment/Provider and Network Partner Name Changes/NPI Redesignation, Timely Payment Issues, and Webinar/Meeting. Below the dropdown, there is an 'Attachment:' field with a 'Browse...' button, a note about a 10 MB file size limit, and 'Submit' and 'Clear form' buttons.