

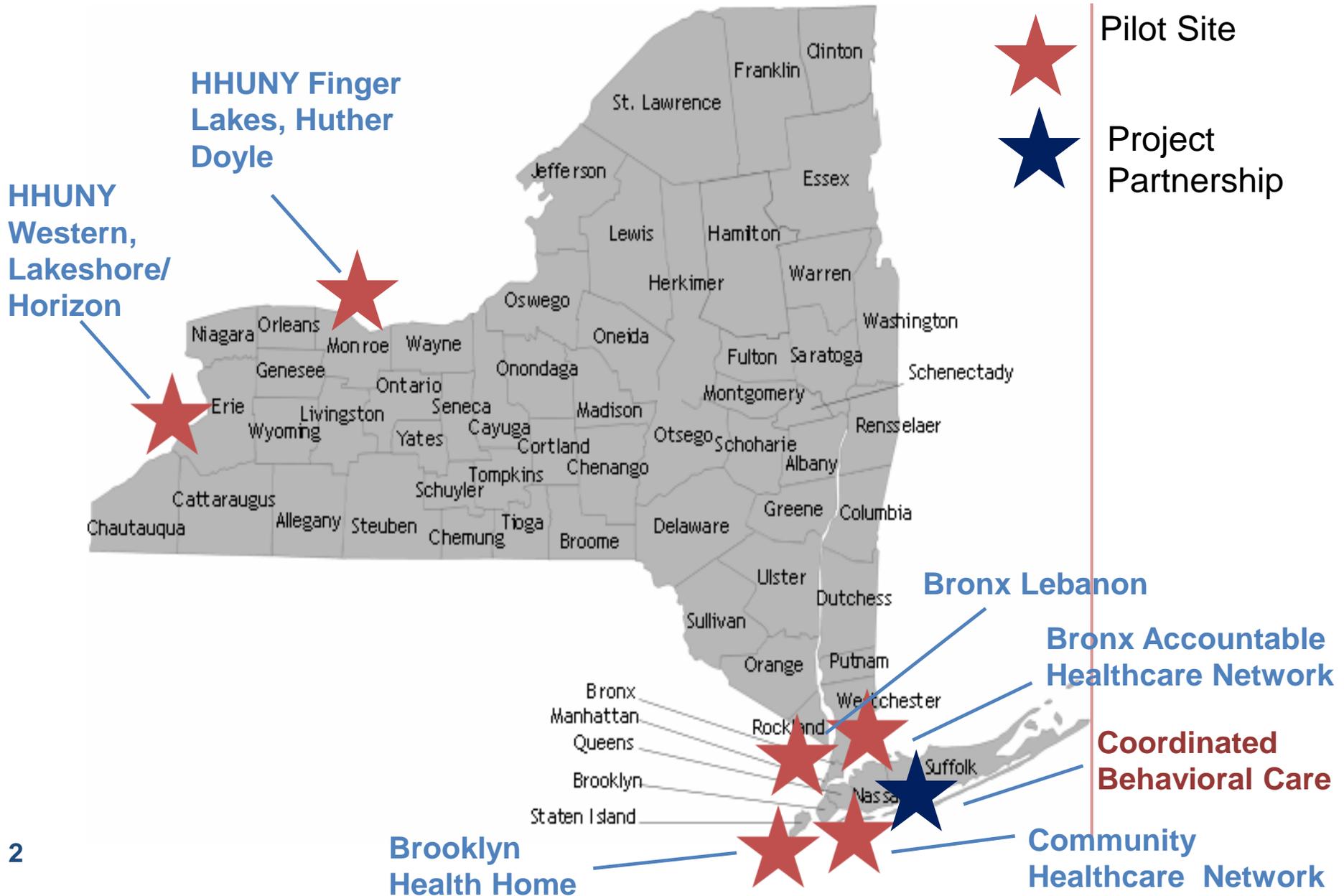


CRIMINAL JUSTICE AND HEALTH HOME WORKGROUP

October 30, 2014

New York State Office of Health Insurance Programs

Health Homes and Criminal Justice Pilots



Common Themes

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Each site is working with criminal justice partners to identify and engage formerly incarcerated patients.

- Sites are communicating with the criminal justice Health Home system through a mix of informal and formal partnerships.
- Sites in NYC are working with Transitional Health Services at Rikers.
- Multiple sites are working with Division of Parole to identify candidates.
- Some sites are working with drug and mental health courts.
- One site has their County Sheriff and County DA serving on the board of the lead CJHH agency, creating buy-in and collaboration.
- Two sites noted leveraging relationships that already existed between the community-based agencies in their network and the criminal justice system.
- One site has a coordinator on site to ensure connectivity.

Proposed Metrics

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- Primary
 - Linkage to Care
 - Retention/Maintenance in Care
- Secondary:
 - Clinical markers (change in HIV+ CD4 & VL, for DM, A1c)
 - Access to treatment:
 - Self-reported Wellness:
 - Emergency Department visits
 - Homeless shelter stays
- Tertiary:
 - Recidivism: Number arrested and incarcerated on new charges within 12 months of release
 - Time in correctional facility: number of days incarcerated in the year prior to index incarceration compared to number of days incarceration in the year following release from index incarceration

Data Sharing

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Ability to share data is critical. Medicaid data is subject to strict federal and State protections and criminal justice agencies have not been allowed access to data on Medicaid recipients.

- Interagency discussions on crafting MOUs that would allow greater sharing of data between DOCCS, DCJS, and DOH/OHIP
- Driving data sharing down to the provider/community level: use cases from parole and probation are being prepared for discussion with CMS on a more liberal interpretation of Medicaid Confidential Data (MCD) restrictions. Currently client consent is needed to communicate Health Home status to CJ agencies.

Medicaid Enrollment

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Pilot Project: Applications through Clinton County

MOU between Clinton County DSS and NYS DOCCS: Clinton County reviews and process applications for all NYS DOCCS inmates Statewide, except for those who lived in NYC prior to incarceration.

- 5,249 Medicaid-Only Applications
- 4,695 Approvals
- 554 Denials
 - 505 Active in Another County
 - 7 Incarcerated Individual's Request
 - 42 Miscellaneous, e.g. deceased

Medicaid Enrollment

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Enrollment through New York State of Health

Eligibility for Medicaid through the Exchange will be determined based on IRS tax rules, using the new Medicaid income eligibility level

- SDOH has worked with the NYS DOCCS to arrange Certified Application Counselor training for their clerks, so that they can process applications from individuals incarcerated in a NYS correctional facility.
- In June, changes were made to the online application to enhance the NYSoH's ability to accept applications from incarcerated individuals.
- As part of this effort, SDOH worked with the Sheriffs' Association, local correctional facilities, local departments of social services and Navigators/CACs to provide application assistance to individuals incarcerated in local correctional facilities

Medicaid Enrollment

Reinstatement through the New York State of Health

- The process for suspending and reinstating inmates on the Exchange has been technically challenging but the system continues to be enhanced to improve these processes (e.g., changes to on-line application).
- Inclusion of other files related to incarcerated persons (e.g., Rikers) to this process is planned.
- WMS individuals continue to be reinstated automatically at release.

HIT Connectivity

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OCFS and DOH are developing a confidentiality agreement to allow DOH to connect NYSID numbers with Medicaid data to:

- Operationalize quality measures and benchmarks for the CJ involved population.
- Facilitate outreach and enrollment and track linkages of CJ involved population in Health Homes

A process for matching NYSID numbers and Medicaid Client Identification Numbers (CIN) records would have to be developed.

HIT Connectivity

OHIP is developing a web-based portal: Medicaid Analytics Performance Portal (MAPP) for wide scale communication and Medicaid population management

- MAPP will be the forum for building Performing Provider Systems (PPS) under DSRIP.
- MAPP will facilitate communication between Health Homes, MCOs, care management agencies, and localities to better manage high needs, high risk Medicaid enrollees-including those involved in the criminal justice system.

Resources

- Delivery System Reform Incentive Program (DSRIP): Part of the Medicaid waiver that will allow the State to reinvest \$8 billion in federal MRT savings to achieve comprehensive reform of the healthcare safety net system.
- Safety net providers will be required to form Performing Provider Systems (PPS); conduct Community Health Assessments to identify the needs in their communities including the CJ population; and select projects based on these needs; incentive payments contingent on meeting established milestones.
- These reforms will benefit the criminal justice involved population who are widely served by the safety net system; specific community health assessments can identify opportunities to do so.

Resources

- Health Home Development Funds: \$190.6 million of the MRT waiver has been allocated to Health Home development in four key areas:
 - Workforce Training and Retraining
 - Member Engagement and Health Home Promotion
 - Clinical Connectivity and HIT Implementation
 - Joint Governance Technical Assistance
- Funds would be distributed via a rate add-on; guidance around approved uses of the funds will include improved linkages with criminal justice.
- Budget Initiatives

State Prison System

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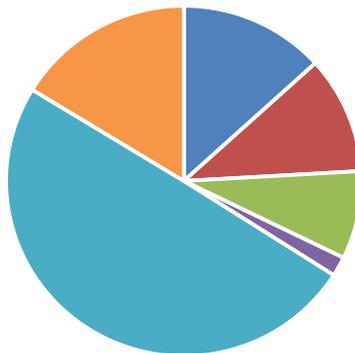
- Ability to share member-level data with DOCCS and DCJS is critical to working with the State Prison system to identify opportunities to create better linkages with Health Homes-working on a path forward for data sharing agreements.
- DOCCS has shared a deidentified cohort of 22,000 releasees with OHIP. Staff are using this cohort to test and refine data matching and “hot-spotting” strategies to better target Health Home interventions that will be more fully leveraged when member-level data can be shared

State Prison System

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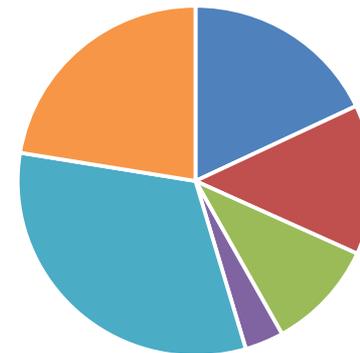
- Of these 22,000 releasees:
 - 18,193 have a Medicaid Client Identification Number (CIN)
 - 12,024 have Medicaid claims in CY 2013.
 - 2,019 have a Health Home Assignment.

Unique HH Members Enrolled (327)



■ Central NY Region ■ Hudson River Region ■ Long Island Region
■ NOT AVAILABLE ■ New York City Region ■ Western NY Region

Unique HH Members in Outreach (838)

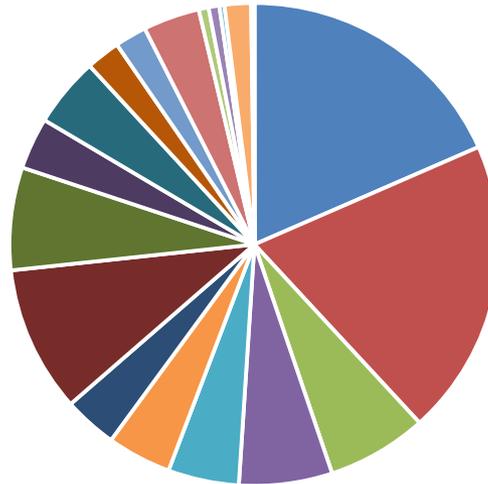


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State Prison System

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Unique Recipients w/MA Svc Claims



- MENTAL DISORDERS ALL DSMIII C
- NATURE OF INJURY, ADVERSE EFFECTS AND POISONING
- CIRCULATORY SYSTEM DISEASES
- DIGESTIVE SYSTEM DISEASES
- DISEASES OF THE MUSCULOSKELETAL SYSTEM
- DISEASES OF THE NERVOUS SYSTEM
- DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE
- NEOPLASMS
- DELIVERY AND COMPLICATIONS OF PREGNANCY
- CONGENITAL ANOMALIES
- EXTERNAL CAUSE OF INJURY
- SIGNS, SYMPTOMS, AND ILL-DEFINED CONDITIONS
- INFECTIVE AND PARASITIC DISEASE
- DISEASES OF THE RESPIRATORY SYSTEM
- SUPPLE CLASS/DESC OF PATIENT STATUS AND OTHER HLTH
- ENDOCRINE, NUTRITIONAL, METABOLIC
- GENITOURINARY SYSTEM DISEASES
- NOT AVAILABLE
- DISEASES OF BLOOD & BLOOD FORM
- REASON FOR SPECIAL ADMISSIONS AND EXAMS
- CERTAIN CAUSES OF PERINATAL MORBIDITY AND MORALITY

DISCUSSION