

Health Home Managed Care Work Group Meeting

August 18, 2015

Agenda

- Welcome
- Update on Learning Collaborative
- · Health Homes Standards Update
- Status on Administrative Service Agreement Templates
- · Health Home Development Funds Report
- Billing Readiness Attestation
- MAPP and HCS Updates
- Report from the Strategic Task Force to Increase HARP Enrollment and Data Sharing
- · Plan of Care Requirements
- · HCBS Workflow
- · Health Homes Redesignation
- Health Homes Designated to Serve Children



Update on the Health Home Learning Collaborative

Learning Collaborative Highlights

- Health Home Learning Collaborative was hosted by Center for Health Care Strategies on Tuesday, August 11, in NYC.
- Greg Allen gave an DOH update on a variety of Health Home-related topics, including DSRIP and Performing Provider Systems (PPS), children's Health Homes, Health Homes Develop Funds, as well as Health Home performance via utilization, total spend, and PMPM spend.
- Drs. Doug Fish (DOH) and Tom Smith (OMH) provided an update on the HARP roll-out and updates from the Strategic Task Force, followed by a facilitated discussion by Health Homes on preparing for HARP, strategies for enrolling patients, and approaches to educating providers about the program.

Learning Collaborative Highlights

- Health Homes had an opportunity to break out in groups to discuss operational learnings, best practices and challenges on such topics as billing readiness, staff retention, data management and oversight, and managing partner relationships.
- The featured speaker, Will Tucker, of Ideas42, presented on the use of behavioral science and economic theories to shape better policies, programs, and interventions targeting low-income individuals. Health Homes were invited to explore how these approaches might be used to address issues such as member engagement, improvement of enrollment rates, etc.
- DOH presentation slides are posted on the Health Homes website, with the exception of Greg's data slides, which will be posted later.



Health Homes Standards Document

Status of Health Home Standards Document

- Edits made based on meetings with the Managed Care Plans Association -latest version attached (7/31/2015). Changes made to section F. Standards and Requirements for MCOs Related to the Provision of Health Home Care Management Services.
- The process for Health Homes to request a waiver of the required credentials for staff performing the NYS Community Mental Health Assessment (interRAI) has been established and the form is posted online. Health Homes should complete the form and follow the instructions on the form to submit the waiver request to OMH for review.

http://www.health.ny.gov/health care/medicaid/program/medicaid health homes/harp hiv snp.htm





Administrative Service Agreements

Status of Administrative Service Agreement Template

- Edits received to date have been incorporated and will be distributed to Health Homes serving adults and MCOs.
- State is reviewing for additional language needed for Health Homes contingently designated to serve children.
- ASA template is being developed for MCOs and CMAs to execute for HARPeligible services.





Health Home Development Funds

Health Home Development Funds

Reports were evaluated to determine the degree to which the funds will be used to strengthen and expand the capabilities and capacities of Health Homes.

Response letters to the preliminary assessments have been completed and were sent out by DOH to the Health Homes on July 29, 2015. Responses to questions were due August 14, 2015.

As a reminder, the first semi-annual required report is due on September 15, 2015. For more information how to complete the report please refer to the Health Home Funding Opportunities section of the Health Homes website.

Health Home Development Funds

At the Health Home Learning Collaborative, Health Homes discussed examples of project proposals for which HHDF will be used and the efforts made to date, as well as best practices.

- Health Homes are focusing funds on training their workforce, CMAs, downstream providers.
- Many are using funds to create marketing materials to promote their Health Home in the communities they represent.
- Health Homes are using HHDF to improve HIT capabilities or purchase new billing systems.

DOH advised that Health Homes are authorized to begin spending the funds.

Health Homes requested that a list of proposed projects be shared. DOH and KPMG are working on producing this information and it will be available shortly.



Health Home Billing Readiness Attestation

Health Home Billing Readiness Attestations

Attestations are due to DOH by October 1, 2015.

As of August 14, 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.

State staff will be 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

At the Heath Home Learning Collaborative, Health Homes had an opportunity to discuss operational learnings, including billing readiness best practices and challenges.

- Some Health Homes that attested their readiness already had established care management tools which had billing capabilities that sorted payments from MCO to downstream providers.
- Challenges to becoming billing ready include resource capacity to address claim volume; payment turnaround time for clean claims from MCOs; concerns regarding cash flow as a result of late payments; and integration with MAPP.





MAPP and HCS Updates

MAPP Development and HCS Access

- Based on requests from the Health Home Community, the DOH has decided to delay the August 17, 2015 MAPP Health Home Tracking System (HHTS) implementation date. We are in the process of determining the new MAPP HHTS implementation date and plan to communicate that soon.
- 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 Development and HCS Access

- 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 HH
 - 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



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.



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



HARP ELIGIBLE ON DOH LIST ALREADY ENROLLED IN A HARP/HIV SNP PLAN & HEALTH HOME

A
HH Care
Manager
Conducts BH
HCBS eligibility
assessment¹
If eligible, HH
Care Manager
conducts Full
BH HCBS
assessment²

In collaboration with member, and in consultation with providers as necessary, HH Care Manager develops fully integrated Plan of Care (POC) that includes physical and behavioral health services, and recommended BH HCBS including the scope, duration, and frequency of BH HCBS; and Selected In-Network Providers³

Note: CPST and Psychosocial Rehabilitation require licensed practitioner order for scope, duration, and frequency of these services for POC

HH care manager consults with CPST and Psychosocial Rehabilitation Provider(s) and when necessary other BH HCBS providers who recommend scope, duration, and frequency for BH HCBS. HH care manager completes POC.

C - M

HH Care Manager forwards fully integrated POC to MCO for approval. MCO works collaboratively with HH care manager and member to finalize an approved Plan of Care

D
HH care manager ensures
member is referred to
services listed in POC

E
HH care manager
monitors POC;
ensures that
member is
getting BH HCBS
reflected in POC;
revises POC when
necessary
incorporating
member input
and choice. When
POC revised MCO
review is
required, loop to
box C

- ¹ The Eligibility Assessment can be done telephonically or face-to-face
- ² The HCBS full assessment must be done face to face. Eligibility and Full Assessments can be done in one face-to-face meeting if desired
- ³ POCs that include recommended Behavioral Health Home & Community Based Services (BH HCBS) must meet Centers for Medicare & Medicaid requirements and will include scope, duration and frequency of BH HCBS; members must be given a choice of at least 2 BH HCBS providers from the MCO's network and there must be documentation in the POC that choice was given to the member

Kev:

- BH HCBS Eligibility Assessment= subset of questions from NYS Community Mental Health Assessment and other BH HCBS eligibility questions
- Full Assessment= NYS Community Mental Health Assessment to help determine array of BH HCBS

HARP ELIGIBLE ON DOH LIST **ALREADY ENROLLED IN A HARP/HIV SNP PLAN** & CHOOSES NOT TO ENROLL IN A HEALTH HOME

The MCO contracts with a HH or other statedesignated entity to complete BH HCBS assessments and develop Plans of Care (POC) for individuals who choose not to enroll in a Health Home (HH).

Care Manager conducts the BH HCBS eligibility assessment¹ If eligible, HH Care Manager conducts Full BH HCBS assessment²

The MCO also contracts with the HH or other state-designated entity to develop the BH HCBS Plan of Care (POC).

Note: CPST and Psychosocial Rehabilitation require licensed practitioner order for scope, duration, and frequency of these services for POC

In collaboration with member, care manager consults with CPST and Psychosocial Rehabilitation Provider(s) and when necessary other BH HCBS providers who recommend scope, duration, and frequency for BH HCBS. Care manager completes POC.

Care Manager forwards HCBS POC to MCO. MCO is responsible for non-**BH HCBS components** of the fully integrated POC and for providing care coordination for the implementation of the individual's full POC, including BH **HCBS**

- ¹ The Eligibility Assessment can be done telephonically or face-to-face
- ² The HCBS full assessment must be done face to face. Eligibility and Full Assessments can be done in one face-to-face meeting if desired
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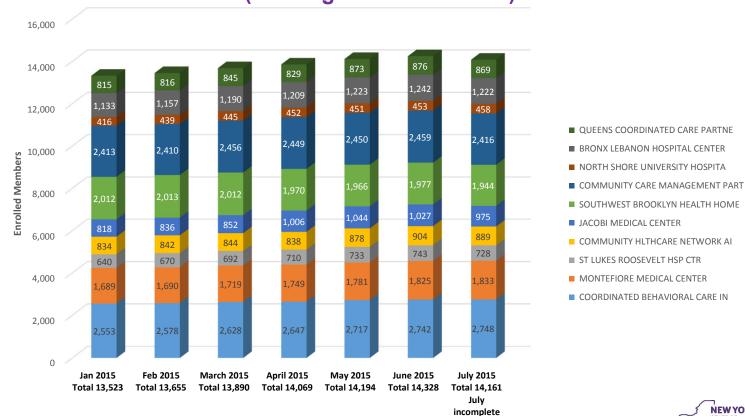
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Strategic Task Force Progress to Date

- Progress: Slow increase in outreach/enrollment.
- As of August 2015 meeting, over 14,000 (21%) enrolled and 7,000 (10%) in outreach of the 67,000 NYC HARP-eligible members.
 - An increase of 157 enrolled, and an increase of 867 in outreach for June, compared to July 22 meeting numbers for June.
 - 22,205 (33%) in outreach and enrollment combined through June.
- From 2012 to June 2015: 48,053 (72%) have been in outreach and enrollment combined.
 - 20,442 enrolled from 2012 through July 2015

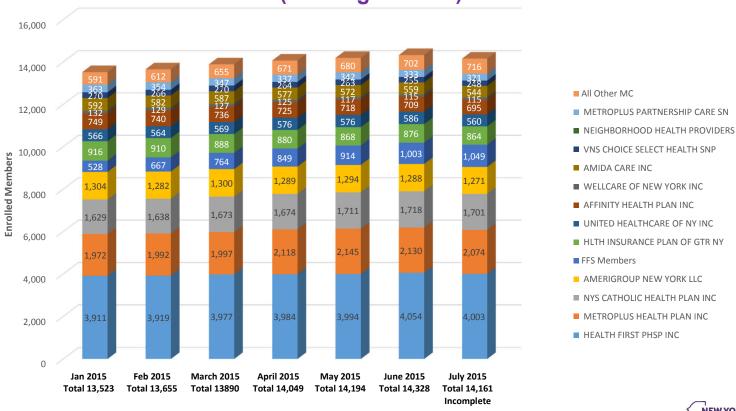


NYC HARP-Eligible HH Enrollment Jan 2015 to July 2015 (for Larger Health Homes)





NYC HARP-Eligible HH Enrollment Jan 2015 to July 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.
 - 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 HARPeligible members, if this is impacting capacity.
- Guidance and FAQ sheet being developed for Plans, Health Homes, CMAs and providers around data sharing, and counsel is reviewing.
- MCOs would need an Agreement (e.g. ASA) for each CMA with which they would like to share administrative data for Outreach
 - Agreement should include communication to the HH that information is being shared, to keep them informed



Plan of Care Requirements

- 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.
- State is developing a list of standard elements for HCBS Plans of Care which will be shared with Health Homes and MCOs.
- 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.



Health Home Redesignation

Health Homes Redesignation Update

The State hosted a webinar on August 12 to go through the redesignation process and site visit schedule that will begin on August 26-27. The slides from that webinar will be available on the DOH website.

Phase 1 and some Phase 2 Health Homes have been contacted to set up redesignation site visits and the calendar will be posted on the DOH website.





Health Homes Designated to Serve Children

Health Homes Designated to Serve Children

Health Home	Designated to Serve Children Pending the Acceptance and Implementation of Contingencies
Catholic Charities of Broome County	Encompass Catholic Charities Children's Health Home Albany, Allegany, Broome, Cattaraugus, Chautauqua, Cayuga, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Erie, Essex, Franklin, Fulton, Genesee, Greene, Hamilton, Herkimer, Jefferson, Lewis, Livingston, Madison, Monroe, Montgomery, Niagara, Oneida, Onondaga, Ontario, Orleans, Oswego, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Schuyler, Seneca, St. Lawrence, Steuben, Tioga, Tompkins, Wayne, Warren, Washington, Wyoming, Yates
Greater Rochester Health Home Network LLC	Cayuga, Chemung, Livingston, Monroe, Ontario, Seneca, Steuben, Wayne, Yates, Allegany, Genesee, Orleans, Wyoming
Central New York Health Home Network (CNYHHN Inc.)	Albany, Rensselaer, Schenectady, Cayuga, Herkimer, Jefferson, Lewis, Madison, Oneida, St. Lawrence
North Shore LIJ Health Home	Queens, Nassau, Suffolk
Coordinated Behavioral Care, Inc. dba Pathways to Wellness Health Home	Bronx, Brooklyn, Manhattan, Queens, Staten Island
St. Mary's Healthcare	Fulton, Montgomery
Niagara Falls Memorial Medical Center	Niagara
Hudson River HealthCare, Inc. (HRHCare)	Nassau, Suffolk

Health Homes I	Designated to	Serve Children
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Health Home	Designated to Serve Children Pending the Acceptance and Implementation of Contingencies
St. Luke's-Roosevelt Hospital Center dba Mount Sinai Health Home	Bronx, Brooklyn, Manhattan, Queens, Staten Island
VNS – Community Care Management Partners, LLC (CCMP)	Bronx, Brooklyn, Manhattan, Queens, Staten Island
Adirondack Health Institute, Inc.	Clinton, Essex, Franklin, Hamilton, St. Lawrence, Warren, Washington
VNS of Northeastern NY (Care Central)	Saratoga, Schenectady
New Children's Health Home – Partnership to Be Formed Among: Montefiore Medical Center dba Bronx Accountable Healthcare Network Health Home, Open Door Family Medical Centers dba Hudson Valley Care Coalition, Hudson River Healthcare dba Community Health Care Collaborative (CCC), and Institute for Family Health	Bronx, Columbia, Dutchess, Greene, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester

Health Homes Designated to Serve Children		
Health Home	Designated to Serve Children Pending the Acceptance and Implementation of Contingencies	
Children's Health Homes of Upstate New York, LLC (CHHUNY)	Albany, Allegany, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Dutchess, Erie, Essex, Franklin, Fulton, Genesee, Greene, Hamilton, Herkimer, Jefferson, Lewis, Livingston, Madison, Monroe, Montgomery, Niagara, Oneida, Onondaga, Ontario, Orange, Orleans, Oswego, Otsego, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Schoharie, Schuyler, Seneca, St. Lawrence, Steuben, Sullivan, Tioga, Tompkins, Ulster, Warren, Washington, Wayne, Wyoming, Yates	
Collaborative for Children and Families	Bronx, Brooklyn, Manhattan, Nassau, Queens, Staten Island, Suffolk, Westchester	
Kaleida Health-Women and Children's Hospital of	Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming	

Buffalo

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 Designated to Serve Children Timeline for Enrollment

 To help actively ensure a smooth launch of Health Home Serving Children design and mitigate readiness risk, the date to begin enrolling children in Health Homes is being delayed by three months or from October 1, 2015 to January 1, 2016.

This allows:

- √ Time for Designated Health Homes to Serve Children meet contingencies and complete other administrative/readiness activities
 - Time for new Care Management Agencies(CMAs) with expertise in serving children with complex needs to forge relationships with new and existing Health Homes
- √ Time for Health Homes, Care Management Agencies and plans to complete
 and participate in key trainings MAPP, CANS-NY
- √ Timing of CMS approval of State Plan Amendments

Health Homes Designated to Serve Children

Readiness activities, webinars, and trainings continue through December 31, 2015:

- CANS-NY In-Person Training, Rochester, August 20-21
- CANS-NY In-Person Training, NYC, August 25-26
- Health Home Update Webinar: Readiness for Enrolling Children, August 31
- CANS-NY In-Person Training, NYC, September 22-23

DISCUSSION