Health Home – Managed Care Work Group Meeting

Health Homes Implementation Update

July 19, 2013
### Statewide Health Home Enrollment Statistics (Based on Jan 2012 to June 2013 Claims)

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Converting Members</td>
<td># of HH Recipients Engaged in Outreach</td>
<td>2,365</td>
</tr>
<tr>
<td>New Members</td>
<td># of HH Recipients Engaged in Outreach</td>
<td>22,370</td>
</tr>
<tr>
<td>Converting Members</td>
<td># of HH Recipients Engaged in Active Care Management</td>
<td>29,441</td>
</tr>
<tr>
<td>New Members</td>
<td># of HH Recipients Engaged in Active Care Management</td>
<td>14,522</td>
</tr>
<tr>
<td><strong>Total # HH Recipients (Distinct count)</strong></td>
<td></td>
<td><strong>58,421</strong></td>
</tr>
<tr>
<td>Total Health Home Eligible Individuals (MHSA and others)</td>
<td></td>
<td>805,000</td>
</tr>
<tr>
<td># of Higher Risk Members</td>
<td></td>
<td>446,000</td>
</tr>
<tr>
<td>% of Higher Risk Members</td>
<td></td>
<td>55%</td>
</tr>
<tr>
<td>% of Higher Risk Members Enrolled or in Outreach</td>
<td></td>
<td>13.1%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Claim Type</th>
<th>Amount Paid</th>
<th>Claim Count</th>
<th>Recipients</th>
<th>Amount Paid Per Claim</th>
</tr>
</thead>
<tbody>
<tr>
<td>Converting Legacy Claims</td>
<td>$125,517,484</td>
<td>214,552</td>
<td>31,288</td>
<td>$585</td>
</tr>
<tr>
<td>New Health Home Claims</td>
<td>$17,615,352</td>
<td>86,655</td>
<td>33,560</td>
<td>$203</td>
</tr>
<tr>
<td>Total</td>
<td>$143,132,836</td>
<td>301,207</td>
<td>58,421</td>
<td>$475</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Lead Health Home Measure</th>
<th>Points</th>
</tr>
</thead>
</table>
| Does the Health Home have a defined relationship with a RHIO?                          | Yes: 10  
No: 5  |
| Did the Health Home receive resources or otherwise benefit from HEAL 17? (Based on Health Home Survey Responses) | Yes: 0  
No: 10 |
| Did the Health Home participate in a CMMI grant or program? (Based on Health Home Survey Responses) | Yes: 0  
No: 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) | Yes: 10  
No: 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) | Yes: 10  
No: 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) | Yes: 30  
No: 0  |
## Elements of Formula to Allocate Stage I Grants

### Total Population of Counties Served by Health Home (2010 Census)

<table>
<thead>
<tr>
<th>Population Range</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 50,000</td>
<td>10</td>
</tr>
<tr>
<td>50,001 - 100,000</td>
<td>8</td>
</tr>
<tr>
<td>100,001 - 250,000</td>
<td>6</td>
</tr>
<tr>
<td>250,001 - 500,000</td>
<td>2</td>
</tr>
<tr>
<td>500,001+</td>
<td>0</td>
</tr>
</tbody>
</table>

### Geographic region served, measured in square miles (Vital Statistics 2009)

<table>
<thead>
<tr>
<th>Geographic Range</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 500 square miles</td>
<td>0</td>
</tr>
<tr>
<td>&gt; 500 square miles</td>
<td>2</td>
</tr>
<tr>
<td>&gt; 1,000 square miles</td>
<td>4</td>
</tr>
<tr>
<td>&gt; 2,000 square miles</td>
<td>6</td>
</tr>
<tr>
<td>&gt; 4,000 square miles</td>
<td>10</td>
</tr>
</tbody>
</table>

### Rural Area Served (Based on 2010 Census of Urban and Rural Classification)

<table>
<thead>
<tr>
<th>Rural Percent</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 50 Percent</td>
<td>0</td>
</tr>
<tr>
<td>&gt; 50 Percent</td>
<td>10</td>
</tr>
</tbody>
</table>

- 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 feedback 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
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.

Operational Capabilities (Automation)
- Care Delivery
- Care Planning
- Process Metrics
- Fiscal Metrics
- Care Coordination

Analytical Capabilities (Optimization)
- Outcome Metrics
- Program Effectiveness
- Reports / Dashboards

Department working to secure APD
NY Health Homes Use Cases

Identification …

Use Case – Identification of Potential Health Homes Participants Based on Acuity, Predicted Risk, Ambulatory Connectivity, and Loyalty

Referral …

Use Case – Referral of Patients to the Program from Local Governmental Units, MCOs, Providers, etc.

Assignment …

Use Case – Assignment of Patients to Lead Health Home and Downstream Care Management Organizations

Outreach …

Use Case – Outreach and Engagement of Patient with Health Home

Consent …

Use Case – Solicitation of Patient Consent

Care Planning …

Use Case – Development of Care Plan

Care Coordination …

Use Case – Use of Information to Coordinate Clinical/Social Services Delivery

Performance Mgmt …

Use Case – Performance Measurement and Improvement

Conceptual Solution Architecture

Health Homes Information System (HH-IS)

Conceptual Solution Architecture Capabilities

- Patient
- Security
- Privacy
- Audit & Logging

- HH-IS
- Portal
- Data Staging Integration
- Data Quality
- Data Harmonization
- Clinical
- Social Services

- HH-PF
- Information Sources
- HH-MR
- Health Homes Mosaic
- HH-CI
- Health Homes Care Intelligence

- HH-FF
- Health Homes Portal Facility

Operational Systems (e.g., Care Management Tool Kit)

- Care Planning
- Care Coordination

- HH-FF
- HH-PF
- HH-MR
- HH-CI
- Information Sources
- Information Consumers

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Health Homes Information System (HH-IS)

Conceptual Solution Architecture Capabilities

Health Homes Portal Facility

HH-IS

• Service Bus
• Data Staging / Integration
• Data Quality
• Data Harmonization

• Portal
• Security
• Privacy
• Audit & Logging

Information Sources

- Claims & Encounters
- Provider Sources (e.g., CMART, Card Swipe)
- Criminal Justice
- Social Services
- RHIOs

Health Homes Master Records

• Person Master
• Provider Master
• Relationship Mgmt
• Data Stewardship

Operational Systems (e.g., Care Mgmt Lite)

• Care Planning
• Care Coordination

Information Consumers

- DOH
- MCO
- Lead HH
- Downstream Care Mgmt Provider
- Clinicians
- Community
- Patient / Family
- RHIOs

Health Homes Care Intelligence

• Care Metrics
• Analytics / Reporting
• Predictive Models
• Text Mining

• Sync

HH-MR
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.