

Health Home – Managed Care Consolidated Work Group

September 27, 2013

Part One: Meeting Notes

AGENDA TOPIC	HIGHLIGHTS OF DISCUSSION	ACTION ITEMS
Welcome	Workgroup members present and those on the phone were introduced.	
Health Home Update	<p>Greg gave an overview of the proposed recommendations for the transition of Health Home services to Managed Care. Five recommendations were presented for discussion:</p> <ul style="list-style-type: none">○ Extend the current Health Home legacy rates (or an agreed upon replacement, e.g., tiers of rates) until January 2015 and allow legacy providers to bill directly, to provide continuity of legacy services.○ Adjust Managed Care Premiums to include a 3% Health Home administrative fee, to ensure the PMPM is kept intact for care management.○ Between now and January 2015, modify and simplify the current Health Home rate structure to better align rates with levels of service intensity.○ Require Plans to pay Health Homes the “modified” (e.g., Government mandated) Health Home rate for a transition period of two years (2015 and 2016) to provide cash flow and predictability. <p>Greg summarized the data shared at the Learning Collaborative meeting on 9/26/13, sharing numbers of assigned members, and those in tracking and not in billing, and vice versa. The groups raised their proposal that Health Homes do all the billing to simplify cash flow. Greg stated that DOH is not averse to this as a transition strategy, but eventually MCOs will be billing so we should think about moving in that direction.</p>	<p>Health Home/MCO members invited to comment on proposed recommendations.</p> <p>Next meeting will be scheduled for November.</p>

<p>Summary of the Learning Collaborative Meeting on September 26, 2013</p>	<p>Neil gave an overview of the Learning Collaborative Meeting. There were two breakout sessions in the morning.</p> <ul style="list-style-type: none">• Data Evaluation – good conversation about the design of the CASA (Columbia University) evaluation plan.• View from the Downstream Providers<ul style="list-style-type: none">· Serving “too many masters”· Caseload sizes· Outreach funding <p>In the afternoon there were two sessions to discuss issues unique to Upstate and Downstate Health Homes:</p> <ul style="list-style-type: none">• Upstate:<ul style="list-style-type: none">· Plans not contracting with all Health Homes· Rates need to be adjusted to reflect costs of delivering services in a rural area (CHCS volunteered to facilitate gathering data to support a request to DOH for a rate increase)· Transportation rates are a challenge (only covered for MA Services)· Telemedicine should be utilized• Downstate:<ul style="list-style-type: none">· Need for updated lists/acuity- Flat rate for outreach.	<p>Next Learning Collaborative Meeting will be held in January of 2014.</p>
---	---	---

Health Home – Managed Care Consolidated Work Group

September 27, 2013

Part Two: Sub-Work Group Reports

Sub-Work Group/Topic	Highlights of Discussion	Next Steps
<p>Behavioral Health Transition to Managed Care Co-Chairs: Neil Pessin Peggy Leonard</p>	<ul style="list-style-type: none"> · Have met 3 times. · Presentation by Linda Kelly, additional information present by Greg. · Health Home members present expressed the need to have more details about the Behavioral Health transition. 	<p>Neil and Peggy are looking at a time and place for a more in-depth discussion with Health Homes and downstream partners on the Behavioral Health Transition.</p>
<p>Assignment and Referral Co-Chairs: Lena Johnson Kevin Muir</p>	<ul style="list-style-type: none"> · Six meetings (1 in person) since July. · Defined a “referral.” · Looked at work flow, clarify guidance. · Referral tool – for upward referrals (drafts in progress). · WMS codes – trying to develop crosswalk (DOH will also work on this) · Strategies to reduce duplicate enrollments. 	
<p>Clinical Risk Group Analysis Co-Chairs: Neil Pessin Michelle McElroy</p>	<ul style="list-style-type: none"> · Three meetings since July, 4th meeting scheduled for next week. · Need more clarity on Norbert Goldfield’s role and the extent to which the group has access to him. · Suggestion was made that the group develop two measures, but the group feels there are many more measures that should be captured. · Group wants more information on CRG methodology. Is this proprietary information? · Group was told they could only have a limited number of meetings (need more time). 	<p>DOH will look at recommendations for restructuring the subgroup meetings.</p> <p>Group should ask Norbert Goldfield about the extent to which CRG methodology can be shared.</p> <p>Lana and Lyn will discuss having another meeting with Norbert Goldfield.</p>

<p>Health Home Contracting Co-Chairs: Karen Smith-Hageman Rosemary Cabrera</p>	<ul style="list-style-type: none"> · Have met five times since July, all telephonic. · What will the Behavioral Health H carve-in do to the existing contractual relationships? – Need new MCO/HH contract templates. · HARP vs. Non-HARP – what is the role of the MC for these populations as well as the non-BH population? · Guidance about data sharing – concern that State’s guidance meets federal standards? · Contracting: Can we have a ruling that if the MMIS number of the Health Homes changes, a new contract is not needed? Need meeting with MC contracting/legal. · MC wants a mechanism to determine whether a claim is substantiated – is there a way to capture/document that one of the six required HH services was delivered for a month? Currently only captured on a quarterly basis – through CMART. 	<p>DOH will bring concerns about contracting to its legal team.</p> <p>Need more information on the concerns about data sharing; DOH will reach out to Karen.</p>
<p>HH Criminal Justice Acuity Co-Chairs: Bob Lebman Rosemary Cabrera</p>	<ul style="list-style-type: none"> · Have met three times since July. · Looking at a mechanism to increase the acuity of the CJ population – formula in development. Acuity formula includes various definitions of risk factors and a scoring mechanism. Acuity score will start at 9 (statewide acuity level). Issues: Capturing data, need assessment to derive acuity. · The Compass tool was mentioned as a possible assessment tool for the Criminal Justice population. · Funding needed for enhanced services. (Waiver?) 	
<p>Financial Feasibility Co-Chairs: Nicole Jordan Martin Jessica Fear</p>	<ul style="list-style-type: none"> · Have had one meeting so far. · Need to discuss impact on Health Homes and providers if legacy rates change, direct billing, base rates, etc. · Had planned to do financial modeling using templates provided by leads to determine viable model, include other costs and data exchange, analytics, admin payments, RHIO subscriptions, HR costs, marketing, legal, call-center services, training. Some of this may change now that the changes to the rates are being proposed. 	<p>It was noted that this subgroup overlaps with other subgroups (e.g. CRGs). Co-chairs to discuss whether subgroups should be consolidated.</p>

<p>Health Home Implementation Grants Co-Chairs: Laura Eannace Charles King</p>	<ul style="list-style-type: none">· Unanimously decided that funds go to Health Homes, without an application.· Informed by Greg second round of monies would be distributed in 2013.· Credits should be given to Health Homes that collaborate on unifying reporting or data collection processes.· Acuity – should not be used as it is not under the Health Homes control – acuity determined by lists sent by the State.	
--	---	--