

NEW YORK STATE DEPARTMENT OF HEALTH (NYSDOH)

# Health Home Performance Module for NYS



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# Background

- Salient's Medicaid software system is used by NYS to help manage the program and track the redesign process
- Users include: DOH, OMH, OASAS, OPWDD, OMIG, DOB, OSC, Legislature; a dozen counties and NYCDOHMH, and other health care stakeholders
- NYS system includes all paid Medicaid claims and encounters from April 1, 2005 - updated weekly
- Goals of HH Salient System: 1) add features specific to Health Homes to allow NYS to monitor and evaluate the initiative; 2) develop a plan for provider access to this Health Home data



# Presentation Goals

- Provide overview of Health Home enhancements
- Provide update on where we are in the process
- Overview of Provider Performance Data Team
- Review next steps



# Salient Health Home Module

Integrating multiple data sources and types

**Legend**

- Done
- Partial
- Future





## Cross Cutting Views

- The new Health Home features will allow users to look at Health Home data by
  - MCO, Health Home, Care Management Organization
  - Geography
  - Age, gender, and other demographics
  - Disease state
  - Service type
  - Clinical Risk Group, acuity, disability status
  - And many other variables and patient attributes



# How will data be used?

- **Continuous Program Oversight** - to identify whether the health home program is progressing towards its goals and at what pace
- **Performance Profile/"Scorecard"** - to profile how well each health home is doing
- **Trigger Events** - to identify at-risk health home enrollees
- **Payment Integrity** - to detect improper health home payments
- **Gain-sharing** - potentially assist with shared saving analysis
- **Ad hoc Analyses**
- **And for providers** - to help understand their caseload, costs and utilization and better manage care and their business



# What data will be included in Health Home Module? Examples include...

- **Enrollment**
  - Count of enrollees, members in outreach, disenrollees, and related rates
- **Enrollment Performance**
  - Time from assignment to outreach, outreach to enrollment, members in outreach but not enrolled
- **ER Use**
  - Count of ER visits, # ER users, rate per member month
  - Lists of high ER users
- **Inpatient Use**
  - Count of inpatient admissions, # admissions per member month, average length of stay
  - Lists of high inpatient users

# And more...



- Primary Care
  - Count of primary care visits, rate per member month
- Ambulatory Behavioral Health Use
  - Count of Ambulatory Behavioral Health visits, rate per member month
  - List of BH enrollees with no regular service use
- Cost
  - Average costs and claims per HH enrollee
- Care Management Activity
  - Quarterly data: counts of outreach, interventions, and core services - and rates per member month
- Quality Measures
  - Wave 1: largely inpatient and behavioral health measures driven by federal reporting requirements





# Process

Phase	Status
Design	Done
Development	Done for Phase 1; now in <i>Beta</i>
Provider Input	Early 2014 via a Provider Performance Data Team
Implementation for State Users	Live system <i>Beta</i> began 12-30-13 continuing through January 2014
Plan for Provider Access	Initial plan approved by State – including both pre-portal and post portal strategies
Integration of Quality & CMART data	As soon as data are available
Implementation of Plan for Provider Access	As soon as possible, early data Q2 - 2014



# Discussion Topics for Provider Performance Data Team

- Which providers need data
  - MCOs
  - Health Homes
  - Care Management Organizations
- Who are the data users in each entity?
- How will data be used?
- What data are highest priority for providers?
  - Measures
  - Frequency
  - Summarization levels

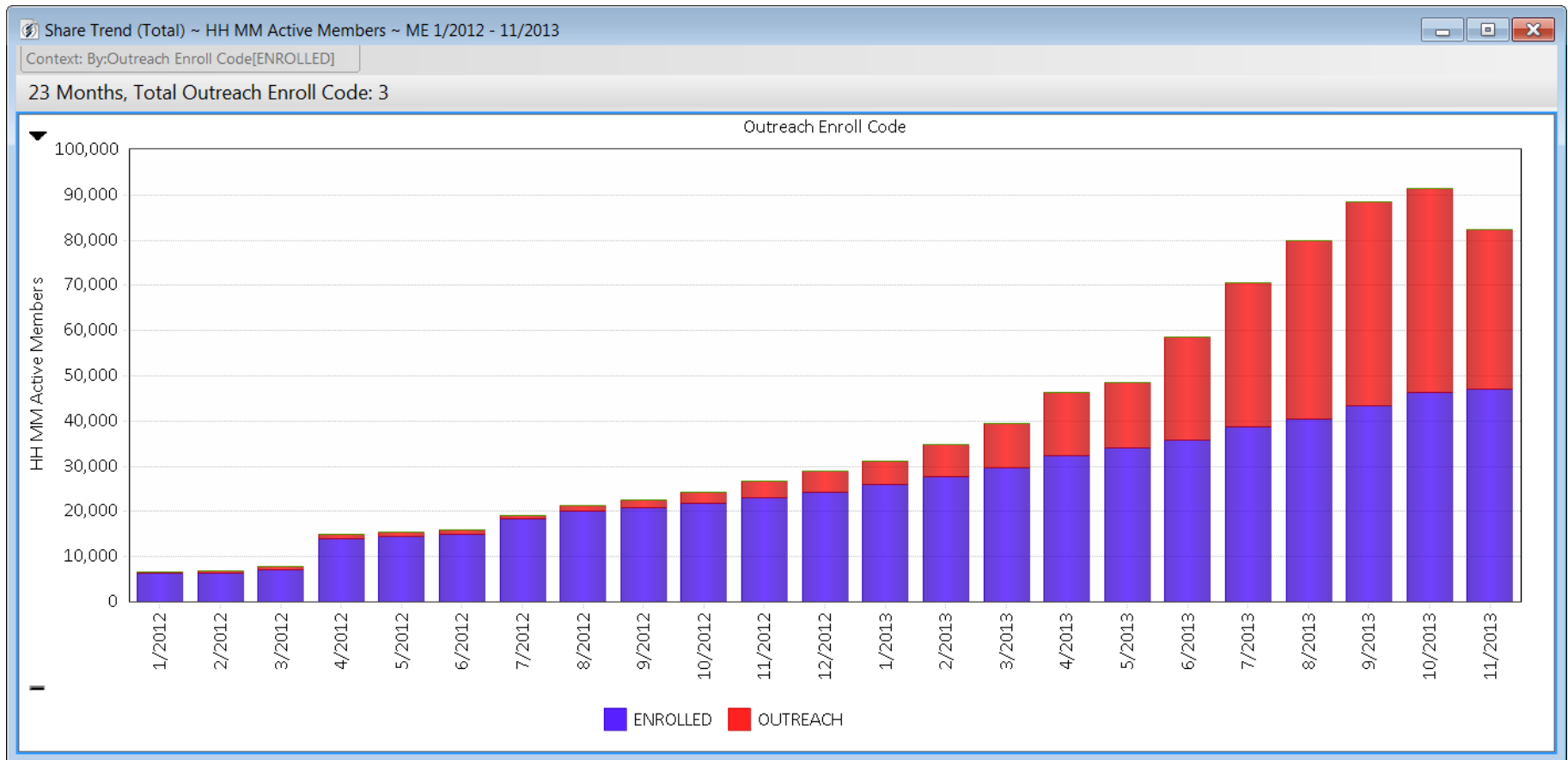


## Next Steps

- Complete *Beta* testing
- Add phase 2 data as available
- Work with Provider Performance Data Team to understand data needs
- Work with DOH to share “early returns” data with provider community
- Incorporate into provider portal



# Monthly Trend of Health Home Members in Outreach and Enrollment





# Working the List: Moving Members from Assignment to Outreach and Enrollment

Comp ~ ME 1/2012 - 12/2013

Context: HealthHome\_Tracking

By:County / Borough[County] **G\_S-Phase II** \ Health Home Name[HHTracking] \ Care Mgmt Name

3 County / Borough Collections

	Unique HH Members DOH Assigned	Unique HH Rate of Assigned to Outreach	Unique HH Rate of Assigned to Enrollment
- G_Phase II	103,041	19.60	3.91
+ Health Home A	2	100.00	0.00
+ Health Home B	8,964	84.76	3.70
+ Health Home C	4,228	75.76	7.69
+ Health Home D	7,235	66.70	4.92
+ Health Home E	2	50.00	0.00
+ Health Home F	249	38.96	4.42
+ Health Home G	4,881	24.01	10.12
+ Health Home H	9	22.22	0.00
+ Health Home I	5,302	18.20	1.87
+ Health Home J	932	17.92	5.04
+ Health Home K	18	16.67	0.00
+ Health Home L	4,828	12.78	3.73
+ Health Home M	606	11.72	2.97
+ Health Home N	11	9.09	18.18
+ Health Home O	4,013	8.92	4.76
Totals (County / Borough[County])	222,370	14.43	4.23

View members by downstream Care Management Entities

Grouping Health Homes by Phase as example of peer group comparison



# Scorecard View: Focused on Health Home G

MultiView ~ ME 11/2013 [Comp]

Context: By:Health Home Name[HHTacking]: **Health Home G**

Total Health Home Name: 38

	Unique HH Members Count	Month	YTD
		This	This
Health Home A	8,542		
Health Home B	8,043		
Health Home C	7,667		
Health Home D	7,609		
Health Home E	6,866		
Health Home F	5,348		
<b>Health Home G</b>	<b>4,317</b>		
Health Home H	3,818		
Health Home I	3,193		
Health Home J	3,153		
Health Home K	2,606		
Health Home L	2,525		
Health Home M	2,240		
Health Home N	2,125		
Health Home O	2,096		
Health Home P	1,973		
Health Home Q	1,502		
Health Home R	1,439		
Totals	82,414		
		Unique HH Members Enrolled to Date	3,316 4,028
		Unique HH Members Outreach to Date	1,001 4,278
		Unique HH Members DOH Assigned	4,678 6,275
		Unique HH Members Referred	2,051 3,015
		Unique HH Members Disenrolled	0 599
		Unique HH Members Opted Out	1 78
		Unique HH Successful Outreach to Enrollment	257.00 330.00
		Unique HH Members Enrolled from Assignment	346 399
		Unique HH Members Enrolled from Referral	1,089 1,245
		Unique HH Members Outreach from Assignment	943 1,671
		Unique HH Members Engaged Rate	25.67 7.71
		Unique HH Rate of Assigned to Enrollment	7.40 6.36
		Unique HH Rate of Assigned to Outreach	20.16 26.63
		Unique HH Rate of Referrals to Enrollment	53.10 41.29
		Unique HH Members Disenrolled Rate	0.00 14.87
		Unique HH Members Opted Out Rate	0.02 0.97

Click another Health Home and Scorecard recalibrates



# Tracking Key Visits: Are Health Homes Changing Utilization Patterns?

Comp ~ ME 11/2013

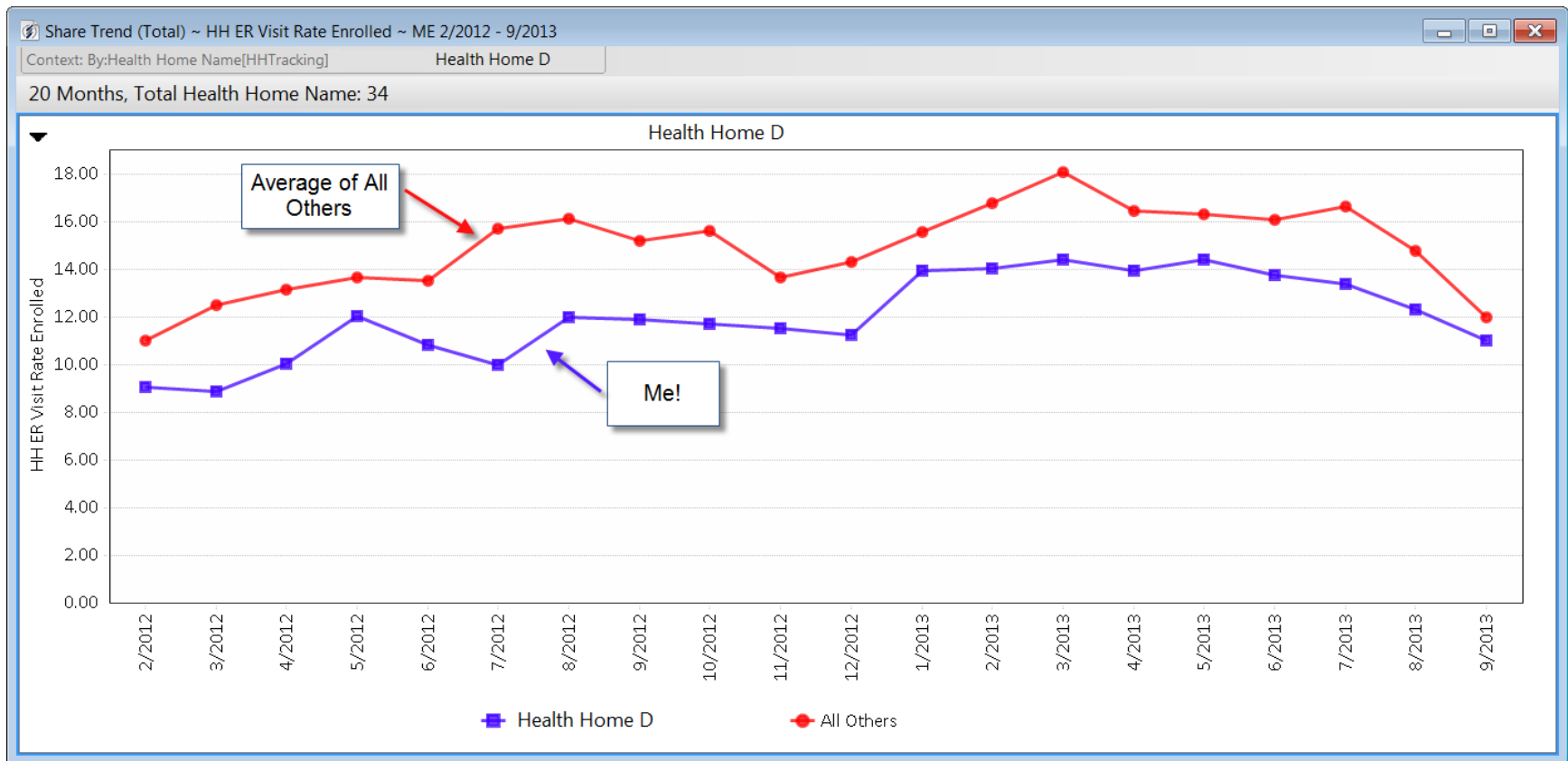
Context: By:Health Home Name[HHTracking] | Health Home A

Total Health Home Name: 31

	HH MM Active Enrolled ▾	HH Primary Care Visits	HH ER Visits	HH Inpatient Admissions
+ Health Home A	7,111	1,335	226	389
+ Health Home B	4,451	574	97	219
+ Health Home C	4,373	228	75	121
+ Health Home D	3,316	453	102	150
+ Health Home E	3,308	1,223	108	291
+ Health Home F	2,902	602	91	203
+ Health Home G	2,695	658	129	59
+ Health Home H	2,374	565	71	144
+ Health Home I	2,240	100	117	62
+ Health Home J	1,653	307	57	56
+ Health Home K	1,439	237	57	68
+ Health Home L	1,412	87	71	62
+ Health Home M	1,381	212	118	88
+ Health Home N	1,093	292	134	49
+ Health Home O	930	78	76	42
+ Health Home P	891	51	54	46
+ Health Home Q	872	171	68	31
+ Health Home R	846	293	60	169
+ Health Home S	794	128	54	30
+ Health Home T	660	218	74	13
Totals	47,122	8,204	2,041	2,429



# Comparing My Health Home to All Others on ER and Other Key Visit Rates





# Claims Paid to Providers for Members Not in Tracking System

Comp ~ ME 1/2012 - 12/2013

Context: Medicaid\_Claim\_Services

By: Health Home Name[HHTracking] **Not Available** \ Billed Provider MMIS Name \ HH MC Plan Name

Recipient: G[DOH]\_Not in Tracking - Outreach or Enrollment [Dynamic Date] (19,405 out of 19,405)

Filters: Rate Summary:G\_Health Home Rates - All

Total Health Home Name: 33

Health Home for members not in Tracking System

Only Members who are not in Outreach or Enrollment in the Tracking System

	MA Svcs Paid	Unique Recipients w/MA Svc Claims
<b>Health Home A</b>	\$35,961,786.73	13,924
+ Billing Provider: Health Home A	\$5,867,689.48	936
+ Billing Provider: Health Home C	\$3,245,935.52	445
+ Billing Provider: Care Management Entity B	\$2,295,745.09	1,211
+ Billing Provider: Health Home D	\$2,035,530.05	313
+ Billing Provider: Care Management Entity A	\$1,241,376.81	247
+ Billing Provider: Care Management Entity D	\$1,207,107.41	262
+ Billing Provider: Health Home G	\$1,087,531.95	774
+ Billing Provider: Health Home B	\$939,102.22	208
+ Billing Provider: Health Home S	\$927,346.64	229
+ Billing Provider: Care Management Entity F	\$916,540.84	291
+ Billing Provider: Care Management Entity C	\$739,487.36	271
+ Billing Provider: Care Management Entity H	\$692,154.69	380
+ Billing Provider: Health Home T	\$666,318.14	205
<b>Totals</b>	<b>\$38,321,144.31</b>	<b>19,405</b>

Providers who billed for services