



Health Home Implementation Work Group

April 21, 2022, 3:00 CT



AGENDA



Agenda

Introductions

Health Home Update

Outcome Measures Comparison

Update Tier Proposal

Tier 4 Concerns

Proposed Subgroup Work

Discussion/Questions

Health Home Update



Status Update

- Currently, 137 Health Homes serving 141 locations.
- New Clinics since last meeting
 - Access Health -Ft. Pierre 04.01.2021
 - Redfield Clinic 07.01.2021
 - Dakota Family Medicine/Chamberlain 07.01.2021
 - RCMC – Tower Rd location 07.01.2021
 - Bon Homme Family Medicine - Avon and Tyndall – 01.01.2022
 - Access Health – Murdo 04.01.2022
- Due to the ongoing Public Health Emergency, we are serving our highest client numbers ever at around 7,000.
- We continue to provide training and opportunities to collaborate.
- More experienced Health Homes serve as mentors to new Health Homes.
- Implemented the Revised Outcome Measures 01.01.2021.
- Implemented the Revised Quality Incentive Payment Methodology for the Payment made in 2021.

Outcome Measure Comparison





Outcome Measure Comparison

- Every year DSS submits data to CMS for the HH program.
- While we have been reporting for many years, CMS just released results by state for the CY 2018 data in 2020.
- CMS also recently released data for the CY2019, but it only included the national results with the Median, Upper Quartile and Lower Quartile for each measure. No state-by-state results.
- The slides below also include the data for each measure for CY 2020. This data has not yet been reported to CMS due to a system change for reporting.
- The next set of slides contains the results for each of the measures.
- **NOTE** – Median, Upper Quartile and Lower Quartile lines are all from the CY2019 data.
- Federal Fiscal Year (FFY) always references the previous calendar year (CY) so FFY2020 means CY 2019.

There are two (2) measures submitted by South Dakota that were not available for performance analysis by CMS, they are detailed below.

Measure 2-CDF-HH: Screening for Clinical Depression and Follow-Up Plan

FFY20	Total	Age 12-17	Age 18-64	Age 65+
Percent Screened	77.3%	56.6%	79.2%	84.8%
FFY20	Total	Age 12-17	Age 18-64	Age 65+
Percent Positive	32.1%	15.2%	36.0%	20.1%
FFY20	Total	Age 12-17	Age 18-64	Age 65+
Percent with Follow-Up	72.2%	69.0%	72.3%	71.7%

Measure 5- CBP-HH: Controlling High Blood Pressure

FFY20	Total	Age 18-64	Age 65-85
Denominator (Number of People with Hypertension)	1213	796	417
Number of People with Hypertension with Controlled BP	1116	718	398
Percent with hypertension that is controlled	92.0%	90.2%	95.4%

South Dakota's Performance

Outperformers

Measure 1: Body Mass Index

Measure 3: All-Cause Readmissions Rate

Measure 7: Prevention Quality Indicator (PQI) 92: Chronic Conditions Composite

Measure 8: Ambulatory Care - Emergency Department Visits

Under Performers

Measure 4: Follow-Up After Hospitalization for Mental Illness

Measure 6: Initiation Engagement of Alcohol and Other Drug Dependence Treatment

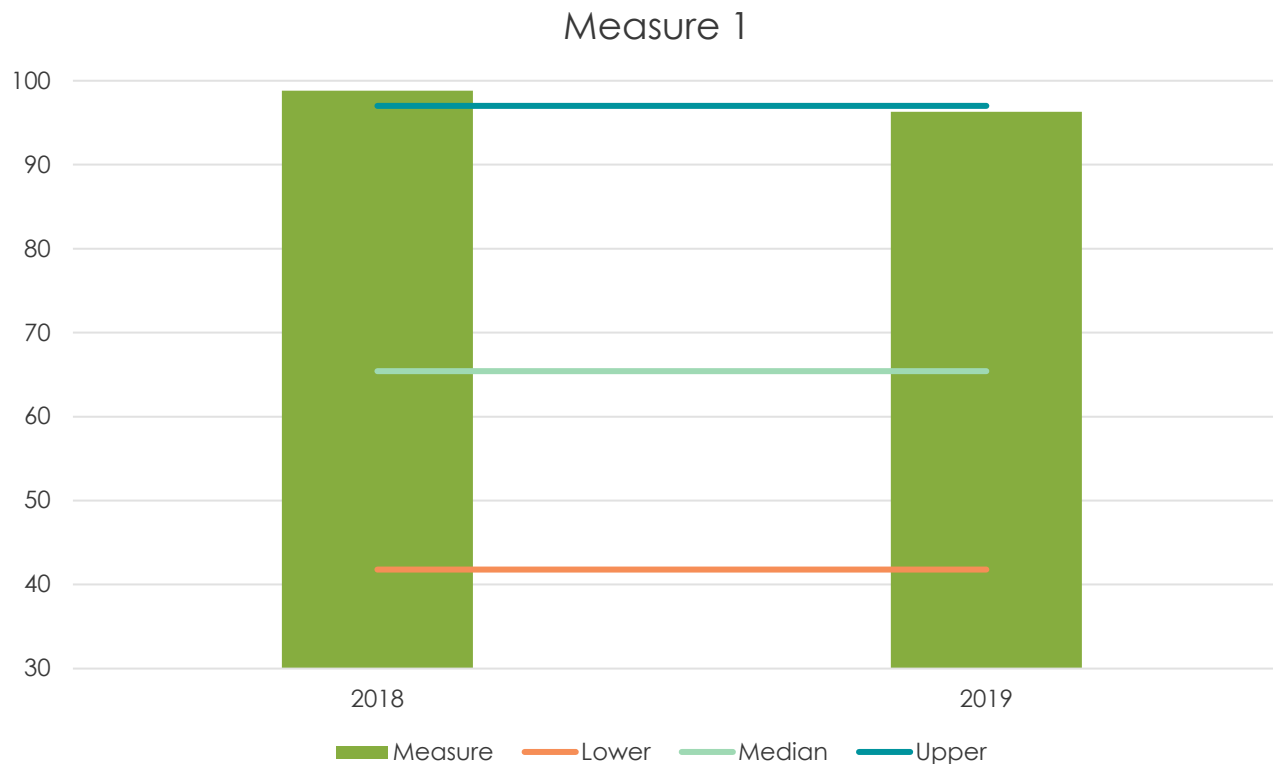
Measure 10: Opiate Use Disorder Utilization

Measure 11: Follow-Up After ED Visit for Alcohol and Other Drug Abuse or Dependence

*Measure 9 is currently under review

Measure 1 ABA-HH: Adult Body Mass Index (BMI) Assessment Out Performer

Percentage of Health Home Enrollees Ages
18 to 74 who had an Outpatient Visit and
whose Body Mass Index Value was
Documented in the Medical Record
Higher is Better

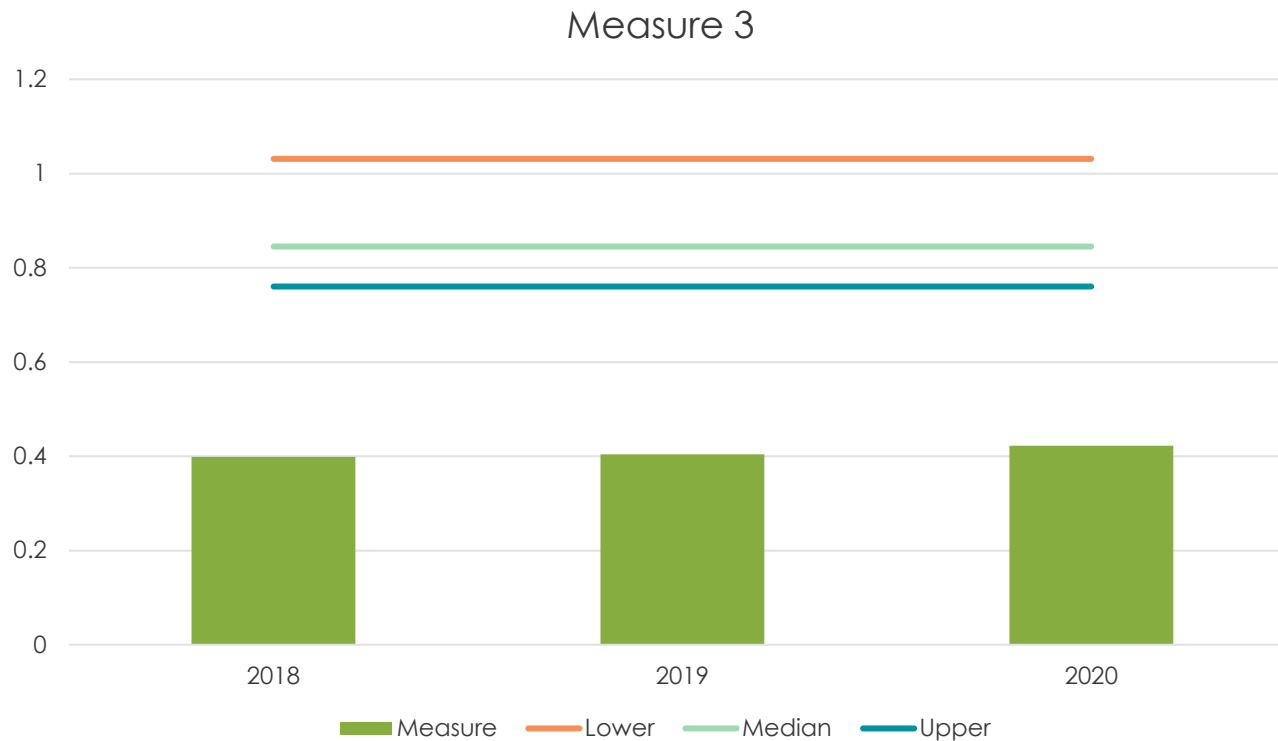


Year	Measure
2018	98.8
2019	96.3
2019 Quartile Data	
Lower	41.8
Median	65.4
Upper	97
*2020 Data Not Available	

Measure 3 PCR-HH: Plan All-Cause Readmissions Rate Out Performer

Ratio of Observed All-Cause
Readmissions to Expected Readmissions
(O/E Ratio) among Health Home
Enrollees Ages 18 to 64

Lower is Better



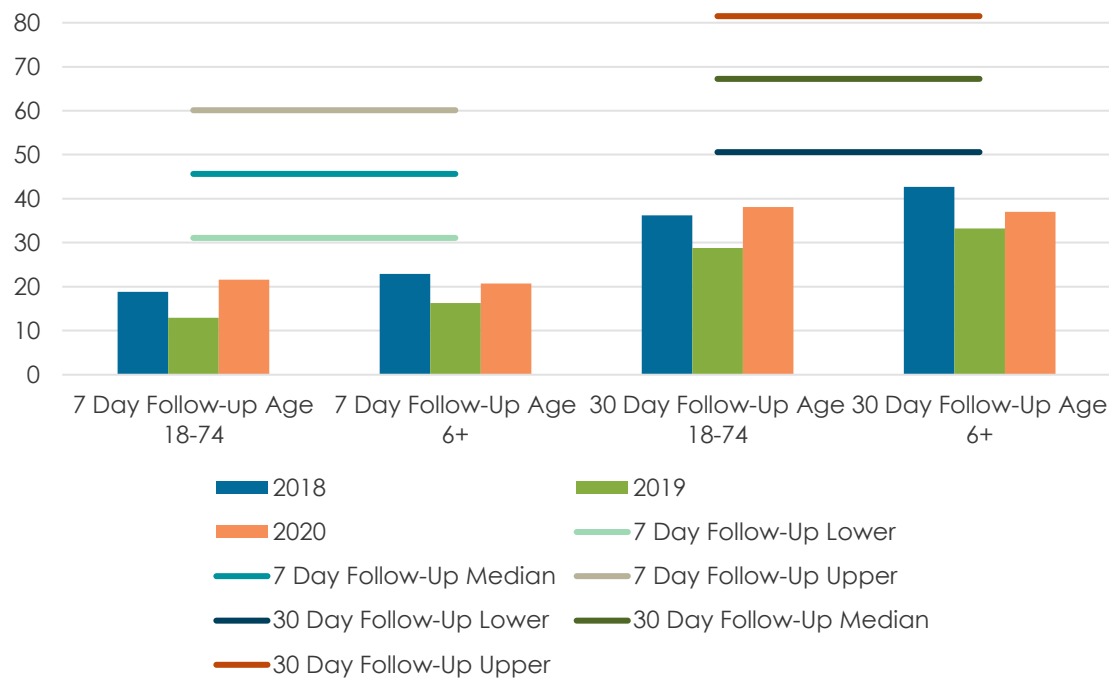
Year	Measure
2018	0.3988
2019	0.4041
2020	0.4223
2019 Quartile Data	
Lower	1.0311
Median	0.4852
Upper	0.7605

Measure 4 FUH-HH: Follow-Up After Hospitalization for Mental Illness Under Performer

Percentage of Discharges for Health Home Enrollees
Age 6 and Older Hospitalized for Treatment of Mental
Illness or Intentional Self-Harm with a Follow-Up Visit
with a Mental Health Practitioner within 7 and 30 Days
After Discharge

Higher is Better

Measure 4



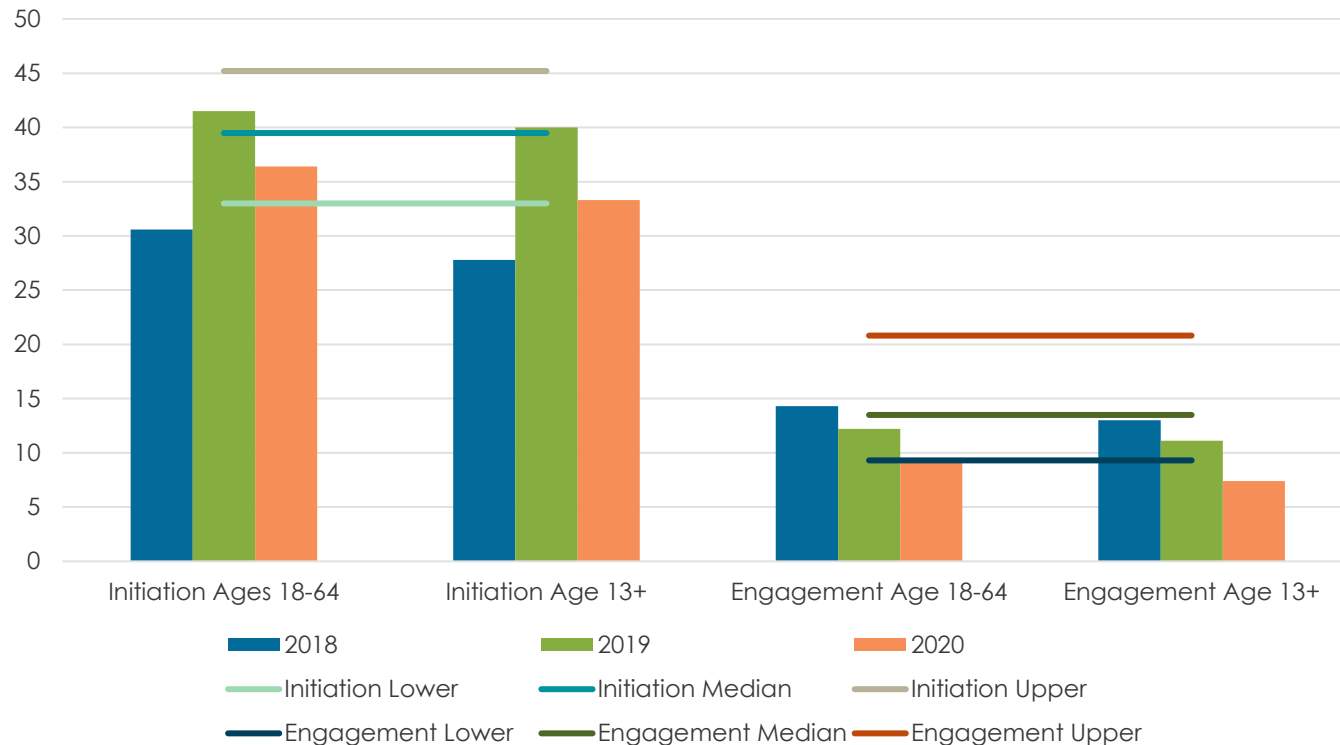
Year	7 Day Follow-up Age 18-74	7 Day Follow-up Age 6+	30 Day Follow-up Age 18-74	30 Day Follow-up Age 6+
2018	18.8	22.9	36.2	42.7
2019	12.9	16.3	28.8	33.2
2020	21.6	20.7	38.1	37
2019 Quartile Data				
Lower	29.8	31.1	44.9	50.6
Median	42.2	45.6	65	67.2
Upper	57.3	60.1	77.9	81.5

Measure 6 IET-HH: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - Under Performer

Percentage of Health Home Enrollees Age 13 and Older with a New Episode of Alcohol or Other Drug Abuse or Dependence, who: (1) Initiated Treatment within 14 Days of the Diagnosis, and (2) Initiated Treatment and Had Two or More Additional Services within 34 Days of the Initiation Visit

Higher is Better

Measure 6



Year	Initiation Ages 18-64	Initiation Age 13+	Engagement Age 18-24	Engagement Age 13+
2018	30.6	27.8	14.3	13
2019	41.5	40	12.2	11.1
2020	36.4	33.3	9.1	7.4
2019 Quartile Data				
Lower	32.6	33	9.7	9.3
Median	38.9	39.5	13	13.5
Upper	45.3	45.2	20.9	20.8

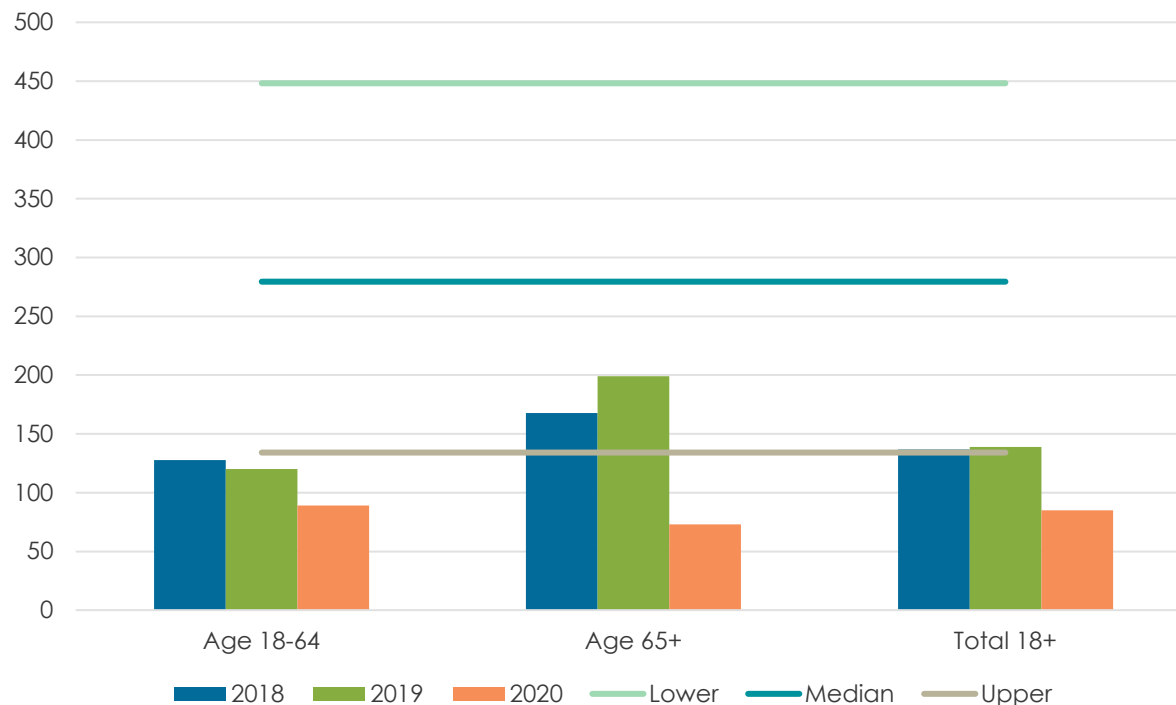
Measure 7

PQI92-HH: Prevention Quality Indicator (PQI) 92: Chronic Conditions Composite Out Performer

Number of Inpatient Hospital Admissions for Ambulatory Care Sensitive Chronic Conditions per 100,000 Enrollee Months for Health Home Enrollees Aged 18 and Older

Lower is Better

Measure 7



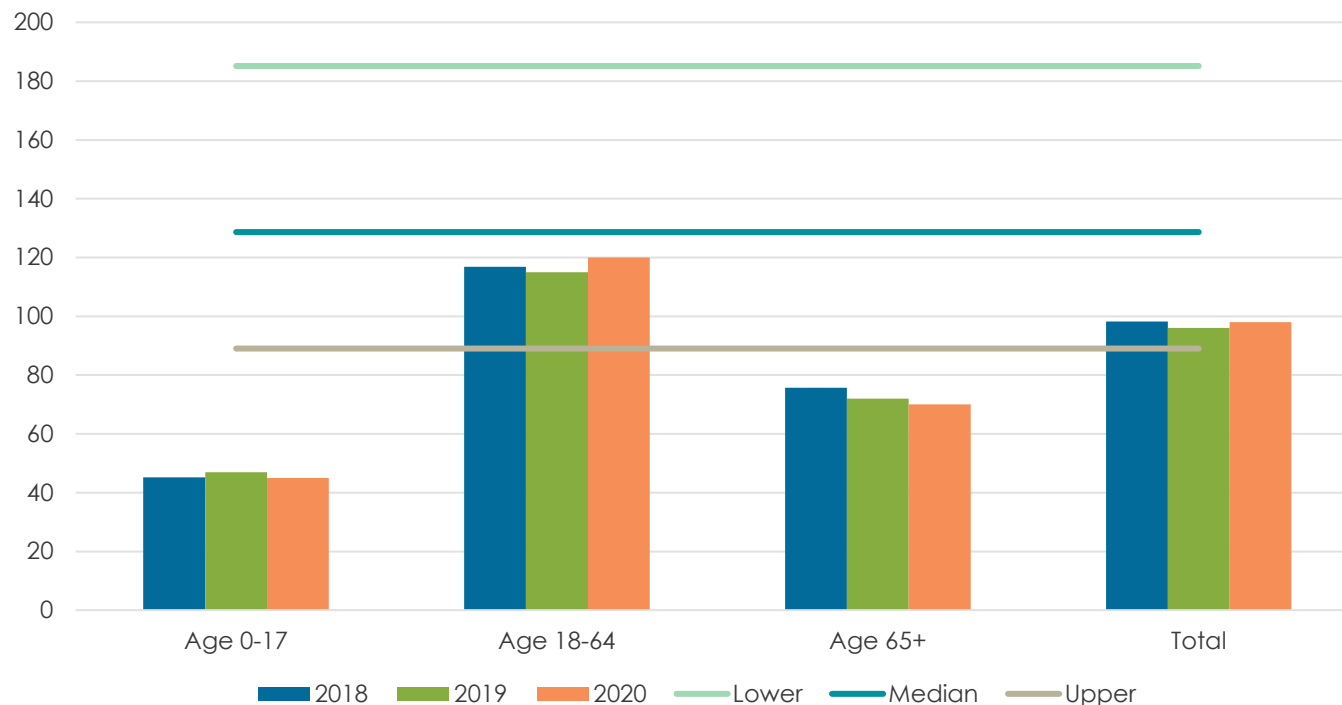
Year	Age 18-64	Age 65+	Total 18+
2018	127.7	167.7	136.7
2019	120	199	139
2020	89	73	85
2019 Quartile Data			
Lower	441.9	662.8	448.1
Media n	292	401.6	279.4
Upper	134	134	134.1

Measure 8 AMB-HH: Ambulatory Care - Emergency Department Visits Out Performer

Rate of Emergency Department Visits per 1,000 Enrollee Months for Health Home Enrollees

Lower is Better

Measure 8



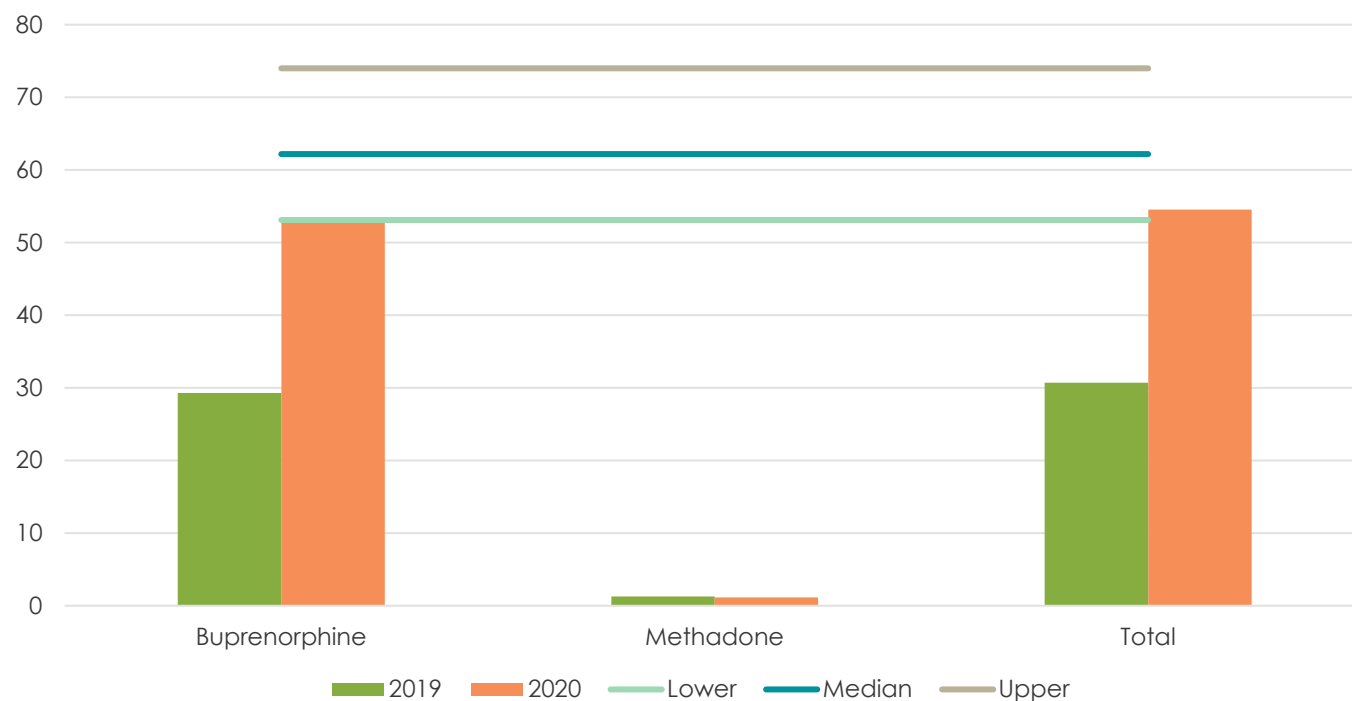
Year	Age 0-17	Age 18-64	Age 65+	Total
2018	45.2	116.8	75.7	98.20
2019	47	115	72	96
2020	45	120	70	98
2019 Quartile Data				
Lower	95.7	189.9	127.9	185.1
Median	76.4	150	93.9	128.7
Upper	53.3	105.8	69.8	89

Measure 10 OUD-HH: Opiate Use Disorder Utilization Under Performer

Percentage of Health Home Enrollees Ages 18 to 64 with an Opioid Use Disorder who Filled a Prescription for or were Administered or Dispensed an FDA-Approved Medication for the Disorder

Higher is Better

Measure 10



Year	Buprenorphine	Methadone	Total
2019	29.3	1.3	30.7
2020	53.41	1.14	54.55
2019 Quartile Data			
Lower	29	7.1	53.1
Median	39.2	22.9	62.2
Upper	50.8	29.7	74.01
*2018 Data Not Available			

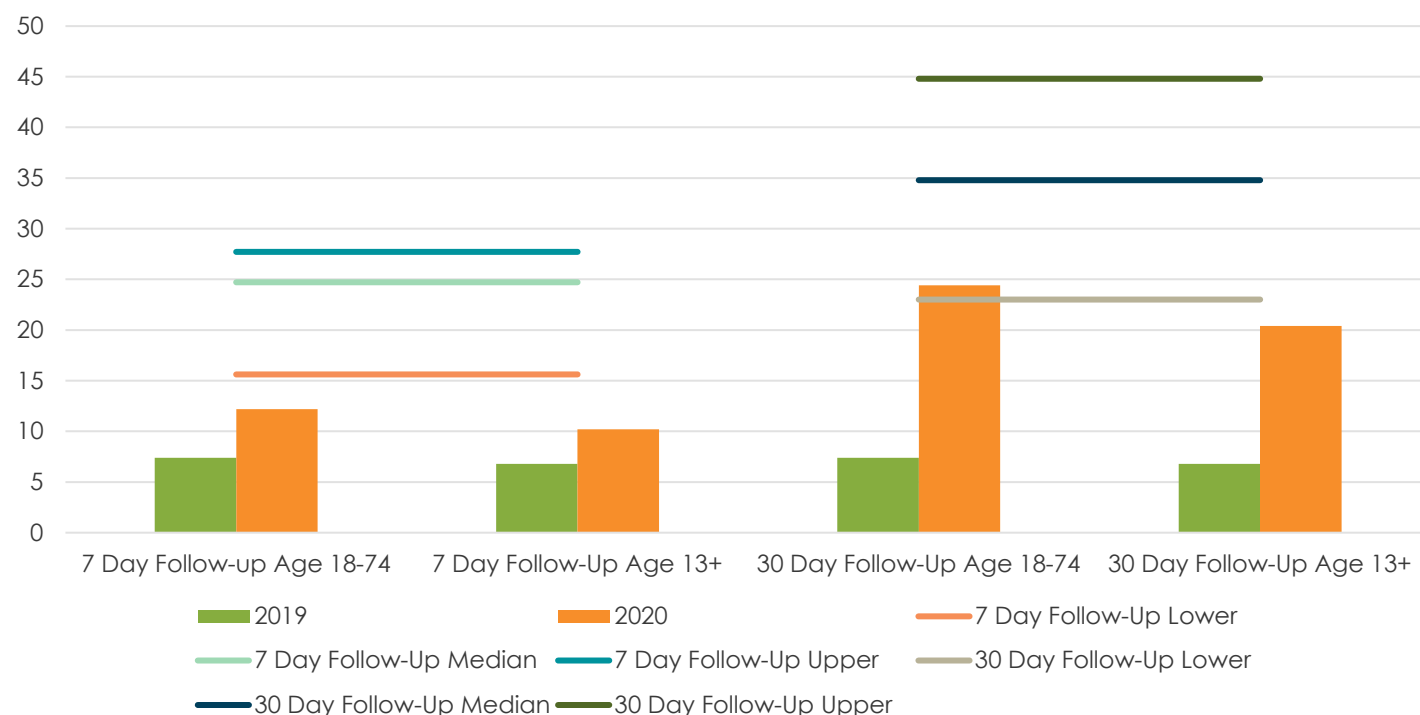
Measure 11

FUA-HH: Follow-Up After ED Visit for Alcohol and Other Drug Abuse or Dependence Under Performer

Percentage of Emergency Department (ED) Visits for Health Home Enrollees Aged 13 and Older with a Principal Diagnosis of Alcohol or Other Drug (AOD) Abuse or Dependence with a Follow-Up Visit within 7 and 30 Days After the ED Visit

Higher is Better

Measure 11



Year	7 Day Follow-up Age 18-74	7 Day Follow-up Age 13+	30 Day Follow-up Age 18-74	30 Day Follow-up Age 13+
2019	7.4	6.8	7.4	6.8
2020	12.2	10.2	24.4	20.4
2019 Quartile Data				
Lower	12.9	15.6	19.2	23
Median	24	24.7	34.9	34.8
Upper	26.6	27.7	41	44.8
*2018 Data Not Available				

Tier Update Proposal



History

Original plan in 2013, was to update the Tier of recipients ever 6 months.

When the first 6-month update arrived, DSS evaluated the results of the update and found that Tiers go up and down each month as well as changes that could not be explained.

Did not feel that we could implement the update based on the most recent month.

After consulting with the Implementation Workgroup, we decided to postpone the planned update and introduced the manual tiering process as an option to add recipients or adjust the Tiers of recipients.

To date the only Tiers that have been adjust are those through the Manual Tier process which typically is a request to add or increase.

Tiers have also been adjusted both up and down, when we add new clinics based on the most recent file. Also remove opt outs for these recipients.

Goals

01

The goal was to find a way to smooth out the highs and lows of the Tiers as they come in each month.

02

Find a way to drop people off the program as their claims indicate there the program is no longer needed.

03

Allow providers a way to have a discussion with recipient who drop to a Tier 1 to determine if there is a still a need.

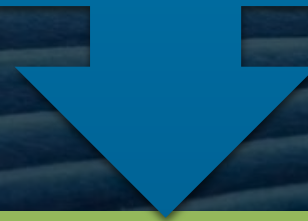
04

Find a way to inform providers of all changes when the update happens



Why Now?

An independent review placed this as one of the priorities that need to be completed. To make sure that providers were being paid the appropriately for the recipients.



DSS needs a consistent way to update the Tiers as recipient move up and down the Tier scale and fall off the program when they no longer need care management.





▼ Research Parameters

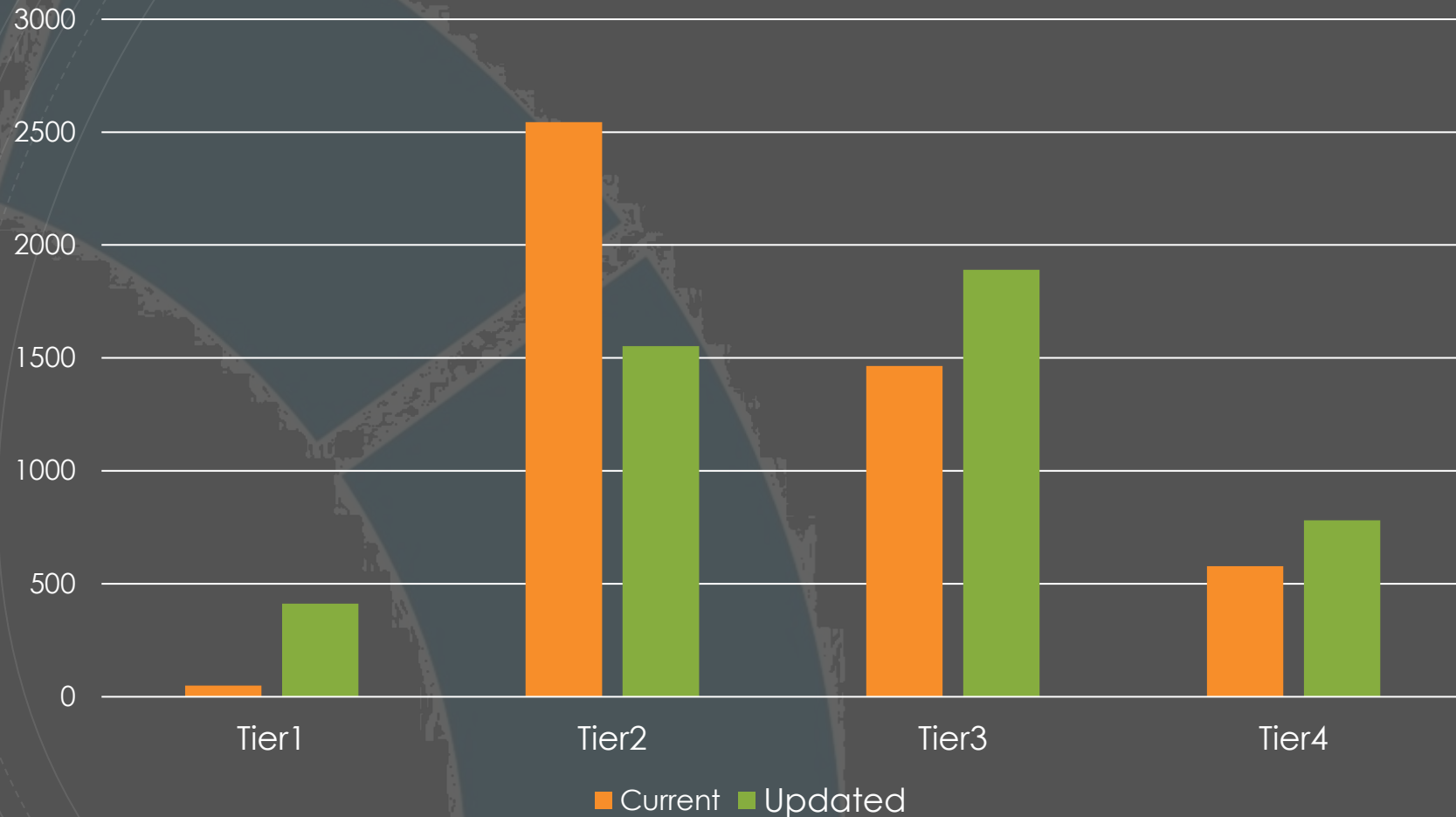
- Vendor provided a sample file that provided six-month average Tier for each recipient eligible for the Health Home program.
- If recipients had an active provider, they remained as part of the analysis.
- If recipients were provided a core service one of the last 4 quarters, they remained in the sample.
- Final sample for evaluation was 4653 recipients.
- Tiers were moved 1 up and 1 down.



▼ Tier Update Proposal

- Attribution Vendor will deliver a Tier update file in the month of December. File will be an average of Tiers for each recipient in the previous 6 files.
- The update will be completed on 01.01.CCYY of each year.
- Active recipients will remain with the same provider and their tier will be increased or decreased according to the file. Tiers will only go up one and down one.
- DSS will make a list of changes available to the coordinators like a caseload report.
- If no change is made, recipient will remain as is.
- If recipient is no longer eligible, their occurrence will be ended on 12.31.CCYY and they will be dropped from the program. If provider feels a need for the recipient to remain on the program, a manual tier form can be completed.
- If recipient falls to a Tier 1, provider can discuss with the recipient/caregiver, the purpose of the program and determine if the recipient should remain on the program.

Comparison between Current and Updated Tier numbers



Tier 4 Concerns





Tier 4 Rate Concerns

- Since the inception of the program, the difference between Tier 3 and Tier 4 PMPM payments has been a concern.
- The 2015 Cost Study normalized these rates and brought them closer to the Tier 3 rate.
- As DSS has inflated these rates the disparity between the rates continues to grow.
- No additional work is required as Tiers increase
- The percentage of cost avoidance continues to decrease indicating that a higher Tier rate doesn't really help improve management.
- See Chart next slide.

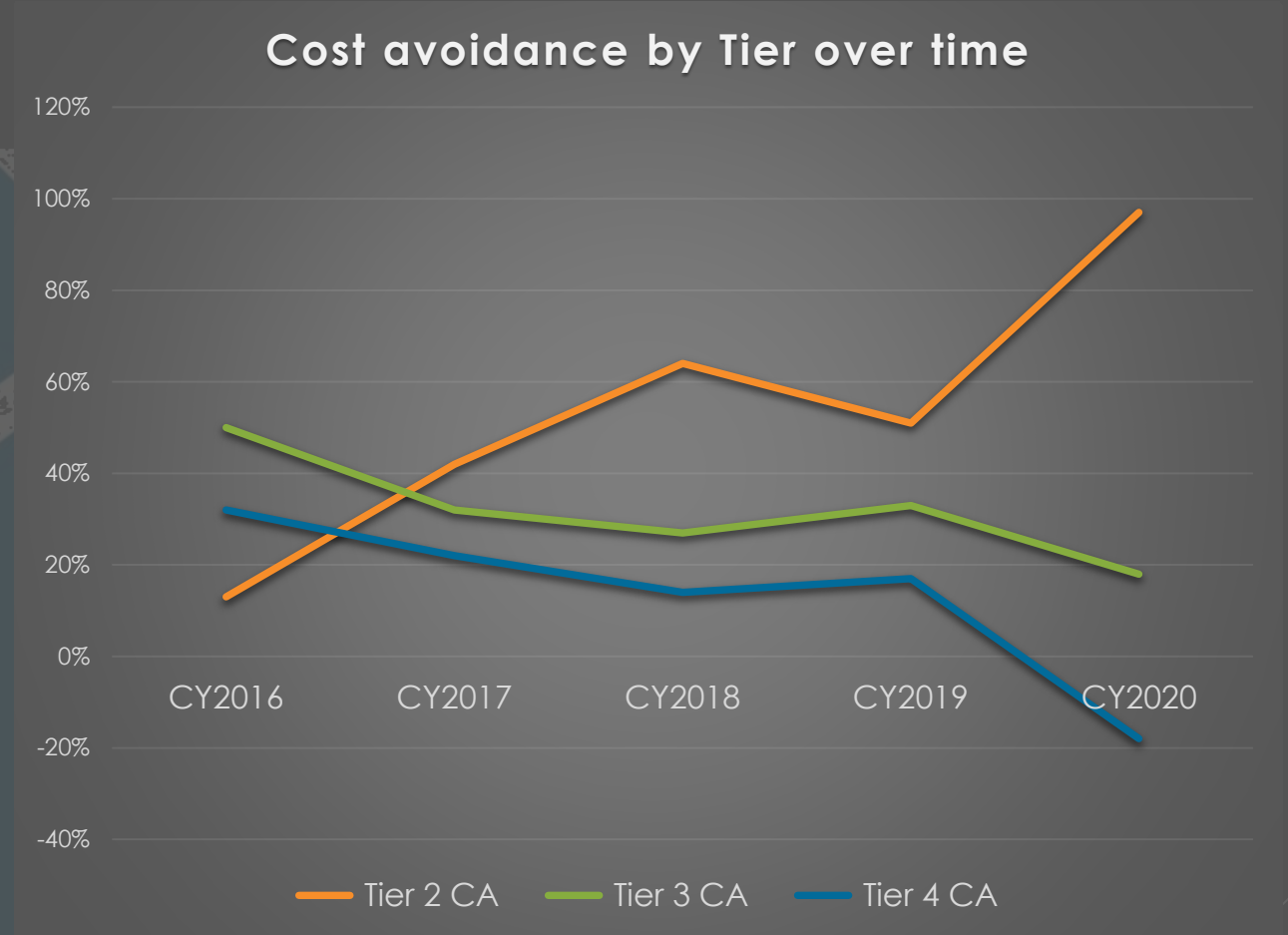
Current Rates

- The Current rates took effect in July 2021.

Tier	CMHC	PCP
1	\$11.10	\$11.10
2	\$40.68	\$35.75
3	\$59.17	\$60.41
4	\$197.24	\$308.18

Tier 4 rate cost avoidance continues to decline

***Note:** Vendor does not receive the claims for the PMPM to include in the cost avoidance numbers. They are taken off the top of the entire estimated cost avoidance.



▼ DSS Proposes

Even with this adjustment 84% of clinics or clinic systems will earn more on the PMPM.

- Tier update should be close to budget neutral.
- Tier 4 payment needs to be addressed to make the update budget neutral.
- July 1 proposal with provider inflation will only exacerbate the situation.
- Propose moving Tier 4 for back to 2015 Cost Study rate in order to move back to a more reasonable difference.
 - PCP \$250
 - CMHC \$160
- Propose forgoing the July1 inflation of Tier 4 rates.
- Would recommend developing a subgroup to make recommendations on how to differentiate the requirement by Tier in order to achieve better management of the Tier 3 and 4 recipients.
- Even with this adjustment 84% of clinics or clinic system will earn more on the PMPM.

2022 Subgroup Work



Proposed 2022 Subgroup Work

- Appoint a new Subgroup to work with DSS to explore ways to stratify the work required for each Tier so we get a return on our investment.
- Continue working with the Outcome Measure Subgroup to explore and pilot methods of using only claims data to submit outcome measures rather than an extra report.



Questions Concerns



Thank You

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