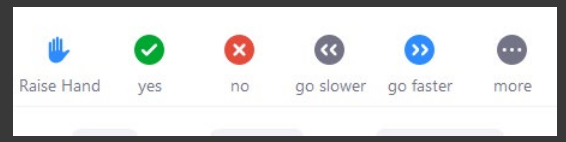
Health Home Update 2021

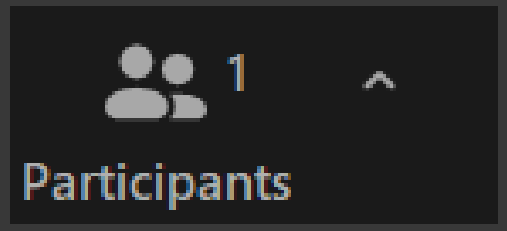
Virtual - August 10, 2021

South Dakota Department of Social Services

Purpose of the Health Home Sharing Session

- Cover some of the basics of Health Homes and learn what has changed.
- Get to know the other clinics and coordinators in your area, so if you need to ask them “how to” questions you feel comfortable.
- Learn how to solve problems
- Learn more about resources available to you.





Meeting Agreements

- Be Present
- Use your video camera whenever you can
- Place yourself on mute when you are not speaking
- Let everyone know when you are finished speaking by saying “I am complete” or “I am done”
- Use chat to ask questions, indicate if you need something repeated, or to participate
- Use the raise your hand function Click on the participants button (bottom or top of screen)

Raise your Hand Test

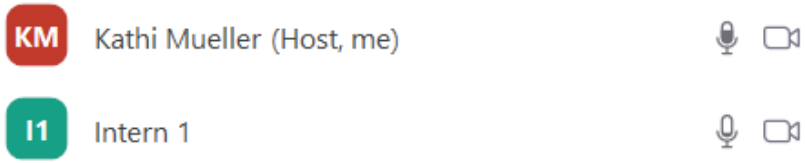
Remember find the Participants button at the top/Bottom of your screen. It should drop down a set of options that will allow you to raise your hand.

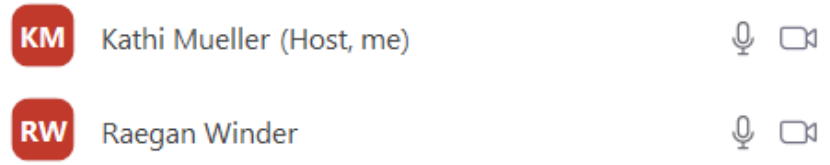
Raise your hand if…..

- You have participated in 4 or more Sharing Sessions
- You have participated in 2-3 Sharing Sessions
- This is your first Sharing Session.

Meeting Agreements Cont.

- Add your name so we can identify who is speaking.
- Go to Participants once again. Once you have found something that might represent you, such as a phone number or computer name, you will see a mute button and 3 dots, when you hover over the dots it will indicate rename, click on rename and then update it to your name.





Health Home Basics/ Polls

Practice Poll: Are you a morning or evening person?

Which of the following is not a goal of the Health Home Program?

Which of the following are not one of the three main criteria of the Health Home Program?

Which of the following is not a one of the Six Core Service Basic Requirements?

Which of the following service would not be considered one of the Six Core Services?

What is the goal of the Health Home Program?

- Coordinate the care of Medicaid Recipients who have high cost and high needs
  - Reduce the Cost of care for these recipients
  - Improve the health outcomes of these recipients

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What are the three Main criteria that make a recipient eligible for the Health Home Program?

- Any Medicaid recipient who has
  - ***Two or more chronic conditions OR***
  - ***One chronic and at risk for another (Defined separately):***
    - **Chronic conditions:** Mental illness, substance abuse, asthma, COPD, diabetes, heart disease, hypertension, obesity, musculoskeletal, and neck and back disorders.
    - **At risk conditions:** Pre-diabetes, tobacco use, cancer, hypercholesterolemia, depression, and use of multiple medications (6 or more classes of drugs).

- ***One severe mental illness or emotional disturbance.***

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What are the four Basic criteria of a Core Service?

- Health Home minimum requirement is to provide one of the Core Services to each recipient every quarter:
  - ***Recipient should be engaged by the action – not simply provider care conference.***
  - *Core Services are actions that are specific to the patient, tied to their care plan.*
  - *Documented in the Electronic Health Record.*
  - *Not a services previously billed to Medicaid using a Fee for Service, Daily or Encounter rate*

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What are the Six Core Services?

The Six Core Services for the Health Home Program include:

- Comprehensive Care Management
- Care Coordination
- Health Promotion
- Comprehensive Transitional Care
- Recipient and Family Support Services
- Referrals to Community and Social Support Services

Health Home Capacity

Number of Health Homes has increased by 5 since last year. As of July1, 2021 we had 135 Health Homes serving 139 locations.

- FQHCs = 29
- Indian Health Service/Tribal 638 = 12
- CMHCs = 9
- Other Clinics = 85

New Health Homes

- **January 2021**
  - Madison Regional Health Care System – Kari Bruns
  - Access Health Brookings – Transitioned from Avera Brookings – Tara Liebing
- **April 2021**
  - Oahe Valley Health Center – Anita Baker
- **July 1, 2021**
  - Redfield Clinic – Danene Frankenstein
  - Dakota Family Medicine - Jenny Braun
  - Rapid City Medical Center – Tower Road - Rachel Hart
- **Jan 1, 2022**
  - Winner Regional (possible)

Participation Cont.

- While we have increased our capacity, participation is currently at an all time high due to continuous enrollment requirement of the Public Health Emergency(PHE) set to expire on 12.31.2021.
  - All recipients except, for SCHIP (78 and 79), are required to be left on the program unless the recipient:
    - Dies,
    - Moves out of state,
    - Requests that their caseload be closed, or
    - Convicted of fraud or abuse.
    - They can also be removed
  - Examples of recipients who may fall out of the program when the PHE expires include:
    - Pregnant women,
    - Non-disabled recipients who turn 19, and
    - Recipients whose Transitional Medical Benefit (TMB) has expired.
  - No way to tell online which recipients may fall off the program if the PHE expires on 12.31.2021.

Participation Numbers

Year	Average
FY2019	5954
FY2020	5864
FY2021	6581

Recent Participation Numbers

July 27,2021					
Type	Tier1	Tier2	Tier3	Tier 4	Total
CMHC	9	173	296	88	566
I.H.S.	13	1472	558	198	2241
Other	54	2478	1053	476	4061
Total	76	4123	1907	762	6868

Subgroup Work

Met twice with the Health Home Quality Outcome Measure Subgroup

Two-fold purpose

- Define targets for each measure for the Health Home Quality Incentive Payment Subgroup.
- Refine the Outcome Measure set for CY 2021 to reduce the administrative burden of reporting.

Number of data point reported reduced from 60 to 18. Current requirements support the CMS submission effort.

Met with the Health Home Quality Incentive Payment Subgroup

Using the targets established by the Outcome Measure Subgroup, the group approved a methodology that reward both attainment of the target and progress towards the target.

Also established a way to reward health homes based on the severity of the recipients on their caseload.

Methodology continues provide money to clinics with an average caseload of 15 or less.

Example Calculation

- DSS worked with our vendor to calculate a Composite Score for each Clinic.
- Improvement is any improvement.
- Attainment is greater than or equal to the target.
- Clinic must have provided 50% or more of the recipients on their caseload a core service

Health Home Composite Scoring*	Weight**	Improvement***	Attainment****	Caseload Severity	Score
Depression Follow-Up Plan Documented	9	0.5		20.75	93.375
Substance Abuse Positive Referred	15		1	20.75	311.25
Chronic Pain Follow-up	9	0		20.75	0
Care Transition F/U	15		1	20.75	311.25
Active Care Plan	15		1	20.75	311.25
Recipients with Self Mgmt. Ability who use Tools	9	0.5		20.75	93.375
					0
BMI in Control	7	0.5		20.75	72.625
Mammogram up to date	7	0.5		20.75	72.625
Colonoscopy up to date	7		1	20.75	145.25
Blood Pressure in Control	7	0		20.75	0
					0
TOTAL	100.00				1411

Example Distribution

Pool Funding		$500,000
Small Clinic Pay		$75,000
Incentive Pool		$425,000
	Points	Incentive Dollars
HH #1	1000	$60,619
HH #2	1411	$85,533
HH #3	1700	$103,052
HH #4	1500	$90,929
HH #5	1400	$84,867
TOTAL	7011	$425,000
Incentive dollars per point		$60.62

- Each qualifying clinic will receive a portion of the funds based on their composite score. The higher the score the more money received.
- As the number of clinics increases, the incentive dollars per point decreases.

Quality Incentive Payment

More information about the Quality Incentive Payment can be found on our website at https://dss.sd.gov/healthhome/paymentinformation.aspx

Quality Incentive Payments

DSS has made Quality Incentive Payments based on CY2018 and CY2019 data to the following clinic locations based on the results of their outcomes data.

Clinic Payments CY2018 | CY2019

The methodology used to calculate these payments is summarized in the documents below.

Methodology CY2018 | CY2019

Information about this payment can also be found on Health Home Quality Incentive Payments.

Fee ScheduleCY2018 | CY2019

Quality Assurance Review

- This summer, Raegan conducted the Quality Assurance Review for 2020.

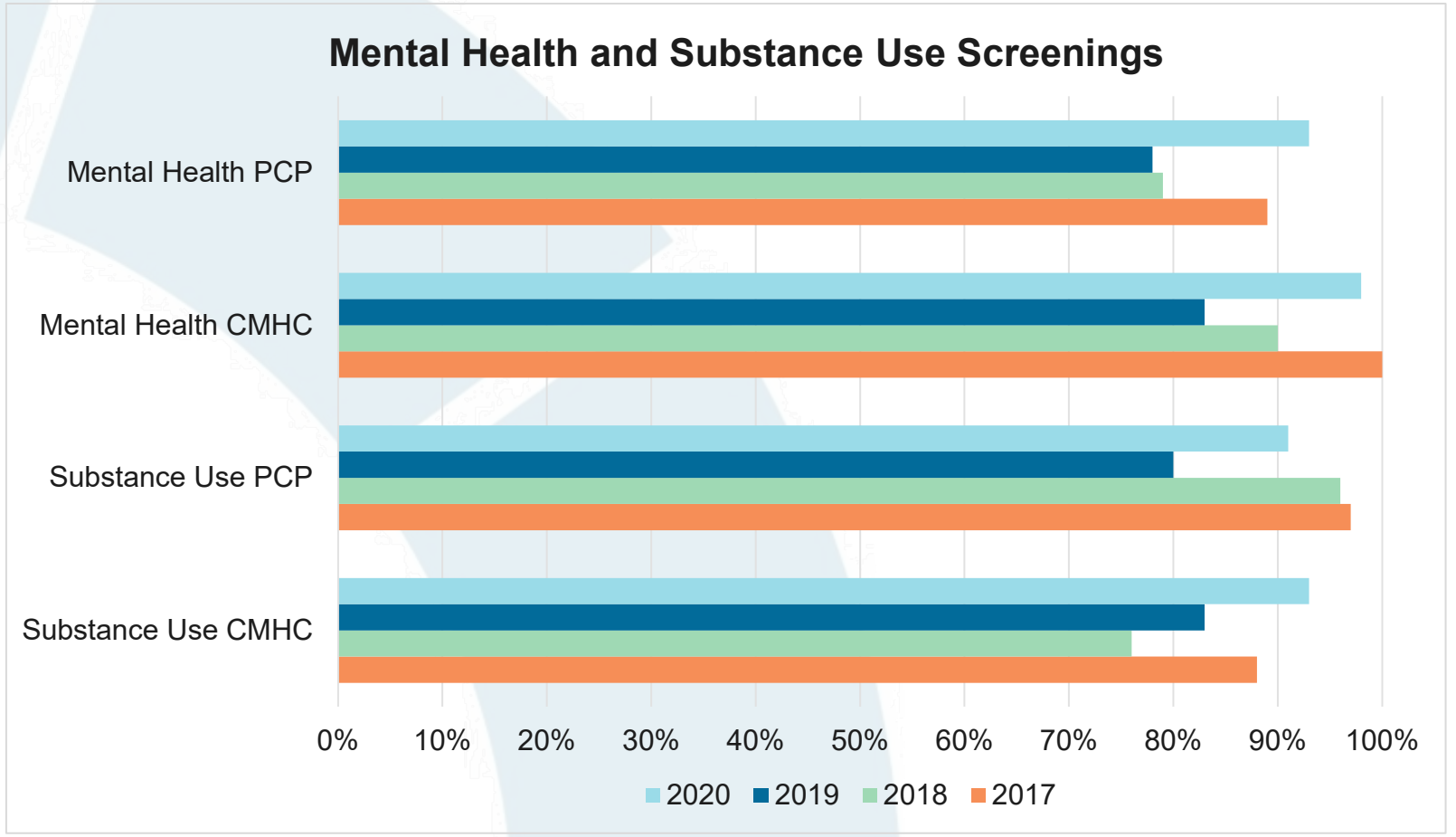
- 450 recipients were reviewed for the 2020 Review.
  - 2 recipients were randomly pulled from clinics associated with Sanford, Avera, and Horizon.
  - All other clinics were over sampled to 3% of the recipients who received a core service.
  - The sample universe was limited to the recipients who received a core service during the year.

- Care Plans and Core Services
  - 99.1% of reviewed recipients had an established care plan
  - 96.6% of reviewed recipients received a core service that tied to their care plan

Quality Assurance Review

Mental Health and Substance Abuse Screenings

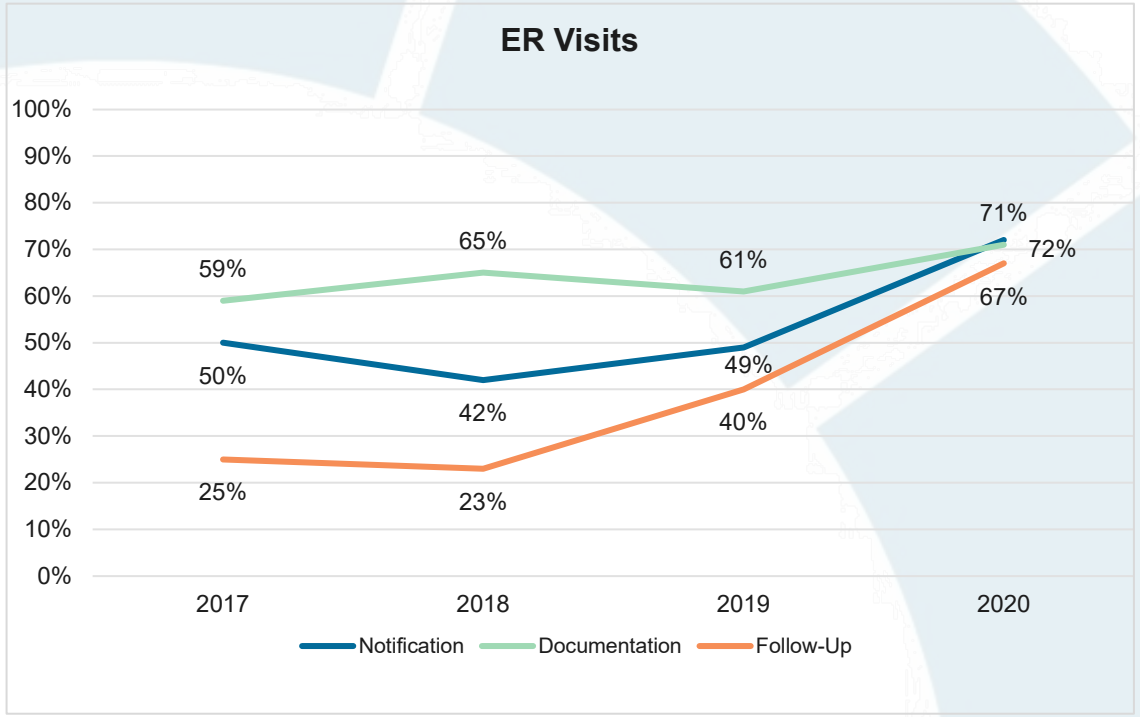
- Best practice is considered screening for all dependencies: tobacco, alcohol, and drugs.

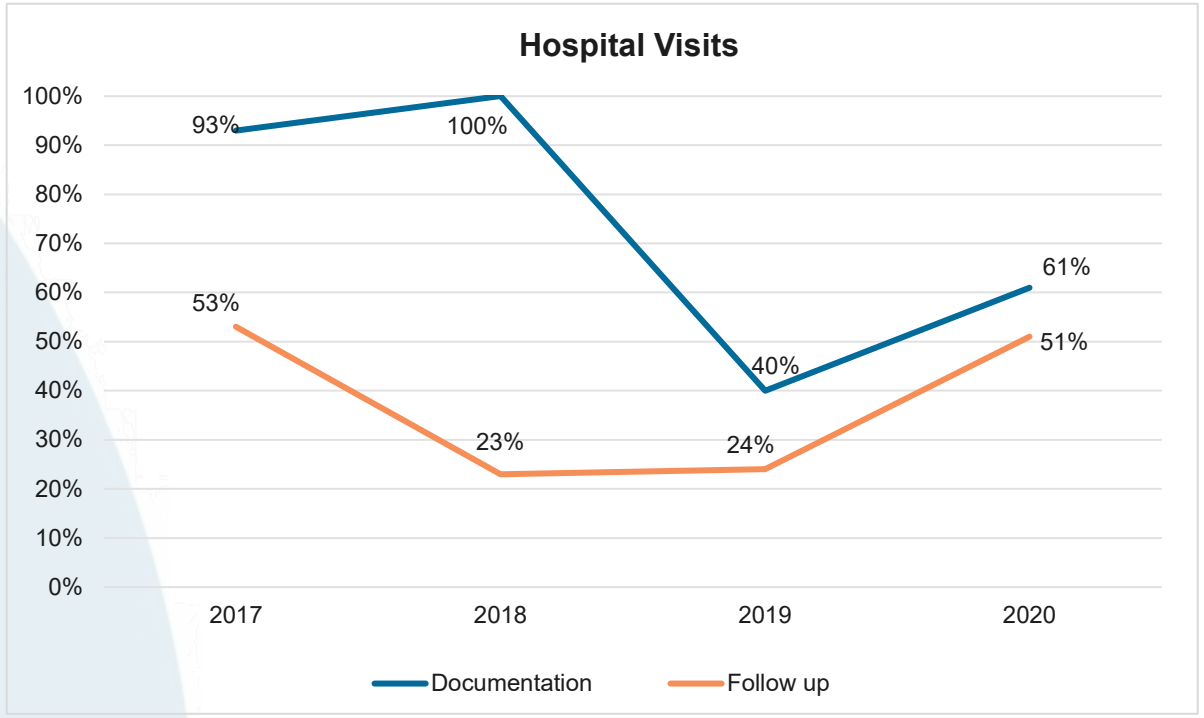


Quality Assurance Review

Transitions of Care

- Best practice is considered following up 72 hours after an ER visit or Hospitalization.





Communication Updates

- Information on the latest provider communications can be found at https://dss.sd.gov/medicaid/providers/communication.aspx
- Providers should also sign up for the Medical Services ListServ Link is found on the same website as above, but a direct link to sign up is as follows: https://dss.sd.gov/medicaid/contact/ListServ.aspx.

Telemedicine Updates

The same community restriction has been removed. This allows providers and recipients to be in the same community. This restriction will remain lifted. The decision about if telemedicine visit is appropriate must be made by both the recipient and provider.

Expanded list of Tele-dentistry services that can be provided. Teledentistry_Services.pdf (sd.gov)

The addition of telephonic visits expired. DSS is looking to add them through the Administrative Rule process. Keep the core services requirement in mind when billing for this service.

More information can be found on the Communications links on the previous page.

Questions/Concerns/ Other Ideas

Thank You

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