Health Home Update 2023

September 2023

South Dakota Department of Social Services

Who Do Health Homes Serve?

- **Any** Medicaid Recipient who has…..
  - Two or more chronic conditions or one chronic and one at risk condition. (Defined separately below)
    - **Chronic Conditions include** Mental Illness, Substance Abuse, Asthma, COPD, Diabetes, Hypertension, Obesity Musculoskeletal and neck and back disorders
    - **At Risk Conditions include** 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.
- Eligibility based on 15 months of claims data based on diagnosis.
- Recipients who meet the eligibility criteria are stratified into four tiers base on the recipient illness severity using the Chronic Illness and Disability Payment System (CDPS).

QMB and SLMB Only

- QMB or SLMB Only recipients are not able to participate in the HH program.
- Qualified Medicare Beneficiary (QMB) is a designation based on income that allows Medicaid to pay for Medicare Part A and B.
- Select Low-Income Beneficiary (SLMB) is a separate designation also based on income where Medicaid pays for the Medicare Part B premiums.
- Individuals who are eligible for Medicaid and QMB or SLMB are eligible, but recipients with only this coverage will not be eligible.

Health Home Capacity

Number of Health Homes has increased by 4 since last year. As of October 1, 2023, we will have 141 Health Homes serving 145 locations.

- FQHCs = 30
- Indian Health Service/Tribal 638 = 11
- CMHCs = 9
- Other Clinics = 91

New Health Homes

- **April 2023**
  - Avera White Lake
- **October 1, 2023**
  - Marshall County Medical Center

Participation Numbers

Year	Monthly Average
FY2019	5,954
FY2020	5,864
FY2021	6,581
FY2022	7,015
FY2023	7,006

Participation Cont.

- While almost 1,000 less recipients are participating, numbers still high but we are starting to see a decline each month. Unwinding still in process as every recipient needs a full evaluation.
  - The unwinding will be a year long process where every recipient will be reevaluated.
- At the same time, DSS implemented Medicaid expansion effective 07.01.2023.
  - Requirements for the expansion
    - At least age 19 but not yet 65
    - Not on Medicare of able to sign up for Medicare
    - Income under 138% of the Federal Poverty Level

Income Limits	
Household Size	Maximum Gross Monthly Income
1	$1,677
2	$2,286
3	$2,859
4	$3,450

Participation Cont.

- Expansion recipients can be identified by their aid categories of 92-95.
  - 92 – Parent/caretaker over 21
  - 93 – Parent/caretaker under 21
  - 94 – Individual over age 21
  - 95 – Individual under age 21
- These recipients can be in the Health Home Program, but most likely will need to be added using a Manual Tier Form.
  - Forms must include the Medical Records supporting the conditions indicated on the form.
  - Everything should always be submitted together.
  - When needed our provider will review and score. You will know that is happening when I forward the form back to you indicate that it needs to be scored by our provider.
  - You will know when it is done, when I forward it again indicating the Tier and the date that the individual will enter your Health Home Program. If you don't hear anything within 2 weeks, please outreach me.
  - A submission earlier in the month is better. Last minute submissions may not be processed in time to add for the upcoming month.

Recent Participation Numbers

Type	Tier 1	Tier 2	Tier 3	Tier 4	Total
CMHC	13	103	314	117	547
IHS	502	647	546	202	1,897
Other	491	1,665	1,214	426	3,796
Total	1,006	2,415	2,074	745	6,240

Tier Update Review

Year 1 Retier Review

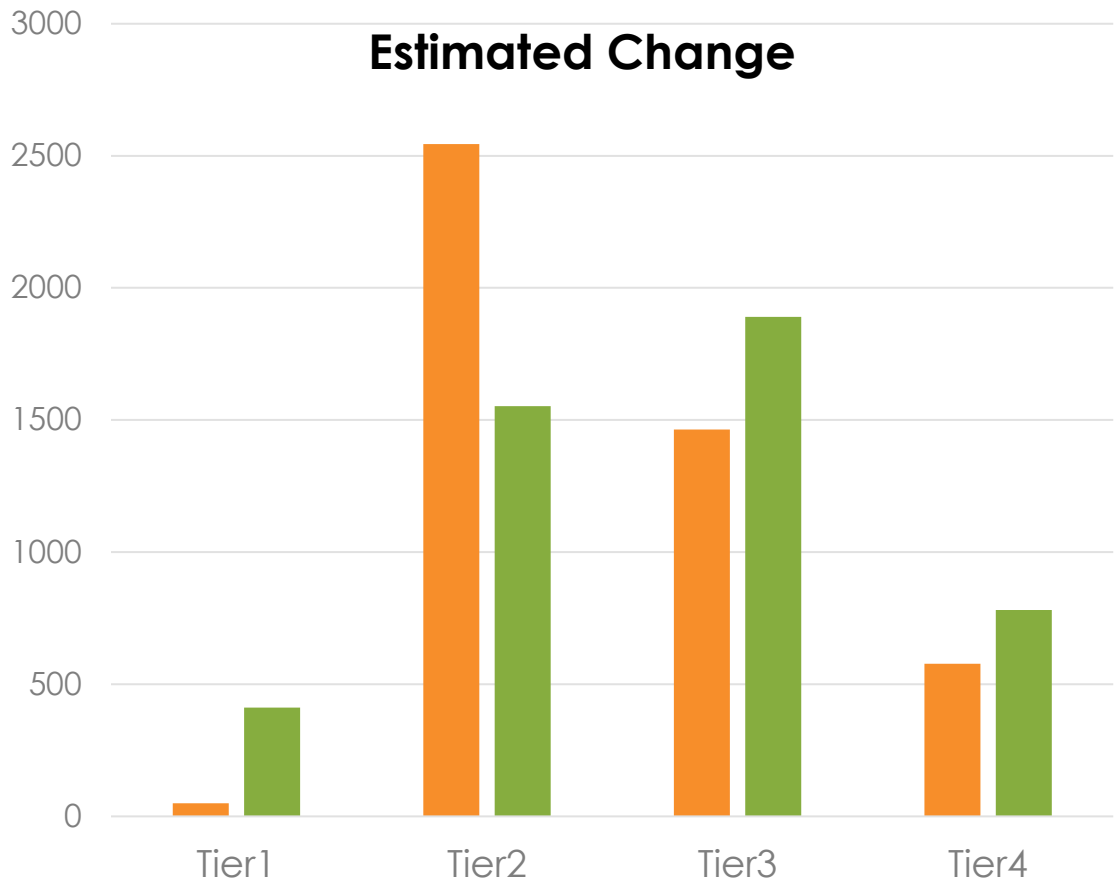
- Completed December 2022
- Anyone with an active provider where the tier was changed A new occurrence with the same provider that too effect on January 1, 2023.
- Otherwise, the occurrence was left the same.
- A new Tier was stored for every recipient.
- A Retier caseload report was created for each provider. Indicating the New tier

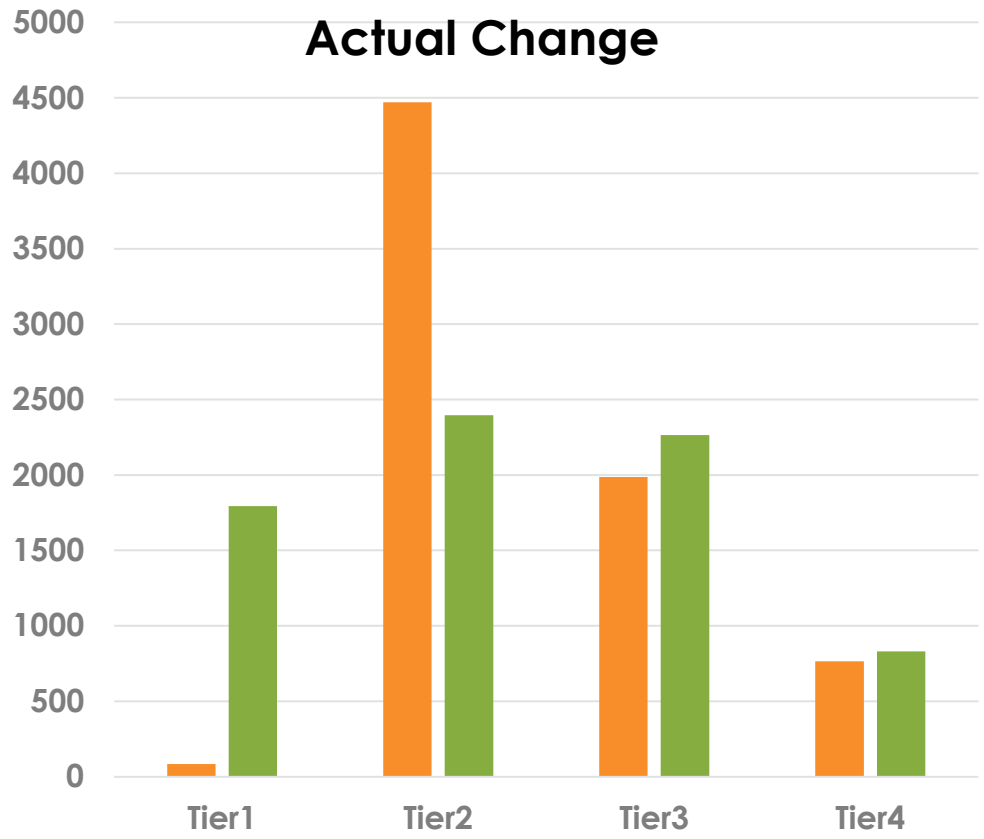
Year 1 Retier

Lessons Learned

- Better education
- More programming time. (Always)
- Don’t take vacation the week it is happening. ☺

Estimated vs Actual Change





Current Updated

Optout removal

- When we updated the tier for active recipient, we also removed the opt out on select recipients in an attempt to reintroduce those who has opted out more than a year ago. (8 years' worth)

Optout removal

Lessons Learned

- More incremental approach to make it more manageable for DSS team and me.
- Recipients who received a letter to pick a provider received a letter every month until they either opted out or chose a provider.
- Individuals are manually opted out after they receive 4 letters. I didn't have time to opt out 10,000 recipients
- I worked with our team to make this an automatic process going forward.
- In 2025, we will move to a 3-year removal process.

Quality Incentive Payment

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					
Measure	**Weight**	**Improvement**	**Attainment**	**Caseload Severity Score**	**Measure Total -**
Depression Follow-Up Plan Doc	15	0.5		20.75	155.63
Active Care Plan	25		1	20.75	518.75
BMI in Control	12	0		20.75	0.00
Mammogram up to date	12		1	20.75	249.00
Colonoscopy up to date	12		1	20.75	249.00
Blood Pressure in Control	12	0.5		20.75	124.50
Face to face visits missed	12	0.5		20.75	124.50
CLINIC COMPOSITE SCORE					**1421.38**

Pool Funding = $530,000 Small Clinic Payment = $75,000 Clinical Outcome Payment Dollars = $455,000					
CLINIC	**Clinic Composite Score**	**Dollars per point**	**Clinical Outcome Payment**	**Small Clinic Payment**	**Health Home Total Payment**
1	1421.38	$52.97	$75,288.43	$25,000.00	$100,288.43
2	2110.00	$52.97	$111,763.63	$25,000.00	$136,763.63
3	1820.75	$52.97	$96,442.48	$0.00	$96,442.48
4	1220.75	$52.97	$64,661.35	$25,000.00	$89,661.35
5	1450.75	$52.97	$106,844.12	$0.00	$106,844.12
Totals	8023.63	$52.97	**$455,000.00**	**$75,000.00**	**$530,000.00**

Example Distribution

- Each qualifying clinic receives a portion of the funds based on their composite score. The higher the score the more money is received
- As the number of clinics increases, the incentive dollars per point decreases.
- Payment inflated this year.

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 CY2020 and CY2021 data to the following clinic locations based on the results of their outcomes data.

Clinic Payments CY2020 | CY2021

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

Methodology CY2020 | CY2021

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

Fee Schedule CY2020 | CY2021

Quality Assurance Review

Quality Assurance Review

- The Quality Assurance Review was completed for 2022.
- The 2022 focus on the quarter July –September 2022.
- The review for 2021 focused on the whole year. So comparison is challenging.
- DSS has hired South Dakota Foundation for Medical Care to conduct the Quality Assurance review for the CY2021 year. We currently have a 3-year contract.
- A webinar was offered on September 21st.
- I have heard lots of concerns about this review. Will discuss further in a round table discussion

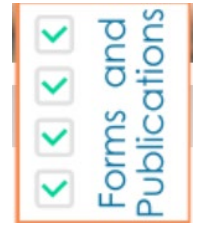
Online Tools and Resources

Online Selection Tool Demo and Eligibility Functionality

- One of the most important advancements we have made this past year has been to create the Online Selection Tool.
- The Online Selection Tool was updated to allow the user to substitute the last 4 of the SSN for the Case Number.

Online Ordering

- From any page on the DSS website https://dss.sd.gov/
- Click on the Forms and Publications Icon



DSS Health Home Resources

- Website http://dss.sd.gov/healthhome/providers.aspx.
  - Forms –Decline to Participate, Selection and Change Form, Manual Tier
  - Electronic referral forms
  - Provider map and online selection tool
  - Information about Health Home Outcome Measures and the template.
  - Updated Orientation trainings to use with you new providers and team members
  - Previous Trainings
  - Recipient Handbook
  - Health Home Brochure

DSS Health Home Resources

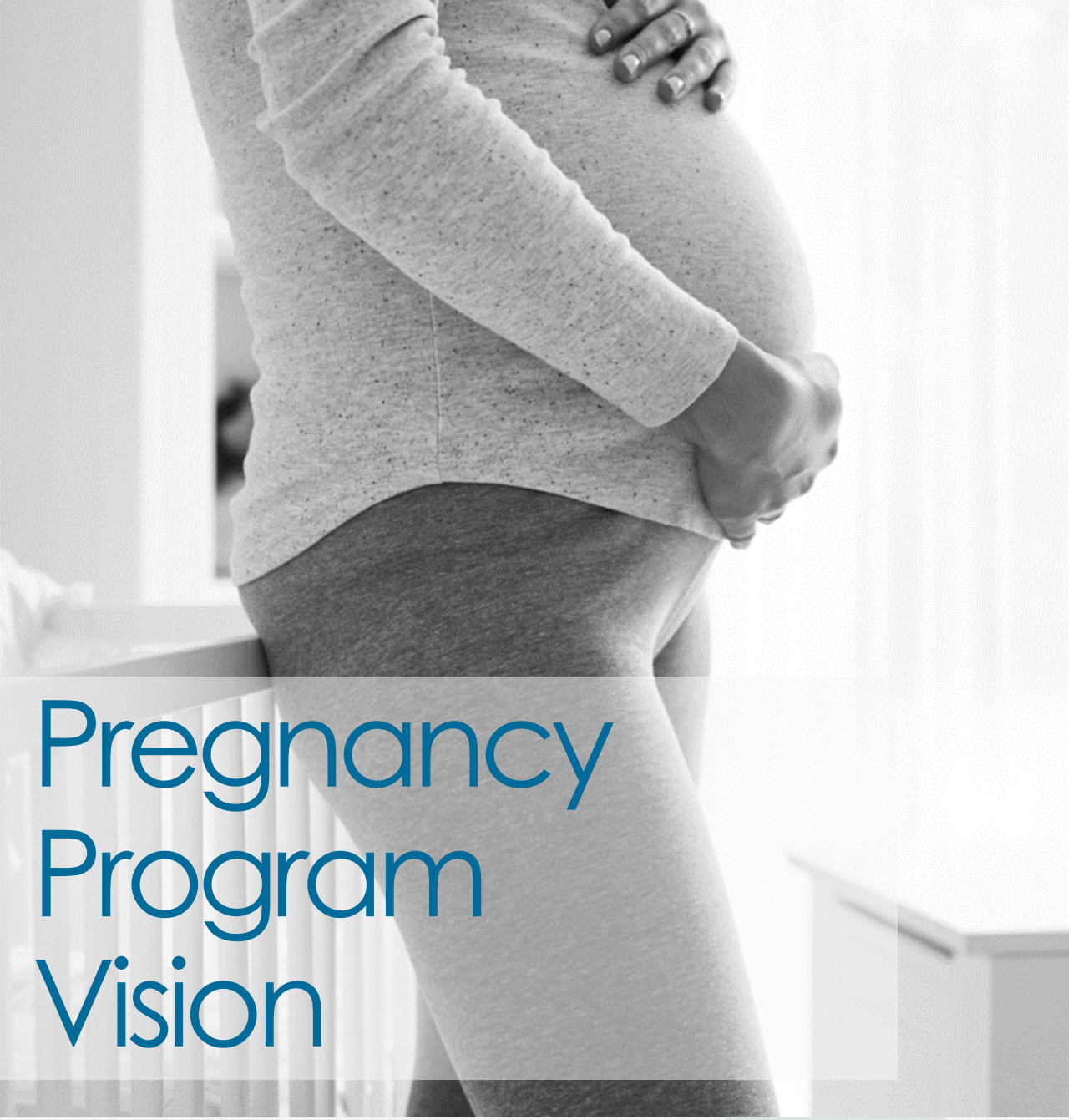
- Monthly Emails
- DSS Online Provider Portal –HH Functions
  - HH caseload reports
  - HH claims paid reports
  - HH core services reports
  - HH remits
  - Eligibility Inquiry
  - Service Limits
  - Appeals – Communication Tabs | Reviews and Requests
- Access to DSS Health Home team
  - (605) 773-3495/6652
  - Kathi.Mueller@state.sd.us

Pregnancy Program

Pregnancy Coverage Enhancements

- DSS is making changes to Medicaid pregnancy coverage:
  - Effective July 1, 2023 pregnant and postpartum women will have full Medicaid coverage.
  - Effective July 1, 2023 postpartum coverage will extend to 12 months after delivery.

- DSS is working with Medicaid providers and the Department of Health to design and implement a Pregnancy Health Home to deliver enhanced care coordination and care management services.
- DSS will implement this program in 2024 to improve health outcomes and decrease maternal morbidity..



Pregnancy Program Vision

1. Increase timeliness and utilization of prenatal, postpartum, and well-child visits.
2. Connect pregnant and postpartum women with supports.
3. Improve health outcomes for mom and baby.
4. Curb long-term Medicaid expenditures for newborns and in early childhood.

Pregnancy Program Stakeholder Group

1. Like our Health Home Program, DSS is using a Stakeholder group to develop recommendations for the program

2. Includes three major Health Systems, Horizon, IHS, Oyate and Rapid City Medical Center.

Pregnancy Program Wrap around Services

1. Each woman will receive wrap around services from one of the DOH programs such as Bright Start or the Pregnancy Program
2. Each woman will receive a comprehensive risk assessment.
3. Core Services are not apart of this program.
4. Payment will be a Monthly PMPM plus extra money for specific services.

Pregnancy Program Timeline

1. DSS will begin accepting Applications for the Program on January 1, 2024.

2. We anticipate enrolling women beginning April 1, 2024.

3. Woman who are in either the PCP program or the HH program will be pulled into the Pregnancy Program instead.

4. Looking to disenroll them from the program, 3 months into their Post Partum period and will be transitioned back to the PCP Program, however if needed they can still be in the HH program.

Misc.

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.

Keep DSS in the Loop When…

- Providers leave and arrive
- Care coordinators change
- Data contacts change
- Training is needed
- Unable to meeting deadlines
- Others?

Submission of Forms

- Selection Forms should be submitted using the Online Selection tool at https://dss.sd.gov/pcphhselection
- If you have the ability, please submit all other forms via secure email to me rather than fax.
- If emailed, I will confirm receipt and you will know it has been received.
- The Care Management Program (CMP) does not have its own fax machine. It is shared with our nurses who do prior authorizations who receive a large quantity of multiple page faxes.

Questions/ Concerns

Thank You

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Core Services Round Table Discussion

Core Service Definition

- Core services must meet these basic criteria:
  - Recipient is engaged in the service, but it does not need to be in person
  - Service ties to the care plan
  - Service is documented in the EHR
  - Service has not already been billed to South Dakota Medicaid using a fee for service, encounter or daily rate.

Care Plan/Goals Round Table Discussion

Key Elements of a Care Plan

- Care Plans are an integral part of serving recipients in Health Homes.
- Each clinic or Health System can choose a template for their Care Plan, but a Care Plan must be completed for each recipient in Health Homes.
- Care Plans should:
  - Include basic information about the recipient;
  - Summarize/List the recipient's medical conditions and medications;
  - Identify those involved (providers, family, other services)
  - Summarize recipient's social situation (housing, employment, transportation etc.);
  - Summarize recipient's barriers;
  - Establish goals to improve health and overcome barriers.
  - New Elements from the former outcome measure set Items for the Care Plan
- If behavioral health needs are identified in the assessment, Care Plan should include plan to address.
- Care Plans should be developed with active participation from the recipient and natural supports of their choosing.

CHW/ LTSS Round Table Discussion