

2023 Health Home Sharing Session Summary

The 2023 Sharing Sessions were held in the following locations on the following dates:

- Rapid City September 25, 2023 – 9-1 MT
- Watertown October 2, 2023 – 9-1 CT
- Sioux Falls, October 3, 2023 – 9-1 CT
- Pierre, October 4, 2023 – 9-1 CT

Sessions were presented in an updated format that included a general update by Kathi and facilitated roundtable sessions based on provider feedback.

After introductions and some fun ice breakers Kathi provided an annual update.

Annual Update

Eligible Recipients

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

Kathi also shared information to answer questions about recipients who are Qualified Medicare Beneficiary (QMB) and Select Low-Income Beneficiary (SLMB) Only.

- QMB or SLMB Only recipients are not able to participate in the HH program.
- QMB is a designation based on income that allows Medicaid to pay for Medicare Part A and B premiums, copays, and deductibles.
- 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 who only have QMB or SLMB are not be eligible.

Kathi indicates that two new clinics joined the Health Home Space in 2023 bring the Health Home Capacity to 141 clinics serving 145 locations. New clinics include Avera White Lake and Marshall County Medical Clinic. The breakdown is as follows:

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

Kathi indicated that the average number of participants in the Health Home Program remains above 7,000 due to the Public Health Emergency, but that as unwinding has progressed, those number are starting to come down. For example, there were only 6,240 individuals in the program during the month of August. She pointed out that there were over 1000 Tier one individuals in the program. She encouraged coordinators to review their lists and discuss with Tier 1 recipients the need for the program. If it is no longer needed, these recipients should be removed from the program so that their efforts can be focused on recipients who are Tier 2-4.

Unwinding and Expansion

Kathi indicated that unwinding was still happening as each recipient that was on required our Eligibility area to do a full review. The eligibility team are doing approximately 1/9 of the unwinding every month starting in April of 2023. At the same time as unwinding, SD expanded Medicaid effective July 1, 2023. The requirements to become eligible for Medicaid a part of expansion recipients must be at least age 19 but not year 65, they can not be on Medicare or eligible for Medicare and must have an income under 138% of the Federal Poverty Level. DSS created aid categories 92-95 for this population. Definitions of these aid categories are as follows:

- 92 – Parent/caretaker over 21
- 93 – Parent/caretaker under 21
- 94 – Individual over age 21
- 95 – Individual under age 21

Individuals who are part of the expansion aid categories can be eligible for the Health Home Program. Some of them may require a [Manual Tier](#) document be completed. Kathi provided the following reminders on the Manual Tier process:

- 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 Kathi forwards the form back to you indicate that it needs to be scored by our provider.
- You will know when it is done, when Kathi forwards 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.

Retier Process

Kathi presented information on the first ever retier process that was completed in December of 2022. She indicated that:

- Anyone with an active provider where the tier was changed, that a new occurrence with the same provider ttoo 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.

Kathi indicated that she felt like she could have provided better education. She also indicated that more programming time was needed. Also, she should never take vacation when big changes were being implemented. She provided a comparison between the estimated changes and the actual changes. These can be found on page 13 of the Power Point.

Opt Out Removal

Kathi indicated that at the same time as the Retier process, they removed opt outs for recipient who had been opted out more than a year ago. This introduced approximately 10,000 individuals back to the program. This process caused many recipients to call DSS and seek an explanation. Recipients who did not pick a provider or decline the program received a letter every month until they acted. In July, DSS was able to do a mass update to remove anyone who had received more than 4 letters. Removed over 7,000 individuals from the program and sent them a letter. In 2025, DSS will move to a 3-year removal process, so that the process is more incremental.

Quality Incentive Payment

Kathi walked through the Quality Incentive Payment Methodology. Information about this can be found on slides 17-19 of the Power Point. One item to note is that clinics who do not provide a core service to more than 50% of their caseload do not receive a payment regardless of their size or outcome measures.

Quality Assurance Review

- The Quality Assurance Review was completed for 2022.
- The review for CY2022 focused 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. This webinar was recorded and can be found at <https://dss.sd.gov/healthhome/training.aspx> under other trainings.
- This topic was also discussed in one of the Round Table Sessions. Please go there or further information.

Online Tools and Resources

Kathi presented provided information about online tools and resources. This information can be found on slides 23-26.

Pregnancy Coverage

Kathi explained that DSS made significant enhancement to Pregnancy and Postpartum coverage for recipients effective July 1, 2023. Women will now have full Medicaid coverage for pregnant and postpartum women and 12 months of coverage after delivery. These enhancements exclude those women who are eligible for Unborn Children Coverage.

Pregnancy Program

Kathi also shared that DSS was working with a Stakeholder Group to create a Pregnancy designed to better coordinate care for pregnant women. More information about the program can be found on slides 29-31. Additionally, more information will be forthcoming as the program is implemented.

Submission of Forms

Kathi encouraged coordinators to submit all forms electronically using our online selection tool or via secure mail rather than fax. This prevents forms from getting stuck between large charts submitted to our prior authorization.

The [online selection tool](https://pcphhselection.appssd.sd.gov/) was updated to allow the use of the last 4 of the SSN. Please update your link to <https://pcphhselection.appssd.sd.gov/>. The link is having trouble with the redirect.

Facilitated Round Table Discussions

Core Services

Kathi shared that 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.

During each session, health home providers walked through several examples and provided input and comments.

Care Plan/Goals

Kathi shared that this is the Care Plan guidance provided since the beginning of the program.

- 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.

There was significant discussion around the recent QA review where the vendor indicated that it is best practice that Care Plans should be updated quarterly when the requirement is annually. Ashley walked through several examples of what providers could do to indicate that the care plan was at least reviewed.

Additionally, several concerns were raised about the need for the medication list to be in the care plan.

The attendees in Rapid City also showed that there was a separate definition of a care plan in the outcome measure document. Kathi committed to working with the QA Vendor to see if updates were need to the original definition and then align all mentions of care plan around the same definition.

Community Supports

An update on new CHW billing guidelines was provided along with information on other community resources and supports available to Health Home providers including waiver supports and Money Follows the Person (soon to be known as Home Again SD). Providers were then encouraged to ask questions about community supports and how to refer recipients to them.