Tribal Consultation
Health Home Update
May 30, 2013

Health Home Background:
1. Health Homes were created by Section 2703 of the ACA to help reduce the cost of services for some High Cost High Risk Medicaid populations.
2. Health Homes are part of a person-centered system of care that achieves improved outcomes for recipients and better services and value for state Medicaid programs.
3. A Health Home must provide the following 6 Core Services:
    a. Comprehensive care management;
    b. Care coordination;
    c. Health promotion;
    d. Comprehensive transitional care/follow-up;
    e. Patient and family support; and
    f. Referral to community and social support services.
4. There is a strong emphasis on the use of Electronic Health Records (EHR) and Health Information and Technology
5. The Medicaid Solutions Workgroup recommended that DSS implement a Health Homes initiative. A Health Home Workgroup was formed in April 2012.
6. Ten states are currently approved to do Health Homes including, ID, ME, MO, IA, OH, NY, RI, OR, WI and NC.
7. 57% of South Dakota's Medicaid costs come from 5% of the Medicaid population.
8. 83% of Health Home eligible individuals are part of the 5% who make up our Highest Cost Highest Risk Group.

Eligibility

1. Health Homes will be led by Primary Care Providers and Community Mental Health Centers.
2. All Medicaid recipients regardless of aid category have the potential to be eligible for Health Homes.
3. Using FY 2012 Claims data, we found that 34,019 recipients are eligible for Health Home services.
4. Recipients eligible for Health Homes include recipients with two or more chronic conditions listed below OR one chronic and one at risk condition listed below.
    a. Chronic conditions include: Asthma, COPD, Diabetes, Heart Disease, Hypertension, Obesity, Musculoskeletal and Neck and Back Disorders.
    b. At-risk conditions include: Pre-Diabetes, tobacco use, Cancer Hypercholesterolemia, Depression, and use of multiple medications (6 or more classes of medications).
5. Individuals with a Severe Mental Illness, Emotional Disturbance or Substance Abuse Disorder are also eligible.

Payment
1. Medicaid will continue to pay for Medical Services the same way they are paid now.
2. A per member per month (PMPM) payment will be developed to cover the 6 Core Services not traditionally covered by Medicaid.
3. Workgroup recommended 4 Payment Tiers based on the Chronic Illness and Disability Payment System (CDPS).
4. Each of the four tiers will have a PMPM.
5. PMPM payments can be found at https://dss.sd.gov//healthhome/pmpmpayments.asp.

Accomplishments since the January 3, 2013 Tribal Consultation……..
1. Worked with Dayle Knutson to secure IHS commitment to participate in Health Homes. Met with the IHS ABRIST team and with representatives of each service unit.
2. Changed the attribution method to attribute recipients with an identifiable provider relationship to that provider to maintain continuity of care.
3. Identified Health Homes by provider type – CMHC instead of Behavioral Health.
4. Determined it was more efficient to submit one SPA instead of two
5. Draft SPA has been completed and submitted to CMS and CMS consultation process has begun.
6. Worked with prospective providers to submit and analyze cost reports
7. Worked on the cost effectiveness methodology for the SPA, which included an analysis of uncoordinated care costs (UCC)
   a. 30 day all cause readmissions
   b. Ambulatory Care Sensitive Events
   c. Non-emergent ER use
8. Website developed http://dss.sd.gov//healthhome/index.asp
9. Application Training was held on April 4. Webinar was recorded and posted on https://dss.sd.gov//healthhome/application.asp
10. PMPM developed.
11. Most of the IHS service units and all three Urban Indian Health clinics have made application.

Next Steps
1. DSS will schedule an on-site orientation for each approved Health Home.
2. Post SPA for tribal consultation and public comment.
3. Approved Health Homes begin work on incorporating file layouts for Outcomes Measures submission into EHR/EMR.
4. Continue to enhance the website.
5. Health Home implementation on July 1.