



Health Home Update

Health Home Implementation
Workgroup

May 5, 2020

Meeting Agenda



- General Health Home Update
- Technology Updates
- CY2018 Dashboard Review
- Review of the Quality Incentive Payment Methodology
- Next Steps for Quality Incentive Payments
- Subgroups recommendations for improving methodology for CY2019.

Provider Capacity

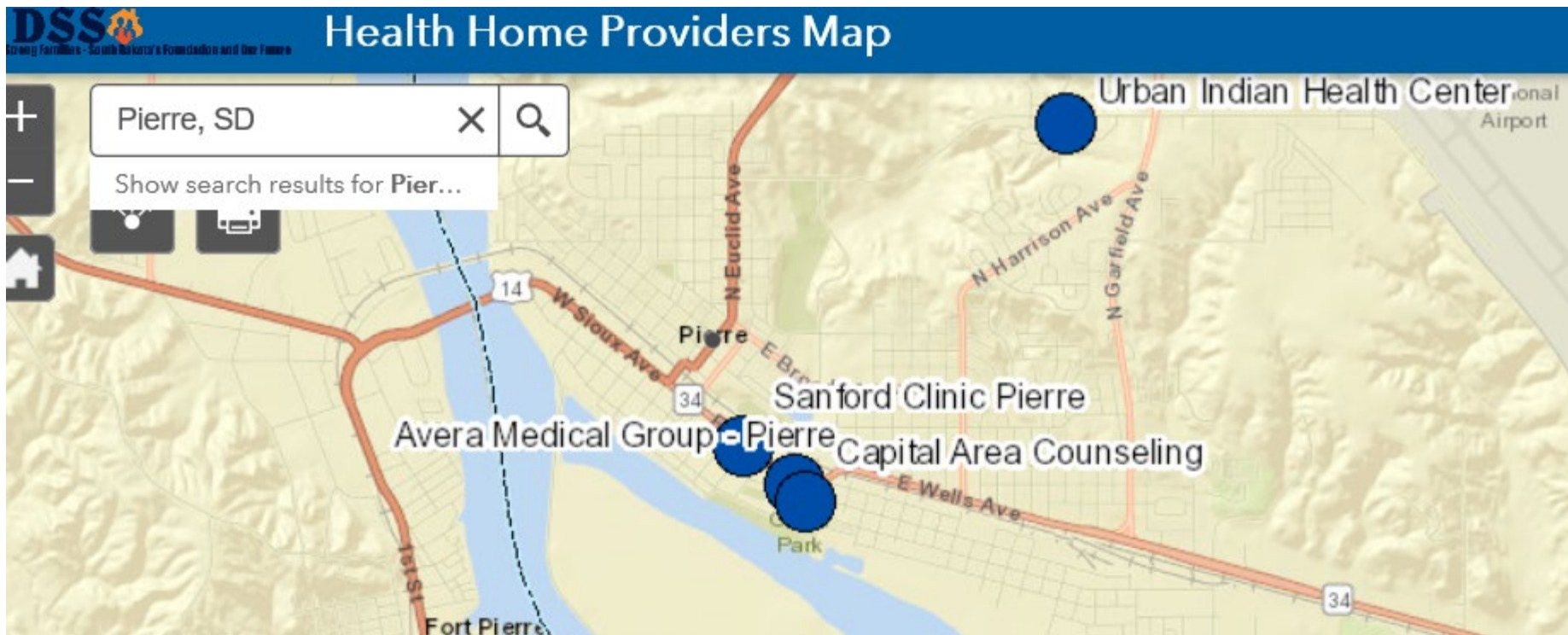
- Current Number of Health Homes – 128 serving 132 locations
 - FQHCs = 24
 - Indian Health Service Units = 11
 - CMHCs = 9
 - Other Clinics = 84
- Around 700 designated providers.
- Average around 5,800 recipient in the program per month.

Provider Capacity

- DSS continues to work clinics to increase the capacity of the program.
 - New Clinics for January 1, 2020 included
 - Monument Health in Belle Fouché
 - Oyate Health Center/ Tribal 638 in RC
 - Access Rural Health in Mitchell
 - Expecting applications for the following clinics for July 1, 2020
 - Center for Family Medicine
 - Monument Health in Spearfish
 - Other Notables include
 - Yankton Medical Clinic
 - Clinics that are part of Rural Health Inc
 - Avera Clinic in Yankton

Technology Enhancements

- DSS made two significant technology enhancements this past year.
 - GIS Map of clinics and providers.
 - Click on the map found on this page.
<https://dss.sd.gov/healthhome/providers.aspx>



Technology Enhancements



- Online Provider Selection and Change system.
 - Providers can use the system found at <https://dss.sd.gov/pcphhselection>.



Primary Care and Health Home Program Selection/Change

Select one of the following options:

- ☐ Select a new PCP and HH ?
- ☐ Change an existing PCP and HH ?

Security Check: You must complete the following security check before submitting your PCP and HH information

Recipient ID	*	Case #	*	Recipient DOB		*
<input type="checkbox"/> This is a future case number						

To continue, select "Verify" button below.

Verify	Cancel
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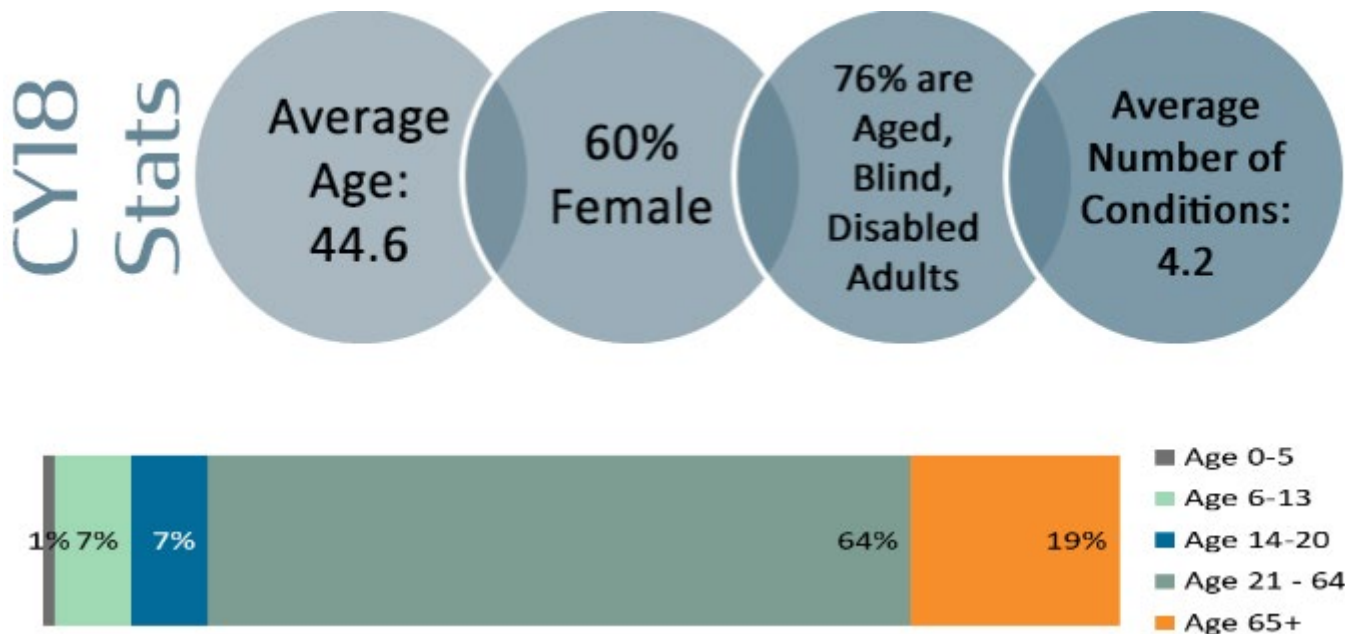
Technology Enhancements CY2020



- Working on automating a mechanism to re-attribute individuals (IE Tier 1 and Opt Outs) to the program.

CY2018 Data Dashboard

- Few selected portions of the CY18 Data dashboard to follow. Full results can be viewed at <https://dss.sd.gov/healthhome/dashboard.aspx>.
- Demographic of the program are as follows:

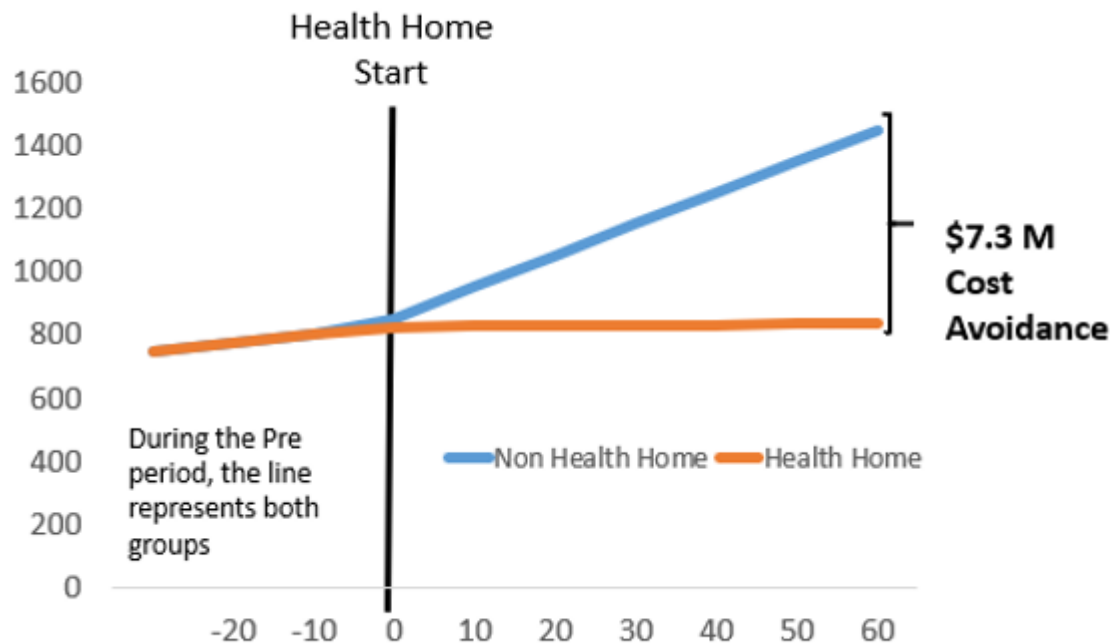




Health Management: Caring for People in the Most Cost-Effective Manner

- **Health Homes – Estimate of Avoided Costs**

- In CY 2018, HH recipients cost \$226 less per month than recipients who looked like them. The Health Home Matched Analysis showed that the Health Home program avoided costs for the Medicaid program for CY 2018. \$7.3 Million after PMPMs and Quality Incentive Payments.



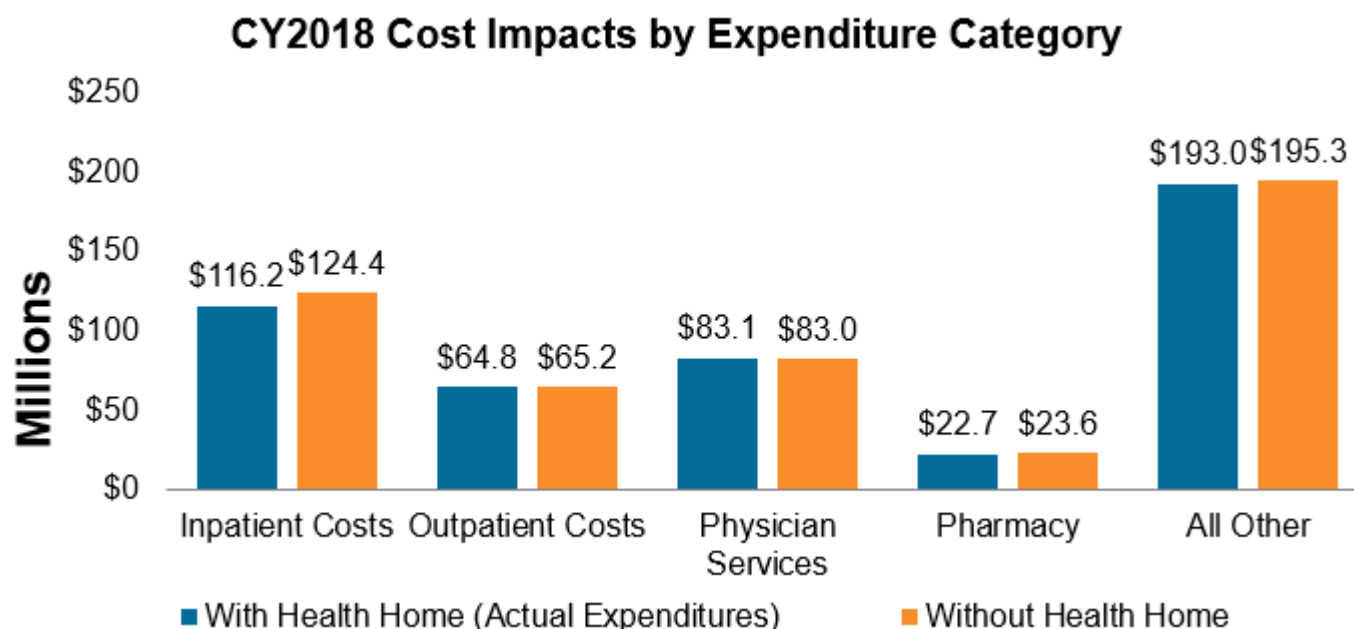


Health Management: Caring for People in the Most Cost-Effective Manner



• Health Homes – Estimate of Avoided Costs by Type of Service

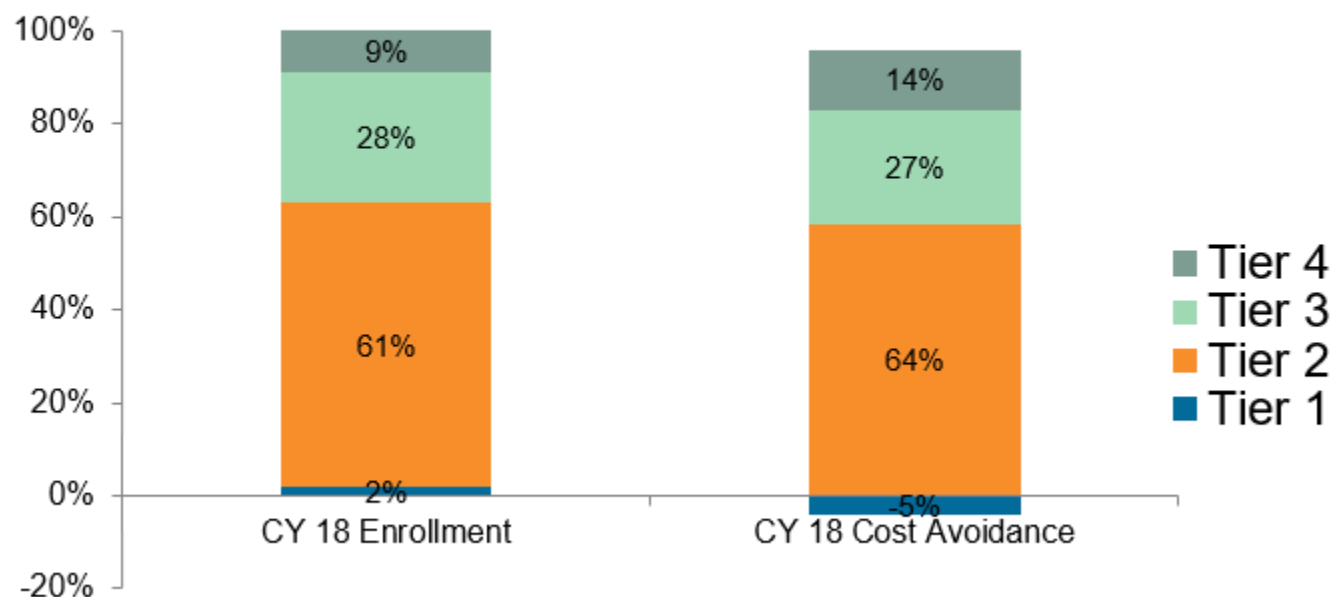
- In CY 2018, DSS found that 70% of costs avoided are due to decreased inpatient admissions, emergency room use. Pharmacy and all other expenditures resulted in the remaining 27%. Physician services accounted for an increase of approximately \$50,000.



Cost Avoidance by Tier

- Interesting result in cost avoidance by Tier
 - Most of the cost avoidance now for Tier 2
 - Tier 1 loses money for the first time.

CY2018 Percentage of Cost Avoidance by Tier

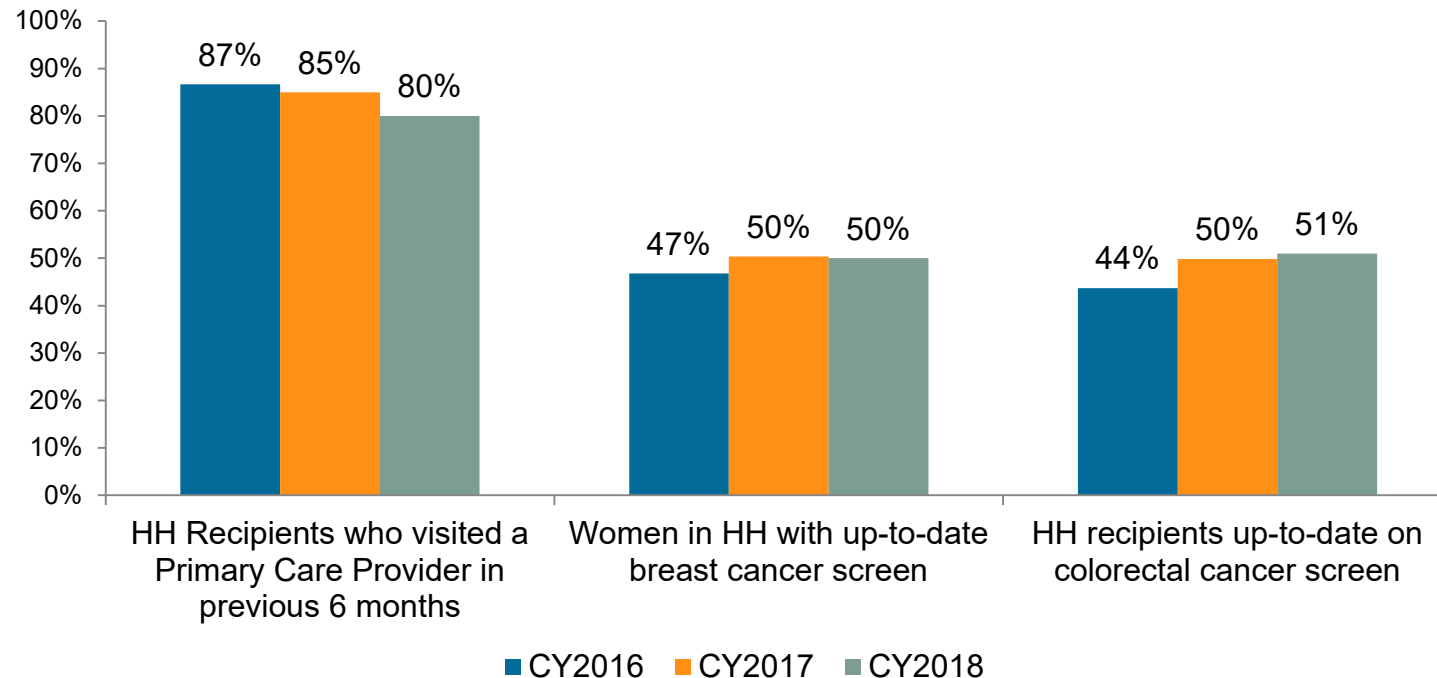




Health Homes increase Preventive and Primary Care

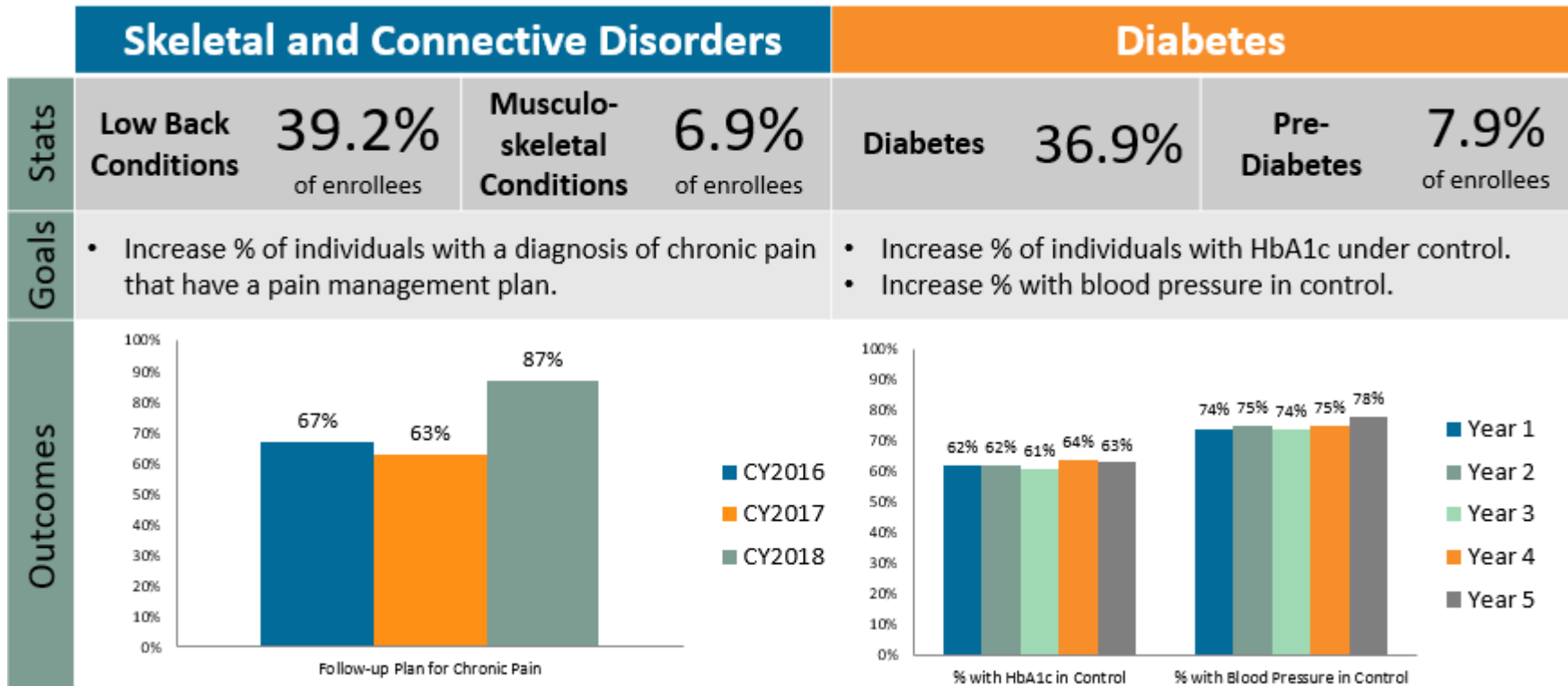


- A team based model takes pressure off of the Primary Care Provider, by allowing members of the team to help the recipient.
- Preventive Care remains stable or continues to show improvements.



Improving Outcomes

- The Conditions which make a recipients eligible have an outcome measure.
- Outcome Measures are reviewed in two different ways.
 - Calendar Year to Calendar Year to show a change in provider behavior.
 - Results based on the length of time the recipient is in the program to show improved health.



Health Management: Success Stories



- Recipient with significant mental illness had been living in a hotel for the last 2 years. Provider indicated that recipient had applied for subsidized housing in the past but was unable to complete all the required paperwork independently. Coordinator helped recipient with the application and the required documentation. Recipient was approved for a subsidized apartment and moved in July 3, 2019.
- Local community helped to furnish the apartment with a queen size bed and a sofa most everything recipient needed. Recipient was able to pay the first month's rent and security deposit and electric bill.
- The move from a rundown dark depressing motel to an apartment completely changed the recipient's life. With a kitchen the recipient cooks healthier meals no longer relies on processed foods.
- The improved living situation has also improved the recipient's outlook. They have started to dress up to go out, meet neighbors, focus less on self and more on others.
- The program has completely changed recipient's life.

CY17 Quality Incentive Payments



- \$503,263.75 in payments were made to 68 clinics based on outcomes from CY 2017
 - 48 clinics received a Small Clinic Payment
 - 33 received Small Clinic Payment only
 - 15 received both a Small Clinic Payment and Clinic Outcome Measure Payment (COMP)
 - 35 clinics received a Clinic Outcome Measure Payment
- As a result of these payments, DSS identified that many of the measures used to make this payment experience a significant improvement in the CY2019 data.

CY18 Quality Incentive Payments



- DSS reviewed Methodology with the Subgroup
- Because of the wording of the State Plan, the only update made was to update the list of measures used to calculate the quality score. List on next page.
 - Subgroup wanted to focus on measures where 1 Standard Deviation (STD) above the mean could be achieved. Current list has half and half.
 - Subgroup recommends revisiting the Methodology to focus on goals rather than STDs.

CY 2018 Measures



- **12c_Depression_Follow_Up_Plan_Documented**
- 13b_Substance_Abuse_Positive_Referred
- 15_Initiation_AOD
- COPD Follow-Up
- Diabetes in Control
- BMI in Control
- **28_Chronic_Pain_Followup**
- **33_Proactive Patient Mgmt.**
- Care Transition F/U
- **39_CarePlan**
- Visits missed/scheduled
- 43_Referred_Services
- 45_Self_Mgmt_Tool_Recipient
- **PCP Provider knew important information about my medical history**
- **CMHC only 49_Prescriptions_Filled_85%_of_the_time**

***BOLD = in the CY2018 data it was not possible to receive one standard deviation above the mean.**

CY 2018 Quality Incentive Payment Methodology



$$\begin{array}{ccccccc} \text{Quality} & & & & \text{Clinical Outcome} & & \text{Clinical Outcome} \\ \text{Incentive} & = & \text{Small Clinic} & + & \text{Measures} & + & \text{Measures} \\ \text{Payment} & & \text{Payment} & & \text{Quartile Payment} & & \text{Caseload \& Tier Payment} \end{array}$$

- **CY2018 Methodology:**
 - **Small Clinic Payment** – Recognized clinics with average caseload 15 or fewer participants with a small clinic payment.
 - **Clinical Outcome Measures** – Calculated overall quality score based on clinic's standard deviation across all outcome measures. Split into two components:
 - Quartile Payment: Recognizes clinics above the statewide average with payments with \$2,640 for clinics in the top quartile and \$1,640 for clinics in the second highest quartile.
 - Caseload and Tier Payment: Payment based on caseload size and tier to clinics above the statewide average.

CY 2018 Quality Incentive Payment Preview



- See chart below to compare the results between the two years

	CY2017 DATA	CY2018 DATA
CLINICS RECEIVING PAYMENTS	68	80
SMALL CLINIC PAYMENTS	48	54
SMALL CLINIC ONLY	33	44
SMALL CLINIC AND COMP	15	10
COMP Only	20	26
COMP – Clinical Outcome Measure Payment		

CY 2018 Quality Incentive Payment Preview



Row Labels	Average Caseload	Total Score	Small Clinic Payment	Quartile	Tier Payment	Total Payment
1	1	1	\$ 1,389.00	\$ 1,640.00	\$ 536.74	\$ 3,565.74
2	32	-1				\$ -
3	2	-4	\$ 1,389.00			\$ 1,389.00
4	3	-1	\$ 1,389.00			\$ 1,389.00
5	2	-1	\$ 1,389.00			\$ 1,389.00
6	35	-4				\$ -
7	6	3	\$ 1,389.00	\$ 2,640.00	\$ 952.28	\$ 4,981.28
8	34	3		\$ 2,640.00	\$ 4,387.48	\$ 7,027.48
9	6	-1	\$ 1,389.00			\$ 1,389.00
10	16	-2				\$ -
11	52	-4				\$ -
12	5	-4	\$ 1,389.00			\$ 1,389.00
13	5	-2	\$ 1,389.00			\$ 1,389.00
14	16	-1				\$ -
15	8	-4	\$ 1,389.00			\$ 1,389.00
16	31	2		\$ 1,640.00	\$ 5,298.16	\$ 6,938.16
17	17	-3				\$ -
18	45	-3				\$ -
19	4	-4	\$ 1,389.00			\$ 1,389.00
20	1	-2	\$ 1,389.00			\$ 1,389.00
21	25	-3				\$ -

Next Steps



- Payments will be made in lump sum using CY2018 data in May.
- DSS will convene Subgroup to continue work on evaluating the quality incentive payment methodology.
- If needed, the State Plan will be revised and submitted updating the methodology.

Other Questions or Concerns

