

**Health Home Implementation Workgroup
Meeting minutes for December 16, 2013
Teleconference**

Members in attendance: Tony Tiefenthaler; Mark Wheeler, Joan Friedrichsen, Sandy Giovannettone, Mary Beth McLellan, Kathy Jedlicka, Terry Dosch; Shawn Nills, Kristin Griffith, Sandy Crisp, Dayle Knutson, Kim Malsam-Rysdon, Kathi Mueller; Ann Schwartz; Kirby Stone, Brenda Tidball-Zeltinger, Amy Iversen-Pollreisz, Leah Ahartz, Kelsey Raml, Dr. Mary Carpenter, Vanessa Sweeney, Amy Richardson, Alan Solano, and Jean Reed

Meeting Minutes:

Introduction

Secretary Kim Malsam-Rysdon began the meeting with a thank you to all of those who have participated in the Health Home implementation process. Specific acknowledgement was given to the Health Homes who are now providing services to qualified recipients. The meeting attendees included both members of the initial Health Home workgroup and also those who are now responsible for Health Home daily operations. She articulated her appreciation for the involvement of clinical staff and stated that going forward, Dr. Mary Carpenter, Medical Director for the Department of Social Services would become a member of the Health Home Implementation Workgroup.

State Plan Amendment

Kathi Mueller provided a State Plan Amendment (SPA) update. She indicated that the SPA was approved as submitted with an effective date of July 2, 2013. The final version of the SPA can be found at <http://dss.sd.gov/medicalservices/medicaidstateplan/index/asp>. The initial requirement to contact recipients within 48 hours of discharge was changed to 72 hours was approved.

Provider Capacity

An overview of provider capacity was given. There are currently 110 Health Home serving 115 locations. This consists of 23 FQHC's, 9 CMHC's, 11 IHS units and 67 other clinics. There are currently 545 Designated Providers. The group reviewed a county-by-county grid and discussed actions DSS is taking to improve capacity.

It was noted that as new Health Homes make an application, they will be brought on board at the beginning of a quarter. This will allow for both sufficient start-up time and recipient engagement.

Attribution Process

The group was informed that since implementation small changes continue to be made to the attribution methodology. One of these changes involves new tier 4

children that would be attributed to CMHC’s. These children are now being evaluated prior to placement in a CMHC Health Home. Certified Nurse Midwives were also added as a continuity of care provider.

As of November, there were 6,021 recipients in Health Homes. The breakdown by tier is as follows:

Type HH	Tier 1	Tier2	Tier 3	Tier 4	Total
CMHC	6	441	472	100	1019
IHS	4	768	517	277	1566
Other Clinics	82	1909	1006	439	3436
Total	92	3118	1995	816	6021

Transition of Care Notification

The next item discussed was the Transition of Care Notification requirements that are required. The current requirement is as follows:

HH must have agreements or a method in place to receive notification when a recipient is admitted to the hospital or seen in an ER within 24 hours as well as any transitions that may occur to ensure information is received from other systems when a recipient is transitioning from one care setting to another or home. HH must contact the recipient within 72 hours after the transition occurs.

The goal of this requirement is to assist individuals in successfully transitioning to other settings without readmission.

Kathi Mueller explained to the group that they now have the ability to check Health Home eligibility/provider electronically. She also explained that the card swipe (Emdeon) is in the process of being completed. The group had extensive conversation as to methods/processes that individual Health Homes are using and coordinating between Health Homes to facilitate transitional care and information sharing. The transition of care contact list has now been posted on the web at <http://dss.sd.gov/healthhometransitionofcarecontacts.asp>.

Patient Engagement Strategies

The next subjects discussed were various patient engagement strategies. DSS had heard from Health Homes that engagement of new recipients assigned to them was difficult, and in some cases, made it challenging to provide the recipients with a core service. There was an open discussion addressing issues Health Homes are facing with recipient engagement. Several Health Homes shared their experiences and stated that engaging the recipient in addressing

barriers and challenges is where they have had the greatest success. A process that DSS created as an initial outreach to engage recipients who did not respond to the letter and who did not have a continuity of care provider was reviewed with the group.

The process is as follows:

- DSS Nurses make phone calls to each recipient without a current provider
- If recipient is reached via phone, they are educated about the program and the nurses discuss participation in the program. If the recipient chooses a Health Home, Nurses encourage recipients to contact the Health Home.
- If the recipient's phone is disconnected, the nurses try them again a week later. If the phone is still disconnected after a second attempt, the recipient is opted out.
- If the recipient is called three times with no response, the recipient is opted out.

The group asked that DSS maintain a list of those recipients that during the call opted out so a Health Home could reach out to those in need. Also, if a recipient agrees, a warm transfer will be made to connect the recipient and the Health Home.

Opt Out and Change Provider Policy

The group was reminded that opt out and provider change policy mirrors that of the Managed Care Program. The policy is as follows:

- If a recipient opts out or a provider change happens prior to the payment of the PMPM (Tuesday before the last Thursday) the occurrence is ended at the end of the prior month. If a change, the new occurrence begins at the beginning of the next month. If after the date of payment, it is ended at the end of the current month.
- This allows clinics to dis-enroll recipients they were unable to contact before the payment is made. It also means clinics could provide a core service to the recipient and not receive the PMPM.

The group provided feedback stating that recipients do not understand the letter and are confused about the potential impact to their benefits. The group was asked to provide written feedback and suggestions as to how the letter could be improved and be clearer for the recipient. Several members of the group offered to provide feedback on ways to improve the letter. Suggestions will be sent to Kathi Mueller.

Disenrollment Policy For No Contact

The group discussed challenges being experienced when a Health Home is unable to reach a recipient. Ideas were discussed for future implementation. All agreed a minimum of three attempts should be made to contact a recipient and that the attempts should include multiple approaches over a reasonable period of time. At the conclusion of the discussion it was determined that there would be three separate contacts, two weeks apart with a minimum of two different communication methods.

Performance Measurement System

The group was reminded that the first performance measurement reports are due on February 28, 2014. The first reporting period is August through December 2013. An updated data file layout was reviewed. It was explained that the revised file layout was designed to address questions and concerns providers raised as they had more time to review the initial file layout. The updated file format is available on the Health Home website at <http://dss.sd.gov/healthhome/outcomemeasures.asp>.

An overview of the reporting process was discussed. Each Health Home will report data to a secure FTP site and will be notified when the data has been received. Once the data has been submitted there will be a validation process for an opportunity to reconcile any issues with the respective Health Homes. Once that has been completed, initial Health Home reports will be generated.

Next steps for the performance measurement system includes programming to support the initial data file transmission and system testing. Several volunteers were requested to participate in the initial testing. Volunteers included representatives from Sanford, Rapid City Regional, Indian Health Services, Brown Clinic and the Community Mental Health Centers.

Once the file submissions and reconciliation has been completed, the performance measurement sub-group will meet to review the initial data submissions. At this point, this group will also discuss issues and concerns relative to the initial data collection and reporting process to assist in recommending modifications for the next reporting period. The reports and recommendations will then be shared with the implementation work group.

After the implementation workgroup and performance measurement sub-group have had the opportunity to review the initial data, one of the next steps will be to identify a baseline measurement position and begin to develop minimum performance requirements. This is an important next step to be able to support future shared savings options.

The group also discussed the possibility of reporting the performance data on a quarterly vs. semi-annual basis. Some concern was raised relative to both operational and financial impacts to the respective Health Home. Each Health Home was asked to discuss the two reporting periods and inform Jean Reed of their preference. Once that has been completed a decision will be made relative to whether the reporting period will be going forward.

Health Home Training Needs

During the Health Home orientation, DSS committed to creating a learning network where Health Homes could share their experiences and receive enhanced training. To ensure additional training provides value and meets a

need, input on training needs and methods was requested. The group was asked to provide suggestions and submit their suggestions to Kathi Mueller by January 15, 2014.

Next Steps

Next steps in the evolution of Health Homes will include a cost effectiveness analysis of Health Homes that Sellers Dorsey will complete. The cost measures and the performance measures will serve as the basis for determining overall program impact. Sellers Dorsey will create a three-year baseline using claims data from July 1, 2009 to June 30, 2012. For comparison purposes, performance for year 1 will be July 1, 2013 – June 30, 2013. We will need to allow time for claims run-out to occur. As this information is developed and reviewed the intent continues to address key components for future shared savings analysis.

Prior to closing the meeting, there was the opportunity for open dialogue to address questions, obtain feedback and obtain a general assessment of the Health Home program and process. As with any new initiative, there have been some challenges. However, overall there is agreement that benefits will be realized over time.

In closing, the group was again thanked for their participation and ongoing commitment to Health Homes. The next group meeting will be planned within a quarter and will most likely be a teleconference.