

Health Home Implementation Workgroup

Meeting Minutes

December 15, 2014

In person and via teleconference due to inclement weather 10:00 am – 2:00 pm

Members in attendance: Tony Tiefenthaler, Sandy Crisp, Terry Dosch, Dr. Mary Carpenter, Kathi Mueller; Kirby Stone, Brenda Tidball-Zeltinger, Amy Iversen-Pollreis, Leah Ahartz, Joan Friedrichsen, Kathy Jedlicka, Debra Thalhuber, Nancy Haugen, Alicia Collura, Kathy Jedlicka, Mary Beth McLellan, Kelsey Raml, Jamie Risse, Alan Solano, Debra Thalhuber and Jean Reed.

Others in attendance: Kelly Hasvold, Vanessa Sweeney, Bonnie Cromwell and Cindy Schuch.

Welcome and Introduction

Kirby Stone opened the meeting and thanked the workgroup members for taking the time to participate in the meeting and for their ongoing commitment and support to the Health Home initiative. Kathi Mueller proceeded to take roll call.

General Update

Provider Capacity

Kathi Mueller provided a general update on provider capacity for January 1, 2015. As of that date there will be 112 Health Homes serving 120 locations. This consists of 23 FQHC's, 11 IHS units, 11 CMHCs, and 67 other clinics. Currently there are 547 unduplicated designated providers and 596 duplicated designated providers. The following Health Home Changes occurred during the last quarter:

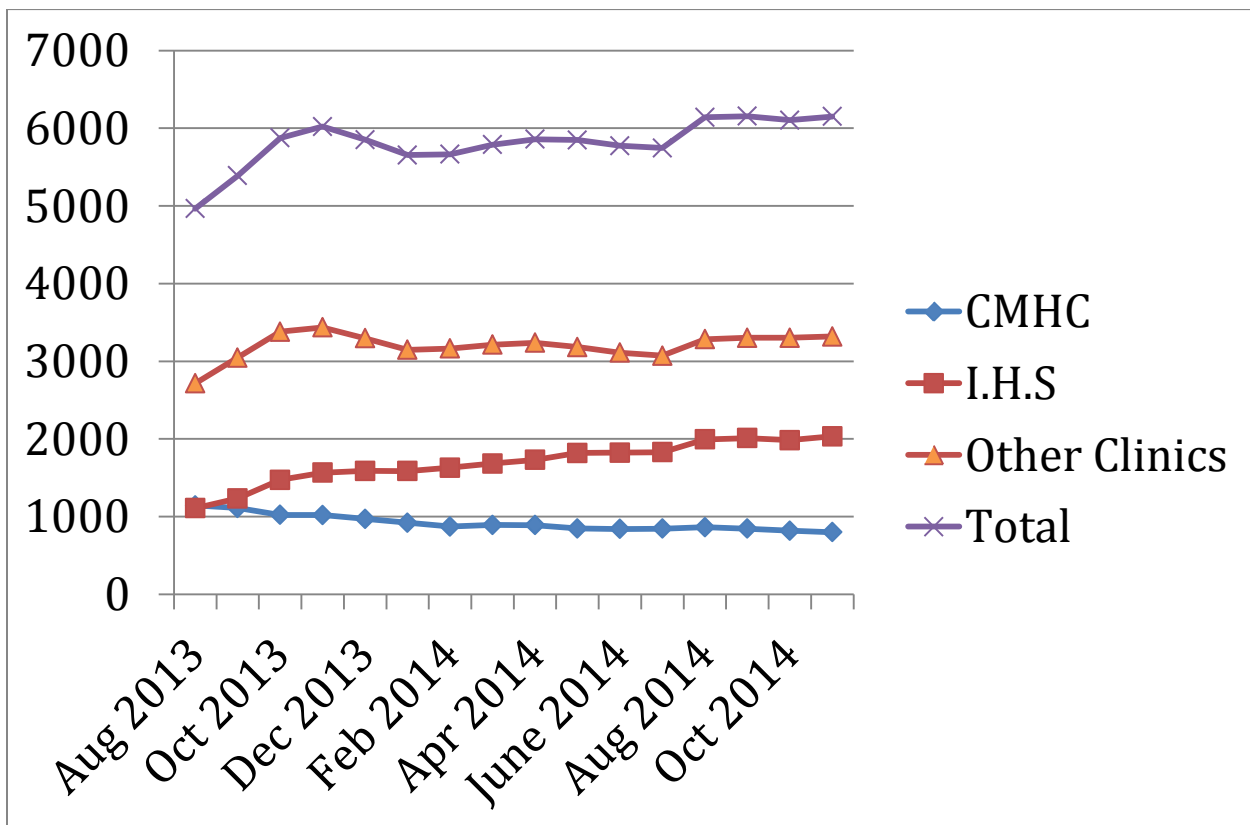
- *Allpoints* Yankton clinic will join as of January 1, 2015;
- Horizon Clinic in Springfield closed November 21, 2014;
- Two Avera Clinics Merged in Sioux Falls in September; and
- Three Sanford OB/GYN clinics are no longer providing services effective 12.31.2014.

The group reviewed the Health Home County by County grid and Kathi Mueller noted that the numbers of recipients remains relatively steady around 6150. See table on the next page. She also noted that while most of the types of Health Homes have seen an increase (See Chart on the next page), the Community Mental Health Centers line has seen a gradual decline. A sharper decline was seen at first, and then more gradual decline. Discussion among the group concluded that recipients have a tough time imagining a CMHC as their care coordinator and so the immediate decline was related to individuals either moving to their Primary Care Provider or opting out.

As of the November 25, 2014 payment date, there were 6,150 Health Home recipients. The breakdown is as follows.

Type HH	Tier 1	Tier 2	Tier 3	Tier 4	Total
CMHC	7	281	408	103	799
IHS	10	1,078	652	293	2,033
Other Clinics	74	1,914	922	408	3,318
Total	91	3,273	1,982	804	6,150

Trends in Recipient Participation by Type are as follows



Providers should continue to engage existing recipients that are not part of a Health Home through the Manual tiering process. Additional suggestions include reviewing who was opted out and trying to reengage them in the program.

DSS discussed the feasibility of removing opt outs for some recipients and indicated that they would need to review Health Home capacity, the number of opt outs and how

they match up with our current capacity as well as the reason for opting out before a recommendation could be made to the workgroup.

Health Home Trainings

Kathi Mueller indicated that one of the care coordinators advocated for an in person Care Coordinators meeting during the last training and ask the Workgroup their thoughts about having their care coordinators out of the clinic to attend these meetings. The Workgroup recommend regional in-person meetings as an option and that the meeting be schedule so no overnights would be needed. Kathi indicated DSS would explore this concept and come back to the Workgroup with a recommendation.

Kathi also mentioned that the Department of Health (DOH) training provided training on December 12, 2014 to Health Homes on the programs they had to offer such as the Quit Line, the Diabetes Program and the new Chronic Disease self-management program. Delta Dental also joined in this training to discuss the impact of dental health on the overall health of recipients.

Patient Engagement

Kathi Mueller indicated that 79.95% of recipient enrolled in the program received a core service during the July through September 2014 quarter. This was a slight decrease from the previous quarter of 80.82%.

There were several success stories shared by several of the Workgroup Members. As part of hearing those stories, it was identified by the Workgroup that overcoming the social issues associated with the recipient, makes it easier to address the medical issues. Health Homes has pulled health care systems and types of care closer together to help recipient find success.

Outcome Measures

Jean Reed and Kirby Stone reviewed the status of the three buckets presented at the previous meeting.

1. Changes that can be made now through clarification of existing documents. The below measures have been clarified with the exception of Chronic Pain.
 - Chronic Pain Measure
 - Active vs. Inactive
 - Hypertension Measure
2. Changes that can be made and implemented by January 1, 2015. The standardized recipient experience survey was presented to the group and discussed.
3. It was clarified that changes to measure do not require a state plan amendment which makes the process of update outcome measures much easier and that the Quality Subgroup will begin to work on changes at a meeting yet to be determined in January.

Other Updates

Recipient Survey

Kathi Mueller summarized the recipient survey. The survey was sent to the 4,230 Medicaid recipients who were in a Health Home 9, 10, or 11 months during the first year. The return rate for the survey was 22% but only a portion of the surveys were usable. After Kathi had shared the results, the Workgroup members indicated that for future surveys, Health Homes could assist in getting the word out to their members about the survey to encourage them to complete it. The Workgroup also had questions about the ability to stratify the survey by provider or provider group. Kathi indicated that this was not possible.

The Workgroup suggested that it might also be helpful to do training on the transportation assistance that can provide through NEMT.

Cost Reports

Brenda Tidball-Zeltinger updated the Workgroup on the status of the Cost reports. She began by indicating the results of the cost reports showed a wide variability with PMPM rates ranging from \$2 to \$9,000. She indicated that DSS recognizes the challenge in allocate a relatively small pool of costs for an organization and that for some it was hard to separate out the resources used to provide the 6 core services. As a result, DSS recommends the development of a Subgroup to trouble shoot the allocation issues, and develop strategies to refine the costs associated with Health Homes.

Payment Recoupment

Kathi Mueller indicated that DSS was moving forward with the recommendation to move to a retrospective payment effective January 1, 2015. The remaining quarter for 2014 will be recouped at the same time in January of 2015.

Health Information Exchange

Kevin Dewald from the Department of Health presented information about Health Link to the Workgroup. Kevin shared information about the Point of Care Exchange and the ability for members of the Health Link to access a Community Health Record on individuals that would allow them to see several data items needed to assist with transition of care and ER visit notification. He also discussed the current membership of the Health Link.

Kevin then presented a new use case called the Event Notification which would allow Health Homes to be notified via email when one of their Health Home recipients was admitted to the ER or hospital. This notification would assist in making sure the Health Home was notified promptly that the recipient had an event for which the Health Home should be aware.

Kevin indicated that the next steps were to determine if the Health Homes would be interested in moving forward to develop this process. DSS indicated they would send a survey to Health Home systems allow them to express interest. Kathi would compile

the information and share it with Kevin so he could discuss with the Advisory Council to develop a cost estimate.

Go Forward Plan

The Workgroup spent the remainder of the time evaluating the Health Home Program. When asked what worked, the Workgroup members provided praise to the DSS Health Home team for getting the program off the ground. They liked the updated opt out process allowing providers to get notice of opt out, and look forward to using the new core services process. They felt the trainings such as the training provided on the Care Plan and Core services were helpful as well as getting feedback on the chart audits. Workgroup members also expressed that they felt the Implementation Workgroup was key to moving the program forward.

When asked about opportunities for improvement, the Workgroup members indicated the need for Caseload reports to come to them electronically in a format that is searchable. Indian Health Service expressed concerns about the outcome measures and shared that until the program was past the enhanced funding period, that they are not able to hire staff to assist with the program. Workgroup members also recommended training on the social determinants of health.

When asked what can be done to provide a more common experience for health home recipients, Workgroup members suggested a piloting leadership meetings in regions of the state, narrowing down the outcome measures or aligning them more closely with other government programs, developing a best practice library, providing additional training on issues that come out of the quality assurance reviews.

Final Words

At the close of the meeting, Kirby Stone announced that she had taken another position that would allow her to move back to Colorado to be closer to her family. As a result, she is stepping down as the South Dakota Medicaid Director. Kirby thanked the Workgroup for their partnership in the Health Homes program as well as their hard work.