Health Home Implementation Workgroup
Meeting Minutes
June 16, 2014
Teleconference 10 am - noon

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

Others in attendance: Vanessa Sweeney, Dr. Dan Heinemann, Kristen Bunt, Derek Shafer and Vanessa Taylor.

Welcome and Introduction
Kirby Stone opened the meeting and thanked workgroup members for taking the time to participate in the meeting and for their ongoing commitment and support to the Health Home initiative.

General Update
Kathi Mueller provided a general update on provider capacity. While numbers have not changed significantly at this point, there will be 4 new Health Homes coming on board July 1, which will result in additional recipients. These new Health Homes are:

Massa Berry Regional Clinic in Sturgis
Queen City Regional Health Clinic in Spearfish
Southern Plains Behavioral Health in Winner
Three Rivers Mental Health and Chemical Dependency Center in Lemmon

There are currently 112 Health Homes serving 117 locations. This consists of 23 FQHC's, 11 IHS units, 9 CMHC's, and 69 other clinics. 568 designated providers support these locations. The group reviewed the Health Home County by County grid and discussed ways to improve capacity in areas with little or no coverage.

Despite the July 1 increase in capacity, current Health Homes were encouraged to expand wherever they could especially in those areas where there currently is limited or no coverage. DSS is also doing outreach to fill the existing shortfalls.

The process to add a new provider once they join an existing Health Home was reviewed and is as follows. When a provider joins the clinic they should sign an attestation form, submit the attestation form to DSS, and be trained in the Health Home process.

As of the May 2014 payment date, there were 5,847 Health Home recipients. The breakdown is as follows.

Type HH	Tier 1	Tier2	Tier 3	Tier 4	Total
CMHC	7	316	427	96	846
IHS	6	958	578	277	1,819
Other Clinics	79	1820	889	394	3,182
Total	92	3,094	1,894	767	5,847

The group was encouraged to complete the manual tiering document as appropriate to ensure individuals who need Health Home services are able to receive them.

Transitional Care Notification
Kathi asked the group to provide updates on their respective processes.

Regional Health indicated they developed a SharePoint system that notifies the Health Home when a recipient has been in their Emergency Room. Sanford Health indicated they have automated the process internally from the point of entry through the emergence department. In all situations, the Health Home is notified if a recipient utilizes an emergency room service. The Rapid City Family Residency Clinic is being notified when Medicaid information is being reviewed by the Hospital. Regional Health and Behavioral Management Systems in Rapid City will talk about the possibility of giving BMS access to the RCR SharePoint System. While each feel they have made progress internally, they continue to struggle with gaining access to the information externally. Workgroup members agreed to continue to share experiences within their respective Health Homes as to how they are addressing both the notification and follow-up after transition process. These examples included working internally within respective organizations and also crossing over organizations and communities.

Patient Engagement Strategies
The third quarter Core Service performance showed continued improvement. Health Homes reported that internally Health Home staff are finding the overall process easier to work with, recipients are more aware of what to expect and more compliant, more physicians are referring recipients to the program, and that in some cases Health Homes are beginning to see reduced emergency room visits. Health Homes shared several success stories with the Workgroup. Examples included implementing a food journal, reduction in missed appointments, and linking the recipient to other community based services.

Outcome Measures
The Implementation Workgroup was given an update on the June 12 Health Home Outcome Meeting that was held with individuals responsible for submitting the outcome data. The purpose of that meeting was to discuss the experience with the first reporting process, to review the initial aggregate quality reports and discuss next steps for a review process. Feedback from this group will be carried back to the Implementation

Workgroup through the Quality Subgroup. The recommendations will be presented at the September 15 meeting of the Implementation Workgroup.

Other Updates

Health Home Notices

Updated copies of the Health Home notices were provided to the group. It was agreed that some feedback would be provided to Kathi Mueller for review and consideration. From there Kathi can carry those forward for consideration. Again, it was stated that these notices are hard codes and changes do require programming.

Payment Recoupment

It was noted that program testing is still in process as a means to be able to void claims. It is anticipated that the recoupment for October – December 2013 will likely occur in July. However, before this actually occurs, Health Homes will be notified.

Health Home Training Needs

It was noted that one of the next training sessions would most likely focus on cost report preparation and the Quality Assurance Review Process. These will be planned for some time in late June/early July. Health Homes will be notified when a date is selected. Other topics that have been suggested include quality measures, motivational interviewing, cultural competence, and best practices for populations served, referral training and transitional care coordination.

Next Steps

The process and timeline to collect information for the August - June six month cost report was discussed. Health Homes were asked to notify Kathi if the contact person had changed since the last report was submitted.

The group was also provided with an updated quality assurance review plan. There were questions relative to process. It was explained that initially the review would start with one recipient per Health Home. If there were issues with that one recipient, that sample size would increase. The focus of the review is to ensure Core Services have been provided.

In closing, the group was again thanked for their participation and ongoing commitment to Health Homes. The next group meeting is planned for September 15, 2014.