

**Health Home Implementation Workgroup
Meeting Minutes
June 15, 2015
via teleconference**

Members in attendance: Tony Tiefenthaler, Sandy Crisp, Terry Dosch, Dr. Mary Carpenter, Kathi Mueller; Brenda Tidball-Zeltinger; Ann Schwartz, Joan Friedrichsen, Dayle Knutson, Kathy Jedlicka, Jamie Risse, Alan Solano, Mark East, Alicia Collura, Kris Graham Collette Hesla, Mark Wheeler and Jean Reed.

Others in attendance: Kelly Hasvold, Vanessa Taylor, and Patty Turnwall

Roll Call

Jean Reed called the roll.

General Update

Provider Capacity

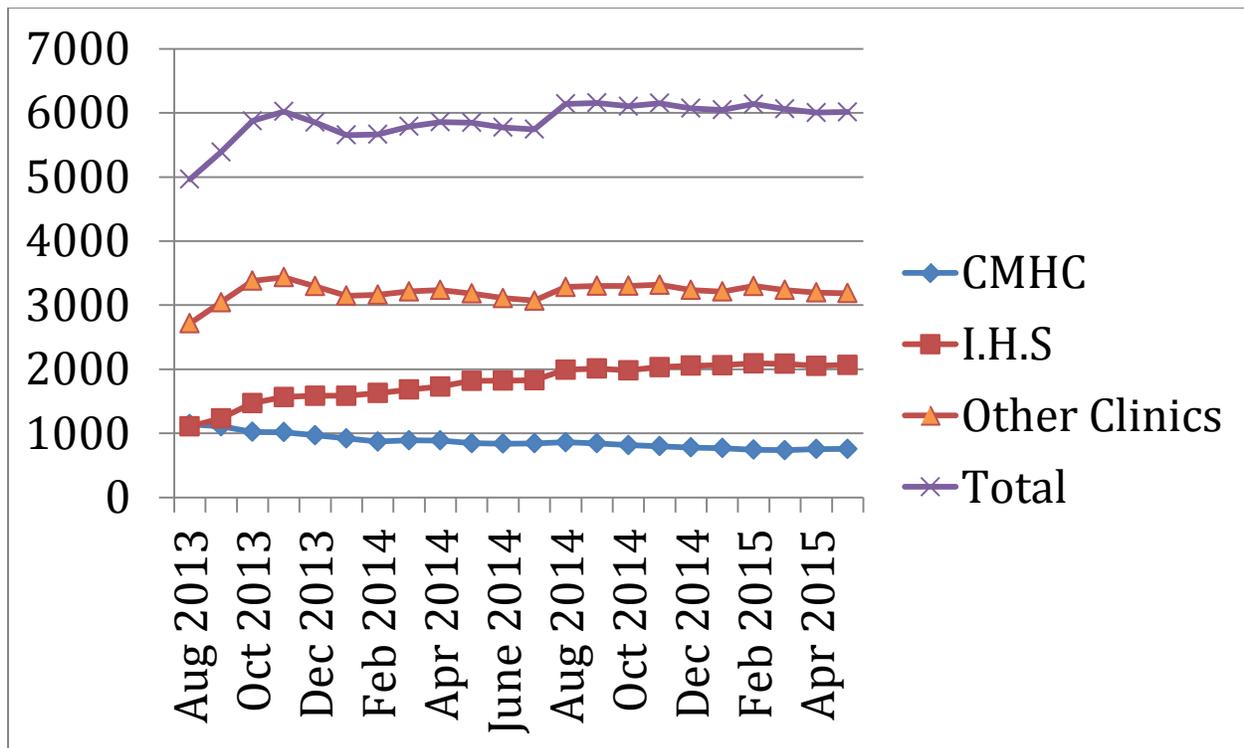
Ann Schwartz provided a general update on provider capacity. As of July 1, 2015, 111 Health Homes will be serving 121 locations. This consists of 24 FQHC's, 11 IHS units, 11 CMHCs, and 65 other clinics. Currently, there are 553 unduplicated designated providers and 596 duplicated designated providers. No changes occurred to the number of Health homes so the County by County grid also did not change.

Ann discussed the plan to reach out to clinics that have a potentially significant attribution to encourage them to participate in the Health Home Program. She asked for assistance from the workgroup. The CMHCs offered to reach out to any local PCP in their areas to assist in building capacity.

Ann noted that the numbers of recipients remains relatively stable at around 6,000. As of May 26, 2015, there were 6,014 Health Home recipients. The breakdown is as follows.

Type HH	Tier 1	Tier 2	Tier 3	Tier 4	Total
CMHC	12	239	400	107	758
IHS	8	1,127	648	286	2,069
Other Clinics	76	1,849	874	388	3,187
Total	96	3,215	1,922	781	6,014

Trends in Recipient Participation by Type are as follows



Recipient Eligibility

Ann reminded the group that people eligible for Health Homes fall into two groups. The first group is Tier 1 which accounts for over half of those eligible. Tier 1 recipients are not automatically enrolled in the program because they are not the high cost/high need people the program is focused on, but per federal requirements must have the ability to opt-in.

The second group is Tier 2-4 recipients. These recipients are automatically enrolled in the program and includes that high cost/high need population that will realize the most benefits from the program.

Eligibility Stats are as follows:

May 2015 – 6,014 participating

- Tier 1: 15,603 eligible. Tier 1 not priority high cost/high need claimants.
 - 96 participating
- Tiers 2-4 – high cost/high need target population
 - 12,108 eligible.
 - 5,918 actively enrolled
 - 260 recipients will become eligible for the first time effective July 1, 2015.
 - 2,140 individuals have opted out because there is no PCP Health Home in the area or their provider was not a Health Home.
 - Additional recipients have opted-out for other reasons.

- 75-80% of the highest cost/highest need recipients who have a Health Home in their area are participating in the program.
- Increasing the number of PCP Health Homes would increase provider capacity in year three of the program and thus increase the number of enrolled recipients: The following counties are priority areas for outreach Yankton, Beadle, Davison, Pennington, Brown, Roberts, Custer, Fall River, Butte, Lawrence, Lake and Meade.
- Priority is to expand capacity for those with Tier 2-4 eligibility.

Health Home Trainings

Ann indicated that via a partnership with SDSMA and DOH, Motivational Interviewing two-part training was provided on April 17, 2015 and May 21, 2015. Recordings are available at <http://dss.sd.gov/healthhome/training.aspx>

Ann shared information about the Health Home Regional Sharing Meetings for Care Coordinators. She indicated meetings will be held in Sioux Falls, Watertown, Pierre and Rapid City in the fall 2015. Each meeting will run from 9:30 to 3:30. The care coordinators were sent a survey to help identify the topics to be addressed in each session.

Patient Engagement

Kathi indicated that 78.23% of recipients enrolled in the program received a core service during the January – March 2015 quarter. This was a slight increase from the 78.17% of the previous quarter.

On behalf of Sanford, Vanessa Taylor shared a success story about one of their care coordinators who worked for 18 months on relationship building to find success with a particular recipient.

Terry Dosch indicated that the CMHCs, felt like the biggest success was the degree to which the program required providers to integrate their work. The communication between coordinators is a definite improvement to care delivery.

Outcome Measures

Request for Proposal

Ann indicated that DSS has awarded the Performance Measure Analysis RFP to Health Management Associates. The analysis will measure the health outcome and financial impacts of the Health Home program. Ann indicated that Baseline claims data and performance periods have been provided to the vendor. She also indicated that the same data layout will be used for reporting outcomes data for 01.01.2015-06.30.2015 and that DSS will communicate the method for submitting data to the new vendor.

Outcome Measures

Ann updated the Workgroup on the progress of the Quality Subgroup. It was indicated that the Quality Subgroup had invested significant time and effort into revising the Health Home measures. The Subgroup defined a standard format and members are helping compile the documentation for each measure which will serve as a guide for data submission.

Ann also indicated that the new format was distributed on 05.29.2015. The website at <http://dss.sd.gov/healthhome/outcomemeasures.aspx> was updated as well. The old format will remain on the page until the 01.01.2015-6.30.2015 reporting period is complete. The new file layout will be implemented on July 1, 2015 for the reporting period of 07.01.2015-12.31.2015. Training will be provided when it comes time to report.

Other Updates

Cost Reports

Brenda Tidball-Zeltinger updated the Workgroup on the progress of the Cost Report Subgroup. She indicated that significant progress has been made in development and submission of updated cost data from the subgroup. The group agreed on the data elements to be reported and then submitted them in phases to help isolate challenges as the data was submitted.

She indicated that general observations of the original information appear to indicate that in the aggregate the payments are correct, but realignment is needed particularly between Tiers 2-3 and Tier 4. Final analysis is anticipated in late June/early July. She thanked the Subgroup for their hard work and indicated that there may be a call of the Implementation Workgroup to discuss the results before the next regularly scheduled meeting in September.

Health Information Exchange

Ann indicated that the response to the survey indicated interest in leveraging the HIE for event notification of ER or inpatient stays to avoid the existing manual process and for the necessary follow-up.

She also indicated DSS and DOH are working together to broaden the pool of users beyond Health Homes for event notification to help lower the costs. There is a potential of including payers in this pool. A further update will be provided at the September meeting.

Payment Recoupment and Retrospective Payment Update

Ann indicated that all of the recoupments for the time period of 07.01.2014-12.31.2014 payments have been received.

She also indicated that DSS moved to retrospective payment system effective January 1, 2015. The first retrospective process was completed and payments made. Ann indicated that there were two outstanding items to be modified. Those include the

ability for Health Homes to download/save or print the submitted report and the auto calculation of the estimated payment amount.

Ann indicated that this new process has streamlined the work flow for DSS and asked for Workgroup feedback on new process. Mark Wheeler indicated that he felt like the overall process worked well. Dayle Knutson and Alan Solano agreed that it was a much better process.

Kathi indicated that the next payment would be made in early August after Health Homes submit the core service reports in July.

Quality of Assurance Review

Ann reported that the second quality assurance review had been completed. The review focused on Care Plans, Mental Health and Substance Abuse Screening, integration of screening information into the Care Plan, and ER visits and follow-up. She indicated that while there was improvement, Health Homes need to continue to improve to ensure each recipient’s needs are met and core services are provided. The results are outlined in the table below.

SUMMARY DATA FOR CHART REVIEWS PER RESPONSE CATEGORY						
TOTAL RESPONSES	CARE PLAN	MENTAL HEALTH SCREEN	SUBSTANCE ABUSE SCREEN	INTEGRATION	ER VISIT(S)	FOLLOW UP AFTER VISIT
YES	248	284	351	143	60	32
NO	108	26	4	100	296	28
N/A (NOT APPLICABLE)	0	46	1	113	0	296
TOTAL RESPONSES	356	356	356	356	356	356

Ann indicated that DSS has begun to discuss the 3rd review. The focus of third review is Care Plans, ER visits, care transitions and follow-up from inpatient stays. She indicated that all recipients who were provided a core service and had either an ER visit or inpatient stay will be reviewed (305 recipients). As such, the review will not include a case from each Health Home. The time period of the review is 10.2014-12.2014.

Upcoming Meeting Dates

Ann provided the remaining 2015 meeting dates:

- September 14, 2015 (Pierre) - 10-2 CT
- December 14, 2015 (call) 10-12 CT