

**Health Home Implementation Workgroup
Meeting Minutes
March 16, 2015
via teleconference**

Members in attendance: Tony Tiefenthaler, Sandy Crisp, Terry Dosch, Dr. Mary Carpenter, Kathi Mueller; Amy Iversen-Pollreisz, Ann Schwartz, Joan Friedrichsen, Debra Thalhuber, Nancy Haugen, Dayle Knutson, Kathy Jedlicka, Kelsey Raml, Jamie Risse, Alan Solano, Mark East, Joe Manuel, Collette Hesla, Mark Wheeler and Jean Reed.

Others in attendance: Kelly Hasvold, Vanessa Sweeney, Bonnie Cromwell, and Dr. Dan Heinemann

Roll Call

Kathi Mueller called the roll.

General Update

Provider Capacity

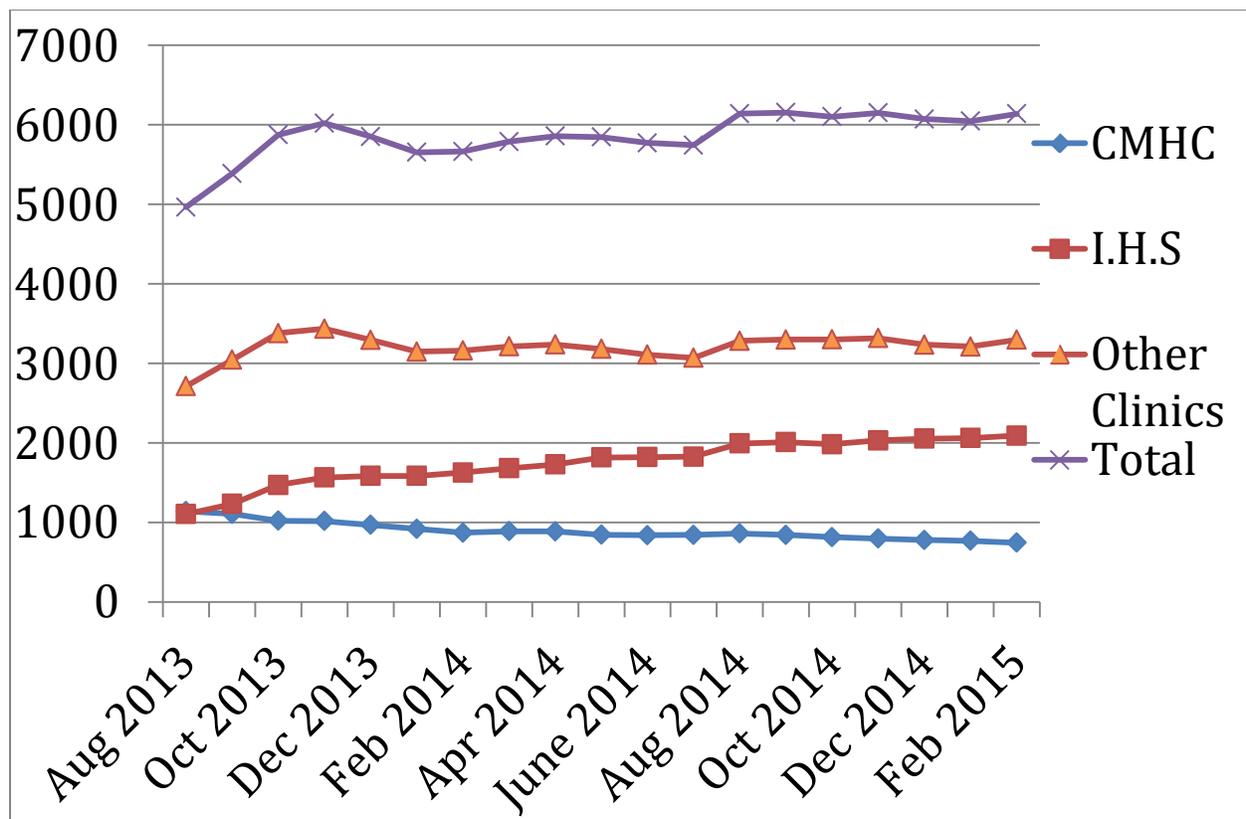
Kathi Mueller provided a general update on provider capacity. As of April 1, 2015 111 Health Homes will be serving 121 locations. This consists of 24 FQHC's, 11 IHS units, 11 CMHCs, and 65 other clinics. Currently, there are 549 unduplicated designated providers and 593 duplicated designated providers. The following Health Home changes occurred during the last quarter:

- *Allpoints* Yankton clinic joined January 1, 2015;
- Avera Medical Group in Chamberlain created a coop with Rural Health Clinic, Inc. RHC does not participate in Health Homes with any of its clinics. So the former Avera clinic withdrew from the program.

The group reviewed the Health Home County by County grid and Kathi Mueller noted that the numbers of recipients remains relatively steady at 6,138. As of February 24, 2015, there were 6,138 Health Home recipients. The breakdown is as follows.

Type HH	Tier 1	Tier 2	Tier 3	Tier 4	Total
CMHC	7	248	388	103	799
IHS	10	1,132	655	296	2,093
Other Clinics	72	1,903	915	409	3,299
Total	89	3,283	1,958	808	6,138

Trends in Recipient Participation by Type are as follows



Recipient Eligibility

Kathi reminded the Workgroup that people eligible for Health Homes fall into two groups. The first group is Tier 1 which accounts for over half of those eligible. Kathi reminded the group that Tier 1 recipients are not automatically enrolled in the program, but per federal requirements must have the ability to opt in. In addition, while Tier 1 recipients are eligible for the program, the top 5% high cost/high need recipients are not in Tier 1.

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

Eligibility Stats are as follows.

February 2015 – 6,138 participating

- Tier 1: 15,331 eligible. Tier 1 not priority high cost/high need claimants.
- Tiers 2-4 – high cost/high need target population
 - 12,035 eligible.
 - 6,049 actively enrolled
 - 216 recipients will become eligible for the first time effective April 1, 2015.

- 2,000 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 PCP Health Home capacity in the following counties could help increase the number enrolled: Yankton, Beadle, Davison, Pennington, Brown, Roberts, Faulk, Custer, Fall River, Butte, Lawrence, Lake and Meade.
 - Priority focus on expanding capacity for those with Tier 2-4 eligibility.

When questioned about the need in Brown County, Kathi indicated that the need was with Avera Pediatrics and Internal Medicine. Avera indicated that they would be making application within the next 6 weeks for these two facilities. Kathi also asked about Davison County and they indicated they were looking to form a team in that location as well. Kathi indicated that applications for new Health Homes effective July 1, 2015 need to be submitted to DSS by May 1, 2015.

Health Home Trainings

Kathi Mueller indicated that training was provided on the latest Quality Assurance Review. Additionally she indicated that via a partnership with SDSMA and DOH, a Motivational Interviewing two-part training will be provided on April 17, 2015 and May 21, 2015 from noon to 1:00 CT.

In follow-up to discussion at the December Workgroup meetings, Kathi indicated is working with the Non-Emergency Medical Transportation Program to provide training on the requirements for travel reimbursement. Also, Kathi sent an email to Health Homes asking for potential agenda items for the regional care coordinator in person meetings. To date she has received a few suggestions, but will send out a reminder.

Lastly, Kathi offered to provide the Health Home orientation training again as needed. Health Homes can contact Kathi to schedule.

Patient Engagement

Kathi indicated that 78.17% of recipients enrolled in the program received a core service during the October - December 2014 quarter. This was a slight decrease from the 78.17% of the previous quarter.

Dayle Knutson representing Indian Health Service shared some information from their Ft. Thompson Service Unit about how Health Homes has helped to improve their practices and thus the care provided to the recipients.

Outcome Measures

Request for Proposal

Kathi shared information about the Request for Proposal (RFP) that was recently released by DSS seeking a vendor to conduct Performance Measures Analysis. The

analysis will measure the health outcome and financial impacts of the Medicaid Health Home program. Ann Schwartz answered questions about where to find the RFP and the deadlines.

Outcome Measures

Amy Iversen-Pollreisz indicated that DSS determined that after reviewing the first two 6 month time frames for the Clinical Measures that the first 6 months did not include enough longitudinal data. Therefore, DSS recommends moving to using the first full year of Health Home data as the baseline to ensure a more comprehensive data set. The data will still be submitted by Health Homes every 6 months.

Amy also shared information about measures where DSS saw positive movement during the first year. These include Hypertension, Vascular Disease, Depression Screening, Care Transitions, and Medication Management.

Resource Utilization Outcomes Data

Amy also discussed the resource utilization data. She indicated that DSS prefers to use a pre-HH and post-HH comparison to evaluate resource utilization data as outlined in the Request for Proposal. However, she did share some data on how the first six month compared to the second six month period.

Initial comparison of the first two 6-month reporting periods shows positive movement in key resource utilization outcomes such as cost of each member per month, hospital admits/1000 and hospital readmits/1000. However she indicated that ER utilization/1000 recipients did see a nominal increase. DSS will be aggregating the first two 6-month periods into first year.

Health Homes will get individual aggregate reports. Additional data will be available in mid-fall after 2nd full year is collected and analyzed.

Quality Subgroup Update

Kathi Mueller indicated that the Quality Subgroup met in January to discuss the third bucket of measures which need to be revised.

The Quality Subgroup recommended that some measures be deleted due to difficulty in collecting the data or changes in standards. These include Asthma measures related to use of controller 50% or 75% of the time, measures around Vascular Disease, Low Back Pain Measure, and one referral measure

She indicated that the Quality Subgroup felt that the outcome measures need more documentation to ensure consistent reporting. The Quality Subgroup defined a standard format and volunteers are helping compile the documentation for each measure which will serve as a guide for data submission.

Kathi indicated that the recommended changes will be reviewed by the Quality Subgroup at a meeting towards the end of March. In order to disseminate the changes as soon of possible to allow for IT system changes as necessary, DSS seeks the

approval of the Health Home Implementation Workgroup to move forward after changes are finalized by the Subgroup. The Workgroup granted approval to move forward after Subgroup review.

Other Updates

Cost Reports

Kathi Mueller updated the Workgroup on the status of the Cost reports. She indicated that two cost report sub-groups were formed to refine approaches that would be used to validate PMPM costs. One for CMHCs and one for PCP Health Homes

She indicated that both groups met in February and developed an overall approach that will isolate various cost components and validate costs. There were two key observations. The first was that staff time spent on tiers 2-4 was more evenly distributed than originally anticipated; the second was that consensus was reached regarding approaches to capturing the majority of time spent providing core services.

DSS has worked with providers to validate team member data. They are now working to validate salary/benefit information. The next step includes validating the allocation of time for each member and number of member months. DSS is targeting mid-June to complete subgroup work.

Health Information Exchange

Kathi Mueller shared the results of the Health Information Exchange (HIE) survey. 89 Health Homes representing 5,926 recipients indicated interest in having DOH provide an estimate of the cost of development and implementation of an ER and Hospital Admission use case using the HIE. As a result, DSS will share this information with DOH so they can proceed with an estimate.

Payment Recoupment and Retrospective Payment Update

Kathi Mueller indicated that recoupment letters for the July 2014 through December 2014 period were sent in January 2015. Payment was due on February 13, 2015.

She also indicated that per the recommendation of the Workgroup DSS moved to a retrospective payment system effective January 1, 2015. Kathi discussed how the new system will be accessed online using the same username and password to access Launchpad for claims information. She showed an example of how the system will work.

Quality Assurance Review

Kathi Mueller indicated that the latest training was provided on the quality assurance review and that the review focuses on care plans, mental health and substance abuse screening, and integration of that information into the care plan. Review of ER/ED visits, notification, and follow up by the Health Home were also added to try to identify why ER/ED visits did not decrease between the first two reporting periods.

Kathi indicated that DSS pulled a statistically valid sample of recipients (356) from those who had received a core service during the time period. Recipient names were sent to Health Homes and we have started receiving medical records. Some have taken us up on the option to review electronically. An RN is conducting the review.

Upcoming Meeting Dates

Kathi Mueller provided the remaining 2015 meeting dates:

- June 15, 2015 (call) – 10-12 CT
- September 14, 2015 (Pierre) - 10-2 CT
- December 14, 2015 (call) 10-12 CT