Health Home Implementation Workgroup
Meeting Minutes
September 14, 2015
In person – Red Rossa Italian Grill

Members in attendance: Sandy Crisp, Terry Dosch, Dr. Mary Carpenter, Kathi Mueller, Amy Iversen–Pollreisz, Brenda Tidball-Zeltinger, Ann Schwartz, Kathy Jedlicka, Jamie Risse, Alan Solano, Mark East, Vanessa Sweeney, Collette Hesla, Nancy Haugen, Mary Beth McClellan, Kelsey Raml and Jean Reed.

Others in attendance: Kelly Hasvold, Dr. Dan Heinemann, Paul Neimann and Lisa Mauiro

Welcome and introductions
Amy Iversen-Pollreisz welcomed the group to the meetings by thanking them for their ongoing commitment to the Health Home Program. New members were present at the table, so introductions were done.

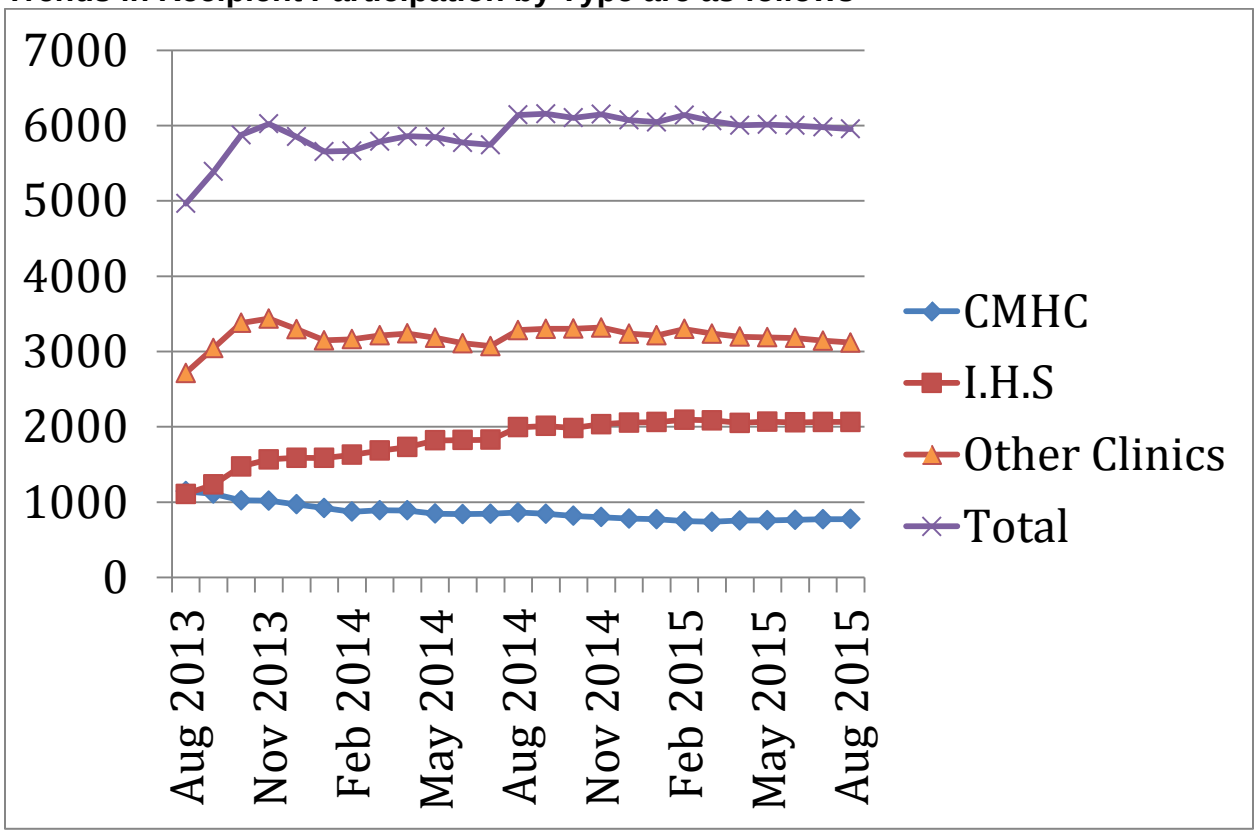
General Update
Provider Capacity
Kathi Mueller provided a general update on provider capacity. As of October 1, 2015, 113 Health Homes will be serving 121 locations. This consists of 25 FQHCs, 11 IHS units, 11 CMHCs, and 66 other clinics. Currently, there are 563 unduplicated designated providers and 609 duplicated designated providers. Two new Health Homes will be joining the program effective October 1, 2015. They include Coteau des Prairies Hospital in Sisseton and Fort Thompson Community Health Clinic, a new Horizon Clinic in Fort Thompson.

Kathi shared that the DSS Health Home team had made several trips over the summer to try to engage new providers in the Health Home program. She stated their work had garnered the interest of several new clinics for a possible application date of January 1, 2016. Those include Mobridge Regional Hospital, Huron Regional Clinic, and Winner Regional Clinic. Sandy Crisp indicated that Avera is adding coordinated care teams in Aberdeen Internal Medicine and Pediatrics, Sioux Falls Internal Medicine, and Mitchell. The goal is to work with these clinics to help them make application for a January 1, 2016 start date.

Kathi noted that the number of recipients remains relatively stable at around 6,000. As of August 26, 2015, there were 5,955 Health Home recipients. Kathi did note that while the number has recently dipped, that decline is due to a change to provider records associated with the Regional Health System. The breakdown is as follows.

Type HH	Tier 1	Tier 2	Tier 3	Tier 4	Total
CMHC	18	243	406	108	775
IHS	7	1,121	650	285	2,063
Other Clinics	75	1,808	856	378	3,117
Total	100	3,172	1,912	771	5,955

Trends in Recipient Participation by Type are as follows



Recipient Eligibility

Kathi 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 all eligible recipients. 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 Tiers 2 – 4 recipients. These recipients are automatically enrolled in the program and include the high cost/high need population that will realize the most benefits from the program.

Eligibility Stats are as follows:

August 2015 – 5,955 participating

- Tier 1: 15,603 eligible. Tier 1 not priority high cost/high need claimants.
  - 100 participating
- Tiers 2-4 – high cost/high need target population
  - 12,458 eligible.
    - 5,855 actively enrolled
    - 243 recipients will become eligible for the first time effective October 1, 2015.
    - 2,314 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 numbers served requires increasing capacity, specifically in the following counties: Brown, Butte, Custer, Davison, Faulk, Fall River, Lawrence, Lake, Meade, Pennington, Yankton and Walworth.

- Priority is to expand capacity for those with Tiers 2 – 4 eligibility.

Dr. Dan Heinemann asked several questions about tracking Tier 1 recipients. What is happening to them as a group after the Tier 1 is determined and no management is done? How do the Tier 1 recipients in the program compare to those who did not opt into the program?

Health Home Trainings
Kathi reported that Quality Assurance Review III Training had been provided. She reminded everyone that all of the training materials can be found on the DSS website as a refresher or for training as new staff came on board.

Kathi shared that two of the four Health Home Sharing Sessions have occurred and that the feedback has been very positive. 98% of attendees indicated they would be interested in attending a sharing session again. Vanessa Sweeney from Falls Community Health described how the sharing session was a positive experience for her and her team.

Patient Engagement
Kathi indicated that 76.91% of recipients enrolled in the program received a core service during the April – June 2015 quarter. This was a decrease from 78.23% in the previous quarter.

Alan Solano shared a couple of success stories from Behavior Management Systems. Others agreed to provide written stories to be used during the Legislative Session. The Health Homes indicated going forward they would routinely provide the success stories to Kathi.

Terry Dosch reiterated 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.

Health Homes Performance Measure Analysis
Ann recapped the history of the Health Homes Performance Measure Analysis RFP. She indicated that Health Management Associates (HMA) was selected as the vendor. She also discussed that the goal of the analysis was three fold. First, demonstrate improved health outcomes for those participating, second, to provide feedback to Health Homes about their individual performance, and third, to demonstrate the cost benefits of the program.

Paul Neimann, HMA, shared the work he was doing on the financial data. He indicated the purpose of his analysis was to identify and quantify the impact of health homes on the service utilization and cost in total and by service area. Paul explained that he is conducting an interrupted time series using FY10-15 Medicaid claims data. This model allows HMA to account for trends in cost and utilization independent of health homes that might otherwise confound the analysis.

Paul outlined the services areas he will be analyzing: inpatient hospital, emergency room, outpatient hospital, home and community-based services, pharmacy, office visits, laboratory, long-term care, and other. He also talked about the ability to analyze the data in many other ways as needed.

Paul also discussed the dangers of a simple pre and post comparison and why that form of analysis was discarded.

Paul then answered several questions for the group about his analysis. Mark East suggested comparing this data to data for other high cost/ high need recipients not in the program.

Lisa Maiuro, also from HMA, discussed the importance of the outcome measure data that was collected. This includes the ability to assess the results of health care that are experienced by patients, allowing providers to compare how well they are treating patients over time; allow providers to compare their performance to other providers; and helps inform state agencies charged with monitoring and supporting providers.

Lisa indicated that HMA will be working on a subset of the past data for the upcoming session and outlined those measures. She explained that the data subset was selected as there was a greater reliability in how the data had been collected and reported by the respective Health Homes. The subset encompassed all three of the categories of care including clinical, quality of care and experience of care measures. She also briefly discussed the revised outcome measure for State FY 2016 and beyond.

Lisa also shared the importance of correct data submission and showed an example of the dashboard that South Dakota would receive. Lisa then answered any questions from the group.

New Health Home PMPM Rates
Ann Schwartz discussed that DSS met several times with the Health Home Cost Report Subgroup to determine if they could adjust the rates to more accurately reflect the cost of providing services by Tier. Each subgroup discussed and agreed that participants in Tiers 2 and 3 often require a similar work effort as those in Tier 4. New rates were proposed and recommended to the Implementation Workgroup. The recommended new rates are outlined below with an effective date of July 1, 2015, which will be implemented with the July – September quarter payment.

CMHC	Payment	PCP	Payment
Tier 1	$9.00	Tier 1	$9.00
Tier 2	$33.00	Tier 2	$29.00
Tier 3	$48.00	Tier 3	$49.00
Tier 4	$160.00	Tier 4	$250.00

Quality of Assurance Review
Kathi indicated that DSS was close to completing its third review encompassing the time period of 10.2014-12.2014. The focus of third review is Care Plans, ER visits, care transitions and follow-up for inpatient stays. She indicated that all recipients who were provided a core service and had either an ER visit or inpatient stay are being reviewed (305 recipients). As such, the review includes participants from only 63 of the Health Homes.

Health Information Exchange
Craig Glander from the Department of Health provided an update on the new event notification module within South Dakota HealthLink (SDHL). Craig indicated that a survey of providers had been done and that there was support for creating the event notification use case depending on the cost. He indicated that the SDHL Advisory and Finance Committees approved the implementation of even

notification functionality for a one-year pilot and approved payers to participate in the event notification services.

Craig indicated that the Department of Health will work with their vendor on a contract and system development and they anticipate a 3 month development effort once the contract is signed. The initial rollout will be for Health Home members and then open to providers and payers. Once the implementation deadline is set, more details about the membership fees and roll out activities will be provided.

Craig provide the following links as useful sources of information

- For a demonstration of the Notify functionality, visit:

http://www.sdhealthlink.org/files/MedicityNotify.mp4

- For Frequently Asked Questions, visit:

http://visit.medicity.com/rs/aetnainc/images/Medicity_FAQSheet-Notify_20140611.pdf

- For information on The Need for Notification, visit: :

http://www.medicity.com/blog/post/2014/07/need-notifications

Upcoming Meeting Dates

Kathi reminded the group of the remaining meeting for 2015 and indicated that dates for 2016 would be shared after the first of the year.

- December 14, 2015 (call) 10-12 CT