



# Health Home Program Update

Medicaid Advisory Committee May 3, 2022





# Health Home Update

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# Status Update

- Currently, 137 Health Homes serving 141 locations.
- New Clinics since last meeting
  - Access Health -Ft. Pierre 04.01.2021
  - Redfield Clinic 07.01.2021
  - Dakota Family Medicine/Chamberlain 07.01.2021
  - RCMC – Tower Rd location 07.01.2021
  - Bon Homme Family Medicine - Avon and Tyndall – 01.01.2022
  - Access Health – Murdo 04.01.2022
- Due to the ongoing Public Health Emergency, we are serving our highest client numbers ever at around 7,000.
- We continue to provide training and opportunities to collaborate.
- More experienced Health Homes serve as mentors to new Health Homes.
- Implemented the Revised Outcome Measures 01.01.2021.
- Implemented the Revised Quality Incentive Payment Methodology for the Payment made in 2021.



# Outcome Measure Comparison

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# Outcome Measure Comparison

- Every year DSS submits data to CMS for the HH program.
- While we have been reporting for many years, CMS just released results by state for the CY 2018 data in 2020.
- CMS also recently released data for the CY2019, but it only included the national results with the Median, Upper Quartile and Lower Quartile for each measure. No state-by-state results.
- DSS compared the results with the data we submitted to determine work that needs to be done.

# South Dakota's Performance

Outperformers
Measure 1: Body Mass Index
Measure 3: All-Cause Readmissions Rate
Measure 7: Prevention Quality Indicator (PQI) 92: Chronic Conditions Composite
Measure 8: Ambulatory Care - Emergency Department Visits

Under Performers
Measure 4: Follow-Up After Hospitalization for Mental Illness
Measure 6: Initiation Engagement of Alcohol and Other Drug Dependence Treatment
Measure 10: Opiate Use Disorder Utilization
Measure 11: Follow-Up After ED Visit for Alcohol and Other Drug Abuse or Dependence

\*Measure 9 is currently under review



# Tier Update

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# History

Original plan in 2013, was to update the Tier of recipients ever 6 months.

When the first 6-month update arrived, DSS evaluated the results of the update and found that Tiers go up and down each month as well as changes that could not be explained.

Did not feel that we could implement the update based on the most recent month.

After consulting with the Implementation Workgroup, we decided to postpone the planned update and introduced the manual tiering process as an option to add recipients or adjust the Tiers of recipients.

To date the only Tiers that have been adjust are those through the Manual Tier process which typically is a request to add or increase.

Tiers have also been adjusted both up and down, when we add new clinics based on the most recent file. Also remove opt outs for these recipients.



# Goals

01

The goal was to find a way to smooth out the highs and lows of the Tiers as they come in each month.

02

Find a way to drop people off the program as their claims indicate there the program is no longer needed.

03

Allow providers a way to have a discussion with recipient who drop to a Tier 1 to determine if there is a still a need.

04

Find a way to inform providers of all changes when the update happens

## Why Now?

An independent review placed this as one of the priorities that need to be completed. To make sure that providers were being paid the appropriately for the recipients.



DSS needs a consistent way to update the Tiers as recipient move up and down the Tier scale and fall off the program when they no longer need care management.



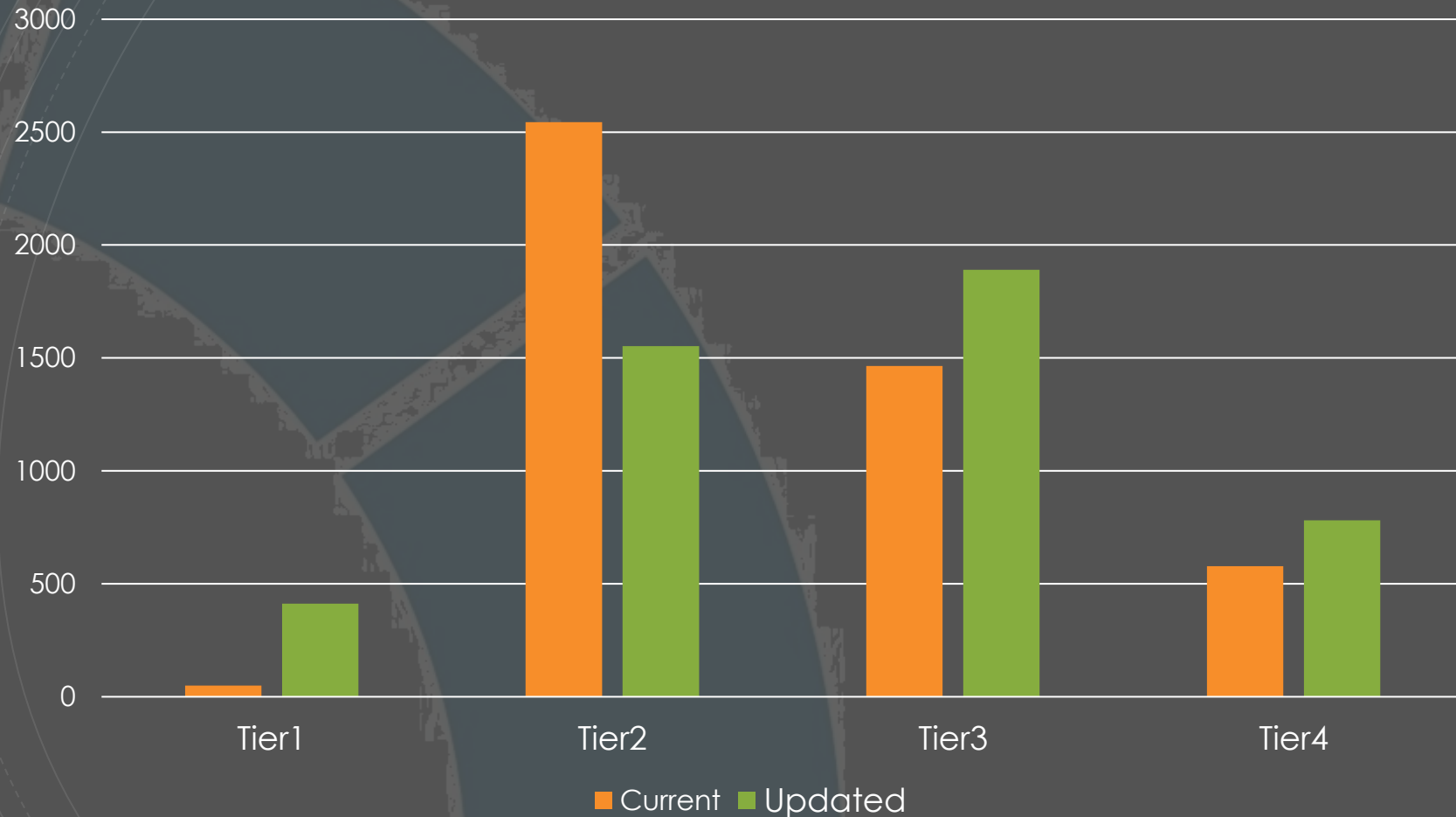




# ▼ Tier Update Proposal

- Attribution Vendor will deliver a Tier update file in the month of December. File will be an average of Tiers for each recipient in the previous 6 files.
- The update will be completed on 01.01.CCY of each year.
- Active recipients will remain with the same provider and their tier will be increased or decreased according to the file. Tiers will only go up one and down one.
- DSS will make a list of changes available to the coordinators like a caseload report.
- If no change is made, recipient will remain as is.
- If recipient is no longer eligible, their occurrence will be ended on 12.31.CCY and they will be dropped from the program. If provider feels a need for the recipient to remain on the program, a manual tier form can be completed.
- If recipient falls to a Tier 1, provider can discuss with the recipient/caregiver, the purpose of the program and determine if the recipient should remain on the program.

# Comparison between Current and Updated Tier numbers





# Tier 4 concerns

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## ▼ Tier 4 Rate Concerns

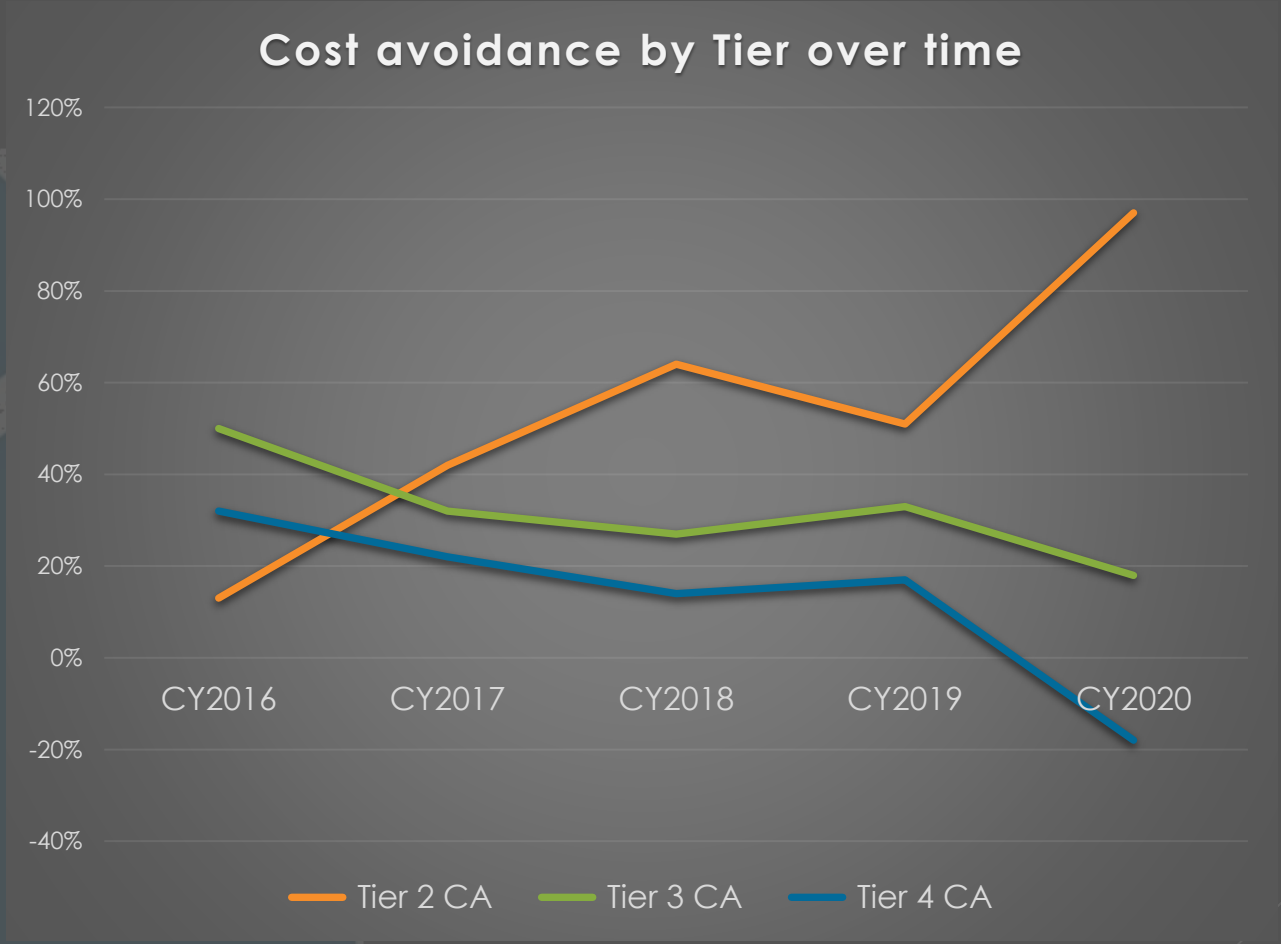
- Since the inception of the program, the difference between Tier 3 and Tier 4 PMPM payments has been a concern.
- The 2015 Cost Study normalized these rates and brought them closer to the Tier 3 rate.
- As DSS has inflated these rates the disparity between the rates continues to grow.
- No additional work is required as Tiers increase
- The percentage of cost avoidance continues to decrease indicating that a higher Tier rate doesn't really help improve management.
- See Chart next slide.





# Tier 4 rate cost avoidance continues to decline

**\*Note: Vendor does not receive the claims for the PMPM to include in the cost avoidance numbers. They are taken off the top of the entire estimated cost avoidance.**



# 2022 Subgroup Work

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# Proposed 2022 Subgroup Work

- Appoint a new Subgroup to work with DSS to explore ways to stratify the work required for each Tier so we get a return on our investment.
- Continue working with the Outcome Measure Subgroup to explore and pilot methods of using only claims data to submit outcome measures rather than an extra report.



# Questions Concerns



# Thank You

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