Health Home Update

South Dakota
Department of
Social Services

Status Update

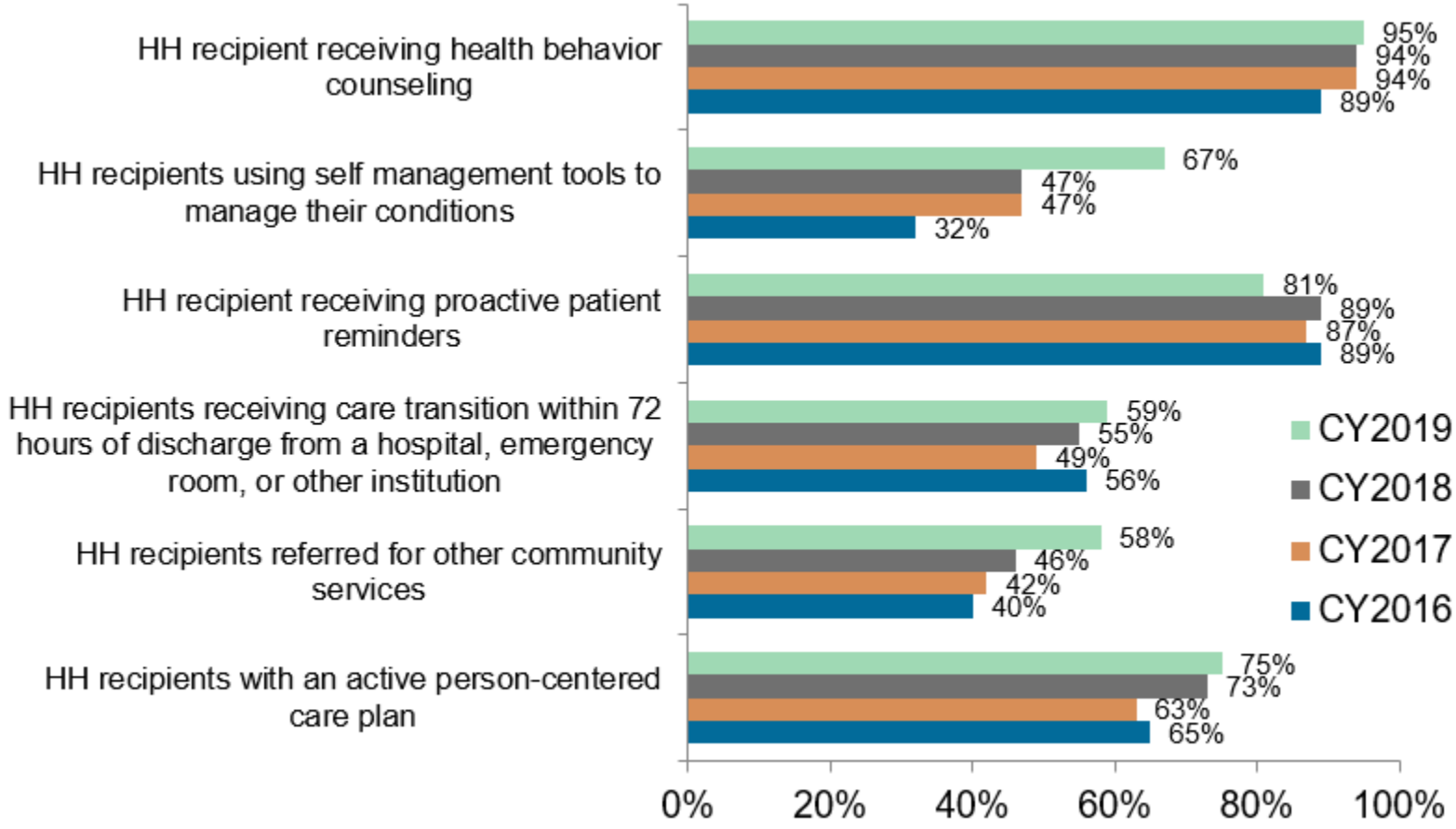
- Currently, 131 Health Homes serving 135 locations. On April 1, 2021, it will be 132 serving 136 locations.
- Big wins in adding new clinics this past year
  - Monument Health – Belle Fourche and Spearfish Peds and OB/GYN clinic
  - Center for Family Medicine - Sioux Falls
  - Madison Regional Health Care
  - Rural Health Inc (RHI) enters the space with partnerships with Avera in Mitchell and Brookings
  - Oahe Valley Clinic in Fort Pierre - RHI - April 1, 2021
  - One application in queue. Dakota Family Medicine in Chamberlain – Partnership between RHI and Avera July 1, 2021
- Due to the CARES ACT we are serving our highest client numbers ever at around 6,500.
- We continue to provide training and opportunities to collaborate.
- More experienced Health Homes serve as mentors to new Health Homes.
- Continue to actively engage our stakeholders in all big policy decisions about the program, will hear more later about these efforts.

Results

- Since the Program's inception in July of 2013, the Health Home Program continues to produce results.
- Providers report on a semi-annual basis outcome measures.
- DSS has a vendor who helps to calculate the cost avoidance of the program.
- Health Home Dashboard updated annually. Current version contains the CY 2019 data.
- A full set of information is available on https://dss.sd.gov/healthhome/dashboard.aspx
- Current website has the information in PDF format so it can be printed and shared with others within your organization.

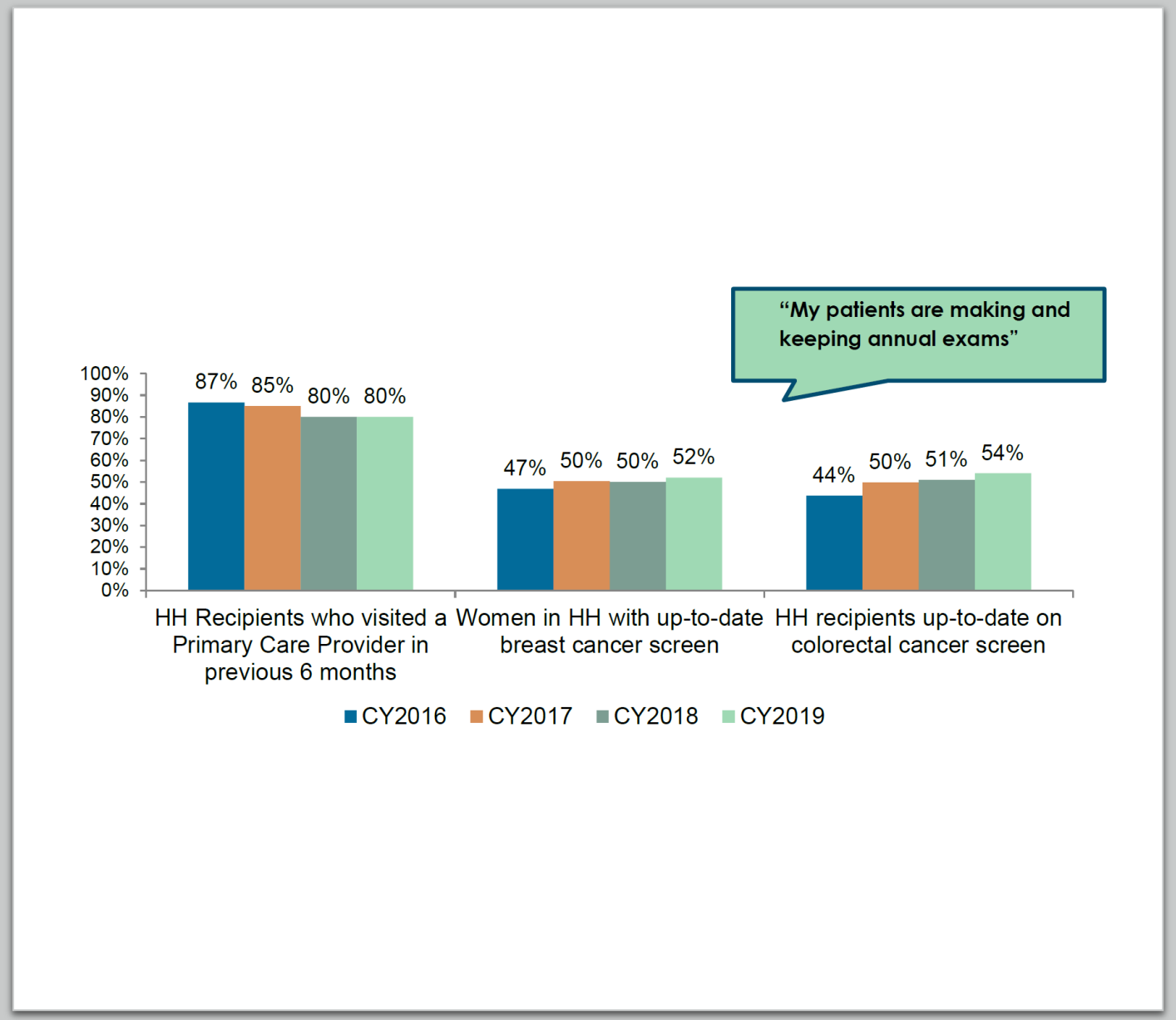
Transforming Care

- The Health Home Program is transforming the way care is provided.

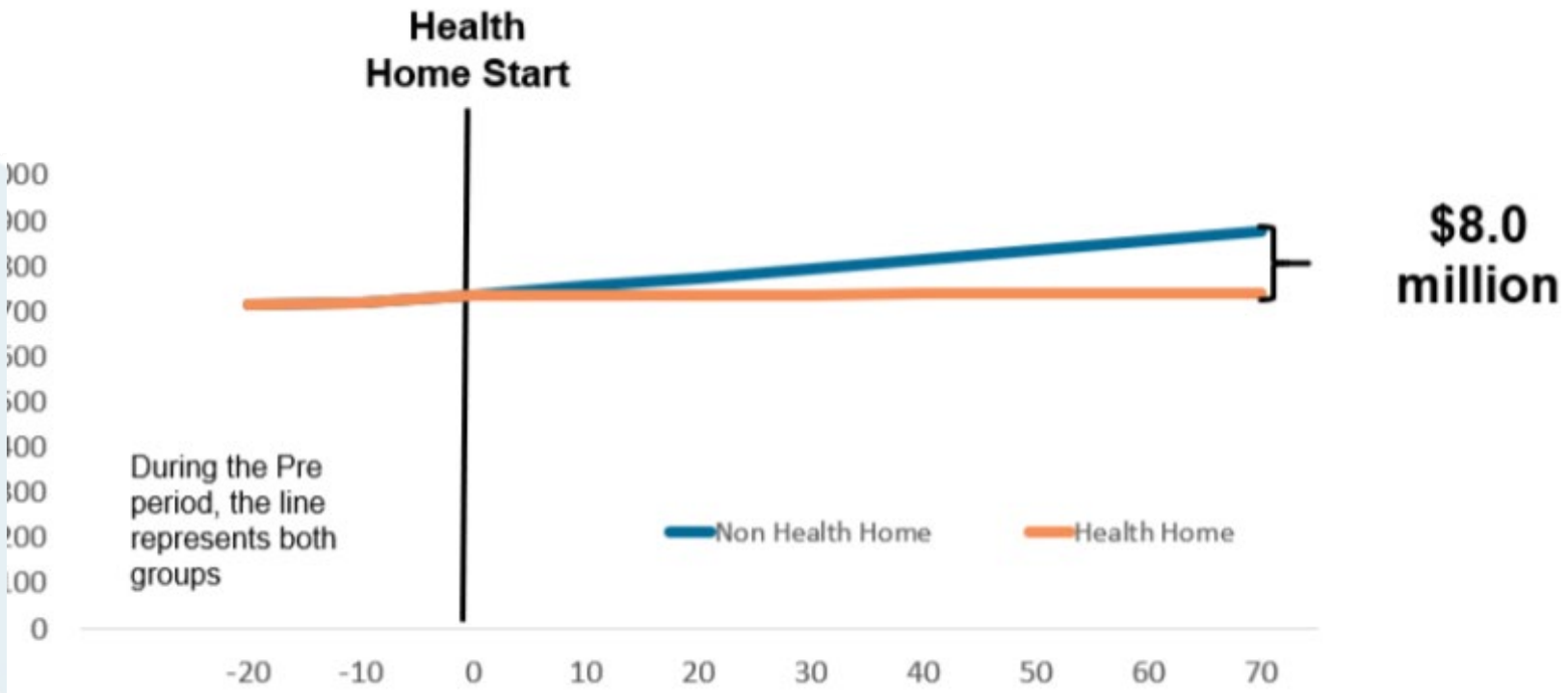


Increasing Preventive and Primary Care

- Team Based Care takes the pressure off the Primary Care Provider.
- Preventative Care continues to improve



Creating Efficiency



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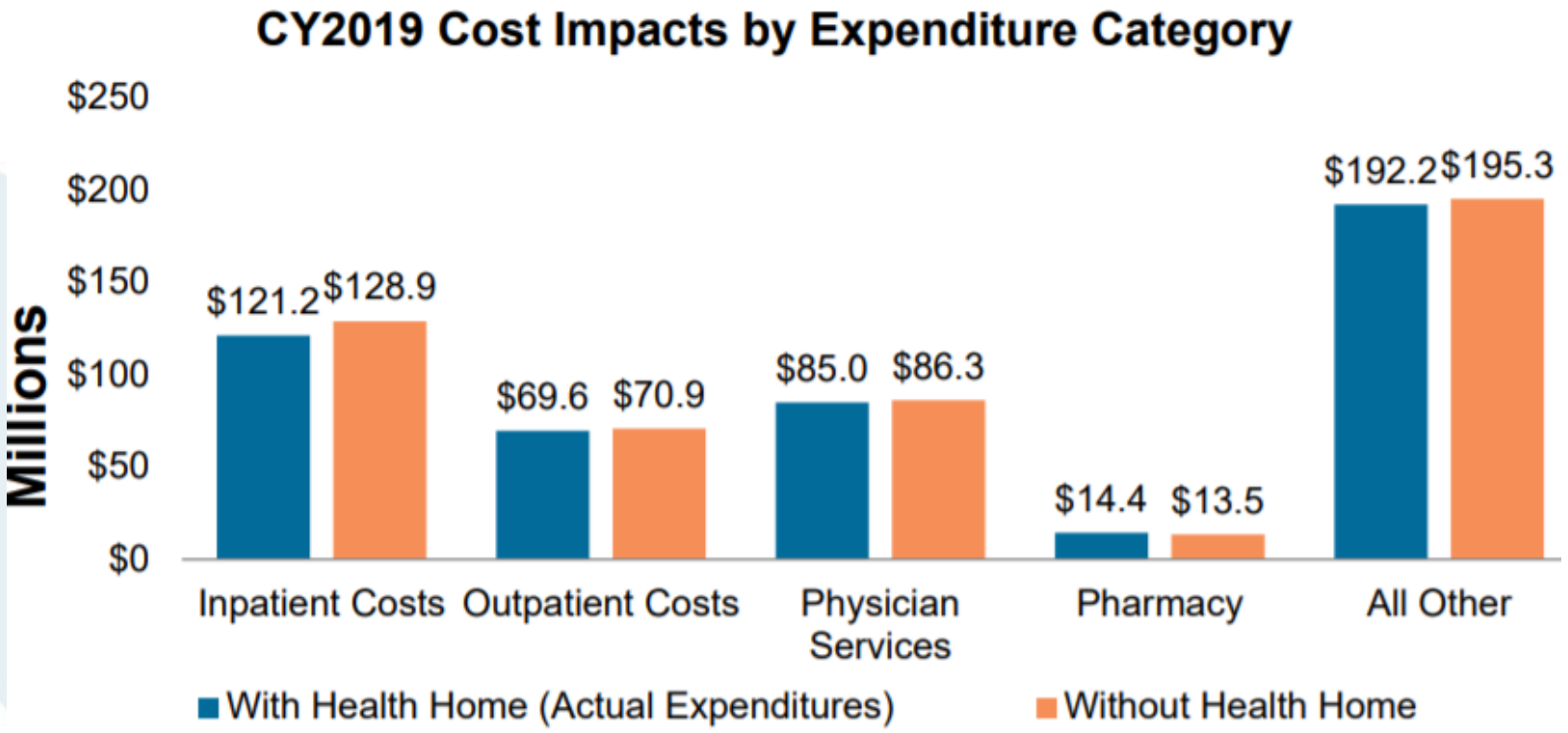
In CY 2019, HH recipients cost $181 less per month than recipients with similar claims and medical conditions.

DSS estimates $8.0 million was cost avoided in CY 2019 after payment of the PMPM ($3.83 million) and Quality Incentive Payments ($0.5 million).

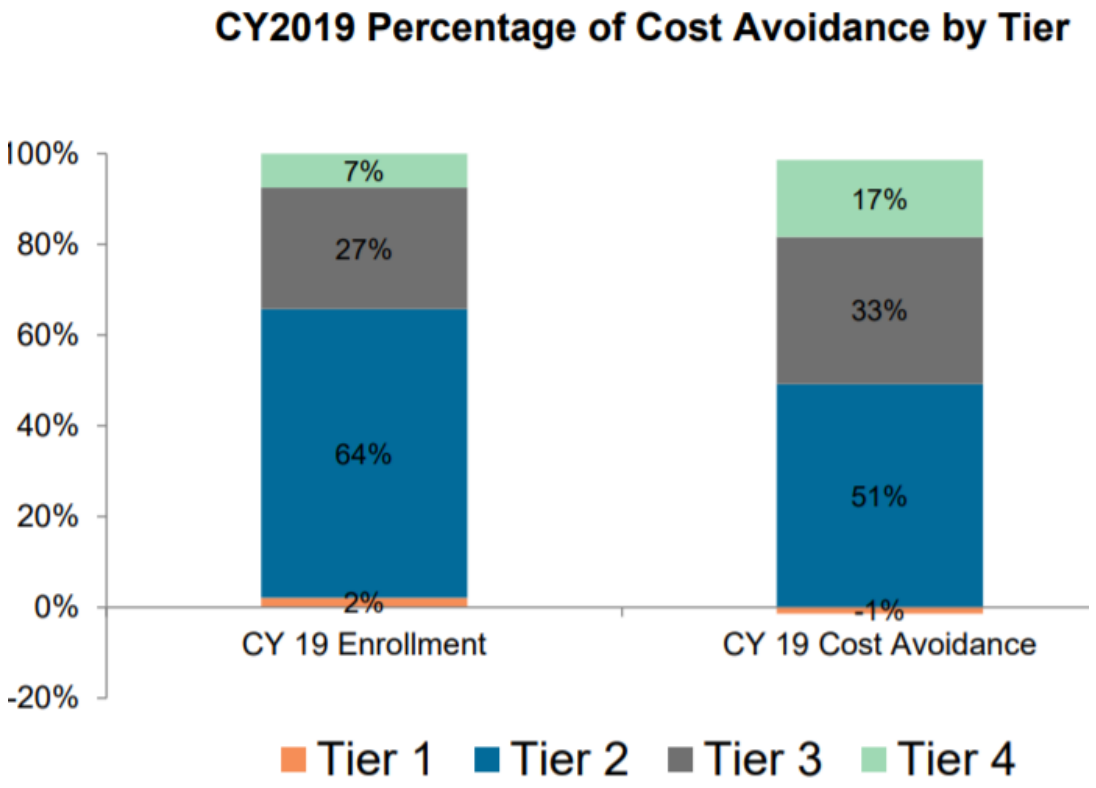
Without Health Homes, DSS would have expended approximately $8.0 million more on medical and behavioral health claims.

Creating Efficiency



- In CY 2019, Health Home recipients used the emergency room 16.6% less than the comparison group and had 35% less inpatient admissions.
- Physician services and all other services accounted for the remaining decrease.
- Health Home recipients had higher costs related to Pharmacy than the comparison group.

Creating Efficiency



- Tier 2 and 3 recipients made up 84 percent of the avoidance.
- Tier 4 made up 17 percent of the avoidance.
- For the second year in a row, Tier 1 recipients did not help DSS avoid costs by participating in the Health Home Program.

Impacting Lives

A homebound recipient with multiple chronic diseases, had an A1C of 13.0 was referred to resources in the community for Aquatic Therapy, CORE 4 weight loss, and a Better Choices/Better Health Workshop. Recipient lost 50 lbs., is now walking each day, using their walker, and recipient's A1C is down to 8.0.

Serving the whole Person

A recipient diagnosed as Paranoid Schizophrenia and Cannabis Dependence, was receiving mental health services with a CMHC, including Case Management and Medication Management services. Under their care, the recipient began exercising, getting routine blood work. Recipient felt they had learned enough from the Recovery Coaches to manage on their own.

Engaging Stakeholders through Subgroup work

Met twice with the Health Home Quality Outcome Measure Subgroup

- Two-fold purpose
  - Define targets for each measure for the Health Home Quality Incentive Payment Subgroup.
  - Refine the Outcome Measure set for CY 2021 to reduce the administrative burden of reporting.
- Number of data point reported reduced from 60 to 18. Current requirements support the CMS submission effort.

Met with the Health Home Quality Incentive Payment Subgroup

- Using the targets established by the Outcome Measure Subgroup, the group approved a methodology that reward both attainment of the target and progress towards the target.
- Also established a way to reward health homes based on the severity of the recipients on their caseload.
- Methodology continues provide money to clinics with an average caseload of 15 or less.

Example

- DSS worked with our vendor to calculate a Composite Score for each Clinic.
- Improvement is any improvement.
- Attainment is greater than or equal to the target.

Health Home Composite Scoring*					
	Weight**	Improvement***	Attainment****	Caseload Severity	Score
Depression Follow-Up Plan Documented	9	0.5		20.75	93.375
Substance Abuse Positive Referred	15		1	20.75	311.25
Chronic Pain Follow-up	9	0		20.75	0
Care Transition F/U	15		1	20.75	311.25
Active Care Plan	15		1	20.75	311.25
Recipients with Self Mgmt. Ability who use Tools	9	0.5		20.75	93.375
					0
BMI in Control	7	0.5		20.75	72.625
Mammogram up to date	7	0.5		20.75	72.625
Colonoscopy up to date	7		1	20.75	145.25
Blood Pressure in Control	7	0		20.75	0
					0
TOTAL	100.00				1411

Example

- Each qualifying clinic will receive a portion of the funds based on their composite score. The higher the score the more money received.
- As the number of clinics increases, the incentive dollars per point decreases.

Distribution of Incentive Dollars (illustration)		
Pool Funding		$500,000
Small Clinic Pay		$75,000
Incentive Pool		$425,000
	Points	Incentive Dollars
HH #1	1000	$60,619
HH #2	1411	$85,533
HH #3	1700	$103,052
HH #4	1500	$90,929
HH #5	1400	$84,867
TOTAL	7011	$425,000
Incentive dollars per point		$60.62

Example Payments

AVG CASELOAD SIZE	PERCENT PROVIDED CORE SERVICE	SEVERITY SCORE	CLINIC	FINAL COMPOSITE SCORE	SM CLINIC PAYMENT	IMPROVEMENT/ATTAINMENT PAYMENT	TOTAL PAYMENT
1	0.25	0.5	0001	0		$ -	$ -
2	0.25	1.25	0002	0		$ -	$ -
99	0.94	66.5	0003	3657.5		$ 7,608.69	$ 7,608.69
2	1.00	1.5	0004	49.5	$1,595.745	$ 102.97	$ 1,698.72
5	0.71	3.75	0005	240	$1,595.745	$ 499.27	$ 2,095.02
2	1.00	1.25	0006	61.25	$1,595.745	$ 127.42	$ 1,723.16
53	0.73	29.5	0007	1563.5		$ 3,252.54	$ 3,252.54
7	0.88	5.25	0008	362.25	$1,595.745	$ 753.59	$ 2,349.33
38	1.03	26.75	0009	2247		$ 4,674.43	$ 4,674.43
6	1.00	3.75	0010	236.25	$1,595.745	$ 491.47	$ 2,087.22
21	0.95	13	0011	572		$ 1,189.93	$ 1,189.93
64	0.78	42	0012	2121		$ 4,412.31	$ 4,412.31
4	0.80	2	0013	103	$1,595.745	$ 214.27	$ 1,810.02
14	0.93	9.75	0014	687.375	$1,595.745	$ 1,429.94	$ 3,025.69
29	1.00	18.5	0015	1341.25		$ 2,790.20	$ 2,790.20
10	0.50	6.75	0016	313.875	$1,595.745	$ 652.95	$ 2,248.70
48	1.00	34	0017	3264		$ 6,790.09	$ 6,790.09
15	0.54	10	0018	640	$1,595.745	$ 1,331.39	$ 2,927.14
23	0.77	13.75	0019	433.125		$ 901.03	$ 901.03
54	0.93	30	0020	1710		$ 3,557.31	$ 3,557.31
6	0.75	3.75	0021	163.125	$1,595.745	$ 339.35	$ 1,935.09
3	1.00	1.5	0022	42	$1,595.745	$ 87.37	$ 1,683.12
25	0.52	15.75	0023	1008		$ 2,096.94	$ 2,096.94
30	0.75	20.5	0024	881.5		$ 1,833.78	$ 1,833.78
43	0.43	31.75	0025	0		$ -	$ -
11	0.18	7.5	0026	0		$ -	$ -

Proposal

- **Increase the Use of the Health Information Exchange (HIE)**
  - DSS obtained funding to help onboard and provide access to the HIE for free until Sept 2021. Membership fees waived until September 2022.
  - HIE was mentioned in our original Health Home State Plan as critical to sharing information for care coordination and transitional care follow-up. The State Plan did allow for Health Home Clinics to create other relationships to meet this data sharing requirement as well.
    - **PROPOSAL**: Make the use of HIE or something substantially equivalent to HIE one of the criteria for receiving a Quality Incentive Payment.
    - **Thoughts?**

Next Steps

Submit

Submit State Plan Amendment to update Methodology.

Make

Make payments in June

Continue

Continue to recruit new Health Homes in needed areas.

- Yankton
- Huron
- Redfield
- Winner
- Other RHI clinics.

Questions/Concerns/ Other Ideas

Thank You

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