Meeting Summary
Health Home Implementation Work Group Meeting
April 21, 2022, 3:00 CT
Via Zoom

Introductions were completed and the agenda was reviewed.

Kathi Mueller provided a Health Home Update that there were currently 137 Health Homes serving 141 locations. Kathi indicated that new clinics since the last meeting include:

- 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

Kathi also explained that due to the ongoing Public Health Emergency (PHE), the Health Home Program has the highest number of clients ever at around 7,000 recipients.

She also indicated that DSS continues to provide training and opportunities to collaborate with more experienced Health Home serving as mentors to new Health Homes.

Kathi also indicated that the Revised Outcome Measure set was implemented in CY2021 as well as a revised Quality Incentive Payment Methodology was used for the payment in CY2021. Both efforts were done in collaboration with Subgroups of the Implementation Work Group.

Kathi shared the several slides about how South Dakota compared with other states in the Health Home program in the Outcome Measures required by CMS to report.

Kathi indicated that the measures related to Screening for Depression and Controlling High Blood Pressure were reported by South Dakota but were not available for comparison from CMS.

She then shared the results for the remaining 8 measures that South Dakota, indicating that South Dakota outperformed other states in 4 of the 8 measures and underperformed in the remaining 4. Details and results can be found on Slides 9 – 17 of the presentation found under meeting materials. There was discussion that the 4 measures where SD underperformed are all related to Behavioral Health.

The next topic of discussion was related to the proposal to updating the tier for recipients for the first time in the history of the program.

She provided the History of the Tier update consideration which was that it was always part of the plan and that it would be done every six months. Unfortunately, when the first point arrived to update the Tier, DSS could not explain some of the results. After consulting with the Implementation Workgroup, the decision was made to postpone the update and the manual tiering process was introduced as an option to add or adjust the tier of recipients. To date, Tiers are only adjusted when using this manual tier form and when new clinics are added.

Kathi explained that when beginning to research a process to update tiers the goals were as follows

- Find a way to smooth out the highs and lows of the monthly Tier.
- Find a way to drop people off the program when the program is no longer needed
- Allow providers a way to have a discussion with recipients or families if the recipient drops to a Tier 1 to determine if the program is still needed.
- Find a way to inform providers of the changes when the update happens.

Kathi explained that the need to update the tiers for recipients became a priority when and independent review placed it as a priority to complete to make sure that providers were being paid appropriately for recipients and DSS needed a consistent way to update the tiers as recipients moved up and down the tier scale.

Kathi outlined how the research was completed.

- Current Attribution vendor provided a sample file that provided six-month average Tier for each recipient eligible for the Health Home program.
- If recipients had an active provider, they remained as part of the analysis.
- If recipients were provided a core service one of the last 4 quarters, they remained in the sample.
- Final sample for evaluation was 4653 recipients.
- Tiers were moved 1 up and 1 down.

The plan to update the tier for active recipients was explained as follows

- The 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 January 1 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 at the end of the current calendar year, 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.

Kathi shared with the group the impact tier update on the population in the sample. This information can be found on slide 24 of the presentation found in the meeting materials.

Kathi shared concerns and data around the return on investment related to Tier 4.

Since the tier update needs to remain budget neutral. DSS proposed the following.

- Tier 4 payment needs to be addressed to make the update budget neutral.
- The July 1 proposal with provider inflation will only exacerbate the situation.
- DSS proposed moving Tier 4 rate for back to 2015 Cost Study rate to move back to a more reasonable difference.
    - PCP $250
    - CMHC $160
- DSS also proposed forgoing the July1 inflation of Tier 4 rates.
- Even with this Tier 4 rate adjustment 84% of clinics or clinic system will earn more on the PMPM.

DSS recommended the creation of two Subgroups for work in 2022 and 2023.

- A Subgroup to work with DSS on reviewing the rates around Tier 4
- A Subgroup to work with DSS on how to move towards claims only outcome measures.

Time was allotted for questions and concerns.