

Health Home – Managed Care Consolidated Work Group

November 15, 2013

Part One: Meeting Notes

AGENDA TOPIC	HIGHLIGHTS OF DISCUSSION	ACTION ITEMS
Welcome	Workgroup members present and those on the phone were introduced.	
Subcommittee Reports	Highlights of Discussion	Next Steps
Behavioral Health Transition to Managed Care Co-Chairs: Neil Pessin Peggy Leonard	Group is waiting to review the HARP RFI. Neil suggested they read the RFI collectively and organize their comments for distribution.	RFI comments to be sent to Phil Opatz and Lena Johnson to organize information and distribute final document to group.
Assignment and Referral Co-Chairs: Lena Johnson Kevin Muir	<ul style="list-style-type: none"> · Kevin Muir and Lena Johnson presented the work of the Assignment and Referral Work Group. · The group developed a suggested Upward Enrollment Referral Form for review and comment by the group. Privacy and confidentiality issues need to be addressed. HANYS also has comments. · Eligibility and the responsibility for verifying Health Home qualifying diagnosis needs to be clarified. 	DOH will work with the group on developing guidance.
Clinical Risk Group Analysis Co-Chairs: Neil Pessin Michelle McElroy	<ul style="list-style-type: none"> · Working with Norbert Goldfield on how to capture factors that influence acuity. · Homelessness: Need standard definition. Managed Care has a work group that provided input on the transition of the homeless population to Managed Care. · Functional Status: It was suggested that the UAS/InterRAI be considered as it is being considered for the HARP population. · Patient Activation: (Hibberd and Watson) · Criminal Justice System Involvement: 	Peggy will reach out to Valencia for more information

<p>Health Home Contracting Co-Chairs: Karen Smith-Hageman Rosemary Cabrera</p>	<ul style="list-style-type: none"> · Karen reported the group felt the initial mission of the HH/MCO Contracting Subcommittee had been met and would continue to meet on an “as needed” basis. · There is an outstanding issue that needs clarifying regarding sharing PHI of enrollees between the MCO and Health Home prior to the member signing a Health Home consent. A conference call with DOH and DOH Legal is scheduled for discussion. 	<p>Group to determine if current policy needs to be revised or can be reposted to Health Home website in original form.</p>
<p>HH Criminal Justice Acuity Co-Chairs: Bob Lebman Rosemary Cabrera</p>	<ul style="list-style-type: none"> · Bob Lebman reported on the work of the group which is focused on a flat rate structure of high, medium, low based on a standard assessment tool to drive caseload sizes. · Health Home engagement should occur 30-60 days prior to release. Roll out via pilot CJ sites · Looked at research/DOC-SAMSHA · Will report to larger CJ work group, · This subgroup may merge with other subgroups in the future. 	
<p>Financial Feasibility Co-Chairs: Nicole Jordan Martin Jessica Fear</p>	<ul style="list-style-type: none"> · Working on two tools to capture Costs and Revenue. CHCS will help to aggregate data and blind it for review. The tool will be sent to Health Homes with instructions to share it with (2) CMAs. · Wants ongoing issues to be kept on the agenda: Transition of Legacy rates, 3% Managed Care administration fee, shared savings, etc. 	<p>Deirdre will endeavor to be on meetings and keep the group informed or delegate to other staff.</p>
<p>Health Home Implementation Grants Co-Chairs: Laura Eannace Charles King</p>	<ul style="list-style-type: none"> · The group determined that the criteria for the first grant distribution was fair. The group’s recommendations were posted on the website for consideration by the State. Additional funding may be coming shortly and the State may go back to the group at that time. It was suggested that the group reconvene to review the formula. · Joe Twardy of Care Central suggested that a subgroup be created on data management and measurement of quality outcomes and costs. The suggestion was accepted. The Salient Presentation will help focus the group. 	<p>Group to reconvene to review the formula.</p>

Health Home – Managed Care Consolidated Work Group

November 15, 2013

Part Two: Health Home Update

Health Home Update	Highlights of Discussion	Action Items
	<ul style="list-style-type: none">· Models for transitional Health Home rates for HARP, Non-HARP and other tiers were presented for the group’s feedback, especially on caseload sizes. While the low intensity caseloads appear high, it was stressed that this must be considered in the context of a Plan structure where the Plan or the HARP provides some management of low-intensity people.<ul style="list-style-type: none">- Need to consider outreach rate. Should it be 80% of these rates or a flat rate as has been suggested?- Greg asked the group to make formal recommendations for caseload size and rates.· Greg presented Health Home metrics to demonstrate gaps between members in tracking and in billing and asked for assistance from the Health Homes to work with their downstream care managers to properly populate the tracking system.· Also needed is a way to measure the clinical impact of Health Home services and the degree to which services are truly being integrated.· It was pointed out by a member of the group that the process of managing the data and enrollment of members has been difficult. This was acknowledged but this is an opportunity to clean up the data.	

	<ul style="list-style-type: none"> · Individually Identified lists will be sent out to each Health Home, with an effort to include each downstream care management agency. Identified lists may be published at a later date. · It was recommended that lists should also be sorted by Plan so Plans can see how their members are doing by Health Home. 	
Funding Update	<ul style="list-style-type: none"> · Implementation Grants. Looks promising for the rest of the 15 million to be distributed this State Fiscal Year, by March 2014. · Waiver discussions are going well with CMS for Health Home funding next State Fiscal Year, (April 2014 to March 2015) · CMS has indicated that it will not support capital expenses or HIT through waiver dollars, but NYS is trying to make the case that smaller BH providers need HIT. Looking at a distribution model similar to the VAP (Vital Access Program). Key will be sharing with network partners. 	
National Attention	<ul style="list-style-type: none"> · Greg acknowledged the hard work of the Health Home community is getting national attention for its transformative model. 	
Shared Savings	<ul style="list-style-type: none"> · Discussions with CMS 	
Children's Health Home	<ul style="list-style-type: none"> · Building on existing Health Homes, · Eligibility discussions 	
OMH Initiatives	<ul style="list-style-type: none"> · ACT – Request in to DOB to create enhanced rate for ACT. ACT team to pass admin on to Health Homes so ACT members can be part of Health Home network. · Health Home Plus – Enhanced rate for AOT initially; may expand to other populations (on a time limited basis-e.g., discharges from Psych Centers and incarcerations, AH's etc). Also need to consider those on Enhanced Service Plans. Limit to OMH legacy providers. Raise case management qualifications, need to work out case ratios. 	
Salient Overview	<ul style="list-style-type: none"> · The Salient group presented an overview of an enhanced set of metrics that will be developed to monitor Health Home quality, process and outcomes. A metrics subgroup will be formed to provide more detailed feedback on the suite of Health Home metrics being built in Salient. 	