Exploring Medicaid Health Homes
Health Homes for Enrollees with Chronic Conditions and Serious Mental Illness: The South Dakota Model

March 24, 2014; 2:00 – 3:00PM (ET)

For more information or technical assistance in developing health homes, visit http://www.Medicaid.gov.

Exploring Medicaid Health Homes

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Health Home Information Resource Center

- Established by CMS to help states develop health home models for beneficiaries with complex needs
- Technical assistance includes:
  - One-on-one technical support to states
  - Group discussions and learning activities
  - Webinars
  - Online library of hands-on tools and resources, including:
    - Matrix of approved health home SPAs
    - Map of state health home activity
    - New draft of SPA template

    http://www.medicaid.gov/State-Resource-Center/Medicaid-State-Technical-Assistance/Health-Homes-Technical-Assistance/Health-Home-Information-Resource-Center.html

Exploring Medicaid Health Homes Webinar Series

- Provides a forum for states to share models, elements of their SPAs, and successes or challenges in their development process
- Creates an opportunity for CMS to engage in conversation with states considering and/or designing health home programs
- Disseminates existing knowledge useful to health home planning
- Open to any state considering or pursuing health homes

Health Home Basics

- New state plan option created under ACA Section 2703
- Overall goal: improve integration across physical health, behavioral health and long-term services and supports
- Opportunity to pay for “difficult-to-reimburse” services (e.g., care management, care coordination)
- Flexibility for states to develop models that address an array of policy goals
- Significant state interest in evidence-based models to improve outcomes and reduce costs
- States receive an enhanced 90/10 federal match for the first eight fiscal quarters of the health home benefit

What Are Health Home Services?

What Are Health Home Services?

- All six services must be provided
- Do not include medical/direct treatment services
- Do not need to be provided “within the walls”
- Not limited to primary care

Targeting Health Home Populations

- Targeting Do's
  - Condition
  - Geography
  - Severity/risk
- Targeting Don'ts
  - Age
  - Delivery system
  - Dual-eligibility status

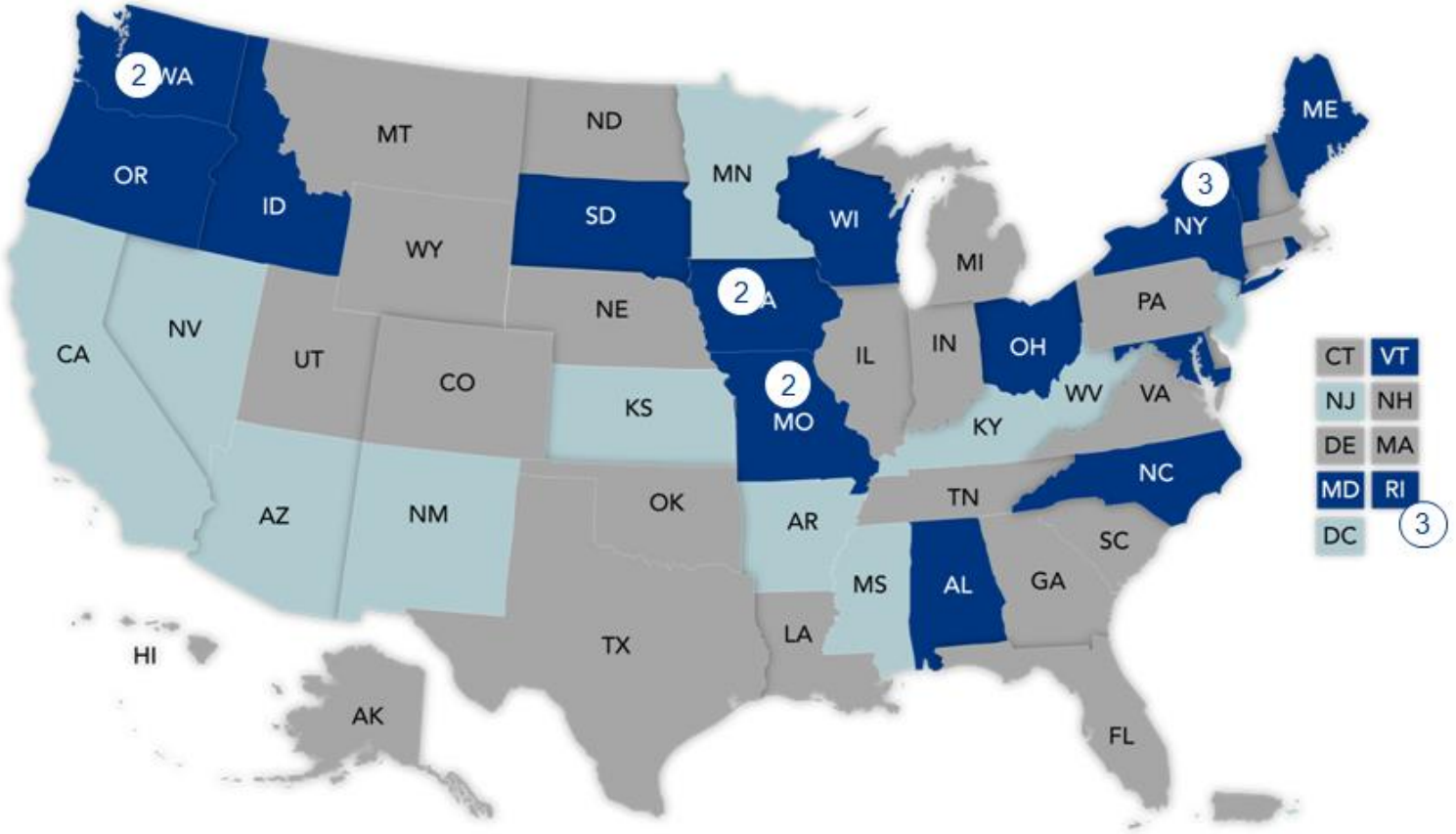
Who Can Receive Services?

- Medicaid beneficiaries with:
  - Two or more chronic conditions
  - One condition and risk of a second
  - Serious mental illness

National Landscape to Date

- 22 approved State Plan Amendments in 15 states: AL, IA, ID, MD, ME, MO, NC, NY, OH, OR, RI, SD, VT, WA and WI
- Over 1 million health home enrollees
- Number of states in discussion with CMS
- Many other states exploring the opportunity to develop health homes

State Health Home Activity



	Approved Health Home State Plan Amendment (SPA) (where (#) = number of approved SPAs if more than one exists)	Alabama, Idaho, Iowa, Maine, Maryland, Missouri, New York, North Carolina, Ohio, Oregon, Rhode Island, South Dakota, Vermont, Washington, Wisconsin
	Health Home SPA "On the Clock" (officially submitted to CMS)	Iowa (3rd SPA), Maine (2nd SPA), Ohio (2nd SPA), Wisconsin (2nd SPA)
	Approved Health Home Planning Request	Alabama, Arizona, Arkansas, California, District of Columbia, Idaho, Kansas, Kentucky, Maine, Maryland, Minnesota, Mississippi, Nevada, New Jersey, New Mexico, North Carolina, Washington, West Virginia, Wisconsin
	No Proposed SPA Submitted to CMS*	Alaska, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Illinois, Indiana, Louisiana, Massachusetts, Michigan, Montana, Nebraska, New Hampshire, North Dakota, Oklahoma, Pennsylvania, South Carolina, Tennessee, Texas, Utah, Virginia, Wyoming

*Some states may be in the planning phase.

Websites

- Health Home Information Resource Center http://www.medicaid.gov/State-Resource-Center/Medicaid-State-Technical-Assistance/Health-Homes-Technical-Assistance/Health-Home-Information-Resource-Center.html
- SAMHSA consultation process and guidance document are available at: http://beta.samhsa.gov/health-reform/health-care-integration/health-homes/establishing-health-home

Presenter

- Kathi Mueller, Managed Care Program Manager, South Dakota Department of Social Services

Health Homes in South Dakota

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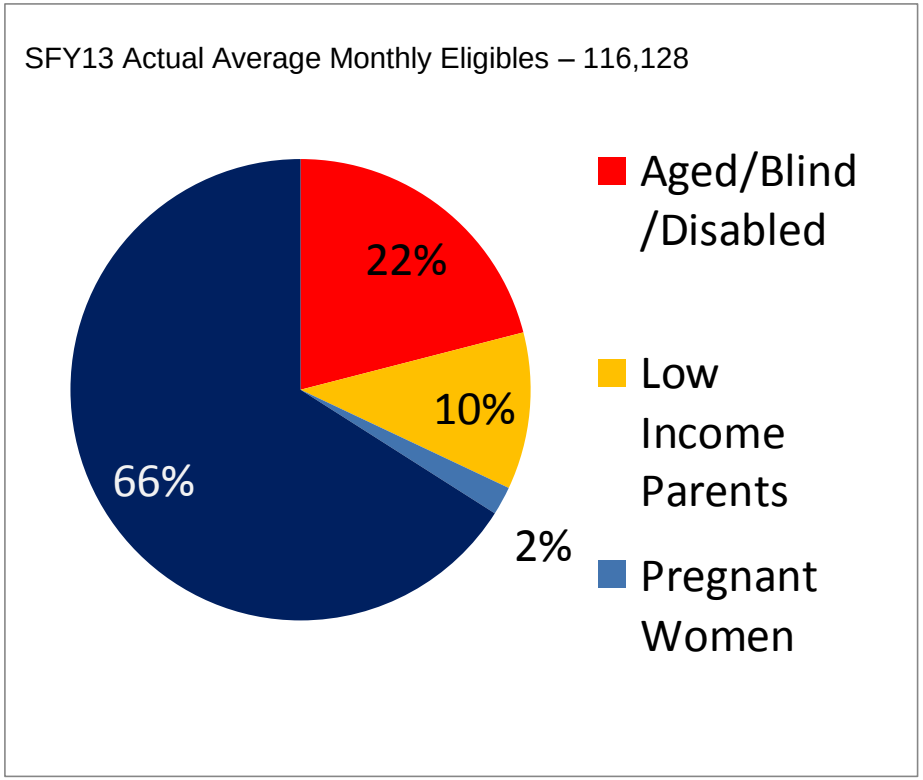
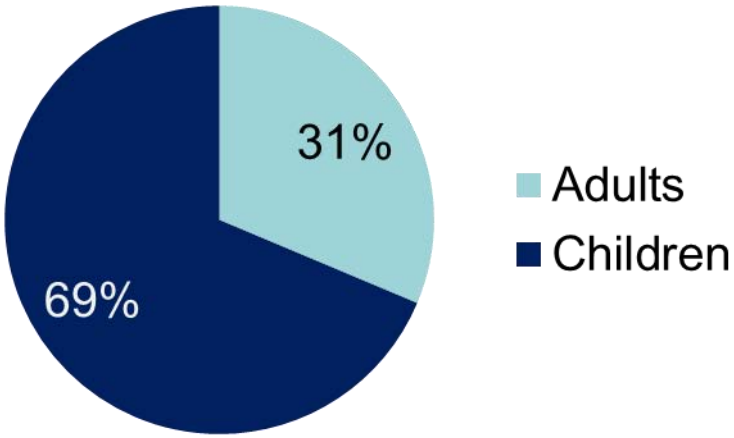
About South Dakota…….

- One of the nation's more rural states with a population of 814,180.
- Average population density of South Dakota is 10.7 people per square mile.
- Only seven of South Dakota's 66 counties have a population of 25,000 or more, 54 of the counties have a population of less than 6,000.
- 8.8% of South Dakotans are Native American. South Dakota has 9 Native American reservations served by 5 Indian Health Service hospitals.

Who is covered by Medicaid?





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History of Health Homes in SD

- Governor Daugaard formed a Medicaid Solutions Workgroup to look for strategies to contain and control Medicaid Costs.
- The #1 recommendation of the Medicaid Solutions Workgroup was to implement a Health Homes initiative for Medicaid enrollees.
- DSS formed a Health Home Workgroup to begin planning activities, develop a proposal for submission to the federal government and identify appropriate implementation time frames.

Populations Served by Health Homes

- Eligible recipients include those with two or more chronic conditions OR one chronic and one at risk condition.
  - Chronic conditions include: Mental Illness, Substance Abuse, Asthma, COPD, Diabetes, Heart Disease, Hypertension, Obesity, Musculoskeletal and Neck and Back Disorders.
  - At-risk conditions include: Pre-Diabetes, tobacco use, Cancer Hypercholesterolemia, Depression, and use of multiple medications (6 or more classes of medications).
- Eligible recipients also include those with one Severe Mental Illness or Emotional Disturbance.

One SPA vs. Two SPAs

- South Dakota initially considered two SPAs – one for the SMI population and one for the chronic condition population.
- Concluded one SPA would be more effective way to implement in SD.
- Recipient is placed in one or the other based on a continuity of care algorithm.

Health Homes SPA Timeline

- Health Homes Workgroup met for the first time in April of 2012.
- Late 2012 (Oct/Nov) we met with SAMHSA for consults on each SPA (still focused on two SPA).
- First call with CMS was in late January of 2013. Follow-up done in February.
- SPA sent out for Tribal Consultation on June 28, 2013 and Public Notice done on July 2, 2013.
- State officially submitted SPA on August 23, 2013.
- SPA approved November 22, 2013 retroactively to July 2, 2013.

Provider Infrastructure

Primary Care

- Primary Care Physicians
- PAs
- Advanced Practice Nurses
  - Federally Qualified Health Center
  - Rural Health Clinic
  - Clinic Group Practice
  - IHS

Behavioral Health

- Mental Health Providers
  - Community Mental Health Centers

Health Care Team

- Care coordinator
- Chiropractor
- Pharmacists
- Support staff
- Health coach
- Other appropriate services

Health Home Providers

- Must apply to be enrolled as Health Homes and sign attestation.
- Must be licensed by the State of SD when appropriate.
- Must be enrolled as a Medicaid provider.
- Must go through orientation training.
- May participate in ongoing implementation workgroup.
- Will have access to ongoing training opportunities.
- Definitions for key roles in Health Homes in the State Plan amendment can be found on our website at http://dss.sd.gov/medicalservices/medicaidstateplan/spa/SD_13_0008_HealthHomeApproval.pdf

Using CDPS to Attribute Those Eligible

- Publicly available tool validated for use in Medicaid populations, developed by the University of California San Diego.
- Used by States who use Medicaid Managed Care Companies to manage their populations.
- Accounts for broad spectrum of diseases (not just those included in HH definition) and historical costs in order to predict risk for future high costs that are amenable to change.
- CDPS stratifies each diagnostic category into hierarchical levels of severity that demonstrate the level of healthcare needs of a recipient with a diagnosis within a given category.

Payment Methodology

- Per member, per month for provision of 6 core Health Home services.
- Eligible Medicaid recipients are placed into one of four tiers, based on their need for services using CDPS.
  - Need for services is based on historical claims and diagnosis information, using a standardized tool normed against the Medicaid population.
  - Tier 1- half the population, have average risk of utilization, can opt in to participate.
  - Tiers 2-4- have progressively higher risk of health care utilization, can opt out of program.
- Non Health Home services are paid on current fee for service basis.

Case Studies: 4 Tier Model for Primary Care Provider Health Home

- Tier 1 Member
  - 44-year-old female
  - $4,727 Total Spend
  - $714 Rx spend, 1 Rx/month, 2 chronic drug classes
  - 1 ER Visit
  - 0 IP Admits
  - 4 physicians
  - Hx of substance abuse, smoker, low back
- Tier 2 Member
  - 49-year old male
  - $11,724 Total Spend
  - $4,878 Rx spend, 4.8 Rx/mo, 8 chronic drug classes
  - 1 ER Visit
  - 1 IP Admit, $3,042 IP spend
  - 5 physicians
  - Hx of hypertension, high cholesterol, low back, COPD, asthma
- Tier 3 Member
  - 35-year-old female
  - $18,139 Total Spend
  - $5,580 Rx Spend, 13.3 Rx/mo, 16 chronic drug classes
  - 2 ER Visits
  - 2 IP Admits including 1 readmit, $4,517 IP spend
  - 14 physicians providing E&M services
  - Hx of anxiety, asthma, COPD, depression, high cholesterol, low back, MSK, diabetes
- Tier 4 Member
  - 45-year-old female
  - $49,321 Total Spend
  - $2,359 Rx Spend, 7.3 Rx/mo, 12 chronic drug classes
  - 25 ER Visits
  - 10 IP Admits including 6 readmits, $22,224 IP spend
  - 24 physicians
  - Hx of anxiety, asthma, epilepsy, hypertension, low back, MSK, sleep disorder, substance abuse, smoker, chronic pain, depression

Case Studies: 4 Tier Model for Community Mental Health Center Health Home

- Tier 1 Member
  - 25 year old female
  - $4642 total spend
  - $113 Rx spend, 1.5 rx/mo, 1 chronic drug group
  - 0 ER Visits
  - O IP Admits
  - 7 physicians
  - History of ADHD, Depression and Low Back Pain.
- Tier 2 Member
  - 43 year old female
  - $18,393 Total Spend
  - $4,493 Rx spend, 6.1Rx/mo, 8 chronic drug classes
  - 2 ER Visit
  - 1 IP Admit, $2,757 IP spend
  - 16 physicians
  - Hx of Bipolar, Depression, High Cholesterol, Low Back Pain, Migraines, Sleep Disorder
- Tier 3 Member
  - 40-year-old male
  - $28,096 Total Spend
  - $4,544 Rx Spend, 4.7 Rx/mo, 7 chronic drug classes
  - 3 ER Visits
  - 1 IP Admits $2,399 IP spend
  - 5 physicians
  - Hx of Bipolar, COPD, Schizophrenia, Smoker, Substance Abuse
- Tier 4 Member
  - 44-year-old female
  - $49,387 total spend
  - $20,195 Rx Spend, 15.7 Rx/mo, 12 chronic drug classes
  - 15 ER Visits
  - 5 IP Admits, $13,863 IP spend
  - 27 physicians
  - Hx of Bipolar, Chronic Pain, Low Back Pain, Musculoskeletal disorder, obesity, pre-diabetes, Schizophrenia, Sleep Disorder, Smoker and Substance Abuse.

Attribution Process

- Those eligible for Tier 1 have option to opt-in.
- Claims for those eligible for Tiers 2-4 are reviewed to determine if the recipient has a history with a provider who is a Health Home. If they do, they are assigned to that provider with the ability to change or opt out.
- If the recipient does not have a history with a provider, they are sent a letter and asked to choose. They also have the option to opt out.
- Health Homes are voluntary.
- Flowcharts available at http://dss.sd.gov/healthhome/training.asp

Outcome Measures

- Developed by workgroup with providers.
- Will be shared with CMS and used for program evaluation purposes.
- Two Sets
  - Primary Care Providers (PCP)
  - Community Mental Health Centers (CMHC)

Outcome Measures – PCP

- 38 outcome measures
- Primary goals
  - Improving health of Medicaid Health Home recipients.
  - Providing cost-effective, high-quality care.
  - Transforming primary care delivery system.
- Use standardized measures and tools already in use by providers.

Outcome Measures – PCP

- Improving health of Medicaid Health Home recipients.
  - Number screened for depression.
  - Number identified with asthma who have remained on meds.
  - Hemoglobin and blood pressure rates for diabetics.
  - Percent screened for breast cancer.
- Providing cost-effective, high-quality care.
  - Resource utilization.
  - Emergency room utilization.
  - Hospital readmissions.
- Transforming primary care delivery system.
  - Referrals to outside resources.
  - Individual care plans.
  - Transfer of care plans.

Outcome measures – CMHC

- 44 outcome measures
- Primary goals
  - Improving health of Medicaid Health Home recipients.
  - Providing cost-effective, high-quality care.
  - Transforming primary care delivery system.
- Use standardized measures and tools already in use by providers.

Outcome Measures – CMHC

- Improving health of Medicaid Health Home recipients
  - Medication management
  - Screening for co-occurring conditions
  - Use of pro-active patient management
- Providing cost-effective, high-quality care
  - Appropriate levels of care
  - Reduction of hospitalizations
  - Use of follow-up care
- Transforming delivery system
  - Self-management
  - Care plan development
  - Patient follow-up

Health Home Website

- http://dss.sd.gov//healthhome/index.asp
- Available information includes
  - Forms
  - Agendas and minutes for the Health Home Workgroup and the Implementation Workgroup
  - Health Home Provider Application
  - Health Home Provider list
  - Health Home Outcomes measures and reporting schedule and requirements
  - Training Materials
  - PMPM payments

Indian Health Service Involvement in Health Homes

- SD invited Indian Health Service to become Health Homes to serve the Native American population. All IHS facilities made application to become a health home and were approved.

- Covered medical services provided through Indian Health Facilities are 100% federally funded. South Dakota proposed that PMPMs for these services also be 100% federally funded. After consideration, CMS agreed and PMPM payments to IHS are federally reimbursed at 100%.

Health Home Numbers

- Current number of Health Homes – 113 serving 118 locations
  - FQHCs = 23
  - Indian Health Service Units = 11
  - CMHCs = 10
  - Other Clinics = 69
- Current Number of Designated Providers = 574

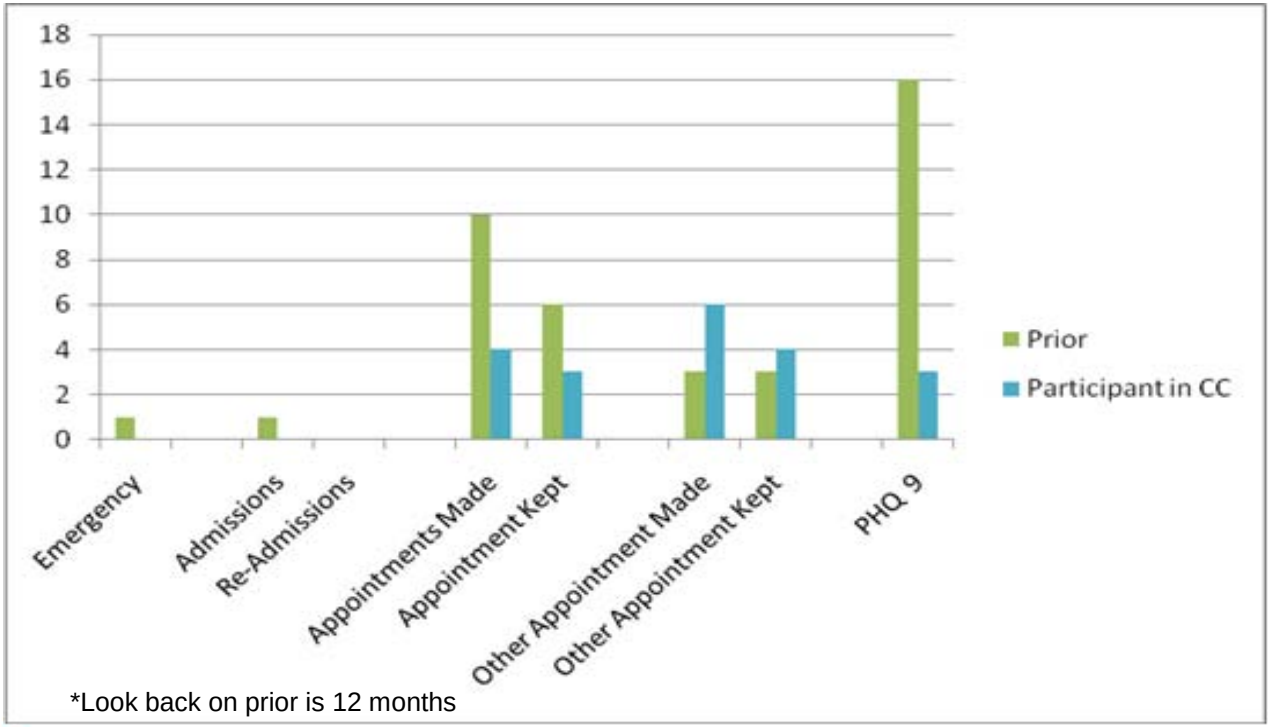
Recipient Participation

- There were 5664 recipients in Health Homes as of February 26, 2014.

Type HH	Tier 1	Tier2	Tier 3	Tier 4	Total
CMHC	6	349	427	90	872
IHS	5	826	526	272	1,629
Other Clinics	81	1764	920	398	3,163
Total	92	2,929	1,873	760	5,664

Success Stories

- 73 year old female with a history of Anxiety, Bi Polar, Atrial Fibrillation, Diabetes, Irritable Bowl Syndrome, Coronary Artery Disease, Hyperlipidemia, COPD, and Arthritis.



*Look back on prior is 12 months

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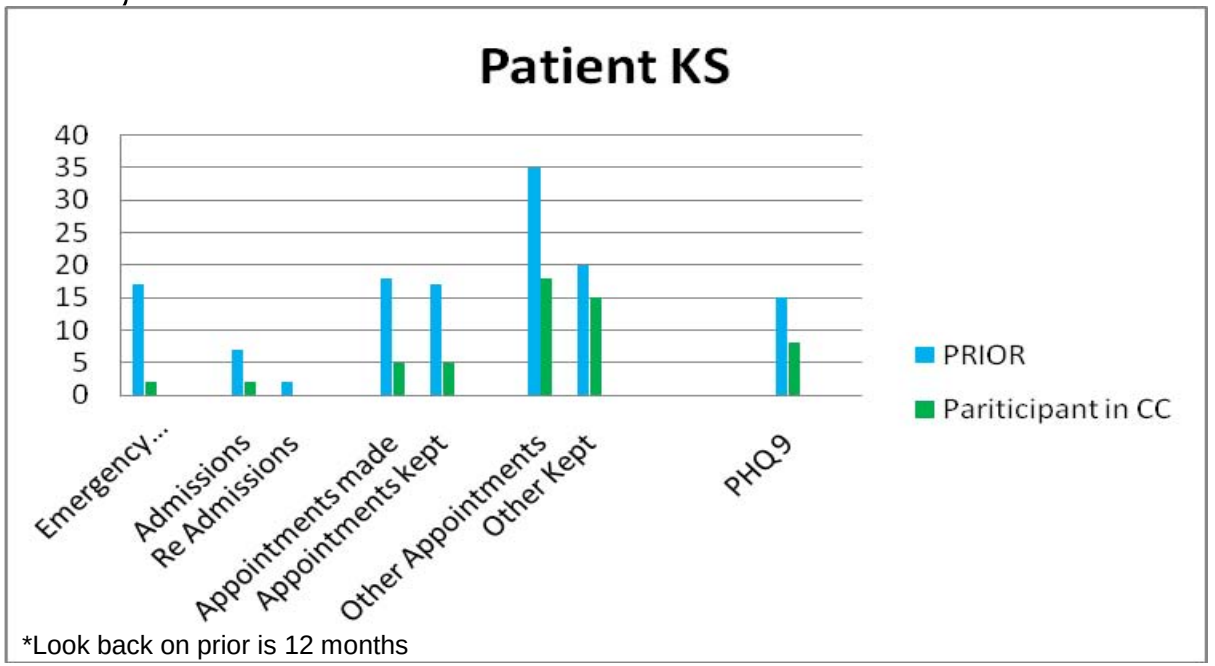
Success Stories

- 60 year old female with a history of Depression, Anxiety, Cerebrovascular accident, Short term memory loss, Hypertension, Sleep apnea, Gastric by-pass, Arthritis, Chronic pain, Diabetes, and Anemia.



*Look back on prior is 12 months

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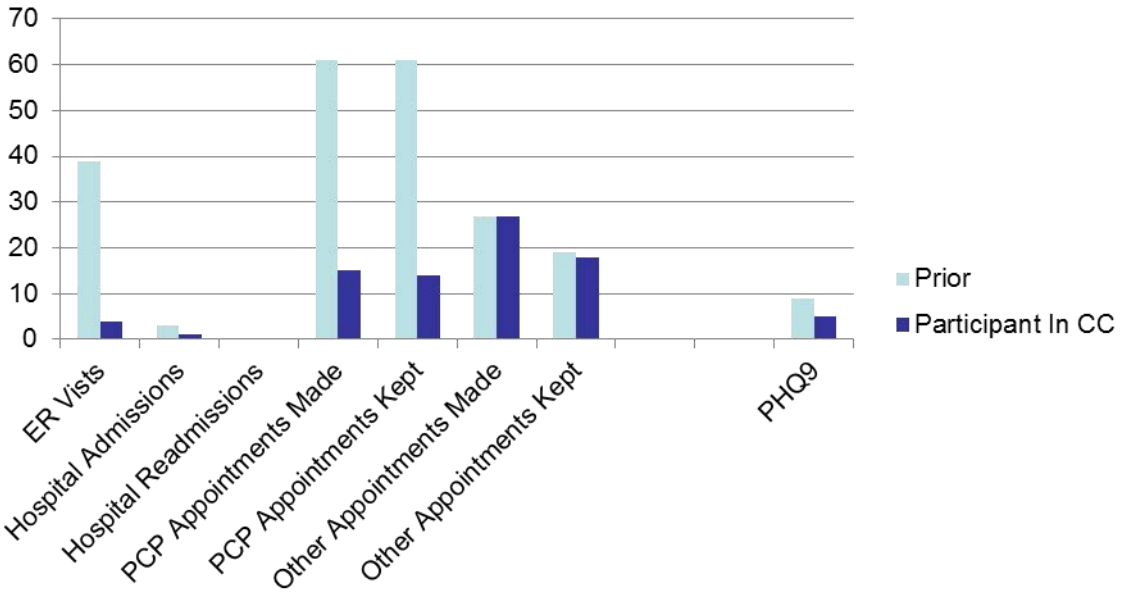
Success Stories

- 40 year old female with a Panic Disorder w agoraphobia, Major Depressive Disorder, Generalized Anxiety Disorder, Bipolar disorder, Panic Disorder, OCD Pseudotumorcerebri, gastro-esophageal reflux, Headache disorder, Abdominal pain, and Morbid obesity.



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Questions?

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For More Information

- Download practical resources to improve the quality and cost-effectiveness of Medicaid services.
- Subscribe to e-mail updates to learn about new programs and resources.
- Learn about cutting-edge efforts to improve care for Medicaid's highest-need, highest-cost beneficiaries.

healthhomes@cms.hhs.gov