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Ohio Medicaid Health Homes: Review of Certification Standards Changes & Phase 2 Payment Rate

Presented by:
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Agenda

- **Rule Changes (Feedback by 3/31/14)**
  - Informed Consent
  - Comprehensive Assessment
  - Integrated Care Plan
  - Provision of Primary Care
  - Electronic Health Record Implemented
  - Team must include one RN Care Manager
- **Brief Recap of Rate for Phase 2 – Jody Lynch**

Informed Consent

- **Obtain and document informed consent specific to health home service**
- **How will you document/monitor this other than the paper in the file?**
- **Options**
  - Completely separate consent for Health Home clients (unique consent)
  - Implemented as part of existing consent (Health Home clients vs. health home/integrated care clients)

Comprehensive Assessment

- **Completed within 30 days of enrollment**
- **What does this look like?**
- **How will you document/monitor this?**

Integrated Care Plan

- **Plan completed within 60 days of enrollment**
- **How will you document that this occurs? How will you monitor it?**
- **Integrated care plan samples provided at last LC meeting – please send electronically to me so we can post on website**

Primary Care Provision

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Continuum of Integration

		Co-Located		Integrated	
Key Element: Communication		**Key Element: Physical Proximity**		**Key Element: Practice Change**	
Level 1 *Minimal Collaboration*	**Level 2** *Basic Collaboration at a Distance*	**Level 3** *Basic Collaboration On-Site*	**Level 4** *Close Collaboration On-Site with Some System Integration*	**Level 5** *Close Collaboration Approaching an Integrated Practice*	**Level 6** *Full Collaboration in a Transformed/ Merged Integrated Practice*
Behavioral health, primary care and other healthcare providers work:					
In separate facilities, where they:	**In separate facilities, where they:**	**In same facility not necessarily same offices, where they:**	**In same space within the same facility, where they:**	**In same space within the same facility (some shared space), where they:**	**In same space within the same facility, sharing all practice space, where they:**

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Continuum of Integration

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• Have separate systems • Communicate about cases only rarely and under compelling circumstances • Communicate, driven by provider need • May never meet in person • Have limited understanding of each other's roles	• Have separate systems • Communicate periodically about shared patients • Communicate, driven by specific patient issues • May meet as part of larger community • Appreciate each other's roles as resources	• Have separate systems • Communicate regularly about shared patients, by phone or e-mail • Collaborate, driven by need for each other's services and more reliable referral • Meet occasionally to discuss cases due to close proximity • Feel part of a larger yet ill-defined team	• Share some systems, like scheduling or medical records • Communicate in person as needed • Collaborate, driven by need for consultation and coordinated plans for difficult patients • Have regular face-to-face interactions about some patients • Have a basic understanding of roles and culture	• Actively seek system solutions together or develop work- a-rounds • Communicate frequently in person • Collaborate, driven by desire to be a member of the care team • Have regular team meetings to discuss overall patient care and specific patient issues • Have an in-depth understanding of roles and culture	• Have resolved most or all system issues, functioning as one integrated system • Communicate consistently at the system, team and individual levels • Collaborate, driven by shared concept of team care • Have formal and informal meetings to support integrated model of care • Have roles and cultures that blur or blend

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6 Months Experience

- **Minimum of six months prior to date of application - provide integrated care at level 4 – 6**
- **How can you meet this requirement?**
- **Everyone in this learning community is providing some level of integration**
- **How much is enough?**

Electronic Health Record

- **ONC certified EHR implemented and actively using at time of application to:**
  - Submit a minimum of 40% of prescriptions electronically; or
  - Receive structured laboratory results; or
  - Share the continuity of care records; or
  - Participate in an Ohio regional extension center program; or
  - Participate in a health information exchange.
- **Can you electronically collect the needed data elements?**

RN Care Manager

- **Each Health Home must have at least one RN Care Manager**

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Referral to Specialist

- **Facilitated referral to specialists when medically necessary**

Brief Recap of Rate for Phase 2

&

Phase 1 Transition Plan

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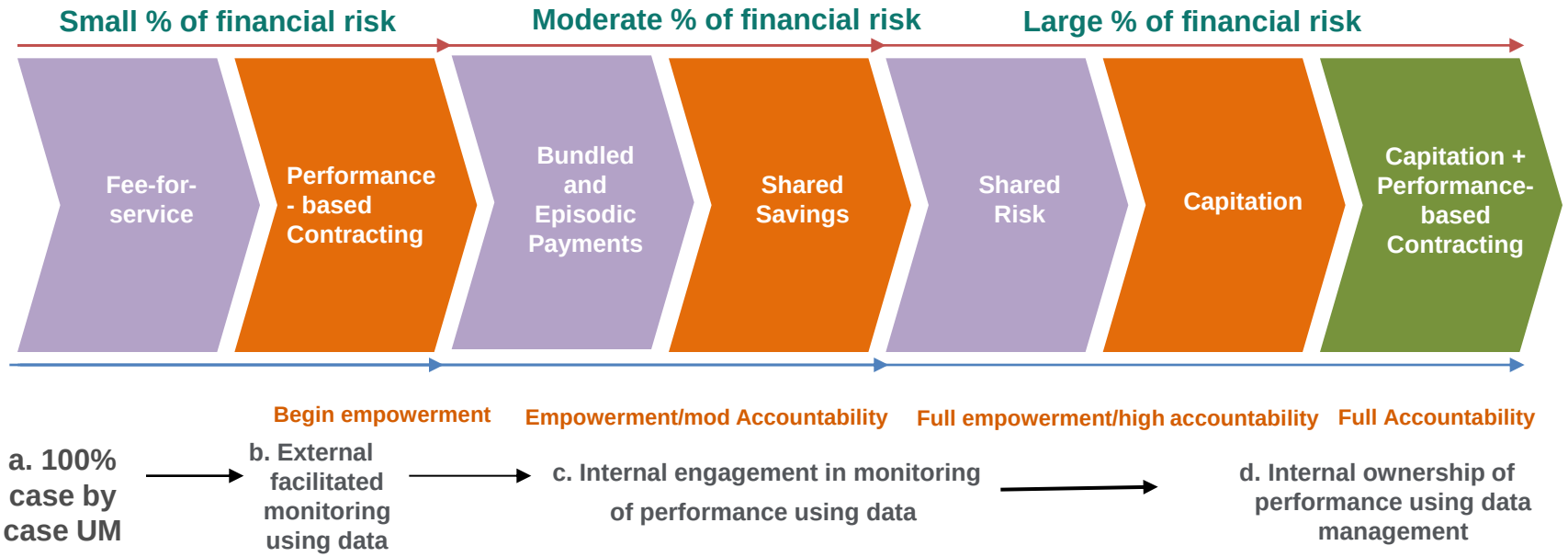
Transitioning to Supporting Financial Risk, Accountability, & Utilization Management Practices

Provider Compensation Continuum
(Level of Financial Risk)



Source: Rhonda J Robinson Beale, M.D.
Optum Chief Medical Officer, External Affairs

Phase 2 Target Population

- SPMI or SED with two of the following:
  - A qualifying diagnosis; AND
  - Historical use of the community mental health system; OR
  - Use of mental health pharmaceuticals; OR
  - Prior inpatient, OR emergency department visits, AND where overall costs exceed established cost thresholds.
- Claim includes qualifying ICD-9 diagnosis
  - Using revised diagnosis code list
- Providers expected to include consumers not currently connected to the community mental health system

Phase 2 Payment Methodology

- Sustainable payment methodology
- Rates will be risk adjusted using CDPS+Rx
- Adults ($188) and Kids ($169) will be separately calculated
- First eight quarters (years 1 & 2):
  - CPST ($150 – adults)
  - Difference in match rate ($38 – adults)
  - Case Rate, assuming 100% billing rate, given focus on high risk
- Outcomes-based Adjustment
  - Year 3 must see savings due to reduced utilization (e.g., inpatient, ED) to make up the difference in match rate
  - The phase-in of the outcomes-based adjustment starts in year 3

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Phase 2 Proposed Counties

- **Cuyahoga**
- **Erie**
- **Franklin**
- **Hamilton**
- **Portage**
- **Summit**

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Phase 1 Transition Plan

- Separate track of work to transition Phase 1 health homes to the new certification requirements & reimbursement methodology
- Support continuity of care for existing clients
- An in-person dialogue regarding Phase 1 health homes transition has been scheduled on April 9th.

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Questions?

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