



Department of Social Services

Health Home Initiative
Comprehensive Care Management and Care
Coordination

Health Homes

Established through the Affordable Care Act, Medicaid Health Homes provide enhanced health care services to individuals with high-cost chronic conditions or serious mental illness to improve health outcomes and reduce costs related to uncoordinated care.

Program began in August 2013

Health Home Eligibility

- Medicaid recipients who have...
 - Two or more chronic conditions OR one chronic and at risk for another (Defined separately):
 - **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 drugs)
 - One severe mental illness or emotional disturbance
- 83% of the 5% highest cost, highest risk group are eligible for Health Homes

Health Home Services

Core Services

- Comprehensive Care Management
- Care Coordination
- Health Promotion
- Comprehensive Transitional Care After Hospitalizations
- Patient and Family Support
- Referral to community and support services

There are two types of Health Homes in South Dakota

- Primary Care
- Behavioral Health

Health Home Services

Comprehensive Care Management

- Is the development of an individualized care plan developed by the designated provider with active participation from the recipient and all health care team members.
 - Development of the Care Plan includes gathering summary data about the recipient in one place,
 - The care plan should include basic information about the recipient, summary of the recipient's medical conditions and medications, those involved in the care including providers, family, and other services, summary of the recipient's social situation such as housing, employment, transportation etc., and the recipient's barriers to care.
 - The plan should establish goals to improve health and overcome barriers that have been identified.
 - Care Plans should be reviewed with the recipient at least annually.

- Intended to provide for all of the recipient's health care needs or taking responsibility for appropriately arranging care with other qualified professionals.

Health Home Services

Care Coordination

- **Implementation** of an individualized care plan through appropriate linkages, referrals, coordination and follow-up to needed services and supports.
- The Health Home care coordinator (CC) or member of the Health Home team is responsible for managing the recipient overall care plan.
 - Care Coordinators are typically RNs, but can be other professionals as well.
- Example: If the recipient needs to be seen by a specialist, the CC must provide a referral and make sure the specialist has all the key clinical information outlined in their care plan. The CC may also help the recipient schedule the appointment, make sure the recipient has transportation to the appointment or help them if they do not, remind the recipient of the appointment, and follow-up with the recipient after the appointment with the specialist.

Provider Infrastructure

Primary Care

- Primary Care Physicians
- PAs
- Advanced Practice Nurses

Working in:

- Federally Qualified Health Center
- Rural Health Clinic
- Clinic Group Practice
- IHS

Health Homes Operate as Teams

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

Behavioral Health

- Mental Health Providers
- Working in:
- Community Mental Health Centers

Provider Reimbursement

- Per member, per month (PMPM) fee for 6 core Health Home services
- Eligible Medicaid recipients are placed into one of four tiers, based on their need for services
 - Need for services is based on historical claims and diagnosis information, using a standardized tool normed against the Medicaid population
 - Tier 1 - half the eligible 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 continue to be paid on current fee-for-service basis

Case Studies: Primary Care Provider Health Home

▪ Tier 1 Member

- 44-year-old female
- \$4,727 Total Spend
- \$714 Rx spend, 1 Rx/mo, 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: Behavioral Health Health Home

▪ Tier 1 Member

- 25 year old female
- \$4642 total spend
- \$113 Rx spend, 1.5 Rx/mo, 1 chronic drug class
- 0 ER Visits
- 0 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 Visits
- 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 Admit \$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

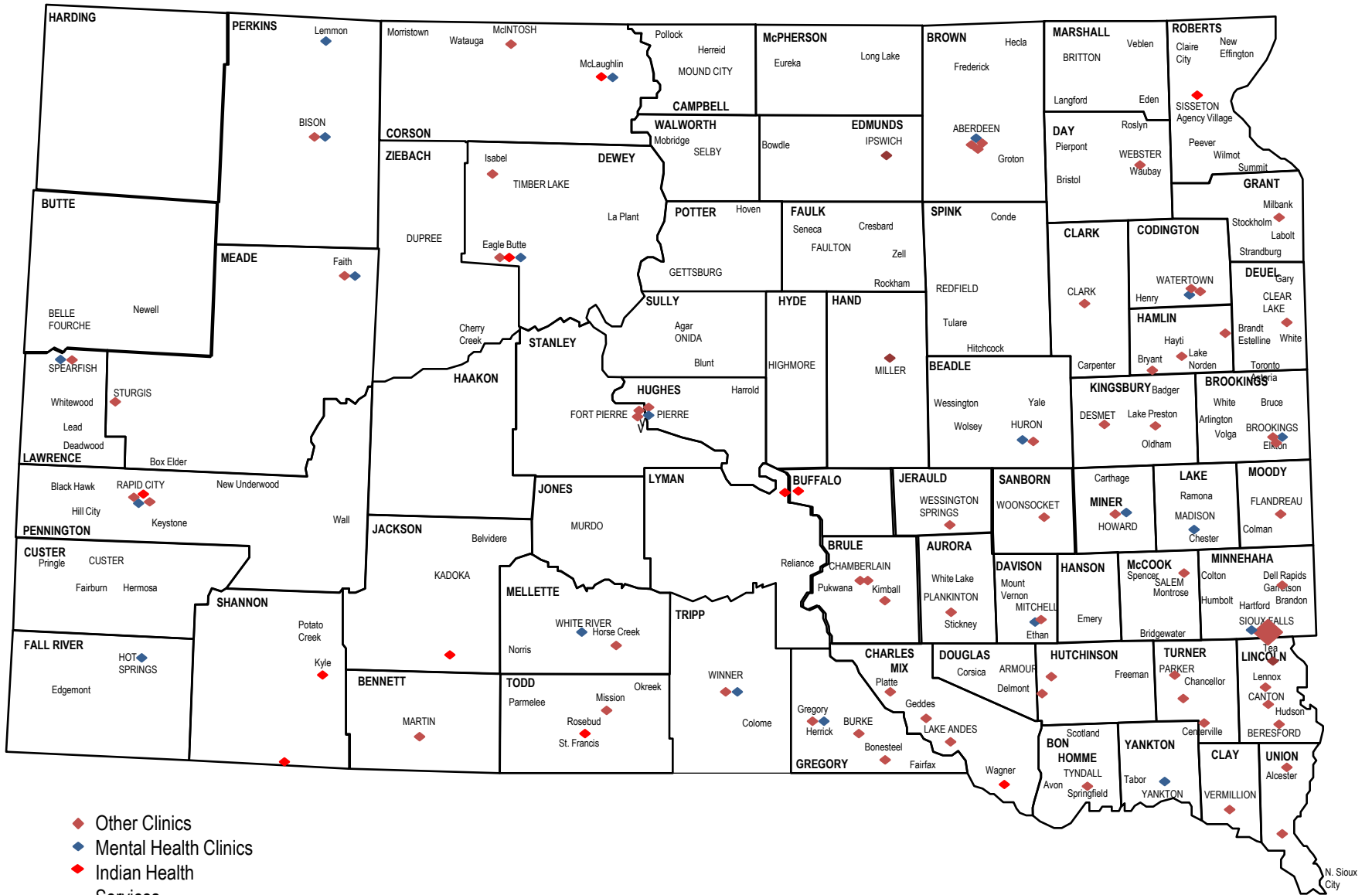
Recipient Participation

- There are 5,884 recipients in Health Homes as of October 27, 2015
 - 34.1% served through Indian Health Services

Type HH	Tier 1	Tier2	Tier 3	Tier 4	Total
CMHC	18	232	402	116	768
IHS	9	1,104	626	266	2,005
Other Clinics	73	1,824	837	377	3,111
Total	100	3,160	1,865	759	5,884

Provider Capacity

- Current number of Health Homes = 113 serving 121 locations. 610 designated providers.
 - Federally Qualified Health Centers = 25
 - Indian Health Service Units = 11
 - Community Mental Health Centers = 11
 - Private Clinics = 66
- 75-80% of the highest cost/highest need recipients who have a health home in their area are participating.
- Work continues to expand provider capacity



- ◆ Other Clinics
- ◆ Mental Health Clinics
- ◆ Indian Health Services

HEALTH HOMES



Questions?

