

Department of Social Services



Health Homes Program

Division of Medical Services

Program Management- Health Home:

- **Health Homes (HH)- provide enhanced health care services to individuals with high-cost chronic conditions or serious mental illnesses to increase health outcomes and reduce costs related to uncoordinated care. Implemented July 2013.**
 - Medicaid recipients with chronic conditions and/or at risk conditions or with Serious Mental Illness or Emotional Disturbance.
 - Health Home reimbursement for providing the Core Services is at per member, per month based on recipient tier.
- **111 Health Homes Serving 121 locations in SFY15**

Division of Medical Services

Health Homes - continued:

Recipients placed into 1 of 4 tiers depending on need

Recipient Participation – December 2015 (5,841 enrolled participants)

- Tier 1: 98 enrolled
 - Not automatically enrolled in the program but per federal requirements must have ability to opt-in.
 - While this group is eligible for health home services due to chronic condition/diagnosis – this group is not part of the 5% highest cost/high need population

- Tier 2-4: 5,743 enrolled
 - Automatically enrolled in the program.
 - This group includes the high cost/high need population that will benefit most from management through the Health Home program.
 - 75-80% of the highest cost/highest need recipients who have a Health Home in their area are participating in the program.
 - Remaining 20-25% have no health home in their area or are currently working with a non-participating PCP.

Division of Medical Services

Health Home - continued:

First 2 year period of the program compared claims utilization for health home members participating in the program for at least six months.

- Preliminary results indicate a reduction of 1.2 claims per month – a 14% reduction overall in average number of monthly claims
 - reduction in avg. monthly number of inpatient hospital, outpatient, and prescription drug claims

Division of Medical Services

Health Home Clinical Outcomes:

- Collaborated with provider's to develop outcome measures.
 - Data submitted every 6 months.
 - Participants in the Health Home program fluctuate on a monthly basis. Every month new recipients join and others become ineligible or choose to no longer participate.
- Positive improvement in a number of health outcomes during the first year.

Division of Medical Services

Health Home Clinical Outcomes

Musculoskeletal

- 21.85% increase in adults with pain assessment using a standardized tool and documentation of a follow-up plan when pain is present.
- Slight reduction in un-necessary imaging studies for low back pain. Measure shows a reduction in imaging studies done within 28 days of diagnosis.

Hypertension

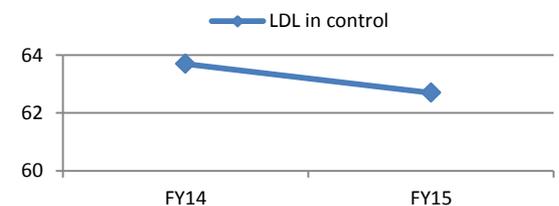
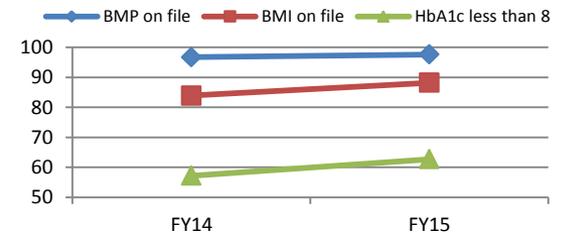
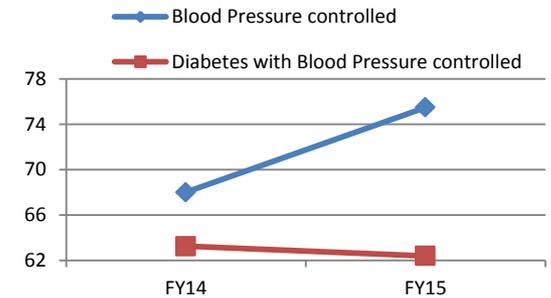
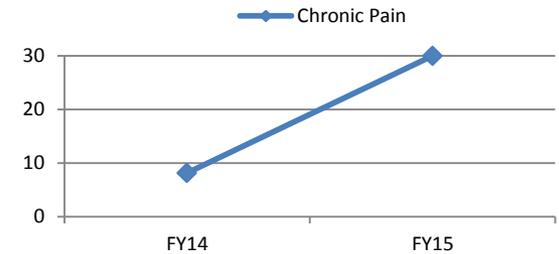
- 7.48% increase in adult recipients BP was adequately controlled
 - Slight decrease among adult recipients with diabetes (-.85%)

Diabetes

- .9% increase in percentage of children age 6 to 17 with a calculated BMP (Body Mass Percentile) at their most recent visit.
- 4.3% increase in adults who had their BMI documented during the reporting period or the year
- 5.5% increase in adults with diabetes mellitus who had most recent hemoglobin A1c less than 8.0%

High Cholesterol/ Heart Disease

- Slight decrease – 1% in recipients aged 18 years and older with Ischemic Vascular Disease (IVD) who received at least one lipid profile within 12 months and who's most recent LDL-C level was in control (less than 100 mg/dL)

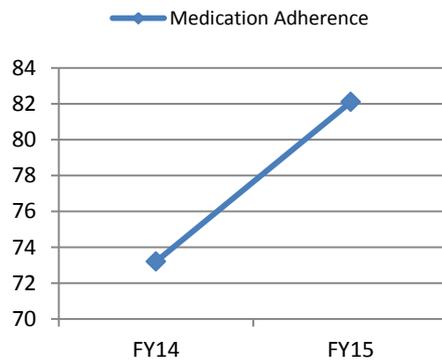


Division of Medical Services

Health Home Clinical Outcomes:

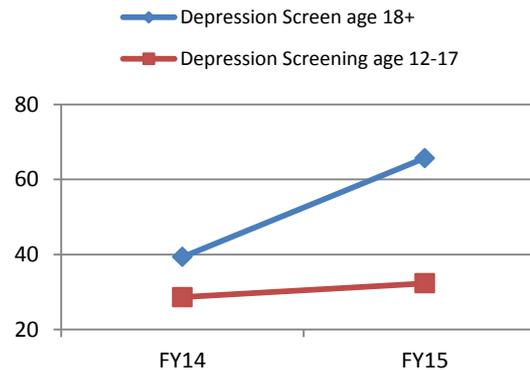
- **Severe Mental Illness (SMI)**

- 8.9% increase in filled prescriptions at least 85% of the time (12 and older)
- Only a Community Mental Health Center (CMHC) measure.



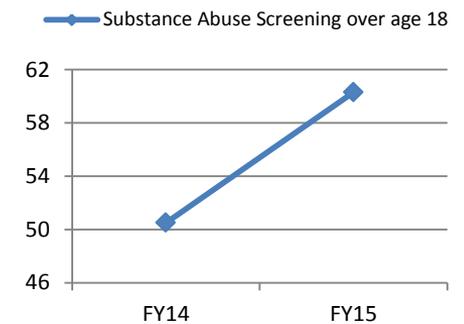
- **Depression**

- 26.4% increase in adults screened for clinical depression
- 3.7% increase in children screened for clinical depression using an age appropriate standardized tool and follow-up documented.



- **Substance Abuse Screening**

- 9.8% increase in recipients (12 years and older) screened for tobacco, alcohol and other drug dependencies.

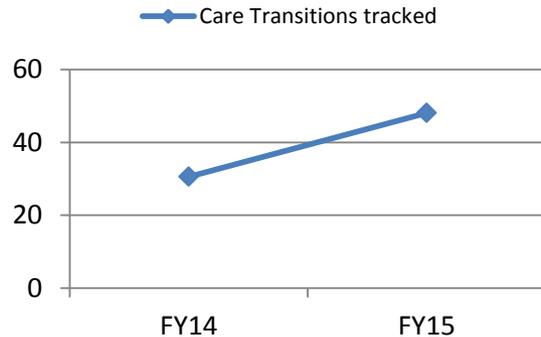


Division of Medical Services

Health Home Clinical Outcomes:

- **Care Transitions tracked**

- 17.5% increase in discharge notification and records transmission within 24 hours of discharge.



- **Transforming Care**

- 7% increase in counseling sessions with recipients /families to adopt healthy behaviors associated with disease risk factors (tobacco use, nutrition, exercise & activity)

