



**BROOKLYN  
HEALTH  
HOME**

# **Brooklyn Health Home All Committee Meeting**

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**February 21, 2023**

# Agenda

- **FCM Updates**
  - **Billing Updates**
- **Clinical & Business Operations Updates**
  - **Updates and Reminders**
    - **Care Plan Update Guidance**
    - **Unwinding of the PHE**
    - **Updated Documents in Foothold**
    - **Secure Email Connection**
    - **Upcoming CUCS training**
    - **Recruitment, Hiring Incentive & Practice Partnerships**
  - **Executive Budget**
    - **DOH Proposal Summary**
    - **Potential BHH Impact**
    - **Advocacy**
    - **Next Steps (Graduation/Appropriateness, Outreach)**
- **Next Meeting**

# Foothold Technology

## FCM Updates



- FCM has been working with the HH Coalition to provide data across the FCM HHs (57% of NYS members) to use for advocacy with the budget.
- Engaged in the MAPP/IT Subcommittee regarding the MAPP/POC roll out, providing feedback to MAPP/DOH, and planning some updates within the FCM UI. Ex, Strengths/Barriers
- Kicking off our new sprint of work next Monday, so I will have more details to share about what we are working on in the March meeting.

# Foothold Technology

## Billing Updates



### **BHH Claim Status (since 2/1/2022 DOS) with all payers\*:**

- 97% paid
- 0.4% outstanding
- 2.6% denied

\*claims submitted 60+ days ago

# Foothold Technology

## Billing Updates



### 1% Rate Adjustment

- **AmidaCare, Empire, CDPHP, Emedny & UHC are paying the updated rate for both current and retroactive claims**
- HealthFirst, Fidelis, Metroplus, Molina and MVP are reviewing the retroactive claims from 4/1/22 onward but are currently paying the correct rate
- Emblem is working on reviewing the retroactive claims from 4/1/22 forward. Per our rep, their system has been updated as of last week to pay the correct rate codes
- VNS is still not paying the updated rate codes, we are following up with the payer regularly until they do

# Foothold Technology

## Billing Updates



### Empire Denials (197, 252 and 16-N34)

- Per our rep *“The overall issue was recently corrected last week, and present-day claims should be reimbursed correctly. Claims sweeps are being done for all affected providers.”*
  - FCM is following up as needed to ensure all claims are reprocessed

# Foothold Technology

## Enrollment & Claims



	9/1/22	10/1/22	11/1/22	12/1/22	1/1/23	2/1/23
<b>Enrolled*</b>	5,934	5,947	5,916	5,894	5,877	5,781
<b>Claims Submitted**</b>	5,695	5,767	5,704	5,568	5,498	1,943
<b>Billing Rate</b>	<b>96%</b>	<b>97%</b>	<b>96%</b>	<b>94%</b>	<b>94%</b>	<b>34%</b>
<b>Amount Paid</b>	\$1,699,152	\$1,718,274	\$1,686,832	\$1,489,123	\$726,897	\$ -
<b>Potential (Charge Amount)</b>	\$1,745,910	\$1,751,903	\$1,745,556	\$1,714,339	\$1,689,025	\$565,276

\*Segment Type: Enrolled, Pended Due to Diligent Search

\*\*Includes all claim types for that full month of service

# Clinical & Business Operations

## Care Plan Update Guidance

- FCM is updating the Care Plan metric from signed care plan submission every 6 months to annual on the Dashboards and Caseload Overview.

### **BHH Guidance**

- Each member must have a signed care plan in FCM within 60 days of enrollment.
- Updates should be made as member needs are reported/identified, and must be reviewed, updated and signed at minimum every 6 months from the completion of the initial care plan.
  - We are working with FCM to update their dashboards to be able to identify members with upcoming updates and signature expiration



# Clinical & Business Operations

## Unwinding of the PHE

The COVID Public Health Emergency is set to end May 11<sup>th</sup>.

- **Medicaid Re-certification**– help your members renew their Medicaid coverage to avoid lapse in care. Review FCM, ePaces, MAPP for recert dates; encourage members to check their mail; assist them in recertifying their eligibility.

On April 1<sup>st</sup>, the following HH flexibilities will be modified as followed:

- **Health Home Consents– Verbal consent is no longer allowed.** Signatures must be provided on paper or electronically by the member/parent/guardian/legally authorized rep.
- **Comprehensive Assessment**– Must be completed within 60 calendar days of enrollment.
- **Care Plan** – Must be completed within 60 calendar days of enrollment. **Verbal approval is no longer allowed.** Care plans must be signed on paper or electronically by the member/parent/guardian/legally authorized rep.

# Clinical & Business Operations

## Updated Documents in Foothold

- BHH DOH 5055
- Notice of Determination – Enrollment – DOH 5234
- Notice of Determination – Disenrollment – DOH 5235
- Notice of Determination – Denial – DOH 5236
- English, Spanish, Chinese, Creole, French, Italian, Korean, Russian
- Patient Bill of Rights
- Safety Plan Template

# Clinical & Business Operations

## Secure Email Connection

- Ongoing issues with emails that are blocked or have difficulty opening
- BHH is working with Maimonides' IT team to set up a Transfer Layer Security (TLS) system that will allow us to send emails with PHI without additional encryption
- Please provide us with the contact information for your IT department or email administrator
- MMC IT will provide guidance to your email admins on appropriate settings and testing

# Clinical & Business Operations

## Updates and Reminders

- Capacity survey & referral engagement
  - Please complete accurately and **every week** even if you have no capacity
  - Confirm with Latoya that recipients are correct (only 2 per CMA)
  - When members are referred and accepted, you **MUST** document engagement efforts in accordance with documentation standards
  - CMA Language Line Availability
- CUCS Training Series
  - Next care manager cohort will start in March 1st
  - Electives are available again for 2023
  - Rebecca will be working with CUCS and CMAs to facilitate enrollment in Comprehensive Care Manager training cohorts

# Clinical & Business Operations

## Updates and Reminders

### CUCS Training Calendar

- Care Management Series- Wednesdays: March 1-May 23
- Enroll here:  
<https://bhh.learnupon.com/>
- BHH will also review and auto-enroll Care Managers that have no history of prior trainings
  - Next cohort series begins in September

03/01/23 (WEBINAR) - Introduction to Care Management

03/07/23 (WEBINAR) - Maximizing Staff Performance through Staff Supervision

03/08/23 (WEBINAR) - Practical Counseling Skills

03/22/23 (WEBINAR) - The Art of Person-Centered Documentation

03/29/23 (WEBINAR) - Understanding Special Needs

04/05/23 (WEBINAR) - Decompensation and Relapse: A Proactive Lens

04/06/23 (WEBINAR) - Creating Effective Performance Evaluations

04/12/23 (WEBINAR) - Non-Coercive Approaches to Conflict Management

04/19/23 (WEBINAR) - Foundations of Motivational Interviewing Part 1

04/27/23 (WEBINAR) - Reducing Job Related Stress

05/03/23 (WEBINAR) - Trauma & Its Aftermath 1: New Thinking About Trauma Informed Care

05/10/23 (WEBINAR) - Harm Reduction: A Person-Centered Approach To S U Services

05/16/23 (WEBINAR) - Overview of Metabolic Syndrome (Janian MD)

05/23/23 (WEBINAR) - Motivational Interviewing for Supervisors

# Clinical & Business Operations

## Updates and Reminders

### CUCS Training Calendar

- Upcoming March Electives
- Enroll here:

<https://bhh.learnupon.com/>

### Electives for March thru June!

03/02/23 ELECTIVE (WEBINAR) - Decompensation and Relapse: A Proactive Lens (Full Day Session Required)

03/07/23 ELECTIVE (In Person) - Overview of Major Psychiatric Disorders (Manhattan)

03/08/23 ELECTIVE (WEBINAR) - Foundations of Motivational Interviewing Part 2 (Full Day Session Required)

03/09/23 ELECTIVE (WEBINAR) - Housing-Based Case Management (Full Day Session Required)

03/15/23 ELECTIVE (WEBINAR) - Understanding Mental Health Recovery (Full Day Session Required)

03/16/23 ELECTIVE (WEBINAR) - Non-Coercive Approaches to Conflict Management (Full Day Session Required)

03/22/23 ELECTIVE (WEBINAR) - Trauma Informed Care 2: Supporting Persons With Trauma Histories (Full Day Session Required)

03/28/23 ELECTIVE (In Person) - Using the Stages of Change to Help Persons with Smoking Cessation (Manhattan)

03/29/23 ELECTIVE (WEBINAR) - Impact of Mental Health on HIV

03/30/23 ELECTIVE (WEBINAR) - Becoming an Ally to the LGBTQ+ Community (Full Day Session Required)

# Clinical & Business Operations

## Recruitment, Hiring Incentive & Practice Partnerships

- Recruitment
  - BHH is working with our department's Workforce Development Manager, Ivan Thomas (lthomas@maimonidesmed.org), to re-engage Workforce1 in sourcing care management candidates
    - Coordinate and centralize review of resumes
    - Conduct preliminary screening
  - CMAs must provide feedback of the candidates
    - Confirmation of start date
    - Wage, if hiring does occur
    - Newly hired staff will work with BHH caseloads
  - <https://forms.monday.com/forms/4280a023e23c3c00e4dc4f991b4a45f9?r=use1>
- Hiring incentive
  - BHH has several fully executed hiring incentive agreements
  - Potential considerations for hiring Health Home Plus care managers
  - If you are interested, and have not yet submitted, please contact Magdalena and Danielle

# Clinical & Business Operations

## Recruitment, Hiring Incentive & Practice Partnerships

- Connections to Practices
  - BHH has been working closely with CCB IPA program team to identify practices for partnership with BHH CMAs
    - Based on likely HH eligibility in attributed lives at the practice
  - BHH will be following up with CMAs who have expressed an interest in these partnerships to discuss next steps



# Clinical & Business Operations

## DOH Proposal Summary

- The Health Home program was conceived as a model to support stabilization of health and social needs
- NYS Executive Budget included \$100M cut to the Health Home program (\$30M in 2024 & \$70M in 2025)
  - The proposal seeks to disenroll 70,000 New Yorkers
- With provision of skill building support and safe discharge planning, this proposal will graduate individuals enrolled for 9+ months consistently receiving services billed at the 1873 and 1874 rate codes and who have not experienced new select health and social needs episodes
  - Members who consistently fall into the HH CM (1873 rate code) category will be disenrolled after 9 months
- Proposal to stand up a Community Health Worker program to provide “softer touch” service post HH graduation after 9 months

# Clinical & Business Operations

## DOH Proposal Summary

- Graduation of individuals who have had 9+ months of enrollment with billing only in the 1873 rate code will begin 10/1/23 with total current members in this cohort graduated out by 4/1/25
- Step down of individuals who have had 9+ months of enrollment with billing only in the 1874 rate code will begin in 1/1/24; graduation will begin 4/1/24. Step down and graduation of current members in this cohort will continue until 4/1/25
- DOH states that members moving between the 2 rate codes (1873 and 1874) will be excluded from 9 month graduation timeline
- Health Homes have until 4/1/25 to graduate out current members who fall into the 9+ months cohorts but will be expected to graduate out members newly falling into those cohorts on a rolling basis

# Clinical & Business Operations

## Potential BHH Impact

Rate Code 1873		Rate Code 1874	
9 Months	12 Months	9 Months	12 Months
1802	1542	1358	1190
31.17%	26.67%	23.49%	20.58%

Total Assigned (RFG) Members	Completion Rate Among Active Members
Total: 1052 Appropriateness Assessment Complete: 741 Missing Appropriateness Assessment: 311 Rate: 70.44%	Total: 850 Appropriateness Assessment Complete: 634 Missing Appropriateness Assessment: 216 Rate: 74.59%

End Reason Code Description	Members	% of Members
Member has graduated from the HH Program	79	39%
Member withdrew consent to enroll	47	23%
Transferred to another HH	19	9%
Enrolled Health Home member disengaged from care management services	17	8%
Individual moved out of state	12	6%
Individual deceased	8	4%
Provider Closed	6	3%
Individual is not/no longer eligible for Medicaid	5	2%
Individual doesn't meet HH eligibility and appropriateness criteria	4	2%
Individual is in an inpatient facility	4	2%
Program not compatible	1	0%
	202	1

# Clinical & Business Operations

## Potential BHH Impact

BSQ Indicator	May	June	July	August	Sept	Oct	Nov	Dec	Jan
HIV Positive	143	142	142	142	142	142	142	142	140
Homeless	21	21	21	21	21	21	21	22	22
Homeless (HUD in Prior 6 Months)	28	27	27	26	26	24	24	22	22
Incarcerated	11	11	11	11	11	11	11	10	10
Mental Health	255	253	253	254	250	250	248	244	238
Substance Use	25	24	24	24	23	23	23	21	21
Total Members	1802	1802	1802	1800	1802	1802	1802	1802	1780

# Clinical & Business Operations

## Key Takeaways

- **Advocacy**
  - Outreach your Representatives- do not include this cut!
  - Key points
    - Request CHW programming be re-framed and placed under the governance of the health home program.
    - Request that DOH refresh HH eligible patient list and require MCPs to refer HARP and other high need/high utilization members to health home
    - Request that NYS rethink the use of HML as an acuity and billing measure
- **Enrollment & Engagement**
  - Robust efforts in outreach to increase high acuity enrollment
  - BHH continued efforts to grow referral streams
  - Engage members with graduation in mind
- **Graduation**
  - Adhere to BHH review for graduation process
    - Complete Appropriateness Assessment for all members flagged
    - Step down/graduate as appropriate
    - If budget measure passes, BHH will provide additional guidance on requirements

# Clinical & Business Operations

## Discussion

- Increased enrollment of High risk/High need and HH+ members
  - CMAs not currently designated to provide HH+ care management should strongly consider becoming designated
- What efforts can the CMAs make to improve outreach efforts and enrollment rates?
  - 635 referrals sent, 151 members enrolled
  - ~24% converted to enrollment
- Hiring incentive currently only applies to HHCM – would it be helpful to expand to include HH+ care managers?
- What additional advocacy points should be included?

# Next Meeting

- Next Committee Meeting, In-person
  - March 21<sup>st</sup>, 3 – 4:30pm
- Care Management Workflow
  - March 7<sup>th</sup>, 3 – 4:30pm
  - HCBS providers presentation and Gaps in Care discussion
- Quality Committee
  - March 15<sup>th</sup>, 3 – 4:30pm