



**BROOKLYN  
HEALTH  
HOME**

# **Brooklyn Health Home All Committee Meeting**

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**April 18, 2023**

# Agenda

- **FCM Updates**
  - **Billing Updates**
- **Clinical & Business Operations Updates**
  - **Updates and Reminders**
    - **Partnering w/ IPA's**
    - **Shoutouts**
    - **Secure Email Connection**
  - **Upcoming CUCS training**
  - **PHE for HH+ Members**
  - **Medicaid Recerts**
  - **Committee Recap**
  - **Referral Outreach Workflow**
  - **Best Practice on How-To-Group (CEN)**
- **Next Meeting**

# Foothold Technology

## Billing Updates



### **BHH Claim Status (since 4/1/2022 DOS) with all payers\*:**

- 97% paid
- 0.3% outstanding
- 2.3% denied

\*claims submitted 60+ days ago

# Foothold Technology

## Billing Updates



### 1% Rate Adjustment and 5.4% COLA Update by Payer as of 4/13/23

Payer	1% for new billing instances	1% retroactive to 4/1/22	5.4% for new billing instances	5.4% retroactive to 4/1/22
AmidaCare	yes	yes	yes	yes
Emblem	yes	no	yes	no
eMedNY	yes	yes	yes	yes
Empire	yes	yes	yes	yes
Fidelis	yes	no	no	no
HealthFirst	yes	no	yes	no
Metroplus	yes	no	yes	no
Molina	yes	no	yes	no
United	yes	yes	yes	yes
VNS	no	no	no	no

# Foothold Technology

## Enrollment & Claims



	11/1/22	12/1/22	1/1/23	2/1/23	3/1/23	4/1/23
<b>Enrolled*</b>	5,916	5,894	5,880	5,852	5,766	5,649
<b>Claims Submitted**</b>	5,669	5,592	5,569	5,512	5,234	1,073
<b>Billing Rate</b>	<b>96%</b>	<b>95%</b>	<b>95%</b>	<b>94%</b>	<b>91%</b>	<b>19%</b>
<b>Amount Paid</b>	\$1,715,702	\$1,699,300	\$1,616,293	\$1,599,626	\$836,798	\$ –
<b>Potential (Charge Amount)</b>	\$1,743,364	\$1,729,832	\$1,718,847	\$1,701,755	\$1,609,689	\$319,032

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

\*\*Includes only **Core Service** claims for that DOS  
(i.e. rate codes 7778, 9999, & 1861 are excluded)

# Clinical & Business Operations

## Updates and Reminders

- Partnering with CCB IPA practices
  - CMAs completed survey included question about partnerships with practices
  - If did not indicate interest, please follow up with Magdalena and Danielle
  - BHH will be reaching out to schedule a meeting with interested CMAs
    - Invite will include a one-pager
- Shoutouts
  - Reminder: BHH would like to include shoutouts to care managers and supervisors in our news letter
  - Please send to BHH team
- Secure Email Connections
  - 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 Danielle Cuyuch via email 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

## CUCS Training

### CUCS Training Calendar

- Upcoming April/May Electives
- Enroll here:  
<https://bhh.learnupon.com/>
- Each user gets a unique link for each training. Please no sharing the link.
- Next Training for CMs:
  - 4/19 (**Tomorrow**) -Foundations of Motivational Interviewing 1
  - 5/3 –Trauma & Its Aftermath: New Thinking about Trauma Informed Care (Part 1)
  - **Metabolic Syndrome Training moved from 5/16 to 5/23**
- Upcoming Supervisor Trainings:
  - 4/27- Reducing Job Related Stress

04/26/23 ELECTIVE (WEBINAR) - Using the Stages of Change to Help Persons with Smoking Cessation (Full Day Session Required)

04/27/23 ELECTIVE (WEBINAR) - Coordinating Property Management and Social Services (Full Day Session Required)

05/09/23 ELECTIVE (WEBINAR) - From Incarceration to the Community (Full Day Session Required)

05/11/23 ELECTIVE (WEBINAR) - Cultural Competency (Full Day Session Required)

05/16/23 ELECTIVE (In Person) - Using the Stages of Change to Help Persons with Smoking Cessation (Manhattan)

05/18/23 ELECTIVE (WEBINAR) - Understanding Mental Health Recovery (Full Day Session Required)

05/31/23 ELECTIVE (WEBINAR) - Suicide Assessment and Prevention (Full Day Session Required)

# Clinical & Business Operations

## Transition from the PHE for HH+ Members

In consideration of stakeholder feedback for the transition out of the PHE, the State will be granting Health Homes/Care Management Agencies (CMA) a transition period of four (4) months to resume minimum in-person contact requirements for HH+ services.

This guidance rescinds and supersedes the 3/14/20 COVID-19 Guidance for Health Homes issued to Health Homes Serving Adults, Health Homes Serving Children, CCO/Health Homes and Care Management Agencies.

Effective August 1, 2023, flexibilities afforded to Specialty Mental Health Care Management Agencies (SMH CMA) in the "Supplemental Information for Executive Order No. 202 for Health Home Plus Specialty Mental Health Care Management Agencies" (August 4, 2021) will discontinue. SMH CMAs will no longer be able to use audio or video contact in lieu of the in-person contacts required for HH+ SMI services. HH+ SMI service requires four (4) core services per month, two (2) of which must be done in-person; for individuals receiving Assisted Outpatient Treatment (AOT), four (4) core services must be in-person per month.

HH+ for Persons living with HIV require a minimum of four (4) core services per month. At least two (2) of the four (4) core services must be in person. Of the two in person contacts, one of the two must be with the care manager/coordinator. The second in-person contact may alternatively be conducted by members of the Health Home care team where care management agencies have elected to implement a team model.

For HH+ SMI and HH+ HIV: If the minimum HH+ service requirements are not provided to a HH+ eligible member in a given month, but at least one (1) HH core service was provided, the Health Home High Risk/High Need rate code may be billed; see the applicable Health Home Plus guidance for full details.



# 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 were modified as followed:

- **Health Home Consents– Verbal consent is no longer allowed.** Signatures much 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.

**Reminder:** If members are receiving services via telehealth confirm with provider that services will continue / remain available.

# Clinical & Business Operations

## Quality Committee

### Quality Updates: Quarter 2 (4/2023)

- Executive Summary Released 3/31/2023
- Updated Chart Review Process and Tool
  - Quarter 1 Results: Pending
  - Quarter 2 Assignment List Released 4/14/2023, Due: 6/23/2023
- Review for Graduation / BHH Appropriateness Assessment
  - RFG Flags Updated 4/7/2023
- Gap in Care Action Plan
  - End of 2022 GIC MCP Data: Pending
  - Continue Process into 2023

# Clinical & Business Operations

## Care Manager Workflow

- Care Manager Workflow: Tuesday, April 4th
  - Information Session Presentation
    - Follow Up After Hospitalization & Case Conferences
      - Select Health: Alan Rice, LCSW
  - Reminder Topics
    - Unwinding of PHE
    - CUCS Trainings
    - Updates on FCM: Strengths, Barriers and Risk Factors
- Care Manager Workflow: Tuesday, May 2<sup>nd</sup>
  - Legal Aid Presentation, Focus on Eviction Prevention and the Unwinding of the PHE

# Clinical & Business Operations

## Referral/Outreach Workflow

- Discussion: What are the pain points in the referral/outreach process? How can it be improved?
- Challenges continue regarding the referral process and outreach
  - Who is completing the capacity survey?
  - Is the person completing the capacity survey overseeing outreach/case assignment?
  - How long after receiving a referral is the case assigned?
  - How soon after receiving a referral is the first outreach effort made?
  - Is an outreach segment being created?
  - Who is overseeing outreach documentation? Where are outreach efforts being documented?
  - What is the timeframe from consent to CM assignment?

# Clinical & Business Operations

## Best Practice on How-To-Group (CEN)

### Documentation Highlights:

- ✓ **Status Changed** from “Action Needed” to “Care Provided”, “In-Progress”
  - Drop-down similar to Gap in Care Actions
- ✓ **Encounters Linked** to (1) or More Alerts
  - Linkage similar process to Gap in Care Linkage process

How can we create a linked Encounter?

	Created At	Last Notified Date	Last Updated	Status	# of Alerts		
^ <input type="checkbox"/>	4/9/2023	4/9/2023	4/10/2023	Care Provided ▾	1 alert	1 encounter ↗	Details
^ <input type="checkbox"/>	4/8/2023	4/8/2023	4/10/2023	Care Provided ▾	1 alert	1 encounter ↗	Details
^ <input type="checkbox"/>	3/24/2023	3/24/2023	3/28/2023	In-Progress ▾	1 alert	1 encounter ↗	Details
^ <input type="checkbox"/>	3/16/2023	3/16/2023	3/17/2023	In-Progress ▾	1 alert	2 encounters ↗	Details
^ <input type="checkbox"/>	3/16/2023	3/16/2023	3/17/2023	In-Progress ▾	1 alert	2 encounters ↗	Details

# Clinical & Business Operations

## Best Practice on How-To-Group (CEN)

Linking a New Encounter to (1) or More Clinical Events

Clinical Alerts

Occurred On	Notified Date	Visit Type	Source	Facility
4/9/2023 1:27 AM	4/9/2023 1:28 AM	Emergency Discharge	Healthix	OBHSBHMC

*Drop-down Caret to View Event Details*

Linked Encounters

Created Date	Creator	Type
4/10/2023	Encounter Date: 04/14/2023	Mode: In-Person

Core Service: Comprehensive Transitional Care

Did you meet with anyone? Yes

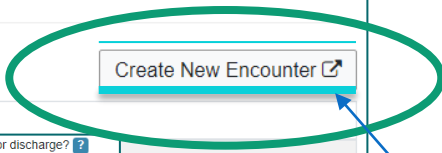
Who did you meet with? Patient

Was this a care conference? No

Where did it take place?

Is this in response to an admission or discharge? Yes

Details



Tip: Right click, open in new tab

Active Care Plan Tasks (0) Clinical Events (2)

Select all clinical events mentioned in this Encounter: 2 clinical events selected

- Clinical Event 1 alert Created On 4/9/2023  
• 4/9/2023 - Emergency Discharge
- Clinical Event 1 alert Created On 4/8/2023  
• 4/8/2023 - Emergency Admit

Tip: Verify Alert Selection

Clinical Alert Connection

# Clinical & Business Operations

## Best Practice on How-To-Group (CEN)

### Potential Relationships:

Join

Join

Created At	Last Notified Date	Last Updated	Status	# of Alerts
4/9/2023	4/9/2023	4/10/2023	Care Provided	1 alert
Emergency Discharge		Occurred On 4/9/2023	Notified Date 4/9/2023	Facility OBHSBHMC
4/8/2023	4/8/2023	4/10/2023	Care Provided	1 alert
Emergency Admit		Occurred On 4/8/2023	Notified Date 4/8/2023	Facility OBHSBHMC
3/24/2023	3/24/2023	3/28/2023	In-Progress	1 alert
Inpatient Discharge		Occurred On 3/24/2023	Notified Date 3/24/2023	Facility OBHSBHMC
3/16/2023	3/16/2023	3/17/2023	In-Progress	1 alert
Transfer to Inpatient		Occurred On 3/16/2023	Notified Date 3/16/2023	Facility OBHSBHMC
3/16/2023	3/16/2023	3/17/2023	In-Progress	1 alert
Emergency Admit		Occurred On 3/16/2023	Notified Date 3/16/2023	Facility OBHSBHMC

*Confirm Date Range, Facility, Alert Type Order, Details*

# Clinical & Business Operations

## Best Practice on How-To-Group (CEN)

Clinical Events

Merge Clinical Events

Displaying 1 - 10 of 54 in total

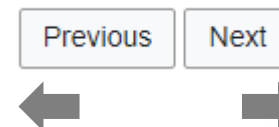
Created At	Last Notified Date	Last Updated	Status	# of Alerts
<input checked="" type="checkbox"/> 4/9/2023	4/9/2023	4/10/2023	Care Provided ▾	
<input checked="" type="checkbox"/> 4/8/2023	4/8/2023	4/10/2023	Care Provided ▾	

Created At	Last Notified Date	Last Updated	Status	# of Alerts
<input checked="" type="checkbox"/> 4/8/2023	4/9/2023	4/17/2023	Care Provided ▾	2 alerts
<input type="checkbox"/> Emergency Discharge		Occurred On 4/9/2023	Notified Date 4/9/2023	
<input type="checkbox"/> Emergency Admit		Occurred On 4/8/2023	Notified Date 4/8/2023	

### Pros

- View Alert History for Single Occurrence/Stay
  - Collapsing carets reveal alert details
  - View merged alerts in order
- Merge Function Combines Linked Encounters into a Single Thread of Information
  - Select **Details** - to view an individual encounter
  - Select **“Previous”** or **“Next”** to read through linked encounters (order of engagement)





# Clinical & Business Operations

## Best Practice on How-To-Group (CEN)

- Be sure to check admission type, facility, and date before merging events
- Multiple ED admissions should NOT be merged
- Merged events are based on hospital visit/stay not diagnosis, condition, symptom or treatment type

✓ MMC ED admit + MMC Inpatient Admit + MMC discharge

✗ MMC ED admit + OBH ED Admit

# Next Meeting

- Next Committee Meeting, In-person
  - May 16<sup>th</sup>, 3 – 4:30pm
- Quality Committee (Quarter 2)
  - June 21<sup>st</sup>, 3 – 4:45pm
  - Workgroup Sessions: 4/19, 5/17
- Supervisors Workgroup
  - April 26<sup>th</sup>, 3 – 4:30pm