



Brooklyn Health Home All Committee Meeting

February 15, 2024

Agenda

- **FCM Updates**
 - MAPP POC
 - Billing Updates
 - Enrollment and Claims
- **Clinical & Business Operations Updates**
 - Designation Recap
 - HHSC
 - New Quality Measures (Ops Report)
 - HH+
 - Comprehensive Assessment (11,12 months)
 - Care Plans (5, 6 months)
 - Billing block CES Tool
 - POC Update
 - OMIG
 - Waiver
 - Training
 - Committee Updates
 - Shout outs for newsletter
- **Next Meetings**

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MAPP POC



- We have incorporated the syncing of POC files to MAPP as part of our 3x/week sync process. If you address any errors, you can expect to look back in a couple of days and it should have gone through to MAPP.
- We are updating the Care Plan filter on the Tracking/Billing Support screen to be able to identify which member do/do not have a full POC on file in MAPP.
- We are adding the MAPP care plan data tables and the CES Tool data tables into our Data Extracts on 2/22/24.

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MAPP POC



Tracking and Billing Support Status

Export to CSV

FILTER CRITERIA

Year	2024	Health Home		Billing Support Status	
Month	February	CMA		Core Service Provided	
Care Manager		Segment Type		Has Billing Support Errors	
Medicaid CINS		Adult/Child Indicator		Rate Code	
		Encounters	Care Plan Requirement	HARP Status	
		Care Plan	This filter will let you know if the member has a full POC on file in MAPP in the given month.		

Filter

Encounters

Care Plan ?

With successfully reported care plan

Without successfully reported care plan

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Billing Updates



BHH Claim Status (since 2/1/2023 DOS) with all payers*:

- 99% paid
- 0.25% outstanding
- 0.75% denied

*claims submitted 60+ days ago

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Billing Updates



Metroplus denials

- Their system has been automatically denying claims for members with dual-eligibility with Remark code N30 (Patient not eligible)
- Claims have not been reprocessed as promised by the payer and due to a lack of response, FCM has submitted a formal complaint to the DOH on 1/23/2024

Healthfirst 5.4% retro adjustment for HH+ claims

- HF ran into an issue in December with processing those adjustments. They inadvertently recouped the original amount without paying the new higher amount.
- This issue has been corrected and HF paid with interest

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Enrollment & Claims



	9/1/23	10/1/23	11/1/23	12/1/23	1/1/24	2/1/24
Enrolled*	5,702	5,725	5,734	5,723	5,814	5,604
Claims Submitted**	5,345	5,380	5,334	5,327	5,246	1481
Billing Rate	94%	94%	93%	93%	90%	26%
Amount Paid	\$1,638,763	\$1,648,896	\$1,624,185	\$1,563,653	\$581,326	\$386.83
Potential (Charge Amount)	\$1,647,735	\$1,662,833	\$1,640,536	\$1,639,191	\$1,603,987	\$436,408

*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)

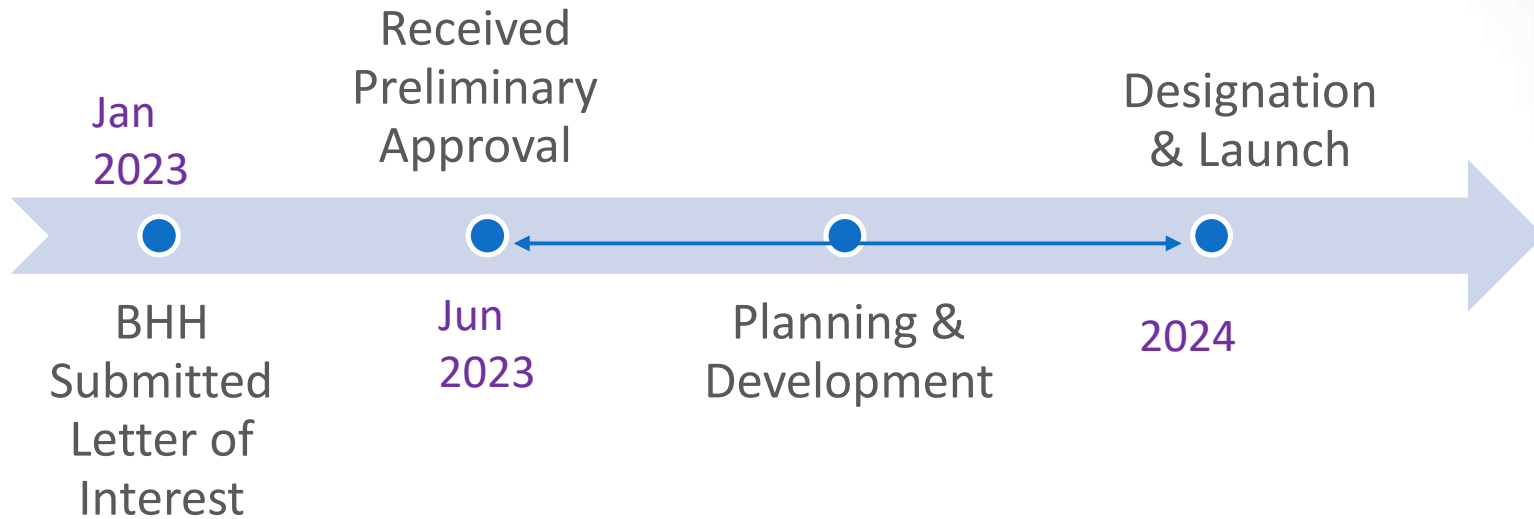
Clinical & Business Operations

Designation Recap

- Designation entrance conference on January 2nd
 - State auditors reviewed BHH records
 - OMH and AIDS Institute breakout sessions
- Exit conference with state partners on January 30th
 - DOH Scoring and weights are still in development
 - Domain 1- 20%- Administrative Review
 - Domain 2- 20%- Performance Measures (HEDIS/QARR Quality Measures: Oct '21- '22; HH Process Measures Q3 2022-Q2 2023)
 - Domain 3- 60%- Chart Review
- BHH noted several discrepancies in Domain 2 and lack of clarity in how data was measured. Coordinating a response with NYS Health Home Coalition to advocate for re-evaluation of measures and performance.
- Final score and report, TBD

Clinical & Business Operations

HHSC



- Meetings with NYSDOH Children's Team
- Launch of BHH Children's Subcommittee
- Network Development
 - Current BHH CMAs providing Children's Health Home
 - Identifying new CMAs
- Coordination with CCB IPA Pediatric Practices

Clinical & Business Operations

BHH QMP - 2024

Network Performance – NEW Executive Summary Measures



Member Engagement & Core Service Delivery

NEW

- Member Core Service in Prior Month (*among Current E, Non-Pended*)
- In-person Encounter Attempt in Prior (6) Months

CONTINUE

- Member Core Service in Prior Month (*among Newly Enrolled*)
- Member Core Service in Prior Month (*among All Enrolled*)
- In-person Encounter in Prior (6) Months

+ Data Point Highlights

Prior (6) Months

- Total In-person Encounters
- Total In-person Encounter Attempts

Last Month

- Total Core Service (CS) Encounters
- Total Encounters
- Total Phone CS
- Total In person CS
- Total Video CS

Clinical & Business Operations

BHH QMP - 2024



Network Performance – NEW Executive Summary Measures

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+ Data Point Highlights

Prior (6) Months

- Total In-person Encounters
- Total In-person Encounter Attempts

Last Month

- Total Core Service (CS) Encounters
- Total Encounters
- Total Phone CS
- Total In person CS
- Total Video CS

Clinical & Business Operations

BHH QMP - 2024



Network Performance – NEW Executive Summary Measures

Comprehensive Assessment Activity

NEW

- Comprehensive Assessment Completed within Prior (11) Months

CONTINUE

- Newly Enrolled Members with a Comprehensive Assessment Complete within 60 Days of Enrollment
- Comprehensive Assessment Completed within Prior (12) Months

IN THE WORKS

Comprehensive Assessments Locked within Prior (12) Months

+ Data Point Highlights

Most Recent Comprehensive Assessment Date

- All Enrolled (*Based upon Segment Start Date*)
- Among Enrolled, Pended (*Last Completion Data for Member*)

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BHH QMP - 2024



Network Performance – NEW Executive Summary Measures

Comprehensive Assessment Activity

Measures

- Comprehensive Assessment Completed within Prior (11) Months
- Comprehensive Assessment Completed within Prior (12) Months

Example Timeline

2023

SEPT	OCT	NOV	DEC
JAN	FEB	MAR	APR
MAY	JUN	JUL	AUG
SEPT	OCT	NOV	DEC
JAN	FEB	MAR	APR

2024

Report Month: January (2024)

Comprehensive Assessments

- **Completed within Prior 11 Months:**
 - Most recent occurred on or before Jan 31st (2023)
 - Due in report month or is overdue
- **Completed within Prior 12 Months:**
 - Most recent occurred on or before Dec 31st (2022)
 - Not Completed in last 12 months / overdue

Performance Goal:

Re-Assessment Completion every (12) Months

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Network Performance – NEW Executive Summary Measures

Plan of Care Activity

NEW

- Plan of Care Update within Past (5) Months

CONTINUE

- Newly Enrolled Members with a Plan of Care Created within 60 Days of Enrollment
- Plan of Care and Encounter Linkage
- Plan of Care and Encounter Linkage within Prior 6 Months
- Plan of Care Update within Past (6) Months

+ Data Point Highlights

- Most Recent Plan of Care Update (Among Members Enrolled 60+)

IN THE WORKS

Plan of Care created and signed within 60 Days of Enrollment

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Network Performance – NEW Executive Summary Measures

Plan of Care Activity

Measures

- Plan of Care Update within Past (5) Months

- Plan of Care Update within Past (6) Months

Example Timeline

2023

SEPT	OCT	NOV	DEC
JAN	FEB	MAR	APR
MAY	JUN	JUL	AUG
SEPT	OCT	NOV	DEC
JAN	FEB	MAR	APR

2024

Report Month: January (2024)

POC Update within Past 5 Months:

- Most recent update occurred on or before July 31st
- Update is due in report month or is overdue

POC Update within Past 6 Months:

- Most recent update occurred on or before June 30th
- Update did not occur in 6 month timeframe

Performance Goal:

Successful Update within the Past (6) Months

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Network Performance – NEW Executive Summary Measures

Other Operations Report / Focus Areas

NEW

Health Home Plus

- Members Identified as HH Plus Eligible (PSYCKES or CMA Identified)
- Last Month Billing Rate Details
 - Service Date, Rate Code, Rate Code Description

Strength, Barrier and Risk Factors

- Members with Strength, Barrier and Risk Factor Added to Member Record

+ Data Point Highlights

SBR

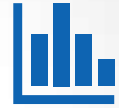
- No Strengths Added
- No Barriers Added
- No Risk Factors Added
- Active Risk Factor(s) with No Risk Category Selected

Best Practice

Review HH plus Eligible List against member encounter data to identify potential candidates for level of care

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BHH QMP - 2024



Network Performance – Executive Summary Measures (2023)

□ CMA Quality Package

- **Annual Performance Review: January – December 2023**
 - *CMA Monthly Performance vs. BHH Network Performance*
 - *Pre-existing Process Measures*
 - *New Measures Introduced in 2023:*
 - In-person Encounters in Prior (6) Months
 - Comprehensive Assessment in Prior (10) Months
 - Plan of Care Update within Past (4) and (6) Months
 - Encounter Linkage to Plan of Care
 - Encounter Linkage to Plan of Care in Past (6) Months
 - Care Manager Status Change (among Active GiC CM Actions)
 - Assigned RFG, Appropriateness Assessment Completion

- **Bi-Annual Performance Scorecard - Qualitative Chart Review Scoring Methodology**
Incorporation of Re-assignment Cohort (Cohort (6))

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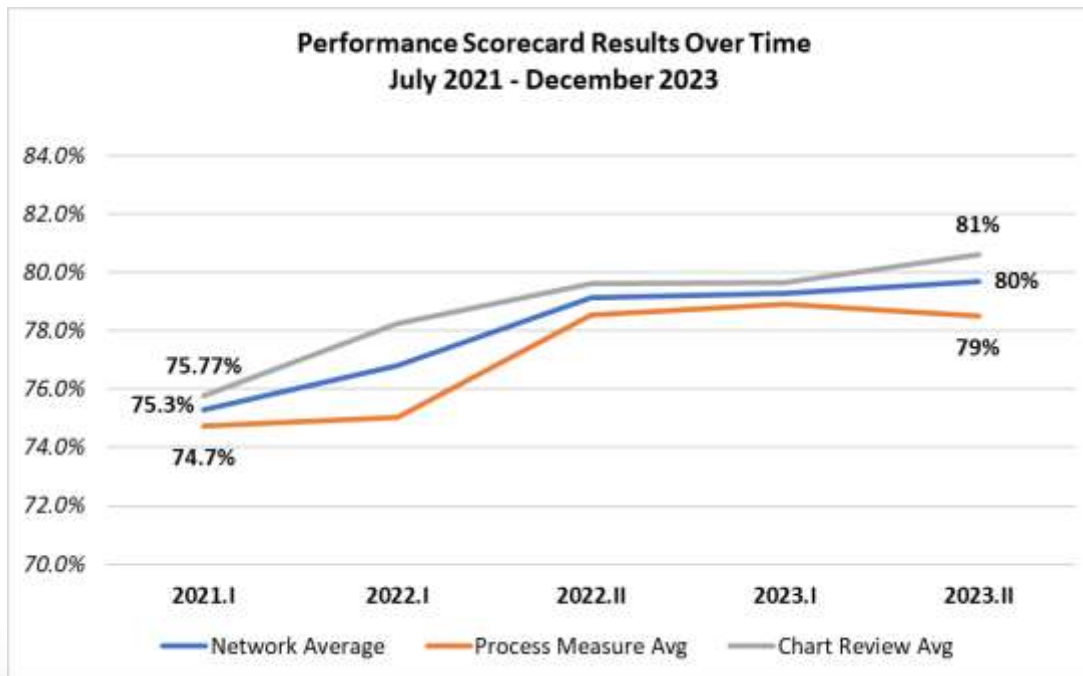
BHH QMP - 2024



Network Performance – Executive Summary Measures (2023)

2023 Goals & Objectives

Aim: Evaluate Network Performance (Bi-Annual) Scorecard over Time



Outcomes:

- Increase in Overall Performance Scores
 - Bi-Annual Scorecard Result
 - Process Measure Scoring
 - Chart Review Scoring

Important Changes:

NEW for 2023

- Re-Assignment Chart Reviews (charts identified for secondary review)
- Additional Process Measures Added

UP NEXT:

Analyze Chart Review Summary Tables from Q3 and Q4 to Identify Trends, Questions and/or Focus Areas for Training

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BHH QMP - 2024



Important Updates and Upcoming Deliverables

- ❑ **QI Committee Meeting Quarterly**
 - Meets 2nd Tuesday of Month, Quarterly
 - Q1, 2024 Quality Review – April (4/9/2024)

- ❑ **BHH Quarterly Chart Reviews**
 - Q1 Chart Review Assignments Distributed: **2/8/2024**
 - Due Date: **4/17/2024**

- ❑ **BHH Operations Report & Executive Summary Data**
 - February 2024 Operations Report Distributed: **2/6/2024**
 - Performance Measures Data Extract: **2/15/2024**

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Billing Blocks CES Tool

- Billing block to be implemented in **May 2024**
 - Every member enrolled for a year or more with segment month of Nov-May must submit CEST to system by end of May or they will be blocked from billing June 2024.
- The following month, providers will need to submit a CEST for any member enrolled for over a year with a begin month June or their July 2024 billing will be blocked.
- By Nov 2024, all members enrolled 1+ year **MUST** have a CEST in order to continue billing
- BHH adding CES Tool measures to Operations Report
 - % of members enrolled 12+ months with completed CES tool
 - Case closure rate for members with “recommend disenrollment” outcome
 - Rate of “recommend disenrollment” outcome in completed CES tool

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CES Tool Guide - Adjustment

8.7 (under the Section 8 which references a recommendation to Disenroll) has been revised:

- The previous version of the CES Tool Guide suggested that the result of the CES Tool could be superseded at the discretion of the Supervisor. This is NOT the case! **The decision support provided by the tool must be adhered to.**
- If a previously undisclosed risk factor becomes apparent when the HHCM is working with the member on a disenrollment plan (for example, the member is experiencing homelessness, which had not been previously disclosed), the HHCM is to alert the supervisor.
- If the supervisor agrees that new information has come to light that could alter the result of the CES Tool, the Supervisor may initiate the completion of a new tool.

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CES Tool Guide - Adjustment

- If a new CES Tool is completed for this reason: the Supervisor must document the new information, and
- indicate that because of the new information, a new CES Tool is being completed and, that the uncovering of this new information is the reason for not following the initial CES Tool recommendation for disenrollment.
- **This entire process – uncovering new information, completion of a new CES Tool, documentation of the new information - must be completed within 60 calendar days of completion of the initial CES Tool.**
- If the second CES Tool's outcome is “Recommend Continued Services”, then the HHCM continues work with the member, as per policy.
- If the second CES Tool's outcome is "Recommend Disenrollment", the member must be disenrolled by 60 calendar days after the initial CES Tool's completion date.

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POC Updates

- Reports detailing Plan of Care errors are distributed to (CMAs) who have encountered these POC errors weekly. BHH has observed a significant decrease in these errors.
- 01/12/24 – 682
- 01/18/24 – 626
- 01/30/24 – 524
- 02/06/24 – 228
- 02/13/24 – 38
- I would like to take this time to thank you for all your hard work in correcting these errors promptly.

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OMIG

- BHH completed submission of 100 member records as requested by OMIG.
- OMIG conducted its initial review and followed up with a list of “missing” docs –
 - Care Plan completion/update dates
 - Document(s) confirming diagnosis
 - Justification of Med or High rate
 - Core service
 - Comp Assessment / Care Plan completed in-person
- BHH is going back in to records and will reach out for follow up if unable to substantiate documentation being requested from files in FCM.

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Waiver

- Community Care of Brooklyn is applying to be the Social Care Network (SCN) lead in Brooklyn.
- As BHH CMAs, you are considered to be part of the CCB network!

The waiver will cover **Health Related Social Need (HRSN)** services

- ✓ Screening for social needs
- ✓ Navigation (referrals)
- ✓ HRSN Case Management

And, **Enhanced HRSN** for specific populations of Medicaid Managed Care members

- ✓ Housing
- ✓ Nutrition
- ✓ Transportation

- CBOs that provide these services will be paid by the SCN through established fee schedules set by DOH
- To be part of our SCN application, complete our survey and letter of intent

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Upcoming CUCS Trainings

- February CUCS trainings
 - Care Managers
 - Art of Person-Centered Documentation 2/20
 - Understanding Special Needs 2/22
 - Decompensation and Relapse: A Proactive Lens 2/27
 - Non-Coercive Approaches to Conflict Management 2/29
- No Spring Cohort for Supervisors, use electives
- Courses in previous cohort:
 - Maximizing Staff Performance through Staff Supervision
 - Creating Effective Performance Evaluations
 - Reducing Job Related Stress
 - Motivational Interviewing for Supervisors. Part 1
- **If your care managers are registered for training, make sure they show up!!!**

Clinical & Business Operations

Shout Outs for Newsletter

- Please share the great work you and your team are doing, let us know about the successes
- We would love to highlight it in the BHH Newsletter
 - ✓ Found housing for a previously unhoused member?
 - ✓ Member started working again after being unemployed?
 - ✓ Reunited member with their family?
- Send your shout outs to healthhome@maimonidesmed.org

Next Meetings

- Joint Clinical, Business Operations, and HIT (In-Person)
 - April 18th, 2:30 – 4:30pm
 - May 16th, 2:30 – 4:30pm
 - June 20th, 2:30 – 4:30pm
 - July 18th, 2:30 – 4:30pm
 - August 15th, 2:30 – 4:30
- Quality Committee (In-Person)
 - April 9th, 2:30 – 4:30pm
- Care Management Workflow
 - Agenda: Care plan completeness, CES tool
- Supervisor Workflow
 - March 13th, 3-4:30pm

Extended meeting times to allow for HHSC specific discussion when launches