



**BROOKLYN  
HEALTH  
HOME**

# **Brooklyn Health Home All Committee Meeting**

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**May 16, 2024**

# Agenda

- **FCM Updates**
  - Tracking CEST
  - Billing Updates
  - Enrollment & Claims
- **Clinical & Business Operations Updates**
  - CEST Follow-up
  - Quality Updates
  - Designation Action Items
  - NYS Budget Update
- **Upcoming Meetings**

# Foothold Technology

## Tracking CEST



- We are adding two new CEST related columns to the export on the Caseload Overview screen. Currently you can see the date of the latest CEST and the Result.
  - The CEST End Date that we get from MAPP. This is essentially the due date for either the next CEST.
  - The CEST approval date, which is just pulled from the CEST tool itself within FCM
- We will be adding these two data points as well on the Assessment tab for the members. The End Dates will be color coded if they are past due (Red) or coming due (Orange).

### DOH CES Tools

Start Date	End Date <span>?</span>	HH	CMA	Outcome	Approved At	
11/3/2023	<b>5/1/2024</b>	HH1	CMA 70	RECOMMEND CONTINUED SERVICES	11/3/2023	<a href="#">view</a>

# Foothold Technology

## Billing Updates



### **BHH Claim Status (since 5/1/2023 DOS) with all payers\*:**

- 99.2% paid
- 0.01% outstanding\*
- 0.6% denied

\*claims submitted 60+ days ago

# Foothold Technology

## Billing Updates



### HealthFirst Remittances Backlog is in!

- We are very happy to share that the backlog of HF remits from mid-February have been posted into FCM.
- BHH provided estimated amounts (shared by FCM based on claim submissions and funds received) on **March 12th** statements to the CMAs to provide some relief due to the delay. We have reversed those estimates now that the actual claim transaction details have been received.
  - Those reversals can be seen on **May 7th** statements

### New Billing Article on the FCM Support Page!

- There are some common denials that are already known to FCM and the payers. This article will provide you with those details:

<https://support.rma.healthcare/hc/en-us/articles/25331536636820-Common-Denial-Codes-with-Payer-Details>

# Foothold Technology

## Enrollment & Claims



	12/1/23	1/1/24	2/1/24	3/1/24	4/1/24	5/1/24
<b>Enrolled*</b>	5,716	5,815	5,784	5,882	5,941	5,843
<b>Claims Submitted**</b>	5,356	5,497	5,462	5,519	5,508	1,507
<b>Billing Rate</b>	<b>94%</b>	<b>95%</b>	<b>94%</b>	<b>94%</b>	<b>93%</b>	<b>26%</b>
<b>Amount Paid</b>	\$1,644,850	\$1,644,650	\$1,661,342	\$1,610,824	\$1,045,969	\$386.83
<b>Potential (Charge Amount)</b>	\$1,649,584	\$1,684,436	\$1,676,790	\$1,686,945	\$1,685,210	\$440,201

\*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

## CES Tool Overview

### Summary – ACTION REQUIRED (as of 5/16/24)

- **721** CES tool missing/due this month (billing block cohort)
- **85** members with Recommend Disenrollment outcome (billing block)

### Closure reasons

- Completion of the CES tool with “Recommend Disenrollment” outcome due to no risk factors/only maintenance goals – use end reason code “21 – Member has graduated from HH program”
- “Recommend Disenrollment” due to lack of engagement – use end reason code “14 – Enrolled HH member disengaged from care management services”

# Clinical & Business Operations

## CES Tool Overview

### CES Completion Gut check

- **When a member is due for the CES, ask yourself a few simple questions--**
  - Is member at risk if they disenroll?
  - Are they continuing to benefit from care management?
  - What are member's concerns about graduating?
    - Justification for continued enrollment
    - Goal for final 60 days of enrollment
- **If being disenrolled:**
  - How are you preparing member?
    - As soon as CES tool is completed (with recommend disenrollment), have a conversation with the member about graduation
  - Provide information regarding available services, re-enrollment
  - Address member concerns about graduation
  - Provide NOD for Disenrollment (DOH 5235) – Fair hearing info



# Clinical & Business Operations

## CEST Follow-Up

### Continuing Eligibility Screening (CES) Tool Billing Block Overview

- **Implementation Includes:**
  - Members who have a **Segment Begin Date** for **Billing Block Month**
  - **CES Start Date** (*Date of Completion*) needs to be completed by 5/31
  - **CES Due Date** moves +1 month per month
  - **Next Up:** May Enrolled Segments (5/1/XXXX), CES Due 6/30/2024

Segment Begin Date	Month of Segment Begin Date	<b>Last Month to Bill</b> w/o Initial CEST Outcome Submission	Cannot Bill for month ending w/ this date, or any subsequent months, until CEST submitted w CEST Start date that is <b>equal to or prior to this date</b>
11/1/XXXX	Nov	4/1/2024	5/31/2024
12/1/XXXX	Dec	4/1/2024	5/31/2024
1/1/XXXX	Jan	4/1/2024	5/31/2024
2/1/XXXX	Feb	4/1/2024	5/31/2024
3/1/XXXX	Mar	4/1/2024	5/31/2024
4/1/XXXX	Apr	4/1/2024	5/31/2024

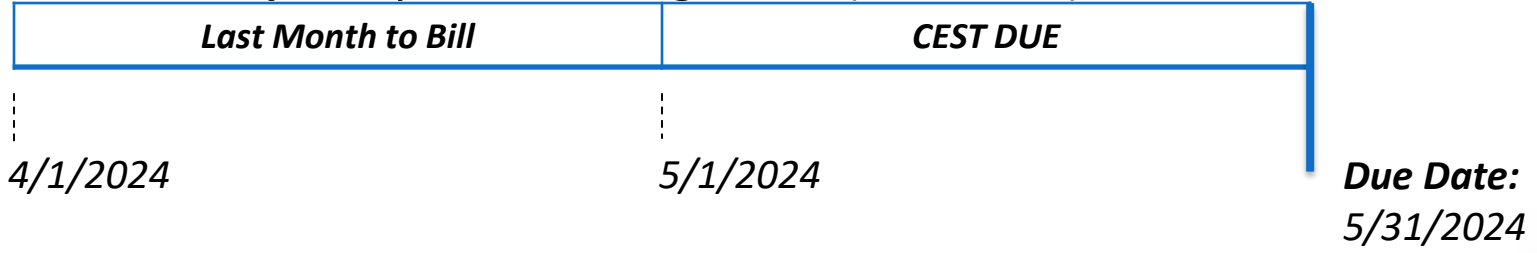
Source: [Medicaid Analytics Performance Portal \(MAPP\)](#), Health Home Tracking System

# Clinical & Business Operations

## CEST Follow-Up

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  - **Next Up:** May Enrolled Segments (5/1/XXXX), CES Due 6/30/2024



Billing Block Group (Due 5/31/2024)	Billing Block Group (Missing CES)
Yes	
Yes	Yes

This group of members will impact Billing

**Column P** – List of Members Projected to be included in the Next Billing Block

**Column Q** – List of Members from Column P who DO NOT have a CES Completion Date

# Clinical & Business Operations

## CEST Follow-Up

- **Continuing Eligibility Screening (CES) Report** Developed by BHH
  - **Source:** FCM Data Extract
- **BHH CES Report Data (as of 5/3/2024):**
  - **37%** of Members have at least (1) CES Tool Completed
  - **33%** of Members meet Inclusion Criteria for Billing Block Cohort
  - **60%** of the Billing Block Cohort have a CES Tool Completed

Billing Block Cohort based upon *Connection Between CEST and Billing Instances in MAPP HHTS (XLSX)* -- Excel File: [XLSX](#)

**Source:** [Medicaid Analytics Performance Portal \(MAPP\), Health Home Tracking System](#)

# Clinical & Business Operations

## CEST Follow-Up

- **Continuing Eligibility Screening (CES) Report** (*Data as of 5/3/2024*)
- Changed Date Formulas to Mirror MAPP Date Calculations

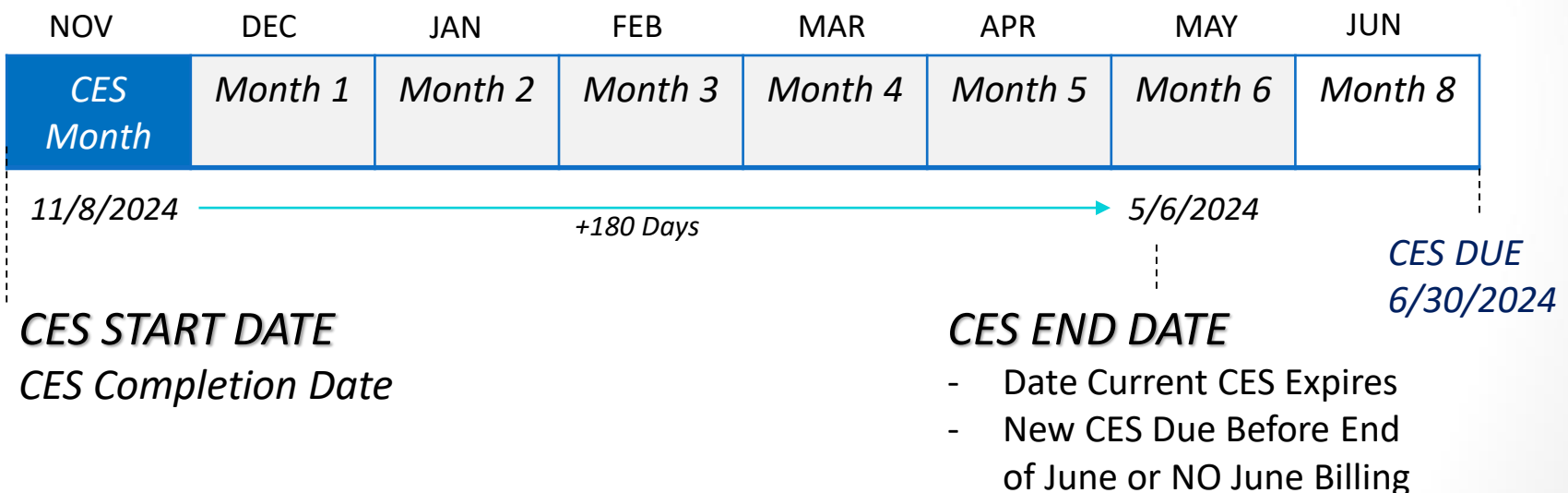
Column	Description	Overview
G	CES DATE	Most recent CES Tool Completion Date
H	CES RESULT	Most recent CES Tool Outcome
I	NEXT CES END DATE	Current CES Tool Expiration Date (date CES expires in MAPP)
J	CES EXPIRES THIS MONTH	Members with prior CES Expiring in Report Month, NEW CES Due End of Next Month
K	CES DUE	Members who NEED a NEW CES in Report Month
L	CES OVERDUE	Indicator for Members who NEED a NEW CES. Prior CES Expired +1 Months.
M	DISENROLLMENT DUE DATE	Calculated Date (+60 Days) for Members with Disenrollment Outcome.
N	CLOSURE DUE THIS MONTH	Indicator for Members who are to be Disenrolled in Report Month.
O	DISENROLLMENT OVERDUE	Indicator for Members who were to be Disenrolled Prior to Report Month.
P	<b>Billing Block Group</b>	<b>Members with Segment Start Dates who are included in Billing Block Month (Month May 2024).</b>
Q	<b>Billing Block Member, Missing CES Tool</b>	<b>Indicator for Members who are included in the billing block month who do not have a CES completed. CES needs to be completed by end of month to bill for May 2024.</b>

# Clinical & Business Operations

## CEST Follow-Up

### Continuing Eligibility Screening (CES) Tool Billing Block Overview

- **Implementation Includes:**
  - Members who had a CES completed prior to Billing Block Month
  - Billing Block Process starts once a CES is added to MAPP



**CES Outcome Calculations**  
Recommend Continued Services: +180 Days  
Recommend Disenrollment: +60 Days  
More Information Needed: +60 Days

**CES Example: Continued Services**  
CES Completion Date: 11/8/2023  
CES End Date: 5/6/2024  
Billing Block Due Date: 6/30/2024

# Clinical & Business Operations

## CEST Follow-Up

### Continuing Eligibility Screening (CES) Tool Billing Block Overview

#### BHH CES Report Example (from May Release)

CES DATE	CES RESULT	NEXT CES END DATE	CES EXPIRES THIS MONTH	CES DUE	CES OVERDUE	DISENROLLMENT DUE DATE	CLOSURE DUE THIS MONTH	DISENROLLMENT OVERDUE
1/30/2024	MORE INFORMATION NEEDED	3/30/2024			Yes			
2/6/2024	MORE INFORMATION NEEDED	4/6/2024		Yes				
11/2/2023	RECOMMEND CONTINUED SERVICES	4/30/2024		Yes				
11/8/2023	RECOMMEND CONTINUED SERVICES	5/6/2024	Yes					
3/8/2024	MORE INFORMATION NEEDED	5/7/2024	Yes					
12/1/2023	RECOMMEND CONTINUED SERVICES	5/29/2024	Yes					
12/20/2023	RECOMMEND CONTINUED SERVICES	6/17/2024						
4/19/2024	MORE INFORMATION NEEDED	6/18/2024						
4/29/2024	RECOMMEND DISENROLLMENT					6/28/2024		
3/26/2024	RECOMMEND DISENROLLMENT					5/25/2024	Yes	
2/28/2024	RECOMMEND DISENROLLMENT					4/28/2024		Yes

**Note:** CES End Date and Disenrollment Due Dates combined under CES End Date in MAPP File downloads. Dates separated in BHH CES Report. Anticipate Billing Block tied to disenrollment date.

# Clinical & Business Operations

## CEST Follow-Up

### Continuing Eligibility Screening (CES) Tool Billing Block Overview

#### Projected Billing Block Calendar for New Enrollments

- 14 – Month Period
  - Enrollment Month (1) + 12 Segment Months + CES Due Month (1)
- If not complete by end of CES Due Month, Billing will be blocked

	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
<i>E Month</i>	Mo 1	Mo 2	Mo 3	Mo 4	Mo 5	Mo 6	Mo 7	Mo 8	Mo 9	Mo 10	Mo 11	Mo 12	CES Due End of Mo		



# Clinical & Business Operations

## CEST Follow-Up

### Continuing Eligibility Screening (CES) Tool Billing Block Overview

#### Other Scenarios

- **Pended Members**
  - Excerpt from DOH Office Hours:

**Q:** What happens if any of the billing block due dates happens during DSE (or other pend reasons)?

**A:**

- Billing Blocks will not happen if an individual is in Pend status.
- After return from a pend status, POC completion requirements mimic what they would be with a new member.
- Signed POC due within 60 days. CES Tool would not be due for a year after return from Pend.
- ALL members returning from Pended segment require new IA within 30 days of re-enrollment.

**Note:** BHH anticipates members returning/transitioning from DS to a new E Segment will follow framework from previous slide. CMAs should review to confirm and report any erroneous instances immediately.



# Clinical & Business Operations

## CEST Follow-Up

### Continuing Eligibility Screening (CES) Tool Billing Block Overview

#### Other Scenarios: HHPlus Member Step-Down

- Excerpt from CEST\_Billing\_MAPP\_hhts Guidance:

*Example 2: HH+ Member (not AH)*

Member enrolled	1/1/2024	'A': not HH+ 'M': HH+ SMI – Expired AOT order within past year	
Billing blocked w-o Initial CEST	2/28/2025		
<b>HH+ per BSU</b>	<b>3/1/24 to 6/1/24</b>		
BI DOS	HH+ Pop	Need CEST to Bill?	BI DOS minus 365 days
6/1/2024	M	No (within <i>grace period</i> )	6/2/2023
7/1/2024	A	No (within <i>grace period</i> )	7/2/2023
8/1/2024	A	No (within <i>grace period</i> )	8/2/2023
9/1/2024	A	No (within <i>grace period</i> )	9/2/2023
10/1/2024	A	No (within <i>grace period</i> )	10/2/2023
11/1/2024	A	No (within <i>grace period</i> )	11/2/2023
12/1/2024	A	No (within <i>grace period</i> )	12/2/2023
1/1/2025	A	No (within <i>grace period</i> )	1/2/2024
2/1/2025	A	No (HH+ within past year)	2/2/2024
3/1/2025	A	No (HH+ within past year)	3/1/2024
4/1/2025	A	No (HH+ within past year)	4/1/2024
5/1/2025	A	No (HH+ within past year)	5/1/2024
6/1/2025	A	No (HH+ within past year)	6/1/2024
7/1/2025	A	Yes (past grace period & HH+ is 'A' in past year. Cannot bill unless CEST outcome submitted w CEST Start Date <=7/31/25 & CEST End Date >=7/31/25)	7/1/2024

Change in HH+ Status

12 Mo Includes 1<sup>st</sup> Month NOT Identified as HHPlus

# Clinical & Business Operations

## Quality Updates

### BHH QMP Communications & Reports

- BHH Operations Report (May 2024)
  - Distributed: 5/7/2024
  - Data exported: 5/3/2024
- BHH Continuing Eligibility Screening (CES) Report (May 2024)
  - Distributed: 5/7/2024
  - Data exported: 5/3/2024
- BHH Q2, 2024 Chart Review Tool w/ Assignment List)
  - Distributed: 5/9/2024
  - Chart Reviews Due: 7/11/2024

# Clinical & Business Operations

## Designation

BHH received its “final” designation score and is waiting for additional feedback from NYS DOH. NYS Health Home Coalition is also advocating for revisions to the process

### Score Summary

Domain 1 20%	+	Domain 2 20%	+	Domain 3 60%
Final Score:		81%		
New Re-Designation Status:		1 Year Provisional		
New Re-Designation Expiration:		5/31/2025		

### Domain 1

Final (Weighted) Domain 1 Score:		92%		
Potential Points		Actual Points Earned		Percentage Earned
12		11		91.67%

Domain 1 Comments:  
 Brooklyn Health Home did not meet the required timeframes for timely submission of the Health Homes Development Funds for the past 4 quarters.

# Clinical & Business Operations

## Designation

### Domain 2

Final (Weighted) Domain 2 Score:		<b>58%</b>	
Potential Points		Actual Points Earned	Percentage Earned
100		48	48%
7		4	57%
5		4	80%
<b>112</b>		<b>56</b>	<b>50%</b>

Domain 2 Comments:  
 For applicable Quality Measures, Brooklyn Health Home performed well in Follow Up After Hospitalization for Mental Illness (7 days) and Follow Up After Emergency Visit for Mental Illness (7 and 30 days). For all applicable Process Measures, Brooklyn Health Home met or exceeded the performance threshold for 4 measures.

# Clinical & Business Operations

## Designation

### Domain 3

Final (Weighted) Domain 3 Score:		<b>85%</b>		
Potential Points		Actual Points Earned	Percentage Earned	
122		118	96.72%	<i>Eligibility &amp; Appropriateness (21%)</i>
344		320	93.02%	<i>Required Forms (8%)</i>
96		92	95.83%	<i>Assessments (8%)</i>
2580		2206	85.50%	<i>Service Chart (21%)</i>
241		196	81.33%	<i>Plan of Care (8%)</i>
461		384	83.30%	<i>Care Coordination (21%)</i>
32		19	59.38%	<i>Disenrollment (13%)</i>
<b>3876</b>		<b>3335</b>	<b>86.04%</b>	<i>Total Unweighted (100%)</i>

Domain 3 Comments:  
 During the chart reviews, the Department found evidence of thorough Comprehensive Assessments and consistent RHIO alerts. Areas for improvement can be found in the Domain 3 tab by reviewing Column C "Compliance %."

# Clinical & Business Operations

## Designation – Enhanced Oversight Plan, Domains 1 and 2

(I) Summary of Findings
<p><b>Asthma Medication Ratio</b> The percent of members who were identified as having persistent asthma with a ratio of controller medications to total asthma medications of 0.50 or greater during the measure year.</p>
<p><b>Follow Up After Emergency Department Visit for Alcohol and Other Drug Dependence (7 days)</b> The percent of ED visits for members with a principal diagnosis of alcohol or other drug (AOD) dependence, who had a follow-up visit for AOD within 7 days of ED visit.</p>
<p><b>Follow Up After Emergency Department Visit for Alcohol and Other Drug Dependence (30 days)</b> The percent of ED visits for members with a principal diagnosis of alcohol or other drug (AOD) dependence, who had a follow-up visit for AOD within 30 days of ED visit.</p>
<p><b>Follow Up After Hospitalization for Mental Illness (7 days)</b> The percent of discharges for members who were seen on an ambulatory basis or who were in intermediate treatment with a mental health provider within 7 days of discharge.</p>
<p><b>Follow Up After Hospitalization for Mental Illness (30 days)</b> The percent of discharges for members who were seen on an ambulatory basis or who were in intermediate treatment with a mental health provider within 30 days of discharge.</p>
<p><b>Follow Up After Emergency Department Visit for Mental Illness (7 days)</b> The percent of ED visits for members with a principal diagnosis of mental illness, who had a follow-up visit for mental illness within 7 days of ED visit.</p>

<p><b>Follow Up After Emergency Department Visit for Mental Illness (30 days)</b> The percent of ED visits for members with a principal diagnosis of mental illness, who had a follow-up visit for mental illness within 30 days of ED visit.</p>
<p><b>Prevention Quality Indicator - Chronic Condition Composite</b> The total number of hospital admissions for chronic conditions per 100,000 enrollees.</p>
<p><b>SAA Adherence to Antipsychotic Medication for Individuals with Schizophrenia</b> The percent of members with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period during the measurement year.</p>
<p><b>Viral Load Suppression</b> The percentage of Medicaid enrollees confirmed HIV-positive who had a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year. Rates are not broken up by HH program. For HHS/HHSC HHs the rate is the same for both programs.</p>
<p><b>Care Management Follow Up After Emergency Department Discharge (2 Days)</b> Percentage of members with a completed intervention within two days of the day of the ED visit.</p>
<p><b>Care Management Follow Up After Emergency Department Discharge (7 Days)</b> Percentage of members with a completed intervention within seven days of the day of the ED visit.</p>
<p><b>Care Management Follow Up After Inpatient Discharge (2 days)</b> Percentage of members with a completed intervention within two days of the day of the inpatient discharge.</p>
<p>Were the <b>Health Home Development Funds Reports</b> submitted by the due dates?</p>

# Clinical & Business Operations

## Designation – Enhanced Oversight Plan, Domains 1 and 2

- Is need identified in the comprehensive assessment present on the care plan?
  - Home care
  - Advanced Directives
  - SUD
  - HIV/AIDS
  - Housing/Utilities
- Is there any documentation in the member's chart that indicates that the Care Manager is actively assisting/was completing care coordination activities related to completion of the goal?
- Are all plans of care contained in the member's record written in person-centered language?

# Clinical & Business Operations

## Designation Action Items

### BHH Chart Review Reminders / Focus for Q2, 2024

- **Current/Correct NYS DOH Health Home Form(s) & Workflows**
  - **DOH 5055:** NEW BHH Version, Correct Provider Names, Initials, Dates
  - **DOH 5234 NOD for Enrollment:** Correct HH Name, Timeliness, Member Sharing
  - **Disenrollment Documentation:** DOH Forms, Discharge Planning
- **Member Engagement Following CEN Discharge Alerts & Workflows**
  - **DOH Performance Measures Examining 2-Day / 7- Day Follow-Up Activities:**
    - Emergency Department Discharges
    - Inpatient Discharges
    - Focus on member engagement, provider collaboration, connection to services
- **Member Engagement and Documentation of HARP (HCBS/CORE)**
  - **Member Education/Review of Services at Time of Enrollment, Assessments**
  - **Regardless of Member Preference/Interest**
    - Timely, Accurate Documentation in Encounter Note, HARP/HCBS Member Tab, Assessment, POC, if applicable



# Clinical & Business Operations

## Designation Action Items

### BHH Operations Reports | Focus on New Member Deliverables

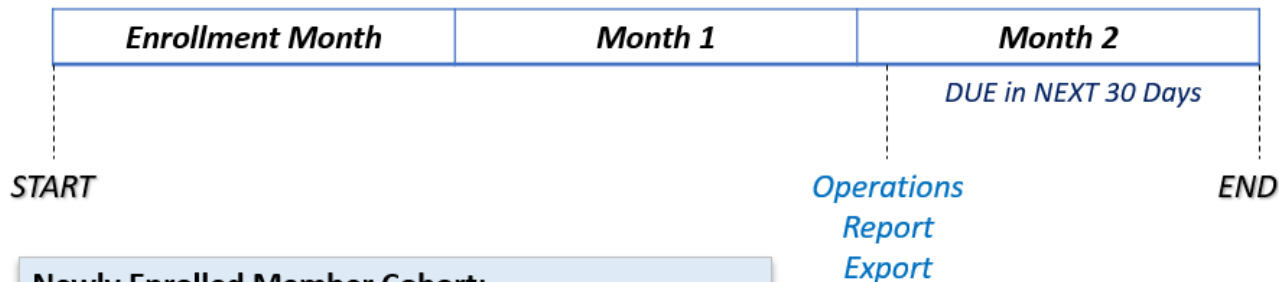
#### *First 60 Days*

- New Members with Plan of Care Signature
- New Members with Comprehensive Assessment Completed

#### NEW Report Indicators (2024)

##### Newly Enrolled Member 60 DAY Deliverables:

- New Members w/ Comprehensive Assessment in 1<sup>st</sup> 60 Days
  - COMPLETED/LOCKED
- New Members w/ Plan of Care Signature in 1<sup>st</sup> 60 Days



**Newly Enrolled Member Cohort:**  
Enrolled (2) Segment Months Prior to Report Month

# Clinical & Business Operations

## NYS Budget Update

- **The proposed \$125 million cut to the Health Home program for SFY 2025-2026 was restored in the enacted budget!**
- Health Home appropriation covering fiscal year 2024-25- \$196,024,000.
- Other Budget Actions:
  - Health & Human Service COLA:
    - 2.84% COLA with 1.7% of this being a target salary increase for specific support, direct care, clinical, and non-executive administrative staff.)
      - 1.7% target salary increase will use CFR staff category codes. This may create challenges in how to distribute in Health Homes. We have submitted this concern to DOH.
    - Includes Health Home Plus excludes the remainder of Health Home services under DOH. Also excludes CCO's this year.
  - HH+ AOT Rate Enhancement (PMPM) \$2.5 million annual net aggregate increase
    - \$210.00 Downstate

# Next Meetings

- Joint Clinical, Business Operations, and HIT (In-Person)
  - June 20<sup>th</sup>, 2:30 – 4:30pm
  - July 18<sup>th</sup>, 2:30 – 4:30pm
  - August 15<sup>th</sup>, 2:30 – 4:30pm
  - September 19<sup>th</sup>, 2:30 – 4:30pm
  - October 17<sup>th</sup>, 2:30 – 4:30pm
  - November 21<sup>th</sup>, 2:30 – 4:30pm
- Quality Committee (In-Person)
  - July 9<sup>th</sup>, 2:30 – 4:30 pm
- Care Management Workflow
  - May 22<sup>nd</sup>, 3:00 – 4:30pm
- Supervisor Workflow
  - May 20<sup>th</sup>, 3:00 – 4:30pm (WebEx)
  - June 12<sup>th</sup>, 3:00 – 4:30pm (In-Person)