



**BROOKLYN
HEALTH
HOME**

Brooklyn Health Home All Committee Meeting

October 23rd, 2024

Agenda

- **FCM Updates**
 - Quick updates
 - Billing Updates
 - Enrollment and Claims

- **Clinical & Business Operations Updates**
 - General updates
 - Reminders
 - Trainings and Resources
 - Highlights
 - Overview of Quality Materials
 - PIP: learning and implementation of best practices
 - Comp Assessment- first 60 days
 - Clinical Event Notification

- **Upcoming Meetings**

Foothold Technology

Billing Updates



BHH Claim Status (since 10/1/2023 DOS) with all payers*:

- 99.6% paid
- 0.07% outstanding
- 0.36% denied

*claims submitted 60+ days ago

Foothold Technology

Enrollment & Claims



	5/1/24	6/1/24	7/1/24	8/1/24	9/1/24	10/1/24
Enrolled*	6,072	6,115	6,176	6,229	6,290	6,197
Claims Submitted**	5,708	5,633	5,709	5,753	5,759	1,683
Billing Rate	94%	92%	92%	92%	92%	27%
Amount Paid	\$1,733,382	\$1,707,771	\$1,729,290	\$1,713,688	\$1,452,292	\$102,671
Potential (Charge Amount)	\$1,743,957	\$1,717,300	\$1,745,229	\$1,753,367	\$1,748,863	\$486,362

*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

General Updates - Reminders

Billing Errors

- There has been an increase in billing errors linked to missing or unsigned plans of care
- It is important to obtain a signed plan of care within the first 60 days of members enrollment
- Failure to secure signatures result in inability to bill for that month and revenue loss
- Billing will resume once the signed plan of care is received in MAPP

Here are the top 7 billing errors for August and September:

Average Error Rate: 180 total

Plan of Care Required	81
Member is not Medicaid eligible	56
Existing CEST outcome for the Member has expired	13
CEST outcome required after the grace pe	10
Invalid Coverage Code on service date	4
Member not AH null AH questions.	4
Invalid R/E Code on service date	3

Clinical & Business Operations

General Updates - Reminders

Updates to Outreach

The Health Home assignment feature in Foothold will be discontinued. Therefore, **CMAs must enter an outreach segment as soon as the member is cleared for outreach.** This will help prevent other Health Homes or CMAs from outreaching or enrolling the members.

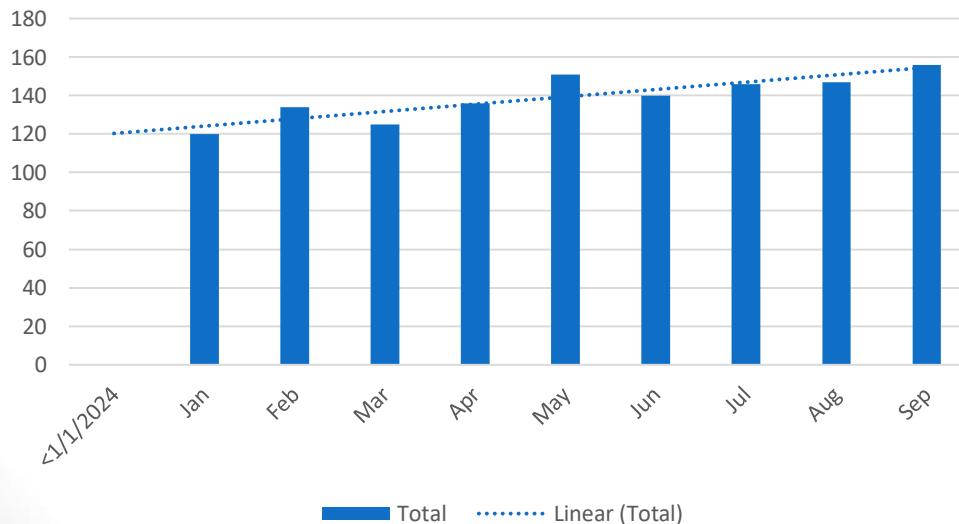
Clinical & Business Operations

General Updates - Reminders

Planned Increases to HH+ Rates

- **2023 COLA** – 4% HH+ COLA retro to 4/1/2023, pending Department of Budget’s approval; **\$876.93** PMPM
- **2024 COLA**– 2.84% HH+ COLA retro to 4/1/2024; **\$901.83** PMPM (estimate, rate not yet posted)
- **HH+ AOT** Rate to be retro to 4/1/2024– New rate code 1876 for HH members with an active AOT order identified through OMH feed and HML; **Rate \$1086.93**

Monthly HH+ Claims



Incremental increases in HH+ claims across the network; however HH+ is still only 2.6% of total claims

Clinical & Business Operations

General Updates - Reminders

HH+ Clinical Discretion

- What is the member's primary diagnosis?
- What are the services that are needed?
- What is the current level of functioning for the member in the community?
- How will HH+ services benefit the member?

Clinical & Business Operations

General Updates – Trainings and Resources

- Fidelis Training: Questions or Need help? Email: SMHealthHomeInquiry@fideliscare.org

Topic: **Health Equity and the Social Determinants of Health**

Date: October 30, 2024

Time: 10:00AM – 11:00AM, ET

Registration Link: https://centene.zoom.us/webinar/register/WN_0GQh-nLkTFiHsUufTzMehg

- AIDS Institute: please remember you must have an account on www.hivtrainingny.org to register. Once registered the course will include a link.

Title: How PrEPared are you? (Quizizz):

Date and Time: 10/25/24 (1:00 pm to 2:30 pm)

Registration Link: <https://www.hivtrainingny.org/User/ConfirmCourse/5659>

Title: "Youth Voices on PrEP: Real Stories, Real Solutions for HIV Prevention"

Date and Time: 10/25/24 (1:00 pm – 2:00 pm)

Registration Link: <https://www.hivtrainingny.org/User/ConfirmCourse/5684>

- A Golden Thread session will be schedule for all staff who missed it before in November. Date to be announced.

Clinical & Business Operations

General Updates - Highlights

NYS Advocacy Day

- NYS Coalition is looking for member stories- sharing their success in the Health Home program
- Ideally, members will join us in person as we go to Albany to advocate for the Health Home program

Send us your member success stories by – HH@maimo.org

Clinical & Business Operations

Overview of Quality Materials

FALL Quality Package (2024)

- **BHH Care Manager User Guide [2024]**
- **BHH Quality Management Program (QMP) Digest [2024]**
- **BHH Executive Summary Reports [YTD + Q2, 2024]**
 - Performance Measure Results over Time
 - CMA vs. BHH Network Monthly Results
 - CMA vs BHH Network Quarterly Target Goals
- **BHH & CMA Chart Review Results (Q1, Q2)**
- **BHH Bi-Annual Performance Scorecard [2024.I]**
 - Bi-Annual Performance Scorecard
 - Graphs, Tables, Rankings
 - Performance Scorecard Letter w/ Performance Tier (pdf)
- **BHH CMA PIP Framework – Performance Improvement Tool (pdf)**

Materials Distributed: 9/26/2024

Clinical & Business Operations

PIP - Learning and Implementation of Best Practices

CMA PIP Submitted: 10/17/2024

Goals:

- ❑ Every BHH CMA evaluates (2) performance measures
 - CMAs provided full list of all low performing measures
- ❑ CMAs complete a brainstorm session/review of measures
 - Review of current workflow with Care Managers
 - Identify barriers, obstacles or administrative burden
 - Identify new strategies or supports to improve performance
 - i.e. workflow change, re-organization, feedback loops, tracking etc.

Clinical & Business Operations

PIP - Learning and Implementation of Best Practices

Summary:

- **16** CMAs Reviewed
- **15** Performance Measures Evaluated
- **62** Performance Measure Deficiencies Identified Across CMAs

Measure_ID	Measure Description	Total	%
10	Members w/ Timely F/U Documented for at least (1) Discharge CEN in the Prior Month	10	16%
2	New Members w/ a Complete Comprehensive Assessment within 1st 60 Days	10	16%
7	Members w/ an Inperson Encounter in the LAST 6 Months	8	13%
6	Members w/ an Inperson Encounter Attempt in the LAST 6 Months	8	13%
1	New Members w/ a Plan of Care (POC) Signature within 1st 60 Days	7	11%
9	Members w/ at least (1) Gap in Care (GIC) who had a GIC Care Manager Status Change	5	8%
8	Members w/ a Plan of Care (POC) & Encounter Linkage in the LAST 3 Months	4	6%
14	Members w/ CES Tool Completed On-Time (DOH Policy)	3	5%
3	Members w/ Plan of Care (POC) Update within the PAST 6 Months	2	3%
4	Members w/ a Completed Comprehensive Assessment in the LAST 12 Months	2	3%
5	Members w/ a Core Service Documented LAST Month	2	3%
13	HHPlus Members Identified by CMA in Prior Month	1	2%

Grand Total 62 100%

Note:

Measure (2): **7** CMAs examined measure in Round 1 PIP

Measure (10): **10** CMAs examined measure in Round 1 PIP

Clinical & Business Operations

PIP - Learning and Implementation of Best Practices

BHH Initial Findings & Feedback

Portion of submissions identified new/alternative actions:

- Alternative tracking methods – Independent Work by Care Manager via internal / built out systems (*not a separate excel tracker*)
- Review of Time Management
 - Setting internal priorities
 - Scheduling members on a fixed cadence
 - Advanced due dates / pre-work by Care Manager and support staff
- Increased usage of supervisory notes to provide feedback
- Better collaboration among Care Team members or internal team

*Majority of New Actions included new/more trackers, more training, additional oversight and/or increased documentation frequency

Clinical & Business Operations

PIP - Learning and Implementation of Best Practices

BHH Initial Findings & Feedback (continued)

Potential Issues/Barriers:

- Actions reflect activities that should already be occurring
- New Actions mirror what is stated in the current actions
- New Actions suggested do not target the measure / workflow
- Duplicate reporting/tracking / excessive report runs
- Added administrative burden for supervisors, QI/QA staff

Other:

- Measures selected by CMA in PIP not among those identified by BHH
- More than (2) measures reviewed in 1st PIP (i.e. focused on all (6) vs. (2))

* Majority of submissions indicate Care Managers may not have been included in the review and/or development of the suggested/planned new actions

Clinical & Business Operations

PIP - Learning and Implementation of Best Practices

PIP Best Practice Discussion

- **Focus:**
 - (1) Clinical Event Follow-Up – 2 Day Care Manager F/U
 - (2) Clinical Event Follow-Up – 7 Day Medical/BH Appointment
 - (3) Completing the Comprehensive Assessment in the 1st 60 Days
- What are the barriers identified by the care managers to meeting the measures?
 - **Comp Assessment**
 - CMs provide clearer explanation of the program expectation
 - Competing priorities- balancing new enrollments
 - New enrollments are not engaging early on
 - 60 day clock
 - Only focusing on one activity at a time- comp assessment and care plan
 - Not connected to the care plan (pros/cons)

Clinical & Business Operations

PIP - Learning and Implementation of Best Practices

PIP Best Practice Discussion

- **Barriers: Clinical Event Follow-up 2/7 days**
 - Did not receive alert
 - Unable to reach member, facility, etc
 - Timeliness of alerts
 - Encounters before discharge don't count
 - Merging clinical events is extra work

Clinical & Business Operations

PIP - Learning and Implementation of Best Practices

PIP Best Practice Discussion

- **Focus:**
 - (1) Clinical Event Follow-Up – 2 Day Care Manager F/U
 - (2) Clinical Event Follow-Up – 7 Day Medical/BH Appointment
 - (3) Completing the Comprehensive Assessment in the 1st 60 Days
- Recommendations/Best Practice
- **Comp Assessment**
 - Improve hand-off between intake and care manager
 - Outreach to access CM's calendar and make an appointment
 - Minimize time between outreach/care manager: no more than 72 hours (say immediately!)
 - Offer a follow-up appointment
 - Use of User Guide to understand 60-day clock
 - Confirm intake notes and other details provided to begin to fill in the comp assessment right away
 - Offer incentives to get the members to come in (supports f2f engagement and completion of the assessment/care plan)
 - Intake start comp assessment

Clinical & Business Operations

PIP - Learning and Implementation of Best Practices

PIP Best Practice Discussion- Recommendations

- **Comp Assessment, cont.**
 - Set dedicated time/time management: Implement admin day for documentation, “new member” day
 - Coupling activities- completing comp assessment and care plan together
 - Planning encounters for the first 60 days
 - Request FCM to update caseload overview to be able to filter on dates; calendar view
- **Clinical Event Follow-up 2/7 days**
 - Email/note the discharge day/time for follow-up
 - Contact the emergency contact
 - Multiple calls, different times of day, go to the facility and document the encounter attempts in FCM!
 - Have concrete script, prompts when contacting the facility
 - Request FCM improve clinical event follow-up tracking
 - Use status and encounter linking on the clinical events to track alerts that have been addressed
 - Even if member was engaged while in the hospital, call the member after discharge as follow-up
 - Supv/admin/QA: daily alert report review, distribution to staff, and note review to ensure follow-up occurred

Upcoming Meetings

- Joint Clinical, Business Operations, and HIT (In-Person)
 - November 21th, 2:30 – 4:30pm
 - December 20th, 2:30 – 4:30pm
- Quality Committee (In-Person)
 - November 12th, 2:30 – 4:30pm
- Care Management Workflow (via WebEx)
 - Wednesday, November 20th, 3:00 – 4:30pm
- Supervisor Workgroup (In-Person)
 - Wednesday, December 11th 3:00 – 4:30pm