# Brooklyn Health Home
# All Committee Meeting

**December 2024**
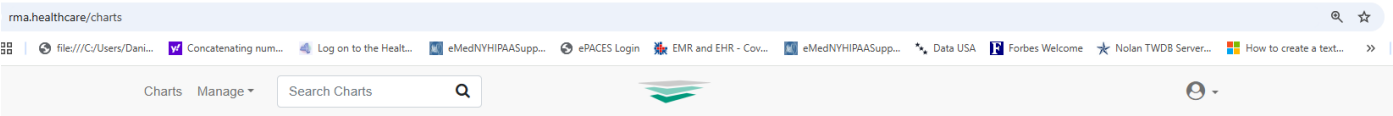
# Agenda

- **<u>FCM Updates</u>**
  - Quick Updates
  - Billing Updates
  - Enrollment and Claims

- **<u>Clinical & Business Operations Updates</u>**
  - General updates
    - MAPP 4.7 (Fair Hearing and other necessary points)*
    - Fair Hearing
  - Quality Updates
    - CES (Continuing Eligibility Screening) Tool
    - Chart Review Tool
    - CMA PIP Reminders
    - Looking Ahead (2025)
    - CMA PIP Continuation

- **<u>Upcoming Meetings</u>**

# Foothold Technology

The main Patients screen is now the Charts screen!

- All filter options that you are used to are still there
- New filter for Supervisor
- New active as of date picker
- Fixes to functionality: search by name and for inactive members is broken but will be fixed by Friday 12/20/24

# Foothold Technology

Upcoming features we are planning on for Quarter 1 2025:

- Adding a way to capture if a member requested a telehealth visit within the encounter note

- Ability to create your own chart for a member and will not need to request the chart be transferred to you from a prior HH/CMA as long as they are not actively enrolled with another HH/CMA.
  - We will message this well in advance of roll out and will provide a training video along with support documentation prior to go-live.

# Foothold Technology

Support Updates

- We have switched ticketing systems to ZenDesk!
    - Easier to see threaded responses in a ticket
    - Improved ability for us to track support metrics (customer satisfaction, response time, ticket topics, etc).
    - There is the ability for users to create a ZenDesk log in if you'd like to be able to log in there and see all of your tickets in one place.  This is **not** needed as responses will go to your email still, but this is an option if you'd find it helpful!
    - Please submit tickets via [this link](#)!

- Limited support and sync schedule between 12/25-1/1
    - Support will not be provided on 12/25, 12/31, 1/1
    - There will be coverage other days, but response times may be longer
    - Due to the MAPP release on 12/28 there will not be a sync over that weekend, and it will continue on 1/2

# Foothold Technology
## Billing Updates

**BHH Claim Status (since 12/1/2023 DOS) with all payers*:**

- 99.2% paid

- 0.07% outstanding

- 0.7% denied

*claims submitted 60+ days ago

# Foothold Technology
## Billing Updates

**Holiday Billing Schedule Changes**

Due to scheduled MAPP updates during the last weekend of December and company-wide holiday closures, we will be adjusting our claims submission schedule:

 - On **December 24th** we will submit the **last batch of claims** for this calendar year. Please ensure that any BSQs are properly completed and successfully synced in time for that morning's submissions (i.e. by the close of the previous workweek) that you wish to have sent to the payers by the month's close.

-**We suggest prioritizing BSQs for any DOS October 1st** and earlier, to ensure that there are no issues with timely filing, as that accounts for the shortest timely filing window amongst payers.

# Foothold Technology
## Billing Updates

### HH+ 2023 Rate Increase Update as of 12/17/24

| Payer | HH+ ( $876.93 Downstate/ $822.12 Upstate) | Retro Claims reprocessed? |
|---|---|---|
| AmidaCare | Yes | Yes |
| Emblem | Yes | No DOS 6/1/24 forward only |
| eMedNY | Yes | Yes |
| Empire | Yes | Yes |
| Fidelis | Yes | Yes |
| Healthfirst | No | No |
| Metroplus | No | No |
| Molina | No | No |
| United | Yes | Yes |
| VNS | Yes | Yes |

The official DOH Memo went out 11/12/24- payer have 90 days to configure their systems.

Great News! MAPP has updated HH+ charge amounts from DOS 10/1/24 onwards to the current rate amounts.
- We use MAPP as our source of truth so this a big win in terms of advocacy to the payers and for reporting purposes.

# Foothold Technology
## Enrollment & Claims

| | 7/1/24 | 8/1/24 | 9/1/24 | 10/1/24 | 11/1/24 | 12/1/24 |
|---|---|---|---|---|---|---|
| Enrolled* | 6,173 | 6,220 | 6,280 | 6,282 | 6,274 | 6,162 |
| Claims Submitted** | 5,719 | 5,771 | 5,907 | 5,918 | 5,713 | 2,265 |
| Billing Rate | **93%** | **93%** | **94%** | **94%** | **91%** | **37%** |
| Amount Paid | $1,733,890 | $1,748,273 | $1,780,881 | $1,751,553 | $1,188,547 | $1,160 |
| Potential (Charge Amount) | $1,748,410 | $1,758,785 | $1,793,065 | $1,813,003 | $1,754,898 | $650,093 |

*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 – MAPP 4.7

Key Takeaways:

- **AOT Rate Code 1876** added to MAPP *(disabled until fully approved, then retro to 4/2024)*
    - For those accessing MAPP— If member is on OMH AOT list, it will be visible in MAPP under member's profile in the Personal Information tab

# Clinical & Business Operations
## General Updates – MAPP 4.7

Key Takeaways, cont

- **Plans of Care (POCs)** upload and download to include HARP Eligibility Assessment Result and Services Identified

  Acceptable responses are:

  - R: Currently receiving adult HCBS
  - I: Interested in receiving adult HCBS
  - C: Currently receiving CORE services
  - E: Interested in receiving CORE services
  - N: No
  - [Blank] If this field is left blank, the POC Download file will contain a value of 'N" in this field.

- **CES tool outcome information** will be available in MAPP on the Assessment page of the member profile and in the Consent and Member Program Status file

### CEST Outcome Information on Screen

# Clinical & Business Operations

## General Updates – MAPP 4.7

Key Takeaways, cont

- **Fair Hearing Information** in MAPP
  - Member Fair Hearing status will be available in MAPP
    - Request for Fair Hearing
    - Supplemental Notice
    - Schedule of Fair Hearing
    - Disposition (approved, denied, withdrawn)
    - Date Fair Hearing Scheduled
  - A new Fair Hearing Download file will be available in MAPP showing segments effected by Fair Hearings. Fair Hearing will also be visible in the Personal Information tab of the member's profile.
  - DOH will update Fair Hearing member's segments using a new pend reason code—12-*Pended for HH Fair Hearing Aid Continuing*
    - *Only DOH can modify this pend code*
    - *CMAs/HHs are allowed to bill while member are in this status*
    - *Members are EXEMPT from IA, POC, and CES tool billing blocks*
  - Additional Pend Codes 14- approved fair hearing, 15- withdrawn fair hearing, and 17- administrative change
  - For more detail on Fair Hearing tracking and segments (slides 14-26): https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/mapp/docs/mapp_hhts_release_4_7.pdf

# Clinical & Business Operations
**General Updates – Fair Hearing**

- Fair Hearing
    - When member requests a fair hearing, CMAs must keep the case open until decision
    - Revised policy and Guide to Edits will be posted on the Health Home website, under Eligibility at: https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/policy/greater6.htm
    - DOH will modify segments as needed and provide guidance on CMA action regarding member ability to continue in Health Home (see DOH slides 25 and 26)

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# Clinical & Business Operations

## Quality Updates – QMP Elements

### BHH QMP Documents

- **BHH QMP Digest** (*link*)
- **BHH Care Manager User Guide** (*link*)
  - Links refreshed w/ new FCM Support links
  - **Partner Resources** (*BHH Website*)

### BHH QMP Reporting & Analytics

- **Monthly Operations Report & CES Report**
  - Reports will continue to be generated on the 3<sup>rd</sup> business day of the month, i.e. January 2025, 1/6/2025
- **Quarterly Executive Summary**
  - 2024 Performance Reports to be distributed January 2025
  - Network Performance to be examined during the next scheduled Quality Committee meeting on **1/14/2025**

# Clinical & Business Operations

## Quality Updates – QMP Elements

**NEW BHH Chart Review Tool**

- **12/3/2024** - BHH Quality Office Hour focused on the new chart review tool which consists of (5) distinct tools:

  **Chart Review Structure**

  I. BHH HHSA Comprehensive Chart Review Tool
  II. BHH Sub-Chart Review Tools:
      I. Discharge Clinical Event Notification Follow-up
      II. Member Disenrollment
      III. HARP [CORE/HCBS]
      IV. Diligent Search
  III. Chart Review Action List
      I. Chart review answers from the BHH HHSA Comprehensive Chart Review Tool populate list of action items (*corrections/updates*)
      II. Action List Items to be resolved/addressed by the Care Manager/Care Team
      III. Action Lists from previous rounds will be due at the conclusion of each subsequent review period

# Clinical & Business Operations

**Quality Updates – QMP Elements**

**NEW BHH Chart Review Tool**

- **12/6/2024** – Chart Review Package Distributed
  - BHH Chart Review Tool
  - Chart Review Assignments for each tool
  - BHH Chart Review Guide
    - **QMP Digest** - Appendix O (*pg. 149*)

- **2/6/2025** – Chart Review Package Due Date
  - Approximately [25] Member Reviews across the [5] tools
  - BHH conducting internal chart reviews for a sample of each review cohort from CMA assignments
  - Results to be used to validate tool findings, share initial results/findings to key stakeholders, evaluate EOP elements
  - Action List items due at the conclusion of the next chart review period – schedule to be reviewed during next Quality Committee meeting on **1/14/2025**

# Clinical & Business Operations
## Quality Updates – CES Tools

### NEW BHH CES Tool Performance Measure

- **Operations Report Indicator:** INITIAL CES TOOL DUE THIS MONTH

- **Performance Measure:** Members enrolled 12 months who have a completed initial CES Tool by end of report month

  - See BHH QMP Digest for full details



In November 2024, approximately 86% of new members due for an initial CES Tool had at least (1) CES Tool completed
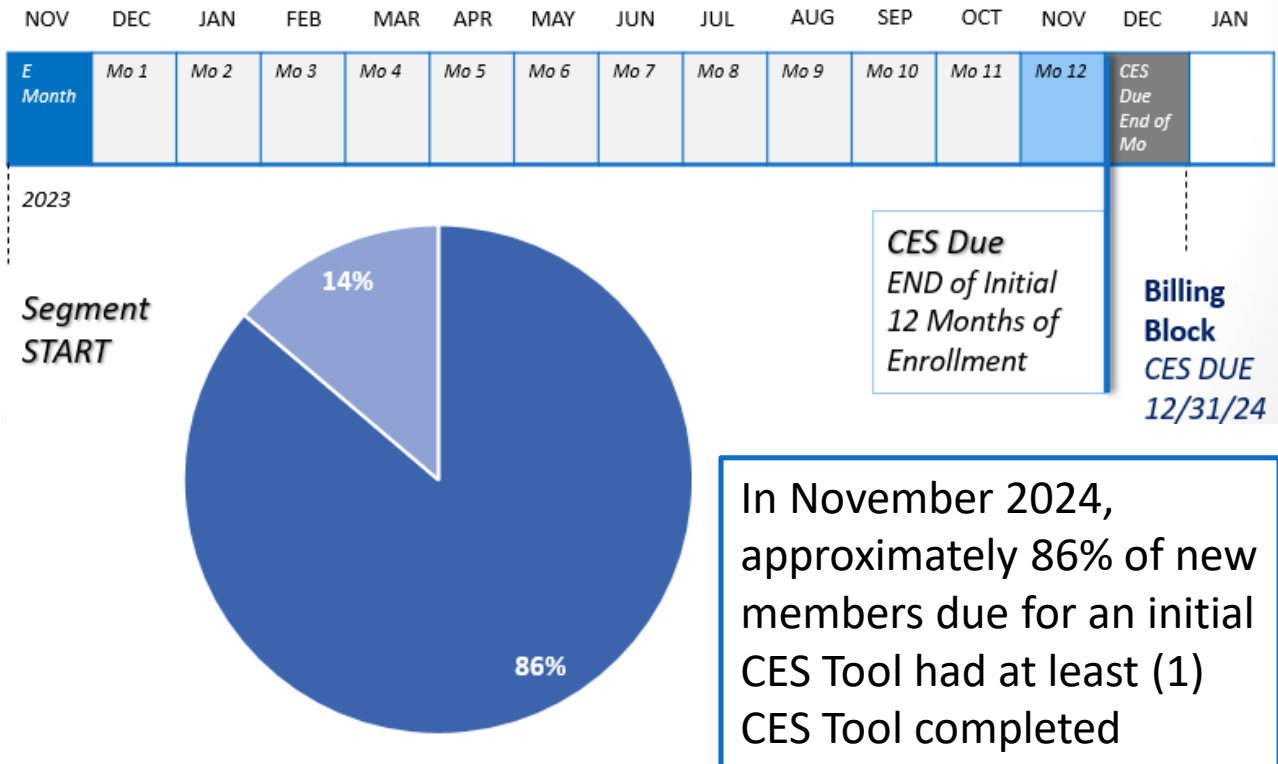
# Clinical & Business Operations

**Quality Updates – Future Focus**

## Looking Ahead (2025)

- Complete chart reviews via the new BHH Chart Review Tool
  - Resolve identified chart Action List Items
  - Action List Items should be shared with the assigned Care Manager upon completion to provide sufficient time to address and/or resolve items with the member
- Track, monitor and complete CES Tools in a timely manner to ensure compliance with DOH policy
  - CMAs should evaluate CES tool outcomes and enrollment trends
- Verify all required disenrollment processes are completed prior to member case closure
  - Objectives should be completed and documented in a timely manner and follow DOH guidelines
  - Process should include collaboration from the member and care team (when applicable)

# Clinical & Business Operations

## Quality Updates – Future Focus

**Looking Ahead (2025)**

- Utilize the monthly Operations Report to:
  - Ensure Newly Enrolled Members complete the following activities within the 1$^{st}$ 60 days of enrollment:
    - A signed Plan of Care
    - A complete and locked Comprehensive Assessment
  - Identify Members with limited engagement:
    - Missing a Comprehensive Assessment in the past 11 months
    - Missing a Plan of Care Signature
    - Missing a Plan of Care Update in the past 5 months
    - Missing inperson contact (attempts/success) in the past 5 months
    - Missing follow-up activities after ED/Inpatient Discharge
  - Strengthen record documentation:
    - Expand Strengths, Barriers and Risk Factors
    - Increase linkage functionality between encounters and the plan of care, gaps in care, and clinical event notifications

# Clinical & Business Operations

**Quality Updates – Future Focus**

## Looking Ahead (2025) – CMA PIP Continuation

- **Continue CMA specific PIPs**
    - Track, monitor and evaluate proposed changes
    - IF not working, gather input and feedback from team members and make appropriate corrections/change in activities

### PIP Network Review: Discharge CEN - Follow-up After Discharge

- Actively review alert reports and filter by upcoming, current or future discharges
    - Use reports to identify members w/o any/limited follow activities or encounters
    - Review drop-down functionality, internal tracking processes

- Complete internal tracking practices/actions to ensure follow-up occurs in a timely manner
    - Set reminders, add calendar items
    - Contact emergency contacts (or other consented contacts)
    - Complete multiple attempts (different times of day)
    - Visit facility/entity inperson
    - Document all actions taken in an encounter note or multiple encounter notes
    - Utilize internal workflow, script or guide when contacting facility (uniform process)

- Complete individualized follow-up after discharge to ensure member is connected to care
    - Primary Care/Mental Health/Behavioral Health visit 7-day/30-days after discharge
    - Help members navigate referrals/scheduled appointments on discharge plan

# Clinical & Business Operations

**Quality Updates – Future Focus**

## Looking Ahead (2025) – CMA PIP Continuation

- **Continue CMA specific PIPs**
  - Track, monitor and evaluate proposed changes
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**PIP Network Review: Comprehensive Assessment Completion**

o Increase initial engagement activities
  - ➢ Reduce time between initial enrollment and first contact
  - ➢ Review best practices for internal hand-off between intake and Care Manager
  - ➢ Schedule next appointment at end of initial meeting (and subsequent meetings)
  - ➢ Document similar data/information across the member record
  - ➢ Practice completing multiple workflow objectives in conjunction (not in a silo)
  - ➢ Transfer/document information from intake notes and supplemental (external) documents to the Comprehensive Assessment

o Incorporate CM User Guide in training to learn about 60 day and annual timeframes

# Upcoming Meetings

- Joint Clinical, Business Operations, and HIT (In-Person)
  - Thursday, January 16th, 2:30 – 4:30pm

  **Network Meeting Survey:**

  All Committee Schedule Survey & Key Contacts (surveymonkey.com)

- Quality Committee (via Webex)
  - Tuesday, January 14th , 2:30 – 4:30pm
- Care Management Workflow (via WebEx)
  - Wednesday, January 15th, 3:00 – 4:30pm
- Supervisor Workgroup (In-Person)
  - Wednesday, January 8th , 3:00 – 4:30pm