



Brooklyn Health Home All Committee Meeting

November 21st, 2024

Agenda

- **FCM Updates**
 - Quick updates
 - Billing Updates
 - Enrollment and Claims
- **Clinical & Business Operations Updates**
 - General updates
 - Announcements and Reminders
 - Trainings and Resources
 - Highlights
 - Quality Updates
 - Health Home Designation EOP
 - PIP: learning and implementation of best practices
 - Clinical Event Notification
- **Upcoming Meetings**

Foothold Technology

Care Plan Updates



- You can now sign the clinical version of the member's plan of care
- Added Dental as a category
- Ability to assign a task to a member's Caregiver

Foothold Technology

Coming Soon



- We will be adding a way to capture a telehealth visit within the encounter note
- Auto-locking encounter notes after 3 days (Go-live December 2nd)
- Transfer workflow is going away! You will be able 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.

Foothold Technology

Billing Updates



BHH Claim Status (since 11/1/2023 DOS) with all payers*:

- 99.5% paid
- 0.03% outstanding
- 0.45% denied

*claims submitted 60+ days ago

Metroplus Remittances

- There is currently a delay in receiving Metroplus remittances (last one was received 11/6/24) due to an issue with submissions- the payer changed rules with the intermediary clearinghouse Availity without notice. The FCM billing team met with Metroplus and they are currently correcting the rule and will reprocess all claims submitted. According to their team, timely filing will not be an issue as the error was on their end.
 - For BHH claims submitted since this started on 10/15 submission there are 676 outstanding Metroplus claims with an estimated amount of \$222,966.95 across your network.
 - The actual financial impact is likely only about a quarter or half of that amount currently, since responses would have normally not been received yet on anything from the past 2-3 weeks.

Foothold Technology

Billing Updates



HH+ 2023 Rate Increase Update

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

Foothold Technology

Enrollment & Claims



	6/1/24	7/1/24	8/1/24	9/1/24	10/1/24	11/1/24
Enrolled*	6,115	6,174	6,223	6,283	6,289	6,202
Claims Submitted**	5639	5,715	5,764	5,886	5,821	2,077
Billing Rate	92%	93%	93%	94%	93%	33%
Amount Paid	\$1,713,336	\$1,736,598	\$1,747,408	\$1,759,600	\$1,221,150	\$35,166
Potential (Charge Amount)	\$1,718,934	\$1,747,035	\$1,756,421	\$1,786,315	\$1,780,829	\$608,457

*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

- New Unite Us Experience
 - Translate and share resources with clients

HVRP: Homeless Veterans Reintegration Program Distance: 0.0 miles

Provided By America Works of Illinois

Receiving On-Platform Referrals

Service Types Offered: Career Skills Development, Job ... (See More)

Program Delivery: In Office, Web Based, Phone Based

Hours: Fri - 9:00 AM - 5:00 PM

Program Description:
HVRP seeks to assist veterans that are homeless or at risk of becoming homeless find stable employment. The organization offers our downtown office for the computer lab, referrals to partner companies for interviews, information on hiring events, and assistance with resumes, ... (See More)

Add Resource

Ticket to Work Program Distance: 0.0 miles

Provided By America Works of Illinois

UNITE US Dashboard Clients Browse Resources

Marisol Abrams CONSENT ACCEPTED

DOB 11/10/2001 (Age 22) TEL (541) 547-1928 EMAIL marisol@gmail.com

ADDRESS Medford, OR MILITARY AFFILIATION Caregiver

Client requires action Refer Marisol

Overview Profile Cases Forms Uploads Referrals Resources

Resource Recommendations

DATE CREATED	SERVICE TYPE	CREATED BY
6/28/24	Food Pantry, Non-Emergency Medical Transportation, (NEMT)	-
6/28/24	Emergency Food	-
6/07/24	Primary Care	-
6/04/24	Food Pantry	-

Previous

Users could not save resources to a client's facesheet. They could only share resources using the My Network tab, or in certain scenarios (such as sharing Out of Network resources from the referral workflow).

New

Users can now save resources to a client's facesheet for later reference and re-sharing. They can share any type of resource that is on the Unite Us Platform (they can not share Unlisted resources) from the Add Resources page.

Clinical & Business Operations

General Updates - Reminders

- 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
- Encounters – Auto-lock will go live 12/2
 - Encounters will auto-lock at midnight on day 3
 - CMA Admin will continue to be able to unlock encounters to edit
- Clinical version of the Care Plan, in addition to the patient version, can now be signed by the member
 - BHH recommends that CMA use their judgment when determining which version should be provided to a member for signature

Clinical & Business Operations

General Updates – Trainings and Resources

Course: Webinar Series: Role of Health Home Care Managers in Improving Health Outcomes for Clients Living with HIV

Description: HIV is a chronic manageable illness when patients are actively engaged in HIV treatment. In order to maximize positive health outcomes, patients with HIV may require assistance with linkage to care, treatment adherence, retention in care, and addressing a wide range of psychosocial issues that may impact their health. This two-part webinar series training is designed to help Health Home care managers develop strategies to effectively engage, assess and develop plans of care for patients living with HIV.

Date and time: 12/3/24 from 11am - 4 pm

Registration link: <https://www.hivtrainingny.org/User/ConfirmCourse/5585>

*Supervisors, please encourage your staff to register and attend as these trainings can be counted toward required annual training hours.

Course: LGBTQ+ 101 & 102: Improving Service Delivery to the Lesbian, Gay, Bisexual, Transgender, Queer and Questioning Community

Description: This two-part webinar (each part is a 2-hour session) is designed to build the knowledge, attitudes, and skills needed to enable non-physician health and human services providers to deliver culturally competent services to the diverse range of lesbian, gay, bisexual, transgender, queer and questioning (LGBTQ+) clients they serve. This interactive training will help providers identify best practices for creating a welcoming and safe environment for LGBTQ+ clients. It will also help participants identify communication skills needed for effective engagement of the wide range of LGBTQ+ clients at risk for, or living with HIV, STIs, or Hepatitis C.

Date & time: 12/05/2024 from 10:00 AM - 3:00 PM

Registration link: <https://www.hivtrainingny.org/User/ConfirmCourse/5526>

Clinical & Business Operations

General Updates – Trainings and Resources

Course: HIV and Hepatitis C Co-infection

Description: This two part (3 hours total - 2 sessions that are each 1.5 hours) training is for health and human service providers who work with people living with HIV and who need updated information about HIV/HCV co-infection in order to provide effective services to their clients. More than 25% of people living with HIV in the United States are co-infected with the Hepatitis C virus (HCV). Among people who acquired HIV as a result of injection drug use, the rates of HIV/HCV co-infection may be as high as 90%. HCV screening is recommended for all persons living with HIV.

Date & time: 12/10/2024 10:00 AM - 1:30 PM

Registration link: <https://www.hivtrainingny.org/User/ConfirmCourse/5524>

* Please note: You must have an account on www.hivtrainingny.org to register for these webinar. If you do not have an account, you will be asked to create one. Once registered, the course includes a link to each training. *

The Golden Thread Make Up IN PERSON

Date: Thursday December 5, 2024

Time: 9:30am – 4:30pm; 1-hour lunch break (lunch on own)

Location: BHH Office (730 64th Street, 2nd Floor, Brooklyn, NY 11220)

REGISTRATION: Send staff names/emails with BHH caseloads (supervisors/CM/outreach) who missed other sessions by 11/29/24 to Rebecca (rhoberman@maimo.org)

Clinical & Business Operations

Quality Updates

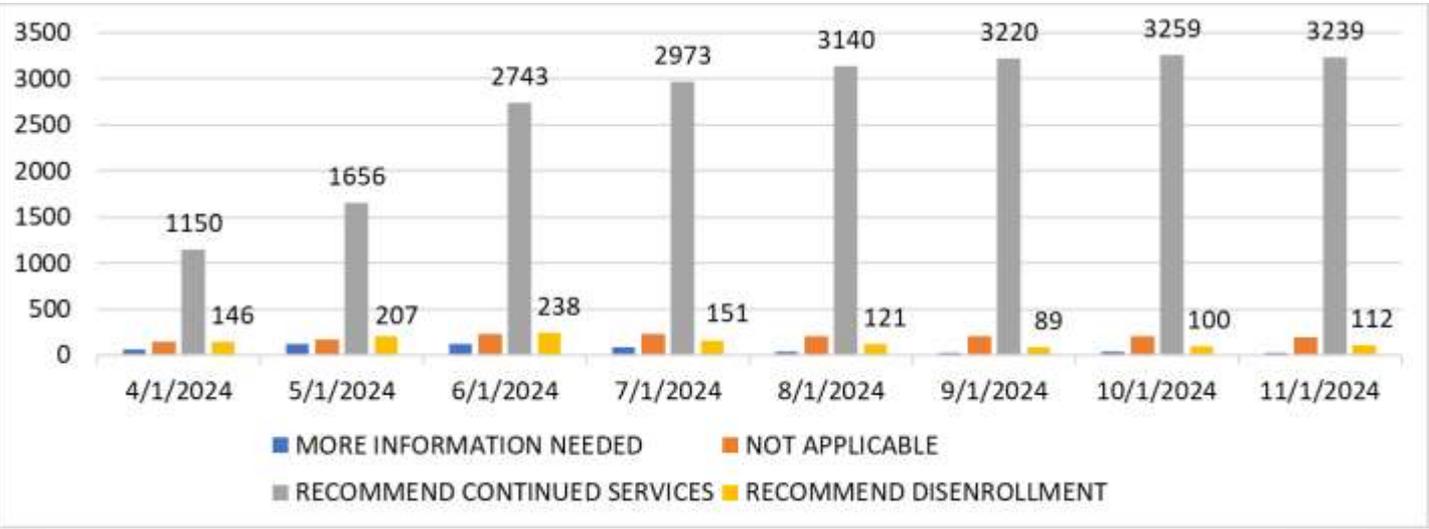
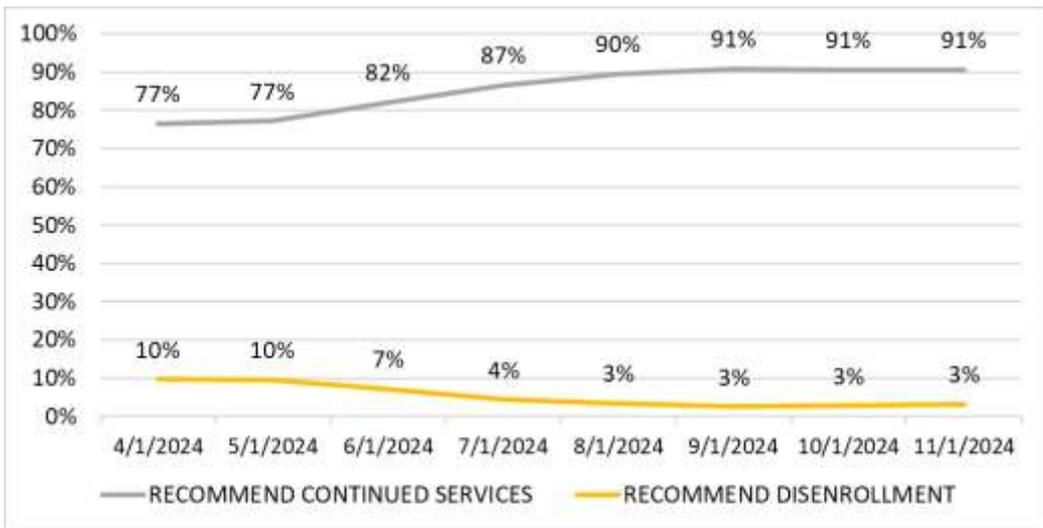
BHH Chart Review Tool

- Reviewed during BHH Quality Committee on 11/12/2024
- Chart Review Structure:
 - I. BHH HSA Comprehensive Chart Review Tool
 - II. BHH Sub-Chart Review Tools:
 - A. Discharge Clinical Event Notification Follow-up
 - B. Member Disenrollment
 - C. HARP [CORE/HCBS]
 - D. Diligent Search
 - III. Chart Review Action List
 - A. Chart review answers populate list of action items
(*corrections/updates*)
- **Target Release Date: 11/25/2024**
- **BHH Quality Office - Hours: 12/3/2024**

Clinical & Business Operations

Quality Updates

CES Tool Outcomes per Month (Based upon BHH CES Reports)



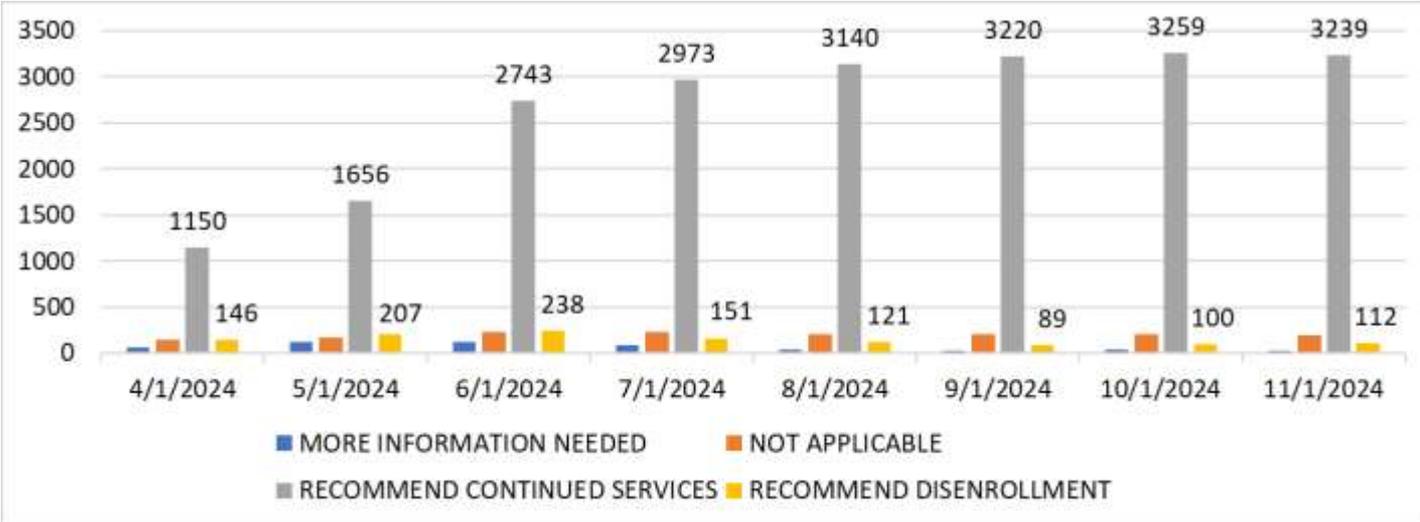
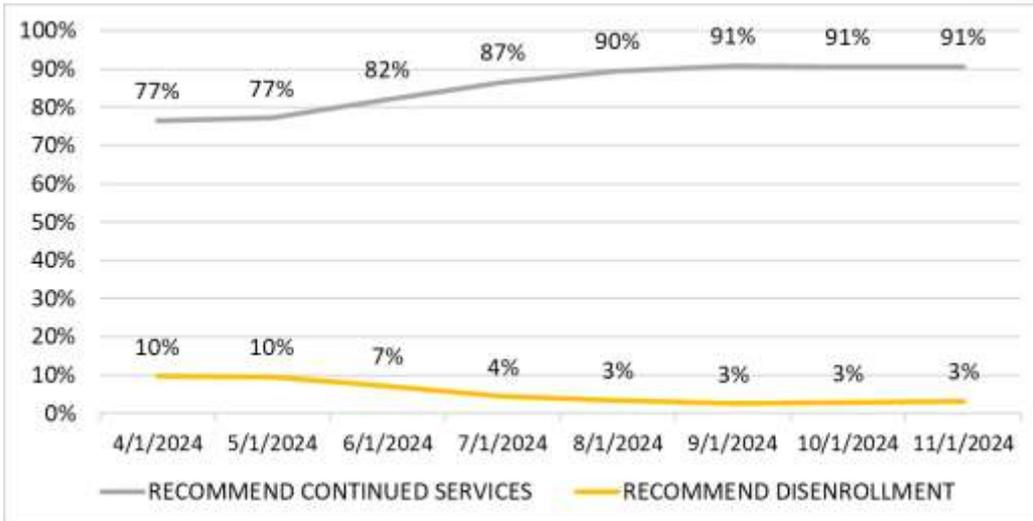
Clinical & Business Operations

Quality Updates

CES Tool Outcomes per Month (Based upon BHH CES Reports)

Since 04/2024:

- Majority of CES Tools Yield **Outcome: Recommend Continued Services**
- **610** Members w/ **Outcome: Recommend Disenrollment**
 - **58%** are Closed



Clinical & Business Operations

Quality Updates

Performance Measure Results

- Month over month performance measures (data)
 - Discharge Clinical Event Notification Follow-up
 - 2/7 Day Care Management Follow-up (*process measure*)
 - Assessments
 - Completed Comprehensive Assessment – 60 Day
 - Comprehensive Assessment – Annual
 - Care Planning
 - Care Plan Signed – 60 Day
 - Care Plan – 6 Month Update

Clinical & Business Operations

Quality Updates

Performance Measure Results

- Performance held steady
 - 2 Day Care Management Follow-up (ED & IP)
 - 5 Day Care Management Follow-up
 - Completed Comprehensive Assessment – Annual
 - Care Plan Signed – 60 Day
 - Care Plan – 6 Month Update
- Performance improved
 - Completed Comprehensive Assessment (60 Day) – 69% -- 81%
 - Care Plan linkage to Encounter - 76%-82%

Clinical & Business Operations

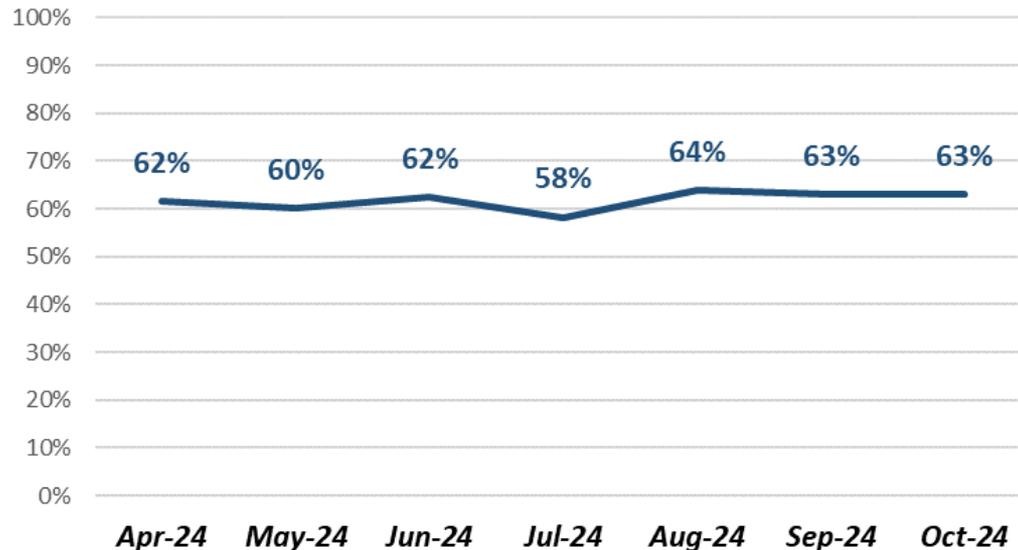
Quality Updates

CEN Discharge Alert F/U - 5 Day Care Management Follow-up

BHH Performance Measure:

Examines if a Care Management follow-up occurred within Timeframe [0-5 Days] for at least [1] CEN Discharge in prior month

- Examines ALL Discharge CEN (ER, Inpatient, Other)
- Documented Encounter Date after either Discharge Date or CEN Alert Date
- **“AD”** Admission Discharge Question: “Yes”



[April – October 2024]

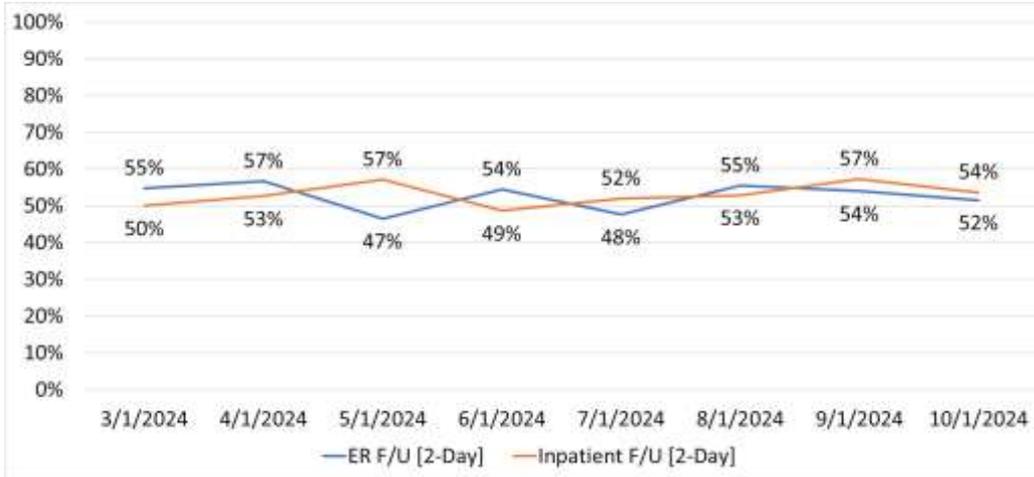
- Avg: 61.8%

Clinical & Business Operations

Quality Updates

CEN Discharge Alert F/U - 2/7 Day Care Management Follow-up

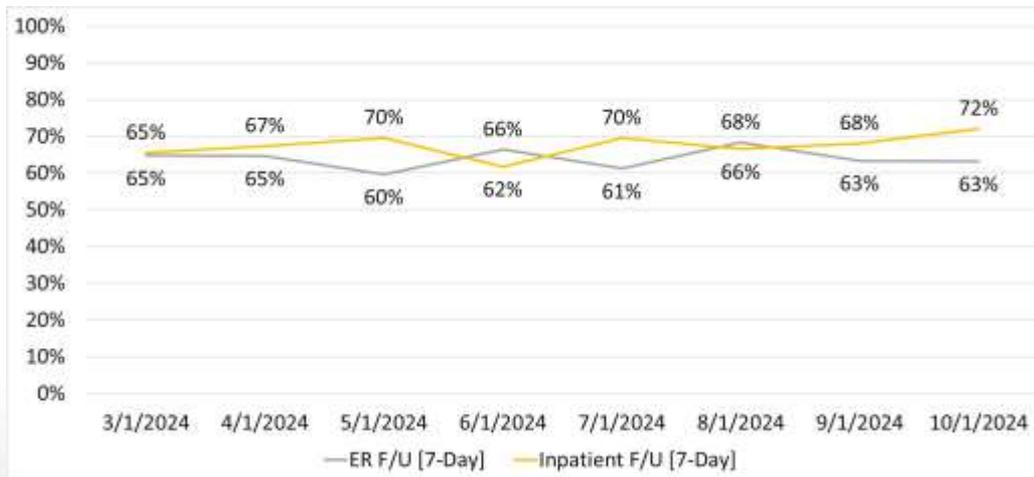
- **2-Day Follow-up [ER & Inpatient Discharge]**



[April – October 2024]

- ER F/U Avg: 53%
- Inpatient F/U Avg: 53%

- **7-Day Follow-up [ER & Inpatient Discharge]**



[April – October 2024]

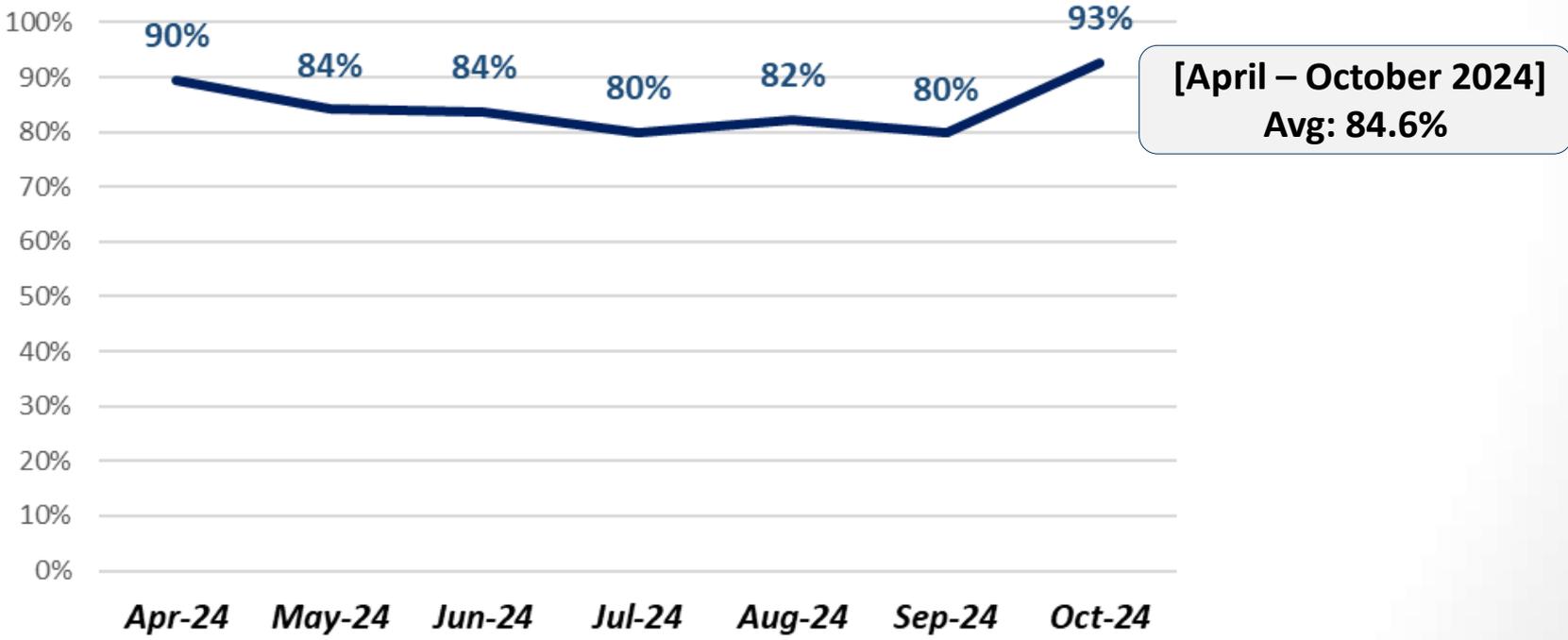
- ER F/U Avg: 64%
- Inpatient F/U Avg: 68%

Clinical & Business Operations

Quality Updates

Performance Measure Results

Measure: New Members w/ a Plan of Care (POC) Signature within 1st 60 Days

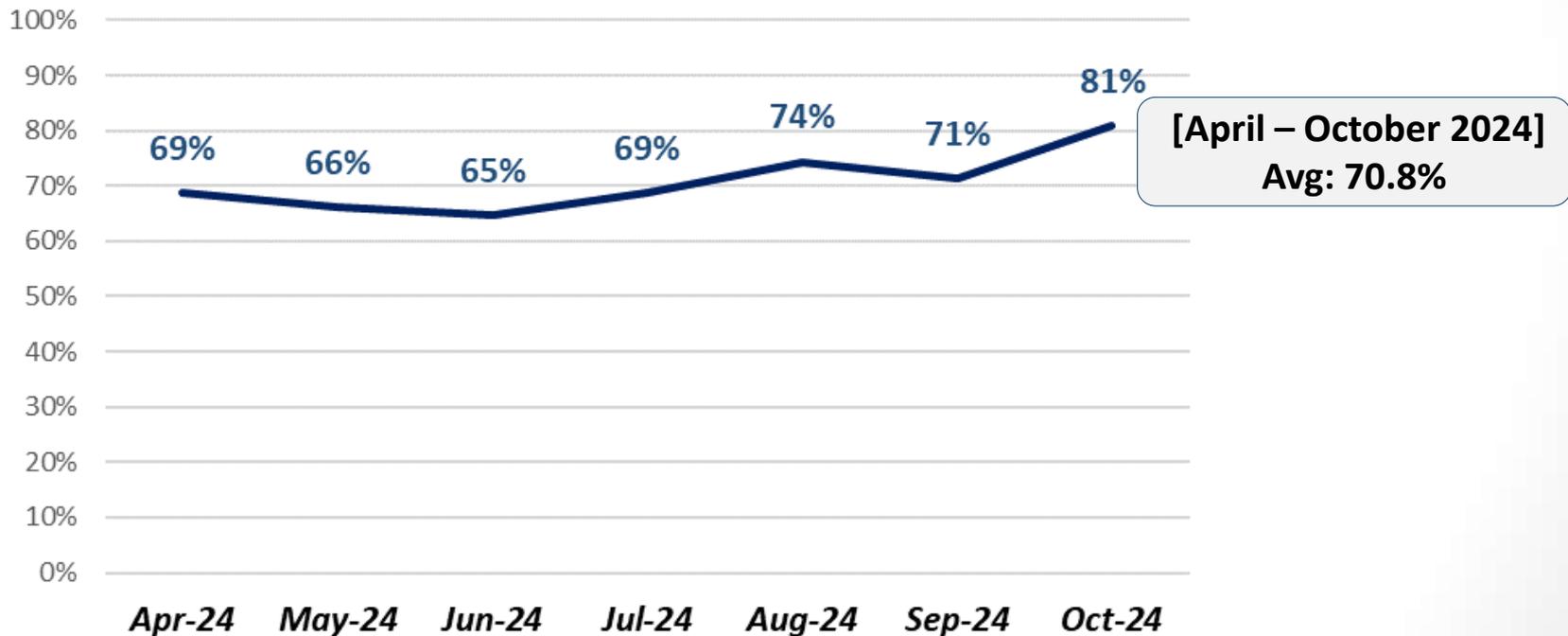


Clinical & Business Operations

Quality Updates

Performance Measure Results

Measure: New Members w/ a Complete Comprehensive Assessment within 1st 60 Days

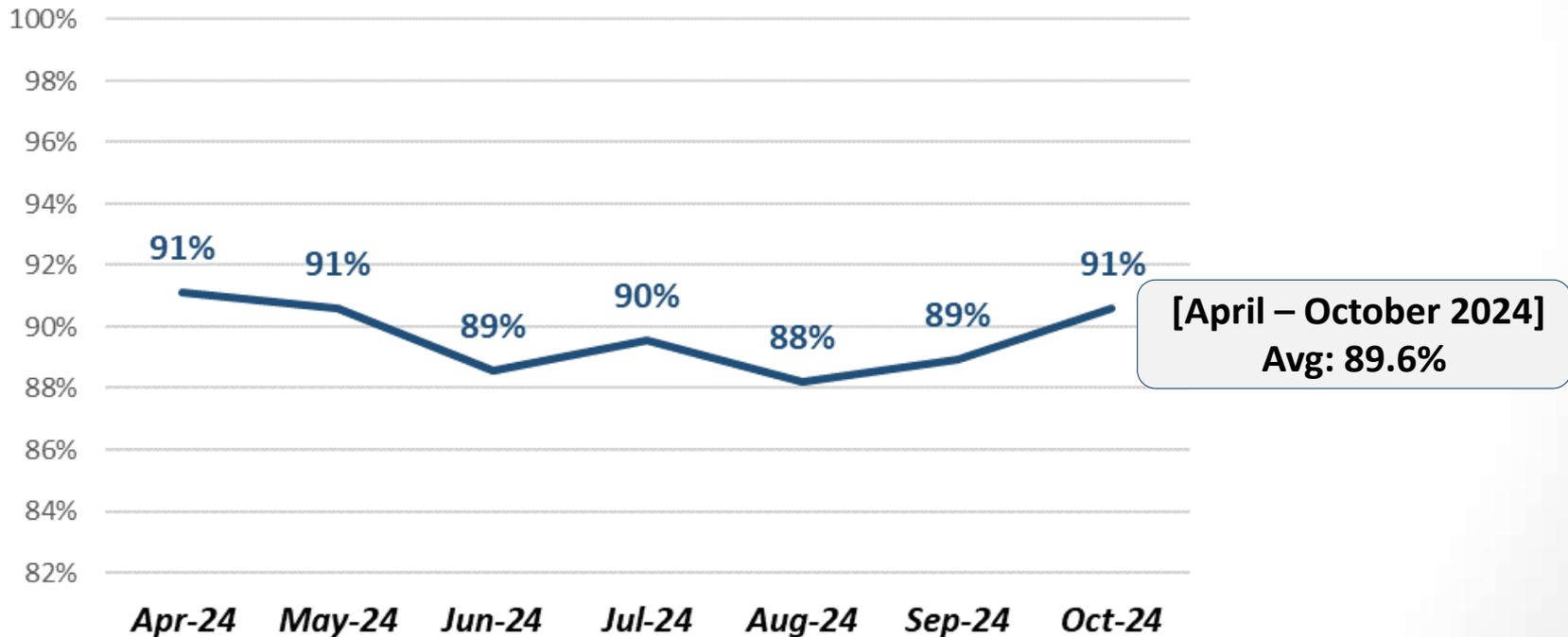


Clinical & Business Operations

Quality Updates

Performance Measure Results

Measure: Members w/ a Completed Comprehensive Assessment in the Last 12 Months



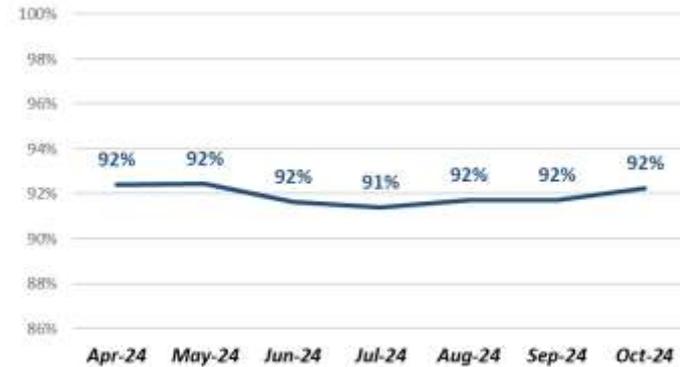
Clinical & Business Operations

Quality Updates

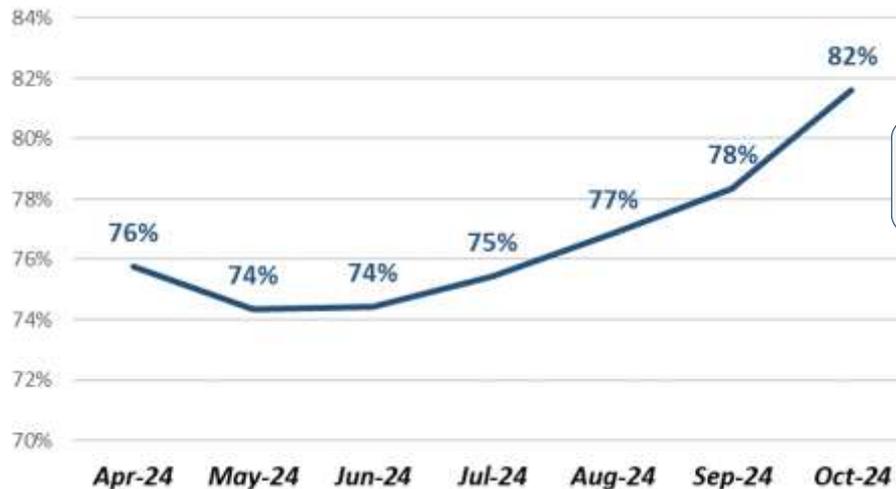
Performance Measure Results

Measure: Members w/ a POC Update within PAST 6 Months

- [April – October 2024] Avg: 91.9%



Measure: Members w/ a Plan of Care (POC) and Encounter Linkage in the LAST 3 Months



[April – October 2024]
Avg: 76.7%

Clinical & Business Operations

Discussion

- Where are you in the PIP process?
- Have you had follow up conversations with your teams about the proposed changes and what has been implemented to date?
- Has your staff provided any feedback to the new processes?
- Have you seen any measurable changes to your process that has been reflected in your operation reports?

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

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)
 - Thursday, December 19th, 2:30 – 4:30pm
- Quality Committee (In-Person)
 - Tuesday, January 14th, 2:30-4:30
- Care Management Workflow (via WebEx) – Disenrollment Process
 - Wednesday December 18th, 3- 4:30pm
- Supervisor Workgroup (In-Person)
 - Wednesday, December 11th 3:00 – 4:30pm