



BROOKLYN
HEALTH
HOME

Brooklyn Health Home All Committee Meeting

January 16th, 2025

Agenda

- **FCM Updates**
 - Charts Index
 - Billing Updates
 - Enrollment and Claims
- **Clinical & Business Operations Updates**
 - Introducing the New Unite Us Experience
 - 2024 Year in Review
 - Enrollment & Billing
 - Quality
 - 2025 Goals
- **Upcoming Meetings**
 - Network Meeting Survey

Foothold Technology

Charts Index



STAGING

Charts

New Patient

FILTER CRITERIA

Chart Type

Active As Of

1/15/2025

Adult/Child

Segment Type

Medicaid CINs

Agencies & Staff

Health Home

CMA

Supervisor

Care Manager

Patient Information

Zip Code

ZIP Code

City

City

Diagnoses

HARP ?

Patient Flags

Insurance & Codes

Insurance Type ?

MCP

Exception Codes

Referral Type

Sort By

Patient Name

Filter

Chart Index Features

- “Active As Of” date picker
- No longer need to use the Transferred Patients portal
- New Supervisor filter
- Multi-select CMs and Supervisors

Video overview of the Chart Index Screen can be found on our support page [here!](#)

Foothold Technology

Billing Updates



BHH Claim Status (since 1/1/2024 DOS) with all payers*:

- 99.48% paid
- 0.038% outstanding
- 0.48% denied

*claims submitted 60+ days ago

Foothold Technology

Billing Updates



HH+ 2023 Rate Increase by Payer: update as of 1/13/25

Payer	HH+ (\$876.93 Downstate/ \$822.12 Upstate)	Retro Claims reprocessed?
AmidaCare	Yes	Yes
CDPHP	Yes	Yes
Emblem	Yes	No DOS 5/1/24 forward only
eMedNY	Yes	Yes
Empire	Yes	Yes
Fidelis	Yes	Yes
Healthfirst	No	Yes 04/1/23 to 12/1/23 only reprocessed
Metroplus	No	No
Molina	No	No
MVP	Yes	Yes
United	Yes	Yes
VNS	Yes	Yes

- Only change since last month is that HealthFirst reprocessed HH+ claims to pay the increase from DOS April 2023 (effective date of increase) to DOS Dec 2023.

Foothold Technology

Enrollment & Claims



	8/1/24	9/1/24	10/1/24	11/1/24	12/1/24	1/1/25
Enrolled*	6,218	6,275	6,281	6,272	6,249	6,080
Claims Submitted**	5,775	5,914	5,940	5,800	5,280	502
Billing Rate	93%	94%	95%	92%	84%	8%
Amount Paid	\$1,747,328	\$1,785,989	\$1,801,671	\$1,745,697	\$1,003,593	\$1,160
Potential (Charge Amount)	\$1,759,817	\$1,795,086	\$1,820,238	\$1,784,083	\$1,629,039	\$143,171

*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)



Introducing the New Unite Us Experience



Introducing the new Unite Us experience

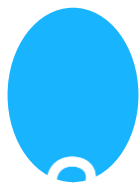
The same industry-leading social care technology but with fewer clicks and greater personalization so you can provide better care for more people.

A simpler way to...



UNITE US

UNITE US



Screen

Where you screen shouldn't matter—what you discover does. Our new experience seamlessly integrates screenings from your system of record into Unite Us. And thanks to our new user-friendly interface, you can jump into action more quickly.

Share Resources

You put the people you serve at the center of everything you do. Our new experience does too. A person-first approach plus powerful automation equals resource-sharing workflows that work better for your team *and* your community.

Refer

Closing the loop on a referral just got easier. With the new Unite Us experience, you can send referrals and track what happened in less time, with fewer clicks, and get better results.

Reimburse

Social care billing can be complex, but our new experience isn't. Introducing our new payments workflows: simple and intuitive navigation created for users like you. No billing expertise needed.

What to Expect

Preview of the new Unite Us experience



New Look and Feel, Smoother Workflows

Integrated and automated screening workflows, new client-center resource management and sharing, streamlined improved closed-loop referral workflow with seamless payments referrals all from one place.

Resources and Training

We have updated training materials available for you in Unite Us Learn, as well as Core Action guides tailored to your specific workflows. We're here to support you every step of the way!

Share Your Feedback

Your feedback on this new experience is invaluable and will help us refine the experience before the official rollout. Contact your Unite Us point of contact directly if you run into any snags!

The Resources tab allows a user to view all of a client's past resources lists

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 Ella Sanchez

Marisol Abrams CONSENT ACCEPTED Client requires action Refer Marisol

DOB 11/10/2001 (Age 22) | TEL (541) 547-1928 | EMAIL marisol@gmail.com
ADDRESS Medford, OR | MILITARY AFFILIATION Caregiver

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	New
<p>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).</p>	<p>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.</p>

How to get started with Unite Us:

<https://brandfolder.com/s/b8m3vnbmn2qxp3qxs7zfrt6>

Book a workflow meeting (optional)

<https://scheduler.zoom.us/eva-debeliso/meet-with-eva-30-minutes>

Clinical & Business Operations

New Year Housekeeping: Enrollment & Billing

➤ Review for Medicaid Eligibility

- Eligibility lapses
- Members not eligible for Health Home due to RE code
- Non-contracted plan members (FIDA, PACE, etc)

➤ Review Tracking and Billing support

- Is the Enrollment count correct?
 - Review that the member is on the Enrollment File
 - Review Encounters- Ensure encounter has core service and BSQ is accurate, completed and submitted
- Are you billing most (if not all) of your enrollment? BHH averages 93% billing rate
- Are there members that have not billed for more than 3 months?
 - Review member's Billing page

➤ Initial Appropriateness

- All new enrollments require initial appropriateness. MAPP requires indication of appropriateness during the first 30 days of enrollment

Clinical & Business Operations

New Year Housekeeping: Enrollment & Billing

➤ CEST

- Please ensure that all **new members** have a (CES) Tool twelve (12) months post-enrollment and every six (6) months thereafter
- For all **existing members** complete (CES) Tool at twelve (12) months based on the consent date, or the segment start date (whichever is later), and every six (6) months thereafter.

➤ Care Plans

- MAPP allows 90 days for completion, but as per DOH policy care plans need to be completed within 60 days of enrollment for quality adherence.
- Foothold system requires a signed care plan in order to send Care Plan date to MAPP with strengths, barriers, and risk factors

➤ Signed Consent

- A wet signature should be obtained at time of enrollment.

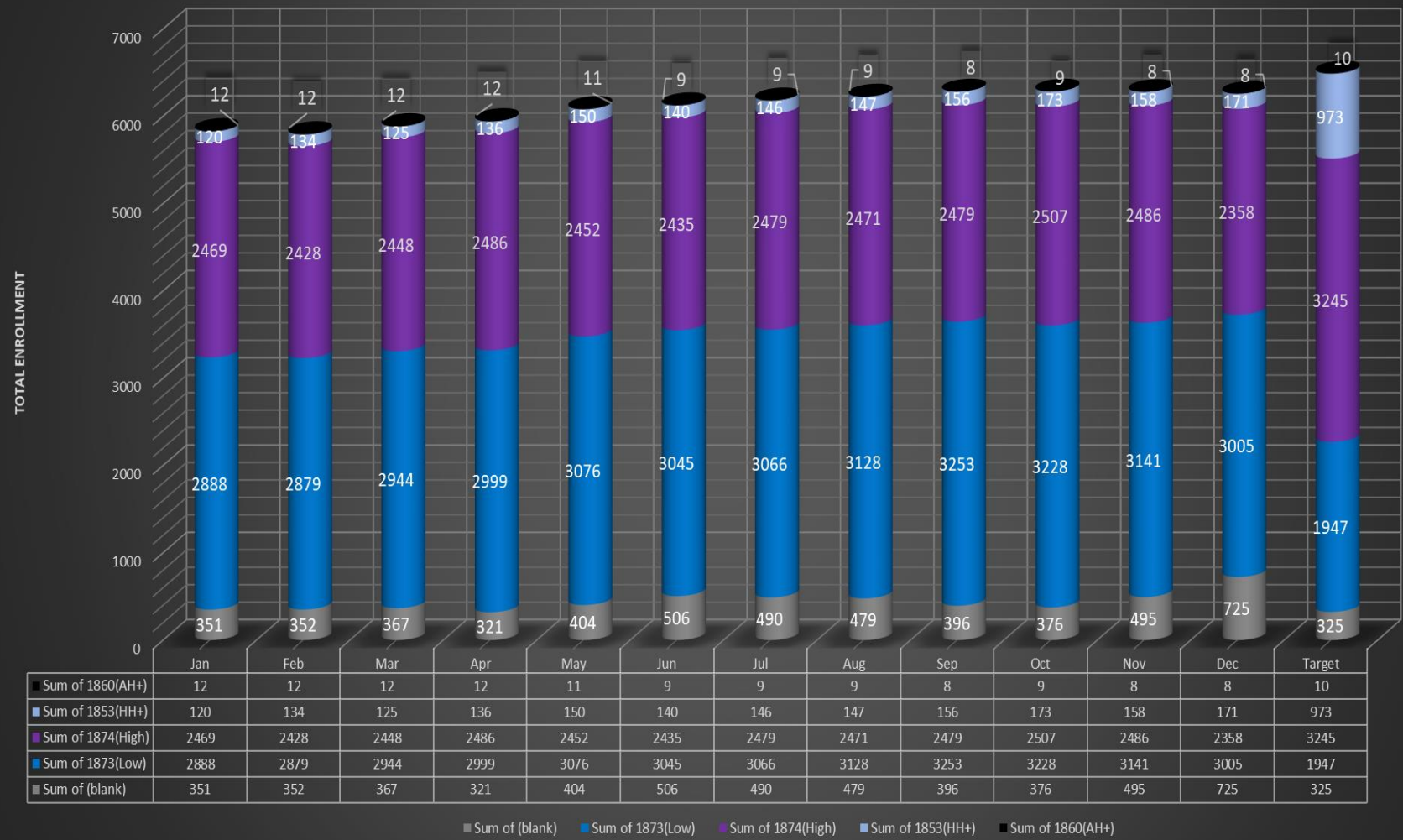
➤ HARP & HH+ Members

- HARP: Discuss HARP services (CORE and HCBS) with all HARP members
- HARP: Update to member's HARP CORE/HCBS tab in Foothold, interest in services, eligibility for HCBS, LOSR/LOSD
- HH+: Review Members' HH+ Eligibility in PSYCKES or on Member Overview page. Ensure BSQ indicates HH+ Eligible. If HH+ service req's are met, ensure BSQ indicates as such for HH+ billing to occur.

Clinical & Business Operations

New Year Housekeeping: Enrollment & Billing

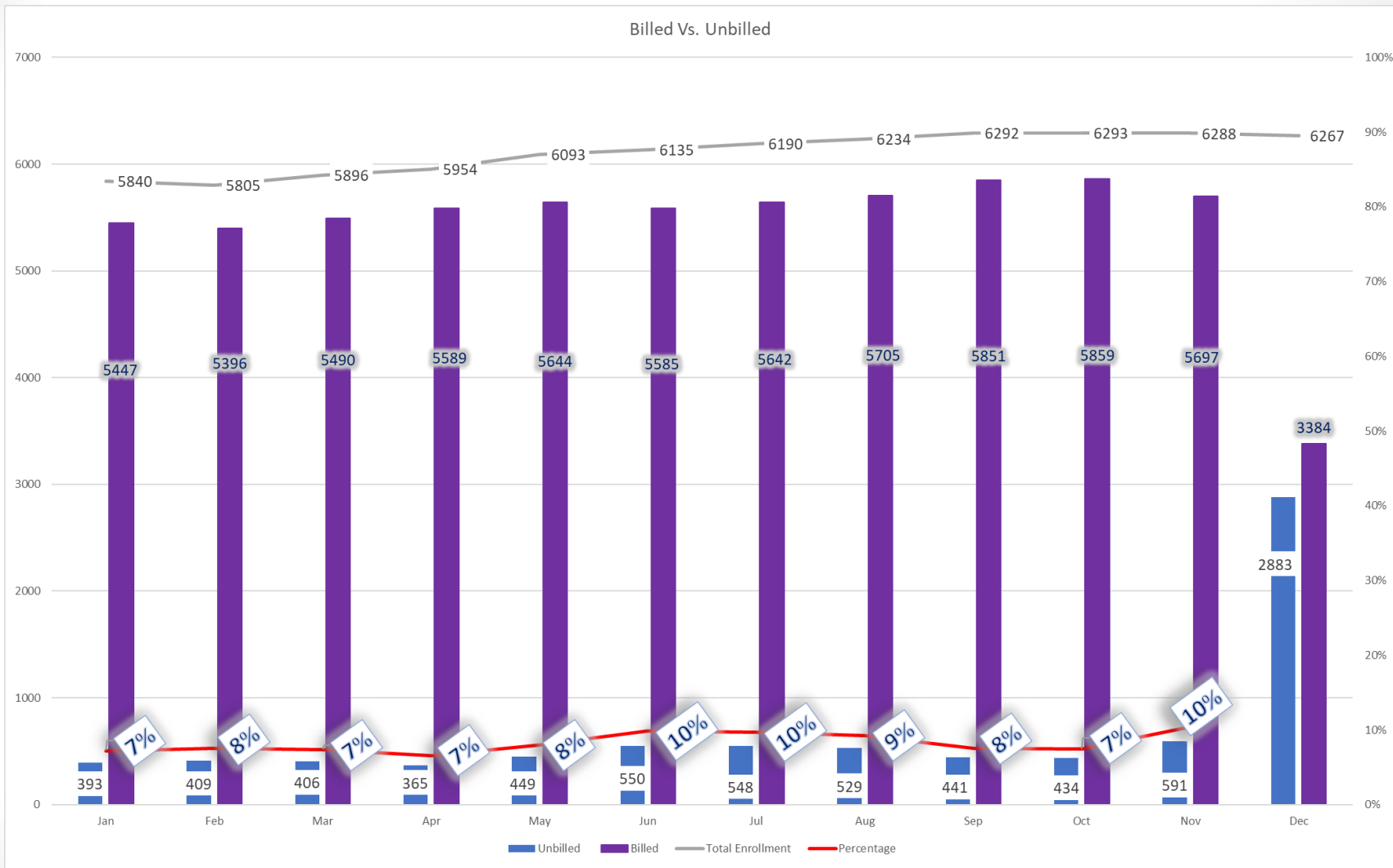
2024 Enrollment and Rate Code Analysis



*The target column represents the total number of members BHH aims to reach for each rate code in 2025

Clinical & Business Operations

New Year Housekeeping: Enrollment & Billing



2023 BHH Enrollment Average = 5764 2023 HH+ Average = 124
 2024 BHH Enrollment Average = 6107 2024 HH+ Average = 146

Clinical & Business Operations

New Year Housekeeping: Enrollment & Billing

Top 3 HML Errors that Impact Monthly Billing

- 1) Member is not Medicaid eligible
- 2) Plan of Care Required
 - Top 4 Care Plan Errors
 - 40 - Invalid Goals and Objectives 1, 41 - Invalid Interventions and Supports 1.1, 42 - Invalid Interventions and Supports 1.1 Date
 - 07 - Segment required
 - 29 - Invalid Member Preferences and Strengths, 30 - Invalid Barriers to achieving goals
 - 28 - Invalid Member Diagnoses
- 3) CEST errors
 - Top CEST Errors
 - CEST outcome required after the grace period
 - Existing CEST outcome for the Member has expired

Reminder:

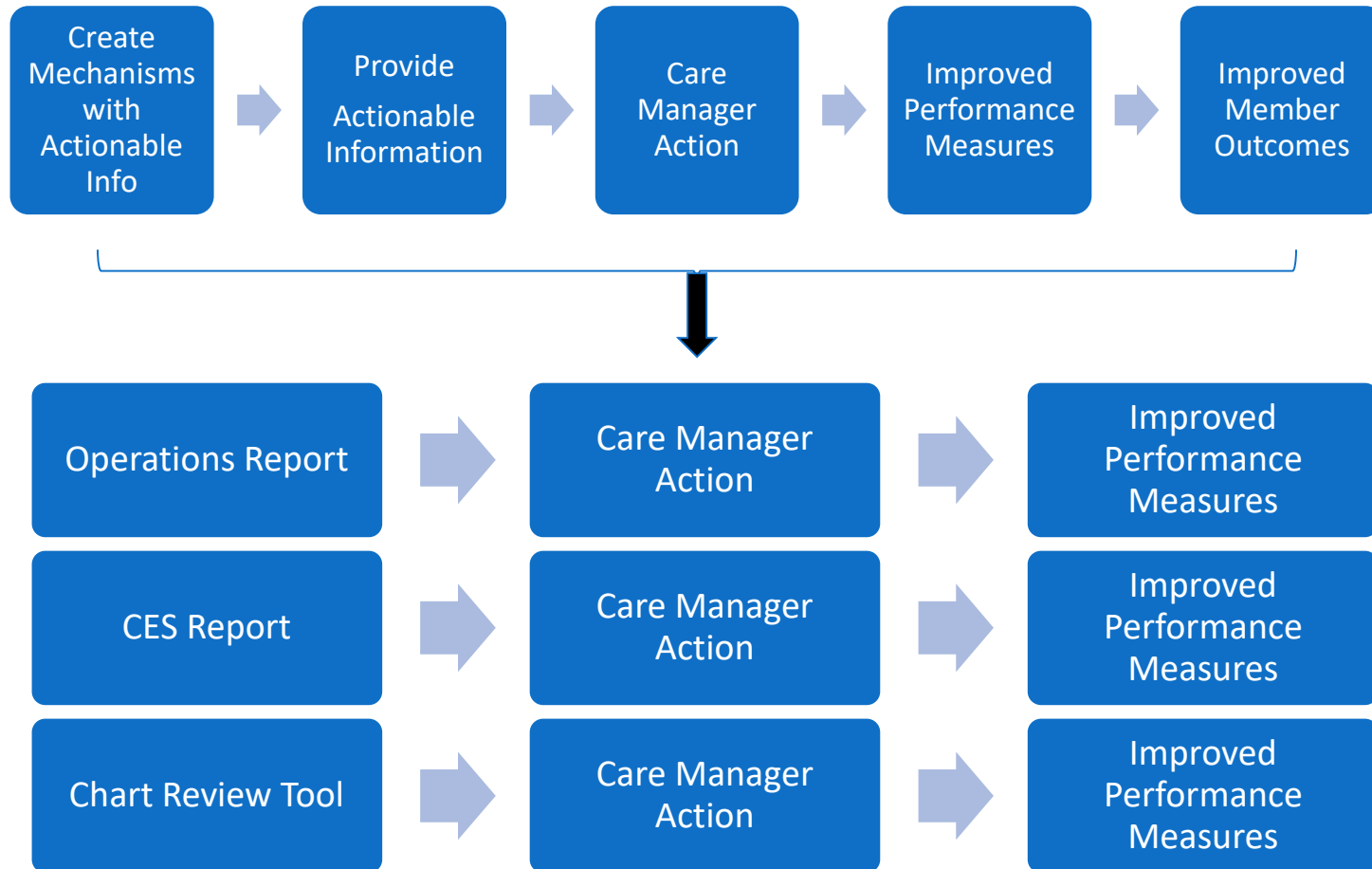
* Please make sure that consent forms for members are uploaded to Foothold within 30 days of enrollment. Failure to do so will result in the error message: “Consent to Enroll is required for the full segment period,” and the segment will not be tracked to MAPP.

Clinical & Business Operations

BHH Quality Management Program (QMP)

QMP Highlights [2024]

- BHH Reporting & Analytics Objectives**



Clinical & Business Operations

BHH Quality Management Program (QMP)

QMP Highlights [2024]

- **BHH Operations Report enhanced April 2024**
 - Data exported 3rd business day of month
 - Report provides **actionable** information
 - Data is inclusive of CES Report data, specific to CES workflow
 - Performance is evaluated via quarterly Executive Summaries
- **Executive Summary**
 - Performance measure results are calculated monthly
 - Retrospective – measures if defined care management activities (from Operations Report) was completed within time parameters

Clinical & Business Operations

BHH Quality Management Program (QMP)

QMP Highlights [2024]

- **BHH Chart Review Tool, Released December 2024**
 - HSA tool consists of (5) distinct chart review devices
 - Comprehensive Chart Review Tool populates Action Lists based upon chart review outcomes
 - Action Lists are to be shared with Care Manager to resolve items
 - Actions Lists from previous review period are due at the conclusion of the following chart review assignment period
 - Initial Chart Review assignments (distributed 12/6/2024) are to be submitted to BHH by 2/6/2024 (Approx. **3 weeks away!**)
 - Results to be shared with NYS DOH as part of BHH EOP
- **BHH Chart Review Guide:** [QMP Digest](#) - Appendix O (pg. 149)

Clinical & Business Operations

BHH Quality Management Program (QMP)

QMP Outlook [2025]

Quality Committee met on (1/14/2025) and reviewed:

- 2025 Planning & Important Dates
 - Quality Committee Meetings
 - BHH Reporting & Analytics
- **New Quality Flags**
 - **AMR** – *Asthma Medication Ratio*
 - **SAA** – *Adherence to Antipsychotic Medications for Individuals with Schizophrenia*
- **Updated NYS Health Home NODs**
 - **DOH 5234** – Notice of Determination for Enrollment
 - **DOH 5235** – Notice of Determination for Disenrollment
 - **DOH 5236** – Notice of Determination for Denial of Enrollment

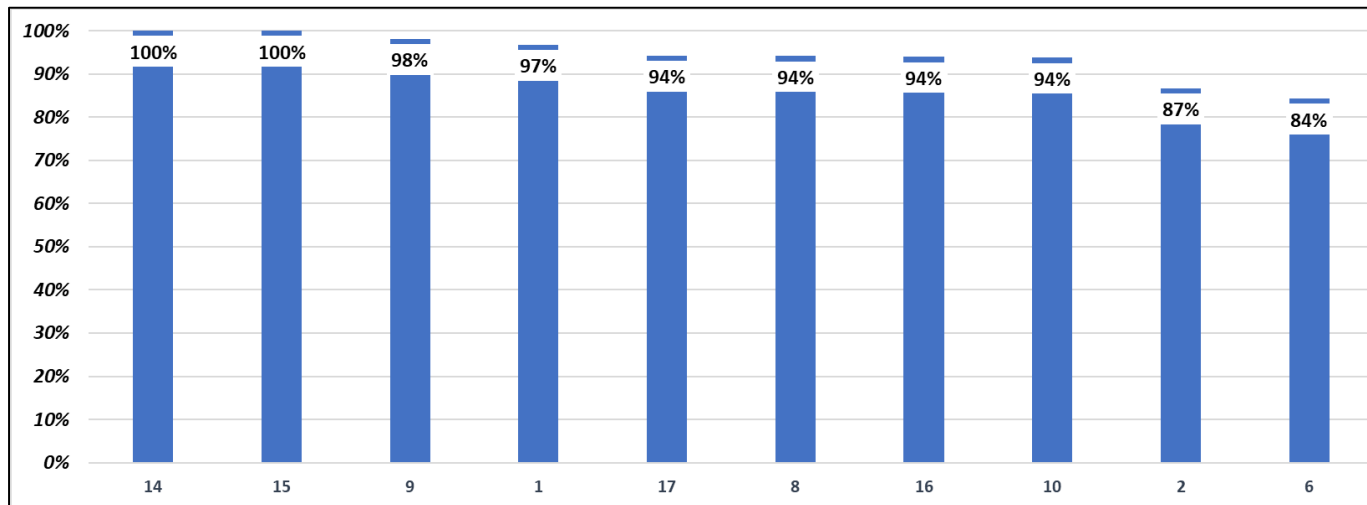
Clinical & Business Operations

BHH Quality Management Program (QMP)

Quality Committee, January 2025 (Continued)

- **Performance Data [2024]**
 - Network Results, April – December 2024
 - *Month-over-Month Results (Network Avg)*
 - *CMA Comparison (CMA YTD Avg)*
 - *Data De-identified, CMA # Assignments Distributed*

*Example
Excerpt:*

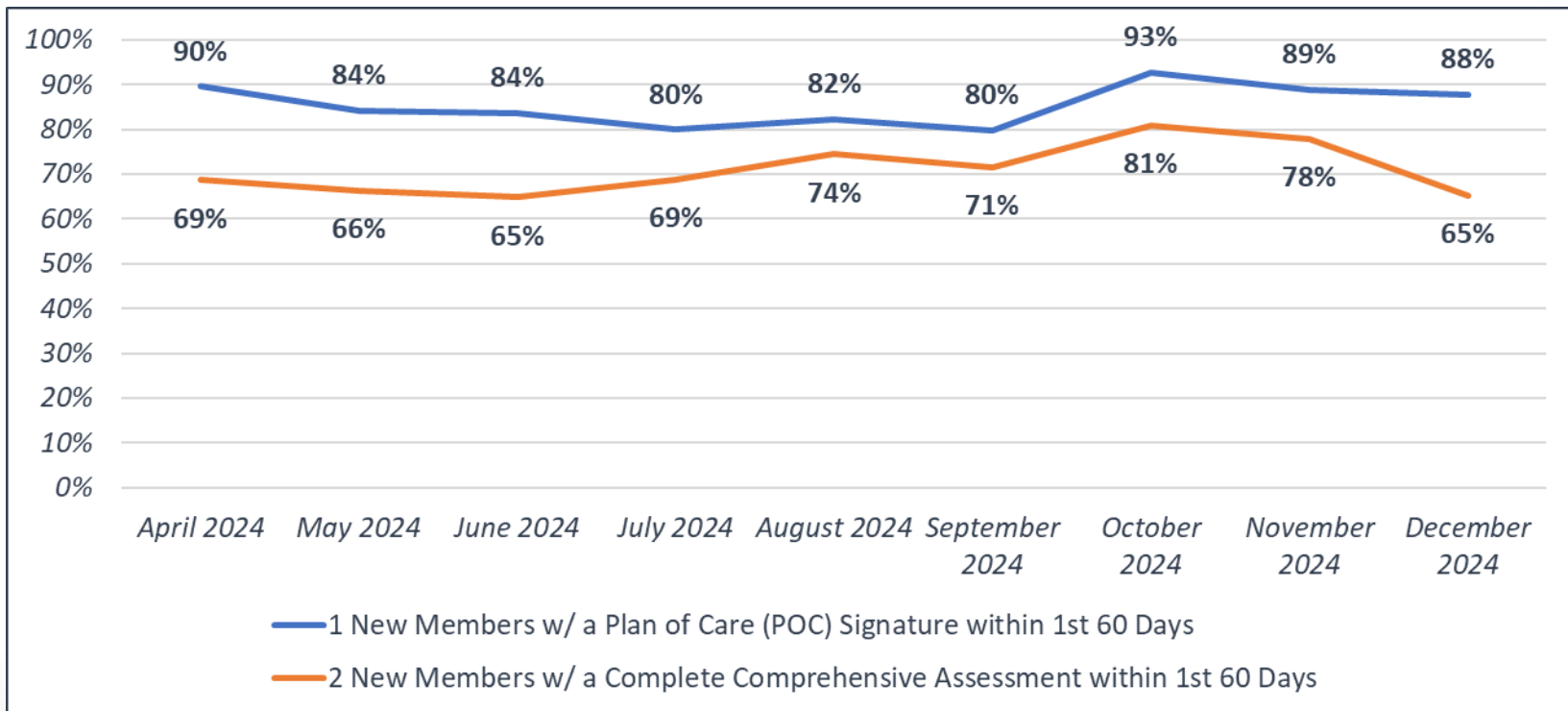


Clinical & Business Operations

BHH Quality Management Program (QMP)

Performance Data [2024] Highlights

- New Enrollment, Initial 60 Day Deliverables:
- Plan of Care (POC) Signature: 85% (YTD Avg)
- Completed Comprehensive Assessment: 71%



Clinical & Business Operations

BHH Quality Management Program (QMP)

Performance Data [2024] Highlights

Top 5 Measures

Performance Measures (BHH Network)	YTD Avg
M11 Members w/ Strengths, Barriers and Risk Factors Added	94%
5 Members w/ a Core Service Documented LAST Month	93%
3 Members w/ Plan of Care (POC) Update within the PAST 6 Months	92%
4 Members w/ a Completed Comprehensive Assessment in the LAST 12 Months	90%
1 New Members w/ a Plan of Care (POC) Signature within 1st 60 Days	85%

Trending Upward / Positive:

- **Plan of Care (POC) & Encounter Linkage in the LAST 3 Months**
 - April: 76%, December: 85%
- **CES Tool Completed in initial 12 Months of Enrollment**
 - November: 86%, December: 84%
- **Inperson Encounter in the LAST 6 Months**
 - April: 76%, December: 80%

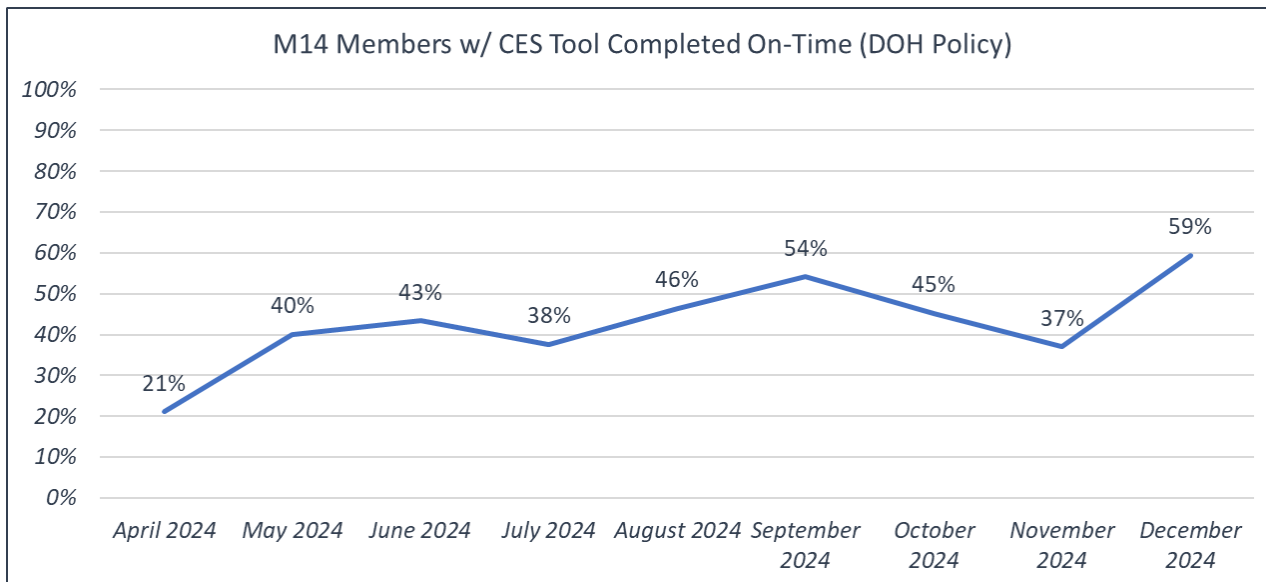
Clinical & Business Operations

BHH Quality Management Program (QMP)

Performance Data [2024] Highlights

Bottom 5 Measures

Performance Measures (BHH Network)	YTD Avg
M14 Members w/ CES Tool Completed On-Time (DOH Policy)	43%
M10 Members w/ Timely F/U Documented for at least (1) Discharge CEN in the Prior Month	61%
2 New Members w/ a Complete Comprehensive Assessment within 1st 60 Days	71%
M12 Members w/ Timely Billing in Prior Month	72%
7 Members w/ an Inperson Encounter in the LAST 6 Months	76%



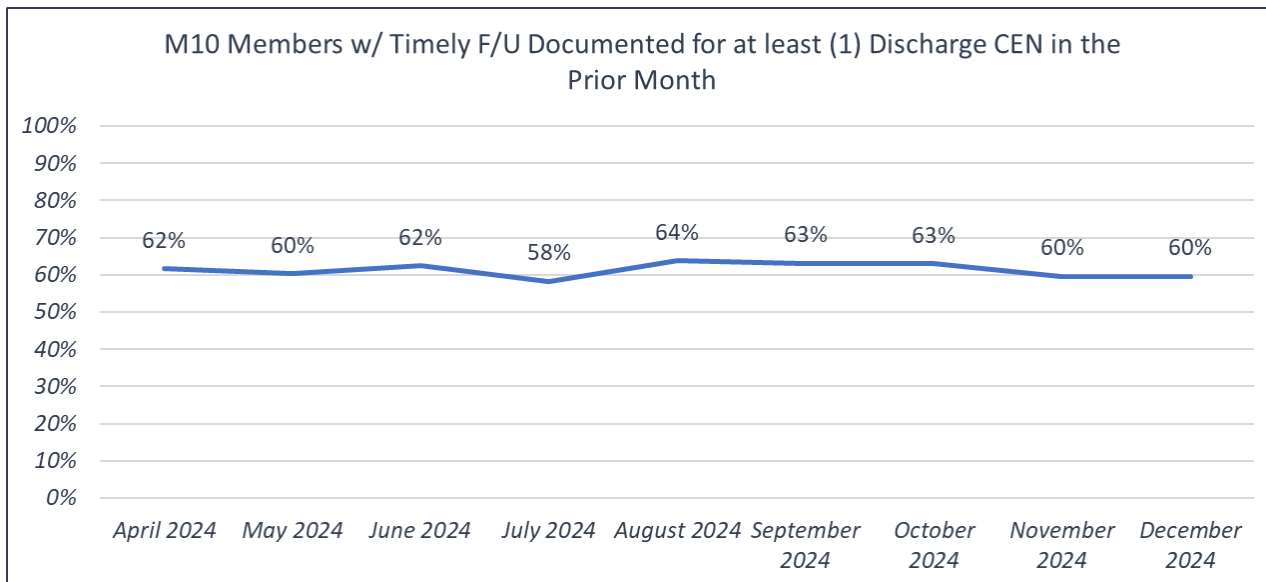
Clinical & Business Operations

BHH Quality Management Program (QMP)

Performance Data [2024] Highlights

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Clinical & Business Operations

BHH Quality Management Program (QMP)

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Immediate Action:

- Care Manager Follow-up after Discharge
- CES Tool Completion as per DOH Policy
- Complete Comprehensive Assessment within 60 Day Window

Clinical & Business Operations

2025 BHH Goals

BHH will become the gold standard Health Home serving our diverse community of Brooklyn as measured by:

- Increase in number of partnerships (new CMAs, clinical integration)
 - Clinical integration opportunities: additional co-location partnerships
 - BHH is working to expand its social media presence, our communications manager, Katherine Kahley (kkahley@maimo.org) will be reaching out to connect with your communications teams
- Achieving full NYS DOH Health Home designation
- All CMAs achieving at least 88% on their scorecards
- Increase in HH+ enrollment and billing
 - Aiming for a mix focused on higher risk populations: 15% HH+, 50% High Risk/High Need, 30% standard, 5% unbilled
 - BHH recommends starting by working to identify 100% of HH+ eligible members as well as members who would benefit from HH+ and might be able to obtain clinical discretion approval
 - CMAs should also discuss a strategy for managing caseloads and educate staff on how to propose HH+ to members without referring to it as an enrollment

Upcoming Meetings

- Joint Clinical, Business Operations, and HIT (In-Person)
 - To be scheduled based on completion of the survey
- Quality Committee (via WebEx)
 - Tuesday, March 11th, 3:00 – 4:30pm
- Care Management Workflow (via WebEx)
 - Thursday, February 19th, 3:00 – 4:30pm

Network Meeting Survey:

[All Committee Schedule Survey & Key Contacts \(surveymonkey.com\)](#)