Brooklyn Health Home
All Committee Meeting

February 20, 2025

Agenda

- **FCM Updates**
  - Caseload Overview Update
  - Patient Flag Updates
  - Preferred Written Language
  - Referral Type: Social Care Network
  - Billing Updates
  - Enrollment and Claims
- **Clinical & Business Operations Updates**
  - FCM Charting
    - Segment Creation
  - Policy Updates
    - Outreach Best Practice
        - Chart Creation and Member Contact
      - Looping in the MCO
    - Initial Appropriateness – Updated Guidance
  - 2025 Goals
    - Designation
    - Quality
    - Enrollment/Billing
- **Upcoming Meetings**

Foothold Technology

Caseload Overview Update

Ability to include Pended Members on Caseload Overview

Charts Manage Search Charts

STAGING

Adult Caseload Overview

Export to CSV

FILTER CRITERIA

Patient HH

Supervisory Team

Care Manager

Patient CMA

Supervisor

Documentation Status All

Include Pended Members No

No

Yes

Foothold Technology

Patient Flag Updates

- Multi-select Patient Flags on Charts Index

Charts Manage Search Charts

STAGING

Charts

New Chart

FILTER CRITERIA

Chart Type
Active As Of
2/12/2025
Adult/Child
Segment Type
Current Assignment Charts Only

Medicaid CINs

Agencies & Staff
Health Home
CMA
Supervisor
Care Manager

Patient Information
Zip Code
ZIP Code
City
City
Diagnoses
HARP
Patient Flags
× 30-Day Follow Up Re...
× Health Home Plus

Insurance & Codes
Insurance Type
MCP
Exception Codes
Referral Type

Foothold Technology

Patient Flag Updates

- Ability to filter by Patient Flags on Caseload Coverage

Caseload Coverage

FILTER CRITERIA

Year: 2025
Month: February
CMA:
Care Manager:
Patient Flags: × ACT Creed... × ACT VNSNY
Segment Type:
Billable Status ?

Filter

Displaying **all 3** active charts

Patient	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
E Aja Bailey (anonymized)																												
E Renaldo Lebsack (anonymized)																												
E Kellye Toy (anonymized)																												

Foothold Technology

Preferred Written Language

- Ability to capture member's preferred written language

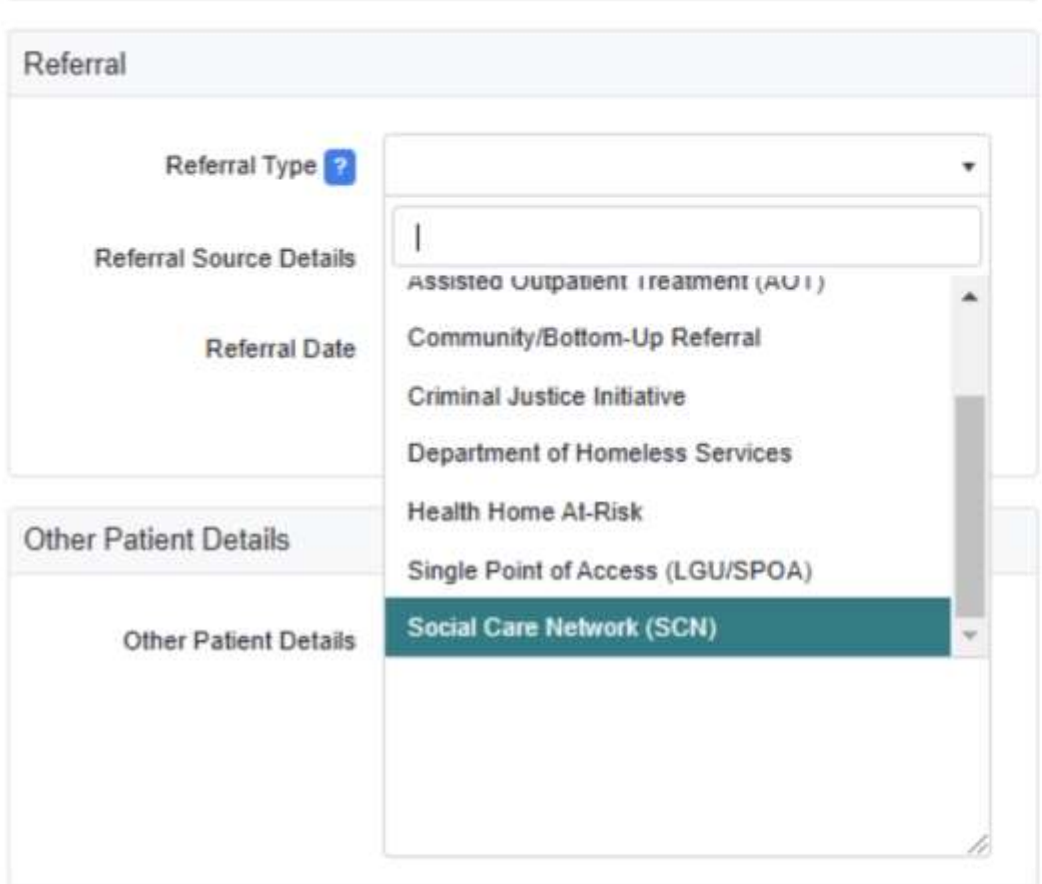
Additional Demographics

Race	
Ethnicity	
Religion	
Primary spoken language	English
Preferred written language	Spanish

Foothold Technology

Referral Type: Social Care Network

- Capture which members were referred to you via a SCN



Foothold Technology

Billing Updates

BHH Claim Status (since 2/1/2024 DOS) with all payers*:

- 99.6% paid
- 0.03% outstanding
- 0.35% denied

*claims submitted 60+ days ago

Foothold Technology

Billing Updates

HH+ 2023 (effective 4/1/23) Rate Increase by Payer: update as of 2/19/25

Payer	HH+ ($876.93 Downstate/ $822.12 Upstate)	Retro Claims reprocessed?
AmidaCare	Yes	Yes
Emblem	Yes	No DOS 5/1/24 forward only
eMedNY	Yes	Yes
Empire	Yes	Yes
Fidelis	Yes	Yes
Healthfirst	No	No 04/1/23 to 12/1/23 only reprocessed
Metroplus	Yes	Yes
Molina	Yes DOS 1/1/25 forward only	No
United	Yes	Yes
VNS	Yes	Yes

Foothold Technology

Enrollment & Claims

	9/1/24	10/1/24	11/1/24	12/1/24	1/1/25	2/1/25
Enrolled*	6,275	6,281	6,267	6,247	6,240	6,088
Claims Submitted**	5,775	5,914	5,940	5,800	5,280	502
Billing Rate	**92%**	**94%**	**95%**	**93%**	**85%**	**8%**
Amount Paid	$1,791,809	$1,812,613	$1,776,150	$1,745,636	$1,268,484	$24,633
Potential (Charge Amount)	$1,796,505	$1,824,109	$1,797,793	$1,803,999	$1,784,500	$611,156

*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

FCM Charts – Segment Creation

✓ Clearance Checks

- Confirm client is eligible for outreach enrollment.
- Verify in **MAPP/Epaces** for active enrollment with another Health Home/CMA.
- Review **Epaces** for restriction codes.
- If cleared, **create the client record** under **BHH/CMA** in Foothold.

Segment Tracking

- **Outreach Segment**: Enter immediately after creating the client record.
- **Validation**: FCM segment validation ensures no overlapping active segments.
- **Enrollment Segment**: Enter once the client signs Form 5055.
- **Confirm Tracking**: Verify within a few days to ensure processing

Clinical & Business Operations

Outreach Best Practice

Outreach & Engagement

Chart Creation & Member Contact

- Complete within 2 days of receiving a referral.

Looping in the MCO

- If the MCO is the referring party, reach out for outreach assistance/updates.
- Obtain consent for MCO during intake to ensure ongoing communication.

Clinical & Business Operations

Policy Updates – Updated Guidance Initial Appropriateness

The Initial Appropriateness Codes and Criteria have been revised as of February 14, 2024-

- **Effective: April 1, 2025**

- Code (19) Healthcare Risk: During the last 3 Months, the member has been unable to schedule and keep their healthcare appointments (medical, psychiatric, etc.). Must describe the issue
  - **No longer adult IA**
  - Remains only for children

- Timeframe shorted from within the last six (6) months to *within the last three (3) months* for IA Codes:
  - (22) Readmission/Recidivism Risk: Released from IP Medical, ED, Crisis Stabilization, Residential Treatment Setting, Psych, or Detox within the last 3 months. Must specify name of institution & date of release
  - (23) Readmission/ Recidivism Risk: Released from Jail/Prison or other justice program within the last 3 months. Must specify name program & date of release.
  - (28) Social Determinants Risk: Member has had a change in guardianship/caregiver within the last 3 months.
  - (31) Social Determinants Risk: Recent institutional or nursing home placement of member's primary support person within the last 3 months & there is no other person to provide the same level of support.

Clinical & Business Operations

Policy Updates – Updated Guidance Initial Appropriateness

- Code (30) Social Determinants Risk: Member (or caregiver, if Member is a child) needs, is eligible for, and does not have on (1), of the following needed entitlements:
    - Medicaid Transportation/Access-a-Ride
    - Housing Supports (Section 8, Empire State Supportive Housing Initiative (ESSHI), New York Health Equity Reform (NYHER) Housing Supports)
    - Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), and Temporary Assistance for Needy Families (TANF)
    - Home Energy Assistance Program (HEAP)
    - Medical Entitlements (Medicare/Medicaid support)
    - Child Care Supports (for caregiver of enrolled children only)
    - Early Intervention (Head Start or Special Education)

  NOTE: Members who have access to a needed benefit due to current enrollment in a plan, program, or waiver do not meet this criterion. For example, members who are enrolled in a Medicaid Managed Long-Term Care (MLTC) Plan have access to Access-a-Ride through their MLTC benefit package and therefore do not meet the threshold for Health Home Appropriateness if their only need is Access-a-Ride
- Code (32) Treatment Non-Adherence Risk: Member/Care team member report of non-adherence with a clinician's written treatment plan or prescription within the last three (3) months... Must specify the clinician (s) and medications (s) and/or treatments (s) involved.
    - Added: “with a clinician’s written treatment plan or prescription”
    - Previously no timeframe: now, within 3 months.

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

Clinical & Business Operations

2025 BHH Goals – Achieving full NYS DOH Health Home Designation

NYS DOH Designation – TA Update

Activity: BHH presented preliminary findings to NYS DOH in February 2025

Domain: III. Chart Review Analysis

- BHH provided overview of new BHH Chart Review Tool; it's structure and functionality
  - ***ACTIONABLE*** Mechanism - chart responses populate member specific Action Lists
  - Refined Chart Review Methodology (i.e. cohorts, review length)
  - Inclusion of (4) Sub_Chart Review Tools to target specific workflows

- BHH reviewed Goals for Initial Round of CMA Chart Reviews
  - Examine approximately **400** member records across (***5***) BHH chart review tools
  - Evaluate responses and determine tool's effectiveness at identifying member record strengths, deficiencies and action item/recommendations
  - Identify positive takeaways and areas in need of further improvement

Clinical & Business Operations

2025 BHH Goals – Achieving full NYS DOH Health Home Designation

NYS DOH Designation – TA Update

Activity: BHH presented preliminary findings to NYS DOH in February 2025

Domain: III. Chart Review Analysis

- Top Need Domains
  - (1) Medical – Primary Care
  - (2) Income & Entitlements
  - (3) Housing

- Identify Top Action List Items – actions to be further reviewed/resolved
  - Plan of Care Updates
  - Care Team Engagement

Clinical & Business Operations

2025 BHH Goals – Achieving full NYS DOH Health Home Designation

NYS DOH Designation – TA Update

Activity: BHH presented preliminary findings to NYS DOH in February 2025

Domain: III. Chart Review Analysis

- Positive Takeaways:
  - Verification of Eligibility Documentation
  - Detailed Enrollment Encounters
  - Tool is effective at reviewing DOH Forms (DOH-5055, DOH-5234)
  - Provides improved workflow for identifying member needs and goals in the chart
    - *Assessment Summary → Assessment Questions → Encounters → Plan of Care*

Clinical & Business Operations

2025 BHH Goals – Achieving full NYS DOH Health Home Designation

NYS DOH Designation – TA Update

Activity: BHH presented preliminary findings to NYS DOH in February 2025

Domain: III. Chart Review Analysis

- Areas in Need of Improvement:
  - Wellness Provider Connections and Annual Visits
  - Plan of Care Signature every 6 months
  - More accurate documentation of NOD completion/sharing
  - Collaboration with Care Team Members
  - Coordination with Care Team Members in Plan of Care Development

Clinical & Business Operations

2025 BHH Goals – Achieving full NYS DOH Health Home Designation

Actions to Reach Target?

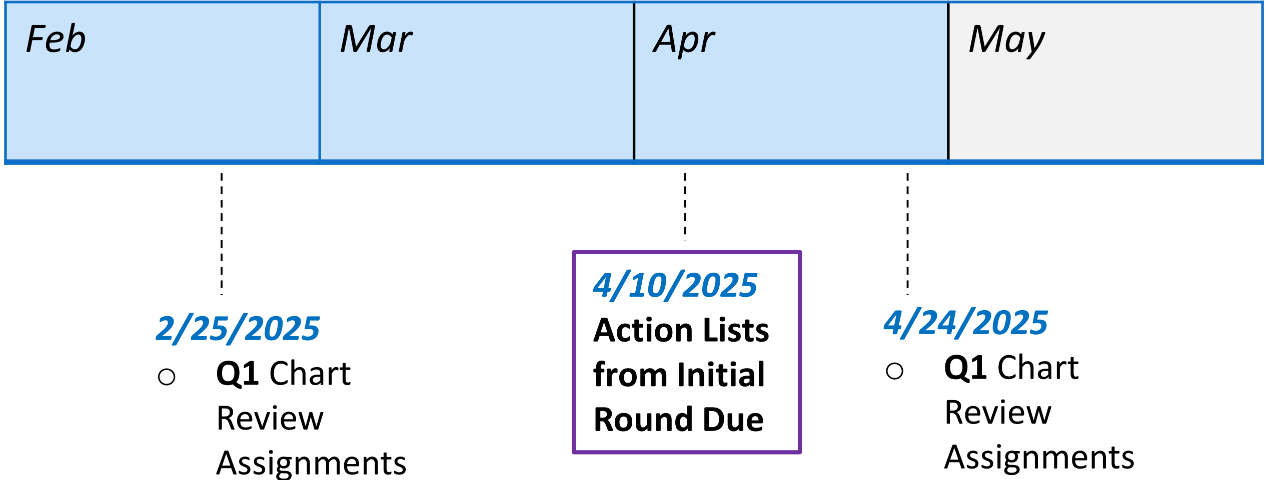
- **Chart Reviews**
  - What were the themes that each CMA identified?
  - What would be helpful for BHH to talk through with the CMs?

Clinical & Business Operations

2025 BHH Goals – Achieving full NYS DOH Health Home Designation

Next Steps:

- BHH to provide CMA specific feedback on initial submissions
  - CMAs will receive an updated/validated version of submission file
  - CMAs to make appropriate corrections and resubmit to BHH by **3/4/2025**
- Initial Round Report / Evaluation to be reviewed at March Quality Committee
- Complete (2) rounds of chart review assignments prior to NYS DOH Designation
  - BHH Chart Review Tool is being updated based upon CMA Feedback
  - Next Scheduled Round:



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2025 BHH Goals – Achieving full NYS DOH Health Home Designation

6-Month Outlook

- BHH's NYS DOH Designation to occur July 2025
  - Member Record / Chart Assignments shared in June 2025

Feb	*Mar*	*Apr*	*May*	*Jun*	*Jul*
Goals: 1. Achieve full NYS DOH Health Home Designation 2. All CMAs will achieve at least 88% on their Scorecard				***NYS DOH Designation Chart Review Assignments Released (N = 50)**	***NYS DOH Designation Chart Review Period**
2/5/2025 Operations Report CES Report	**3/5/2025** Operations Report CES Report	**4/3/2025** Operations Report CES Report **4/8/2025** Q1 Executive Summary [Jan – Mar]	**5/5/2025** Operations Report CES Report	**6/4/2025** Operations Report CES Report	**7/3/2025** Operations Report CES Report **7/8/2025** Q2 Executive Summary [Apr – Jun] **7/16/2025** CMA Scorecards [Jan – Jun]
2/25/2025 Q1 CR Release Date	→	**4/24/2025** Q1 CR Due Date			
		4/29/2025 Q2 CR Release Date	→	**6/26/2025** Q2 CR Due Date	

Clinical & Business Operations

2025 BHH Goals – Achieving full NYS DOH Health Home Designation

NYS DOH Designation - Domain 2: Quality & Process Measures

BHH Updates

- **BHH to add (2) New Measures to QMP Portfolio:**
  - Care Management Follow-up [Core Service, "AD" Indicator] after Discharge – 2 Day
  - Care Management Follow-up [Core Service, "AD" Indicator] after Discharge – 7 Day
    - All Discharge Alerts (by volume, not by member/month)

- BHH to continue to add FCM system Flags to identify members with the following quality flags in PSYCKES:
  - **AMR** (Asthma Medication Ratio)
  - **SAA** (Adherence to Antipsychotic Medication for Individuals Diagnosed with Schizophrenia
    - Guidance added to BHH CM User Guide

Clinical & Business Operations

2025 BHH Goals – All CMAs Achieving at least 88% on their Scorecard

Actions to Reach Target?

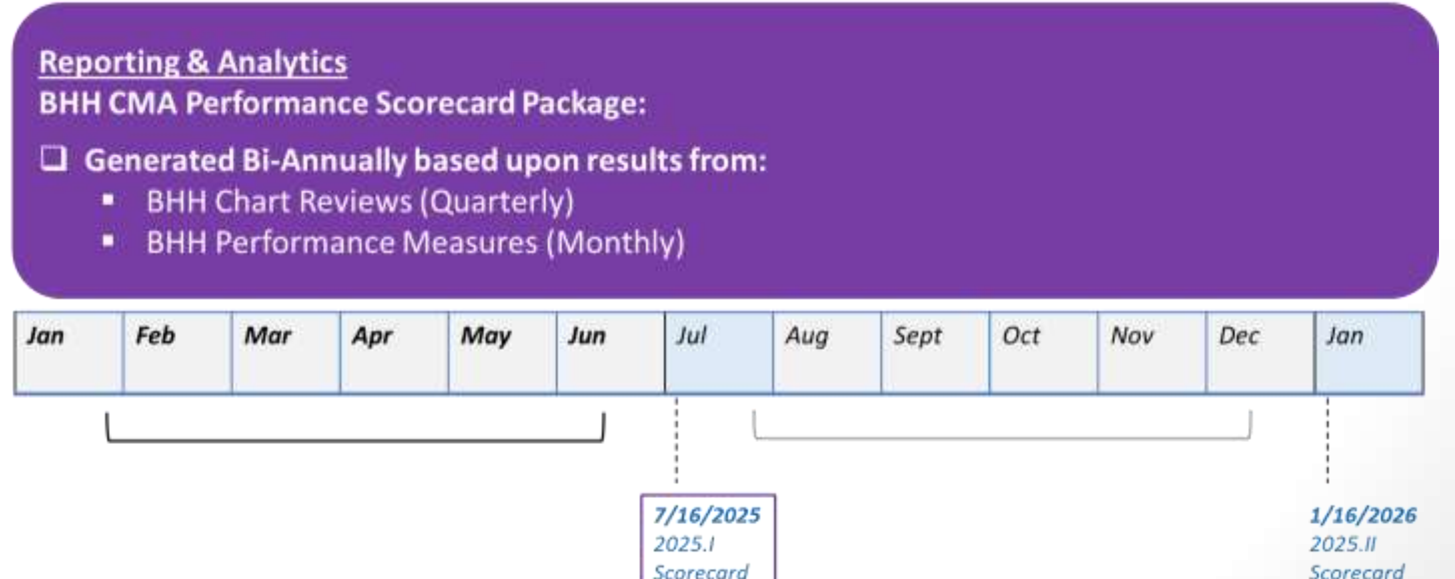
- **Operations Report / Performance Measures**
  - How are CMAs ensuring issues being addressed?

Clinical & Business Operations

2025 BHH Goals – All CMAs Achieving at least 88% on their Scorecard

6-Month Outlook

- BHH's next CMA Performance Scorecard to be released July 2025
- BHH will be implementing Corrective Action Plans for low performing CMAs
  - Strategic Focus
  - Measure Specific
  - Process will introduce joint CAP process reviews



Clinical & Business Operations

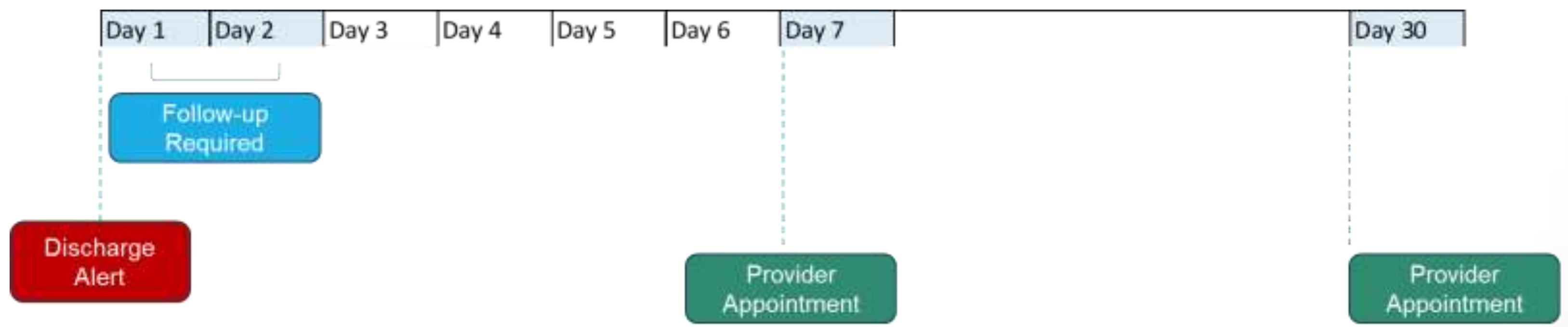
2025 BHH Goals – All CMAs Achieving at least 88% on their Scorecard

<u>Care Manager / Supervisor Training Recap</u>

Discharge Clinical Event Notification Follow-up – 2 Days

Key Takeaways:

1. Check Discharge Notifications Daily
2. Complete a Core Service within 2 Days of a Discharge Notification



Reminder: Encounters directly related to a discharge alert should include the **"AD" Indicator**

Clinical & Business Operations

2025 BHH Goals – All CMAs Achieving at least 88% on their Scorecard

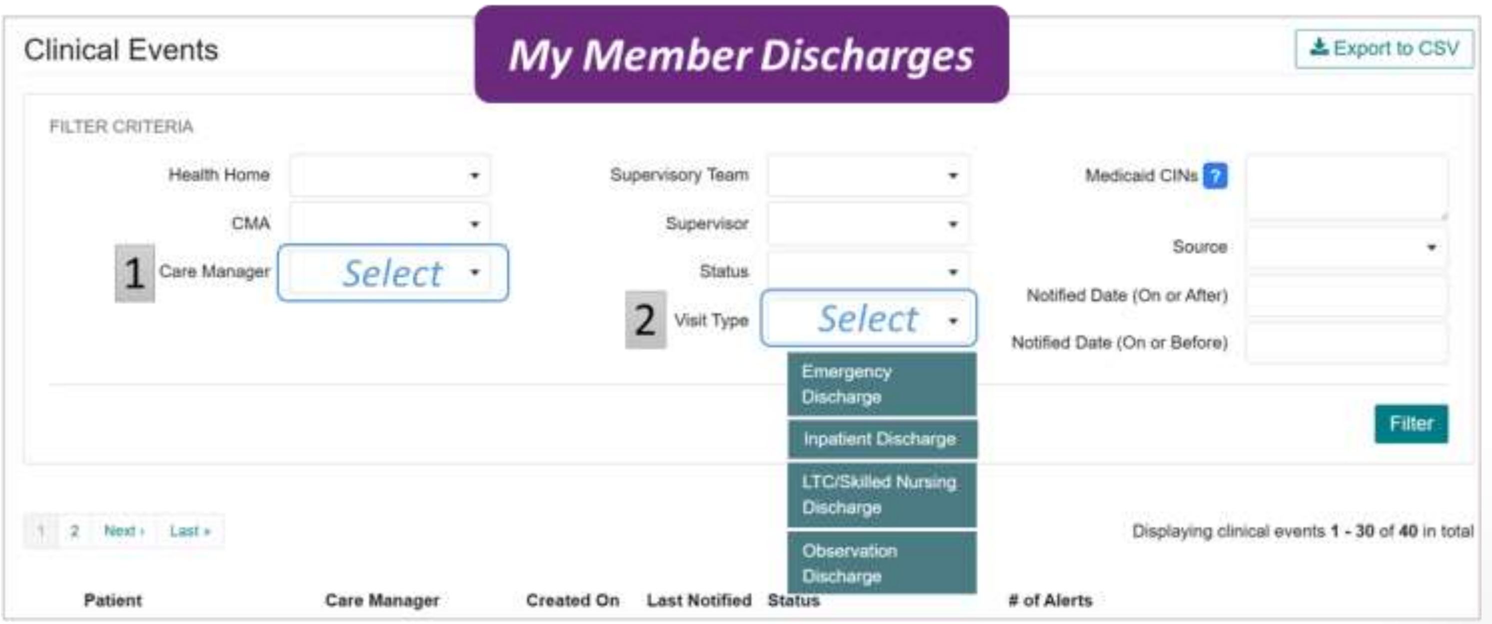
Care Manager / Supervisor Training Recap

Discharge Clinical Event Notification Follow-up – 2 Days

Navigating the Clinical Events Portal

(1) Select Care Manager Name

(2) Select Discharge Visit Types



Clinical & Business Operations

2025 BHH Goals – All CMAs Achieving at least 88% on their Scorecard

<u>Care Manager / Supervisor Training Recap</u>

Discharge Clinical Event Notification Follow-up – 2 Days

Navigating the Clinical Events Portal

(3) Select an Appropriate Notified Date (On or After)

(4) Select Status

Action Needed

Clinical Events

Recent Discharges

Export to CSV

FILTER CRITERIA

Health Home

CMA

Care Manager

Supervisory Team

Supervisor

4

Status: Select

Visit Type: × Emergency… × Inpatient Di… × LTC/Skilled… × Observatio…

Medicaid CINs ?

3

Source

Notified Date (On or After): Select

Notified Date (On or Before)

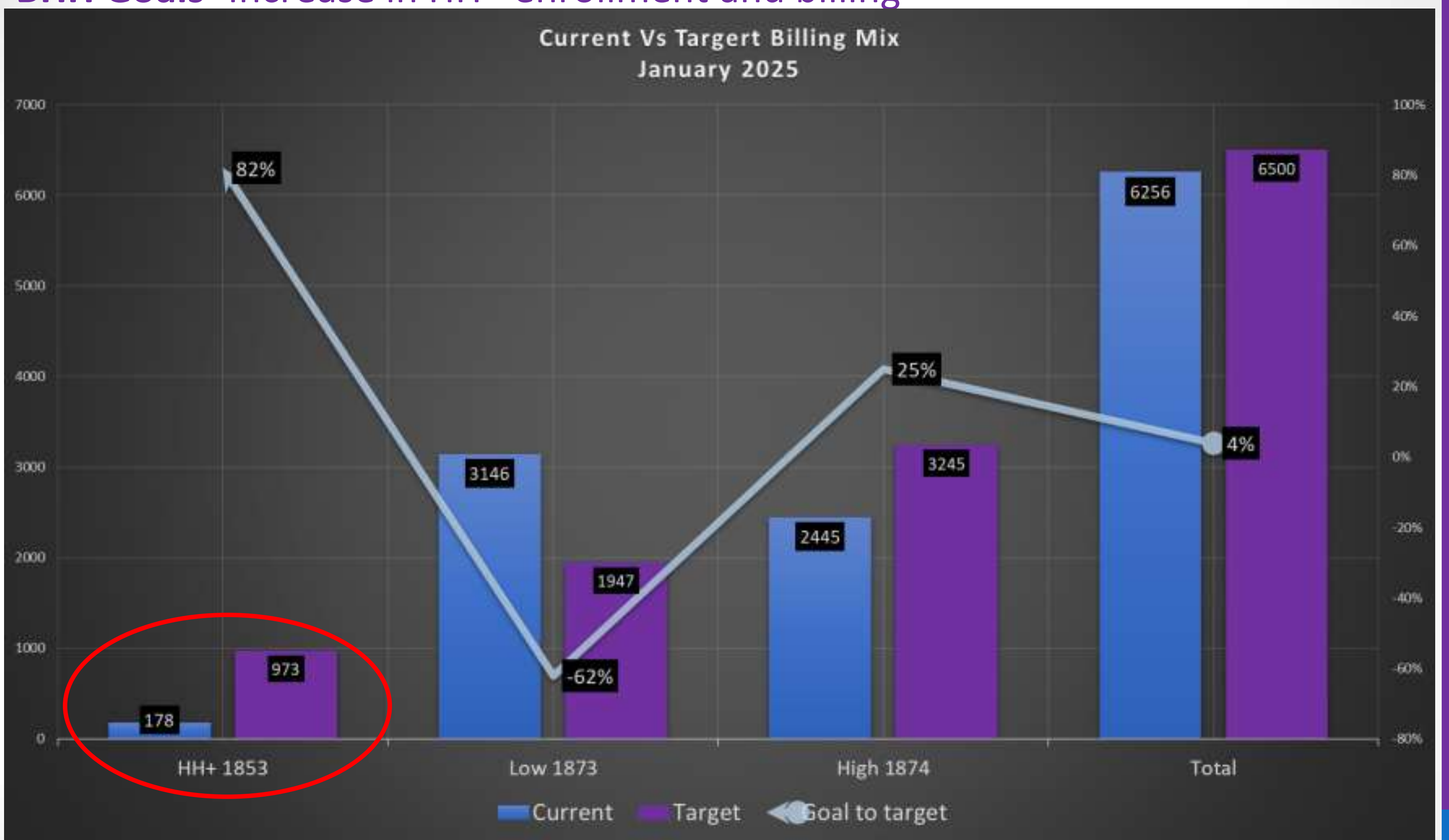
Filter

Displaying all 15 clinical events

Patient	Care Manager	Created On	Last Notified	Status	# of Alerts

Clinical & Business Operations

BHH Goals- Increase in HH+ enrollment and billing



Current Enrollment vs. Target Goal Enrollment

- Current Enrollment: 6,256
- Target Goal: 6,500

Actions to Reach Target:

- Increase HH+ population by 82%
- Decrease low rate by 62%
- Increase high-risk/high-need population by 25%

Clinical & Business Operations

BHH Goals- Increase in HH+ enrollment and billing

What are some strategies to achieve these targets?

High-Risk/High-Need Population Review- CM Supervisor's should review this population for HH+ eligibility

- Some members in this category have:
  - Over 4 encounters with a core service.
  - 2 in-person visits, qualifying them for HH+ visit standards.
- Some members have discharge dates from facilities in their encounter notes, but these are not reflected in the member's BSQ.

Review of HH+ flags- are teams using flags to track HH+ eligibility and service delivery?

Use of PSYCKES- are teams regularly reviewing PSYCKES HH+ /POP / high-utilizer quality flag reports?

Other ideas- Care Manager training on how to discuss HH+ / Review of Care Team structure for flexibility in HH+ caseloads

Upcoming Meetings

- Quality Committee (via WebEx)
  - Tuesday, March 11th, 3:00 – 4:30pm
- Care Management Workflow (via WebEx)
  - Wednesday, March 19th, 3:00 – 4:30pm
- Joint Clinical, Business Operations, and HIT (In-Person)
  - Thursday, March 20th, 3:00 – 4:30pm
- Supervisor Workgroup (In-Person)
  - Wednesday, April 9th, 3:00 – 4:30pm