Opportunities to Improve Models of Care for People with Complex Needs - Webinar Follow-Up Information

As a follow up, here is the NY Health Home information to share from Caitlin Thomas-Henkel. Of important note, the new payment structure has not yet launched- it is scheduled to roll out in the fall of 2016. In addition, New York established a Health Home and Managed Care workgroup which includes a geographic mix of plans and providers that meets regularly to address policy and operational issues. An excerpt from a recent CHCS NY Health Home payment memo may be found below:

New York Health Home Payment Structure

New York originally planned for the roll out of its new Health Homes payment models early in 2016, but has experienced a few unexpected delays. Beginning in the fall of 2016, the New York State Health Home program will adapt its payment structure to more accurately account for the social complexity of individuals enrolled in the program. New York has aimed this program at high-need, high-cost Medicaid members throughout the state, and when it initially rolled out in 2012, the initial rate structure was acuity adjusted based on diagnoses, with additional adjustments being made based on geography/region. However, in response to feedback from Health Homes that many of the enrollees in the program required highly time-consuming care coordination due to social factors that were either not reflected or were under-reported in the claims data (e.g. homelessness, substance abuse, jail involvement, etc.), the state has modified this structure. Under the new model, Health Homes will complete an assessment for enrolled Health Home patients on a monthly basis that will indicate whether they should be billed at High, Medium, or Low (HML) rates, as identified based on the following domains:

- Having a serious behavioral health need (auto-populated through data management portal)
- Baseline acuity (auto-populated through data management portal)
- Predictive risk score (auto-populated through data management portal)
- HIV viral load and T-cell counts (if HIV+)
- Homelessness
- Incarceration
- In-patient stay for mental illness
- In-patient stay for substance use disorder treatment
- Active substance use and/or functional impairment

Based on the responses to questions in these domains, patients are given a monthly HML rate determination, with pmpm rates ranging from $58 (upstate Low)-$479 (downstate High) This rate-cell structure allows for pmpm rates to fluctuate over time and thus more accurately reflect the complex and dynamic nature of coordinating care for this population.

Roll-out of this rate-setting model and the assessment itself will not occur until New York's comprehensive reporting and data management portal goes live (anticipated September, 2016), so feedback on the structure is limited at this point. However, the tool was created in partnership with several Health Homes and health plans, and has their support and buy-in. CHCS is not currently aware of any other Health Home programs that are utilizing such a payment structure or incorporating these functional/social factors into rates.

More information about the model can be found here, and a draft of the assessment is on slide 5:
https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/hh_hml_rate.pdf

In addition, a few additional slides:
https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/hh_hml_rate_for_adults.pdf
https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/hh_hml_rate_for_children.pdf