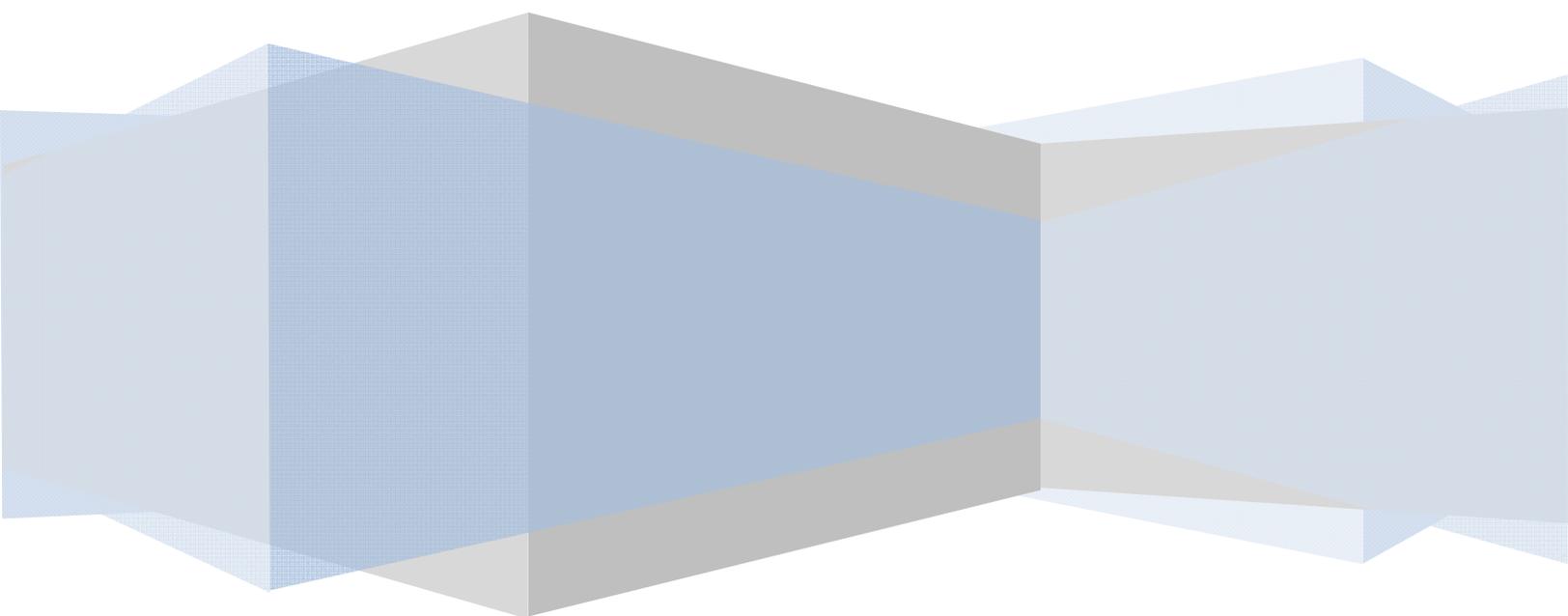


Department of Health and Mental Hygiene

Maryland Medicaid Chronic Health Homes- Quarterly Report

March to October 2015



I. Executive Summary

March through October 2015 for Health Homes were marked by an increase in provider and participant enrollment. As of September 2015, 78 Health Home sites have enrolled more than 6,000 individuals. Claims paid since the launch of the program total approximately \$5,875,000 and monthly claims averaged \$316,160 in Quarter 2.

The Department partners with The Hilltop Institute to evaluate Medicaid enrollees' current participation in the Health Homes program and their interactions with the health care system. While findings are preliminary, early analysis suggests that Health Home participants have a strong demand for the Health Home social services, such as care coordination and health promotion. Initial results show mixed results in the overall trends for health care utilization and outcomes measures when Health Homes participants are compared to similar Medicaid enrollees. The Department expects to submit a JCR to the General Assembly to provide a comprehensive preliminary analysis of the program soon.

The Department continued to collaborate with stakeholders in the second and third quarter of 2015 to strategize how to increase Health Home enrollment and discuss methods of implementing policy and program updates.

II. Background

The Health Home program targets populations with behavioral health needs who are at high risk for chronic conditions, offering care management services from providers from whom they regularly receive care. Individuals with diagnoses of serious persistent mental illness (SPMI), opioid substance use disorders (SUD), or children with serious emotional disturbance (SED) can qualify for services if they are eligible for and engaged with a psychiatric rehabilitation program (PRP), a mobile treatment (MT) provider, or from an opioid treatment program (OTP) that is enrolled as a Health Home.

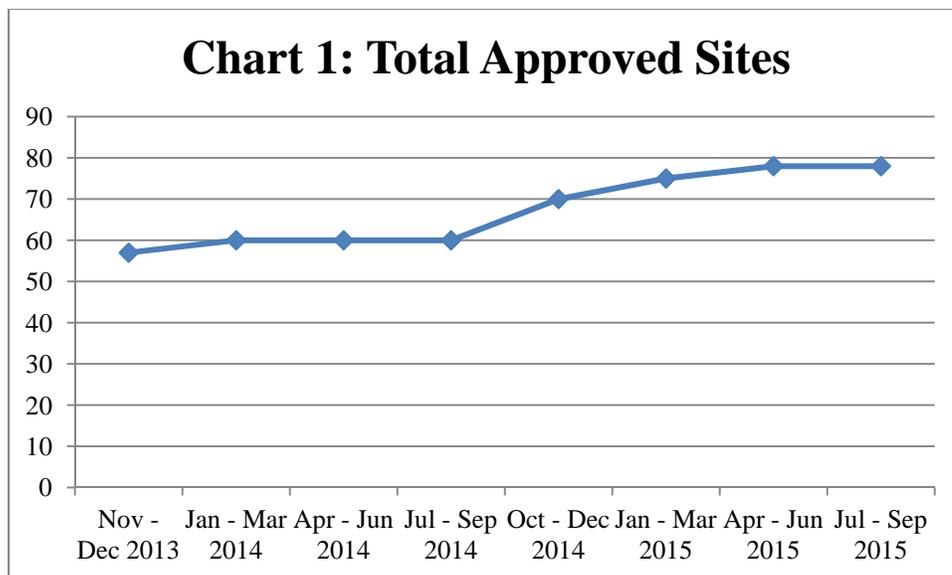
III. By the Numbers

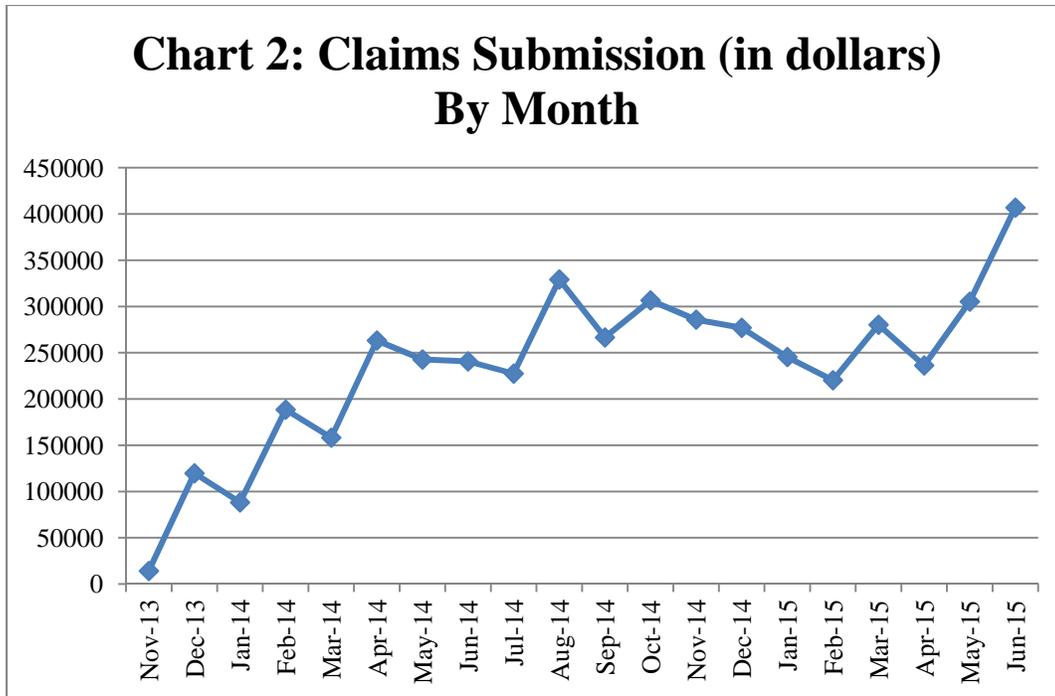
The Health Homes program increased enrollment to 6,067 participants in Q3 of 2015, an increase of 1,003 from the Q1 of 2015. The tables below provide detail regarding participant and provider enrollment:

Table 1: Participant Summary	
Total Participants	6,067
Adult Participants (>18)	5,456
Youth Participants (<18)	611
Participation by Provider Type	
Psychiatric Rehabilitation Programs	4,702
Mobile Treatment	445
Opioid Treatment Programs	920

Table 2: Provider Summary	
Approved Sites (total)	78
Psychiatric Rehabilitation Programs	63
Mobile Treatment	10
Opioid Treatment Programs	5

Charts 1 and 2 below illustrate the increases in program enrollment and claims submission since the launch of the Health Homes program, respectively. Steady gains over the past two quarters suggest that the Department’s continued emphasis on program outreach and provider enrollment has been effective.





IV. Program Data Analysis

The Department’s Planning Administration in collaboration with The Hilltop Institute has prepared an evaluation of the first six quarters of the Health Homes Program from October 2013 through March 2015. The report provides a description of the population of Health Home enrollees and their interactions with the program and the health care system at large. Performance measures included in the report were selected from the original Maryland State Plan Amendment (SPA) application and quality measure recommendations published by the Centers for Medicare & Medicaid Services. The Quarterly Report can be accessed online: <https://mmcp.dhmd.maryland.gov/SitePages/Health%20Home%20Program%20Evaluation%20and%20Outcomes.aspx>.

V. Policy and Process Updates

a. Provider Training and Outreach

The Department continues to focus on program outreach and provider enrollment. The Health Home Advisory Committee is exploring ways to increase enrollment by OTP providers, who are

underrepresented in the program, and is planning outreach activities targeting these providers in the coming year.

b. Systems Improvements

The Department made several improvements to the eMedicaid reporting system to ensure measures collected are appropriate and logical and based on provider feedback and clinical review. The Department continues to collect feedback from providers offering suggestions for improvements to the eMedicaid system.

The Department migrated the Health Homes webpage to be on the newly updated Medicaid website.

- The new link for the Health Homes webpage is:
<https://mmcp.dhmh.maryland.gov/SitePages/Healthy%20Homes.aspx>.
- The provider requirements link (which can be accessed through the main Health Homes webpage) is:
<https://mmcp.dhmh.maryland.gov/SitePages/Health%20Home%20Requirement%20Information.aspx>.
- The link to policy updates including transmittals (which can be accessed through the provider requirements webpage) is
<https://mmcp.dhmh.maryland.gov/SitePages/Policy%20Updates.aspx>.

c. Claims Review

The Department began an extensive review of all claims submitted in 2014 to identify trends and ensure providers fully understand and adhere to billing requirements. The Department has completed outreach to all providers who experienced billing issues to offer an opportunity for correction or retraction. Providers have been very responsive in working with the Department to correct any identified issues and educate billing staff to avoid errors. Moving forward, the Department will continue to monitor claims and outreach to providers on a six month basis.

d. Policy Updates

Health Home [transmittal No. 5](#) was released on October 27, 2015. This transmittal provides clarification of current regulations regarding the role of nurse care managers and the billable services they can deliver. It is intended to promote the implementation of Population Health Management and to encourage the efficient and effective use of Nurse Care Managers to focus on care management, professional consultation, monitoring of health status through record review, and treatment team meeting participation. Specifically it clarifies three services that are permitted under COMAR but stakeholders felt Health Homes were not currently taking advantage of.

VI. Looking Forward

In the coming quarter, the Department will continue its efforts to increase enrollment and implement policy and program updates. Evaluation of the program is ongoing. Information regarding quarterly reports assessing the performance of the Health Homes for the seventh and eighth quarters of the program along with a JCR submitted to the General Assembly will be included in future updates and will be posted on the Health Homes website when they become available. The increased FMAP for Health Homes has ended and FMAP will continue at the regular 50/50 match.