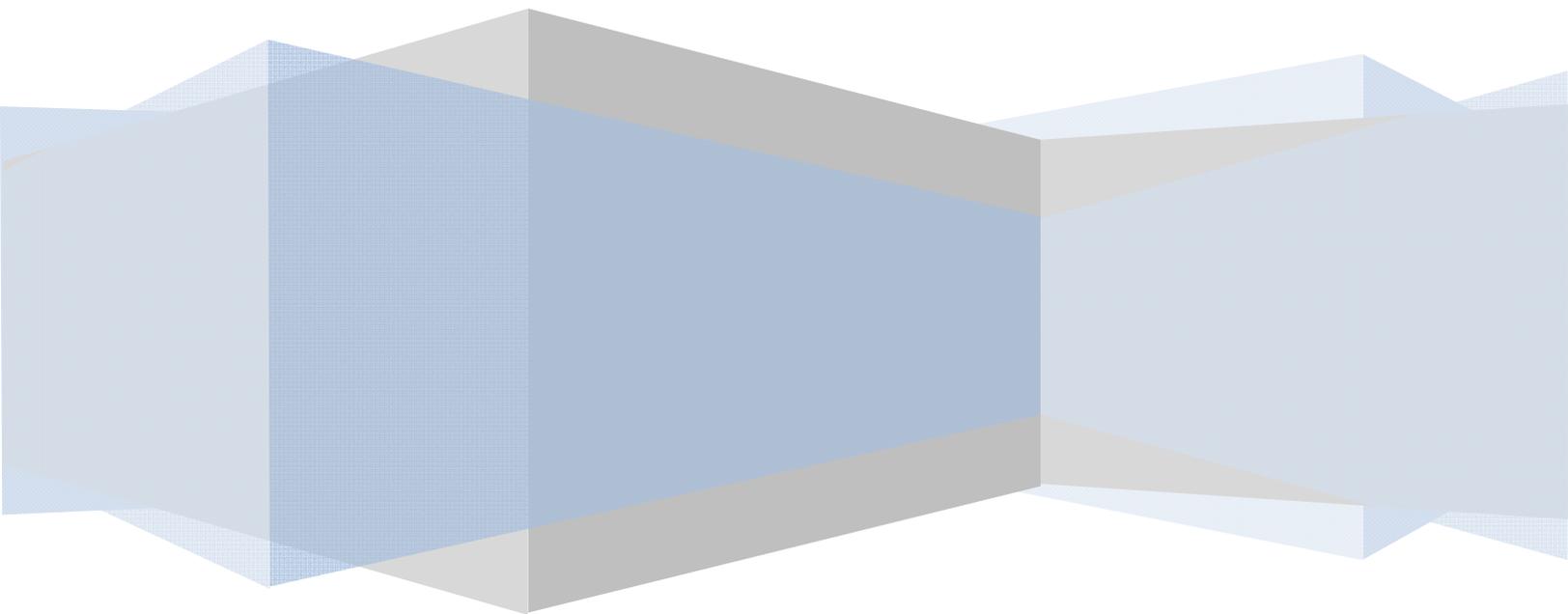


Department of Health and Mental Hygiene

**Maryland Medicaid
Chronic Health Homes
Quarterly Report
July to September 2016**



I. Executive Summary

January through June 2016 for Health Homes were marked by an increase in provider enrollment and small decrease in participant enrollment. As of September 2016, 83 Health Home sites have 5,372 active participants. Claims paid since the launch of the program total \$ 10,187,159.11 and monthly claims averaged \$ 410,165.89 in Quarter 3.

The third quarter of 2016 included continued interest in the health home site visit process and the initiation of desk audits to ensure compliance with regulations. The Department continued to meet with stakeholders and providers and prepare for future system changes to eMedicaid.

II. Background

The Health Home program targets populations with behavioral health needs who are at high risk for chronic conditions by 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 an opioid treatment program (OTP) that is enrolled as a Health Home.

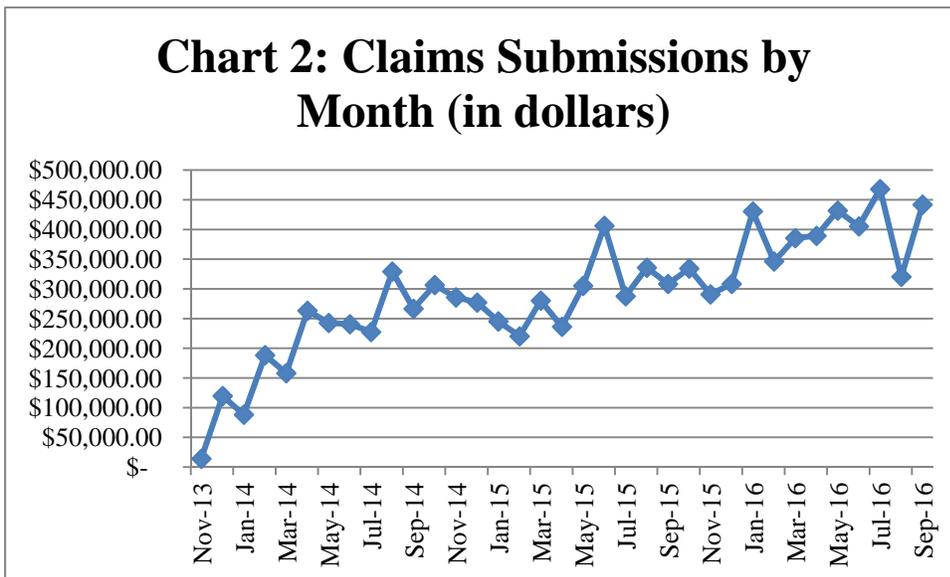
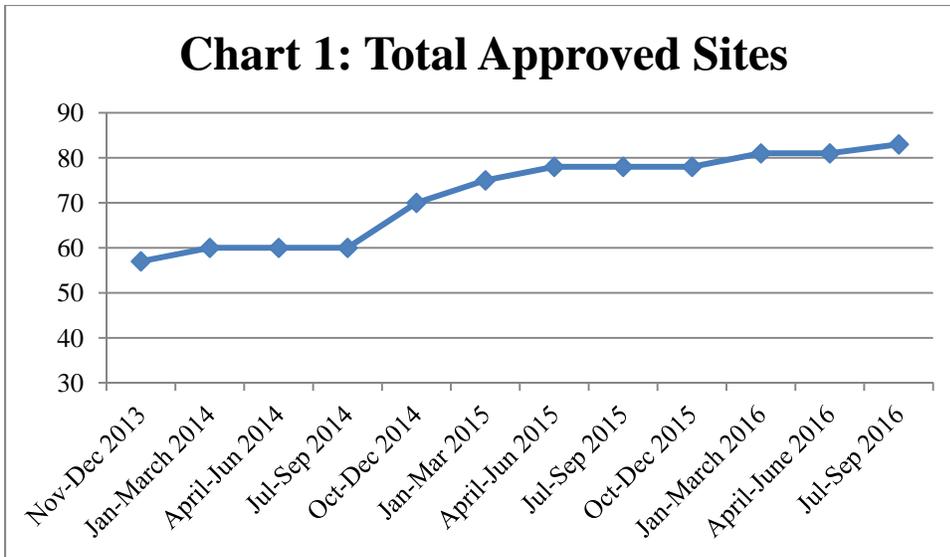
III. By the Numbers

The Health Homes program enrollment included 5372 active participants in Q3 of 2016. The tables below provide detail regarding participant and provider enrollment:

Table 1: Participant Summary	
Total Participants	5372
Adult Participants (>18)	4774
Youth Participants (<18)	598
Participation by Provider Type	
Psychiatric Rehabilitation Programs	3842
Mobile Treatment	255
Opioid Treatment Programs	1275

Table 2: Provider Summary	
Approved Sites (total)	83
Psychiatric Rehabilitation Programs	63
Mobile Treatment	10
Opioid Treatment Programs	10

Charts 1 and 2 below illustrate the increases in program enrollment and claims submission since the launch of the Health Homes program, respectively. Please note that claims data are not considered complete for the most recent data due to claims run out issues. Both provider enrollment and claims submission have increased during the first half of 2016. The increase in provider enrollment came mostly from OTPs and is partially responsible for the increase in claim submission.



IV. Program Data Analysis

The Department’s Planning Administration in collaboration with The Hilltop Institute has prepared an evaluation of the first ten quarters of the Health Homes Program from October 2013 through March 2016. 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 and all other evaluations can be accessed online: <https://mmcp.dhmf.maryland.gov/Pages/Health-Home-Program-Evolution-and-Outcomes.aspx>.

V. Policy and Process Updates

a. Provider Training and Outreach

The Department's focus on program outreach and OTP provider enrollment in 2015 had promising results in 2016 with five additional new OTP health home sites enrolled.

The Department began compliance and technical assistance site visits to Health Home providers in April 2016 and has continued these visits bi-monthly thus far through 2016. During Site visits, providers are reviewed for adherence to State regulations. Providers also have an opportunity to receive feedback from the State Health Home program staff and experienced Health Home technical advisor in order to strengthen the program.

b. Claims Review

In April, the Department completed an extensive review of all claims with a date of service from January to October 2015 to identify trends and ensure providers fully understand and adhere to billing requirements. Providers were very responsive to working with the Department in correcting identified issues and educating billing staff to avoid errors. Claims reviews of all enrolled Health Home providers are completed every six months. The next review will take place in December 2016 and will include claims from November 2015 to June 2016.

The Department's Health Home program staff is making strides towards implementing a strategy for reviewing the Health Home Program using eMedicaid in order to ensure that Medicaid recipients are receiving quality services and that providers are meeting the Department's guidelines for reimbursable health home services. The provision of Health Home services and the submission of claims is contingent upon full compliance with applicable regulations, transmittals, and guidance issued by the Department of Health and Mental Hygiene. Health Home Provider Transmittal No. 3 and the Health Home provider manual state that all Health Home services shall be targeted to the specific participant's needs, delivered by an appropriately trained staff member, and meet the service delivery requirements detailed in regulations.

VI. Looking Forward

In the coming quarter, the Department will continue its site visits and place an added emphasis on needed system updates. In the fourth quarter of 2016, the Department will fully implement reviews of documented Health Home services in eMedicaid. Evaluation of the program is ongoing.