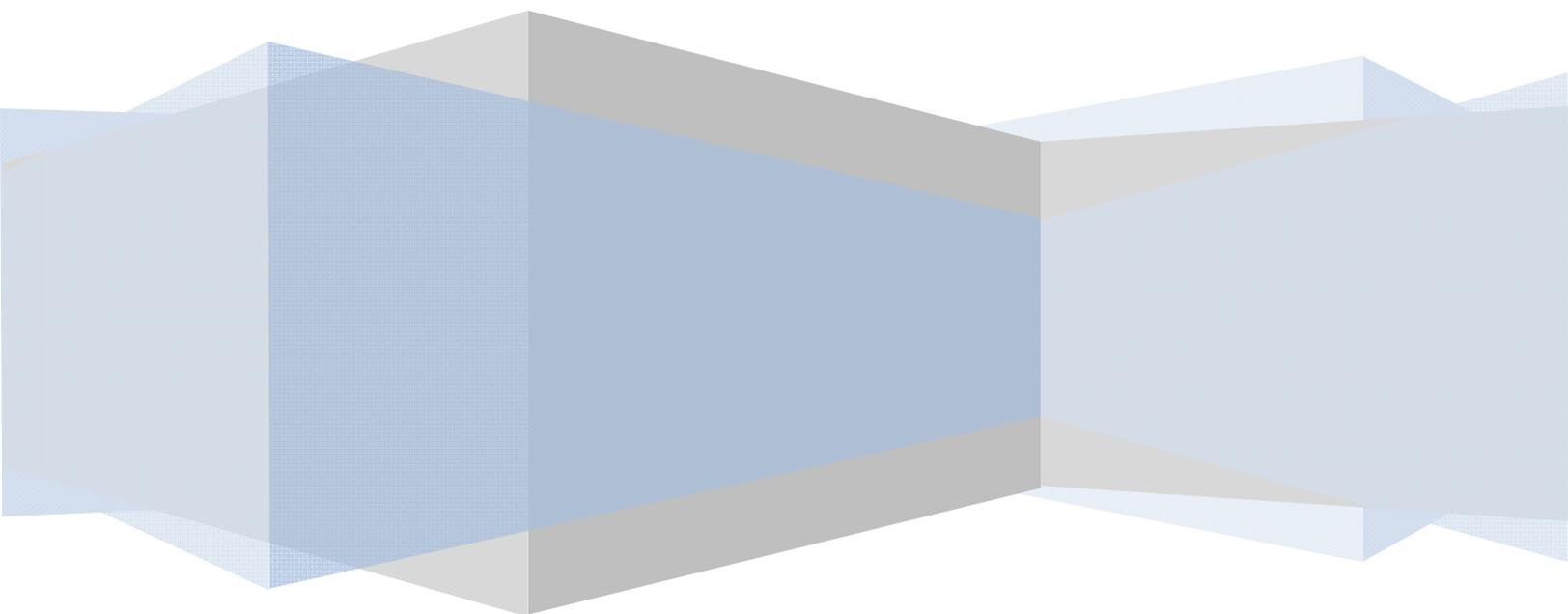


Department of Health and Mental Hygiene

Maryland Medicaid Chronic Health Homes Quarterly Report

October to December 2015



I. Executive Summary

October through December 2015 for Health Homes were marked by steady provider and participant enrollment. As of December 2015, 78 Health Home sites have enrolled more than 6,000 individuals. About 4700 participant were actively enrolled in December. Claims paid since the launch of the program total \$ 6,567,629 and monthly claims averaged \$ 311,234 in Quarter 4.

The Department continued to collaborate with stakeholders in the fourth quarter of 2015 to strategize how to increase Health Home OTP provider 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 an opioid treatment program (OTP) that is enrolled as a Health Home.

III. By the Numbers

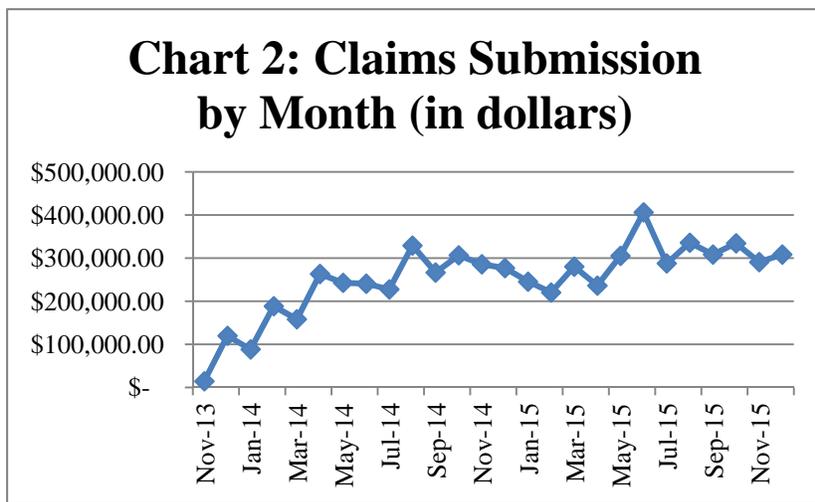
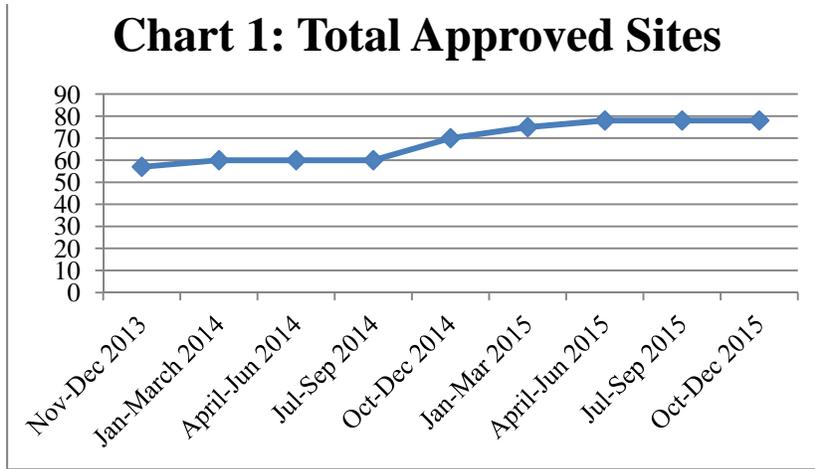
The Health Homes program enrollment has held steady around 4700¹ active participants in Q4 of 2015. The tables below provide detail regarding participant and provider enrollment:

Table 1: Participant Summary	
Total Participants	4,700
Adult Participants (>18)	4230
Youth Participants (<18)	470
Participation by Provider Type	
Psychiatric Rehabilitation Programs	3,760
Mobile Treatment	188
Opioid Treatment Programs	752

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

¹ The numbers reported this quarter represent active participants whereas previous quarters reported total participants ever enrolled. Therefore participant numbers may appear lower this quarter but they have remained steady.

Charts 1 and 2 below illustrate the increases in program enrollment and claims submission since the launch of the Health Homes program, respectively. Both provider enrollment and claims submission have held relatively steady for the second through fourth quarters of 2015.



IV. Program Data Analysis

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

c. Claims Review

Midyear 2015, 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. Providers were 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.