

MO HealthNet Division (MHD) Primary Care Health Home (PCHH) Conference Call Highlights – January 12, 2012

Frequently Asked Questions (FAQs) from this call will soon be available at this same website.

Relationships among the various initiatives

- Types
 - Primary Care Health Home Initiative
 - This conference call is specifically for the Primary Care initiative which is for patients with chronic care conditions that have specific eligibility requirements.
 - Community Mental Health Center Health Home Initiative
 - A Department of Mental Health Initiative in collaboration with MHD and is for a subset of patients with chronic care conditions with mental disorders.
 - Multi-Payer Initiative
 - An initiative through the Missouri Foundation for Health, with Anthem as a payer.
 - MHD is not the payer for this initiative.
 - Christine Hughes with Bailit Health is the contact for more information regarding the Multi-Payer Initiative.
- The initiatives have similar processes and are each in the Learning Collaboratives coordinated by Bailit and CSI.
- There is some confusion around which organizations are involved in each initiative, but MHD will compile a spreadsheet for clarification. Questions regarding this matter may be sent to Christina Fain at Christina.Fain@dss.mo.gov.

Status Update

- Patient enrollment letters will be mailed on January 13, 2012, and should be received by participants beginning January 17, 2012.
- A notice will be sent to the providers on January 13, 2012 containing the following:
 - Copy of the enrollment letter
 - Copy of the site list that was included with the enrollment letter
 - Copy of the list of Health Home Providers and phone numbers that were merged into the enrollment letters.
 - Copy of the flyers

- Although these have already been sent, and there were no changes to the flyers, they are being sent again for the providers use
- Transfer and discharge forms and protocols
- Paving the Way PowerPoint
 - The same PowerPoint document that was sent with the agenda for this call. It is to be used by the Health Home Organizations for the purpose of training staff.
- Health Homes should plan on beginning to contact their patients that have been auto-enrolled in their Health Home the week of January 23, 2012.
- The confirmed additional DCNs that were proposed by the providers will be auto-enrolled in March. For the DCNs that were not deemed eligible, the provider may complete a “Consider for Additions” Worksheet and return by January 13, 2012.
- Staffing forms must be received by Marcia Seabourne to obtain the PMPM including
 - At time of implementation, one Health Home Director, one Nurse Care Manager, and one Care Coordinator.
 - Within 30 days of implementation, the Health Home must have one Behavioral Health Coordinator.
 - Within 60 days of implementation, each Health Home must be 85% fully staffed.
- Once the contact forms are received, a Certificate and Designation Letter will be sent to the organization.

Training

- A webinar will be scheduled to review the Pave the Way PowerPoint. A webinar will also be scheduled to discuss the Health Home roles and responsibilities for the Health Home team members.

Learning Collaborative

- The four learning collaborative cohorts include
 - The first learning session from December in St. Louis had its follow up the week of January 9, 2012.
 - The Columbia cohort is scheduled for January 17-18, 2012.
 - The St. Louis area was broken into groups, enabling a Session for St. Louis South.
 - Kansas City’s Learning Collaborative has been delayed a few weeks into April.
- The reporting system is up and running
- They are currently verifying provider information

- There have been some adaptations to the Learning Collaborative curriculum based on the feedback that was received after the first session. There were challenges associated with the different initiatives, and some differences in language and practice paradigms.

Metrics, Measures, and Reports

- There is a separate set of measures for each of the three initiatives: The Primary Care Health Home, the Community Mental Health Center Health Home, and the Multi-Payor Initiative.
- Data Elements
 - The data will be extracted from the EMR. Arcadia is currently in development with the Missouri Primary Care Association and CSI Solutions. The providers will not need to do any additional steps other than what they are currently doing.
 - Data will also come from MHD claims.
- Construction of data elements
 - A data warehouse was built for Medicaid patients and the Health Home program in partnership with the Missouri Primary Care Association.
 - There was some manual entry in the beginning, however it will not be needed in the future.
 - It is uncertain if every measure for each clinic in the Multi-Payor Initiative can be provided, as the details are still being discussed.
 - The measures that are not readily available will not be reported.
 - Rural health clinics and other non-FQHC's will need to use a modified process to submit information to the data warehouse. Data extraction for some measures of the Learning Collaborative cannot be done.
- Measures
 - There are some questions on which organizations are reporting on which measures.
 - All initiatives are involved in the Learning Collaboratives which have measures for diabetes and pediatric asthma. These measures are included in NQF data sets.
 - Versions of the measures are on the CSI website.
 - A spreadsheet of measures is being worked on, and when finalized will be distributed.
- Reports will be discussed on the next call.

The next call is scheduled for January 27, 2012.

Any questions may be sent to Christina.Fain@dss.mo.gov