

# Ohio Medicaid Health Home Service for SPMI Population

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## Phase II Service Population & Rate Methodology



July 10, 2013



# Health Home Implementation Schedule

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## ○ Phase I:

- Implementation Date: October 1, 2012.
- Includes Adams, Butler, Lawrence, Lucas and Scioto counties.

## ○ Phase II:

- Implementation Date: **October 1, 2013.**
- Statewide in remaining 83 counties.

# Phase II State Plan Amendment (SPA)

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- Ohio Medicaid in collaboration with OhioMHAS developed a second HH SPA that will expand the availability of the service to providers in the 83 Phase II counties.
- SPA was submitted to the federal Centers for Medicare and Medicaid Services (CMS) on June 27; approval pending for October 1 effective date.
- Supporting Medicaid rule changes underway.



# Phase II Implementation Goals

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- Efficient processes for provider certification, information exchange and client enrollment.
- Identify appropriate population for the service.
- Establish sustainable payment methodology to prioritize those with the most uncoordinated care and who are at the highest risk.

# Focus of Today's Webinar

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## Topics related to Phase II Health Homes:

- Health Home eligible population Acuity Tiers
- Payment methodology
- Using de-identified data to help target your service population
- Enrollment when a consumer has service history with more than one provider
- Other technical assistance areas

# Acuity Tiers and Payment Methodology

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**DATA SOURCE:**

**MEDICAID CLAIMS AND ENCOUNTERS**

**DATES OF SERVICE**

**SEPTEMBER 2011 THROUGH AUGUST 2012**

# Tiered Payment Methodology

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Ohio Medicaid will reimburse Health Home service providers in Phase II areas using a two-tiered payment methodology.

Each Tier group and rate is based on the acuity of each individual's chronic conditions, Medicaid service utilization history and the resource intensity needed to serve the population.

# General Tier Terminology/Concepts

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- Adult and Child/Adolescent Groupings.
- Average total costs for all MCD services.
- Hospital admissions for all services MCD pays for (PH and BH).
- Visit represents a unique client/provider interaction.
- Prescriptions are initials and refills.
- J-codes – see list on next slide.

# General Tier Terminology/Concepts

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- **J-Codes:**
  - J1630 INJECTION, HALOPERIDOL, UP TO 5 MG
  - J1631 INJECTION, HALOPERIDOL DECANOATE, PER 50 MG
  - J2358 INJECTION, OLANZAPINE, LONG-ACTING, 1 MG
  - J2426 INJECTION, PALIPERIDONE PALMITATE EXTENDED RELEASE, 1 MG
  - J2680 INJECTION, FLUPHENAZINE DECANOATE, UP TO 25 MG
  - J2794 INJECTION, RISPERIDONE, LONG ACTING, 0.5 MG

# General Tier Terminology/Concepts

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- Top 5 Child/Adolescent Diagnoses Groupings:
  - ADHD/ADD
  - Mood disorders
  - Oppositional Defiant Disorder
  - PTSD and Adjustment Disorders
  - Impulse Control Disorders
    - ✦ i.e. conduct disorder, intermittent explosive disorder, etc.

# Tier 1 Adult (age 18 and over) Criteria

Monthly case rate of \$215 per person

<p><b>UNCOORDINATED CARE INDICATOR OR MODERATE CPST USE</b></p> <p>1. Total admits greater than or equal to 1 with <b>\$8,426</b> in total cost</p> <p style="text-align: center;">OR</p> <p>2. ED visits greater than or equal to 4 (mean 3) with <b>\$8,426</b> in total cost</p> <p style="text-align: center;">OR</p> <p>3. CPST visits greater than or equal to 10 (median)</p>	<p><b>AND</b></p>	<p><b>SERIOUS MH DIAGNOSIS OR MH SERVICES USE</b></p> <p>1. Serious MH diagnosis : Schizophrenia, Schizoaffective Disorder, Bipolar I, Other Psychotic Disorders, Major Depressive Disorder, recurrent, severe with and without psychotic features</p> <p>OR</p> <p>2. ODMH service utilization greater than or equal to 9 (median)</p> <p>OR</p> <p>3. High MH pharmacy use:</p> <p style="margin-left: 20px;">A. Received 13 or more prescriptions during time period from the following combined drug classes:</p> <ol style="list-style-type: none"> <li>1. Psychotherapy, Tranq/Antipsychotic;</li> <li>2. Anti-manic Agents;</li> <li>3. Anticonvulsant, Benzodiazepine;</li> <li>4. Anticonvulsant, Miscellaneous;</li> </ol> <p style="text-align: center;">OR</p> <p style="margin-left: 20px;">B. Received J code injectables during time period.</p>
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# Tier 1 Child/Adolescent Criteria

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Monthly case rate of \$215 per person

<p style="text-align: center;"><b>UNCOORDINATED CARE INDICATOR OR MODERATE CPST USE</b></p> <p>1. Total admits greater than or equal to 1 with <b>\$5,200</b> in total cost</p> <p style="text-align: center;">OR</p> <p>2. ED visits greater than or equal to 4 (mean 3) with <b>\$5,200</b> in total cost</p> <p style="text-align: center;">OR</p> <p>3. CPST visits greater than or equal to 10 (median)</p>	<p><b>AND</b></p>	<p style="text-align: center;"><b>SERIOUS MH DIAGNOSIS OR MH SERVICES USE</b></p> <p>1. Serious MH diagnosis : Schizophrenia, Schizoaffective Disorder, Bipolar I, Other Psychotic Disorders, Major Depressive Disorder, recurrent, severe with and without psychotic features</p> <p style="text-align: center;">OR</p> <p>2. ODMH service utilization greater than or equal to 9 (median)</p> <p style="text-align: center;">OR</p> <p>3. High MH pharmacy use:</p> <p style="margin-left: 20px;">A. Received 13 or more prescriptions during time period from the following combined drug classes:</p> <ol style="list-style-type: none"> <li>1. Psychotherapy, Tranq/Antipsychotic;</li> <li>2. Anti-manic Agents;</li> <li>3. Anticonvulsant, Benzodiazepine;</li> <li>4. Anticonvulsant, Miscellaneous;</li> </ol> <p style="text-align: center;">OR</p> <p style="margin-left: 20px;">B. Received J code injectables during time period.</p>
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# Tier 2 Adult (age 18 and over) Criteria

Monthly case rate of \$315 per person

HIGH COST & HIGH RISK:

<p><b>SUPER HIGH COST</b></p> <p>Over <b>\$19,300</b> total cost (90th percentile).</p>	<p>OR</p>	<p><b>HIGH COST</b>      <b>AND</b>      <b>HIGH RISK</b>      <b>AND</b></p> <p>All consumers must have at least <b>\$8,426</b> in total cost (average).</p> <p>An IP admit</p>	<p><b>SERIOUS MH DIAGNOSIS OR MH SERVICES USE</b></p> <ol style="list-style-type: none"> <li>1. Serious MH diagnosis : Schizophrenia, Schizoaffective Disorder, Bipolar I, Other Psychotic Disorders, Major Depressive Disorder, recurrent, severe with and without psychotic features</li> </ol> <p>OR</p> <ol style="list-style-type: none"> <li>2. CPST use</li> </ol> <p>OR</p> <ol style="list-style-type: none"> <li>3. High MH pharmacy use:             <ol style="list-style-type: none"> <li>A. Received 13 or more prescriptions during time period from the following combined drug classes:                 <ol style="list-style-type: none"> <li>1. Psychother, Tranq/Antipsychotic;</li> <li>2. Antimanic Agents;</li> <li>3. Anticonvulsant, Benzodiazepine;</li> <li>4. Anticonvulsant, Misc;</li> </ol> </li> </ol> <p>OR</p> <ol style="list-style-type: none"> <li>B. Received MH J code injectibles during time period.</li> </ol> </li> </ol>
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# Tier 2 Child/Adolescent Criteria

Monthly case rate of \$315 per person

HIGH COST & HIGH RISK:

<p><b>SUPER HIGH COST</b></p> <p>Over <b>\$10,600</b> total cost (90th percentile).</p>	<p>OR</p>	<p><b>HIGH COST</b> AND <b>HIGH RISK</b></p> <p>All consumers must have at least <b>\$5,200</b> in total cost (average).</p> <p>An IP admit</p>	<p>AND <b>SERIOUS MH DIAGNOSIS OR MH SERVICES USE</b></p> <ol style="list-style-type: none"> <li>1. Serious MH diagnosis : Schizophrenia, Schizoaffective Disorder, Bipolar I, Other Psychotic Disorders, Major Depressive Disorder, recurrent, severe with and without psychotic features</li> </ol> <p>OR</p> <ol style="list-style-type: none"> <li>2. CPST use</li> </ol> <p>OR</p> <ol style="list-style-type: none"> <li>3. High MH pharmacy use:             <ol style="list-style-type: none"> <li>A. Received 13 or more prescriptions during time period from the following combined drug classes:                 <ol style="list-style-type: none"> <li>1. Psychother, Tranq/Antipsychotic;</li> <li>2. Antimanic Agents;</li> <li>3. Anticonvulsant, Benzodiazepine;</li> <li>4. Anticonvulsant, Misc;</li> </ol> </li> </ol> </li> </ol> <p>OR</p> <ol style="list-style-type: none"> <li>B. Received MH J code injectibles during time period.</li> </ol>
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# Tiered Rates Development

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- Tier is determined at the time of enrollment.
- Provider Perspective
  - Cost – Uniform Cost Report
  - Usual and Customary Charge (UCC) for Medicaid services
  - Sliding Fee Schedule
- Rate – claim adjudication/processing construct

# Tiered Rates Development

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- Researched other states.
- Consulted with national experts.
- Designed to account for the relative resource use for persons in each tier.
- Based on historical Medicaid service utilization.
- Considered input costs:
  - Staff salaries.
  - Client to staff ratios.
  - Administrative costs including EHRs.

# Payment Variation

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- Payment for Health Home services is the lesser of the billed charge (UCC) or the Health Home monthly case rate for the acuity tier applicable to the severity of the individual's chronic conditions as determined by the State based on both diagnosis and service utilization history.

# Comprehensive Case Rate Payment

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- Reimbursement for Health Home services is considered payment in full for all components of the service as defined in rule 5122-29-33, including service components that may otherwise be reimbursable as CPST.
- Behavioral health Service Rates may be found at (the bottom of the page):  
<http://jfs.ohio.gov/OHP/bhpp/FeeSchdRates.stm>

# Provider Level Data

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**DATA SOURCE:**

**MEDICAID CLAIMS AND ENCOUNTERS**

**DATES OF SERVICE**

**SEPTEMBER 2011 THROUGH AUGUST 2012**

# De-identified Data Reports

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- Five Reports Available (tabs in an Excel file)
- Reports generated from Medicaid claims and encounter data for the 12 month period previously mentioned
- SPMI and SED reports display unique medical conditions using diagnoses to categorize
- Summary medical data by: County, Provider, Tier and Gender
- People may be counted more than once if they received services from more than one CBHC
- MH Assessment, BH Therapy & Counseling, CPST and Pharmacological Management service providers only
- Providers with less than 6 unique people **excluded**

# De-identified Data Reports

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- Report Inventory
    - County Aggregate Reports
      - ✦ SPMI Aggregate by County
      - ✦ SED Aggregate by County
    - Provider Level Summaries
      - ✦ SPMI Provider Level Summary
      - ✦ SED Provider Level Summary
      - ✦ Provider Recipient Counts \*
- \* This historical provider-client association data is unduplicated for a given provider, but may duplicate across providers.

# SPMI Aggregate by County

SPMI De-identified Aggregate Data by County, Tier, Gender

County	Tier	Gender	CPST Visit	NON CPST	heartdefe	heartfailu	cad	copd	neurologi	diabetes	infectious
		Female Total	765	217	2	2	7	22	14	17	0
		Male Total	673	124	2	1	6	12	4	6	0
	TIER 1 Total		1438	341	4	3	13	34	18	23	0
		Female Total	369	153	15	6	23	54	35	45	3
		Male Total	187	90	12	6	16	18	18	15	4
	TIER 2 Total		556	243	27	12	39	72	53	60	7
Adams Total			1994	584	31	15	52	106	71	83	7
		Female Total	721	743	7	1	16	26	39	24	4
		Male Total	1061	843	1	2	4	11	12	11	1
	TIER 1 Total		1782	1586	8	3	20	37	51	35	5
		Female Total	863	1101	35	11	70	119	122	115	10
		Male Total	1282	1383	26	9	35	50	50	42	8
	TIER 2 Total		2145	2484	61	20	105	169	172	157	18
Allen Total			3927	4070	69	23	125	206	223	192	23
		Female Total	900	367	1	0	0	2	9	11	1
		Male Total	574	181	0	0	1	2	1	0	0
	TIER 1 Total		1474	548	1	0	1	4	10	11	1
		Female Total	455	327	4	4	5	12	18	12	2
		Male Total	349	123	3	5	10	13	10	9	1
	TIER 2 Total		804	450	7	9	15	25	28	21	3

# SED Aggregate by County

SED De-identified Aggregate Data by County, Tier, Gender

County	TIER	Gender	CPST Visits	NON CPST ODMH Visits	heartdefect	neurological	diabetes	infectious	colitis
		Female Total	229	300	0	2	1	0	2
		Male Total	309	122	0	1	0	0	3
	TIER 1 Total		538	422	0	3	1	0	5
		Female Total	223	221	0	5	1	0	1
		Male Total	344	434	0	5	0	0	0
	TIER 2 Total		567	655	0	10	1	0	1
Adams Total			1105	1077	0	13	2	0	6
		Female Total	681	597	0	2	1	0	0
		Male Total	1174	962	0	5	1	0	3
	TIER 1 Total		1855	1559	0	7	2	0	3
		Female Total	278	504	0	5	4	0	4
		Male Total	665	704	0	7	1	0	1
	TIER 2 Total		943	1208	0	12	5	0	5
Allen Total			2798	2767	0	19	7	0	8
		Female Total	1015	662	0	4	0	0	0
		Male Total	1507	1016	0	2	0	0	1
	TIER 1 Total		2522	1678	0	6	0	0	1
		Female Total	663	627	0	3	0	0	0
		Male Total	386	479	1	6	1	0	1
	TIER 2 Total		1049	1106	1	9	1	0	1
Ashland Total			3571	2784	1	15	1	0	2

# SPMI Provider Level Summary

- Four, Tier Two Patients, (Female and Male) displayed for Provider 59998
- One Tier Two Patient has 44 CPST visits
- All Recipients in Provider 59998 have 218 CPST visits

ProviderID	TIER	Gender	County	CPST Visits**	NON CPST ODMH Visits**	heartdefect**	heartfailure**
000000000059998	TIER 1	Female	Franklin	28	0	0	0
000000000059998	TIER 1	Female	Franklin	23	0	0	0
		<b>Female Total</b>		51	0	0	0
000000000059998	TIER 1	Male	Franklin	44	0	0	0
		<b>Male Total</b>		44	0	0	0
	<b>TIER 1 total</b>			95	0	0	0
000000000059998	TIER 2	Female	Franklin	2	3	0	0
000000000059998	TIER 2	Female	Franklin	44	0	0	0
000000000059998	TIER 2	Female	Franklin	27	10	0	0
		<b>Female Total</b>		73	13	0	0
000000000059998	TIER 2	Male	Franklin	50	1	0	0
		<b>Male Total</b>		50	1	0	0
	<b>TIER 2 total</b>			123	14	0	0
<b>000000000059998 Total</b>				218	14	0	0
000000000060117	TIER 1	Female	Franklin	28	28	0	0
000000000060117	TIER 1	Female	Franklin	81	9	0	0
000000000060117	TIER 1	Female	Franklin	28	9	0	0
000000000060117	TIER 1	Female	Franklin	53	8	0	0

# SED Provider Level Summary

- Nine, Tier Two Patients, (Female and Male) displayed for Provider 53974
- One Tier Two Patient has 50 CPST visits
- All Recipients in Provider 53974 have 305 CPST visits

ProviderID	TIER	Gender	County	CPST Visits**	NON CPST ODMH Visits**	heartdefect**	neurological**
000000000053974	TIER 1	Male	Summit	14	36	0	0
		Male		14	36	0	0
	TIER 1			14	36	0	0
000000000053974	TIER 2	Female	Portage	56	29	0	0
000000000053974	TIER 2	Female	Summit	6	31	0	0
		Female		62	60	0	0
000000000053974	TIER 2	Male	Cuyahoga	50	73	0	0
000000000053974	TIER 2	Male	Summit	12	48	0	0
000000000053974	TIER 2	Male	Summit	18	90	0	0
000000000053974	TIER 2	Male	Summit	33	127	0	0
000000000053974	TIER 2	Male	Summit	19	87	0	0
000000000053974	TIER 2	Male	Summit	40	142	0	0
000000000053974	TIER 2	Male	Summit	57	64	0	0
		Male		229	631	0	0
	TIER 2			291	691	0	0
<b>000000000053974 Total</b>				<b>305</b>	<b>727</b>	<b>0</b>	<b>0</b>
000000000059636	TIER 1	Female	Lorain	2	8	0	0
		Female		2	8	0	0

# Reports Clarification

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- The previous four Excel reports were specific to county-level data.
- The final Excel report provides a look at counts related to historical provider-client association.
- **NOTE:** These data reports should **not** be interpreted as cases assigned to specific providers or that clients are/should be enrolled.

# Historical Provider-Client Association

- Provider 71640 has 452 SPMI recipients for initial, potential enrollment
- Provider 200008 has 261 SED recipients for initial, potential enrollment

## Provider Recipient Counts

SPMI	
ProviderID	Provider Recipient Count
000000000059998	7
000000000060117	58
000000000064441	27
000000000065792	194
000000000066745	21
000000000066766	27
000000000067166	21
000000000071640	452
000000000073456	6
000000000074946	31
000000000079663	21
000000000200008	452
000000000200017	463



SED	
ProviderID	Provider Recipient Count
000000000053974	10
000000000059636	24
000000000061699	41
000000000063882	7
000000000064441	127
000000000065792	158
000000000066460	44
000000000066655	105
000000000067166	265
000000000071640	10
000000000074946	27
000000000200008	261
000000000200124	158



# SPMI and SED Provider Level Summary Notes

- Each Provider report has data notes positioned at the top to assist with data understanding

** 0 indicates no visits pertaining to medical condition			
** 1 indicates visits pertaining to medical condition			
*** Provider # 9999999999999999 indicates no specified provider for recipient.			
**** See Provider Recipients Counts tab for recipient counts by Provider			
***** Seen By More Than One CPST Provider. If this column equals True, the recipient numbers contained in this report reflect data from all providers. For example, if CPST Visits equals 28 and recipient has seen multiple providers, those 28 visits are inclusive of all providers seen.			



# Multiple provider service history

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In instances where a person has received services from more than one CBHC, each CBHC will be able to see total number of service contacts of their client(s) for the 12 month time period, but will not see the service level information of a client's other CBHC contacts.

# Contact OhioMHAS

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- ODMH and ODADAS are now the Ohio Department of Mental Health & Addiction Services (OhioMHAS)
- OhioMHAS website: **<http://mha.ohio.gov/>**
- Submit general questions about Health Homes to: **[healthhomes@mha.ohio.gov](mailto:healthhomes@mha.ohio.gov)**
- For questions related to Health Home certification, contact Rob Nugen: **[Robert.Nugen@mha.ohio.gov](mailto:Robert.Nugen@mha.ohio.gov)**



# Questions?

