## **Evaluation of the Maryland Medicaid Chronic Health Homes Program**

June 13, 2015

Shamis Mohamoud, Alexis Smirnow, David Idala, and Alyssa Brown

AcademyHealth Annual Research Meeting State Health Research and Policy Interest Group



#### **Presentation Outline**

- Health Home Overview
- Measures and Data Sources
- Lessons Learned

#### **HEALTH HOME OVERVIEW**



#### **Health Home Overview**

- Section 2703 of the Patient Protection and Affordable Care Act of 2010 created the option for state Medicaid programs to provide health homes to beneficiaries with chronic conditions
  - States submit a two-year state plan amendment (SPA) to CMS, during which time they receive an enhanced Federal Medical Assistance Percentage for health home services
- Health homes are designed for Medicaid beneficiaries with chronic illnesses, focusing on behavioral health and social supports rather than clinical services.
- States have the flexibility to define their health home services, but they must provide all six of the following:
  - Care management, care coordination, health promotion, comprehensive transitional care and follow-up, individual and family support, and referral to community and social support services



## Maryland Health Home Program

- Implemented on October 1, 2013, and approved for 5 years
- The health home center is a behavioral health care setting, focusing on those with a serious mental illness or substance use disorder
- Providers receive \$98.87 per month per participant, as well as upon intake
- As of March 2015, Maryland had 32 approved health home providers across 75 sites in 21 of the 23 counties in the state

## **Provider Types**

- 1. Psychiatric rehabilitation programs (PRP)
  - Provide rehabilitation and case management to those with a serious mental illness to help them develop community living skills
- 2. Mobile treatment services (MTS)
  - Provide outpatient services for those with mental illnesses in the person's natural environment (home, shelter, or street)
- 3. Opioid treatment programs (OTP)
  - Provide medication-assisted treatment (e.g., methadone)



#### **Provider Service Requirements**

- Staff must include a health home director, physician or nurse practitioner, and care manager
- Required to provide at least two services per member per month
- A care manager monitors the participant's care and health status and coordinates with other staff to provide the appropriate health home services
- Health homes notify each of the participant's other providers and inform them of the participant's health home goals and services received



## **Eligible Populations**

- Adults with a serious persistent mental illness
- Children with a serious emotional disorder
- Adults with an opioid substance use disorder and risk of additional chronic conditions due to current or prior tobacco, alcohol, or other non-opioid substance use
- Currently receiving care from a PRP, MTS, or OTP
- Excludes enrollees receiving Medicaid-funded 1915(i) waiver services, mental health case management, or other services that may duplicate those provided by health homes



## **Participation**

- Participant's health and social service needs are assessed
- Assigned a care manager who monitors the participant's care and health status and coordinates with other staff to provide them with appropriate health home services
- A care plan, updated every 6 months, includes:
  - Participant's health home goals
  - Timeline for goal achievement
  - Intervention/services to be received
  - Community networks and supports



# Monitoring Health Home Performance

- The Hilltop Institute is monitoring the health home program on behalf of Maryland Medicaid
- Hilltop reports quarterly on:
  - Participant characteristics
  - Health home services
  - Health care utilization and quality
- Measures selected based on the original Maryland SPA application and CMS quality measure recommendations



#### **Data Sources**

- eMedicaid data—an eligibility and payment data warehouse for all Medicaid practitioners
- Maryland Medicaid claims data



#### Measures

- eMedicaid-based measures
  - Demographics
  - Diagnoses
  - Clinical outcome measures
  - Health home services received
- Medicaid claims-based measures
  - Ambulatory care visits
  - Emergency department visits
  - Inpatient hospitalizations
  - All-cause 30-day readmissions
  - Avoidable emergency department visits
  - Ambulatory care sensitive hospitalizations



### **Enrollment**

Quarter	Dates	Enrolled at Any Point in the Quarter	Enrolled For the Full Quarter	Percentage Enrolled for Full Quarter
Quarter 1	10/1/13 – 12/31/13	2,224	121	5.4%
Quarter 2	1/1/14 - 3/31/14	3,086	2,105	68.2%
Quarter 3	4/1/14 - 6/30/14	3,667	2,785	75.9%
Quarter 4	7/1/14 – 9/30/14	3,954	3,242	82.0%
Quarter 5	10/1/14 – 12/31/14	4,112	3,438	83.6%
<b>Ever Enrolled</b>		4,809		



## Participant Characteristics

- More than 80% of participants are enrolled in the PRP program. The remaining participants are split evenly between the MTS and OTP programs.
- Approximately 60% of participants are aged 40-64 years, 25% are aged 21-39 years, and 10% are children under 21
- Primary mental health conditions
  - Approximately 30% are identified as schizophrenic
  - Major depressive disorder and bipolar disorder constitute approximately15% each
- Qualifying risk factors (OTP only)
  - The most frequent qualifying risk factor was tobacco usage at 50% of participants
  - Usage of another non-opioid substance closely followed at 40% of participants



#### **Services**

- Comprehensive care management and health promotion services are received at a significantly higher rate than others types of health home services – provided to 84% and 70%, respectively, of participants in the most recent quarter
- The majority of participants receive at least one care coordination service each quarter
- Participants are much less likely to use comprehensive transitional care or referral to community supports, at 7% and 12%, respectively, during the most recent quarter



## **LESSONS LEARNED**

## **Data System Planning**

- Obtain input from varied types of stakeholders
- Consider the efforts required to use the system, maintain the database, and evaluate the data
- Estimate the size of the participant population to inform the types of data to be collected
- Determine who will have access to what data, any necessary data sharing agreements that need to be put in place, HIPAA requirements, and data transfer logistics



## Database Features that can Assist in Program Evaluation

- Develop a data dictionary, definitions, and other documentation
- Limit types of data that can be entered
- Consider a system requiring providers to enter key pieces of data
- Establish consistent data collection protocols
  - For example, require that certain information be collected at baseline and/or at certain regular intervals



#### **Measure Selection**

- Have clear goals for each measure
  - Regular reporting
  - Comparative provider assessments
  - Program-wide evaluation
- Claims data
  - Allow run-out time before finalizing claims measures
  - Anticipate linking data when using information from multiple programs or sources
- Where possible, use measures that have national benchmarks



## **About The Hilltop Institute**

The Hilltop Institute at the University of Maryland, Baltimore County (UMBC) is a nationally recognized research center dedicated to improving the health and social outcomes of vulnerable populations. Hilltop conducts research, analysis, and evaluation on behalf of government agencies, foundations, and other non-profit organizations at the national, state, and local levels.

www.hilltopinstitute.org

#### **Contact Information**

**Shamis Mohamoud** 

Senior Policy Analyst, Medicaid Policy Studies

410-455-3571

smohamoud@hilltop.umbc.edu

