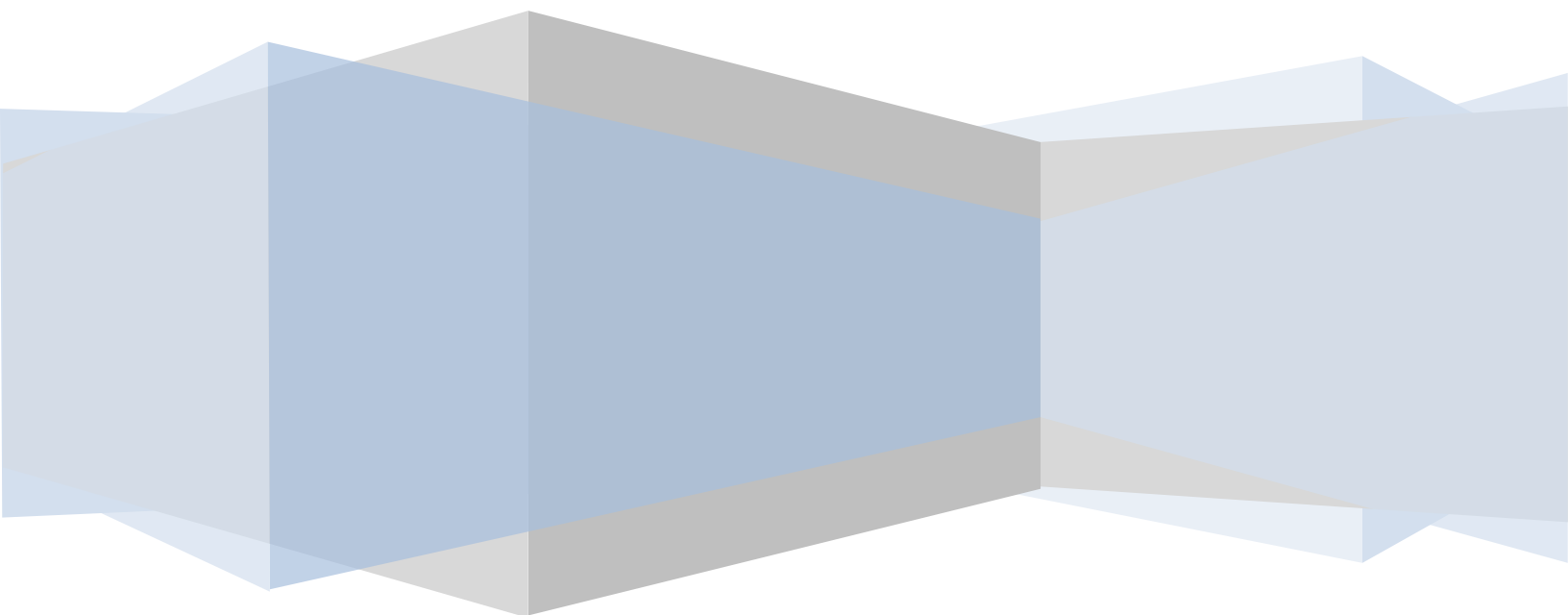


Department of Health and Mental Hygiene

Health Homes Quarterly Report

January to March 2015



I. Executive Summary

The Health Homes program's first quarter of 2015 was marked by continued growth in provider and participant enrollment, and further analysis of Health Homes population data. As of March 31st, the program had enrolled 75 Health Home sites, including a new Opioid Treatment Program (OTP) site, with participant enrollment topping 5000 individuals. Total claims paid since the launch of the program stood at \$3,750,106 with monthly claims submissions in Quarter 1 of 2015 averaging \$248,632.

The Department has partnered with The Hilltop Institute to examine Medicaid enrollees' current participation in the Health Homes program, and their interactions with the health care system. While findings are preliminary, they appear to confirm the need for Health Home services, demonstrating that the program serves a population with high rates of co-occurring disorders and chronic somatic conditions such as obesity and heart disease.¹ Early analysis of outcomes data is promising, suggesting that participants enrolled with a Health Home for longer periods of time may have fewer inpatient stays and emergency department visits.

The Department continued to collaborate with stakeholders in the first quarter of 2015 to strategize increasing Health Home enrollment and discuss methods of implementing policy and program updates. Collaboration efforts include planning trainings for new and current providers, making systems improvements to eMedicaid, and initiating an extensive review of all claims submitted in 2014 to identify trends and ensure compliance.

II. Background

The Health Homes program targets populations with behavioral health needs who are at high risk for chronic conditions, offering care management services from providers with whom participants already receive regular behavioral health care. Individuals eligible for Health Home services include those with diagnoses of serious persistent mental illness (SPMI), opioid substance use disorders (SUD), or children with serious emotional disturbance (SED). Participants must be enrolled to receive services from either a psychiatric rehabilitation program (PRP), a mobile treatment (MT) provider, or from an opioid treatment program (OTP) that is enrolled as a Health Home provider in order to qualify for services.

III. By the Numbers

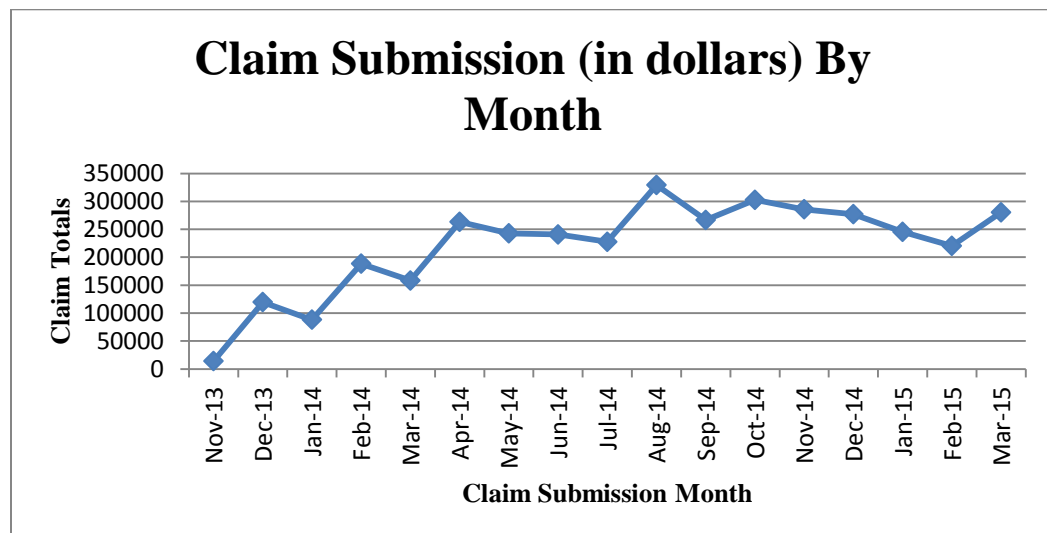
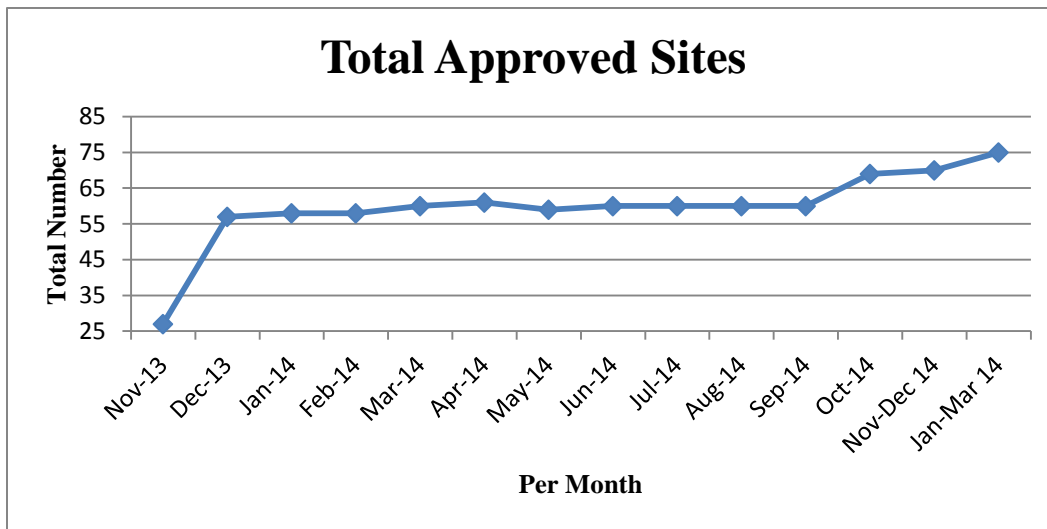
The Health Homes program increased enrollment to 5,064 participants in Q1 of 2015, an increase of 356 from the previous quarter. A total of eight new providers were approved during this same quarter: seven new PRP providers and a new OTP provider. A full list of approved providers is available [here](#), and the [Maryland Health Homes Map](#) shows their locations. The tables below provide detail regarding participant and provider enrollment:

¹ Analysis in this report is based on limited data gathered from the eMedicaid system and claims data, and should be considered preliminary at this point

Participant Summary	
Total Participants	5,064
Adult Participants	4,584
Youth Participants	480
Participation by Provider Type	
Psychiatric Rehabilitation Programs	4,082
Mobile Treatment	423
Opioid Treatment Programs	559

Provider Summary	
Approved Sites (total)	75
Psychiatric Rehabilitation Programs	60
Mobile Treatment	10
Opioid Treatment Programs	5

The charts below illustrate the increases in program enrollment and claims submission since the launch of the Health Homes program. Both demonstrate an increase over the previous quarter. The Department continues to emphasize program outreach and provider enrollment, as seen in the steady increase over the previous 6 months of operation.



IV. Program Data Analysis

The Department’s Office of Planning has prepared a second quarterly program evaluation report in collaboration with The Hilltop Institute to provide a description of the Health Home population, and their interactions with the program and the health care system at large. The report is available on the Health Homes website [here](#). Although preliminary data are not yet sufficient to determine program effectiveness, the report is valuable in establishing baseline measures and confirming the demand for Health Home services. Hilltop will develop quarterly Health Home program evaluation reports for the remainder of the program.

a. Population Profile

The table below provides a snapshot of the Health Homes participant population, based on Hilltop’s analysis of data from the first five quarters of the Health Homes program:

Participant Population Profile	
Gender	55.3% male, 44.6% female
Age	60 % aged 40-64 years
Race	46.3% black, 47.9% white
Co-Occurring MH/SUD Diagnosis	33%
Most Common Somatic Diagnosis	Obesity (75%)
Average BMI at Intake	31 ²

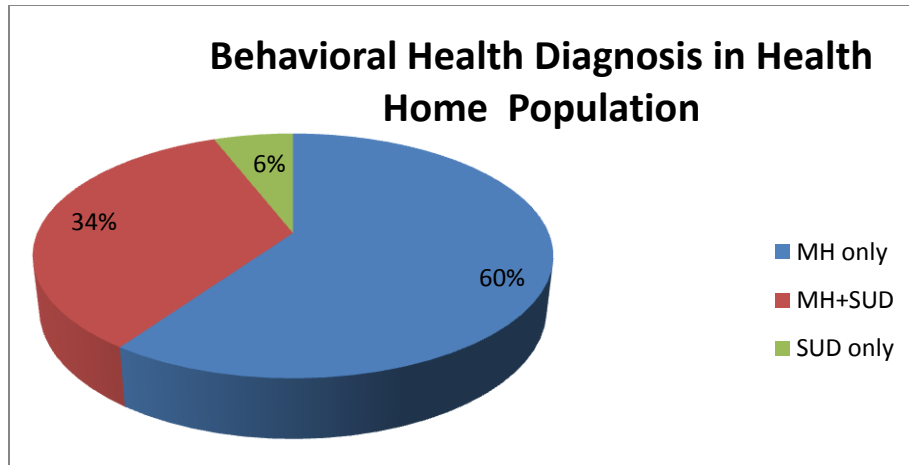
The report’s analysis also identified possible positive trends in inpatient admissions and Emergency Department visits among Health Homes participants. After 5 quarters of operation, rates for both types of hospital encounters were lower among participants that had been in the Health Homes continuously compared to those who had joined more recently. While the data remain preliminary at this point, these findings suggest the program may be beginning to produce the desired positive outcomes.

b. Co-Occurring Diagnosis in Health Homes

Additional analysis of eMedicaid data through March 3rd demonstrated that nearly all participants in the Health Homes report at least one chronic condition in addition to their primary behavioral health diagnosis; further confirming the need for a targeted intervention for this population. For many participants, a difficult co-morbidity is the presence of both a mental health (MH) and SUD. As noted above, more than a third of Health Home participants fall into this category, struggling with dual behavioral health diagnoses. This finding is in line with national data indicating that among the 20.3 million adults with an SUD diagnosis, 37.8 percent (7.7 million adults) had co-occurring mental illness.³

² These measures of BMI were calculated at intake and do not represent participant-level trends over time.

³ Health and Human Services. “Results from the 2013 National Survey on Drug Use and Health.” November 2014. Page 49. <http://www.samhsa.gov/data/sites/default/files/NSDUHmhr2013/NSDUHmhr2013.pdf>.



Two specific somatic diagnoses merit further analysis due to their prevalence among Health Home participants: obesity and hypertension. Seventy-three percent of participants with a MH diagnosis are obese. Likely contributing to this issue are medications common among participants, such as depakote and seroquel, which act as appetite enhancers. For the dual MH/SUD participants, about two-thirds are obese and one third has hypertension. Sixty-five percent of those participants with an SUD diagnosis are obese. This data underscores the importance of Health Home services due to the overlap between behavioral health and chronic conditions.

V. Policy and Process Updates

a. Provider Training and Outreach

In response to provider requests for additional training, the Health Homes Advisory Committee began planning a series of webinars to be conducted over the next 18 months. These will focus on addressing specific chronic conditions among the behavioral health population, and are designed to offer valuable education in the area of somatic diagnoses, which are often less familiar to PRP, OTP, and MT staff, whose expertise lies in behavioral health. The upcoming training series is the result of an active collaboration between the Health Homes Advisory Committee, the Community Behavioral Health Association (CBH) of Maryland, Way Station, and the State of Missouri's Health Home.

The Department continues to focus on program outreach and enrolling additional providers. As referenced above, the Health Homes program has approved a new OTP site, which expects to serve over 300 participants. Provider outreach in Q1 of 2015 included a presentation to the Maryland Association for the Treatment of Opioid Dependence (MATOD) in March, and a meeting of Managed Care Organization Medical Directors in February to encourage more participation in, and collaboration with, the Health Homes program.

b. Systems Improvements

The Department made several minor improvements to the eMedicaid reporting system to ensure measures collected are appropriate and logical, based on provider feedback and clinical

review. Additionally, the Health Homes Advisory Committee distributed a survey requesting structured provider feedback on the program overall, and specifically on further proposed improvements to eMedicaid. After reviewing the survey results, the Department will determine which improvements are feasible to improve the user experience.

c. Claims Review

The Health Homes program began an extensive review of all claims submitted in 2014 to identify trends and ensure there is full understanding and adherence to the billing requirements. The Health Homes program has initiated outreach to a few providers with billing issues to offer an opportunity for education and correction as needed. Providers have been 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 accordingly.

VI. Looking Forward

In the coming quarter, the Department will continue its efforts to increase enrollment and implement policy and program updates. This will include an analysis of provider survey results and implementation of feasible improvements to the eMedicaid system and other existing resources to streamline service delivery and reporting. The Department will continue to work with the Hilltop Institute to develop quarterly program evaluation reports, providing continued insight about the Health Homes program, population, and effect on the health care system.