



WV DHHR Bureau for Medical Services

Inaugural Year 2014 - 2015 Annual Report

West Virginia Health Homes

*Health Care Coordination for
West Virginia Medicaid Members*

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Inside Front Cover

The Health Homes Program

The Health Homes initiative was developed as part of the Affordable Care Act of 2010 as an optional Medicaid State Plan benefit for states to coordinate care for Medicaid members with chronic conditions. States participating in the Health Homes Initiative receive an enhanced federal match of 90% for eight quarters.



Health Homes coordinates the medical, behavioral health and social services and supports that members need in order to be and stay healthy. West Virginia decided to pilot its first Health Homes program in a six-county area, focusing on individuals with bipolar disorder who have, or are at risk of having, Hepatitis B and/or C. Studies show that individuals who experience bipolar disorder are more likely to have Hepatitis B and/or C due to risky behavior. In addition, these individuals are more likely to have substance abuse issues and require intense proactive medical care, which increases the medical costs of those individuals.

The West Virginia Bureau for Medical Services (BMS) spent more than two years meeting with key stakeholders to design the first Health Homes State Plan Amendment (SPA). The program launched on July 1, 2014, the start of State Fiscal Year (SFY) 2015. Six counties identified with the highest population of bipolar diagnosis and availability of mental and behavioral health facilities were chosen as the test pilot area for the Health Homes program. The six counties were Cabell, Kanawha, Mercer, Putnam, Raleigh and Wayne. Under the Health Homes program, providers must offer the following services:

- Comprehensive care management
- Care coordination
- Health promotion
- Comprehensive transitional care from inpatient to other settings
- Member and family support
- Referral to social support services
- Use of health information technology
- Counseling on alcohol and other drug dependence
- Education on prevention and treatment of Hepatitis B and/or C

Health Homes quality measures include:

- Ambulatory care-sensitive condition admissions
- Medication adherence to antipsychotics, antidepressants and mood stabilizers
- Follow-up after hospitalization for mental illness
- Percent of Health Homes enrollees completing a risk assessment for Hepatitis B and/or C
- Percent of Health Homes enrollees identified as high risk who are tested to confirm/rule out diagnosis of Hepatitis screening for clinical depression and follow-up plan
- Medical assistance with smoking and tobacco use cessation
- Adult body mass index (BMI) assessment
- Acute admissions and readmissions
- Care transition-transmission record transmitted to health care professional
- Percent of care transitions and referrals for which Health Homes provides a summary of care record or Continuity of Care Document (CCD)
- All cause hospital readmission rates

Health Homes Providers

Cabin Creek Health Systems: Enrolled 17 members during SFY 2015. Cabin Creek Health Systems offers services in adult care, behavioral health counseling, dental care, prenatal and obstetrics, pharmacy and women’s health. They are located in small communities and schools to provide efficient health care to those residents.

FMRS Health Systems, Inc.: Enrolled 83 members during SFY 2015. FMRS Health Systems specializes in programs that meet the needs of children and adults experiencing emotional, behavioral and developmental or substance abuse problems. FMRS serves Fayette, Monroe, Raleigh and Summers counties.

Marshall Health: Enrolled two members during SFY 2015. Marshall Health is a part of Marshall University’s School of Medicine. Marshall Health is the largest comprehensive care group in its region serving 29 counties in three states. They offer a wide variety of services such as family medicine, oncology, surgery, psychiatric services, etc.

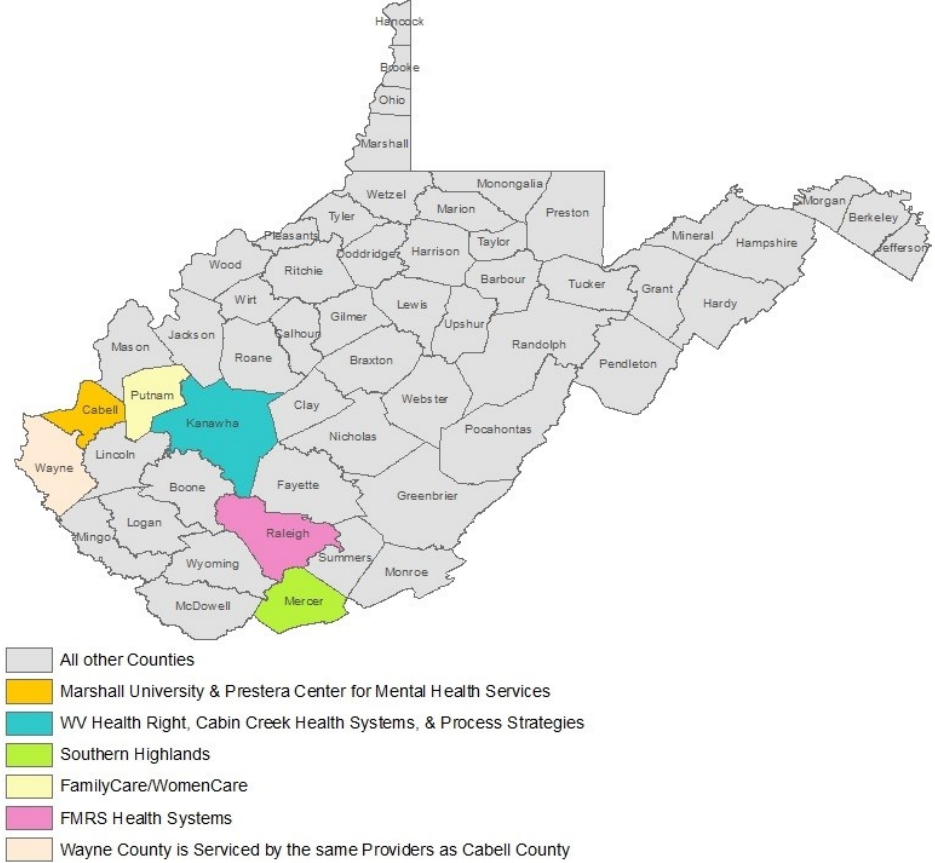
Pretera Center: Enrolled 402 members during SFY 2015. They offer mental health and addiction services and have 10 locations in West Virginia.

Process Strategies: Enrolled 416 members during SFY 2015. Process Strategies, a subsidiary of Highland Hospital, offers a variety of comprehensive behavioral health services to ensure that all patients have access to help when needed. Process Strategies treats people of all ages. Services offered include: individual, couples and family therapy. The facility is located in Charleston, West Virginia.

Southern Highlands: Enrolled 135 members during SFY 2015. Southern Highlands is a community mental health center that offers services in mental health, addiction and intellectual disabilities. Southern Highlands has three locations in rural West Virginia.

Family Care/WomenCare Inc.: Enrolled 76 members during SFY 2015. Family Care/WomenCare Inc. is a community health center with multiple locations, dedicated to providing high-quality cost effective health care to families, regardless of their ability to pay. Their focus is on women’s health.

West Virginia Health Right: Enrolled 116 members during SFY 2015. Health Right is a free clinic that provides medical, dental, pharmaceutical and health education services to the uninsured, underinsured and medically underserved low-income adults.



“If things get bad again, I just have to make one call.” - Lisa Sisk, Health Homes member

Lisa Sisk, a resident of southern West Virginia, describes her particular Health Homes program at Southern Highlands. “They are trying to get me help for different things, in different situations, not just at Southern Highlands,” Lisa said.

When she arrives at Southern Highlands for her appointments, her care coordinator talks with her to see how things are going. If she cannot meet with her coordinator, she is contacted by phone.

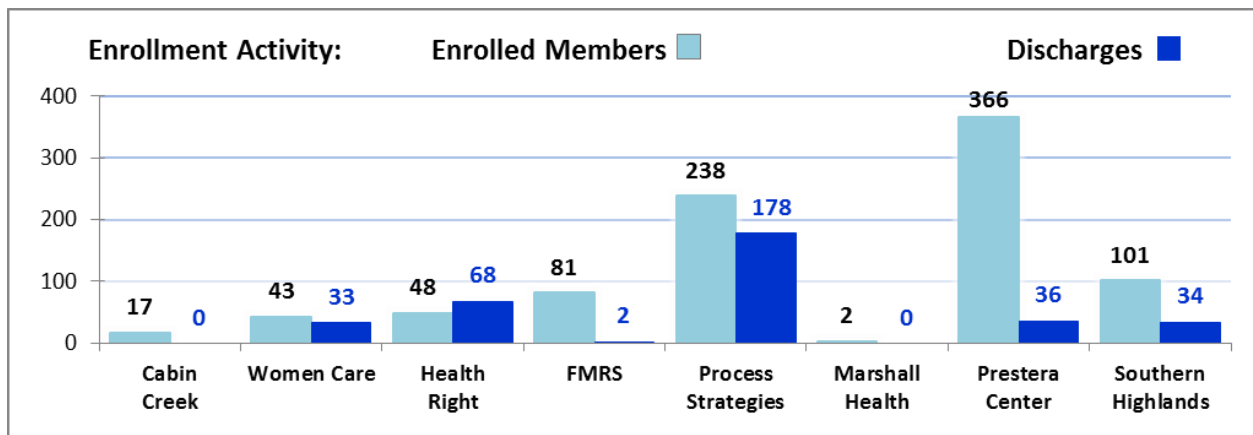
“They contact me, ask how I’m doing and if I need help sooner than my next scheduled appointment. More people are calling, sending me information and asking about my well-being in different ways.”

When asked if she would recommend the West Virginia Medicaid Health Homes program to friends or family, Lisa enthusiastically said, “Oh yes!” She said that “she appreciated the opportunity to accept or decline care management suggestions. Sometimes when people with bipolar disorder are in the depression phase, they don’t think they have a choice with treatment options. It’s good that the Health Homes member is not forced to follow the plans of others, but that the member can fully participate in making choices to promote their own well-being.”

Lisa said she is currently doing well in her treatment, but one thing made the Health Homes program special for her: “If things get bad again, I just have to make one call.”

Enrollment Data

With the initial Health Homes SPA and policy written in a manner to allow enrolled agencies maximum flexibility in how they organized their Health Homes service, each Health Homes provider demonstrated different outcomes.



- Members from a provider who had continuous Medicaid coverage in State Fiscal Year (SFY) 2014 and SFY 2015 were enrolled for six months saved \$133,107.39.
- Members from another provider who had continuous Medicaid coverage in SFY 2014 and SFY 2015 and were enrolled for six months saved \$30,084.
- Members who were enrolled the entire 12 months of SFY 2015 and had continuous Medicaid in SFY 2014 and SFY 2015 had an overall savings of \$83,419.

Discharged members are individuals removed from Health Homes enrollment for various reasons, including, but not limited to: voluntary disenrollment, incarceration, loss of contact, move out of area/state, death, etc.

Emergency Department Cost Comparison

While a higher number (51%) of participants’ emergency department costs declined in SFY 2015 as compared to SFY 2014, their actual reduction in costs did not offset the increased costs of the other 49% of participants. The net difference of the SFY 2015 from the SFY 2014 emergency department costs was \$17,638.75 among 181 individuals. Although there was a 2.34% increase of emergency department visits which led to hospital admission for all Health Homes enrollees. The increase is not necessarily a negative indicator; it shows that Health Homes enrollees used the ER for actual emergency services rather than for routine medical care.

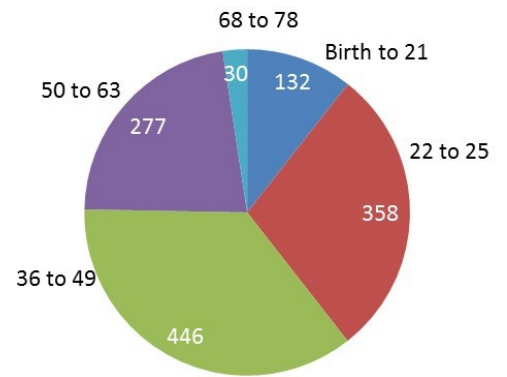
Health Homes Quality Measures

During the SFY 2015, a total of 1,243 individuals received Health Homes services; 82 were new Medicaid members who had not received any Medicaid services in SFY 2014, and 214 were enrolled for 12 months of the program.

The following results were seen:

- 118 Health Homes members were reported as Hepatitis positive; 161 were identified at high risk for Hepatitis.
- 732 (59%) Health Homes members smoke and/or use tobacco; 473 received smoking and tobacco use cessation.
- 100% of the enrollees age 12 and older were screened for depression; 79% were clinically depressed at the time of the screening.
- SFY 2015 emergency department costs were reduced by \$17,639 for Health Homes members.

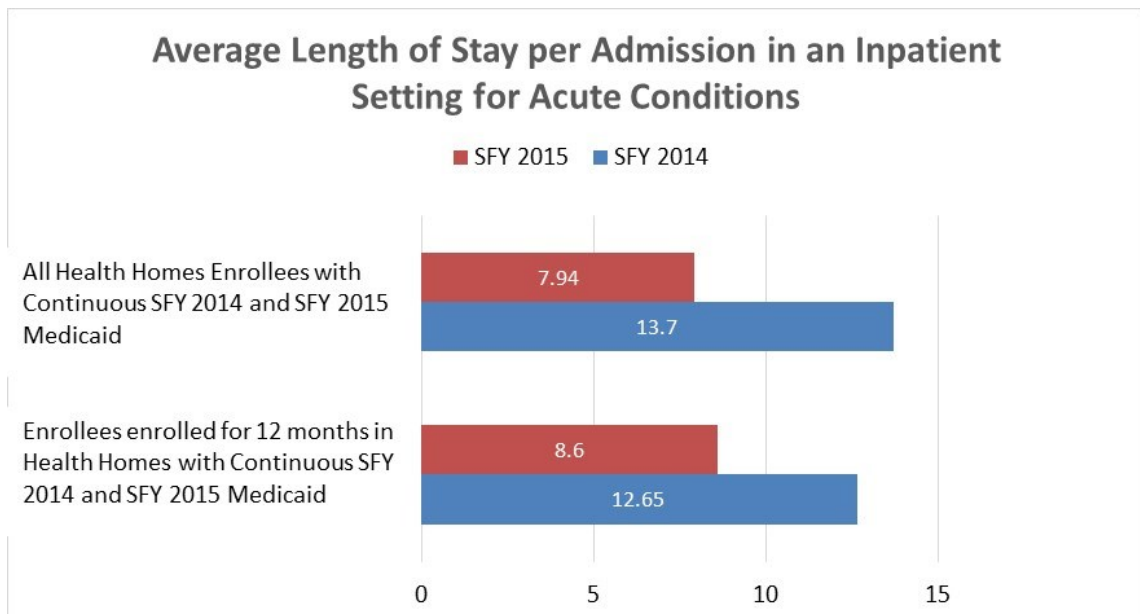
SFY 2015 Health Homes Enrollees by Age Group



Inpatient Setting Length of Stay

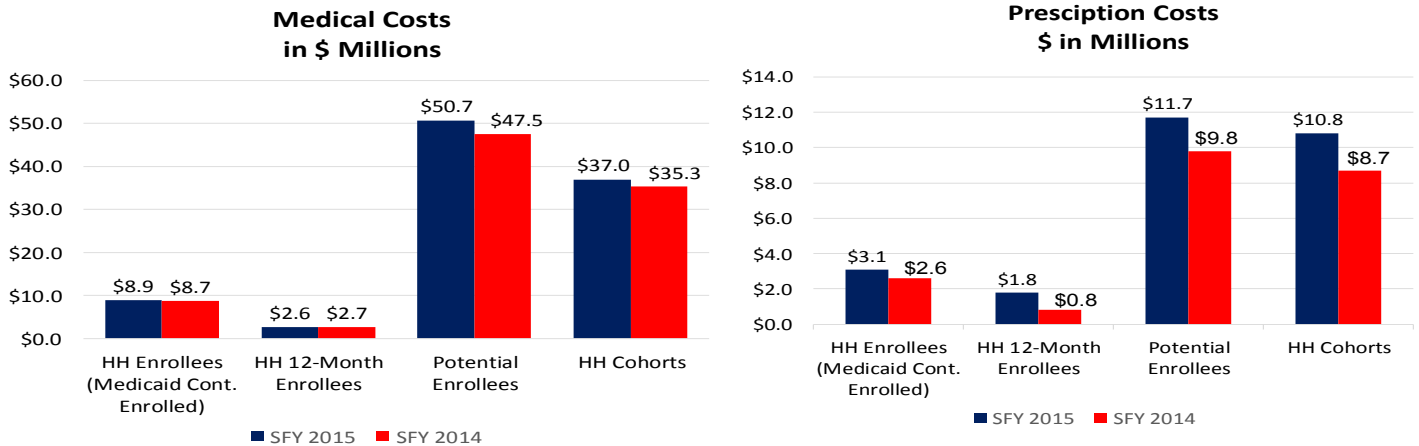
The table below shows a 42% reduction in the average length of stay in a hospital for all Health Homes members who had Medicaid coverage in both SFY 2014 and SFY 2015. Those members who were enrolled in Health Homes for the entire year saw a decrease of 32% from SFY 2014. The decrease can be attributed to better discharge planning.

- Maintaining Medicaid coverage and continual participation did demonstrate a cost savings. For only the members who had continual Medicaid coverage for the year prior and the entire first year of the Health Homes program and who actively participated six to 12 months, there was a savings of \$992,410.
- For the 46 members who had Hepatitis and continual Medicaid coverage for the year prior and the entire first year of the Health Homes program, a cost savings was demonstrated in 17 of these members equal to \$318,000.



Medical and Prescription Cost Savings

The medical costs in SFY 2015 for Health Homes members remained about the same as in SFY 2014. Prescription costs for Health Homes members increased in SFY 2015. This cost increase can be attributed to the high cost of treating Hepatitis and the increase in the price of drugs overall. However, when compared to potential Health Homes members (Medicaid members in the same six-county area with a bipolar diagnosis) and Health Homes cohorts (six counties in the northern part of West Virginia), the cost savings are significant, as shown in the charts below:



Health Homes enrollees are limited to individuals continuously enrolled in Medicaid during SFY 2014 and SFY 2015. Twelve-month enrollees are additionally limited to individuals enrolled in Health Homes for the full SFY 2015 (initial program period).

“We need to offer more programs like this in our communities.” - Jonathan Rubenstein, Health Homes member

Jonathan Rubenstein is a 35 year old recovering drug addict with bipolar depression. His undiagnosed bipolar condition led to his drug addiction resulting in a very dangerous and unhealthy lifestyle. Jonathan tried many recovery programs only to fail because he was missing the support that was needed to deal with his bipolar condition. Due to all his broken promises, he lost the support of his family and friends.

As a current patient at one of the Health Homes providers, WV Health Right, he was introduced to the Bureau for Medical Services’ new Health Homes program by his psychologist, Brenda Parker. Jonathan now has a team that provides the support he has always needed to recover and stay healthy. His Health Homes provider sets up all of his doctor appointments as well as additional supports so that he can remain healthy. He hopes to reconnect with his family and daughter.



“Brenda Parker is my best friend, she makes sure that I have rides to appointments, she checks on me and makes it easier for me to get in and out of appointments. I am so lucky to be alive and clean. I always avoided responsibilities, and I feel healthier now through the Health Homes program,” Jonathan said. “We need to offer more programs like this in our communities.”

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