



Inland Empire Health Plan

## **BHICCI Sites and Health Homes Program – Bridge Contracts & Grants Frequently Asked Questions (FAQs)**

---

### **Health Homes**

#### **Q: What is a “Health Home” and can my organization become one?**

A: Health Homes Program (HHP) is a new Medicaid benefit being offered by the state of California that allows enhanced Medicaid funding to serve eligible Medi-Cal beneficiaries with multiple chronic conditions who have a high level of acuity and may benefit from enhanced care management and coordination. California’s Health Homes approach is through the creation of Community Based Care Management Entities (CBCMEs). California is taking a phased approach to implement these CBCMEs, both regionally and by population. IEHP will implement CBCMEs in primary care and specialty care settings to serve individuals who qualify for Health Homes due to complex physical or substance use conditions, beginning in January 2019. IEHP will implement CBCMEs in specialty behavioral health settings for individuals who qualify for Health Homes due to serious mental illness in July 2019. We are building our network of CBCMEs to follow this approach; we will be enlisting our primary care and specialty care CBCMEs July - December 2018 and behavioral health CBCMEs in early 2019. We will be conducting an application process for potential primary care and specialty care CBCMEs beginning the summer of 2018 to build our CBCME network. This application process will outline expectations of CBCMEs as well as the support IEHP plans to offer to potential CBCMEs to be successful applicants and providers of Health Home services.

#### **Q: The Bridge Funding Case Rate mentions an application process in order to become a Health Home beginning in January 2019. Why do we have to do an application process—I thought that was what the CRRA determined? What is the timing of the application process?**

A: The CRRA was focused specifically on your organization’s readiness to receive a case rate payment. Health Homes is a new Medicaid benefit that will be offered to eligible members and includes a number of new requirements and standards outlined by the Department of Health Care Services (DHCS). The State is requiring potential Health Homes, or Community Based Care Management Entities (CBCME) sites, to go through a certification process in order to become certified Health Home. We do not know yet what this process will entail but expect that as a recipient of Bridge funding and the concomitant training and coaching you will receive, your site will be well on the way to becoming Health Home Certified.

**Q: Can teams begin using likely HHP criteria to identify patients to add to the registry during the bridge period as some patients are stepped down and transitioned to less intensive services?**

A: During the Bridge Period, teams will continue to receive funding to serve up to 150 members. IEHP is in the process of evaluating member data to understand who is eligible for Health Homes while at the same time developing an overall population health strategy that will offer other options to support individuals who may not be eligible for Health Homes but are currently enrolled in BHICCI. Once we have a better understanding of who is eligible for Health Homes, and other care management programs, sites will work with IEHP and practice coaches to strategize regarding what program is best for the individual member.

**Q: Will the Health Homes Program include primary care based pediatric teams (SACHS) or pediatric teams targeting children and youth with serious behavioral health issues (RUHS Rustin Family Wellness)? What about sites that serve seriously mentally ill adults or individuals with Substance Use Disorders?**

A: We are currently evaluating member data against the state's Health Home criteria to understand where teams are needed and will know more by July about possible pediatric teams in general. For sites that serve children and adults with serious behavioral health issues, the Health Home Program does not launch until July 2019. In addition, IEHP is further developing its overall population health approach and is evaluating data to better understand the overall needs and options to support those needs outside of the Health Homes Program. We are committed to providing ongoing support for the good work that has been done through BHICCI and we are evaluating how best to do this given the long-term benefit for our members and our community.

**Q: What are the likely deliverables and data submission intervals for SMI HHP January 2019, and if not fully known, what can we plan on being the same or different from the BHICCI?**

A: The Health Homes Program for SMI does not begin until July 2019. The State has not provided this level of detail yet for the SMI population in terms of Health Homes requirements.

### **Bridge Contracts**

**Q: Who is the point of contact for contracts to coordinate the signing of contracts as well to ensure that Bridge Case Rate Funding is distributed in July and in a timely way there after?**

A: We are in the process of developing the bridge contracts (May 10, 2018). Matt Wray and Dr. Pomerance will be scheduling time with each of the HCOs to negotiate these contracts in the coming weeks. These contracts will include elements of what was reflected in the CRRRA site visit feedback, as well.

**Q: What is the rationale behind who receives Bridge Case Rate Funding and who receives IEHP Grant Funding?**

A: Case rate funding was developed for sites who are eligible to become CBCMEs or Health Homes on January 1, 2019; these are sites that largely see patients who qualify for HHP due to complex physical or substance use conditions. Grant funding will be provided to HCO sites that may be eligible to become CBCMEs, or Health Homes, on July 1, 2019; these are primarily sites that see patients that qualify for HH due to behavioral health conditions. There may be

some sites in the latter category that do not fit into the State criteria for Health Home funding eligibility, but IEHP believes are doing important work that fits into the IEHP overall Population Health strategy. Providing grant funding for these sites gives IEHP and the site time to develop a strategy for sustainability.

**Q: Our BHICCI team constellation looks different from what was shown in Dr. Pomerance's webinar. Will we still be able to receive a payment for our work?**

A: Each HCO will have their own contract negotiations with IEHP. The case rate was determined using a specific care management staffing model, but IEHP will work with each HCO individually to ensure that the bridge contract reflects their sites' team structure and areas for improvement.

**Q: Our letter states that there are improvement areas for us to work on between now and July with our coaches, such as: improved SCR, increased substance use of assessment tools and treatment/referral for treatment of Substance Use Disorders. How will these improvements be evaluated and by whom?**

A: Each site received individualized feedback. Some received feedback associated with specific dates that IEHP would be circling back to observe sites' progress. If no specific dates were provided, sites are expected to work on feedback areas in conjunction with their practice coaches.

**Q: If we don't make these improvements to IEHP or our coaches satisfaction by July, will we get the Bridge Funding Case Rate?**

A: Yes, if there is evidence of effort and progress by the site. IEHP is committed to working with the sites in order to get them as high functioning as possible, knowing that this work requires ongoing quality improvement. The feedback was provided in the spirit of identifying opportunities that will ultimately provide the best overall benefit to the patients we all serve together.

**Q: During the Bridge Period will sites continue to have the same BHICCI deliverables (regular use of the outcome measures, collection and monitoring through the registry, 2-hour monthly SCRs, and monthly data submissions)?**

A: Yes, the Bridge Contract will outline the deliverables and requirements for BHICCI sites through the bridge period.

**Q: What are the likely deliverables and data submission intervals for HHP January 2019, and if not fully known, what can we plan on being the same or different from the BHICCI?**

A: This is still being determined, but as we described above, DHCS has specific requirements for Health Home Programs and these requirements will include data reporting, etc. At a minimum, requirements will at least include what has been done for BHICCI.

**Q: What is the expectation about Patient and Team experience and the Promise?**

A: The Bridge Contract identifies continued measurement of Patient and Team experience. However, the specific experience tools or process have not been finalized. Sites will not be required to continue to conduct the Promise. IEHP will develop guidance with HCOs and Coaches will be working with teams to determine how best to continue to measure team and patient experience.

What can teams expect during the Bridge Period with regards to ....

a. Coaching support

*A: Practice coaches will continue to provide support via monthly in person visits, as well as by phone and email*

b. Learning Sessions

*A: TBD*

c. Monthly EICC webinars

*A: TBD*

d. Registry Support

*A: This will continue and intensify once a new registry is identified*

**Q: We received the bridge funding for our BHICCI teams; can we get additional funding to add more BHICCI teams (employees caring for a panel of 150 patients who meet criteria) now through the end of the Bridge funding?**

A: Teams should use this Bridge Period to focus on areas of improvement. All teams will go through the CBCME application and certification process (currently under development) to transition to Health Homes Program. **New teams will not be supported during the Bridge Period.** HCO's that believe that a site has sufficient numbers of HHP eligible patients to support an additional team will have the opportunity to discuss expansion during the CBCME certification process.

### **Dual Eligible Members**

**Q: How will dual eligible (Medicare-Medicaid) patients be care managed within the HHPs?**

A: Dual eligible patients are not eligible for HHP. Current Duals will be grandfathered into the HHP with the goal of providing a transition to other appropriate services as they are identified.

**Q: Will dual eligible patients remain on current Registry, or will teams need to be disenrolling them during the Bridge period up to the start of HHP funding?**

A: As noted earlier in this FAQ, IEHP is further developing its overall population health approach and is evaluating data to better understand the needs across the plan and options to support those needs outside of the Health Homes Program offered by the state. We are committed to providing ongoing support for the good work that has been done through BHICCI and we are evaluating how best to do this given the long-term benefit for our members, our community and our plan. As such, IEHP will be providing direction on Health Home target population, and other potential options. Practice Coaches will be strategizing with their teams on how to align their enrolled population with Health Homes Program in advance of January 1.

**Q: Who do I contact if I have additional questions or comments?**

A: Contact Chris Oakley via email at [Oakley-C@iehp.org](mailto:Oakley-C@iehp.org).