



MaineCare Health Homes Enrollment in the First Year of Implementation

Kimberley Fox, Carolyn Gray, Katie Rosingana
Muskie School of Public Service, University of Southern Maine

September 2014

Overview

The MaineCare Health Homes Initiative is designed to improve care coordination for MaineCare members with complex chronic medical conditions. The program is being implemented in two stages: Health Homes (HH), which began in January 2013, focuses on members with chronic health conditions. Behavioral Health Homes (BHH), which began in April 2014, is designed to meet the needs of people with Severe Mental Illness (SMI) or Serious Emotional Disturbances (SED).

The HH first stage builds off the State's existing multi-payer Patient Centered Medical Home (PCMH) Pilot project and Medicare Advanced Primary Care Practice (MAPCP) Demonstration by providing add-on payments to qualifying primary care practices to provide "whole person" integrated care coordination for MaineCare members with specific chronic conditions. For the highest need patients, practices work with Community Care Teams (CCT) that provide short-term care management and social support services.

The Muskie School of Public Service is conducting an evaluation of this new model of care. The evaluation is designed to assess how the program has been implemented as well as how the enhanced care coordination provided by HH has affected MaineCare members' quality, use and cost of care. This brief highlights HH enrollment trends and characteristics of members enrolled in the first year of implementation. A separate brief highlighting lessons learned in implementing this new care model can be found at <http://muskie.usm.maine.edu/Publications/PHHP/MaineCare-HealthHomes-Implementation.pdf>

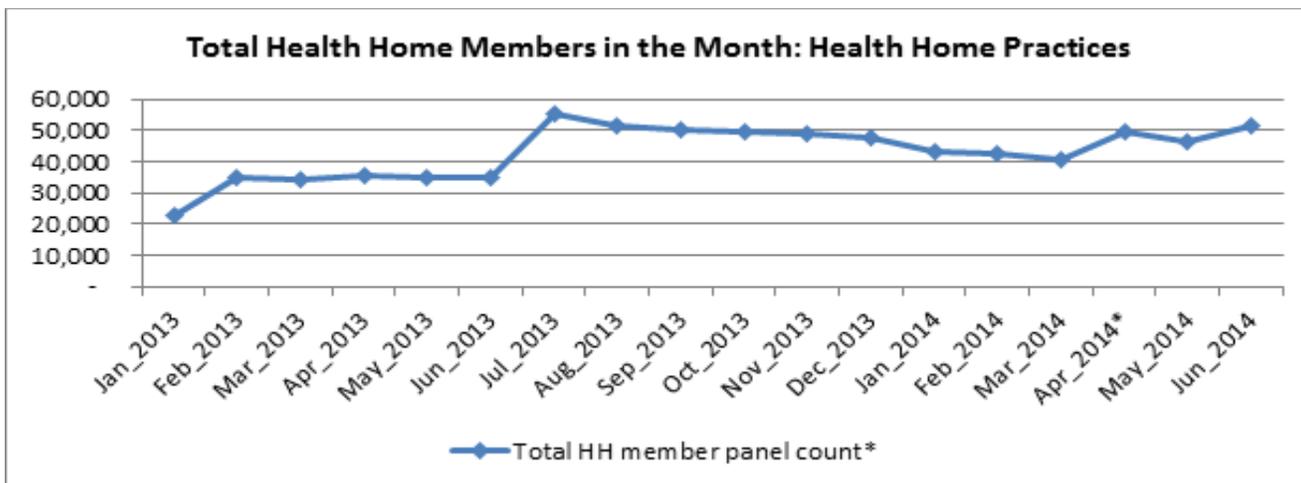
Key Findings

MaineCare initially estimated 42,000 members were Health Home eligible; 48,000 members were enrolled by December 2013.

Health Home practices increased referrals to Community Care Team (CCT) services over the course of the first year of the initiative, increasing from 60 members enrolled in CCTs in January 2013 to 1,392 in December (3% of HH members).

HH members had an average of 3 chronic conditions. Two out of the five most common conditions were behavioral health-related.

Figure 1. Health Home Enrollment January 2013 - June 2014



*Total Health Home members in Health Home Enrollment System for each month.

Who is Eligible for Health Homes and CCT Services?

To be eligible for Health Home services, MaineCare members must be enrolled by a primary care practice designated as a Health Home and have:

- Two or more chronic conditions,¹ or
- One chronic condition and be at risk for another

Once a member is enrolled in a Health Home, practices are expected to provide care coordination for the member, and assess if the member has needs (e.g. high social service needs, frequent use of emergency departments or hospitalizations) that would qualify him or her for services from the CCT. The CCT provides short-term services such as identifying gaps in care, providing home visits or phone contacts to help patients with taking medications, care coordination and self-management, and linking members with other needed social services.

How are Members Enrolled?

Eligible MaineCare members who saw a provider in a designated Health Home practice were enrolled in the program, either by auto-assignment based on diagnoses identified in MaineCare claims² or by their provider referring them. MaineCare sent these members letters inviting them to participate in this new program. If members did not “opt out” within 28 days, they were added to MaineCare’s web-based Health Home Enrollment System (HHES). On a monthly basis, HH practices review their HHES member panel to confirm enrollment and attest that they received HH services.

How many MaineCare members are enrolled in Health Homes and CCTs?

- Health Home enrollment steadily increased over the first year, ultimately exceeding the 42,000 that MaineCare had estimated to be eligible based on MaineCare claims data.
- Enrollment was initially lower than expected (23,000 in January) but increased to nearly 48,000 by the end of 2013, where it has stayed relatively constant (Figure 1).
- Reasons for initial low enrollment included program start-up issues (e.g. phased-in auto-assignment and letters to members; providers learning how to use the new enrollment system) and confusion about HH and BHH eligibility requirements. In June 2013, after MaineCare clarified that the BHH program

would be targeted to members using specific behavioral health services, not all those with behavioral health diagnoses, HH enrollment increased substantially. (There was another spike in enrollment in April 2014, when BHH initiative began and new HHs were added.)

- As expected for a new service requiring HH referral, CCT use was low at the outset, but has significantly increased each month, growing from 60 HH members in January to 1,392 members as of December 2013.
- Members using CCT services represent approximately 3% of all HH members, which was lower than the 5% that MaineCare estimated HH practices would refer for CCT services.

For more information about HH and CCT implementation lessons learned see the accompanying University of Southern Maine, Muskie School issue brief: *Early Lessons Learned in Implementing MaineCare Health Homes*

Who is enrolled in Health Homes?

- Based on 2011 MaineCare data, two-thirds of MaineCare members enrolled in Health Homes in the first year were aged 18-64, one quarter children, and 9 percent over age 65 (Figure 2).
- On average, HH members enrolled in the first year had 3 chronic conditions. The top five conditions of HH members in the first year were depression, hypertension, hyperlipidemia, anxiety and asthma.
- Approximately one quarter of HH members enrolled in the first year used more than one primary care provider (had fragmented care); in 2011, 4% of HH members had been to the emergency department 5 or more times in a year, with less than 1% (.14%) being admitted for inpatient care 5 or more times.
- As with HH members generally, HH members referred to CCTs tended to have some behavioral health diagnoses. Nine out of the 10 CCTs we interviewed, indicated that the vast majority of patients referred to them had some behavioral health need.

Figure 2. Characteristics of MaineCare Health Home Members in 2011

Characteristics	Health Home Members (n = 42,890)
Average age	36
Under age 18	25%
Age 18-64	66%
Age 65+	9%
Top 5 Chronic Conditions	
Depression	30%
Hypertension	24%
Hyperlipidemia	23%
Anxiety	22%
Asthma	19%
Average number of chronic conditions per Health Home Member	3
Emergency Department Use, Inpatient Admissions, Fragmented Care	
5+ ED visits in a year	4%
5+ Inpatient admissions in a year	<1%
Percent members with fragmented primary care*	25.7%

Source: Data based on 2011 baseline MaineCare claims data prior to HH initiative.

* Based on Liu fragmented care index (FCI) methodology. Incorporates the number of different providers visited, the proportion of attended visits to each provider and the total number of visits.

Endnotes

1. Conditions may include: diabetes, substance abuse, heart disease, high blood pressure, high cholesterol, obesity or overweight, smoking/tobacco use, chronic obstructive pulmonary disorder, developmental disorders or autism, heart and lung defects, asthma, seizure disorder, brain injury, and some mental health issues. For more information, please see <http://www.maine.gov/dhhs/oms/vbp/>
2. Auto-assignment due to diagnosis was based on 2012 MaineCare claims, and only for MaineCare members who had seen a provider in the practice in previous 12 months.

For more information about this study,
contact Kimberly Fox at
kfox@usm.maine.edu

[Link to full report](#)