

# About the Center

*In partnership with Health & Human Services (HHS)/Substance Abuse and Mental Health Services Administration (SAMHSA), Health Resources and Services Administration (HRSA).*

## **Goal:**

To promote the planning, and development and of integration of primary and behavioral health care for those with serious mental illness and/or substance use disorders and physical health conditions, whether seen in specialty mental health or primary care safety net provider settings across the country.

## **Purpose:**

- To serve as a national training and technical assistance center on the bidirectional integration of primary and behavioral health care and related workforce development
- To provide technical assistance to PBHCI grantees and entities funded through HRSA to address the health care needs of individuals with mental illnesses, substance use and co-occurring disorders

**For information, resources and technical assistance contact the CIHS team at:**

**Online:** [integration.samhsa.gov](http://integration.samhsa.gov)

**Phone:** 202-684-7457

**Email:** [Integration@thenationalcouncil.org](mailto:Integration@thenationalcouncil.org)





***SAMHSA-HRSA  
Center for Integrated  
Health Solutions***

**A (Health) Home Run:  
Operationalizing Behavioral  
Health Homes**

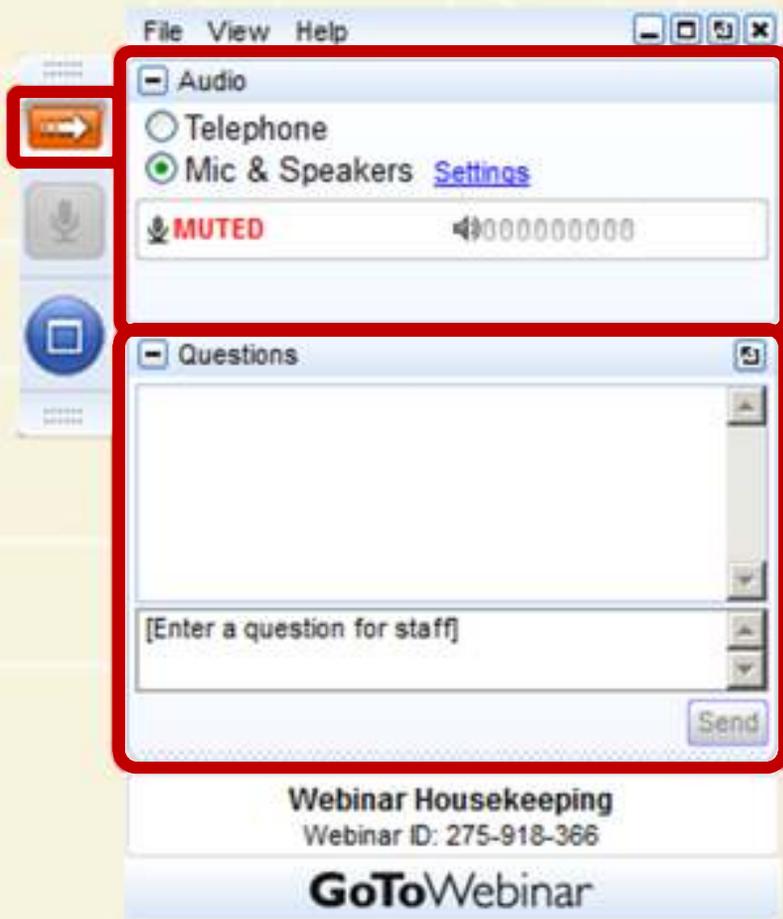
Friday, January 18<sup>th</sup>



NATIONAL COUNCIL  
FOR COMMUNITY BEHAVIORAL HEALTHCARE



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- Choose "Mic & Speakers" to use VoIP
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Submit questions and comments via the Questions panel or "raise your hand" to speak over the phone.

Today's webinar is being recorded and will be available within 48 hours.



## What we'll cover today

- Overview of the Medicaid health home option
- Core clinical features of a behavioral health home
- Structuring the behavioral health home
- Action steps for stakeholders
- Operationalizing the core clinical features – lessons from the field
- Q & A session





## *SAMHSA-HRSA Center for Integrated Health Solutions*

# **The Clinical Work of Effective Behavioral Health Homes**

Laurie Alexander, PhD, Alexander BH Consulting  
Benjamin G. Druss, MD, MPH, Emory University



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# OVERVIEW OF THE MEDICAID HEALTH HOME OPTION



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## Context

- The ACA created a new option for state Medicaid programs to provide health homes for enrollees with chronic conditions, including MH & SU conditions
  - Became effective 1/1/2011
  - Subject to CMS approval of state plan amendment
- Program provides financial incentives for states
  - 90% FMAP for health home-related services for 1<sup>st</sup> 8 quarters
  - Alternative payment models
  - Incentive grants



## Required services

- Each patient must have a comprehensive care plan;
- Services must be quality-driven, cost effective, culturally appropriate, person-/family-centered, and evidence-based;
- Services must include prevention and health promotion, healthcare, mental health and substance use disorder, long-term care services, as well as linkages to community supports and resources;



## **Required services (continued)**

- Service delivery must involve continuing care strategies, including care management, care coordination, and transitional care from the hospital to the community;
- Health home providers do not need to provide all the required services themselves, but must ensure the full array of services is available and coordinated; and
- Providers must be able to use health information technology (HIT) to facilitate the work of the health home and establish quality improvement efforts



## Target populations

- Two or more chronic health conditions
  - i.e., MH or SU condition, asthma, diabetes, heart disease, or overweight; OR
- One chronic condition and at risk for another; OR
- One serious and persistent mental health condition

Note: Regardless of which condition(s) are selected, states must address MH and SU conditions and consult with SAMHSA on their treatment and prevention



## The opportunity

- MH and SU treatment providers can become a health home for the people they serve
  - A behavioral health-based health home



# Current Status of Medicaid State Health Home Amendments

- Eight states have received federal approval for their programs under Section 2703 of the ACA, and six more states have amendments under review.
- All of the approved states include people with serious mental illnesses as a target population, and use financing methods such as per-member-per-month (PMPM) payments to Health Home providers

[www.chcs.org](http://www.chcs.org)



# The challenge

- To create a behavioral health home capable of functioning effectively at **both** the administrative and **clinical** levels
- Focus of this webinar (& paper): The **clinical** piece
  - How to improve outcomes for people with MH and SU conditions in a behavioral health-based health home



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# **CORE CLINICAL FEATURES OF A BEHAVIORAL HEALTH HOME**



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[www.integration.samhsa.gov](http://www.integration.samhsa.gov)

# Redesigning care to serve as health home

- Core elements of the Chronic Care Model:
  - Self-management support
  - Delivery system design
  - Decision support
  - Clinical information systems
  - Community linkages



# Self-management support

- Activated consumers have skills to:
  - self-manage their care
  - collaborate with providers
  - maintain their health
- The behavioral health home helps consumers become activated by:
  - Assessing the consumer's activation level
  - Addressing deficits through self-management support strategies
    - Important to include both education and coaching components



# Delivery system design

- Care system is redesigned in key ways, including:
  - Formation of multidisciplinary practice teams
    - Clear roles
    - Single care plan
    - Effective communication
    - Mechanisms for coordinating care between team members
  - Provision of care management
    - Client activation and education
    - Care coordination
    - Monitoring consumers' participation in and response to treatment (when treating provider is part of team)



# Decision support

- Ensure clinical care is provided in line with best practices by:
  - Involving specialists
  - Embedding evidence-based guidelines in routine care provision



# Clinical information systems

- Support organization of data
  - At the population level helps maximize outcomes for defined groups of consumers
  - At the individual level helps maximize consumer's outcomes
- Regardless of format, necessary functions include:
  - Organizing data at population and individual level
  - Delivering reminders to providers (and consumers)
  - Providing feedback to clinicians (and consumers)



## Community linkages

- Develop an understanding of the contextual factors (e.g., poverty) that may underpin consumers' poor health
- Support consumers' connections to care and resources in the community
  - Become familiar with the area's community resources
  - Link consumers to them
  - Track referrals



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# STRUCTURING THE BEHAVIORAL HEALTH HOME



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## **Structuring the behavioral health home**

- Several options depending on the behavioral health provider's resources:
  - In-house model
  - Co-located partnership model
  - Facilitated referral model



## **In-house model**

- The behavioral health agency provides and owns the complete array of primary care and specialty behavioral health services.
- The agency ensures communication across providers and coordination of services that allow it to deliver care that is integrated from the consumer's perspective



## **Co-located partnership model**

- The behavioral health agency arranges for healthcare providers to provide primary care services onsite
- Processes must be in place — beyond simple co-location — to ensure that effective communication and coordination between providers happens routinely



## Facilitated referral model

- Most primary care services are not provided onsite, but the agency ensures coordination of care provided offsite.
- The agency conducts health screenings, links clients to PCPs in the community, and facilitates communication and coordination with health providers – typically with the support of a medical care manager.



## **Action steps to consider**

- Reach out to the relevant state agencies
- Master the health home's key clinical features and the system-level strategies that support them;
- Create a strategic plan, including the clinical model, budget, and implementation plan;
- Start the change management process;



## **Action steps (continued)**

- Formalize partnerships with community partners;
- Regularly update state agencies on progress;
- Identify and include relevant stakeholders in the decision-making and strategizing process; and
- Seek support and guidance/training from colleagues, experts, and leaders of relevant efforts.





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# **Missouri CMHC Health Homes**

Joe Parks, MD

Medical Director

Missouri Department of Mental Health



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[www.integration.samhsa.gov](http://www.integration.samhsa.gov)

# My Background

- Missouri DMH Medical Director
- Consultant to Mo HealthNet (Missouri Medicaid)
- Director and Distinguished Professor of Science Missouri Institute of Mental Health  
University of Missouri St. Louis
- President NASMHPD Medical Director's Council
- Practicing FQHC Psychiatrist



## **DMH NET – Strategy**

- Health technology is utilized to support the service system.
- “Care Coordination” is best provided by a local community-based provider.
- MH Community Support Workers who are most familiar with the consumer provide care coordination at the local level.
- Primary Care Nurse Care Managers working within each CMHC provide system support.
- Statewide coordination and training support the network of CMHC Health Homes.



# CMHC Healthcare Homes

- State Plan Amendment approved 10/20/11
  - Effective 1/1/12
- 27 CMHC Healthcare Homes
- 17,882 individuals auto-enrolled
  - CMHC consumers with at least \$10,000 Medicaid costs
- PMPM Staffing: \$78.74
  - Health Home Director 1 per 500 enrollees
  - Primary Care Physician Consultant 1hr per enrollee
  - Nurse Care Managers 1 per 250 enrollees
  - Care Coordinator 1 per 500 enrollees



# CMHC as Health Care Home

- Case management coordination and facilitation of healthcare
- Primary Care Nurse Care Managers
- Medical disease management for persons with SMI
- Preventive healthcare screening and monitoring by MH providers
- Integrated/consolidated CMHC/CHC Services



# Medical Needs Have Same Priority as MH Needs

- Obtaining a “medical home” – a primary care provider responsible for overall coordination
- Medication adherence – just as important for non-MH meds
- Assisting in scheduling and keeping medical care appointments



# Comprehensive Care Management

- Identification and targeting of high-risk individuals
- Monitoring of health status and adherence
- Development of treatment guidelines
- Individualized planning with the consumer



## **Step 1 – Create Disease Registry**

- Get Historic Diagnosis from Admin Claims
- Get Clinical Values from Metabolic Screening
- Combine into EHR Disease Registry
- Online Access available to all Providers



# Metabolic Syndrome Disease Registry

- Metabolic Syndrome
  - Obesity - weight height
  - Cholesterol
  - Triglycerides
  - Blood pressure
  - Blood sugar
- Screening Required Annually since 2010
- Disease registry with results maintained on PROACT
- Billing Code under Rehab Option



## **Step 2 – Identify Care Gaps and ACT!**

- Compare Combined Disease Registry Data to accepted Clinical Quality Indicators
- Identify Care Gaps
- Sort patients with care gaps into agency specific To-Do lists
- Send to CMHC nurse care manager
- Set up PCP visit and pass on info with request to treat



## **DMHNET HEIDIS Indicators**

- DM1: Use of inhaled corticosteroid medications by persons with a history of COPD (chronic obstructive pulmonary disease) or Asthma.
- DM2: Use of ARB (angiotensin II receptor blockers) or ACEI (angiotensin converting enzyme inhibitors) medications by persons with a history of CHF (congestive heart failure).
- DM3: Use of beta-blocker medications by persons with a history of CHF (congestive heart failure).
- DM4: Use of statin medications by persons with a history of CAD (coronary artery disease).



## Initial Results

- Provide specific lists of CMHC clients with care gaps as identified by HEIDIS indicators to CMHC primary care nurse liaisons quarterly
- Provide HEIDIS indicator/disease state training on standard of care to CMHC MH case managers
- First quarter focus on indicator one-asthma substantially reduced percentage with care gap
  - Range 22% - 62% reduction
  - Median 45% reduction



## Care Coordination

- Coordinating with the patients, caregivers and providers
  - Implementing plan of care with treatment team
  - Planning hospital discharge
  - Scheduling
  - Communicating with collaterals



## **Provide Information to Other Healthcare Providers**

- HIPAA permits sharing information for coordination of care
- Nationally consent not necessary
- Exceptions:
  - HIV
  - Substance abuse treatment – not abuse itself
  - Stricter local laws



# CyberAccess™

- Patient demographics
  - Electronic Health Record
    - Record all of participant prescriptions
    - All procedures codes
    - All diagnosis codes
  - E prescribing
  - Preferred Drug List support
    - Access to preferred medication list
    - Precertification of medications via clinical algorithms
    - Prior authorization of medications
  - Medication possession ratio



# CyberAccess - Log-In Screen

Cyber Access - Login - Microsoft Internet Explorer provided by ACS Heritage

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## CyberAccess

### Log In

User Name:

Password:

[Forget Your Password?](#)

### Protect your patients by following a few simple rules

- Always choose passwords that are difficult for others to guess. You can change your password on the "My Account" screen after you log in.
- Never give your user name and password to others because it could be used without your knowledge.
- Never leave patient information unprotected on the computer screen while you step away.
- Place all printed documents containing patient information in secure storage or shred them daily to prevent accidental disclosure.
- Obey the golden rule: always handle information about your patients with the same care that you expect from your own physician.

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# CyberAccess - Home Page

Cyber Access Portal - Microsoft Internet Explorer provided by ACS Heritage

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Address <https://www.cyberaccessonline.net/CyberAccessTest/ProviderPortal.aspx> Go Links

**CyberAccess** Logout

Home Application Administration My Account Reports Direct Care Pro Intervention Mgmt SureScripts

### Test Super User Practice

Welcome, Jennifer E Cornelius Current Site: Missouri Test Super User Site CyberAccess CBT Training

**Site Patients**

|                       |   |
|-----------------------|---|
| 0005LNAME , 0005FNAME | ↓ |
| 0009LNAME , 0009FNAME | ↓ |
| 0016LNAME , 0016FNAME | ↓ |
| 0125LNAME , 0125FNAME | ↓ |
| 0158LNAME , 0158FNAME | ↓ |
| 0240LNAME , 0240FNAME | ↓ |
| 0332LNAME , 0332FNAME | ↓ |
| 0392LNAME , 0392FNAME | ↓ |
| 0402LNAME , 0402FNAME | ↓ |
| 0500LNAME , 0500FNAME | ↓ |
| 0561LNAME , 0561FNAME | ↓ |
| 0570LNAME , 0570FNAME | ↓ |

ABCDEFGHIJKLMNOPQRSTUVWXYZ (All)

**Search For A Patient**

Patient Id  Birth date    
(required) (mm/dd/yyyy) (or)  
Last Name

**News And Alerts**

- [MO HealthNet Division](#)
- [MO HealthNet Clinical Services](#)
- [MO HealthNet Manuals](#)
- [MO HealthNet Internet Claims \(EMomed\)](#)
- [MO HealthNet Provider Bulletins](#)
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Done Internet

# Demographics

The screenshot shows a Microsoft Internet Explorer browser window displaying the 'Cyber Access - Patient Demographics' page. The browser's address bar shows the URL: <https://www.cyberaccessonline.net/CyberAccessTest/PatientDemographic.aspx>. The page content includes a 'Logout' link in the top right corner. Below the 'Cyber Access' logo, there are navigation links: 'Home', 'Patient Info', and 'Demographics'. The patient information is displayed for 'Patient Info: Doe, Kathryn A.'. Below this, there are links for 'View Patient Profile', 'Check In/Out/Reschedule', and 'Print Demographics'. A navigation menu includes 'Home', 'Patient Info', 'Drug History', 'Medical History', and 'Interactions'. The main content area is titled 'Test Super User Practice' and 'MO HealthNet Demographics'. It contains the following patient data:

|                           |                     |
|---------------------------|---------------------|
| Last Name: Doe            | Address: Any Street |
| First Name: Kathryn       | RR 1                |
| Middle Initial: A         | Any City, VA, 99999 |
| Date of Birth: 03/03/1954 |                     |
| Sex: F                    |                     |
| Phone #: 999-999-9999     |                     |
| MO HealthNet ID: 99999999 |                     |

At the bottom of the page, there is a copyright notice: ©2006-2007 CyberAccess. Links for 'Terms of Use', 'Frequently Asked Questions', and 'Version: 2.2.1' are also present.

# Paid Drug Claims

Cyber Access - Pharmacy Claims - Microsoft Internet Explorer provided by ACS Heritage

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Address <https://www.cyberaccessonline.net/CyberAccessTest/PharmacyClaims.aspx>

Logout

**CyberAccess**

Home > Drug History > Claims

Patient Info For - Doe, Kathryn A Print Patient Profile Check Drug/e-Prescribe Drug Pre-Certify Service

Home Patient Info Drug History Medical History Interventions

**Test Super User Practice**

Display the patients pharmacy claim history.

No Drug Alerts for this Patient.

**Physicians**

| Physician Code | Physician Name                  |
|----------------|---------------------------------|
| A              | name not available              |
| B              | BARNES-JEWISH HOSPITAL          |
| C              | FOREST PARK HOSP CORPORATION #1 |
| D              | THORNTON, SHILPA SUNITA MD      |
| E              | HOFFNER-OWENS, CHRISTINE L DO   |
| F              | RINDERER-S DRUG, #9             |
| G              | SEROTA, HARVEY MD               |

**Pharmacies**

| Pharmacy Code | Pharmacy Name            |
|---------------|--------------------------|
| A             | RINDERER-S DRUG STORE #9 |

**Pharmacy Claims**

| Service Date | Drug Name                     | Quantity | Days Supply | Refill | Therapeutic Class           | Alerts | Physician | Pharmacy |
|--------------|-------------------------------|----------|-------------|--------|-----------------------------|--------|-----------|----------|
| 07/29/2007   | HYDROCODONE-APAP 5-500 TABLET | 20       | 5           | 0      | Analgesics and Antipyretics |        | A         | A        |
| 07/20/2007   | IBUPROFEN 400 MG TABLET       | 90       | 30          | 0      | Analgesics and Antipyretics |        | B         | A        |
| 07/20/2007   | TRAMADOL HCL 50 MG TABLET     | 120      | 25          | 1      | Analgesics and Antipyretics |        | C         | A        |
| 07/17/2007   | DURAGESIC 75 MCG/HR PATCH     | 10       | 30          | 0      | Analgesics and Antipyretics |        | B         | A        |
| 06/16/2007   | DURAGESIC 75 MCG/HR PATCH     | 10       | 30          | 0      | Analgesics and Antipyretics |        | B         | A        |
| 05/16/2007   | DURAGESIC 75 MCG/HR PATCH     | 10       | 30          | 0      | Analgesics and Antipyretics |        | B         | A        |
| 05/06/2007   | OXYCODONE-APAP 5-325 MG TAB   | 100      | 17          | 0      | Analgesics and Antipyretics |        | B         | A        |
| 04/16/2007   | DURAGESIC 75 MCG/HR PATCH     | 10       | 30          | 0      | Analgesics and Antipyretics |        | C         | A        |
| 03/17/2007   | IBUPROFEN 400 MG TABLET       | 80       | 27          | 1      | Analgesics and Antipyretics |        | D         | A        |
| 03/11/2007   | DURAGESIC 75 MCG/HR PATCH     | 10       | 30          | 0      | Analgesics and Antipyretics |        | B         | A        |
| 03/11/2007   | OXYCODONE-APAP 5-325 MG TAB   | 100      | 25          | 0      | Analgesics and Antipyretics |        | B         | A        |
| 02/16/2007   | DURAGESIC 75 MCG/HR PATCH     | 10       | 30          | 0      | Analgesics and Antipyretics |        | E         | A        |
| 01/31/2007   | IBUPROFEN 400 MG TABLET       | 80       | 27          | 0      | Analgesics and Antipyretics |        | D         | A        |
| 01/11/2007   | DURAGESIC 75 MCG/HR PATCH     | 10       | 30          | 0      | Analgesics and Antipyretics |        | C         | A        |

<https://www.cyberaccessonline.net/CyberAccessTest/PharmacyClaims.aspx> Internet

# Paid Drug Claims/MPR

## Pharmacy Claims

[MPR% Description](#)

| Service Date | Drug Name                 | Quantity | Days Supply | Refill | Therapeutic Class           | MPR% | Alerts | Physician | Pharmacy |
|--------------|---------------------------|----------|-------------|--------|-----------------------------|------|--------|-----------|----------|
| 02/14/2007   | TRAMADOL HCL 50 MG TABLET | 60       | 10          | 0      | Analgesics and Antipyretics | 25%  | A      | A         | A        |
| 01/27/2007   | NAPROXEN 500 MG TABLET    | 60       | 30          | 1      | Analgesics and Antipyretics | —    | A      | A         | A        |
| 11/22/2006   | NAPROXEN 500 MG TABLET    | 60       | 30          | 1      | Analgesics and Antipyretics | 79%  | A      | A         | A        |
| 10/20/2006   | NAPROXEN 500 MG TABLET    | 60       | 30          | 1      | Analgesics and Antipyretics | —    | A      | A         | A        |
| 09/21/2006   | NAPROXEN 500 MG TABLET    | 60       | 30          | 1      | Analgesics and Antipyretics | —    | A      | A         | A        |
| 10/25/2007   | SIMVASTATIN 20 MG TABLET  | 30       | 30          | 1      | Antilipemic Agents          | 100% | A      | A         | A        |
| 09/27/2007   | SIMVASTATIN 20 MG TABLET  | 30       | 30          | 1      | Antilipemic Agents          | —    | A      | A         | A        |
| 08/28/2007   | SIMVASTATIN 20 MG TABLET  | 30       | 30          | 1      | Antilipemic Agents          | —    | A      | A         | A        |
| 07/24/2007   | SIMVASTATIN 20 MG TABLET  | 30       | 30          | 0      | Antilipemic Agents          | —    | A      | A         | A        |
| 05/27/2007   | SIMVASTATIN 20 MG TABLET  | 30       | 30          | 0      | Antilipemic Agents          | —    | A      | A         | A        |
| 04/25/2007   | SIMVASTATIN 20 MG TABLET  | 30       | 30          | 1      | Antilipemic Agents          | —    | A      | A         | A        |
| 03/27/2007   | SIMVASTATIN 20 MG TABLET  | 30       | 30          | 1      | Antilipemic Agents          | —    | A      | A         | A        |
| 02/26/2007   | SIMVASTATIN 20 MG TABLET  | 30       | 30          | 0      | Antilipemic Agents          | —    | A      | A         | A        |
| 01/27/2007   | SIMVASTATIN 20 MG TABLET  | 30       | 30          | 1      | Antilipemic Agents          | —    | A      | A         | A        |
| 11/25/2006   | SIMVASTATIN 20 MG TABLET  | 30       | 30          | 0      | Antilipemic Agents          | —    | A      | A         | A        |
| 10/20/2006   | SIMVASTATIN 20 MG TABLET  | 30       | 30          | 1      | Antilipemic Agents          | —    | A      | A         | A        |
| 09/21/2006   | SIMVASTATIN 20 MG TABLET  | 30       | 30          | 1      | Antilipemic Agents          | —    | A      | A         | A        |

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# Medical Procedures

Cyber Access - Procedure Codes - Microsoft Internet Explorer provided by ACS Heritage

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Address <https://www.cyberaccessonline.net/CyberAccessTest/ProcedureCodes.aspx> Go Links

Logout



Home > Medical History > Procedures

Patient Info For - Doe, Kathryn A

Print Patient Profile Check Drug/e-Prescribe Drug Pre-Certify Service

Home Patient Info Drug History Medical History Interventions

Procedures  
Diagnoses  
Pre Shows the patients procedure history.

| Description  | Code          | First Date | Last Date  |                                       |                         |
|--|---------------|------------|------------|---------------------------------------|-------------------------|
| ⊕ OUTPATIENT CLINIC MEDICAL AND SURGICAL SUPPLIES  | Y7506         | 04/04/2003 | 07/28/2007 |                                       |                         |
| ⊕ A-V FISTULA LIGATION, STATUS POSTOP FEM-POP BYPASS WITH IN SITE SAPHENOUS VEIN TECHNIQUE | X4011         | 02/15/2005 | 07/28/2007 |                                       |                         |
| ⊖ EMER DEPT MODERATE SEVERITY  | 99283         | 04/17/2005 | 07/28/2007 |                                       |                         |
|  | Claim #       | Start Date | End Date   | Provider                              | Place Of Service        |
|  | 4905133006976 | 05/02/2005 | 05/02/2005 | CHRISTIAN HOSPITAL NW                 | Emergency Room-Hospital |
|  | 4905159028508 | 04/17/2005 | 04/17/2005 | ENGELJOHN MD, DARRYL L.               | Emergency Room-Hospital |
|  | 4905262015668 | 09/04/2005 | 09/04/2005 | CHRISTIAN HOSPITAL NW                 | Emergency Room-Hospital |
|  | 4907222030495 | 07/28/2007 | 07/28/2007 | NORTH COUNTY EMERGENCY PHYSICIANS LLP | Emergency Room-Hospital |
| ⊕ GLUC BLD GLUC MNTR DEV CLEARED FDA SPEC HOME USE   | 82962         | 12/22/2003 | 07/28/2007 |                                       |                         |
| ⊕ INJECTION ADENOSINE DIAGNOSTIC USE 30 MG   | J0152         | 02/22/2006 | 06/25/2007 |                                       |                         |
| ⊕ TECHNETIUM TC-99M TETROFOSMIN DX UP TO 40 MCI  | A9502         | 02/22/2006 | 06/25/2007 |                                       |                         |
| ⊕ DUP-SCAN ARTL FLO ABDL/PEL/SCROT+/RPR ORGN COMPL   | 93975         | 06/25/2007 | 06/25/2007 |                                       |                         |
| ⊕ CV STRS TST XERS+/OR RX CONT ECG PHYS SI+R   | 93015         | 02/22/2006 | 06/25/2007 |                                       |                         |
| ⊕ MYOCDR PRFUJ STD EJEC FXJ  | 78480         | 02/22/2006 | 06/25/2007 |                                       |                         |
| ⊕ MYOCDR PRFUJ STD WALL MOTION QUAL/QUAN STD   | 78478         | 02/22/2006 | 06/25/2007 |                                       |                         |
| ⊕ MYOCDR PRFUJ IMG TOMOG SPECT MLT STD   | 78465         | 02/22/2006 | 06/25/2007 |                                       |                         |
| ⊕ OFFICE OUTPT EST 25 MIN  | 99214         | 08/19/2004 | 06/12/2007 |                                       |                         |
| ⊕ DOP ECHO COLOR FLO VEL MAPG  | 93325         | 04/18/2003 | 06/12/2007 |                                       |                         |
| ⊕ DOP ECHO COMPL   | 93320         | 04/18/2003 | 06/12/2007 |                                       |                         |
| ⊕ TEE R-T IMG 2D +-M-MODE REC COMPL  | 93307         | 04/18/2003 | 06/12/2007 |                                       |                         |
| ⊕ OFFICE OUTPT EST 10 MIN  | 99212         | 07/18/2003 | 05/17/2007 |                                       |                         |
| ⊕ POLYSM SLEEP STAGING 4/+ ADDL PARAM W/CPAP TX  | 95811         | 05/08/2007 | 05/08/2007 |                                       |                         |
| ⊕ OFFICE OUTPT EST15 MIN   | 99213         | 06/02/2003 | 05/03/2007 |                                       |                         |
| ⊕ CARBON MONOXIDE DIFFW/CAP  | 94720         | 05/01/2007 | 05/01/2007 |                                       |                         |
| ⊕ DETER MALDISTRIBJ OF INSPIRED GAS N WSHOT CURVE  | 94350         | 05/01/2007 | 05/01/2007 |                                       |                         |
| ⊕ FUNCTIONAL RESIDUAL CAPACITY OR RESIDUAL VOLUME  | 94240         | 05/01/2007 | 05/01/2007 |                                       |                         |
| ⊕ BRNCDILAT RSPSE SPMTRY PRE+POST-BRNCDILAT ADMN   | 94060         | 05/01/2007 | 05/01/2007 |                                       |                         |
| ⊕ HGB METHGB QUAN  | 83050         | 05/01/2007 | 05/01/2007 |                                       |                         |
| ⊕ CARBON MONOXIDE CARBOXYHGB QUAN  | 82375         | 05/01/2007 | 05/01/2007 |                                       |                         |
| ⊕ ARTL PNXR W/DRAWAL BLD DX  | 36600         | 05/01/2007 | 05/01/2007 |                                       |                         |
| ⊕ ADDITIONAL ALLOWANCE, MESH PROSTHESIS FO   | X4006         | 06/17/2004 | 04/24/2007 |                                       |                         |
| ⊕ OFFICE OUTPT NEW 30 MIN  | 99203         | 02/19/2004 | 04/24/2007 |                                       |                         |
| ⊕ RHEUMATOID FACTOR QUAN   | 86431         | 05/12/2005 | 04/24/2007 |                                       |                         |

<https://www.cyberaccessonline.net/CyberAccessTest/ProcedureCodes.aspx> Internet

# Diagnosis Codes

Cyber Access - Diagnosis Codes - Microsoft Internet Explorer provided by ACS Heritage

File Edit View Favorites Tools Help



Address <https://www.cyberaccessonline.net/CyberAccessTest/DiagnosisCodes.aspx>

Logout

**CyberAccess**

Home > Medical History > Diagnoses

Patient Info For - Doe, Kathryn A

Print Patient Profile Check Drug/e-Prescribe Drug Pre-Certify Service

Home Patient Info Drug History Medical History Interventions

Procedures  
Diagnoses  
Pre-Certifications  
t Super User Practice  
Diagnoses  
Shows the patients disease history.

| Description                                  | Code  | First Date | Last Date  |
|--|-------|------------|------------|
| CELLULITIS AND ABSCESS OF UNSPECIFIED SITE   | 6829  | 07/08/2004 | 07/28/2007 |
| CELLULITIS AND ABSCESS OF TRUNK              | 6822  | 05/06/2004 | 07/28/2007 |
| UNSPECIFIED VAGINITIS AND VULVOVAGINITIS     | 61610 | 01/21/2005 | 07/28/2007 |
| DIAB W/O COMP TYPE II/UNS NOT STATED UNCNTRL | 25000 | 05/19/2003 | 07/28/2007 |

| Claim #       | Start Date | End Date   | Provider                       | Place Of Service        |
|---------------|------------|------------|--------------------------------|-------------------------|
| 4404113007298 | 05/19/2003 | 05/19/2003 | TEPPER MD, ARNOLD S.           | Nursing Facility        |
| 4404113009556 | 05/21/2003 | 05/21/2003 | POMMIER RN, MARY B.            | Nursing Facility        |
| 4404113007299 | 05/28/2003 | 05/28/2003 | TEPPER MD, ARNOLD S.           | Nursing Facility        |
| 4904056005446 | 02/19/2004 | 02/19/2004 | FOREST PARK HOSPITAL           | Outpatient Hospital     |
| 4904070020254 | 03/04/2004 | 03/04/2004 | FOREST PARK HOSPITAL           | Outpatient Hospital     |
| 4904084005816 | 03/18/2004 | 03/18/2004 | FOREST PARK HOSPITAL           | Outpatient Hospital     |
| 4904160004054 | 03/18/2004 | 03/18/2004 | AMBULATORY CARE CENTER         | Office                  |
| 4904098143226 | 04/01/2004 | 04/01/2004 | FOREST PARK HOSPITAL           | Outpatient Hospital     |
| 4904160004055 | 04/01/2004 | 04/01/2004 | AMBULATORY CARE CENTER         | Office                  |
| 4904154024449 | 05/27/2004 | 05/27/2004 | FOREST PARK HOSPITAL           | Outpatient Hospital     |
| 4904157012930 | 05/27/2004 | 05/27/2004 | AMBULATORY CARE CENTER         | Office                  |
| 4904176016327 | 06/17/2004 | 06/17/2004 | FOREST PARK HOSPITAL           | Outpatient Hospital     |
| 4904181013797 | 06/17/2004 | 06/17/2004 | FOREST PARK HOSPITAL           | Outpatient Hospital     |
| 4904212016574 | 06/17/2004 | 06/17/2004 | FOREST PARK HOSPITAL           | Outpatient Hospital     |
| 4904196025935 | 07/08/2004 | 07/08/2004 | FOREST PARK HOSPITAL           | Outpatient Hospital     |
| 4904203047214 | 07/15/2004 | 07/15/2004 | FOREST PARK HOSPITAL           | Outpatient Hospital     |
| 4904211033694 | 07/21/2004 | 07/21/2004 | FOREST PARK HOSPITAL           | Outpatient Hospital     |
| 4904218010552 | 07/29/2004 | 07/29/2004 | AMBULATORY CARE CENTER         | Office                  |
| 4904219038661 | 07/29/2004 | 07/29/2004 | FOREST PARK HOSPITAL           | Outpatient Hospital     |
| 4904238016948 | 08/19/2004 | 08/19/2004 | FOREST PARK HOSPITAL           | Outpatient Hospital     |
| 4904244024975 | 08/19/2004 | 08/19/2004 | FOREST PARK HOSPITAL           | Outpatient Hospital     |
| 4904302025216 | 10/21/2004 | 10/21/2004 | FOREST PARK HOSPITAL           | Outpatient Hospital     |
| 4904303010576 | 10/21/2004 | 10/21/2004 | AMBULATORY CARE CENTER         | Office                  |
| 4904329008070 | 11/18/2004 | 11/18/2004 | AMBULATORY CARE CENTER         | Office                  |
| 4904337044472 | 11/18/2004 | 11/18/2004 | FOREST PARK HOSPITAL           | Outpatient Hospital     |
| 4905038019881 | 01/27/2005 | 01/27/2005 | FOREST PARK HOSPITAL           | Outpatient Hospital     |
| 4905054022035 | 02/03/2005 | 02/03/2005 | FOREST PARK HOSPITAL           | Outpatient Hospital     |
| 4905048068534 | 02/10/2005 | 02/10/2005 | FOREST PARK HOSPITAL           | Outpatient Hospital     |
| 4905158024216 | 02/10/2005 | 02/10/2005 | HOFFNER-OWENS DO, CHRISTINE L. | Office                  |
| 4905060024823 | 02/15/2005 | 02/15/2005 | CHRISTIAN HOSPITAL NORTHWEST   | Emergency Room-Hospital |

<https://www.cyberaccessonline.net/CyberAccessTest/DiagnosisCodes.aspx>

Internet

# Comprehensive Transitional Care

- Medicaid requires hospitals to notify MHN within 24 hours of a new admission of any Medicaid enrollee and provide information about diagnosis, condition and treatment for authorization of an inpatient stay using a web based tool.
- A daily data transfer listing all new hospital admissions discharges is transferred to the HH data analytic staff
- New admits are matched to the list of all persons assigned and/or enrolled in a healthcare home.
- An Automated email notifies the healthcare home provider of the admission.
- Patients are seen within 72 hours of discharge for medication reconciliation , health status check and planning for follow-up care



## **Support Patient Wellness through Self Management using Peer Specialists**

- Implement a physical health/wellness approach that is consistent with recovery principles, including supports for smoking cessation, good nutrition, physical activity and healthy weight.
- Educate patient on implications of psychotropic drugs
- Teach/support wellness self-management skills
- Teach/support decision making skills using Direct Inform
- Use motivational interviewing techniques
- New psychosocial rehab focus
  - Smoking cessation
  - Enhancing Activity
  - Obesity Reduction/Prevention



# DirectInform – An EHR for Patients

Home > Health To Do List > Current Health To Do List Perfect Friendly Version Logout



**DirectInform™**  
 for MO HealthNet Participants

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Welcome Don Madison Monday, October 20, 2008

Home
Health Recommendations
Health To Do List
History
Health Resources
Account
Help

**Current Health To Do List** Your current list of selected "To Do" recommendations.



Click on the "To Do" item for additional detail.  
 Press **Complete** when done, or the **Completed** check box to move the item to your "To Do" already.

[Print To Do Report](#)

| Completed                | Date Identified | Current Health Action Item | To Do   |
|--------------------------|-----------------|----------------------------|---|
| <input type="checkbox"/> | 6/17/2008       | Hand Washing               | Take my hand hygiene every week.                                    |
| <input type="checkbox"/> | 6/17/2008       | Hand Sugar Testing         | Get a reminder to check my hand sugar (glucose) at least daily.     |
| <input type="checkbox"/> | 7/22/2008       | Visual Dental Exam         | Sched. in an appointment to get a dental exam.                      |
| <input type="checkbox"/> | 7/22/2008       | Visual Eye Exam            | Sched. in an appointment to get my eyes examined.                   |
| <input type="checkbox"/> | 7/22/2008       | Diabetes Sugar Test        | Ask my doctor about getting a HbA1C test done.                      |
| <input type="checkbox"/> | 9/22/2008       | Food to Avoid              | Talk to my health care provider about foods that I should avoid.    |
| <input type="checkbox"/> | 9/22/2008       | Foot Care Needs            | Start a program of washing, drying and regular foot care.           |
| <input type="checkbox"/> | 9/22/2008       | Stress Management          | Talk to my health care provider about the ways I can reduce stress. |
| <input type="checkbox"/> | 10/17/2008      | Smoking a Quit             | Talk to my doctor about getting a prescription drug.                |
| <input type="checkbox"/> | 10/17/2008      | Hand Hygiene Medication    | Get a reminder to take my hand hygiene medication every day.        |

**Health Profile**

This report will summarize your health-related activity.

[View Health Profile Now](#)

**Learn More**

Because the To Do items you have completed.

Support the health care that we provide to you and your family.

## What is a CMHC Healthcare Home?



- Not just a Medicaid Benefit
- Not just a Program or a Team
- A System and Organizational Transformation



# Practice Transformations

- Focus on overall health
- More medically oriented team members
- Open access scheduling
- No-show/cancellation policies
- Increased patient input processes
- Significant increase in data reporting and outcomes
- Treatment planning tools supported by treatment guidelines





# MISTAKES

IT COULD BE THAT THE PURPOSE OF YOUR LIFE IS  
ONLY TO SERVE AS A WARNING TO OTHERS.

[www.despair.com](http://www.despair.com)

## **WebSites**

[www.nasmhpd.org/medicaldirector.cfm](http://www.nasmhpd.org/medicaldirector.cfm)

[www.dmh.mo.gov/about/chiefclinicalofficer/healthcarehome.htm](http://www.dmh.mo.gov/about/chiefclinicalofficer/healthcarehome.htm)

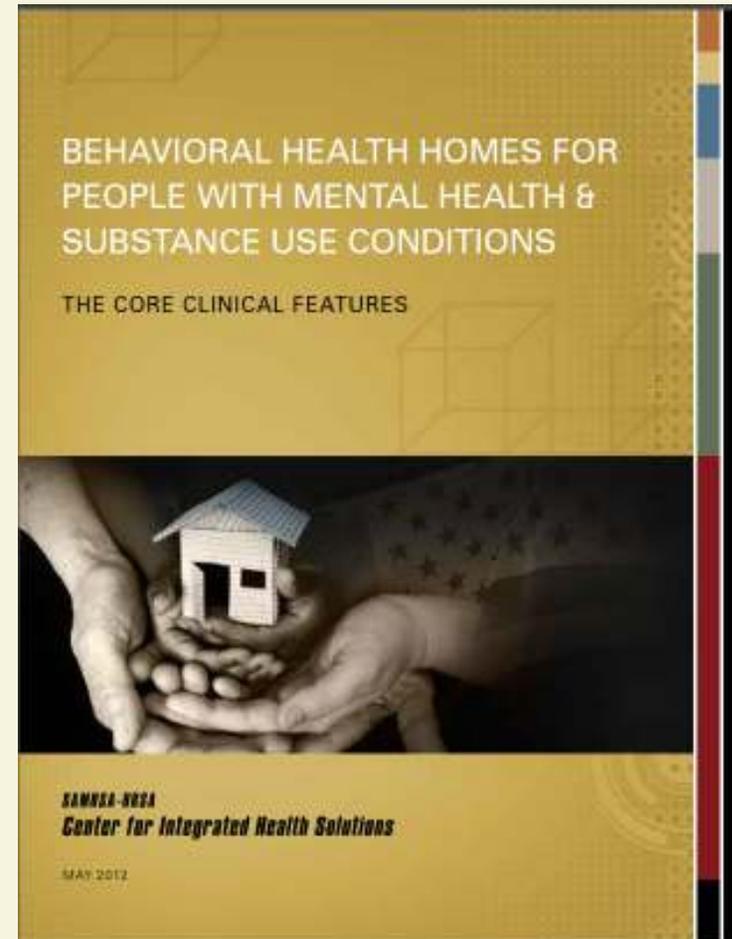


## For more information

Download the paper today...  
Executive summary and full report  
are available to at:

[www.integration.samhsa.gov](http://www.integration.samhsa.gov)

→ Integrated Care Models



# Any Questions?



**For information, resources and technical assistance contact the CIHS team at:**

**Online:** [integration.samhsa.gov](http://integration.samhsa.gov)

**Phone:** 202-684-7457

**Email:** [Integration@thenationalcouncil.org](mailto:Integration@thenationalcouncil.org)

