



The Office of the National Coordinator for
Health Information Technology

Corrections to Community: Transition and Integration of Health from the Justice System

ONC Learning Event - August 23, 2016 1:00pm- 2:00pm ET

Kate Kiefert, ONC HIT Resource Center Consultant

Patricia MacTaggart, ONC Sr. Advisor

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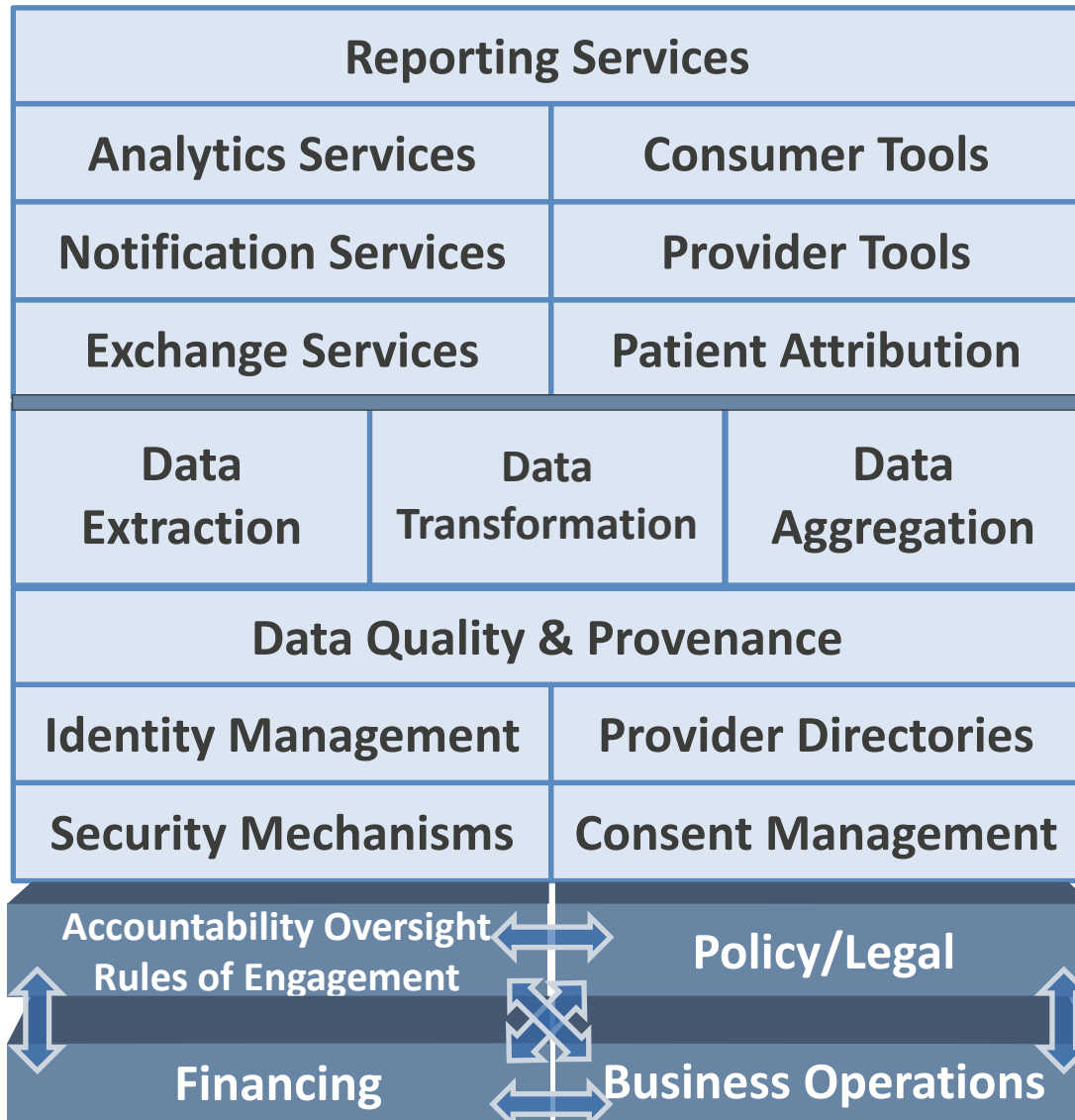
Tom Check, President and CEO, Healthix, Inc.



Corrections, Justice, and Health Integration Topics

- Health IT Considerations
- Corrections, Justice, and Health Integration Key Points
- State and Regional Examples
 - » Arizona
 - » New York City
- Information Sharing Needs, Concerns, and Challenges
- Other resources

Health IT Considerations: Corrections and Justice System Transitions



Some combination of these modules needed for all Health IT use cases: none excluded

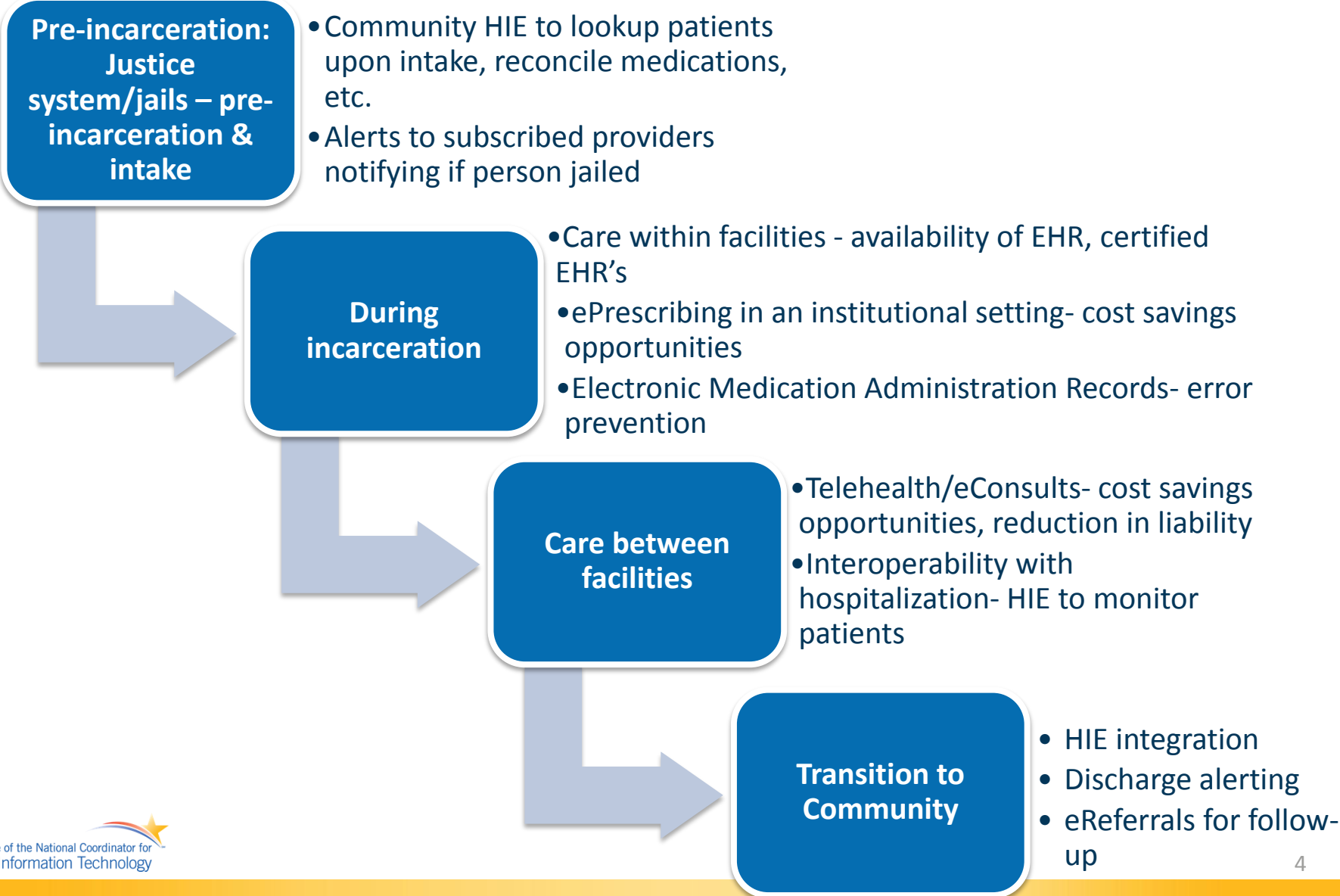
Corrections/Justice System Transitions Additional Challenges:

- Policy/legal
- Identity & consent management
- Exchange services
- Notification services

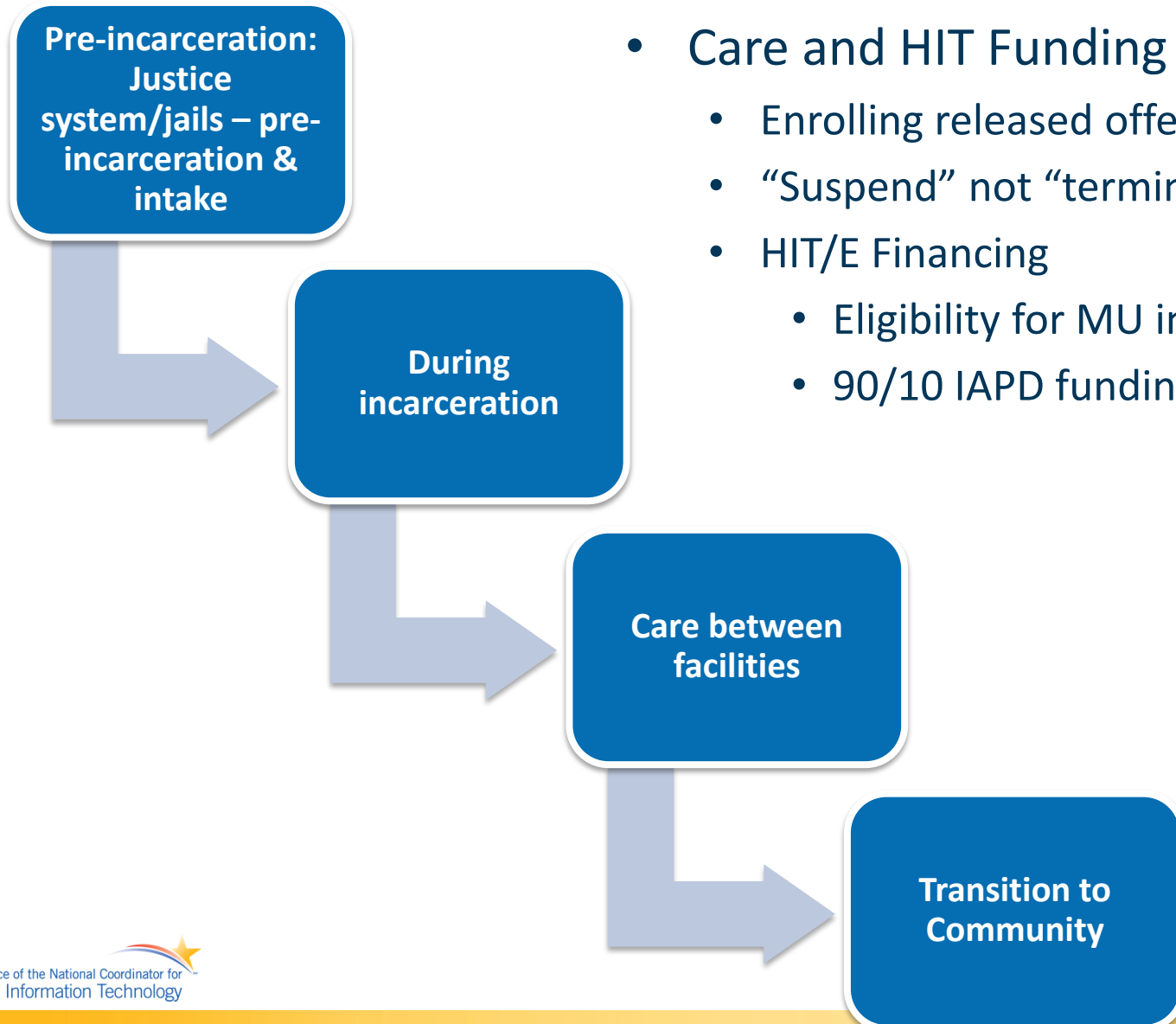
Health IT Variables:

- Where and When: pre-incarceration → incarceration → re-integration/transition to the community
- Justice System/Corrections Technology Capability (EHR-connectivity to HIE)

Corrections to Community: Transition and Integration of Health from the Justice System Key Points



Corrections to Community: Transition and Integration of Health from the Justice System Key Points



- Care and HIT Funding considerations
 - Enrolling released offenders
 - “Suspend” not “terminate” flag
 - HIT/E Financing
 - Eligibility for MU incentives
 - 90/10 IAPD funding

Corrections to Community: State Medicaid Agencies are focusing on enrolling individuals upon release from prison/correctional facilities

- Maryland Example: Seeking federal [approval](#) through an amendment to its managed care waiver renewal application to be effective in 2017 to provide Medicaid presumptive eligibility (PE) to individuals newly released from incarceration, which would permit enrollment based on attestation of eligibility information to be followed by a full verification process.
- Washington Example: Health Care Authority (HCA) developed a MOU for use between HCA and correctional facilities that outlines processes for enrolling incarcerated individuals in Medicaid prior to their release, which defines roles and responsibilities for each agency related to conducting enrollment and describes guidelines for the application process. The MOU allows for the application process to begin 30 days prior to an individual's release from incarceration.
- Wisconsin Example: DHS and DOC MOU updated January 2015. DHS implemented a new policy of allowing incarcerated individuals with explicit dates of release to apply for health coverage 20th day of the month prior to the month of the individual's scheduled release date



Criminal Justice System Partnerships and Initiatives

Michal Rudnick

August 23, 2016



Justice Processes

- Enrollment Suspense
- Pre-Release Applications
 - County Jail Partnerships (e.g. ALPHA)
 - Department of Corrections
- Care Coordination and Reach-in
 - Managed Care Contractors

Enrollment Suspense

- Counties and the DOC partnered with AHCCCS – over 90% of AZ
- As many as 9,000 AHCCCS members incarcerated at any given time in a month
- FY2016 - Approximately \$30,000,000.00 in avoided payments

County Jail Inmates in No-Pay Plan
All Participating Counties

One Month Report Period Beginning On	Ending On	Number Recipients in No-Pay Plan at Beginning of Report Period ¹	Number of No-Pay Recipients Added	Number Recipients Removed from No-Pay Plan	Number Recipients in No-Pay Plan at End of Period	Number Enrolled at Any Time During Report Period	Total Number of Member-Days Enrolled No Pay	Average Number of Days Enrolled No Pay	Total Capitation Cost Avoided	Average Per Person Cost Avoidance
Jul 1, 2015	Jul 31, 2015	4,823	3,957	3,868	4,912	8,780	168,349	19.17	\$ 2,534,053	\$ 289
Aug 1, 2015	Aug 31, 2015	4,900	4,087	4,071	4,916	8,987	167,637	18.65	\$ 2,523,793	\$ 281
Sep 1, 2015	Sep 30, 2015	4,882	3,849	3,946	4,785	8,731	163,194	18.69	\$ 2,497,375	\$ 286
Oct 1, 2015	Oct 31, 2015	4,740	3,530	3,417	4,853	8,270	165,000	19.95	\$ 2,516,129	\$ 304
Nov 1, 2015	Nov 30, 2015	4,810	2,905	2,900	4,815	7,715	155,561	20.16	\$ 2,352,179	\$ 305
Dec 1, 2015	Dec 31, 2015	4,769	2,921	3,218	4,472	7,690	156,874	20.40	\$ 2,358,955	\$ 307
Jan 1, 2016	Jan 31, 2016	4,408	3,209	3,002	4,615	7,617	152,751	20.05	\$ 2,255,669	\$ 296
Feb 1, 2016	Feb 29, 2016	4,511	3,467	3,445	4,533	7,978	145,347	18.22	\$ 2,130,447	\$ 267
Mar 1, 2016	Mar 31, 2016	4,535	3,846	3,788	4,593	8,381	157,432	18.78	\$ 2,241,173	\$ 267
Apr 1, 2016	Apr 30, 2016	4,503	3,771	3,816	4,458	8,274	153,407	18.54	\$ 2,142,850	\$ 259
May 1, 2016	May 31, 2016	4,458	3,713	3,441	4,730	8,171	157,246	19.24	\$ 2,216,133	\$ 271
Jun 1, 2016	Jun 30, 2016	4,518	3,807	3,724	4,601	8,325	151,838	18.24	\$ 2,155,171	\$ 259
Fiscal 2016		4,823	43,062	42,636	4,601		1,894,636		27,923,926	

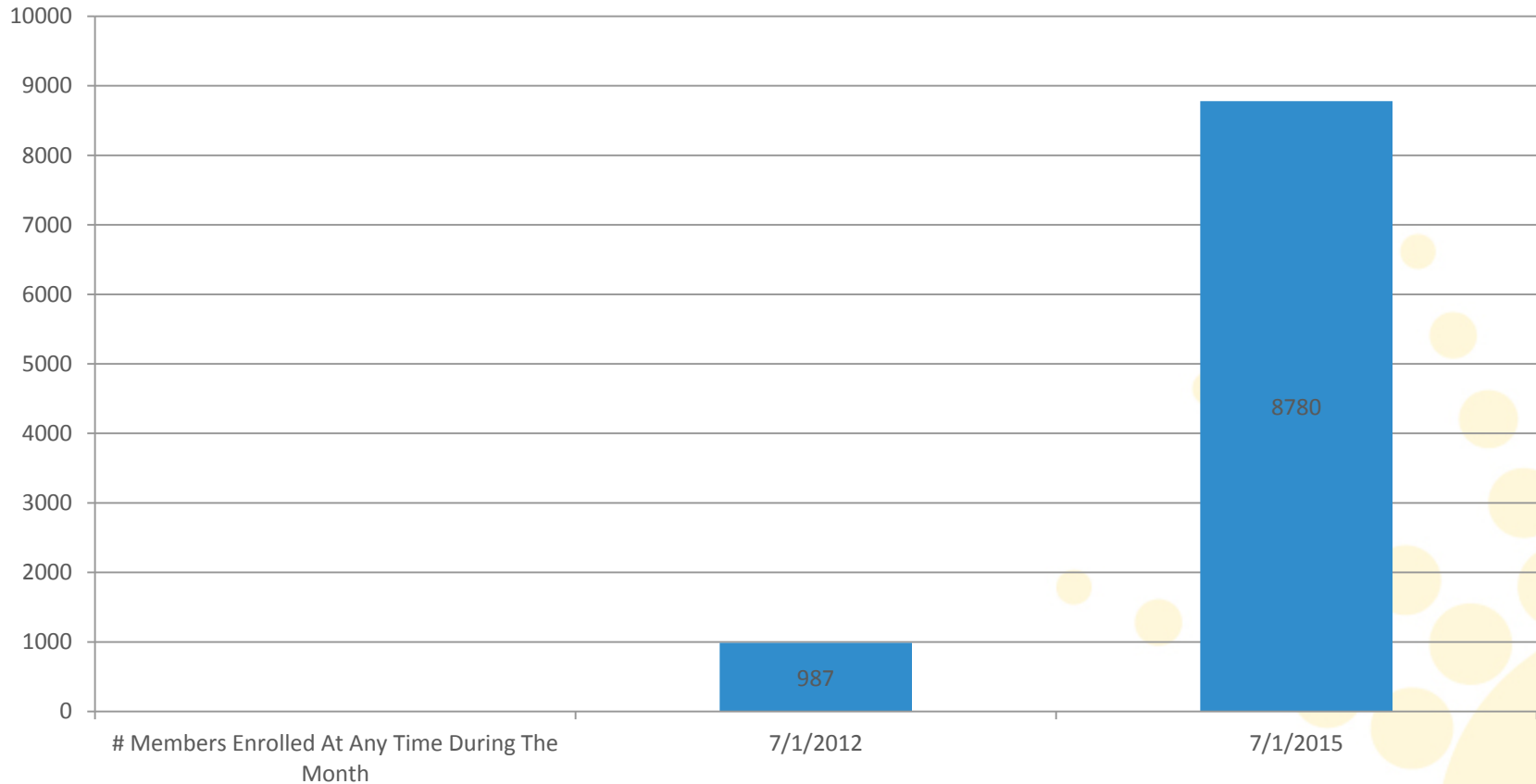
Total and average numbers of member days count all days from the day the member was enrolled in the No-Pay plan (or the first of the month if the member was already no-pay), until the member was returned to a paid plan, or was disenrolled from AHCCCS, or the end of the month, whichever was earliest. Beginning count may differ from previous month's ending count due to information received retroactively.

¹ Average Per Person Cost includes FFS members for which there is no capitation rate.

² June 2015, Total Capitation Cost Avoided and Average Per Person Cost Avoidance updated in June 2015 using updated rate codes and capitation rates.

³ June 2015, Total Capitation Cost Avoided and Average per Person Cost Avoidance values pending update.

Members impacted by Enrollment Suspense



Pre-Release Application Process

- Over 1,500 applications were processed in FY2015
- Includes juveniles, applications for people in need of long-term care and people in need of inpatient hospitalization
- ALPHA, AHCCCS, DES partnership
- Pima County Pre-trial applications

Care Coordination

- In FY2015, over 1,100 justice-involved AHCCCS members received care coordination
- 834 justice data provides health plans and RBHAs ability to increase care coordination
- Managed Care Contractors provide “high-touch”, warm hand-off for members re-entering communities with a complex health need

Keys to Success

- Statewide criminal justice stakeholder group of over 60 participants from across the continuum of justice and health
- Support and participation from Executive leaders
- Enrollment suspense enables capture of data
- Justice transitions is a SIM focus
- Broad and continuous communication
 - [Information about Justice Strategies on AHCCCS website](#)
 - Justice [ListServe](#) created

2016 – Moving Forward

- 1/11/16 – Governor announced in State of the State address that reducing recidivism is focus for AZ
- 7/2016 – HB2701 Approved – ADOC Pre-release Medicaid application assistance
- 10/1/16 - Contract requirements will increase health plan care coordination to reach more members prior to their release
- 10/1/16 –Proposed DSRIP Model to co-locate clinics in probation and parole offices throughout AZ

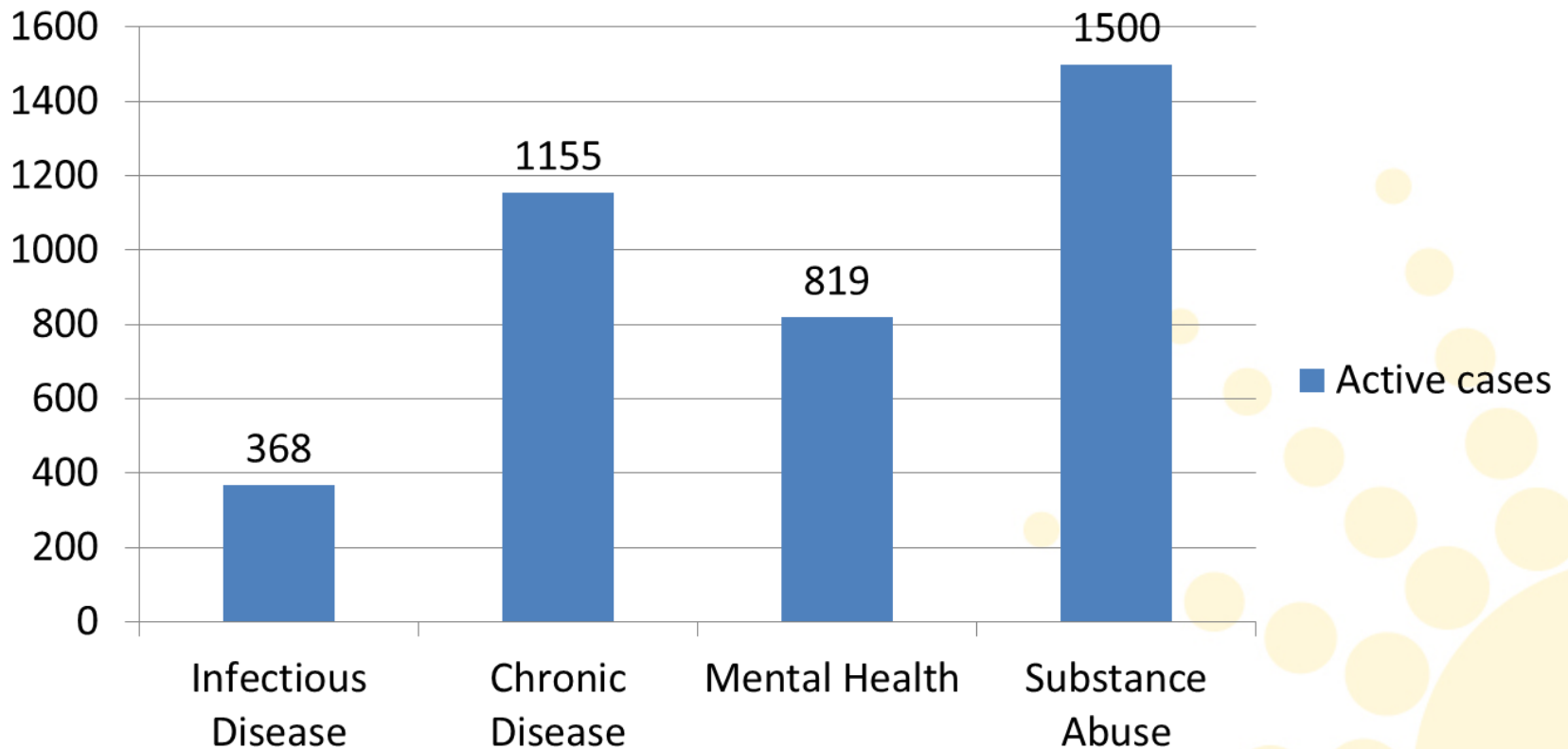
Maricopa County



Engaging and Enrolling the Justice Population into Health Care

Health Care Needs Maricopa County Jails

Active cases



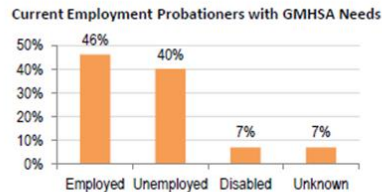
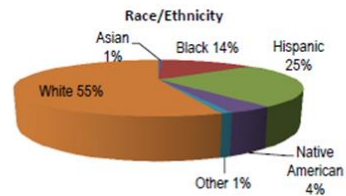
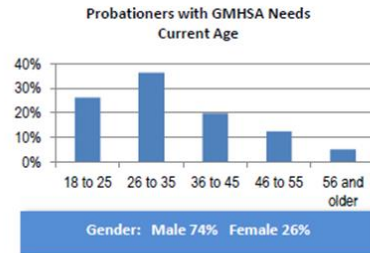
Health Care Needs - Maricopa County Jails

MARICOPA COUNTY ADULT PROBATION DEPARTMENT

November 2015

Probationers with GMHSA Needs

Probationers with an Identified Need for General Mental Health and/or Substance Abuse Treatment



Probationers with GMHSA Needs:

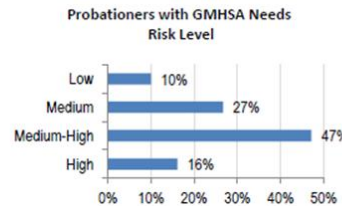
- 4% receive financial benefits for physical or medical disability.
- 29% have not completed high school or GED.
- 19% have used an opiate (nearly 2,700).
- 29% have been involved in drug treatment.
- 17% have been involved in alcohol treatment.
- 54% have been involved in mental health treatment.

A snapshot of the adult probation population in Maricopa County, *excluding probationers with serious mental illness*, revealed:

- 54% of probationers under active supervision in the community had an identified need for mental health and/or substance abuse (GMHSA) treatment, nearly 14,000 probationers.
- The number of these probationers with identified needs in the following areas:

Alcohol:	1,800
Drug:	6,500
Mental health:	9,500

 Of these, 3,400 had co-occurring mental health and substance abuse needs.



Health Care Needs - Maricopa County Jails

MARICOPA COUNTY ADULT PROBATION DEPARTMENT

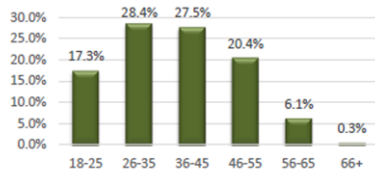
A Force for Positive



CHANGE.

SERIOUSLY MENTALLY ILL (SMI)

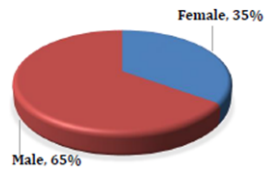
Current Age of SMI Probationers:



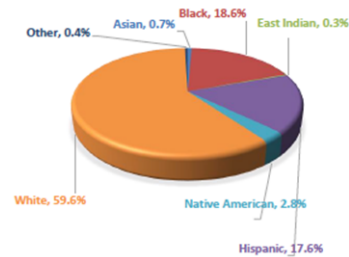
The following is a snapshot of SMI probationers who are supervised by Maricopa Adult Probation on specialized caseloads.

- There are 17 specialized SMI probation officers in two units who supervise SMI probationers.
- As of a June 2014 snapshot, the units were supervising 683 SMI probationers.
- The median probation term length is 3.0 years.
- A small percentage of SMI probationers (23%) are ordered to pay restitution.

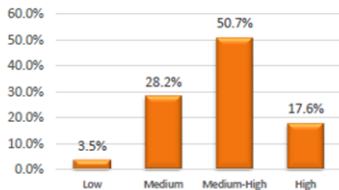
SMI Probationers Gender:



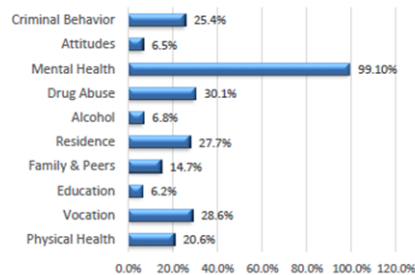
Ethnicity of SMI Probationers:



Percentage of SMI Probationers by Risk Level:



Percent of SMI Probationers with the Following Risk/Need Areas:



Snapshot March 2015

ID= HIV/AIDS, Hep C

CD= Hypertension, diabetes, asthma, lung, kidney, liver, heart, seizure, sickle cell, cancer

Maricopa County Adult Probation - June 2014

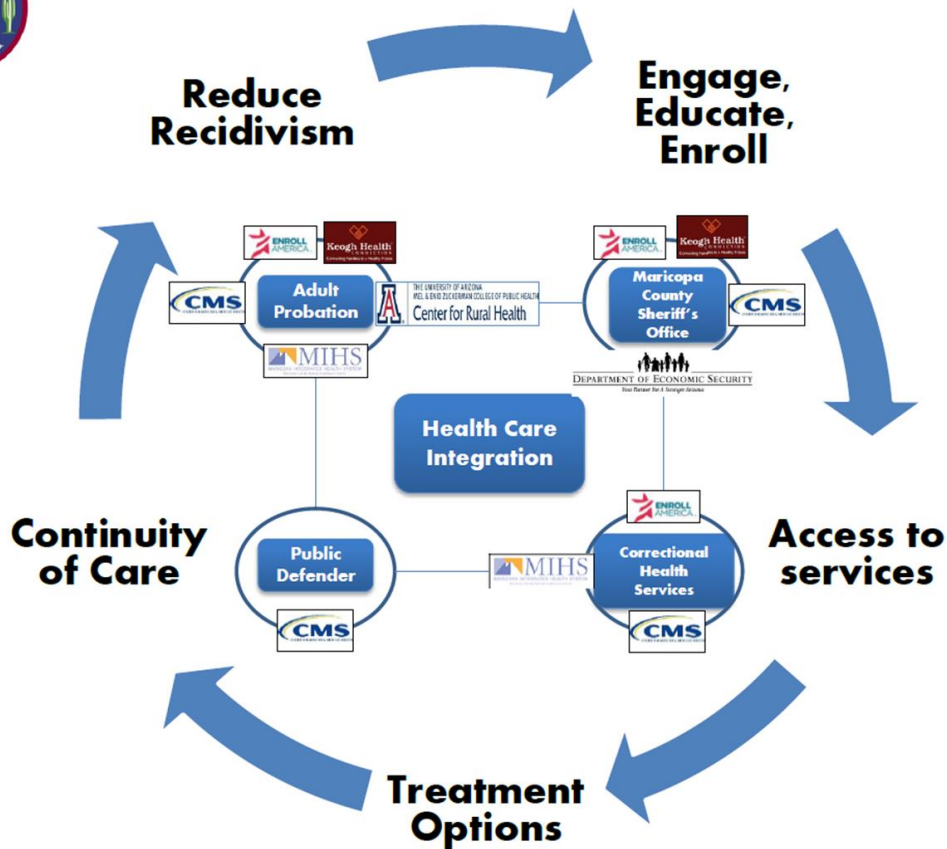
Program integration is key

All outreach, classes, materials and enrollment are offered in conjunction with existing programs and services

Program integration is key



A Collaboration of Health Care and Criminal Justice



Reaching across Arizona to provide comprehensive quality health care for those in need

Education

In jail or prison? Just get out?

Learn how to get health coverage with the Health Insurance Marketplace & AHCCCS in Maricopa County

Why get health insurance?

- You may be able to get health insurance for free or at a low cost.
- No matter where you live, you may get coverage from private health plans that cover lots of benefits, like doctor visits, hospital stays, mental health and substance use disorder services and prescriptions.
- Plans in the Marketplace must treat you fairly; they can't deny you coverage because of a pre-existing condition, and many preventive services are covered at no cost to you.
- You may qualify for Medicaid or CHIP, which are free or low cost health programs that also cover lots of benefits.

Did you know?

- The average cost of a 3-day hospital stay is \$30,000.
- Fixing a broken leg can cost up to \$7,500.
- Having health coverage can help protect you from high, unexpected health costs.
- No one plans to get sick or hurt, but most people need medical care at some point in their lives.
- Health insurance covers these costs and protects you from high expenses.

How do I get health insurance?

- Call 1-844-790-4946 and ask for help applying
- **If you are getting out soon or just got out of jail or prison:**
 - After you're released, you have a 60-day special enrollment period to apply for health coverage through the Marketplace
 - There's no deadline for AHCCCS and CHIP. If you qualify, your coverage can begin right away.

Here's how to apply:

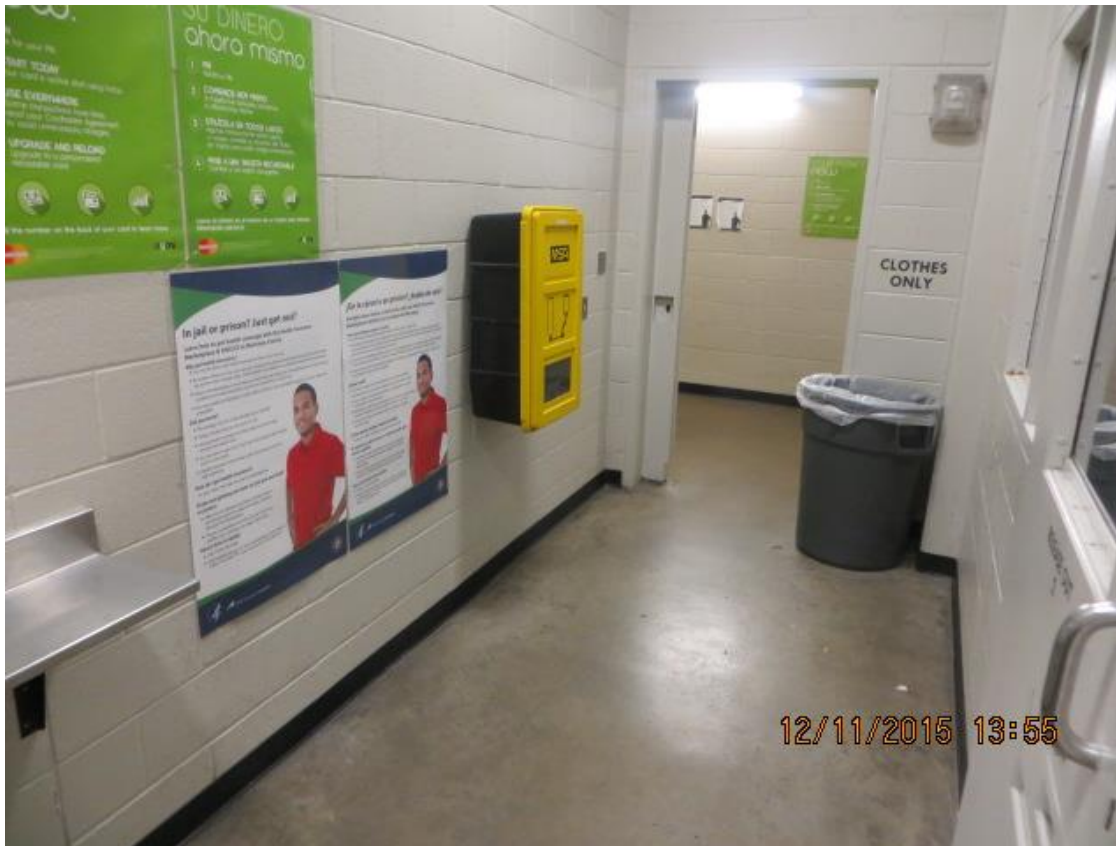
- Call 1-844-790-4946
- Visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users should call 1-855-889-4325.



Reaching across Arizona to provide comprehensive quality health care for those in need

Education

4th Ave. Central Intake



ALPHA Program

ALPHA inmates get AHCCCS to assist
with community reentry

Outcomes

- 10,775 touched by outreach
- 2,078 educated on health care
- 2,781 assisted with Medicaid enrollment

February 2014-February 2016 APD, CHS, MCSO

References

- Maricopa County KCMU April, 2016 presentation
- February 2014-February 2016 APD, CHS, MCSO
- AHCCCS No-pay report for FY16



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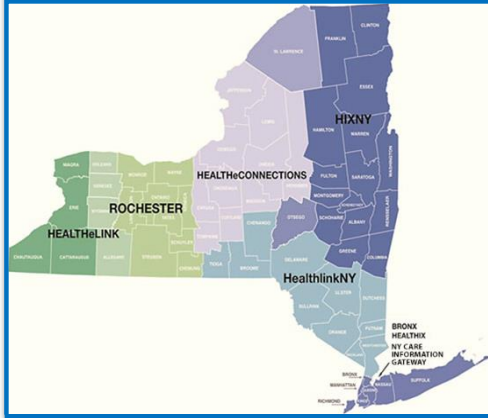
Webinar August 23, 2016

Tom Check, *President and CEO, Healthix, Inc.*



Healthix: a Public HIE in New York City and Long Island

SHIN-NY



HEALTHIX



PUBLIC HIE

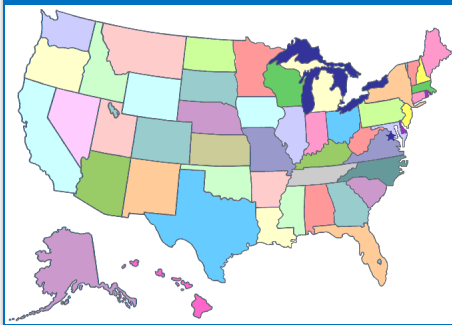
PRIVATE HIEs



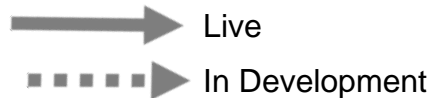
PRIVATE HIEs INCLUDE:

- Health Plans
- Large Provider Systems
- DSRIP Programs
- More...

eHealth Exchange and SHIEC



PROVIDERS and PLANS



New York Experience

- Correctional Health Services (CHS) provides medical services in the New York City Correction System
 - » A 42 CFR Part 2 facility within NYC Health + Hospitals; uses eCW EHR
 - » Conducts medical exam within first 24 hours and follows patient until release
 - » Healthix has prior medical history, and adds CHS encounters to the record
- Sends Healthix an “Admit” event and a “Discharge” event
 - » Healthix sends notification of Admit and Discharge to provider or care manager in the community who is managing the patient and has “subscribed” to alerts (provided that patient has given NYS consent to provider or care manager)
 - » Especially important for patients with complex medical, mental and behavioral health conditions under active care management – need to know if patient is removed from the community or returned to the community

New York Experience – cont.

Volumes in July 2016

	Enter NYC Correction System	Discharge from NYC Correction System
Events reported to Healthix by NYC Correctional Health Services	812	699
Events for patients with “subscriptions” who have given consent – Healthix delivers these alerts	101	101

Questions and Discussion



Corrections/Justice Information Sharing Needs

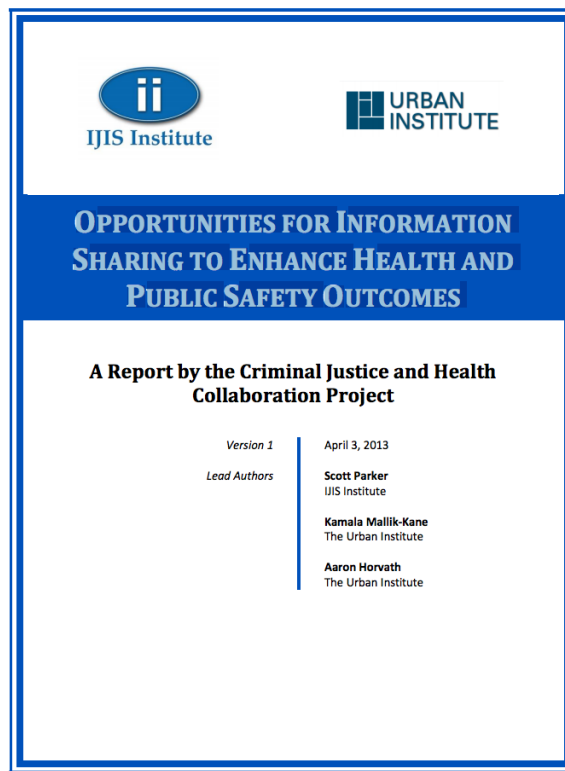
- Action plans for 1st responders
- Ability to maintain individuals on Medicaid
- Increase opportunities for wrap around services
- Continuity of care between correctional facilities, hospitals and community agencies
- Universally accepted release (consent)
- Access to current treatment plans, provider and medications
- Increase opportunities for in-reach prior to reentry

Corrections/Justice Information Sharing Concerns/Challenges

- Cost of justice and health information exchange
- Cost of delivering appropriate treatment
- Concerns about secondary disclosure of health information
- Offenders unwilling to participate in mental health treatment
- Interoperability between justice and health communities (HL7 vs NIEM) etc.)
- Privacy concerns
- Many healthcare organizations refuse to share health information to jails, even if requested by a HIPAA-covered provider—including recent ER visits

Resources

- IJIS - Opportunities for information sharing to enhance health and public safety outcomes [https://c.ymcdn.com/sites/ijis.site-ym.com/resource/resmgr/Docs/Opps Info Sharing Enhance He.pdf](https://c.ymcdn.com/sites/ijis.site-ym.com/resource/resmgr/Docs/Opps%20Info%20Sharing%20Enhance%20He.pdf)



Next Steps

- **ONC Listening Session**
 - » Wednesday, August 24, 2016
 - » 4:00 – 5:00pm ET
 - Conference Line: 877-928-8611
 - Participant Code – 43294870
- **Additional Questions**
 - » Contact your ONC HIT Resource Center TA



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