

# MO HealthNet Division (MHD) November 8, 2011 Primary Care Health Home (PCHH) Conference Call Highlights

Frequently Asked Questions (FAQs) from this call will soon be available at this same website.

## PCHH State Plan Amendment (SPA) Update

- The PCHH SPA was submitted to the Centers for Medicare and Medicaid Services (CMS) the first week in November, and it is anticipated CMS's response will be similar to the response received from the Community Mental Health Centers Health Home SPA.
- Payment Process
  - With services expected to begin in January, 2012, payments may be received in March, 2012.
  - Verifications will be made to confirm payment readiness prior to organizations receiving their first payment.
- Proposed Staffing Model
  - The Health Home Director will have a 1/2500 patient ratio.
  - The Behavioral Health Consultant, and Care Coordinator will each have a 1/750 patient ratio.
  - The Nurse Care Manager will have a 1/250 patient ratio.
- Proposed Payment Model
  - The total Per Member Per Month (PMPM) payment is \$58.87.
    - \$55.40 will be retained by each PCHH organization and \$3.47 will cover administrative fees including staffing and data analytics.
    - The total PMPM includes \$2.47 for physician attendance to a learning collaborative.
- Proposed Goals and Measures
  - Each goal has two to five measures and eight goals were submitted in the SPA as follows.
    1. Improve health care outcomes
    2. Improve behavioral health care
    3. Increase patient empowerment/self-management
    4. Improve coordination of care
    5. Improve preventive care
    6. Improve diabetes care
    7. Improve asthma care

## 8. Improve cardiovascular care

### **Organization Specific Information**

- Data Runs were projected for 25,000 eligibles, broken down by providers and containing DCN's. The data was e-mailed to each organization and included projected staffing and cost impact specific to the organization.
- The process for initial auto-enrollment was described as a member having one claim within a year consistent with chronic care conditions included in the SPA.
  - A participant is a member having two chronic conditions, or one chronic condition and the risk of developing another. The chronic conditions include Asthma, Diabetes, Heart Disease, Developmental Disability, and a BMI over 25. Tobacco use and Diabetes are considered a risk of developing a second chronic condition.
  - The frequency of claims was the basis for provider assignment, and estimated staffing was based on the PMPM received.