

PROVIDER BULLETIN

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CMS Initiative

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- **Initiative to Reduce Avoidable Hospitalizations Among Nursing Facility Residents**

GRANT DESCRIPTION

The MO HealthNet Division (MHD) of the Missouri Department of Social Services will offer support to qualified agencies or organizations that are interested in applying for participation as “enhanced care and coordination providers” for the Centers for Medicare and Medicaid Services’ (CMS) "Initiative to Reduce Avoidable Hospitalizations Among Nursing Facility Residents" (Initiative). The purpose of the Initiative is to evaluate whether care models that have enhanced on-site services and supports in nursing facilities can improve the health and health care among nursing facility residents and ultimately reduce avoidable inpatient hospital admissions. Per the grant's requirements, the State will provide a letter of support for interested and qualified organizations wishing to pursue this grant opportunity and agree to engage in a memorandum of understanding (MOU) upon selection.

Key Dates:

- Notice of Intent to Apply: due to CMS by April 30, 2012.
- Full application: due to CMS by June 14, 2012.
- Anticipated Notice of Award: August 24, 2012.
- Corporative Agreement Period of Performance: August 25, 2012 - August 24, 2016.

The full grant Announcement can be found at: <http://innovations.cms.gov/Files/x/rhnfr.pdf>

The link for the non-binding Notice of Intent to Apply from the organizations interested in participating in this Initiative, which is due to CMS by April 30, 2012, can be found at: <https://cmsgov.wufoo.com/forms/q7p5x7/>

Other information, including links to recent webinars and a Fact Sheet, can be found on the main Initiative webpage: <http://innovations.cms.gov/initiatives/rahnfr/index.html>

GRANT SUMMARY

Interested applicants are responsible for reading the full CMS announcement, but a quick summary is provided below:

- The grant is designed to test a series of evidence-based clinical interventions to achieve the goal of the Initiative discussed above. Successful applicants must be able to demonstrate the capacity to adequately implement interventions that will have the following objectives:
 - Reduce the frequency of avoidable hospital admissions and readmissions;
 - Improve resident health outcomes;
 - Improve the process of transitioning between inpatient hospitals and nursing facilities; and
 - Reduce overall health care spending without restricting access to care or choice of providers.
- Initiative targets long-stay Medicare-Medicaid enrollees in Medicare-Medicaid certified nursing facilities. Applicants are expected to implement its interventions in at least 15 facilities in the same state.
- CMS proposes to award up to \$128 million nationally to support a diverse portfolio of evidence-based clinical interventions through this effort. In addition, CMS may allocate up to an additional \$6.4 million for supplemental funds which would be awarded based on an enhanced care & coordination provider's implementation of the program across all of its partnering nursing facilities. CMS expects to make awards ranging from \$5 million to \$30 million each and anticipates that approximately seven awards will be made.

GRANT REQUIREMENTS

Specific requirements of the grant are in the CMS announcement, and include in part, the following:

- A letter of intent is REQUIRED, and is due to CMS by April 30, 2012. This can be submitted online, through the link above. Please send a copy of the Letter of Intent to MHD (ask.mhd@dss.mo.gov) so that we can coordinate with anyone submitting a letter of intent regarding the grant.
- All enhanced care & coordination provider applicants must have letters from:
 - the State Medicaid director and the State survey and certification director expressing support for the proposal, and
 - the nursing facilities agreeing to participate in the proposed intervention.
- The State Medicaid agency and the State survey and certification agency must agree to execute a memorandum of understanding (MOU) upon selection. State responsibilities are detailed below.
- Eligible organizations may include physician practices, care management organization and other entities but cannot be nursing facilities.

STATE MEDICAID AGENCY RESPONSIBILITIES

- Identify Federal, State, and local policy or regulatory barriers to implementing the Initiative and work with CMS and Enhanced Care & Coordination Provider to eliminate or mitigate barriers;
- Provide Medicaid claims data to CMS and/or its evaluation contractor in a timely manner, subject to CMS and its contractors executing all necessary data use agreements. Through the use of its contractors, CMS will minimize any analysis required by the State;
- Respond to a limited number of inquiries and requests made by CMS and its contractors in a timely manner;
- Participate in a limited number of interviews or surveys necessary for CMS to evaluate the Initiative; and

- Participate via webinar and teleconference in learning and diffusion opportunities to the extent available and interested.

STATE SURVEY AND CERTIFICATION AGENCY RESPONSIBILITIES

- Communicate the State's support of the Initiative to surveyors and participating nursing facilities;
- Identify Federal, State, and local policy or regulatory barriers to implementing the Initiative and work with CMS and Enhanced Care & Coordination Provider to eliminate or mitigate barriers;
- Notify CMS of any complaints or concerns about the Initiative;
- Respond to a limited number of inquiries and requests made by CMS and its contractors in a timely manner;
- Participate in a limited number of targeted interviews necessary for CMS to evaluate the Initiative; and
- Participate via webinar and teleconference in learning and diffusion opportunities to the extent available and interested.

RESOURCES

Questions on the grant can be directed to NFInitiative2012@cms.hhs.gov

Questions regarding the MO HealthNet's role in support of this grant may be directed to ask.mhd@dss.mo.gov.

Questions regarding the Department of Health and Senior Services' role in support of this grant may be directed to Shelly.Williamson@dhss.mo.gov.

Provider Bulletins are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

MO HealthNet News: Providers and other interested parties are urged to go to the MHD Web site at <http://dss.missouri.gov/mhd/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

MO HealthNet Managed Care: The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Services not included in MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MO HealthNet card or by calling the Interactive Voice Response (IVR) System at 573-635-8908 and using Option One for the red or white card.

Provider Communications Hotline
573-751-2896