

Records Submission Packages

# MO - Submission Package - MO2019MS00040 - (MO-19-0020) - Health Homes

Summary Reviewable Units News **Related Actions**

CMS-10434 OMB 0938-1188

## Package Information

<b>Package ID</b>	MO2019MS00040	<b>Submission Type</b>	Official
<b>Program Name</b>	Missouri-2 Health Home Services	<b>State</b>	MO
<b>SPA ID</b>	MO-19-0020	<b>Region</b>	Kansas City, KS
<b>Version Number</b>	1	<b>Package Status</b>	Pending

# Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | MO2019MS00040 | MO-19-0020 | Missouri-2 Health Home Services

## Package Header

<b>Package ID</b>	MO2019MS00040	<b>SPA ID</b>	MO-19-0020
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

## State Information

<b>State/Territory Name:</b>	Missouri	<b>Medicaid Agency Name:</b>	MO HealthNet Division
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## Submission Component

- State Plan Amendment
- Medicaid
- CHIP

### Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | MO2019MS00040 | MO-19-0020 | Missouri-2 Health Home Services

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<b>Superseded SPA ID</b>	N/A		

### SPA ID and Effective Date

**SPA ID** MO-19-0020

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Health Homes Payment Methodologies	7/1/2019	MO-19-0003

## Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | MO2019MS00040 | MO-19-0020 | Missouri-2 Health Home Services

### Package Header

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<b>Superseded SPA ID</b>	N/A		

### Executive Summary

**Summary Description Including Goals and Objectives** SPA 19-0020 adds a 1.5% rate increase to the per-member-per-month payment rate for Primary Care Health Homes effective July 1, 2019.

This health home SPA (19-0003) was transitioned from MMDL to MACPro with the September 1, 2019, effective date. The payment methodology had no changes during the SPA transition. After SPA 19-0003 was submitted, the state mandated a 1.5 rate increase effective July 1, 2019.

### Federal Budget Impact and Statute/Regulation Citation

#### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2019	\$20216
Second	2020	\$243513

#### Federal Statute / Regulation Citation

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
No items available	

## Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | MO2019MS00040 | MO-19-0020 | Missouri-2 Health Home Services

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<b>Superseded SPA ID</b>	N/A		

### Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

# Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Health Homes | MO2019M00040 | MO-19-0020 | Missouri 2 Health Home Services

CMS-10434 OMB 0938-1128

The submission includes the following:

- Administration
- Eligibility
- Benefits and Payments
  - Health Homes Program

Do not use "Create New Health Homes Program" to amend an existing Health Homes program. Instead, use "Amend existing Health Homes program," below.

- Create new Health Homes program
- Amend existing Health Homes program
- Terminate existing Health Homes program

Missouri 2 Health Home Services

## Health Homes SPA - Reviewable Units

Only select Reviewable Units to include in the package which you intend to change.

Reviewable Unit Name	Included In Another Submission Package	Source Type
<input type="checkbox"/> Health Homes Intra	●	APPROVED
<input type="checkbox"/> Health Homes Geographic Limitations	●	APPROVED
<input type="checkbox"/> Health Homes Population and Enrollment Criteria	●	APPROVED
<input type="checkbox"/> Health Homes Providers	●	APPROVED
<input type="checkbox"/> Health Homes Service Delivery Systems	●	APPROVED
<input checked="" type="checkbox"/> Health Homes Payment Methodologies	●	APPROVED
<input type="checkbox"/> Health Homes Services	●	APPROVED
<input type="checkbox"/> Health Homes Monitoring, Quality Measurement and Evaluation	●	APPROVED

# Submission - Public Notice/Process

MEDICAID | Medicaid State Plan | Health Homes | MO2019MS00040 | MO-19-0020 | Missouri-2 Health Home Services

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<b>Superseded SPA ID</b>	N/A		

### Name of Health Homes Program

Missouri-2 Health Home Services

Public notice was provided due to proposed changes in methods and standards for setting payment rates for services, pursuant to 42 CFR 447.205.

### Upload copies of public notices and other documents used

Name	Date Created
Public Notice-Prospective Amendment for Rate Change	8/26/2019 1:57 PM EDT



# Submission - Tribal Input

MEDICAID | Medicaid State Plan | Health Homes | MO2019MS00040 | MO-19-0020 | Missouri-2 Health Home Services

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<b>Superseded SPA ID</b>	N/A		

**Name of Health Homes Program:**

Missouri-2 Health Home Services

**One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state**

- Yes
- No



# Submission - Other Comment

MEDICAID | Medicaid State Plan | Health Homes | MO2019MS00040 | MO-19-0020 | Missouri-2 Health Home Services

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<b>Superseded SPA ID</b>	N/A		

## SAMHSA Consultation

### Name of Health Homes Program

Missouri-2 Health Home Services

### Date of consultation

6/30/2016

The State provides assurance that it has consulted and coordinated with the Substance Abuse and Mental Health Services Administration (SAMHSA) in addressing issues regarding the prevention and treatment of mental illness and substance abuse among eligible individuals with chronic conditions.

# Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | MO2019MS00040 | MO-19-0020 | Missouri-2 Health Home Services

## Package Header

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<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	7/1/2019
<b>Superseded SPA ID</b>	MO-19-0003		
	System-Derived		

## Payment Methodology

The State's Health Homes payment methodology will contain the following features

Fee for Service

Individual Rates Per Service

Per Member, Per Month Rates

Fee for Service Rates based on

- Severity of each individual's chronic conditions
- Capabilities of the team of health care professionals, designated provider, or health team
- Other

**Describe below**

See description in Rate Development section below.

Comprehensive Methodology Included in the Plan

Incentive Payment Reimbursement

**Describe any variations in payment based on provider qualifications, individual care needs, or the intensity of the services provided**

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Health Home services. The agency's per-member-per-month (PMPM) rate was set as of July 1, 2019, and is effective for services provided on or after that date.

PCCM (description included in Service Delivery section)

Risk Based Managed Care (description included in Service Delivery section)

Alternative models of payment, other than Fee for Service or PMPM payments (describe below)

# Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | MO2019MS00040 | MO-19-0020 | Missouri-2 Health Home Services

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<b>Superseded SPA ID</b>	MO-19-0003		
	System-Derived		

## Agency Rates

### Describe the rates used

- FFS Rates included in plan
- Comprehensive methodology included in plan
- The agency rates are set as of the following date and are effective for services provided on or after that date

### Effective Date

7/1/2019

### Website where rates are displayed

<https://dss.mo.gov/mhd/cs/health-homes/pdf/pchh-per-member-per-month-rates.pdf>

## Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | MO2019MS00040 | MO-19-0020 | Missouri-2 Health Home Services

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<b>Superseded SPA ID</b>	MO-19-0003		
	System-Derived		

### Rate Development

Provide a comprehensive description in the SPA of the manner in which rates were set

1. In the SPA please provide the cost data and assumptions that were used to develop each of the rates
2. Please identify the reimbursable unit(s) of service
3. Please describe the minimum level of activities that the state agency requires for providers to receive payment per the defined unit
4. Please describe the state's standards and process required for service documentation, and
5. Please describe in the SPA the procedures for reviewing and rebasing the rates, including
  - the frequency with which the state will review the rates, and
  - the factors that will be reviewed by the state in order to understand if the rates are economic and efficient and sufficient to ensure quality services.

**Comprehensive Description** Cost Assumptions/Factors Used to Determine Payment: Missouri will pay PCHH the cost of staff primarily responsible for delivery of services not covered by other reimbursement (Nurse Care Managers, Behavioral Health Consultants, Care Coordinators and Health Home Directors) whose duties are not otherwise reimbursable by MO HealthNet. In addition, PCHH Health Homes receive payments related to Health Home specific training, technical assistance, administration, and data analytics.

All payments are contingent on the Health Home meeting the requirements set forth in their Health Home applications, as determined by the State of Missouri. Failure to meet such requirements is grounds for revocation of Health Home status and termination of payments.

Clinical Care Management per-member-per-month (PMPM) payment:

- Staff cost is based on a provider survey of all PCHH statewide and includes fringe, operating & indirect costs.
- All PCHH providers will receive the same PMPM rate.
- The PMPM method will be reviewed periodically to determine if the rate is economically efficient and consistent with quality of care.

#### Minimum Criteria for Payment

The criteria required for receiving the PMPM rate payment is:

- A. The person is identified as meeting PCHH eligibility criteria on the State-run health home patient registry;
- B. The person is enrolled as a health home member at the billing health home provider;
- C. The minimum health home service required to merit payment of the PMPM is that the person has received Care Management monitoring for treatment gaps; or another health home service was provided that was documented by a health home director and/or nurse care manager; and
- D. The health home will report that the minimal service required for the PMPM payment occurred on a monthly health home activity report.

### Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | MO2019M500040 | MO-19-0020 | Missouri Health Home Services

#### Package Header

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<b>Superseded SPA ID</b>	MO-19-0003		
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#### Assurances

The State provides assurance that it will ensure non-duplication of payment for services similar to Health Homes services that are offered/covered under a different statutory authority, such as 1915(c) waivers or targeted case management.

**Describe below how non-duplication of payment will be achieved**

Managed Care: All Health Home payments including those for MO HealthNet (MHN) participants enrolled in managed care plans will be made directly from MHN to the Health Home provider. As a result of the additional value that managed care plans will receive from MHN direct paid Health Home services, the managed care plan is not required to provide care coordination or case management services that would duplicate the CMS reimbursed health home services (i.e. the conditions for which an individual was enrolled in the Health Home). This Health Home delivery design and payment methodology will not result in any duplication of payment between Health Homes and managed care. The managed care plan will be informed of its members that are in Health Home services and a managed care plan contact person will be provided for each Health Home provider to allow for coordination of care.

• The managed care plan will be required to inform either the Individual's Health Home or MHN of any inpatient admission or discharge of a Health Home member that the plan learns of through its inpatient admission initial authorization and concurrent review processes within 24 hours.

• The PCHH team will provide Health Home services in collaboration with MCO network primary care physicians in the same manner as they will collaborate with any other primary care physician who is serving as the PCP of an individual enrolled in the PCHH.

The state has developed payment methodologies and rates that are consistent with section 1902(a)(30)(A).

The State provides assurance that all governmental and private providers are reimbursed according to the same rate schedule, unless otherwise described above.

The State provides assurance that it shall reimburse providers directly, except when there are employment or contractual arrangements consistent with section 1902(a)(32).

#### Optional Supporting Material Upload

Name	Date Created
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No items available

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