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Affordable Care Act Section 2703 MO HealthNet Primary Care Health Home Initiative

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Under the [Affordable Care Act](#), states may apply for federal funding to provide “Health Homes” to Medicaid eligible participants with chronic illnesses. The demonstration is eligible for 90% Federal funding for two years for defined medical home related services. MO HealthNet’s proposed model described in the [Provider Application](#) is under review by the Centers for Medicare and Medicaid Services (CMS) and is a work in progress.

The Initiative is being undertaken to:

- implement and evaluate the Primary Care Health Home (“Health Home”) model as a means to achieve accessible, high quality primary care
- demonstrate cost-effectiveness in order to justify and support the sustainability and spread of the model
- support primary care practice sites by increasing available resources and improving care coordination thus improving the quality of clinician work life and patient outcomes

Section 2703 of the [Affordable Care Act](#) details Health Homes for enrollees with Chronic Conditions.

The Missouri Department of Social Services (DSS) seeks Primary Care Practice Sites (“Practices”) comprised of licensed physicians, collaborating with other licensed health care professionals including nurse practitioners and physician assistants, to serve as Health Homes for MO HealthNet participants. The Health Home is an alternative approach to the delivery of primary care services that promises better patient experience and better results than traditional care. The Health Home has many characteristics of the Patient-Centered

Medical Home (PCMH), but is customized to meet the specific needs of low-income patients with chronic medical conditions.

The primary care portion of the demonstration is open only to practices with predominant direct primary care commitment. Practice selection will be based upon a number of factors, including the application and potentially direct interviews with practice leadership. Review of applications will be performed by MO HealthNet and Department of Mental Health senior staff under the leadership of MO HealthNet Director Dr. Ian McCaslin and Department of Mental Health Medical Director Dr. Joseph Parks who will make final determination of selected practice sites. Specific practice selection will be based upon the merits of each individual application and upon the CMS requirement that there be statewide geographic representation. Each application will be reviewed and carefully considered.

This Bulletin provides information highlights regarding application as a Primary Care Health Home. Applicants are referred to the MO HealthNet Application for Health Home Service Provider Status on the website for the actual application and all requirements.

PRIMARY CARE HEALTH HOME COMPONENTS

Health Homes shall include the following components:

- Comprehensive Care Management
- Care Coordination and Health Promotion
- Comprehensive transitional care including follow-up from inpatient and other settings
- Patient and family support
- Referral to community and support services
- Use of health information technology to link services

PATIENT ELIGIBILITY

Individuals eligible for participation are defined as follows:

- Persons covered by MO HealthNet including those covered through MO HealthNet Managed Care Plans
- Persons with two chronic conditions
- Persons with one chronic condition who are at risk for a second chronic condition
- Persons who have one serious and persistent mental health condition

QUALIFYING CHRONIC CONDITIONS

Qualifying Chronic Conditions are defined as follows:

- Asthma
- Diabetes
- Cardiovascular Disease, Including Hypertension
- Overweight (BMI>25)
- Developmental Disabilities
- Smoking or Diabetes as "At Risk Of" Triggers

PRIMARY CARE HEALTH HOME QUALIFICATIONS

In order to be recognized as a Health Home, Practice candidates must, at a minimum, as of the date of application submission:

- have a substantial percentage (not less than 25%) of the patient panel enrolled in MO HealthNet or uninsured
- provide a Health Home that is capable of overall cost effectiveness
- have strong, engaged leadership personally committed to and capable of leading the practice through the transformation process
- have patient panels assigned to each primary care clinician
- actively utilize MO HealthNet's comprehensive electronic health record for care coordination and prescription monitoring for MO HealthNet participants
- utilize an interoperable patient registry to input annual metabolic screening results, track and measure care of individuals, automate care reminders, and produce exception reports for care planning
- meet the minimum access requirements of third-next-available appointment within 30 days and same-day urgent care
- have completed Electronic Medical Record (EMR) implementation and been using the EMR as its primary medical record solution for at least six months prior to the beginning of health home services

The recognized primary care Practice Sites will work individually to continually evolve as a Health Home. Some of the recognized sites may also work with one another collectively to transform their Practices over at least a two-year period by participating in a Learning Collaborative. A Practice Site or Practice is defined as the single physical location at which a practice provides Health Home services. Organizations that wish to have multiple Practice Sites recognized as Health Homes may submit one application, but with separate detailed responses for each Practice Site. DSS will consider each individually.

Practices will also be required to apply for [National Committee of Quality Assurance \(NCQA\)](#) Patient Centered Medical Home recognition (see [Provider Application](#) for further detail).

PAYMENT

Subject to all required federal approvals, DSS has developed the following payment structure for recognized Practice sites. All payments are contingent on the Practice site meeting the requirements set forth in this application, as determined by DSS. Failure to meet such requirements is grounds for revocation of Health Home status and termination of payments specified within this application.

The anticipated payment methodology for Practice sites is in addition to existing fee-for-service or Managed Care plan payments for direct services, and is described as follows:

- A. Quarterly start-up, training, and infrastructure cost reimbursement.** Using a methodology developed by DSS, DSS will reimburse Practice Sites for start-up costs and lost productivity due to collaboration demands on staff not covered by other streams of payment.
- B. Clinical Care Management per member per month (PMPM) payment.** Using a methodology developed by DSS, DSS will make payment for reimbursement of the cost of staff primarily responsible for delivery of services not covered by other reimbursement

(Primary Care Nurses, Behavioral Health Consultants) whose duties are not otherwise reimbursable by MO HealthNet.

- C. **Performance incentive payment.** DSS will make payment to Practices for 50% of the value of the reduction in total health care PMPM cost, including payments A and B above, for the Practice Site's attributed MO HealthNet patients, relative to prior year experience. Savings will be distributed on a sliding scale up to 50% of net savings based on performance relative to a set of Practice Site-specific clinical preventive and chronic care measures generated and reported by the practice and subject to DSS audit.

There is no guarantee that sufficient funds will be approved for distribution by CMS, but it is the intention of MO HealthNet to support quality-driven, cost-conscious practice operations, should sufficient funds be available for such distribution.

As of time of application release MO HealthNet does not have a specific rate structure prepared to communicate. We understand this omission will complicate the decision – making of specific practices interested in applying to participate in the initiative. Once rates are submitted to CMS and approved, information will be readily shared with potential participating sites. Any applicant that, upon review of the rate structure and detailed payment methodology, concludes the rates will not support their own practice transformation may withdraw their application with no penalty.

Payments described in Sections 3.B and 3.C will be based on DSS' count of MO HealthNet participants assigned to or attributed to the Practice on a date certain each month.

Participants not enrolled in a MO HealthNet Medicaid Managed Care Plan will be attributed to the practice using a standard patient attribution algorithm adopted by DSS. Participants will, however, be granted the option to change their Health Home should they so desire.

Providers may seek additional information, including the Provider Application, at the DSS Primary Care Health Home Initiative [website](#). Please note that the Application must be submitted in hard copy and submitted electronically as well. The Application is **not** a fillable document. Practices must adhere to established timelines noted in the Application. [E-mail Responses are due July 11th](#) and hard copies must be postmarked by this same date.

MO HealthNet will offer a webinar offering further discussion and an opportunity for interested providers to gain additional information. [Details](#) will be forthcoming at the DSS Primary Care Health Home Initiative website.

Inquiries may be forwarded via [e-mail](#) or by phone at (573)751-6963.

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.mo.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.

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 573-751-2896 and using Option One for the red or white card.

**Provider Communications Hotline
573-751-2896**