

PROVIDER BULLETIN

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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](#) (*beginning on page 522*), Missouri received approval from the Centers for Medicare and Medicaid Services (CMS) to amend its [State Medicaid Plan](#) to provide Health Homes to Medicaid eligible participants with chronic illnesses.

Missouri's Primary Care Health Home (PCHH) initiative was initially implemented in January 2012. Applications were solicited and accepted again in 2014. The Missouri Department of Social Services (DSS) again seeks additional practice sites comprised of licensed physicians (internal medicine, pediatric, and family practice specialists), 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.

This initiative is open only to practices with predominant direct primary care commitment. Practice selection will be based on a number of factors, including the application and potentially direct interviews with practice leadership. Review of application will be performed by MO HealthNet senior staff under the leadership of the MO HealthNet Division Director, Dr. Joseph Parks, who will make final determination of selected practice sites. Specific practice selection will be based on 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 PCHH. Applicants are referred to the MO HealthNet Application for Health Home Service Provider Status on the website for the actual application and all requirements.

PCHH 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 qualifying chronic conditions
- Persons with one qualifying chronic condition who are at risk for a second qualifying chronic condition

QUALIFYING CHRONIC CONDITIONS AND RISK FACTORS

Original qualifying chronic conditions are defined as follows:

- Asthma
- Diabetes (defined as both a chronic condition and a risk factor)
- Cardiovascular disease - including hypertension and hyperlipidemia
- Overweight (BMI ≥ 25) and Obesity (BMI ≥ 30)
- Developmental disabilities
- Tobacco use (defined as a risk factor)

PCHH 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.
- Have been providing primary care services at the site(s) for a minimum of two years. Provide a Health Home capable of overall cost effectiveness.
- Have strong and engaged physician and administrative 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 MHD's comprehensive electronic health record (CyberAccess) for care coordination and prescription monitoring for MO HealthNet participants.
- Utilize an interoperable patient registry to 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 health record (EHR) implementation and been using the EHR as its primary medical record for at least six months prior to the beginning of health home services.
- FQHC's not directly connected to DRVS and with no plans for doing so, and rural health clinic or other types of primary care organizations, must have access to IT resources capable of developing and producing a monthly SQL "flat file" of required PCHH clinical data elements extracted from the practices EHR that is mapped appropriately so that it can be sent to the PCHH initiative data warehouse (Note: Data mapping and file specifications will be provided.).

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 through participation in training activities and practice coaching.

A practice site 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 site individually.

Practices will also be required to either:

- submit an application to [NCQA](#) that subsequently results in at least Level 1 recognition as a Patient-Centered Medical Home under the 2014 NCQA standards.

or

- apply to The Joint Commission for certification as a Primary Care Medical Home under the most current standards. For more information, refer to the [Primary Care Medical Home page](#).

PAYMENT

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 the 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 bulletin and the application.

The 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. Clinical Care Management Per-Member-Per-Month (PMPM) payment.** Using a methodology developed by DSS, DSS will reimburse for the cost of staff primarily responsible for delivery of services not covered by other reimbursement (nurse care managers, care coordinators, behavioral health consultants, administration) whose duties are not otherwise reimbursable by MHD.
- B. Performance incentive payment.** DSS may make payment to practices for 50% of the value of the reduction in total health care PMPM cost, including payment A 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 funds for this purpose will be approved for distribution by CMS, but it is the intention of MHD to support quality-driven, cost-conscious practice operations, should sufficient funds be available for such distribution.

Payments described in Sections A and B will be based on the number of participants for whom the practice attests that a Health Home service is performed each month, and for whom DSS determines are eligible for payment.

ADDITIONAL INFORMATION

To provide practices with a start-up panel of Health Home participants (managed care or fee for service), MHD will auto-enroll those that meet a standard attribution algorithm upon approval from the practices. Practices will be able to identify and add participants that meet enrollment criteria. Participants are granted the option to change their Health Home, or to opt out of Health Home services, should they so desire.

Providers may seek additional information, including the Provider Application, at the DSS PCHH Initiative [website](#). Please note that the Application must be submitted both as a hard copy and electronically. The Application is a Word document, and should be completed and submitted as a Word document. Practices must adhere to established timelines posted in the application. **Email responses are due by April 8, 2016** and hard copies must be postmarked by this same date.

Questions about the Application may be submitted via [email](#) by **March 4, 2016**. MO HealthNet will host a **Webinar at 9:30 a.m. on Tuesday, March 9th** addressing those questions, offering further discussion and an opportunity for interested providers to gain additional information. Details will be forthcoming at the [DSS PCHH Initiative website](#).

Inquiries may be forwarded via [email](#) or by phone at (573) 751-5542.

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/> 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 MO HealthNet card or by calling the Provider Communications 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**