

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
CMCS/DEHPPG/DHPC
Mailstop S2-14-26
7500 SECURITY BLVD.
Baltimore, MD 21244



Center for Medicaid & CHIP Services

November 18, 2022

Steven Schuh
Medicaid Director
Maryland Department of Health
201 West Preston Street, 5th Floor
Baltimore, MD 21201

Re: Approval of State Plan Amendment MD-22-0017 Migrated_HH.MD HHS

Dear Steven Schuh,

On September 16, 2022, the Centers for Medicare and Medicaid Services (CMS) received Maryland State Plan Amendment (SPA) MD-22-0017 for Migrated_HH.MD HHS to increase Health Home program reimbursement rates by 7.25%.

We approve Maryland State Plan Amendment (SPA) MD-22-0017 with an effective date(s) of July 01, 2022.

Maryland increases the one-time reimbursement for the initial intake and assessment necessary to enroll by \$8.60 to a new fee of \$127.21.

If you have any questions regarding this amendment, please contact Monica Neiman at Monica.Neiman@cms.hhs.gov

Sincerely,
Todd McMillion
Director, Division of Reimbursement
Review
Center for Medicaid & CHIP Services

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | MD2022MS0003O | MD-22-0017 | Migrated_HH.MD HHS

Package Header

Package ID	MD2022MS0003O	SPA ID	MD-22-0017
Submission Type	Official	Initial Submission Date	9/16/2022
Approval Date	11/18/2022	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name: Maryland

Medicaid Agency Name: Maryland Department of Health, Office of Health Care Financing

Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | MD2022MS00030 | MD-22-0017 | Migrated_HH.MD HHS

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Superseded SPA ID	N/A		

SPA ID and Effective Date

SPA ID MD-22-0017

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Health Homes Payment Methodologies	7/1/2022	MD-21-0005

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | MD2022MS00030 | MD-22-0017 | Migrated_HH.MD HHS

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Executive Summary

Summary Description Including Goals and Objectives For dates of service beginning July 1, 2022, the Maryland Medical Assistance Behavioral Health, Health Home program reimbursement rates will increase by 7.25 percent.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2022	\$91763
Second	2023	\$275290

Federal Statute / Regulation Citation

42 CFR § 447.201 - State plan requirements.

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

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Governor's Office Review

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

Health Homes Payment Methodologies

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	User-Entered		

Payment Methodology

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

- Fee for Service
 - Individual Rates Per Service
 - 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**
- Health Homes may receive a one-time reimbursement for the completion of each participants' initial intake and assessment necessary for enrollment into the Health Home. The payment will be the same as the rate paid for monthly services on a per-member basis.
- The monthly rate is contingent upon the Health Home meeting the requirements set forth in the Health Home applications, as determined by the State of Maryland, including the provision of a minimum of two services in the month. The Health Homes are not paying any monies to other providers. There is only one exchange of payment and that is from the State to the Health Home providers. Health Home providers must document services and outcomes within the participant's file and in eMedicaid. These documents are accessible to the Department and the Department's designees through eMedicaid and are auditable. Rates are reviewed annually. Health Home participants may only be enrolled in one Health Home at a time. If participant is enrolled in a Health Home, Maryland's system automatically blocks the participant from being enrolled in another Health Home.
- Health Homes will be paid a monthly rate based on the employment costs of required Health Home staff, using salary and additional employment cost estimates for each of the required positions and their respective ratios. Payment is contingent upon the Health Home meeting the requirements set forth in the Health Home applications, as determined by the State of Maryland. Failure to meet such requirements is ground for payment

sanctions or revocation of Health Home status.

The Department does not pay for separate billing for services which are included as part of another service. At the end of each month, Health Homes will ensure that all Health Home services and outcomes have been reported into eMedicaid. The provider will then submit a bill within 30 days for all participants that received the minimum Health Home service requirement in the preceding month. The provider may begin billing for a Health Home participant when the intake portion of that individual's eMedicaid file has been completed with the necessary demographics, qualifying diagnoses baseline data, and consent form. The initial intake process itself qualifies as a Health Home service. The ongoing criteria for receiving a monthly payment is:

1. The individual is identified in the State's Medicaid Management Information System (MMIS) as Medicaid-eligible and authorized to receive PRP, MT, or OTP services;
 2. The individual was enrolled as a Health Home member with the Health Home provider in the month for which the provider is submitting a bill for Health Home services; and
 3. The individual has received a minimum of two Health Home services in the previous month, which are documented in the eMedicaid system.
- The agency's fee schedule (rate) was last updated on July 1, 2022 and is effective for services provided on or after that date. Effective July 1, 2022, the Health Home rate will be \$127.21

- Per Member, Per Month Rates
- 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 There are no variations in payment.

- 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

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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

7/1/2022

Website where rates are displayed

<https://health.maryland.gov/mmcp/Pages/Health-Homes.aspx>

Health Homes Payment Methodologies

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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 Behavioral Health rates are typically reviewed and updated for inflation annually. This program was added to that annual review process in FY 2017. Effective July 1, 2022 the Health Home rate will be increased 7.25% bringing the rate to \$127.21 as a result of Maryland Senate Bill 290 (2022).

Health Homes Payment Methodologies

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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 Recipients of specified waiver services and mental health case management that may be duplicative of Health Home services will not be eligible to enroll in a Health Home. In addition to offering guidance to providers regarding this restriction, the State may periodically examine recipient files to ensure that Health Home participants are not receiving similar services through other Medicaid-funded programs.

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	
22-0017 Health Homes Rate Increase Standard Funding Questions	8/17/2022 10:27 AM EDT	

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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