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**State/Territory Name: Missouri**

**State Plan Amendment (SPA) #: MO-23-0014**

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# MO - Submission Package - MO2023MS00030 - (MO-23-0014) - Health Homes

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DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Center for Medicaid & CHIP Services  
233 North Michigan Ave., Suite 600  
Chicago, IL 60601



## Center for Medicaid & CHIP Services

October 11, 2023

Todd Richardson  
Director  
MO HealthNet Division  
615 Howerton Court  
Jefferson City, MO 65109

Re: Approval of State Plan Amendment MO-23-0014 Missouri-2 Health Home Services

Dear Todd Richardson,

On August 01, 2023, the Centers for Medicare and Medicaid Services (CMS) received Missouri State Plan Amendment (SPA) MO-23-0014 to increase the Care Coordination component of the Primary Care Health Home Per-Member-Per-Month rate.

Based upon the information provided by the State, we approve Missouri State Plan Amendment (SPA) MO-23-0014 with an effective date of July 01, 2023.

If you have any questions regarding this amendment, please contact Robert Bromwell at [robert.bromwell@cms.hhs.gov](mailto:robert.bromwell@cms.hhs.gov)

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

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## Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | MO2023MS00030 | MO-23-0014 | Missouri-2 Health Home Services

CMS-10434 OMB 0938-1188

### Package Header

<b>Package ID</b>	MO2023MS00030	<b>SPA ID</b>	MO-23-0014
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	8/1/2023
<b>Approval Date</b>	10/11/2023	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### State Information

**State/Territory Name:** Missouri

**Medicaid Agency Name:** MO HealthNet Division

### Submission Component

- State Plan Amendment
- Medicaid
- CHIP

### Submission - Summary

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### SPA ID and Effective Date

**SPA ID** MO-23-0014

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Health Homes Payment Methodologies	7/1/2023	MO-19-0003

### Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | MO2023MS00030 | MO-23-0014 | Missouri-2 Health Home Services

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### Executive Summary

**Summary Description Including Goals and Objectives** SPA #: 23-0014 to apply a per-member-per-month (PMPM) payment of \$4.69 to the Care Coordination PMPM component to advance the management of social determinants for health home participants, effective July 1, 2023.

### Federal Budget Impact and Statute/Regulation Citation


#### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2023	\$349119
Second	2024	\$1450184

#### Federal Statute / Regulation Citation

Section 2703 of the Affordable Care Act and Section 1945 of the Social Security Act

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
<a href="#">FFY 2023 and 2024 fiscal impact, 10022023</a>	10/5/2023 10:40 AM EDT	

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### Governor's Office Review

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

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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## Health Homes Payment Methodologies

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CMS-10434 OMB 0938-1188

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<b>Superseded SPA ID</b>	MO-19-0003		
	User-Entered		

### 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
- Comprehensive Methodology Included in the Plan
- Incentive Payment Reimbursement

**Describe below**

See description in Rate Development section below.

**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 rate was set as of July 1, 2023 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

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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

7/1/2023

### Website where rates are displayed

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



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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** 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

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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 MO Health Net 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
No items available	

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