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State/Territory Name: Missouri

State Plan Amendment (SPA) #: 24-0027

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MO - Submission Package - MO2024MS0005O - (MO-24-0027) - Health Homes

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid and CHIP Operations Group
601E. 12th St, Room 355
Kansas City, MO 64106



Center for Medicaid & CHIP Services

October 21, 2024

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

Re: Approval of State Plan Amendment MO-24-0027 Missouri-2 Health Home Services

Dear Todd Richardson,

On October 03, 2024, the Centers for Medicare and Medicaid Services (CMS) received Missouri State Plan Amendment (SPA) MO-24-0027 for Missouri-2 Health Home Services due to CMS requesting that Health Home programs submit an amendment to comply with the final rule that requires Health Home Core Set(s) to be a mandatory reporting element beginning 2024 pursuant to 42 CFR §§ 437.10 and 437.15.

We approve Missouri State Plan Amendment (SPA) MO-24-0027 with an effective date(s) of October 01, 2024.

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

Sincerely,
James G. Scott
Director, Division of Program Operations
Center for Medicaid & CHIP Services

MO - Submission Package - MO2024MS0005O - (MO-24-0027) - Health Homes

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Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | MO2024MS0005O | MO-24-0027 | Missouri-2 Health Home Services

CMS-10434 OMB 0938-1188

Package Header

Package ID	MO2024MS0005O	SPA ID	MO-24-0027
Submission Type	Official	Initial Submission Date	10/3/2024
Approval Date	10/21/2024	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name:	Missouri	Medicaid Agency Name:	MO HealthNet Division
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Submission Component

- ☒

State Plan Amendment
- ☒

Medicaid
- ☐

CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | MO2024MS00050 | MO-24-0027 | Missouri-2 Health Home Services

Package Header

Package ID	MO2024MS00050	SPA ID	MO-24-0027
Submission Type	Official	Initial Submission Date	10/3/2024
Approval Date	10/21/2024	Effective Date	N/A
Superseded SPA ID	N/A		

SPA ID and Effective Date

SPA ID MO-24-0027

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Health Homes Monitoring, Quality Measurement and Evaluation	10/1/2024	MO-19-0003

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | MO2024MS00050 | MO-24-0027 | Missouri-2 Health Home Services

Package Header

Package ID	MO2024MS00050	SPA ID	MO-24-0027
Submission Type	Official	Initial Submission Date	10/3/2024
Approval Date	10/21/2024	Effective Date	N/A
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Executive Summary

Summary Description Including Goals and Objectives CMS is requesting Health Home programs submit an amendment to comply with the final rule that requires Health Home Core Set(s) to be a mandatory reporting element beginning 2024.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2025	\$0
Second	2026	\$0

Federal Statute / Regulation Citation

42 CFR §§ 437.10 and 437.15.

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | MO2024MS00050 | MO-24-0027 | Missouri-2 Health Home Services

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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 Monitoring, Quality Measurement and Evaluation

MEDICAID | Medicaid State Plan | Health Homes | MO2024MS0005O | MO-24-0027 | Missouri-2 Health Home Services

CMS-10434 OMB 0938-1188

Package Header

Package ID	MO2024MS0005O	SPA ID	MO-24-0027
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Superseded SPA ID	MO-19-0003		
	System-Derived		

Monitoring

Describe the state's methodology for calculating cost saving (and report cost savings annually in Quality Measure Report). Include savings that result from improved coordination of care and chronic disease management achieved through the Health Homes Program, including data sources and measurement specifications, as well as any savings associated with dual eligibles, and if Medicare data was available to the state to utilize in arriving at its cost-savings estimates:

The State will annually perform an assessment of cost savings using a pre-/post-period comparison. The assessment will include total Medicaid savings for the intervention group and will be subdivided by category of service. It will also be broken out for each primary care health home. The data source will be Medicaid claims and the measure will be PMPM Medicaid expenditures. Savings calculations will be trended for inflation, and will truncate the claims of high-cost outliers annually exceeding three standard deviations of the mean. Savings calculations will include the cost of PMPM payments received by primary care health home providers. The assessment will also include the performance measures enumerated in the Quality Measures section.

Describe how the state will use health information technology in providing Health Homes services and to improve service delivery and coordination across the care continuum (including the use of wireless patient technology to improve coordination and management of care and patient adherence to recommendations made by their provider).

To facilitate the exchange of health information in support of care for patients receiving or in need of primary care health home services, the state will utilize several methods of health information technology (HIT). Following is a summary of HIT currently available for primary care health home providers to conduct comprehensive care management, care coordination, health promotion and individual and family support services. Also included is a description of the state's process to improve health information exchange (HIE) for comprehensive transitional care services. As Missouri implements its primary care health home models, the state will also be working toward the development of a single data portal to facilitate information exchange, measures documentation and calculation and state reporting to CMS. The state will also continue to refine a process for HIE between CMHCs and primary care practices.

1. HIT for Comprehensive Care Management and Care Coordination – MO HealthNet maintains a web-based electronic health record (EHR) accessible to enrolled Medicaid providers, including primary care practices, CMHCs, and schools. The tool is a HIPAA-compliant portal that enables providers to:
- a. Download paid claims data submitted for an enrollee by any provider over the past three years (e.g., drug claims, diagnosis codes, CPT codes);
- b. View dates and providers of hospital emergency department services;
- c. Identify clinical issues that affect an enrollee's care and receive best practice information;
- d. Prospectively examine how specific preferred drug list (PDL) and clinical edit criteria would affect a prescription for an individual enrollee and determine if a prescription meets requirement for Medicaid payment;
- e. Electronically request a drug prior authorization or clinical edit override; pre-certifications for radiology, durable medical equipment (DME), optical and inpatient services;
- f. Identify approved or denied drug prior authorizations or clinical edit overrides or medical pre-certifications previously issues and transmit a prescription electronically to the enrollee's pharmacy of choice; and
- g. Review laboratory data and clinical trait data;
- h. Determine medication adherence information and calculate medication possession ratios (MPR); and
- i. Offer counseling opportunities for pharmacists through a point of service medication therapy management (MTM) module.
2. HIT for Health Promotion and Individual and Family Support Services – A module of the MO HealthNet comprehensive, web-based EHR allows enrollees to access their own healthcare utilization information and receive the same content in laypersons' terms. The information facilitates self-management and monitoring necessary for an enrollee to attain the highest levels of health and functioning. Primary care health home providers will provide instruction to individuals on the use of the module. Utilization data available through the module includes:
- a. Administrative claims data for the past three years;
- b. Cardiac and diabetic risk calculators;
- c. Chronic health condition information awareness
- d. A drug information library; and
- e. The functionality to create a personal health plan and discussion lists to use with healthcare providers.
- Primary care health home providers are also required to have patient portals in their electronic medical records system which also make various types of information available to enrollees.
3. HIT for Comprehensive Transitional Care – MO HealthNet maintains an initial and concurrent authorization of stay tool which requires hospitals to notify MO HealthNet (via accessing the online authorization tool) within 24 hours of the next usual workday regarding a new admission of any Medicaid enrollee and provide

information about diagnosis, condition and treatment for authorization of an inpatient stay. MO HealthNet and the Department of Mental Health have developed a daily process to notify each

healthcare home provider of all authorized admissions, which enables the primary care health home provider to:

- a. Use the hospitalization episode to locate and engage persons in need of primary care health home services;
- b. Perform the required continuity of care coordination between inpatient and outpatient; and
- c. Coordinate with the hospital to discharge and avoidable admission as soon as possible.

4. Referral to Community and Social Support Services – Primary care health home providers will be encouraged to monitor continuing Medicaid eligibility using the FSD eligibility website and data base.

Primary care health home providers can also access information about impending eligibility lapses (e.g., 60 days in advance).

5. Data Warehouse and Reporting System – The Missouri Primary Care Association maintains a data warehouse for the purpose of functioning as a patient registry for the primary care health home providers and generating quality measures to support clinical quality improvement. Patient demographics and clinically authenticated patient care data from the health home EMRs are included in the data set to support the required measures. MPCA also hosts a web-based reporting platform for users. Each health center's data is available to the health center for individual report generation at all levels, health center, site, provider, and patient, to assist with care management. MPCA generates aggregate reports to support quality improvement, best practice identification, and benchmarking.

Health Homes Monitoring, Quality Measurement and Evaluation

MEDICAID | Medicaid State Plan | Health Homes | MO2024MS00050 | MO-24-0027 | Missouri-2 Health Home Services

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Superseded SPA ID	MO-19-0003		
	System-Derived		

Quality Measurement and Evaluation

- ☒ The state provides assurance that all Health Homes providers report to the state on all applicable quality measures as a condition of receiving payment from the state.
- ☒ The state provides assurance that it will identify measureable goals for its Health Homes model and intervention and also identify quality measures related to each goal to measure its success in achieving the goals.
- ☒ The state provides assurance that it will report to CMS information to include applicable mandatory Core Set measures submitted by Health Home providers in accordance with all requirements in 42 CFR §§ 437.10 through 437.15 no later than state reporting on the 2024 Core Sets, which must be submitted and certified by December 31, 2024 to inform evaluations, as well as Reports to Congress as described in Section 2703(b) of the Affordable Care Act and as described by CMS. In subsequent years, states must report annually, by December 31st, on all measures on the applicable mandatory Core Set measures that are identified by the Secretary.
- ☒ The state provides assurance that it will track avoidable hospital readmissions and report annually in the Quality Measures report.

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