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State/Territory Name: Tennessee

State Plan Amendment (SPA) #: 24-0003

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Page

TN - Submission Package - TN2024MS0003O - (TN-24-0003) - Administration; Health Homes

Summary Reviewable Units Versions Correspondence Log Analyst Notes Review Assessment Report **Approval Letter** Transaction Logs

News Related Actions

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



Center for Medicaid & CHIP Services

November 04, 2024

Stephen M. Smith
Director
Department of Finance & Administration
310 Great Circle Road
Nashville, TN 37243

Re: Approval of State Plan Amendment TN-24-0003 Health Link

Dear Director Smith,

On October 09, 2024, the Centers for Medicare and Medicaid Services (CMS) received Tennessee State Plan Amendment (SPA) TN-24-0003 for Health Link to update state plan assurances in accordance with federally mandated quality reporting requirements for the Child Core Set and the behavioral health quality measures on the Adult Core Set outlined in 42 CFR 431.16 and 437.10 through 437.15. This SPA also includes state attestation that it will submit mandatory Health Home Core Set data pursuant to 42 CFR §§ 437.10 and 437.15.

We approve Tennessee State Plan Amendment (SPA) TN-24-0003 with an effective date(s) of October 01, 2024.

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

Sincerely,
Ruth A. Hughes
Acting Director, Division of Program
Operations
Center for Medicaid & CHIP Services

TN - Submission Package - TN2024MS0003O - (TN-24-0003) - Administration; Health Homes

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Submission - Summary

MEDICAID | Medicaid State Plan | Administration, Health Homes | TN2024MS0003O | TN-24-0003 | Health Link

CMS-10434 OMB 0938-1188

Package Header

Package ID	TN2024MS0003O	SPA ID	TN-24-0003
Submission Type	Official	Initial Submission Date	10/9/2024
Approval Date	11/04/2024	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name: Tennessee

Medicaid Agency Name: Department of Finance & Administration

Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Administration, Health Homes | TN2024MS0003O | TN-24-0003 | Health Link

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SPA ID and Effective Date

SPA ID TN-24-0003

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Health Homes Monitoring, Quality Measurement and Evaluation	10/1/2024	TN-16-004
Reporting	10/1/2024	New

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Administration, Health Homes | TN2024MS0003O | TN-24-0003 | Health Link

Package Header

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Executive Summary

Summary Description Including Goals and Objectives This SPA indicates the state's attestation that it will submit mandatory Child, Adult, and Health Home Core Set data to CMS.

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 through 437.15

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Administration, Health Homes | TN2024MS0003O | TN-24-0003 | Health Link

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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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TN - Submission Package - TN2024MS00030 - (TN-24-0003) - Administration; Health Homes

Summary Reviewable Units Versions Correspondence Log Analyst Notes Review Assessment Report Approval Letter Transaction Logs

News **Related Actions**

Medicaid State Plan Administration

General Administration

Reporting

MEDICAID | Medicaid State Plan | Administration, Health Homes | TN2024MS00030 | TN-24-0003 | Health Link

CMS-10434 OMB 0938-1188

Package Header

Package ID	TN2024MS00030	SPA ID	TN-24-0003
Submission Type	Official	Initial Submission Date	10/9/2024
Approval Date	11/04/2024	Effective Date	<u>10/1/2024</u>
Superseded SPA ID	New		
	User-Entered		

A. General Reporting

The agency submits all reports in the form and with the content required by the Secretary and complies with any provisions that the Secretary finds necessary to verify and assure the correctness of all reports.

- 1. The agency assures that all requirements of 42 CFR 431.16 are met.

B. Annual Reporting on the Child and Adult Core Sets

- 1. The agency assures that all requirements of 42 CFR 437.10 through 437.15 are met.
- 2. The agency reports annually, by December 31, on:
 - a. All measures on the Child Core Set that are identified by the Secretary pursuant to 42 CFR 437.10.
 - b. All behavioral health measures on the Adult Core Set that are identified by the Secretary pursuant to 42 CFR 437.10.

C. Additional Information (optional)

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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News **Related Actions**

Health Homes Monitoring, Quality Measurement and Evaluation

MEDICAID | Medicaid State Plan | Administration, Health Homes | TN2024MS0003O | TN-24-0003 | Health Link

CMS-10434 OMB 0938-1188

Package Header

Package ID	TN2024MS0003O	SPA ID	TN-24-0003
Submission Type	Official	Initial Submission Date	10/9/2024
Approval Date	11/04/2024	Effective Date	10/1/2024
Superseded SPA ID	TN-16-004		
	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:

Medicaid claims information will be used to calculate PMPM total cost of care (TCOC) figures for Health Home target population members belonging to each practice, on an annual basis. Historic Medicaid claims data using a three-year base period will be employed to determine the PMPM TCOC for these individuals in the period before program launch. A growth rate will be trended forward on this baseline figure to permit comparison between projected PMPM costs in the absence of the program, and the actual PMPM costs following program launch. The growth rate will be adjusted to reflect both the medical inflation rate and a minimum savings rate.

The PMPM will include all care (professional, inpatient, outpatient, pharmacy, ancillary), with all costs above \$100,000 per year being truncated. However, certain services will be excluded from the calculation (due to lack of consistent offering), including dental services, transportation services, nursery (including NICU), and other costs as determined by the State (e.g. spend after 90 days in a nursing facility, first month of life, etc.)

For the purposes of calculating TCOC, patients that have been enrolled with a practice(s) for less than 9 months of the performance period are excluded.

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).

The State will use health information technology in the following ways to support Health Home services:

1) Developing a Care Coordination Tool that Health Homes will be able to use to access patient information such as ADT feeds (admission, discharge, transfer) from hospitals, gaps in care, and patient risk scores for purposes of patient outreach

2) Supporting the development of health information technology capabilities in Health Home organizations

MCOs will:

1) Monitor Health Home activities through existing billing and claims processes, including administering payment as needed

2) Provide claims-based reporting to Health Home providers on an ongoing basis to help them track and act on clinical quality outcome measures

3) Generate and maintain up to date Health Home patient registry including all relevant data fields

Health Homes Monitoring, Quality Measurement and Evaluation

MEDICAID | Medicaid State Plan | Administration, Health Homes | TN2024MS0003O | TN-24-0003 | Health Link

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Superseded SPA ID	TN-16-004		
	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.

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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