



Exploring Medicaid Health Homes
Medical Home Collaborative as a Building
Block for Medicaid Health Homes:
The Idaho Experience

June 20, 2013; 3:00 – 4:00PM (ET)



Exploring Medicaid Health Homes

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Health Home Information Resource Center

Technical Assistance for State Health Home Development

- ▶ Established by CMS to help states develop health home models for beneficiaries with complex needs
- ▶ Technical assistance led by Mathematica Policy Research and the Center for Health Care Strategies includes:
 - One-on-one technical support
 - Peer-learning collaboratives
 - Webinars open to all states
 - Online library of hands-on tools and resources, including:
 - Matrix of Approved Health Home SPAs
 - Map of State Health Home Activity
 - New draft SPA template

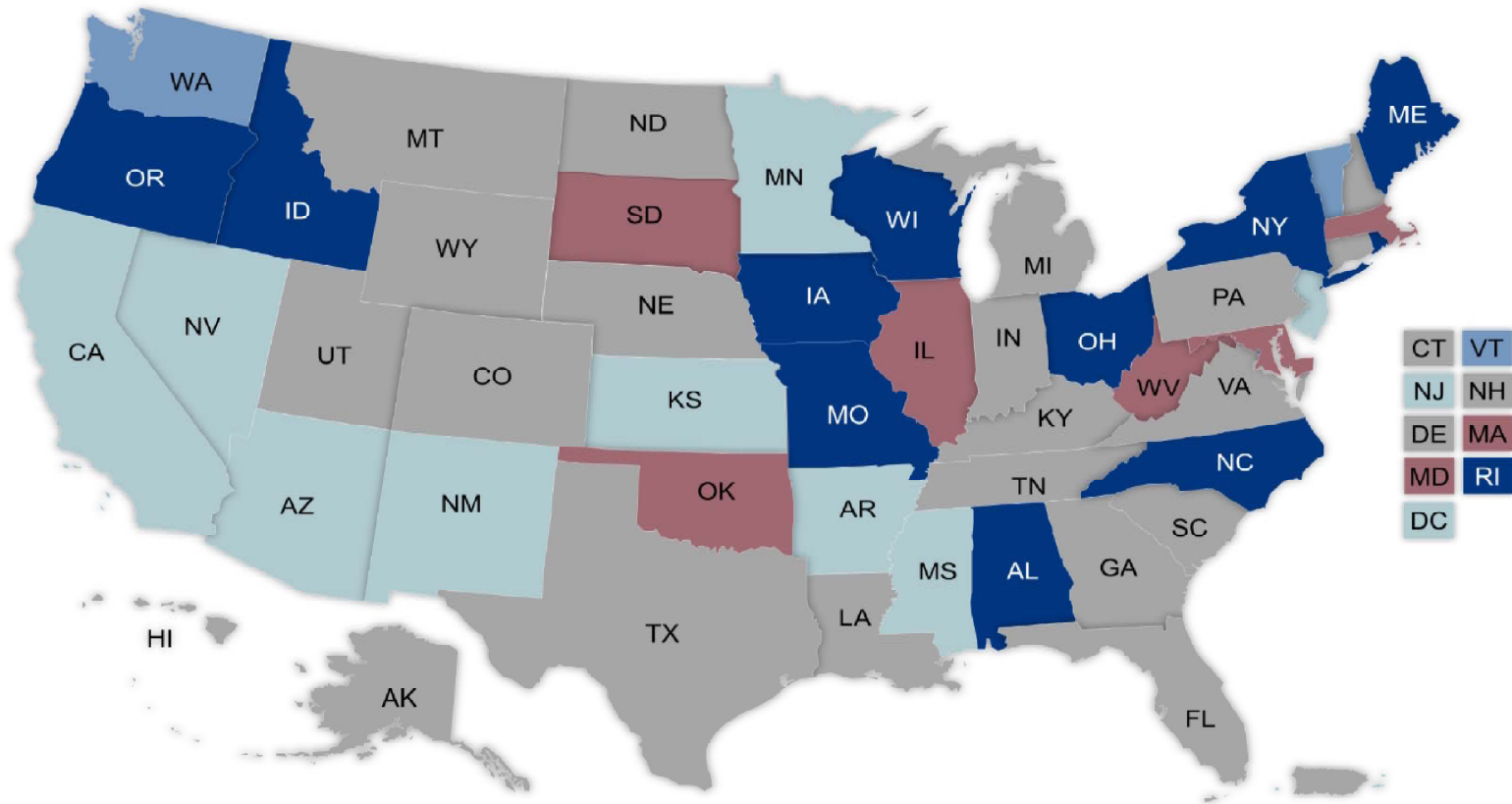
Exploring Medicaid Health Homes Webinar Series

- ▶ Provides a forum for states to share models, elements of their SPAs, and successes or challenges in their development process
- ▶ Creates an opportunity for CMS to engage in conversation with states considering and/or designing health home programs
- ▶ Disseminates existing knowledge useful to health home planning
- ▶ Open to any state considering or pursuing health homes

National Landscape to Date

- ▶ 16 approved State Plan Amendments in 11 states: AL, IA, ID, ME, MO, NC, NY, OH, OR, RI and WI
- ▶ Number of states in discussion with CMS
- ▶ Many other states exploring the opportunity to develop health homes

State Health Home Activity



Approved Health Home State Plan Amendment (SPA)	Alabama, Idaho, Iowa, Maine, Missouri, New York, North Carolina, Ohio, Oregon, Rhode Island, Wisconsin
Health Home SPA "On the Clock" (officially submitted to CMS)	Iowa (2 nd SPA), Vermont, Washington
Draft Health Home SPA Under CMS Review	Illinois, Maryland, Massachusetts, Oklahoma, Rhode Island (3 rd SPA), South Dakota, West Virginia
Approved Health Home Planning Request	Alabama, Arizona, Arkansas, California, District of Columbia, Idaho, Kansas, Maine, Minnesota, Mississippi, Nevada, New Jersey, New Mexico, North Carolina, West Virginia, Wisconsin
No Activity	Alaska, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Indiana, Kentucky, Louisiana, Michigan, Montana, Nebraska, New Hampshire, North Dakota, Pennsylvania, South Carolina, Tennessee, Texas, Utah, Virginia, Wyoming

Context for Idaho

- ▶ Idaho Medicaid – building upon the foundation of the Governor's Medical Home Collaborative
- ▶ Today's presenters
 - Matt Wimmer
 - Brian Peace

Idaho Medicaid Health Home Program

Overview and Requirements

Background

- * Support from state leadership for medical homes prior to passage of the Affordable Care Act
- * In 2010 Governor Otter issued an executive order establishing the Governor's Medical Home Collaborative
- * Multi-payer effort involving Blue Cross of Idaho, Regence, and PacificSource as well as Idaho Medicaid

Background

- * The Idaho Primary Care Association (representing Idaho community health centers) had already invested significantly in developing medical homes through the Safety Net Medical Home Initiative grant from the Commonwealth Fund and Qualis Health

Background

- * Idaho Medicaid also has grant support for the Children's Healthcare Improvement Collaboration (CHIC)
- * Five year, federally funded project including a pediatric patient-centered medical home component
- * Significant level of support for 3 practices to develop medical homes beginning May 2012

Background

- * Since then all payers have implemented their own medical home program
- * A core group of pilot practices has been involved with that effort from the beginning

Program Development

- * Built on the Governor's medical home collaborative foundation and worked closely with other insurers to build a program that would be consistent across payers
- * Informed by other states' efforts – Oregon, Missouri, Iowa, North Carolina

Program Development

- * Worked closely with CMS team on state plan elements
- * State plan amendment submitted to CMS August 2012
- * CMS approval in November 2012
- * Statewide implementation in January 2013

Provider Eligibility

- * Must be participating in Primary Care Case Management network
- * NCQA Level 1 medical home recognition achieved or in process
- * 46 office hours of access per week
- * Must include all providers in the clinic

Reimbursement

- * \$15.50 per member per month in addition to fee-for-service
- * Based on estimated staff time and operational needs to implement a successful program

Qualifying Conditions

- * Serious and Persistent Mental Illness or Serious Emotional Disturbance (SPMI or SED)
- * Diabetes and a comorbidity
- * Asthma and a comorbidity

Health Home: Qualifying Conditions Cont.

Comorbidities include:

- * Hypertension
- * Dyslipidemia
- * Coronary artery disease
- * Respiratory system disease
- * Obesity
- * Tobacco use

Implementation

- * Significant systems configuration efforts coordinated through our systems support team and claims contractor, Molina Medicaid Solutions
- * Addition and configuration of an entirely new benefit plan
- * Structure for provider payments and tracking of patients assigned to providers
- * State staff training and data entry

Implementation: Provider Enrollment

Process to ensure that providers were ready to implement a medical home:

- * Close contact with department staff and ongoing consultation
- * Completion of readiness assessment
- * Idaho Medicaid Health Home Provider Agreement

Health Home Clinic Requirements

Within 60 days:

- * Contact patients and inform them of the program

Within 90 days:

- * Process for timely access to follow-up care following ER and hospital services
- * Electronic chronic disease registry in place

Health Home Clinic Requirements

Within 6 months:

- * Report clinical and process data to the state

Within 2 years:

- * Achieve at least Level 1 NCQA primary care medical home recognition

Health Home Clinic Requirements

Ongoing:

- * Care plans for all patients
- * Population based approach to chronic disease management
- * Quality improvement efforts

Implementation

- * Preparing for data collection in July
- * Web tool developed and ready to accept clinical data from providers
- * Expecting a need for some technical assistance and data validation once it is reported
- * Ongoing close support for providers to help their efforts and ensure that all clinics are meeting program requirements

Future Developments

- * Incorporation into Dual Eligible managed care plan with implementation expected mid 2014 – will include all duals, not just those with chronic conditions
- * State Healthcare Innovation Plan – multi-payer effort around community based accountable care, to include a strong primary care medical home component

Provider Perspective

- * Providers involved in health home development process, including the Governor's medical home collaborative
- * Stakeholder engagement process included providers
- * The following insights are based on feedback from participating providers

Current Challenges Med Providers can expect to face

1. Getting office to understand the change
2. Creating registry, define who is in, who is out, and how it is best utilized
3. Some rules for NCQA are arbitrary
4. Data collection takes a number of times to review (Ongoing data review versus one-time analysis)
5. Providers need to agree on care without losing autonomy
6. Still a challenge to unload MD work
7. Hard to know best way to use the care coordinator to really help MD
8. Additional initial staff time and work to implement changes

Positive Outcomes from the health home model

- * Improved outcomes with asthma
- * Increased consistency in patient care
- * Greater compliance with coordination with front and back office
- * Greater support and less MD time spent on difficult mental health issues.
- * Improved screening on preventive care

Health Home Websites

* <http://www.idahohealthhome.dhw.idaho.gov>

* <http://www.pcmh.idaho.gov>

Contact Information

- * Matt Wimmer - Bureau Chief, Medical Care; WimmerM@dhw.idaho.gov, (208) 364-1989
- * Meg Hall, Program Manager, Primary Care; HallM@dhw.idaho.gov, (208) 665-8844

For More Information

- ▶ Download practical resources to improve the quality and cost-effectiveness of Medicaid services.
- ▶ Subscribe to e-mail updates to learn about new programs and resources.
- ▶ Learn about cutting-edge efforts to improve care for Medicaid's highest-need, highest-cost beneficiaries.

healthhomesTA@chcs.org

Additional TA Resources

- ▶ SAMHSA is funding technical assistance to states seeking to develop health homes for individuals with serious mental illness
- ▶ Goal: to assist states in thinking through their health homes strategies for children and youth with serious emotional disturbance
- ▶ Contact kmoses@chcs.org for further information