CENTERS FOR MEDICARE & MEDICAID SERVICES

Exploring Medicaid Health Homes:
Leveraging Health Plans in Medicaid Health Home Programs

April 17, 2012; 2:00 – 3:00PM (ET)

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For more information or technical assistance in developing health homes, visit http://www.Medicaid.gov.

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National Landscape to Date

- Health Home State Plan Amendments
  - 6 approved SPAs across 4 states
  - 2 SPAs “on the clock”
- Varying roles for Managed Care Entities (MCEs) across this group of SPAs

Health Home Operated Outside of Managed Care Environment

- **Missouri**
  - MCEs are not required to provide care management for HH population, but do coordinate with the health homes
- **Rhode Island**
  - MCEs are not required to provide HH care management
  - MCEs have contract requirements to collaborate with HH on shared patients and to ensure that they are not duplicating services
- **Iowa**
  - Very little managed care in state
  - In areas with managed care, qualifying participants can choose to enroll in health home OR health plan

Designated Health Home Partnering with MCE

- **Oregon**
  - Designated HHs required to have contract w/ MCEs
  - MCEs have requirements for working with the HH
  - Payment is between the HH provider and plan
- **New York**
  - Contract between MCE/designated HH for member assignment and coordination of care and services
  - Payment will flow through the MCE to HH
- **North Carolina**
  - Designated HH partners with Local Management Entities for individuals with MH/SUD conditions
  - LME care managers role of coordinating behavioral health care is in the process of being converted to at-risk capitation on a Statewide basis

Today's Presenter

CMS Health Homes Team

Debbie Anderson, CMS Program Analyst, Center for Medicaid and CHIP Services/Disabled and Elderly Health Programs Group/Division of Integrated Health Systems

How should Managed care fit in with a Health Home?

- As a State considers the health home option, they should understand how managed care works in their State
  - Talk with plans during planning phase
  - Survey plans to understand current care management practices
  - Understand outside influences on care management such as NCQA accreditation
- What is/isn't working through MCE care management that the State hopes to achieve with health homes?

Option 1

- Health home operated outside of the managed care entity
- Example: Missouri, Rhode Island, Iowa

Option 1

- Potential for Duplication
  - Yes - care management component of the MCE's existing capitation rate
- Options for Addressing Duplication
  - Reduce cap payment for HH enrollees
  - Impose new contract requirements on MCE for HH enrollees
- Payment Options
  - State pays the health home provider directly or passes the payment through the MCE to the provider.

Option 2

- Health home operated in partnership between MCE and health home provider; and the MCE *is already providing some* care management services that are consistent with the new health home services.

- Example: New York, Oregon, North Carolina

Option 2

- Potential for Duplication
  - No duplication assuming that the care management services already being provided qualify as health home services.
- Options for Addressing Duplication
  - Care management performed by the MCE can be considered part of the health home services and written in the service definitions.
- Payment Options
  - State pays health home partners individually
  - State pays one partner (e.g., the MCE) that will then distribute remaining payments to the remaining partners.

Option 3

- Health home operated in partnership between MCE and health home provider; the MCE *does not already provide* care management services that are consistent with the new health home services.
- Example: None to date

Option 3

- Potential for Duplication
  - No duplication because the MCE is not providing care management services that are sufficiently robust to qualify as health home services.
- Options for Addressing Duplication
  - MCE must demonstrate that its current care management services do not overlap with new HH services provided by the MCE or its health home partners
  - MCE must demonstrate that it is enhancing its care management services to be sufficiently robust to qualify as health home services.
- Payment Options
  - State pays health home partners individually
  - State pays one partner (e.g., the MCE) that will then distribute remaining payments to the remaining partners.

Option 4

- Health home operated solely by the MCE; and the MCE *is already providing some* care management services that are consistent with the new health home services.
- Example: None to date

Option 4

- Potential for Duplication (same as #2)
  - No duplication assuming that the care management services already being provided qualify as health home services.
- Options for Addressing Duplication (same as #2)
  - Care management performed by the MCE can be considered part of the health home services and written in the service definitions.
- Payment Options
  - State pays MCE directly

Option 5

- Health home operated solely by the MCE; the MCE *does not already provide* care management services that are consistent with the new health home services.
- Example: None to date

Option 5

- Potential for Duplication (same as #3)
  - No duplication because the MCE is not providing care management services that are sufficiently robust to qualify as health home services.
- Options for Addressing Duplication same as #3)
  - MCE must demonstrate that its current care management services do not overlap with new HH services provided by the MCE or its health home partners
  - MCE must demonstrate that it is enhancing its care management services to be sufficiently robust to qualify as health home services.
- Payment Options
  - State pays MCE directly

Option 6

- MCE is the health home provider not only for its enrolled members but for Medicaid beneficiaries remaining in FFS but enrolled in health homes.
- Example: None to date

Option 6

- Potential for Duplication
  - For FFS health home enrollees, there is no duplication as the beneficiary will continue to receive services via FFS.
- Options for Addressing Duplication - N/A
- Payment Options
  - State pays MCE directly. The MCE would receive only the health home payment for FFS beneficiaries, not the full capitation rate.

Webinar Poll

1. Is your state interested in pursuing a health home model that operates in a capitated managed care delivery system?
   - A. Yes
   - B. Under consideration/ maybe
   - C. No
2. To what extent is your state familiar with the range of care management activities currently provided by plans?
   - A. Very familiar
   - B. Familiar
   - C. Somewhat familiar
   - D. No health plans in my state
3. What is your state's motivation for including plans in the design/delivery of health home services?
   - A. Enhance existing care management services
   - B. Increase the accountability of MCE care management activities
   - C. Maximize federal match for services already provided
   - D. Other
4. What do you see as the greatest challenge to your state regarding implementing health homes in a capitated managed care environment?
   - A. Determining the role for health plans and providers in delivery of care management services
   - B. Developing health home payment/reimbursement structure
   - C. Tracking and reporting on the delivery of health home services
   - D. My state is not pursuing a capitated managed care model

Questions?

To submit a question please click the question mark icon located in the toolbar at the top of your screen.

Your questions will be viewable only to CHCS staff and the panelists.

Answers to questions that cannot be addressed due to time constraints will be posted online after the webinar.