



**Centers for Medicare & Medicaid Services**  
**CMS eXpedited Life Cycle (XLC)**

**Medicaid and CHIP Program (MACPro)**  
**HH6-Health Homes Delivery Systems PRA**  
**document**

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Requirements for the PCCM participating in a Health Home as a Designated Provider or part of a Team of Health Care Professionals will be different from those of a regular PCCM \*

Yes  
 No

\* Describe how requirements will be different

Character count: 0/4000

The state provides assurance that these requirements will be incorporated into the next PCCM contract submitted to CMS.

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- Valid file extensions: pdf; ppt; doc; docx; xls; xlsx; pptx

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Figure 3: Health Homes Service Delivery - 3

### 1.3 Health Homes Service Delivery Systems – Path 2

Identify the service delivery system(s) that will be used for individuals receiving Health Homes services

Fee for Service

PCCM

**The PCCMs will be a Designated Provider or part of a Team of Health Care Professionals**

Yes  
 No

Risk Based Managed Care

Other Service Delivery System

The State provides assurance that it will not duplicate payment between its Health Home payments and PCCM payments.

Figure 4: Health Homes Service Delivery – 4

## 1.4 Health Homes Service Delivery Systems – Path 3

Risk Based Managed Care

The Health Plans will be a Designated Provider or part of a Team of Health Care Professionals

- Yes
- No

Provide a summary of the contract language that you will impose on the Health Plans in order to deliver the Health Homes services \*


Character count: 0/4000

The State provides assurance that any contract requirements specified in this section will be included in any new or the next contract amendment submitted to CMS for review.

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The State intends to include the Health Home payments in the Health Plan capitation rate \*

- Yes
- No

Figure 5: Health Homes Service Delivery – 5

The State intends to include the Health Home payments in the Health Plan capitation rate \*

- Yes
- No

**\* Assurances**

- The State provides an assurance that at least annually, it will submit to the regional office as part of their capitated rate Actuarial certification a separate Health Homes section which outlines the following:
  - Any program changes based on the inclusion of Health Homes services in the health plan benefits
  - Estimates of, or actual (base) costs to provide Health Homes services (including detailed a description of the data used for the cost estimates)
  - Assumptions on the expected utilization of Health Homes services and number of eligible beneficiaries (including detailed description of the data used for utilization estimates)
  - Any risk adjustments made by plan that may be different than overall risk adjustments
  - How the final capitation amount is determined in either a percent of the total capitation or an actual PMPM
- The State provides assurance that it will design a reporting system/mechanism to monitor the use of Health Homes services by the plan ensuring appropriate documentation of use of services
- The State provides assurance that it will complete an annual assessment to determine if the payments delivered were sufficient to cover the costs to deliver the Health Homes services and provide for adjustments in the rates to compensate for any differences found

Figure 6: Health Homes Service Delivery – 6

## 1.5 Health Homes Service Delivery Systems – Path 4

Risk Based Managed Care

The Health Plans will be a Designated Provider or part of a Team of Health Care Professionals

Yes  
 No

Provide a summary of the contract language that you will impose on the Health Plans in order to deliver the Health Homes services \*

Character count: 0/4000

The State provides assurance that any contract requirements specified in this section will be included in any new or the next contract amendment submitted to CMS for review.

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Figure 7: Health Homes Service Delivery – 7

The State intends to include the Health Home payments in the Health Plan capitation rate \*

Yes  
 No

Indicate which payment methodology the State will use to pay its plans

Fee for Service (describe in Payment Methodology section)  
 Alternative Model of Payment (describe in Payment Methodology section)  
 Other

\* Description

Character count: 0/4000

Figure 8: Health Homes Service Delivery – 8

## 1.6 Health Homes Service Delivery Systems – Path 5

Risk Based Managed Care

The Health Plans will be a Designated Provider or part of a Team of Health Care Professionals

Yes  
 No

Indicate how duplication of payment for care coordination in the Health Plans' current capitation rate will be avoided

The current capitation rate will be reduced  
 The State will impose additional contract requirements on the plans for Health Homes enrollees

\* Provide a summary of the contract language for the additional requirements

Character count: 0/4000

Other

\* Describe

Character count: 0/4000

Figure 9: Health Homes Service Delivery – 9

## 1.7 Health Homes Service Delivery Systems – Path 6

Identify the service delivery system(s) that will be used for individuals receiving Health Homes services

Fee for Service

PCCM

Risk Based Managed Care

Other Service Delivery System

Describe if the providers in this other delivery system will be a designated provider or part of the Team of health care professionals and how payment will be delivered to these providers \*

Character count: 0/4000

The State provides assurance that any contract requirements specified in this section will be included in any new or the next contract amendment submitted to CMS for review.

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Figure 10: Health Homes Service Delivery – 10