



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

Medicaid and CHIP Program (MACPro)

HH7-Health Homes Payment Methodologies PRA document

Version 1.0

08/16/2017

Document Number: 185-QSSI-MACPro-PRA-HH7-D

Contract Number: HHSM-500-2007-00024I: HHSM-500-T0014

Table of Contents

- 1. HH7-Health Homes Payment Methodologies – Screenshots 1**
- 1.1 “Payment Methodology” Section 1
- 1.2 “Payment Methodology” Section – Path 1 1
- 1.3 “Payment Methodology” Section – Path 2 3
- 1.4 “Assurances” Section 3

List of Figures

- Figure 1: Payment Methodology – 1 1
- Figure 2: Payment Methodology – 2 1
- Figure 3: Payment Methodology – 3 2
- Figure 4: Payment Methodology – 4 2
- Figure 5: Payment Methodology – 5 3
- Figure 6: Assurances 3

1. HH7-Health Homes Payment Methodologies – Screenshots

1.1 “Payment Methodology” Section

The screenshot shows the 'Payment Methodology' section of the Health Homes Payment Methodologies interface. At the top, it displays 'Health Homes Payment Methodologies' with a breadcrumb trail: 'MEDICAID | Medicaid State Plan | Health Homes | CA2017MS0007D | Health Homes Program'. A 'Request System Help' link is in the top right. Below this is a progress bar with three stages: 'Not Started' (active), 'In Progress', and 'Complete'. The 'Package Header' section includes fields for Package ID (CA2017MS0007D), Submission Type (Draft), Approval Date (N/A), Superseded SPA ID (N/A), SPA ID (N/A), Initial Submission Date (N/A), and Effective Date (N/A). A 'View Implementation Guide' link and a 'VIEW ALL RESPONSES' button are also present. The 'Payment Methodology' section is titled and followed by a list of features to be included in the state's payment methodology, with checkboxes for 'Fee for Service', 'PCCM', 'Risk Based Managed Care', and 'Alternative models of payment'.

Figure 1: Payment Methodology – 1

1.2 “Payment Methodology” Section – Path 1

This screenshot shows the 'Payment Methodology' section with the 'Fee for Service' option selected. The 'The State's Health Homes payment methodology will contain the following features' section is expanded to show a list of sub-options: 'Individual Rates Per Service', 'Per Member, Per Month Rates', 'Comprehensive Methodology Included in the Plan', and 'Incentive Payment Reimbursement'. A text area below is labeled 'Describe any variations in payment based on provider qualifications, individual care needs, or the intensity of the services provided'.

Figure 2: Payment Methodology – 2

The State's Health Homes payment methodology will contain the following features

- Fee for Service
 - Individual Rates Per Service
 - - Fee for Service Rates based on
 - Severity of each individual's chronic conditions
 - Capabilities of the team of health care professionals, designated provider, or health team
 - Other
 - Describe below**
 -
 - Per Member, Per Month Rates
 - - Fee for Service Rates based on
 - Severity of each individual's chronic conditions
 - Capabilities of the team of health care professionals, designated provider, or health team
 - Other
 - Describe below**
 -

Figure 3: Payment Methodology – 3

- Comprehensive Methodology Included in the Plan
 - - Fee for Service Rates based on
 - Severity of each individual's chronic conditions
 - Capabilities of the team of health care professionals, designated provider, or health team
 - Other
 - Describe below**
 -
- Incentive Payment Reimbursement
 - - Fee for Service Rates based on
 - Severity of each individual's chronic conditions
 - Capabilities of the team of health care professionals, designated provider, or health team
 - Other
 - Describe below**
 -

Figure 4: Payment Methodology – 4

1.3 “Payment Methodology” Section – Path 2

Alternative models of payment, other than Fee for Service or PMPM payments (describe below) *

Tiered Rates based on

- Severity of each individual's chronic conditions
- Capabilities of the team of health care professionals, designated provider, or health team
- Other

Describe below

•

Describe any variations in payment based on provider qualifications, individual care needs, or the intensity of the services provided

•

Provide a comprehensive description of the policies the state will use to establish Health Homes alternative models of payment. Explain how the methodology is consistent with the goals of efficiency, economy and quality of care. Within your description, please explain the nature of the payment, the activities and associated costs or other relevant factors used to determine the payment amount, any limiting criteria used to determine if a provider is eligible to receive the payment, and the frequency and timing through which the Medicaid agency will distribute the payments to providers.

Figure 5: Payment Methodology – 5

1.4 “Assurances” Section

Assurances +/-

The State provides assurance that it will ensure non-duplication of payment for services similar to Health Homes services that are offered/covered under a different statutory authority, such as 1915(c) waivers or targeted case management.

Describe below how non-duplication of payment will be achieved *

Character count: 0/4000

- The state has developed payment methodologies and rates that are consistent with section 1902(a)(30)(A).
- The State provides assurance that all governmental and private providers are reimbursed according to the same rate schedule, unless otherwise described above.
- The State provides assurance that it shall reimburse providers directly, except when there are employment or contractual arrangements consistent with section 1902(a)(32).

Figure 6: Assurances