



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

Medicaid and CHIP Program (MACPro)

HH7-Health Homes Payment Methodologies PRA document

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1. HH7-Health Homes Payment Methodologies – Screenshots

1.1 “Payment Methodology” Section

Health Homes Payment Methodologies
 MEDICAID | Medicaid State Plan | Health Homes | CA2017MS0007D | Health Homes Program

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CMS-10434 OMB 0938-1188

Not Started | In Progress | Complete

Package Header

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Payment Methodology

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

- Fee for Service
- PCCM (description included in Service Delivery section)
- Risk Based Managed Care (description included in Service Delivery section)
- Alternative models of payment, other than Fee for Service or PMPM payments (describe below)

Figure 1: Payment Methodology – 1

1.2 “Payment Methodology” Section – Path 1

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

- Fee for Service
 - Individual Rates Per Service
 - Per Member, Per Month Rates
 - Comprehensive Methodology Included in the Plan
 - Incentive Payment Reimbursement

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