MaineCare Health Homes Initiative

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CMS Health Homes – ACA Section 2703

- CMS will provide 90/10 match for Health Home services to eligible members for eight quarters
- CMS must approve Medicaid “State Plan Amendment”
- Health Homes may serve individuals with:
  - Two or more chronic conditions
  - One chronic condition and who are at risk for another
  - Serious mental illness
    - Adults with serious mental illness (SMI)
    - Children with severe emotional disturbance (SED)
- Dual eligible beneficiaries cannot be excluded from Health Home services
<table>
<thead>
<tr>
<th>Chronic conditions (per CMS):</th>
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</thead>
<tbody>
<tr>
<td>- Mental health</td>
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<tr>
<td>- Substance abuse</td>
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<tr>
<td>- Asthma</td>
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<tr>
<td>- Diabetes</td>
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<tr>
<td>- Heart disease</td>
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<tr>
<td>- Overweight (BMI &gt; 25) &amp; Obesity</td>
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<table>
<thead>
<tr>
<th>Maine-specific (pending CMS approval):</th>
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<tbody>
<tr>
<td>- Chronic Obstructive Pulmonary Disease (COPD)</td>
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<tr>
<td>- Hypertension</td>
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<tr>
<td>- Hyperlipidemia</td>
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<tr>
<td>- Tobacco use</td>
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<tr>
<td>- Developmental Disabilities &amp; Autism Spectrum</td>
</tr>
<tr>
<td>- Acquired brain injury</td>
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<tr>
<td>- Cardiac &amp; circulatory congenital abnormalities</td>
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<tr>
<td>- Seizure disorder</td>
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Required Health Home services include:

- Comprehensive care management
- Care coordination and health promotion
- Comprehensive transitional care from inpatient to other settings
- Individual and family support
- Referral to community and social support services
- Use of health information technology (HIT)
- Prevention and treatment of mental illness and substance abuse disorders
- Coordination of and access to preventive services, chronic disease management, and long-term care supports
Maine Health Homes Proposal

Stage A:
• Health Home = Medical Home primary care practice + CCT
• Payment weighted toward medical home
• Eligible Members:
  » Two or more chronic conditions
  » One chronic condition and at risk for another

Stage B:
• Health Homes = CCT with behavioral health expertise + Medical Home primary care practice
• Payment weighted toward CCT
• Eligible Members:
  » Adults with Serious Mental Illness
  » Children with Serious Emotional Disturbance
Health Home Processes & Expectations

1. Determination of eligible members
2. Confirmation from participating practices
3. Member enrollment/ assignment to Health Homes
4. Minimum service
5. Payment
6. Timeline
7. Reporting requirements
8. Additional service expectations
Eligibility Determination Process

For all members, there will be a two-step process for identifying chronic condition/ Health Home eligibility.

1. MaineCare will conduct claims analysis to identify members meeting chronic conditions eligibility criteria.

2. Practices will be able to notify MaineCare of any additional members for whom the practice has clinical EHR documentation of eligibility. MaineCare is contracting with USM Muskie to create a portal for providers to enter this information.
Confirmation of Participating Health Homes

In order to enroll eligible members in Health Homes, MaineCare needs confirmation from practices that they will be participating in the Health Homes Initiative.

MaineCare is working with its Attorney General’s Office to create an official document to receive confirmation from practices. Expectations will be detailed in MaineCare rule. In the meantime, MaineCare will shortly be requesting informal confirmation by email.

In order to receive payment from MaineCare, practices in the multi-payer Maine PCMH Pilot must become Health Homes.
MaineCare Member Assignment to Health Homes

1. Eligible members who currently visit a Health Home practice will be notified that their current practice is now a Health Home practice, and what that means. Members will be able to opt out of the initiative;

2. Eligible MaineCare members who do not currently visit a Health Home practice will receive notification of the nearest Health Home practices and be advised of their option to enroll if they wish.

Health Homes will receive a roster of all eligible Health Home members.
Minimum Service

• In order for Health Homes to receive payment, CMS requires a minimum service to be provided to enrolled Health Home members.

• MaineCare is defining this minimum service as:
  – Scanning Health Home enrollees for potential gaps in care
  – Performing outreach to Health Home enrollees.

• MaineCare will be providing Health Homes with a report that enables the Health Home to scan all patients for gaps in care. The practice will attest on a monthly basis that it has performed this scan.

• “Outreach” includes the process of ensuring that the list of enrolled Health Home members is affiliated with the practice.
## Timeline for Processes & Payment

<table>
<thead>
<tr>
<th>Activity</th>
<th>Completion date</th>
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<tbody>
<tr>
<td>Informal confirmation from participating practices</td>
<td>Late Nov/ Early Dec 2012</td>
</tr>
<tr>
<td>Determination of eligible members</td>
<td>Early-Mid Dec 2012</td>
</tr>
<tr>
<td>Member notifications sent out</td>
<td>Mid Dec 2012</td>
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<tr>
<td>Official confirmation of participation by practices</td>
<td>By Jan 2013</td>
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<tr>
<td>Practices receive rosters of HH-enrolled members</td>
<td>Mid Jan 2013</td>
</tr>
<tr>
<td>Practices attest minimum services provided</td>
<td>Mid-late Jan 2013</td>
</tr>
<tr>
<td>Payment to practices</td>
<td>Feb 1, 2013</td>
</tr>
<tr>
<td>Web-based practice reports available for practices to scan potential gaps in care</td>
<td>March 2013 (interim solution in meantime)</td>
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<tr>
<td>Portal in place to enable practices to identify HH eligible members with EMR documentation</td>
<td>March 2013 (interim solution in meantime)</td>
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Health Homes Payment & Practice Eligibility

• All Health Home practices (including hospital-based) will receive a per member per month (PMPM) payment for eligible Health Home members.

• Since practices will only be paid on Health Home-eligible members, the PMPM rate will increase from the current PCMH rate of $7 to approximately $12.

• Practices participating in the multi-payer PCMH Pilot will receive payment for dual eligibles through Medicare. Practices that are “Health Home only” will receive payment for duals through MaineCare.

• Practices will still receive a PCCM payment of $3.50 PMPM for members who are enrolled in PCCM but are not eligible for Health Homes.
## Payment Example from PCMH to Health Home: Independent Practice with 1000 MaineCare Members

### CURRENT MaineCare PCMH program

<table>
<thead>
<tr>
<th>Population Receiving PMPM</th>
<th>PMPM amount</th>
<th>Population size</th>
<th>Total monthly $ received</th>
</tr>
</thead>
<tbody>
<tr>
<td>Members enrolled in PCCM *</td>
<td>$7.00 ($3.50 PCCM + $3.50 PCMH)</td>
<td>730 (73% of MaineCare members enrolled in PCCM)</td>
<td>$5110 ($7 x 730)</td>
</tr>
</tbody>
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*excludes dual eligibles, home & community based waiver members, children with special healthcare needs, etc

### MaineCare Health Homes Initiative

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<tbody>
<tr>
<td>ALL members eligible for Health Homes</td>
<td>$12.00 HH PMPM</td>
<td>460 (65% of HH-eligible members minus 19% duals paid through MAPCP)</td>
<td>$5520 ($12 x 460)</td>
</tr>
<tr>
<td>PCCM members not eligible for HH</td>
<td>$3.50 PCCM PMPM</td>
<td>255 (35% of 730 on PCCM)</td>
<td>$892.50 ($3.50 x 255)</td>
</tr>
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</table>

**Total:** $6412.50
Reporting Requirements

• MaineCare will report on the majority of CMS-required and state-specific quality measures through analysis of claims data.

• Beginning in January 2014, CMS will require reporting of three quality measures that cannot be assessed through claims analysis:
  – Adult BMI assessment
  – Care transitions record transmitted to PCP (within 24hrs)
  – Depression screening & follow up

MaineCare is working with HealthInfoNet to directly upload these measures directly from the EMR. MaineCare will be working with any practices that are not connected to HealthInfoNet to collect these measures through other means.
Addt’l Service Requirements: Assessment & Screening

• From outset:
  – Measure BMI in all adult patients at least every two years, and at BMI percent-for-age at least annually in all children.

• By year 2:
  – Annual depression and substance abuse screening (PHQ9 and AUDIT, DAST) for all adults with chronic illness, and substance abuse screening (CRAFFT) for adolescents.
  – Annual ASQ or PEDS developmental screening for all children age one to three, and the MCHAT 1 for at least one screening between ages 16-30 months with a follow-up MCHAT 2 if a child does not pass the screening test.
Addt’l Service Requirements: Care Plan & Coordination with CCTs

- Practices must meet with CCTs at least on a monthly basis.
- All Health Home-eligible MaineCare members must have a plan of care developed by the PCP that:
  - identifies the patient’s health goals,
  - identifies services necessary to meet the health goals
  - is recorded in the EHR.
- The CCT will contribute to the plan of care for the highest need members by communicating its interactions and recommendations to the Health Home practice.
The Health Home Practice, in close coordination with the CCT as appropriate, shall:

– Establish processes with major acute care hospital(s), SNFs, and LTC facilities to ensure timely practice notification of patient admissions and discharges. OMS is working with HealthInfoNet to implement automatic notification of Health Home enrollee admissions and discharges.

– Conduct follow up calls to discharged patients and ensure that medication reconciliation and timely post-discharge follow up are completed.

– Facilitate transition to adult system of care for pediatric patients.
Value-Based Purchasing (VBP) Strategy

All documents and materials on the MaineCare web pages reflect MaineCare’s current thinking and are subject to change. No materials on the web page, distributed and discussed at meetings, or sent in emails or mailings are binding in any way concerning the future procurement process.

- Design Management Committee
- Member Standing Committee
- Quality Counts presentation 11/22/2011 (.pdf | .ppt)
- Request For Information (RFI)
- Resources page
- Specialized Services/ Stakeholder Advisory Committee
- Tribal Consultation
- Value-Based Purchasing Strategy Announcement: Commissioner memo (.pdf) Fact Sheet (.pdf)

Design Management Committee

- Presentation January 9, 2012 (.pdf | .ppt)

Member Standing Committee

Future Meetings

February 3, 2012

- Agenda (.doc)

Past Meetings

November 18, 2011

- Agenda (.doc)
- Presentation (.pdf)
- Meeting Notes (.doc)
Contact Info / Questions

• Maine PCMH Pilot: [www.mainequalitycounts.org](http://www.mainequalitycounts.org)  
  (See “Major Programs” → “PCMH Pilot”)

• Lisa Letourneau MD, MPH: lletourneau@mainequalitycounts.org

• PCMH: Nancy Grenier: ngrenier@mainequalitycounts.org

• CCTs: Helena Peterson: hpeterson@mainequalitycounts.org

• MaineCare Health Homes
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  – Kitty Purington: kitty.purington@maine.gov