

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

Medicaid and CHIP Program (MACPro)

1945A Health Home Payment Methodologies Reviewable Unit PRA Document

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1. 1945A Health Home Payment Methodologies Reviewable Unit Screenshots

1.1 Banner

			📩 Spell Check Instructions	Request System Help
MS-10434 OMB 0938-11	88			
	Not Started	In Progress	Complete	
Package Head	er			
Package ID	CT2022MS0006O	SPA ID	CT-22-0510-Test	
Submission Type	Official	Initial Submission		
Approval Date	N/A	Date		
Superseded SPA ID	N/A	Effective Date	N/A	
			ſ	

Figure 1: Banner

1.2 Payment Methodology (all options)

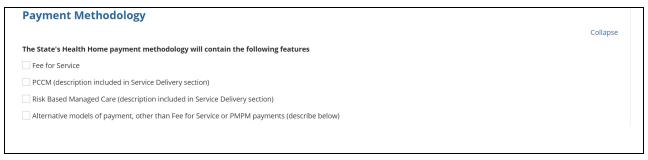


Figure 2: Payment Methodology (all options)

1.3 Option 1 - Payment Methodology – Fee for Service (all options)

Payme	nt Methodology	Collapse
۲he State's	Health Home payment methodology will contain the following features	comps
Fee for S	ervice	
	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 3: Option 1 - Payment Methodology – Fee for Service (all options)

1.4 Option 1a - Payment Methodology – Fee for Service; Individual Rates Per Service

Character count: 0/4000 Per Member, Per Month Rates Character count: 0/4000 Character count: 0/4000	☑ 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
Per Member, Per Month Rates Comprehensive Methodology Included in the Plan		Describe below •
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 4: Option 1a - Payment Methodology – Fee for Service; Individual Rates Per Service

1.5 Option 1b - Payment Methodology – Fee for Service; Per Member, Per Month Rates

		Collaps
The State's Hea	alth Home payment methodology will contain the following fea	atures
Fee for Servior	ce	
	Individual Rates Per Service	
	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
		Cther
		Describe below
		•
		Character count: 0/4000
	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 5: Option 1b - Payment Methodology – Fee for Service; Per Member, Per Month Rates

1.6 Option 1c - Payment Methodology – Fee for Service; Comprehensive Methodology Included in the Plan

		Colla
'he State's Hea	Ith Home payment methodology will contain the following features	
Fee for Servic	e	
	Individual Rates Per Service	
	Per Member, Per Month Rates	
	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,
		health team Other
		Describe below
		Describe below
		•
		Character count: 0/4000
	Incentive Payment Reimbursement	
	·	ations, individual care needs, or the intensity of the services provided
		stions, individual care needs, or the intensity of the services provided
	•	

Figure 6: Option 1c - Payment Methodology – Fee for Service; Comprehensive Methodology Included in the Plan

1.7 Option 1d - Payment Methodology – Fee for Service; Incentive Payment Reimbursement

Payment N	Aethodology	Collaps
The State's Healt	th Home 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	•
		✓ 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
		V Other
		Describe below
		•
	Describe any variations in payment based on provider qualifi	ications, individual care needs, or the intensity of the services provided
	•	

Figure 7: Option 1d - Payment Methodology – Fee for Service; Incentive Payment Reimbursement

Collapse

1.8 Option 2 - Payment Methodology - PCCM



The State's Health Home 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 8: Option 2 - Payment Methodology - PCCM

1.9 Option 3 - Payment Methodology – Risk Based Managed Care



Figure 9: Option 3 - Payment Methodology – Risk Based Managed Care

1.10 Option 4a - Payment Methodology – Alternate Model of Payment, other than Fee for Service or PMPM payments; Tiered Rates

Alternative models of payment, other than Fee for Service or PMPM payments (describe below)	+	
	Tiered Rates based on	
		or number of each individual's chronic conditions, life-threatening s, disabilities or rare diseases.
	Capabil health t	ties of the team of health care professionals, designated provider, or eam
	✓ Other	
	Describe b	elow
	•	
	Character c	20 Juni: 0/4000
		ny variations in payment based on provider qualifications, care needs, or the intensity of the services provided
	•	
	alternative models of payment. E efficiency, economy and quality o payment, the activities and asso payment amount, any limiting cr	Ze tion of the policies the state will use to establish Health Homes xplain how the methodology is consistent with the goals of if care. Within your description, please explain the nature of the iated costs or other relevant factors used to determine the teria used to determine if a provider is eligible to receive the timing through which the Medicaid agency will distribute the

Figure 10: Option 4a - Payment Methodology – Alternate Model of Payment, other than Fee for Service or PMPM payments; Tiered Rates

1.11 Option 4b - Payment Methodology – Alternate Model of Payment, other than Fee for Service or PMPM payments; No Tiered Rates

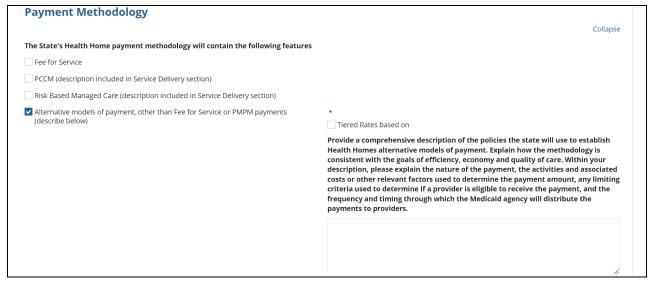


Figure 11: Option 4b - Payment Methodology – Alternate Model of Payment, other than Fee for Service or PMPM payments; No Tiered Rates

1.12 Agency Rates (FFS selection only) – Path 1

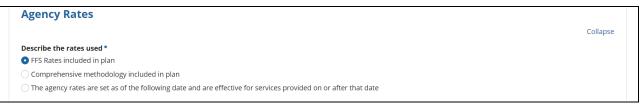


Figure 12: Agency Rates (FFS selection only) – Path 1

1.13 Agency Rates (Comprehensive methodology included in plan) – Path 2

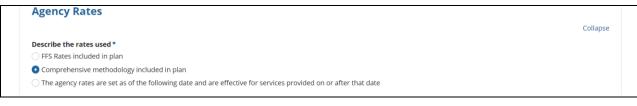


Figure 13: Agency Rates (Comprehensive methodology included in plan) – Path 2

1.14 Agency Rates (The agency rates are set as of the following date and are effective for services provided on or after that date) – Path 3

Agency Rates	Collapse
Describe the rates used *	Effective Date *
◯ FFS Rates included in plan	mm/dd/yyyy
Comprehensive methodology included in plan The agency rates are set as of the following date and are effective for services provided	Website where rates are displayed *
on or after that date	

Figure 14: Agency Rates (The agency rates are set as of the following date and are effective for services provided on or after that date) – Path 3

1.15 Rate Development

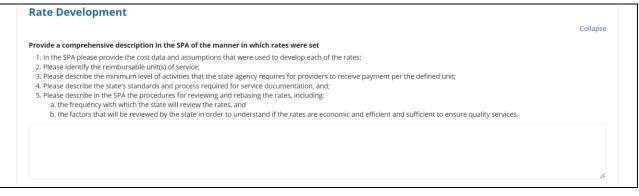


Figure 15: Rate Development

1.16 Assurances

Assurances	
	Colla
The State provides assurance that authority, such as 1915(c) waivers	at it will ensure non-duplication of payment for services similar to Health Homes services that are offered/covered under a different statutory s or targeted case management.
Describe below how non-duplicati	ion of payment will be achieved *
✓ The state has developed paymen	It methodologies and rates that are consistent with section 1902(a)(30)(A).
	it methodologies and rates that are consistent with section 1902(a)(30)(A). at all governmental and private providers are reimbursed according to the same rate schedule, unless otherwise described above.

Figure 16: Assurances

1.17 Optional Supporting Material Upload

Saved Documents		
 Maximum file size : 10MB Valid file extensions: pdf; ppt; dd 	c; docx; xlsx; xls; pptx	
Name	Date Created	T
	No items available	
UPLOAD		

Figure 17: Optional Supporting Material Upload

1.18 Additional Information (optional) and Validation & Navigation

dditional Information (optional)		
aracter count: 0/4000		
alidation & Navigation		
ould you like to validate the reviewable unit data?	Navigate to Reviewable Unit	
Yes 🔘 No	Select Reviewable Unit	•
te: If validation fails, errors will appear in red above.		
Not Started	In Progress	Complete
A Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects th state plans and plan amendment information in a format defined by CMS for the p liders's Health Insurance Program, and to standardize Medicaid program data whit d to monitor and analyze performance metrics related to the Medicaid and Childr Privary Act of 1974 any personally identifying information obtained will be kept p ormation unless it displays a valid OMB control number. The valid OMB control nu hours per response (see below), including the time to review instructions, search urary of the time estimate(s) or suggestions for improving this form, please write te	urpose of improving the state application and federal review process ch covers basic requirements, and individualized content that reflects ens' health insurance Program in efforts to boost program integrity rivate to the extent of the law. According to the Paperwork Reduction mber for this information collection is 0938-1188. The time required visiting data resources, gather the data needed, and complete and re	ses, improve federal program management of Medicaid programs and s the characteristics of the particular state's program. The information will be efforts, improve performance and accountability across the programs. Under 1 Act of 1995, no persons are required to respond to a collection of to complete this information collection is estimated to range from 1 hour to view the information collection. If you have comments concerning the

Figure 18: Additional Information (optional) and Validation & Navigation

1.19 1945A Health Home Payment Methodologies (entire Reviewable Unit)

	lth Home Payment Method			
EDICAID Medicald Sta	te Plan Health Homen 11\2022\4503440 11\-22-0510-best M	ay 10 Test	& Spell Check Instruction	s 🖗 Request System Heli
MS-10434 ONIB 0938-11	88			
	Not Started	In Progress	Complete	2
ackage Head	er			
Package ID	TN2022MS0344O	SPA ID	TN-22-0510-best	
Submission Type	Official	Initial Submission	N/A	
Approval Date	N/A	Date Effective Date		
Superseded SPA ID	NØ	Effective Date	N/A	
				VIEW ALL RESPONSES
ayment Meth	nodology			
he State's Meelth Mor	ne payment methodology will contain the following feats			Collaps
Fee for Service	ne balturen urennen efti un en une conserved read			
	Individual Rates Per Service			
		Fee for Service Rates	s based on	
			Severity of each individual's chronic of	anditions
			Capabilities of the team of health care provider, or health team	e professionals, designate
			✓ Other	
			Describe below	
			beschille below	
	_		Character count: 0/4000	
	Per Member, Per Month Rates			
		Fee for Service Rates		
			 Severity of each individual's chronic o Capabilities of the team of health care 	
			provider, or health team	e professionais, designate
			✓ Other	
			Describe below	
			Character count: 0/3000	
	Comprehensive Methodology Included in the Plan	<u>.</u>		
		Fee for Service Rates		and Marian
			Severity of each individual's chronic of Completities of the team of health care	
			Capabilities of the team of health care provider, or health team	provessionais, designate
			🗹 Other	
			Describe below	

🥶 intentive Payment Beimburtement	Fee for Service Rates based on Serverity of each individual's chronic conditional
	Capabilities of the team of health care professionals, designates provider, or health team
	Cther .
	Describe below
Describe any variations in payment based on provider qualific	ations, individual care needs, or the intensity of the services provided
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)	Fiered Rates based on
	Severity or number of each individual's chronic conditions, life- threatening illnesses, disabilities or rate diseases.
	Capabilities of the team of health care professionals, designated
	provider, or health team
	Describe below
	Disease course (0/8000
	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.
Agency Rates	
Describe the vates used *	Collaps Effective Date *
FFS.Races included in plan	errective case "
Comprehensive methodology included in plan	Website where rates are displayed *
 The agency rates are set as of the following date and are effective for services provided on or after that date 	
Rate Development	Colligns
Provide a comprehensive description in the SPA of the manner in which rates were se	
 In the SPA please provide the cost data and assumptions that were used to develop ear 2. Please identify the reimbundable unity of vertice; Please device the minimum level of activities that the state agency requires for provide. 	

		cent and outficient to ensure quality services.	
Assurances			
			Collapse
The State provides assurance that it will ensure non-duplication of payment for a such as 1915k) waivers or targeted rase management.	ervices similar to Health He	mes services that are offered/covered under a different statutory a	authority,
lescribe below how non-duplication of payment will be achieved "			
The state has developed payment methodologies and rates that are consistent w	(th section 1962(a)(30)(4),		#
The State provides assurance that all governmental and private providers are rel	mbursed according to the s	ame race schedule, unless otherwise described above.	
The State provides assurance that it shall reimburse providers directly, except with			
Optional Supporting Material Upload			Collapse
			eventure.
aved Documents Maximum Be size : 10M0 Valid Re extensions: pdf: ppt; dox; door; vlsc, vls; pptv 			
Name Date Created		t	
	No items available		
Additional Information (optional)		OFFELE BOCTWINLER RAAF DOCIN	VBIN(T(5)
Theracter count: \$14000			
Theracter courst: \$44000 Validation & Navigation Nould you like to validate the reviewable unit data?	Navigate to Re	viewable Unit	
Validation & Navigation Would you like to velidete the revieweble unit dete?	Navigate to Re - Select Ream		
Validation & Navigation Would you like to validate the reviewable unit data? The ONO Naming: Any field containing more than 4000 choracters will be trancated when savel.	- Seiter Ream	vatar Lino -	
Validation & Navigation Would you like to validate the revieweble unit date? I've: O No Noming: Any flett containing more than 4000 characters will be truncated when saves!.	- Select Reven	votne Unit – Complete	•
Validation & Navigation Would you like to validate the reviewable unit data? The ONO Naming: Any field containing more than 4000 choracters will be trancated when savel.	In Progress In Progress In defined by CMS for the par ani, and to standordite Mey edits involves the programs. (k) persons are required to re- persons are required to re- dist complete the informa- ciate mendical, and complete	Completer dance with r42 U.S.C. 1396ap and r42 CRF r430. 12g which sets for th the a pose of improving the state application and fiderial resime processies, in load program date which rowers that importements, and initial training them the Privacy Act of 1994 any personally identifying information bates and the set of the set of part of a collection of information unress in deplaces a weld OMS common an enfoldation is external to sample from 1 hour to the focus per regione and involve the information before set of the set of	Ignove Content Inco Led will the I number, Incose (cone g the

Figure 19: 1945A Health Home Payment Methodologies (entire Reviewable Unit)

Appendix A: Acronyms

Table 1: Acronyms

Acronym	Definition
PRA	Paperwork Reduction Act of 1995