

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| Superseded SPA ID | N/A | Effective Date | N/A | |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)

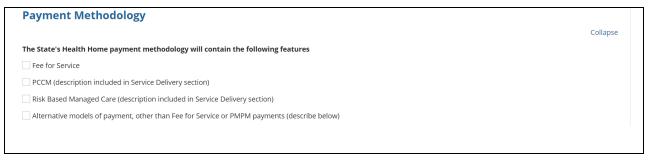


Figure 2: Payment Methodology (all options)

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

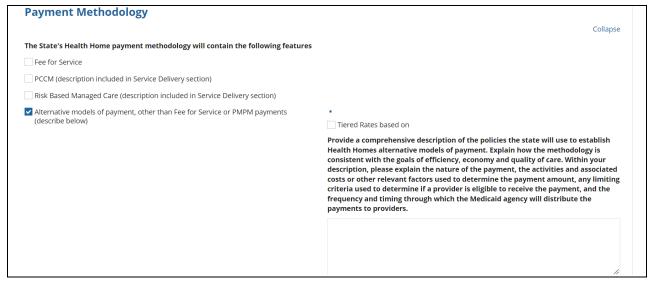


Figure 11: Option 4b - Payment Methodology – Alternate Model of Payment, other than Fee for Service or PMPM payments; No Tiered Rates

1.12 Agency Rates (FFS selection only) – Path 1

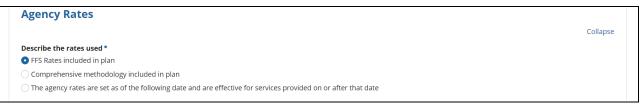


Figure 12: Agency Rates (FFS selection only) – Path 1

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

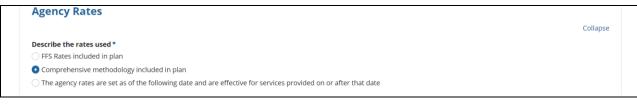


Figure 13: Agency Rates (Comprehensive methodology included in plan) – Path 2

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

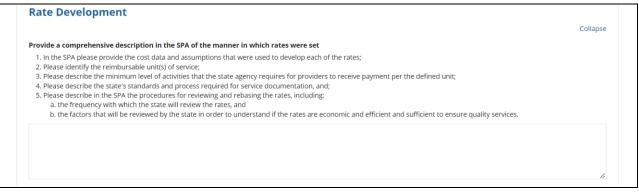


Figure 15: Rate Development

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 |