



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

Medicaid and CHIP Program (MACPro)

1945A Health Home Payment Methodologies Reviewable Unit PRA Document

Version 1.0

6/24/2022

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Contract Number: HHSM-500-2016-00066I

Table of Contents

| | |
|--|-----------|
| 1. 1945A Health Home Payment Methodologies Reviewable Unit Screenshots..... | 1 |
| 1.1 Banner | 1 |
| 1.2 Payment Methodology (all options) | 1 |
| 1.3 Option 1 - Payment Methodology – Fee for Service (all options) | 2 |
| 1.4 Option 1a - Payment Methodology – Fee for Service; Individual Rates Per Service | 2 |
| 1.5 Option 1b - Payment Methodology – Fee for Service; Per Member, Per Month Rates | 3 |
| 1.6 Option 1c - Payment Methodology – Fee for Service; Comprehensive Methodology Included in the Plan | 4 |
| 1.7 Option 1d - Payment Methodology – Fee for Service; Incentive Payment Reimbursement | 4 |
| 1.8 Option 2 - Payment Methodology - PCCM | 5 |
| 1.9 Option 3 - Payment Methodology – Risk Based Managed Care | 5 |
| 1.10 Option 4a - Payment Methodology – Alternate Model of Payment, other than Fee for Service or PMPM payments; Tiered Rates | 5 |
| 1.11 Option 4b - Payment Methodology – Alternate Model of Payment, other than Fee for Service or PMPM payments; No Tiered Rates | 6 |
| 1.12 Agency Rates (FFS selection only) – Path 1 | 6 |
| 1.13 Agency Rates (Comprehensive methodology included in plan) – Path 2 | 6 |
| 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 | 7 |
| 1.15 Rate Development | 7 |
| 1.16 Assurances | 7 |
| 1.17 Optional Supporting Material Upload | 8 |
| 1.18 Additional Information (optional) and Validation & Navigation | 8 |
| 1.19 1945A Health Home Payment Methodologies (entire Reviewable Unit) | 9 |
| Appendix A: Acronyms..... | 12 |

List of Figures

| | |
|---|---|
| Figure 1: Banner | 1 |
| Figure 2: Payment Methodology (all options) | 1 |

| | |
|---|----|
| Figure 3: Option 1 - Payment Methodology – Fee for Service (all options) | 2 |
| Figure 4: Option 1a - Payment Methodology – Fee for Service; Individual Rates Per Service | 2 |
| Figure 5: Option 1b - Payment Methodology – Fee for Service; Per Member, Per Month Rates | 3 |
| Figure 6: Option 1c - Payment Methodology – Fee for Service; Comprehensive Methodology Included in the Plan | 4 |
| Figure 7: Option 1d - Payment Methodology – Fee for Service; Incentive Payment Reimbursement..... | 4 |
| Figure 8: Option 2 - Payment Methodology - PCCM..... | 5 |
| Figure 9: Option 3 - Payment Methodology – Risk Based Managed Care | 5 |
| Figure 10: Option 4a - Payment Methodology – Alternate Model of Payment, other than Fee for Service or PMPM payments; Tiered Rates..... | 5 |
| Figure 11: Option 4b - Payment Methodology – Alternate Model of Payment, other than Fee for Service or PMPM payments; No Tiered Rates | 6 |
| Figure 12: Agency Rates (FFS selection only) – Path 1 | 6 |
| Figure 13: Agency Rates (Comprehensive methodology included in plan) – Path 2 | 6 |
| 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..... | 7 |
| Figure 15: Rate Development..... | 7 |
| Figure 16: Assurances | 7 |
| Figure 17: Optional Supporting Material Upload..... | 8 |
| Figure 18: Additional Information (optional) and Validation & Navigation | 8 |
| Figure 19: 1945A Health Home Payment Methodologies (entire Reviewable Unit)..... | 11 |

List of Tables

| | |
|-------------------------|----|
| Table 1: Acronyms | 12 |
|-------------------------|----|

1. 1945A Health Home Payment Methodologies Reviewable Unit Screenshots

1.1 Banner

1945A Health Home Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | CT2022MS0006O | CT-22-0510-Test | test

[Spell Check Instructions](#) | [Request System Help](#)

CMS-10434 OMB 0938-1188

Not Started

In Progress

Complete

Package Header

| | | | |
|--------------------------|---------------|--------------------------------|---------------------|
| Package ID | CT2022MS0006O | SPA ID | CT-22-0510-Test |
| Submission Type | Official | Initial Submission Date | N/A |
| Approval Date | N/A | Effective Date | N/A |
| Superseded SPA ID | N/A | | |

[VIEW ALL RESPONSES](#)

Figure 1: Banner

1.2 Payment Methodology (all options)

Payment Methodology

[Collapse](#)

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 2: Payment Methodology (all options)

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

Payment Methodology Collapse

The State's Health 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

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

Payment Methodology Collapse

The State's Health Home 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

*

Character count: 0/4000

- ☐ 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 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

Payment Methodology Collapse

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

☒ Fee for Service

☐ 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

☒ Other

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

Payment Methodology Collapse

The State's Health 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

☒ 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

Character count: 0/4000

☐ Incentive Payment Reimbursement

Describe any variations in payment based on provider qualifications, 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 Methodology Collapse

The State's Health 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
- ☒ Other

Describe below

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

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

1.8 Option 2 - Payment Methodology - PCCM

Payment Methodology Collapse

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

Payment Methodology Collapse

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 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
 - ☒ Severity or number of each individual's chronic conditions, life-threatening illnesses, disabilities or rare diseases.
 - ☒ Capabilities of the team of health care professionals, designated provider, or health team
 - ☒ Other

Describe below

Character count: 0/4000

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 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

Payment Methodology
Collapse

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)

* Tiered Rates based on

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 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

Agency Rates
Collapse

Describe the rates used *

- ☒ FFS Rates included in plan
- ☐ Comprehensive methodology included in plan
- ☐ The agency rates are set as of the following date and are effective for services provided on or after that date

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

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

Agency Rates
Collapse

Describe the rates used *

- ☐ FFS Rates included in plan
- ☒ Comprehensive methodology included in plan
- ☐ The agency rates are set as of the following date and are effective for services provided on or after that date

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 *

☐ FFS Rates included in plan
☐ Comprehensive methodology included in plan
☒ The agency rates are set as of the following date and are effective for services provided on or after that date

Effective Date *

Website where rates are displayed *

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

Rate Development

[Collapse](#)

Provide a comprehensive description in the SPA of the manner in which rates were set

1. In the SPA please provide the cost data and assumptions that were used to develop each of the rates;
2. Please identify the reimbursable unit(s) of service;
3. Please describe the minimum level of activities that the state agency requires for providers to receive payment per the defined unit;
4. Please describe the state's standards and process required for service documentation, and;
5. Please describe in the SPA the procedures for reviewing and rebasing the rates, including:
 - a. the frequency with which the state will review the rates, and
 - b. the factors that will be reviewed by the state in order to understand if the rates are economic and efficient and sufficient to ensure quality services.

Figure 15: Rate Development

1.16 Assurances

Assurances

[Collapse](#)

☒ 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 *

☒ 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 16: Assurances

1.17 Optional Supporting Material Upload

Optional Supporting Material Upload

Collapse

Saved Documents

- Maximum file size : 10MB
- Valid file extensions: pdf; ppt; doc; docx; xlsx; xls; pptx

| <input type="checkbox"/> | Name | Date Created | ↑ |
|--------------------------|------|--------------|---|
| No items available | | | |

UPLOAD

Drop file here

DELETE DOCUMENT(S)

SAVE DOCUMENT(S)

Figure 17: Optional Supporting Material Upload

1.18 Additional Information (optional) and Validation & Navigation

Additional Information (optional)

Character count: 0/4000

Validation & Navigation

Would you like to validate the reviewable unit data?

☒ Yes
 ☐ No

Note: If validation fails, errors will appear in red above.

Navigate to Reviewable Unit

-- Select Reviewable Unit --

Not Started

In Progress

Complete

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

EXIT

SAVE REVIEWABLE UNIT

GO TO SELECTED REVIEWABLE UNIT

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

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

Records / Submission Packages - Your State

TN - Submission Package - TN2022MS0344O - (TN-22-0510-test) - Health Homes

Summary Reviewable Units News **Related Actions**

1945A Health Home Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | TN2022MS0344O | TN-22-0510-test | May 10 Test

[Spell Check Instructions](#) | [Request System Help](#)

CMS-10434 QMB 0938-1188

Not Started In Progress Complete

Package Header

| | |
|---------------------------------|------------------------------------|
| Package ID TN2022MS0344O | SPA ID TN-22-0510-test |
| Submission Type Official | Initial Submission Date N/A |
| Approval Date N/A | Effective Date N/A |
| Superseded SPA ID N/A | |

[VIEW ALL RESPONSES](#)

Payment Methodology

[Collapse](#)

The State's Health Home 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

Character count: 0/4000
- ☒ 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

Character count: 0/4000
- ☒ 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

Character count: 0/4000

☒ 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

Describe any variations in payment based on provider qualifications, 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)

☒ Tiered 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
 ☒ Other
 Describe below

Character count: 0/3000

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 rates used *

☐ FFS rates included in plan
 ☐ Comprehensive methodology included in plan
 ☒ The agency rates are set as of the following date and are effective for services provided on or after that date

Effective Date *

mm/dd/yyyy

Website where rates are displayed *

Rate Development

Provide a comprehensive description in the SPA of the manner in which rates were set

- In the SPA please provide the cost data and assumptions that were used to develop each of the rates;
- Please identify the reimbursable unit(s) of service;
- Please describe the minimum level of activities that the state agency requires for providers to receive payment per the defined unit;
- Please describe the state's standards and process required for service documentation, and;

a. the frequency with which the state will review the rates, and

b. the factors that will be reviewed by the state in order to understand if the rates are economic and efficient and sufficient to ensure quality services.

Assurances

Collapse

☒ 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 *

☒ 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).

Optional Supporting Material Upload

Collapse

Saved Documents

- Maximum file size : 10MB
- Valid file extensions: pdf, ppt, doc, docx, xls, xlsx, pptx

| Name | Date Created | |
|--------------------|--------------|--|
| No items available | | |

UPLOAD

[DELETE DOCUMENT\(S\)](#)
[SAVE DOCUMENT\(S\)](#)

Additional Information (optional)

Character count: 514000

Validation & Navigation

Would you like to validate the reviewable unit data?

☐ Yes ☒ No

Warning: Any field containing more than 4000 characters will be truncated when saved.

Navigate to Reviewable Unit

- Select Reviewable Unit -

Not Started
In Progress
Complete

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C., 1396e) and (42 CFR 439.12) which sets forth the authority for the submission and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0928-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

EXIT

[SAVE REVIEWABLE UNIT](#)
[GO TO SELECTED REVIEWABLE UNIT](#)

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

Appendix A: Acronyms

Table 1: Acronyms

| Acronym | Definition |
|------------|---------------------------------|
| PRA | Paperwork Reduction Act of 1995 |