



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

### **Medicaid and CHIP Program (MACPro)**

# **1945A Health Home Service Delivery Systems Reviewable Unit PRA Document**

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**Version 1.0**

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# 1. 1945A Health Home Service Delivery Systems Reviewable Unit Screenshots

## 1.1 Banner

1945A Health Home Service Delivery Systems

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

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

CMS-10434 OMB 0938-1188

Not Started In Progress Complete

**Package Header**

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Superseded SPA ID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

f

Figure 1: Banner

## 1.2 Identify the service delivery system(s) that will be used for individuals receiving Health Home services (all available options)

Identify the service delivery system(s) that will be used for individuals receiving Health Homes services

☐ Fee for Service

☐ PCCM

☐ Risk Based Managed Care

☐ Other Service Delivery System

Figure 2: Identify the service delivery system(s) that will be used for individuals receiving Health Home services (all available options)

## 1.3 Option 1 - Identify the service delivery system(s) that will be used for individuals receiving Health Home services – Fee for Service

Identify the service delivery system(s) that will be used for individuals receiving Health Homes services

☒ Fee for Service

☐ PCCM

☐ Risk Based Managed Care

☐ Other Service Delivery System

Figure 3: Option 1 - Identify the service delivery system(s) that will be used for individuals receiving Health Home services – Fee for Service

## 1.4 Option 2 - Identify the service delivery system(s) that will be used for individuals receiving Health Home services – PCCM Path 1a

☒ PCCM

The PCCMs will be a Designated Provider or part of a Team of Health Care Professionals

☒ Yes  
☐ No

The PCCM/Health Homes providers will be paid based on the following payment methodology outlined in the payment methods section

☒ Fee for Service (describe in Payment Methodology section)  
☒ Alternative Model of Payment (describe in Payment Methodology section)  
☒ Other

Description

Character count: 0/4000

Requirements for the PCCM participating in a Health Home as a Designated Provider or part of a Team of Health Care Professionals will be different from those of a regular PCCM \*

☒ Yes  
☐ No

Describe how requirements will be different

Character count: 0/4000

☒ The state provides assurance that these requirements will be incorporated into the next PCCM contract submitted to CMS.

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			

**Figure 4: Option 2 - Identify the service delivery system(s) that will be used for individuals receiving Health Home services – PCCM Path 1a**

## 1.5 Option 2 - Identify the service delivery system(s) that will be used for individuals receiving Health Home services – PCCM Path 1b

☒ PCCM

The PCCMs will be a Designated Provider or part of a Team of Health Care Professionals

☒ Yes  
☐ No

The PCCM/Health Homes providers will be paid based on the following payment methodology outlined in the payment methods section

☒ Fee for Service (describe in Payment Methodology section)  
☒ Alternative Model of Payment (describe in Payment Methodology section)  
☒ Other

Description

Character count: 0/4000

Requirements for the PCCM participating in a Health Home as a Designated Provider or part of a Team of Health Care Professionals will be different from those of a regular PCCM \*

☐ Yes  
☒ No

Saved Documents

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

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

Figure 5: Option 2 - Identify the service delivery system(s) that will be used for individuals receiving Health Home services – PCCM Path 1b

## 1.6 Option 2 - Identify the service delivery system(s) that will be used for individuals receiving Health Home services – PCCM Path 2

☒ PCCM

The PCCMs will be a Designated Provider or part of a Team of Health Care Professionals

☐ Yes  
☒ No

☒ The State provides assurance that it will not duplicate payment between its Health Home payments and PCCM payments.

Figure 6: Option 2 - Identify the service delivery system(s) that will be used for individuals receiving Health Home services – PCCM Path 2

## 1.7 Option 3 - Identify the service delivery system(s) that will be used for individuals receiving Health Home services – Risk Based Managed Care Path 1a

☒ Risk Based Managed Care

The Health Plans will be a Designated Provider or part of a Team of Health Care Professionals

☒ Yes  
☐ No

Provide a summary of the contract language that you will impose on the Health Plans in order to deliver the Health Homes services \*

Character count: 0/4000

☒ The State provides assurance that any contract requirements specified in this section will be included in any new or the next contract amendment submitted to CMS for review.

**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			

The State intends to include the Health Home payments in the Health Plan capitation rate \*

☒ Yes  
☐ No

**\* Assurances**

- ☒ The State provides an assurance that at least annually, it will submit to the regional office as part of their capitated rate Actuarial certification a separate Health Homes section which outlines the following:
  - Any program changes based on the inclusion of Health Homes services in the health plan benefits
  - Estimates of, or actual (base) costs to provide Health Homes services (including detailed a description of the data used for the cost estimates)
  - Assumptions on the expected utilization of Health Homes services and number of eligible beneficiaries (including detailed description of the data used for utilization estimates)
  - Any risk adjustments made by plan that may be different than overall risk adjustments
  - How the final capitation amount is determined in either a percent of the total capitation or an actual PMPM
- ☒ The State provides assurance that it will design a reporting system/mechanism to monitor the use of Health Homes services by the plan ensuring appropriate documentation of use of services
- ☒ The State provides assurance that it will complete an annual assessment to determine if the payments delivered were sufficient to cover the costs to deliver the Health Homes services and provide for adjustments in the rates to compensate for any differences found

**Figure 7: Option 3 - Identify the service delivery system(s) that will be used for individuals receiving Health Home services – Risk Based Managed Care Path 1a**

## 1.8 Option 3 - Identify the service delivery system(s) that will be used for individuals receiving Health Home services – Risk Based Managed Care Path 1b

☒ Risk Based Managed Care

The Health Plans will be a Designated Provider or part of a Team of Health Care Professionals

☒ Yes  
☐ No

Provide a summary of the contract language that you will impose on the Health Plans in order to deliver the Health Homes services \*

Character count: 0/4000

☒ The State provides assurance that any contract requirements specified in this section will be included in any new or the next contract amendment submitted to CMS for review.

**Saved Documents**

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

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

Drop file here

The State intends to include the Health Home payments in the Health Plan capitation rate \*

☐ Yes  
☒ No

Indicate which payment methodology the State will use to pay its plans

☒ Fee for Service (describe in Payment Methodology section)  
☒ Alternative Model of Payment (describe in Payment Methodology section)  
☒ Other

\* Description

Character count: 0/4000

**Figure 8: Option 3 - Identify the service delivery system(s) that will be used for individuals receiving Health Home services – Risk Based Managed Care Path 1b**



## 1.9 Option 3 - Identify the service delivery system(s) that will be used for individuals receiving Health Home services – Risk Based Managed Care Path 2

☒ Risk Based Managed Care

The Health Plans will be a Designated Provider or part of a Team of Health Care Professionals

☐ Yes  
☒ No

Indicate how duplication of payment for care coordination in the Health Plans' current capitation rate will be avoided

☒ The current capitation rate will be reduced  
☒ The State will impose additional contract requirements on the plans for Health Homes enrollees

\* Provide a summary of the contract language for the additional requirements

Character count: 0/4000

☒ Other

\* Describe

Character count: 0/4000

Figure 9: Option 3 - Identify the service delivery system(s) that will be used for individuals receiving Health Home services – Risk Based Managed Care Path 2

## 1.10 Option 4 - Identify the service delivery system(s) that will be used for individuals receiving Health Home services – Other Service Delivery System

☒ Other Service Delivery System

Describe if the providers in this other delivery system will be a designated provider or part of the Team of health care professionals and how payment will be delivered to these providers \*

Character count: 0/4000

☒ The State provides assurance that any contract requirements specified in this section will be included in any new or the next contract amendment submitted to CMS for review.

**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			

Figure 10: Option 4 - Identify the service delivery system(s) that will be used for individuals receiving Health Home services – Other Service Delivery System

## 1.11 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

Navigate to Reviewable Unit

-- Select Reviewable Unit --

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

Not Started

In Progress

Complete

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EXIT

SAVE REVIEWABLE UNIT

GO TO SELECTED REVIEWABLE UNIT

**Figure 11: Additional Information (optional) and Validation & Navigation**

News Tasks (19) Records Reports Actions  appian

[illegible]

**Figure 12: 1945A Health Home Service Delivery Systems (entire Reviewable Unit)**

## Appendix A: Acronyms

Table 1: Acronyms

Acronym	Definition
<b>PRA</b>	Paperwork Reduction Act of 1995