



**Health Homes for Medicaid Enrollees with Chronic Conditions:
A Conversation with CMS and States Regarding the ACA State Plan Option**

Webcast

August 12, 2010, 2:00-4:00 PM Eastern

Fast Facts on Five Featured Medical Home Initiatives

Supported by The Commonwealth Fund

	Minnesota Health Care Homes (HCH)	North Carolina Community Care of NC (CCNC)	Oklahoma SoonerCare Choice	Pennsylvania Chronic Care Initiative (CCI)	Rhode Island Chronic Care Sustainability Initiative (CSI-RI) Connect Care Choice (CCC) Rhody Health Partners (RHP)
Lead state agency/agencies	<ul style="list-style-type: none"> Department of Health Department of Human Services (Medicaid) 	<ul style="list-style-type: none"> Office of Rural Health and Community Care Department of Health and Human Services (Medicaid) 	<ul style="list-style-type: none"> Oklahoma Health Care Authority (OKHCA) (Medicaid) 	<ul style="list-style-type: none"> Governor’s Office of Health Care Reform 	<ul style="list-style-type: none"> Office of the Health Insurance Commissioner Department of Human Services (Medicaid) Department of Health
Medicaid role	<ul style="list-style-type: none"> As per statute, co-lead agency for HCH. Helped design program and offering supplemental reimbursement for HCH provided to beneficiaries 	<ul style="list-style-type: none"> Medicaid agency contracts with community networks and makes supplemental payments to networks and providers 	<ul style="list-style-type: none"> Medicaid agency designed and administers program 	<ul style="list-style-type: none"> Department of Public Welfare (Medicaid agency) negotiated contracts with Medicaid MCOs to enable their participation 	<ul style="list-style-type: none"> Medicaid implemented CCC in 2007 Medicaid participated in design of CSI-RI Medicaid contracts with RHP plans
Federal authority	<ul style="list-style-type: none"> State plan amendment 	<ul style="list-style-type: none"> State plan option (1932(a)) 	<ul style="list-style-type: none"> Waiver (1115) 	<ul style="list-style-type: none"> <i>none required</i> 	<ul style="list-style-type: none"> Waiver (1115)
Payer(s) and delivery systems(s)	<ul style="list-style-type: none"> Medicaid FFS and MCOs MULTIPAYER: Yes, all other state regulated payers 	<ul style="list-style-type: none"> Medicaid enhanced PCCM 646 Quality Demo for Duals 	<ul style="list-style-type: none"> Medicaid PCCM (excluding duals and some other groups) MULTIPAYER: No 	<ul style="list-style-type: none"> Medicaid MCOs (not FFS) MULTIPAYER: Yes, 16 commercial payers, including Medicare Advantage 	<ul style="list-style-type: none"> CCC: Medicaid PCCM RHP: Medicaid MCOs CSI-RI: Medicaid MCOs, PCCM, and FFS MULTIPAYER: CSI-RI includes all state regulated commercial insurers, several large employers, and Medicare Advantage
Population(s)	<ul style="list-style-type: none"> Minnesotans with at least one chronic condition 	<ul style="list-style-type: none"> Medicaid members, including those with chronic conditions 1,033,180 lives (June 2010) 	<ul style="list-style-type: none"> Medicaid members, including those with chronic conditions 449,216 lives (June 2010) 	<ul style="list-style-type: none"> Pennsylvanians with chronic conditions 659,787 lives (Nov. 2009) 	<ul style="list-style-type: none"> CCC/RHP: Adult Medicaid members with chronic conditions CSI-RI: Family and internal medicine practices. 28,000 lives (April 2009)
Practice recognition	<ul style="list-style-type: none"> State-developed recognition process 	<ul style="list-style-type: none"> State-developed requirements for participation 	<ul style="list-style-type: none"> State-developed recognition process 3 tiers vary with practice capabilities Practice self-evaluation with state audit 	<ul style="list-style-type: none"> NCQA recognition Practices have one year from entry into CCI to achieve recognition 	<ul style="list-style-type: none"> CSI-RI: NCQA Level 1 required at first; Level 2 must be met later through self-assessment
Payment	<ul style="list-style-type: none"> For Medicaid FFS, \$10-60 PMPM varying on patient complexity Enhanced PMPMs for patients with severe mental illness and non-English speakers Private payers must pay in manner “consistent” with Medicaid 	<ul style="list-style-type: none"> For PCPs: \$2.50 PMPM (\$5.00 PMPM for ABD population) For network: \$3.00 PMPM (\$5.00 PMPM for ABD) (based on members in catchment area) 	<ul style="list-style-type: none"> \$3-8.69 PMPM, varying on practice tier and the population serve by the practice (higher rates for practices serving adults) P4P Transitional payments for PCPs during year 1 	<ul style="list-style-type: none"> Different payment methods in different regions. Lump-sum and PMPM payments being used. P4P 	<ul style="list-style-type: none"> CCC:\$35-40 PMPM for moderate-high risk PCCM members (assuming practice has integrated nurse care manager) CSI-RI: \$3 PMPM; health plans supply funding for nurse care managers who work at each practice
Evaluation and QI	<ul style="list-style-type: none"> State may contract out evaluation Workgroup charged with outcomes measurement selection 	<ul style="list-style-type: none"> Tracking quality improvements and cost savings quarterly and annually. Use claims and chart audits. Consultant contracted to perform cost analysis annually. 	<ul style="list-style-type: none"> Biannual profiles for providers on pt. utilization and health care needs Key outcomes of interest: ED visit / hospitalization reductions; enhanced pt. choice and participation, preventive care, improved quality, use of HIT 	<ul style="list-style-type: none"> Independent evaluation of effects on: providers, patient self-care knowledge, patient health status, utilization, quality, and cost 	<ul style="list-style-type: none"> Tracking of several key clinical measures Externally funded third-party final evaluation. Focus on cost and ROI, quality, and provider/member satisfaction
Additional information	<ul style="list-style-type: none"> Medicaid Primary Care Coordination program (for FFS beneficiaries with 5+ chronic conditions) being superseded by HCH program 	<ul style="list-style-type: none"> CCNC networks support PCPs Informatics Center support PCPs, networks and care managers 	<ul style="list-style-type: none"> Health Access Networks will support PCPs. Health Access Networks receive payments from Medicaid. 	<ul style="list-style-type: none"> CCI consists of four regional rollouts 	

Abbreviations

ABD (aged, blind, disabled (Medicaid beneficiaries))

FFS (fee for service)

MCO (managed care organization)

NCQA (National Committee for Quality Assurance (medical home recognition standards))

P4P (pay for performance)

PCCM (primary care case management)

PCP (primary care provider)

PMPM (per member per month)

PT (patient)

QI (quality improvement)

ROI (return on investment)