

Draft Missouri Healthcare Home (HCH) Payment Methodology

- A. Three types of payments to HCH Providers
 - a. Quarterly start-up, training, and infrastructure Cost - reimburses practice sites for startup costs and lost productivity due to collaboration demands on staff not covered by the PMPM and activities not covered by other Medicaid reimbursement.
 - i. First Quarter
 - 1. The State will calculate the initial payment based on 60 days cost of staff subsequently funded by PMPM (see list below) based on average staff cost per 100 auto assigned health home members
 - 2. HCH receives 70% upon successful application and designation as a health home and remaining 30% when they achieve 90% of staffing model
 - ii. Subsequent quarters method of payment
 - 1. HCH invoices for specific activities eligible to be reimbursed after they occur
 - 2. Payment made quarterly based on invoice for previous quarters expenses
 - iii. Activities reimbursed after the first quarter include but not limited to:
 - 1. Costs of recruiting new staff funded by PMPM
 - 2. Lost productivity of non- PMPM staff due to
 - a. Attendance at learning collaborative and other HCH related training for staff not covered by PMPM payment
 - b. HIT enhancements necessary to meet HCH requirements-
 - c. Time of non-PMPM covered staff spent in HCH staff/practice implementation payment for traditionally non-reimbursed medical home services such as:
 - i. Creating and maintaining a patient registry
 - ii. Daily morning care team meetings
 - iii. Outreach to patient and care team for planned care at every visit
 - iv. Care coordination: scheduling specialists visits, arranging additional disease educational services, assisting with transportation, etc.
 - v. Redesigning office work flow
 - vi. Conducting QI improvement initiatives
 - 3. NCQA (or similar HCH certification) certification costs
 - b. Clinical Care Management per member per month (PMPM)- cost of staff primarily responsible for delivery of HCH services not covered by other reimbursement (Primary Care Nurses, Primary Care consulting physicians) whose duties are not reimbursable otherwise by Medicaid.
 - i. Method of payment
 - 1. MO HealthNet determines which specific patients were receiving HCH services from a particular provider each specific month and generates the payment

2. Timing –
 - a. Not paid for the first Quarter and until a practice is staffed at 80% of model.
 - b. Paid for the previous month for each patient who is determined to be HCH eligible and in service at that HCH on the first day of the following month. (For example- on July 1 a determination would be made of all patients eligible and in service within each specific HCH which would generate payments to those HCHs for the previous month of June)
 - ii. CMHC Staff reimbursed
 1. One Nurse or Health Coach supervised by A Registered Nurse per 200 patients
 2. One RN Health Home Director per 600 patients
 3. One Support staff per 600 patients
 4. Physician Team Consultation time= 10hr per 100 patients
 - iii. Patients assigned to home based on diagnostic criteria and highest frequency of contact among all eligible HCH providers in previous year
 - iv. HCH receives PMPM for each assigned patient that has received at least one non-HCH service in the prior 90 days based on FFS actual claims or managed care encounter data
- c. Performance incentive
- i. 50% of the value of the reduction in total healthcare PMPM cost (including HCH payments) solely for FFS patients for the practice site’s attributed patients, relative to prior year experience
 - ii. Savings distributed on a sliding scale up to the 50% level based on performance relative to a set of practice site-specific clinical preventive and chronic care measures generated and reported by the practice and subject to audit
 - iii. Dual eligible Medicare savings to be included if CMS agrees to share Medicare savings for dual eligibles with state of Missouri
 - iv. Since we are basing the performance incentive on savings it does not seem straightforward to include the managed care patients in the performance incentive payment methodology; our inability to include them will be offset by inclusion of Medicare savings in dual eligibles if we are able to obtain those from CMS
 - v. Timing –
 1. Within five months of the end of the 12th month measurement period annually
 2. Patients changing HCH during the year will be attributed to the HCH they ended the year in
- B. State Operational Cost PMPM – covers cost of additional staff needed to implement and manage section 2703 requirements