Missouri Department of
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May 6, 2011

Barbara Edwards, Director
Disabled and Elderly Health Programs Group
Center for Medicare and Medicaid Services
Center for Medicaid, CHIP and Survey & Certification
7500 Security Blvd, Mail Stop S2-14-26
Baltimore, MD 21244-1850

Sent Via Email

Dear ~~Ms. Edwards~~: Barbara –

We are pleased to provide responses to the March 31, 2011 questions from the Centers for Medicare and Medicaid Services (CMS) regarding Missouri's Section 2703 Draft SPA for Community Mental Health Center (CMHC) health homes. CMS questions have been restated below with the State's responses attended in italics. Please find enclosed the current amended version of Missouri's Section 2703 Draft SPA for CMHC health homes, which is being provided for further feedback and questions. We anticipate that the State's next version will be provided as a formal SPA proposal utilizing your online tool.

1. Population Criteria: The State indicates that persons enrolled in a health home will be able to choose not to participate in any particular health home services at the time it is offered. Also, that all persons auto-assigned will be informed of other choices available and may switch if they wish to do so. The state was asked to clarify how Medicaid recipients will be allowed to select their health home or opt-out of the program. The state will need to provide recipients with a mechanism that will allow them the ability to opt-out of the health home program. Please describe.

Response: *We have added an opt-out mechanism to the current Draft SPA and have provided additional detail clarifying how recipients will be provided choice among the available health homes.*

2. Provider Infrastructure: The State indicates that Affiliate CMHCs focus more intensively on case management and supportive housing and are not required to serve all age ranges. Persons eligible for CMHC Health home will be auto-assigned to the CMHC or Affiliate that served that person the most frequently in the preceding year. It is our understanding that an affiliate is not a full service CMHC. Please provide a description of the services delivered by an Affiliate CMHC. Will an Affiliate CMHC deliver the full array of health home services serving all eligible recipients, regardless of age?

Response: *All CMHCs, including those referred to as affiliates in the previous draft, will provide the full range of health home services. The differences previously referenced do not pertain to health home services. CMHC health home services will be available to all ages in all areas of the state.*

3. Initial Provider Qualifications: How will the state determine that a provider has the following qualification? "Have strong, engaged leadership personally committed to and capable of leading the practice through the transformation process and sustaining transformed practice processes".

Response: *Additional language has been added to the current Draft SPA clarifying how this determination will be made.*

4. Health Home Service Delivery Model: Missouri's response indicates that there will not be duplication of payments for the same services between the health home program, managed care, targeted case management, and waiver services. Missouri also has a Money Follows the Person Demonstration grant to assist with transitional services. How will the State assure duplication does not occur?

Response: *Additional language has been added both within the current Draft SPA and in the endnotes following the Draft SPA that clarify why our approach to implementing health homes will not result in a duplication of services or payments between the health home program, managed care, targeted case management, and waiver services. In addition, we are providing a description of our reimbursement methodology wherein the PMPM is based solely on the costs of a new nurse, health coach, and physician that are not currently available within our current managed care, targeted case management, and waiver services.*

5. Payment Methodology: Missouri indicated in their submittal letter dated February 25, 2011, that they were planning to propose a traditional three-pronged provider payment approach:
1) quarterly infrastructure-building payment to each designated site; 2) a PMPM administrative payment to each site; and 3) an annual performance incentive contingent upon that site's achieving specified outcomes. Does the State need technical assistance from CMS in the development of the health home payment methodology? When might CMS expect to see a draft of the State's payment methodology?

Response: *Our current draft proposed health home payment methodology is provided as a separate attachment. We will provide additional information including our actual proposed rates with the formal online SPA submission.*

We have also revised the service definition for health promotion and our performance indicators in response to feedback from our conference call with your performance measurement team.

Please note that the CMHC-HH Draft SPA identifies persons who are tobacco users to be at risk for a second chronic condition, either asthma or cardiovascular disease. This expands the eligibility criteria to include one chronic condition plus being at risk for second chronic condition as identified by currently being a tobacco user. Please see enclosed a list of medical literature references substantiating that smoking increases the risk for both asthma and/or cardiovascular disease.

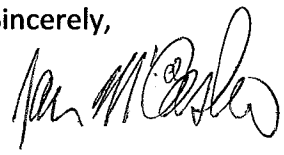
In addition, we also plan on adding diabetes as a condition indicating that a person is at an increased risk for a second condition -- in this case, either cardiovascular disease or being overweight. According to the American Heart Association, adults with diabetes are two to four times more likely to have heart disease or a stroke than adults without diabetes.

Please see Insulin-Associated Weight Gain in Diabetes--Causes, Effects and Coping Strategies. Russell-Jones D, Khan R. Diabetes Obes Metab. 2007 Nov;9(6):799-812; substantiating that diabetes increases a person's risk for being overweight. A copy of this article is enclosed for your reference.

In recognition of the considerable efforts of our many statewide partners, we have included as a separate attachment a list of all the stakeholders who been involved in the development and planning of our health home model.

We look forward to your feedback on our revised documents. We anticipate that this will be the last round of informal exchange for discussion and that we will proceed to formal online submission within a month. We are, of course, happy to speak directly with you and/or your senior staff regarding these documents at your earliest convenience.

Sincerely,



Ian McCaslin, M.D., M.P.H.
Director

IM:kp

Enclosures

cc: James G. Scott
Sandra Levels
Melissa Harris
Sarah Fogler
Nancy Kirchner