

**Tribal Consultation
Health Home Update
July 11, 2013**

Health Home Background:

1. Health Homes were created by Section 2703 of the ACA to help reduce the cost of services for some High Cost High Risk Medicaid populations.
2. Health Homes are part of a person-centered system of care that achieves improved outcomes for recipients and better services and value for state Medicaid programs.
3. A Health Home must provide the following 6 Core Services:
 - a. Comprehensive care management;
 - b. Care coordination;
 - c. Health promotion;
 - d. Comprehensive transitional care/follow-up;
 - e. Patient and family support; and
 - f. Referral to community and social support services.
4. There is a strong emphasis on the use of Electronic Health Records (EHR) and Health Information and Technology
5. The Medicaid Solutions Workgroup recommended that DSS implement a Health Homes initiative. A Health Home Workgroup was formed in April 2012.
6. Ten states are currently approved to do Health Homes including, ID, ME, MO, IA, OH, NY, RI, OR, WI and NC.
7. 57% of South Dakota's Medicaid costs come from 5% of the Medicaid population.
8. 83% of Health Home eligible individuals are part of the 5% who make up our Highest Cost Highest Risk Group.

Eligibility

1. Health Homes will be led by Primary Care Providers and Community Mental Health Centers.
2. All Medicaid recipients regardless of aid category have the potential to be eligible for Health Homes.
3. Using FY 2012 Claims data, we found that 34,019 recipients are eligible for Health Home services.
4. Recipients eligible for Health Homes include recipients with two or more chronic conditions listed below OR one chronic and one at risk condition listed below.
 - a. Chronic conditions include: Asthma, COPD, Diabetes, Heart Disease, Hypertension, Obesity, Musculoskeletal and Neck and Back Disorders.
 - b. At-risk conditions include: Pre-Diabetes, tobacco use, Cancer Hypercholesterolemia, Depression, and use of multiple medications (6 or more classes of medications).
5. Individuals with a Severe Mental Illness, Emotional Disturbance or Substance Abuse Disorder are also eligible.

Payment

1. Medicaid will continue to pay for Medical Services the same way they are paid now.
2. A per member per month (PMPM) payment will cover the 6 Core Services not traditionally covered by Medicaid.
3. Workgroup recommended 4 Payment Tiers based on the Chronic Illness and Disability Payment System (CDPS).
4. Each of the four tiers has a PMPM.
5. PMPM payments can be found at <https://dss.sd.gov/healthhome/pmpmpayments.asp>.

Accomplishments since the May 30, 2013 Tribal Consultation.....

1. DSS received close to 100 Health Home applications from providers interested in providing the six core services. This includes nine I.H.S. service units and Urban Indian Health.
2. DSS continues to conduct on-site orientation sessions with all Health Home providers before service provision begins on August 1, 2013.
3. The initial attribution process was run and notices were sent to those eligible for Health Home at the end of June.
4. The State Plan Amendment (SPA) was distributed for Tribal Consultation and public notice on 6/28/2013.

Next Steps

1. Health Homes will receive caseload lists in early August.
2. SPA expected to be submitted to CMS at end of July.