Tribal Consulation
Health Home Update
January 3, 2013

Health Home Defined

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 build 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 and there is also a strong focus on the use of EHR and Health IT.
    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. The Medicaid Solutions Workgroup recommended that DSS implement a Health Homes initiative.
5. Several States are currently approved to do Health Homes including, MO, IA, NE, NY, RI, OR and NC.
6. 57% of our costs in Medicaid come from 5% of our population.
7. 83% of Health Home eligible individual are included in the individuals in the 5% who make up our Highest Cost Highest Risk Group.

Eligibility

1. South Dakota is planning to submit two State Plan Amendments (SPAs)
    a. Primary Care Provider Health Home (PCP HH)
    b. Behavioral Health Health Home (BH HH)
2. Using 2011 Claims data, we found that 35,685 recipients are eligible for the two Health Homes. With approximately 9,500 individuals being eligible for both.
3. Primary Care Provider Health Homes include individuals with two or more chronic diseases listed below OR one chronic and one at risk condition listed below.
    a. Chronic diseases include: Asthma, COPD, Diabetes, Heart Disease, Hypertension,Obesity, HIV, Muskoloskeletal 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).
4. The Behavioral Health Health Homes includes individuals with a primary diagnosis of one Severe Mental Illness or Emotional Disturbance or Substance Abuse.
5. Can't exclude recipients eligible for both Medicaid and Medicare or kids.

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 be developed to cover core services not traditionally covered by Medicaid. Enhanced 90/10 funding provided by Centers for Medicaid and Medicare Services (CMS) for 8 quarters.
3. Workgroup recommended 4 Payment Tiers based on the Chronic Illness and Disability Payment System (CDPS).
4. Each of the four tiers will have a PMPM based on prospective cost reports.

Accomplishments since our October 25, 2012 meeting……..

1. Workgroup meeting on October 30, 2012 to finalize the recommendations of the Implementation Subgroup on attribution and provider training.
2. Substance Abuse and Mental Health Service Administration (SAMHSA) consultations have been completed for each SPA.
3. Draft SPAs have been completed.
4. Initial call with CMS has been completed. Next calls on Draft SPAs to be held the end of January.
5. Because of a delay in scheduling calls on the federal side, target submission date of SPAs has been moved back to April 1, 2013 with implementation date on July 1, 2013.
6. Working with prospective BH and PCP HHs to complete PMPM payments.
7. Website in development.

Next Steps

1. January 7, 2013 - Meet with Aberdeen Area Improvement Support Team (ABRIST) to discuss Health Homes within the IHS Health System.
2. Complete the development of PMPM payments by Tier.
3. Finish CMS consultation process.
4. March 1, 2013 Put SPAs out for Tribal and Public Comment Period.
5. Develop needed systems and forms.
6. Enhance Website
7. Finalize training plan and conduct trainings for Health Homes.
8. Implement Health Homes