

lowa's Section 2703 Health Home Development

Presentation to:

Medical Home System – Prevention and Chronic Care
Management Advisory Council
West Des Moines Public Library
Thursday, December 1st, 2011
9:30 am – 3:00 pm



Proposed Chronic Condition Health Home Program

- Section 2703 of ACA
- Health Home Concept
- IME's Proposed Strategy
- IowaCare Update



Section 2703 of the ACA

- Option to submit a State Plan Amendment (SPA) depicting a health home model of care
- Draw down a 90/10 Federal match rate for eight quarters for specific health home services
- The State is required to consult with SAMSHA/ensuring integration of mental and behavioral health services
- Targets members with specific chronic conditions (including Duals)



Health Home Concept

What is a health home?

- Whole Person, Patient Centered, Coordinated Care during all stages of life and transitions in care
- Following the 7 principles of a Patient Centered Medical Home (PCMH) with added flexibility around the location where care coordination is provided



Health Home Concept

The value added for comprehensive care coordination expects improved patient outcomes

- Initial increase in office visits, and prescription drug utilization
- Savings in ER, Inpatient and avoidable hospital admissions
- Sustainable improvement in chronic care management.



IME's Proposed HH Model

Who can enroll as a Health Home?

Practice types may include, but are not limited to, entities enrolled with Medicaid as a:

- Physician Clinic
- Community Mental Health Center
- Federally Qualified Health Center
- Rural Health Clinic



IME's Proposed HH Model

Health Home Services promote a <u>TEAM</u> environment

- For example, physicians, physician assistans, nurses, care coordinators, nutritionists, social workers, behavioral health professionals, dental professionals, and chiropractors.
- Those services may or may not occur at the physical location of the health home.
- The designated provider coordinates, directs, and ensures results are communicated back to the health home.
- The use of HIT and connection to lowa's HIN are essential



IME Proposed HH Model Members

- At least one serious and persistent mental health condition, or;
- Two chronic conditions, or;
- One chronic condition and at risk for a second:
 - Mental Health Condition
 - Substance Use Disorder
 - Asthma
 - Diabetes
 - Heart Disease
 - Overweight, as evidenced by a BMI over 25/85 percentile
 - Hypertension



IME's proposed HH Model Members

Members opt-in to the program at the participating provider's office

- Provider identifies qualified members
- Member completes an Agreement Form
- Provider completes a Patient Risk Assessment
- Information is sent to IME



IME's Proposed HH Model Payment Methodology

In addition to the standard FFS reimbursement...

Per-member-per-month care coordination health home payment:

- PMPM targeted <u>only</u> for members with chronic disease
- Tiered payments increase (levels 1 to 4) depending on the number of chronic conditions
- Providers submit monthly PMPM claim / retrospectively verified through claims data



IME's Proposed HH Model Payment Methodology

Performance payment tied to achievement of quality/performance benchmarks:

- Using the State HIN to collect measure data
- Annually, starting in year 2 correlating with state fiscal year
- Payment tied to achievement of quality/outcome measures for the health home
- Measures align with meaningful use, national quality programs and other payer initiatives



Anticipated program start?

Mid 2012



Questions?

Contact

Medicaid Health Home Program

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IowaCare Expansion

As of December 1, 2011:

- Council Bluffs Community Health Center joins the lowaCare Provider Network.
- Broadlawns Medical Center begins serving as a secondary hospital for central and western lowa (see map regions 3,4,& 5)

All counties will be assigned a Medical Home as of January 1, 2012.

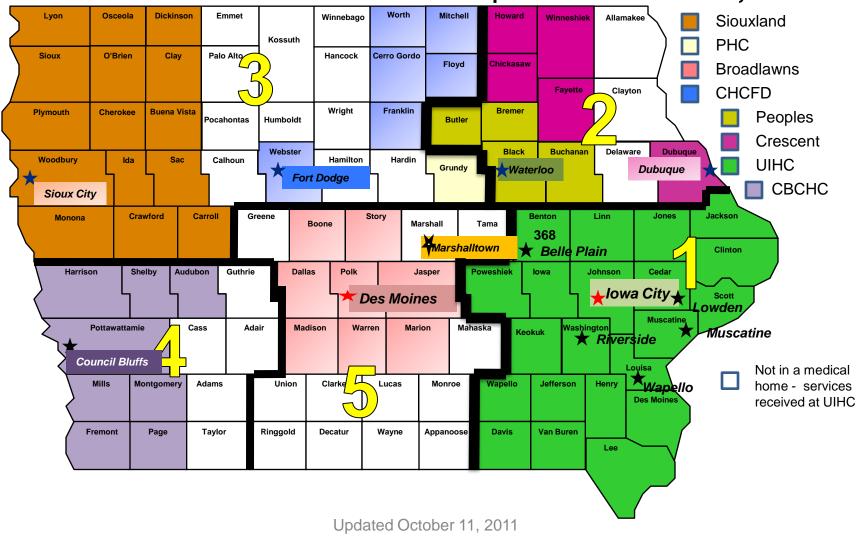


Changes to the Model

- Noncontiguous counties to the medical home will be evaluated to identify potential disparities in care
- Medical Homes will be measured on their outreach efforts for both contiguous and non-contiguous counties
- Funding pools established to support Medical Home activities around coordination and transitions of care

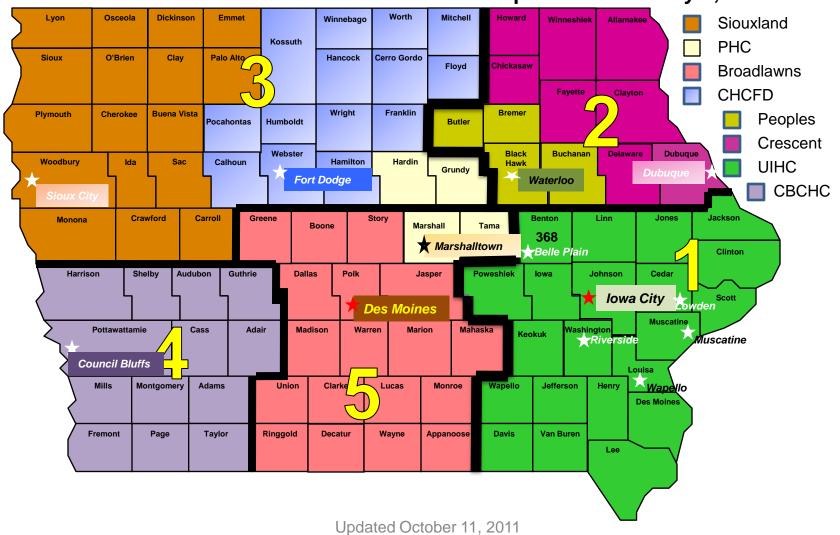


IowaCare Medical Home Expansion: December 1, 2011





IowaCare Medical Home Expansion: January 1, 2012





Questions?

Contact

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