

PROGRAM DESCRIPTION

Department: Social Services
Program Name: Health Homes
Program is found in the following core budget(s): Health Homes

HB Section(s): 11.785

1a. What strategic priority does this program address?

Intensive care coordination/care management to improve health outcomes and reduce costs of unnecessary hospitalizations/emergency room visits.

1b. What does this program do?

Provides team-based care that improves health outcomes & reduces costs of unnecessary hospitalizations/emergency room visits. Section 2703 of the Affordable Care Act (ACA) gives MO HealthNet the option to pay providers to coordinate care through a health home for individuals with chronic conditions. MO HealthNet operates the Primary Care Health Home Program for participants diagnosed with two chronic conditions or diagnosed with one chronic condition and at-risk for development of a second. Clinical care management per member per month (PMPM) payments are made for the reimbursement of required contracted services and the cost of staff primarily responsible for delivery of these specified health home services who are not covered by other MO HealthNet reimbursement methodologies. This core funds PMPM payments made to health homes.

A Primary Care Health Home may be operated by a Federally Qualified Health Center (FQHC), hospital-based clinic, or other primary care provider. The State share of the Health Home PMPMs for hospital-based clinics are funded by the Federal Reimbursement Allowance (FRA) program.

Reimbursement Methodology

Providers that are enrolled in MO HealthNet's Health Home Program receive a per-member, per month (PMPM) reimbursement for each eligible health home patient enrolled in the program who receives health home services in a given month. Health home PMPM payments started in March 2012 for services performed in January 2012. In accordance with the state plan amendment approved by the Centers for Medicare and Medicaid Services (CMS), MO HealthNet may adjust the PMPM rate based on the consumer price index (CPI).

Rate History

Primary Care PMPM Rate	DMH PMPM Rate	Effective with Service Month
\$64.68	\$86.51	7/1/19
\$63.72	\$85.23	1/1/17
\$63.72	\$85.23	1/1/16
\$62.47	\$83.56	1/1/15

Additional Details

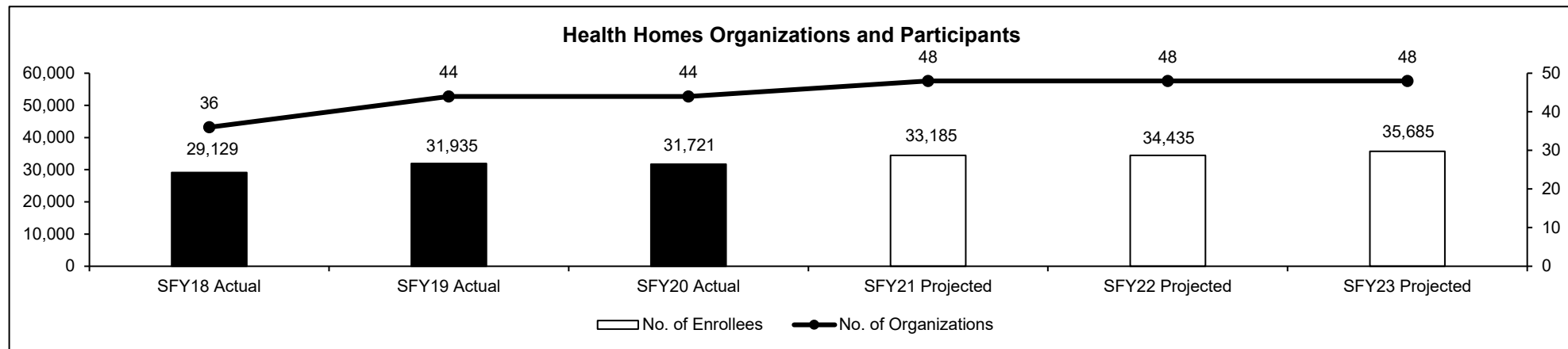
State Fiscal Year 2022 will continue to see an increase in patient enrollment in Primary Care Health Home (PCHH) providers.

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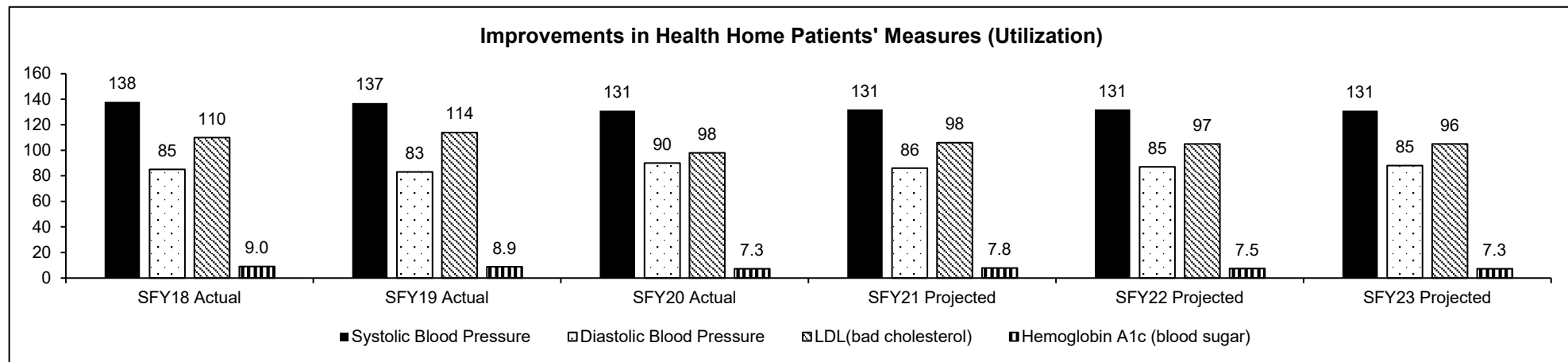
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2a. Provide an activity measure for the program.



2b. Provide a measure of the program's quality.



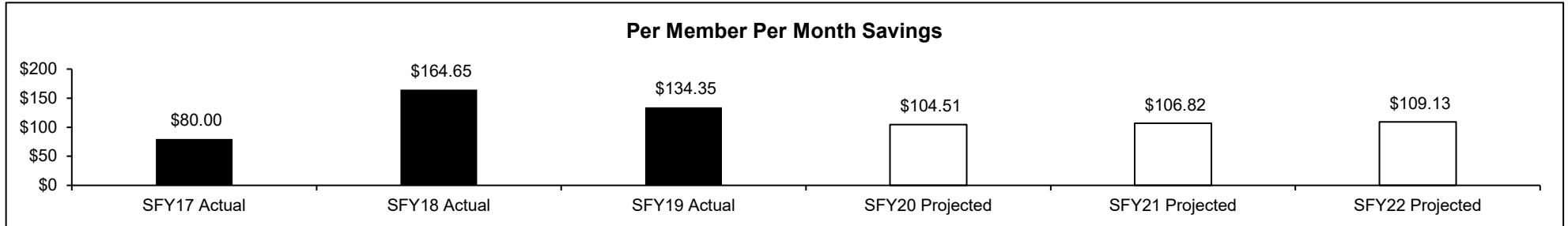
Compared to initial readings, participants measures significantly improved. First reading blood pressure was 155/97 and decreased to 131/90. There were significant drops in LDL cholesterol from 142 to 98. Blood sugar readings improved from an A1c of 9.7 to 7.3. Improving Systolic/Diastolic blood pressure reduces risk of stroke.

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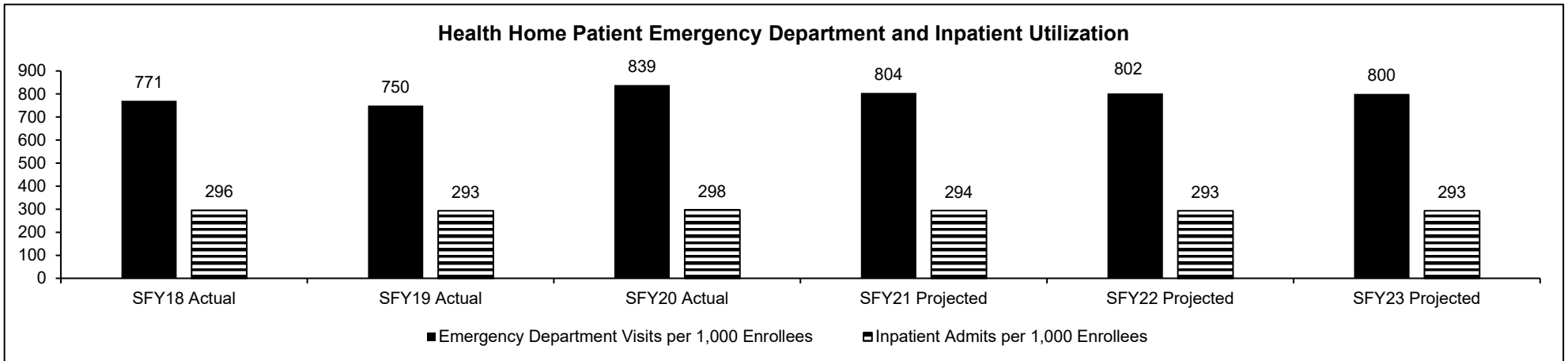
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2c. Provide a measure of the program's impact.



PMPM savings are gathered for Health Home members with 12 months of Medicaid Eligibility prior to Health Home enrollment, and at least one Health Home attestation in the following State Fiscal Year. *Note as new sites add large groups of high-utilizers, program savings decrease briefly and increase again with co-hort interventions. Medicaid expenditures per Health Home member are excluded if they are three (3) standard deviations above the mean expenditure per member. This excludes Medicaid expenditures for members with high-cost diagnoses for which Health Homes cannot be effective (e.g. Hemophilia, Severe Injuries). SFY20 Actual will be available February 2021. This allows all medical and drug claims to be processed.

2d. Provide a measure of the program's efficiency.



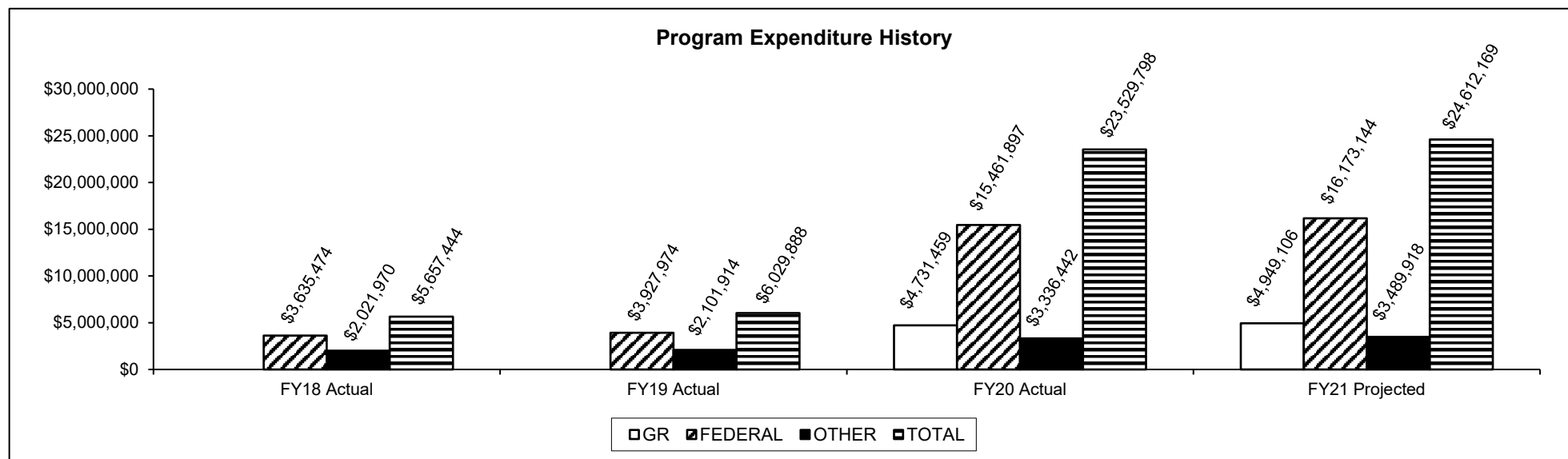
SFY20, health homes were added with a new population. ER utilization increases slightly with new enrollees & then stabilizes with program interventions. Overall, ER visits are still decreasing for health home population from a base of 1,223 ER visits to 839 ER visits for 12-month period.

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3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



Planned FY2021 expenditures are net of reverted and reserves.

4. What are the sources of the "Other " funds?

Federal Reimbursement Allowance (0142)

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Federal law: ACA Section 2703; Section 1945 of Title XIX of the Social Security Act.

6. Are there federal matching requirements? If yes, please explain.

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.

No.