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State/Territory Name: Maryland

State Plan Amendment (SPA) #: 19-0009

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MD - Submission Package - MD2019MS0002O - (MD-19-0009) - Health Homes

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CMS-10434 OMB 0938-1188

Package Information

Package ID	MD2019MS0002O	Submission Type	Official
Program Name	Migrated_HH.MD HHS	State	MD
SPA ID	MD-19-0009	Region	Philadelphia, PA
Version Number	1	Package Status	Approved
Submitted By	Katia Fortune	Submission Date	9/27/2019
Package Disposition		Approval Date	10/29/2019 3:56 PM EDT
Priority Code	P2		



Division of Medicaid and Children's Health Operations

October 29, 2019

Mr. Dennis Schrader
Medicaid Director
Maryland Department of Health
201 West Preston Street
Baltimore, MD 21201

Re: Approval of State Plan Amendment MD-19-0009 Migrated_HH.MD HHS

Dear Mr. Dennis Schrader :

On September 27, 2019, the Centers for Medicare and Medicaid Services (CMS) received Maryland State Plan Amendment (SPA) MD-19-0009 for Migrated_HH.MD HHS to This amendment increases the rates for the Behavioral Health, Health Home program, by 3.5 percent, for dates of service beginning July 1, 2019.

We approve Maryland State Plan Amendment (SPA) MD-19-0009 on October 29, 2019 with an effective date(s) of July 01, 2019.

Name	Date Created
No items available	

If you have any questions regarding this amendment, please contact Talbatha Myatt at talbatha.myatt@cms.hhs.gov.

Sincerely,
Francis T. McCullough
Director
Division of Medicaid Field Operations
East
Regional Operations Group
Division of Medicaid and Children's
Health Operations

Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | MD2019MS0002O | MD-19-0009 | Migrated_HH.MD HHS

Package Header

Package ID	MD2019MS0002O	SPA ID	MD-19-0009
Submission Type	Official	Initial Submission Date	9/27/2019
Approval Date	10/29/2019	Effective Date	7/1/2019
Superseded SPA ID	MD-18-0008		
	System-Derived		

Payment Methodology

The State's Health Homes payment methodology will contain the following features

- Fee for Service
- Individual Rates Per Service
- Fee for Service Rates based on
- Severity of each individual's chronic conditions
- Capabilities of the team of health care professionals, designated provider, or health team
- Other

Describe below

Health Homes may receive a one-time reimbursement for the completion of each participants' initial intake and assessment necessary for enrollment into the Health Home. The payment will be the same as the rate paid for monthly services on a per-member basis.

The monthly rate is contingent upon the Health Home meeting the requirements set forth in the Health Home applications, as determined by the State of Maryland, including the provision of a minimum of two services in the month. The Health Homes are not paying any monies to other providers. There is only one exchange of payment and that is from the State to the Health Home providers.

Health Home providers must document services and outcomes within the participant's file and in eMedicaid. These documents are accessible to the Department and the Department's designees through eMedicaid and are auditable. Rates are reviewed annually.

Health Home participants may only be enrolled in one Health Home at a time. If participant is enrolled in a Health Home, Maryland's system automatically blocks the participant from being enrolled in another Health Home.

Health Homes will be paid a monthly rate based on the employment costs of required Health Home staff, using salary and additional employment cost estimates for each of the required positions and their respective ratios. Payment is contingent upon the Health Home meeting the requirements set forth in the Health Home applications, as determined by the State of Maryland. Failure to meet such requirements is ground for payment sanctions or revocation of Health Home status. The Department does not pay for separate billing for services which are included as part of another service. At the end of each month, Health Homes will ensure that all Health Home services and outcomes have been reported into eMedicaid. The provider will then submit a bill within 30 days for all participants that received the minimum Health Home service requirement in the preceding month. The provider may begin billing for a Health Home participant when the intake portion of that individual's eMedicaid file has been completed with the necessary demographics, qualifying diagnoses baseline data, and consent form. The initial intake process itself qualifies as a Health Home service. The ongoing criteria for receiving a monthly payment is:

1. The individual is identified in the State's Medicaid Management Information System (MMIS) as Medicaid-eligible and authorized to receive PRP, MT, or OTP services;
2. The individual was enrolled as a Health Home member with the Health Home provider in the month for which the provider is submitting a

bill for Health Home services; and
3. The individual has received a minimum of two Health Home services in the previous month, which are documented in the eMedicaid system.
The agency's fee schedule (rate) was last updated on July 1, 2019 and is effective for services provided on or after that date. Effective July 1, 2019, the Health Home rate will be \$110.19.

- Per Member, Per Month Rates
- Comprehensive Methodology Included in the Plan
- Incentive Payment Reimbursement

Describe any variations in payment based on provider qualifications, individual care needs, or the intensity of the services provided There are no variations in payment.

- PCCM (description included in Service Delivery section)
- Risk Based Managed Care (description included in Service Delivery section)
- Alternative models of payment, other than Fee for Service or PMPM payments (describe below)

Health Homes Payment Methodologies

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Package ID	MD2019MS00020	SPA ID	MD-19-0009
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	System-Derived		

Agency Rates

Describe the rates used

- FFS Rates included in plan
- Comprehensive methodology included in plan
- The agency rates are set as of the following date and are effective for services provided on or after that date

Effective Date

7/1/2019

Website where rates are displayed

health.maryland.gov/providerinfo

Health Homes Payment Methodologies

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Rate Development

Provide a comprehensive description in the SPA of the manner in which rates were set

1. In the SPA please provide the cost data and assumptions that were used to develop each of the rates
2. Please identify the reimbursable unit(s) of service
3. Please describe the minimum level of activities that the state agency requires for providers to receive payment per the defined unit
4. Please describe the state's standards and process required for service documentation, and
5. Please describe in the SPA the procedures for reviewing and rebasing the rates, including
 - the frequency with which the state will review the rates, and
 - the factors that will be reviewed by the state in order to understand if the rates are economic and efficient and sufficient to ensure quality services.

Comprehensive Description Behavioral Health rates are typically reviewed and updated for inflation annually. This program was added to that annual review process in FY 2017. Effective July 1, 2016 the Health Home rate will be increased 2% bringing the rate to \$100.85. This change is being submitted to CMS through a separate process, with public notice being published June 10th. MD then increased the rate by 2%, effective July 1, 2017 and by 3.5% in 2018 and 2019. There is no tiered payment for this service. All Health Homes receive the same monthly rate if they perform the minimum number of services for that individual.

Health Homes Payment Methodologies

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Assurances

The State provides assurance that it will ensure non-duplication of payment for services similar to Health Homes services that are offered/covered under a different statutory authority, such as 1915(c) waivers or targeted case management.

Describe below how non-duplication of payment will be achieved Recipients of specified waiver services and mental health case management that may be duplicative of Health Home services will not be eligible to enroll in a Health Home. In addition to offering guidance to providers regarding this restriction, the State may periodically examine recipient files to ensure that Health Home participants are not receiving similar services through other Medicaid-funded programs.

The state has developed payment methodologies and rates that are consistent with section 1902(a)(30)(A).

The State provides assurance that all governmental and private providers are reimbursed according to the same rate schedule, unless otherwise described above.

The State provides assurance that it shall reimburse providers directly, except when there are employment or contractual arrangements consistent with section 1902(a)(32).

Optional Supporting Material Upload

Name	Date Created
No items available	

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