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TO: All Medicaid Providers

FROM: Lisa Hettinger, Administrator
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SUBJECT: Reimbursement and Referral Changes for the Idaho Medicaid Healthy Connections and Health Home Programs

Effective February 1, 2016, Idaho Medicaid is restructuring the Healthy Connections and Health Home Programs to incentivize primary care providers to transform their clinics into patient centered medical homes (PCMH). The goal of these changes is to:

- Improve access to care
- Improve care coordination
- Encourage patients to be involved in their healthcare decisions
- Improve overall health outcomes

These changes are consistent with Governor Otter's executive orders #2010-15 and #2014-02 to develop a statewide PCMH model of care and align with the State Healthcare Innovation Plan.

Reimbursement Changes

The Healthy Connections and Health Home Programs will be combined into one program and the monthly case management payment will be based on both the complexity of the participant's health and the PCMH capabilities of the Healthy Connections clinic. Healthy Connections clinics will qualify for one of the four tiers of reimbursement for all attributed participants:

	Tier I	Tier II	Tier III	Tier IV
Medicaid Plan	Healthy Connections	Healthy Connections Access Plus	Healthy Connections Care Management	Healthy Connections Medical Home
Basic Plan participants	$2.50	$3.00	$7.00	$9.50
Enhanced Plan participants	$3.00	$3.50	$7.50	$10.00

Tier I – Healthy Connections – all clinics are required to:

- Monitor and manage patient care.
- Provide preventive, routine, and urgent care.
- Provide coordination for referrals.
- Provide medication management and documentation.
- Provide 24/7 after-hours access to a medical professional.

Tier II – Healthy Connections Access Plus – in addition to the Healthy Connections Tier I requirements, the Healthy Connections clinic must provide enhanced access to care by meeting one of the following:

- Extended hours – at least 46 hours/week of access to care for patients.
- Nearby service location with extended hours and shared Electronic Medical Records (EMR) within the same organization.
- Patient portal to enhance access to care
- Enhanced access to primary care services via telehealth
- Other – must be approved by the Department of Health and Welfare.

Tier III – Healthy Connections Care Management – in addition to the requirements in Tiers I & II, the Healthy Connections clinic must demonstrate the following PCMH capabilities:

- Provide a dedicated care coordinator staff or equivalent support for care management of individuals with chronic illnesses.
- Provide physician leadership for PCMH efforts.
- Established connection to the Idaho Health Data Exchange.
- One of the following enhanced care management activities:
    - Community health emergency medical services
    - Community health worker services (promotora model, home visiting model, or similar enhanced care coordination model with proven results)
    - Population health management capabilities – registry reminder system or other proactive patient management approach.
    - Behavioral health integration – co-located or highly integrated model of behavioral and physical health care delivery.
    - Referral tracking and follow-up system in place.
    - National Committee for Quality Assurance for level 1, 2 or 3 PCMH recognition or Utilization Review Accreditation Commission (URAC), Joint Commission, Accreditation Association for Ambulatory Health Care (AAAHC) or other PCMH national recognition.

Tier IV – Healthy Connections Medical Home – in addition to the requirements in Tiers I & II, the Healthy Connections clinic must:

- Provide a dedicated care coordinator staff or equivalent support for care management of individuals with chronic illnesses.
- Provide physician leadership for PCMH efforts.
- Achieve NCQA level 2 or 3 PCMH recognition, URAC, Joint Commission, AAAHC or other PCMH national recognition.
- Established bi-directional connection to the Idaho Health Data Exchange with demonstrated share relationship.
- Quality improvement activities directed at increased performance for quality measures.

Healthy Connections Clinic Tier Placement

- Health home providers will be contacted by the Healthy Connections staff in January 2016 to ensure they are placed in the appropriate Healthy Connections Tier (either III or IV).
- Healthy Connections clinics currently receiving an additional $0.50 per member per month for offering 46 hours or more per week of access to care will be transitioned to Tier II – Healthy Connections Access Plus.
- Healthy Connections providers currently not providing extended hours of access to care will be transitioned to Tier I – Healthy Connections.
- Requests to transition to a higher tier will be accepted after the February 1, 2016, implementation date. Movement between tiers will be considered at six month intervals. The process and application for tier placement will be available on the Healthy Connections website at www.healthyconnections.idaho.gov.

Changes to Referral Requirements - Effective February 1, 2016

The Healthy Connections referral process was closely evaluated to ensure the requirements resulted in effective care coordination for participants. A Healthy Connections referral will no longer be required for the following services effective February 1, 2016. Durable Medical Equipment

- Speech Therapy
- Occupational Therapy
- Physical Therapy
- Hospice Services
- Children's Development Disability Services
- All Respiratory Services
- All Radiology Services
- All Pathology Services
- All Immunizations

Also effective February 1, 2016, Medicaid providers delivering the services listed above are required to communicated appropriate information regarding those services to the Healthy Connections primary care provider of record. Specific requirements can be found in the General Provider and Participant Information Section of the Provider Handbook.

Participant Eligibility Changes

Effective February 1, 2016, eligibility verification through the Molina Medicaid portal at www.idmedicaid.com or via phone at (866) 686-4272 will display differently. Please note the following changes:

- Open Access, Healthy Connections, and Health Home "Benefit Plans" will be replaced with ***"Idaho Medicaid Benefit Plan"***

For participants enrolled in Healthy Connections, the portal will continue to display the **Healthy Connections** service location name, address, phone number, and hours of operation. In addition, the name of the Healthy Connections tier the clinic participates in will be provided as follows:

- Healthy Connections
- Healthy Connections Access Plus
- Healthy Connections Care Management
- Healthy Connections Medical Home

Providers must verify eligibility at each and every visit in accordance with Section 2.3.5 Eligibility Verification in the General Provider and Participant Information section of the Provider Handbook.

Healthy Connections Coordination with Hospitals

Hospitals should establish policies and procedures for referring Idaho Medicaid patients presenting in the emergency department to their **Healthy Connections** clinic. The Healthy Connections clinics will work with hospitals in their community to coordinate care for their Healthy Connections patients. Hospitals that need help finding a Healthy Connections provider in their area can visit www.HealthyConnections.idaho.gov.

Rescission of Previous Information Releases

These policy changes rescind previous Information Releases MA15-07, MA 07-19, MA 11-01, and MA12-20.