

## IEALTH & WEL

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December 22, 2010

## **MEDICAID INFORMATION RELEASE MA11-01**

To:

Healthy Connections Primary Care Providers
Leslie M. Clement, Administrator

From:

Subject:

Restructuring of the Healthy Connections Primary Care Case Management Fee

On January 5, 2011, the department is publishing temporary rules that will reflect restructuring of the Healthy Connections primary care case management fee and are intended to align with legislative direction to maintain a viable, but reduced, Medicaid program.

This restructuring will be implemented to comply with House Bill 701, Section 14A and B, that reflects legislative priorities for cost reductions. Medicaid was instructed to first review pricing to ensure that it did not pay any services higher than Medicare, did not overpay, and work with all providers to review and reduce current pricing through negotiations. The department initiated statewide stakeholder participation regarding cost reduction ideas using teleconferencing, face to face meetings, and Web surveys. The temporary rule changes are intended to reflect the cost reduction suggestions received through these various channels and include restructuring the primary care case management fee to better reflect the amount of care provided to enrollees. This is in lieu of the current flat fee for each enrollee. The new fee payment will be:

- \$2.50 per member per month for enrollees in the Basic Benefit Plan.
- \$3 per member per month for enrollees in the Enhanced Benefit Plan.
- The fee is increased by 50 cents per member per month when the Healthy Connections provider offers extended hours of service (to see patients) equal to or greater than 46 hours per week.

The number of hours each provider's office is available to see patients must be entered into the Medicaid Management Information System (MMIS) through the online provider portal that is maintained by the department's contractor, Molina Healthcare.

At this time, system changes needed to accommodate the restructuring have not been completed. When the MMIS is ready to support the restructuring, Healthy Connections providers will be notified. The notification will include instructions about how to enter office hours into the MMIS as well as a new primary care case management contract reflecting the new rates. No changes to

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the fee structure payment will occur until the MMIS is able to accept the required information and primary care providers have been notified.

You can access this information release and additional information concerning budget reductions on the Department of Health and Welfare's Web site at <a href="http://www.healthandwelfare.idaho.gov">http://www.healthandwelfare.idaho.gov</a>.

If you have questions about this information, please contact Robin Pewtress, Alternative Care Coordinator, Division of Medicaid at (208) 364-1892.

Thank you for your continued participation in the Idaho Medicaid Program.

LMC/rp