

Medicaid Health Home Program Design Strategies Themes from Call #5: Defining Health Home Services

The following insights were gathered during the fifth call in a series of health home program design calls hosted by the Center for Health Care Strategies (CHCS). The series is open to states participating in CHCS initiatives -- Arizona, California, Colorado, Illinois, Maine, Michigan, New Jersey, New Mexico, New York, Ohio, Oklahoma, Oregon, Tennessee and Washington.

Section 2703 of the Affordable Care Act identifies six health home services that must be provided by designated health home providers or health teams:

1. Comprehensive care management
2. Care coordination and health promotion
3. Comprehensive transitional care from inpatient to other settings, including appropriate follow-up
4. Individual and family support
5. Referral to community and social support services, if relevant
6. Use of HIT to link services, as feasible and appropriate

However, beyond the list of services, there is little guidance available to states on how to define these services. Furthermore, there is little consensus in general around defining care management or care coordination. As a result, states have significant flexibility to develop their own definitions.

During this all-state call, the group discussed strategies for defining health home services. States are in the beginning phases of developing these definitions. Some are referring to definitions that may already exist within state care management or care coordination programs and are seeking to create alignment if possible. Other states are developing new definitions, particularly for services that are less common, like health promotion and patient and family support.

States discussed the need to strike the right balance between providing sufficient guidance to providers about expectations for health home services (i.e., what they will be paid for) and giving providers the flexibility to tailor activities to the needs of the beneficiary. One state that has a very well-defined complex care management pilot was considering just how much “fidelity” to the pilot design elements it wanted to require for health homes.

The states recognized that clearly defined services are important to ensure quality of services, to measure outcomes, and to reimburse services consistently. Definitions will give providers an understanding of what is expected and what they should be tracking.

The states received a matrix summarizing preliminary ideas for definitions from three state health home programs: Arizona, Missouri, and Oklahoma. The summary will soon be available on the CHCS website.

This conference call series is made possible through support from Kaiser Permanente and the Robert Wood Johnson Foundation.

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As a “pace car” state for Medicaid health homes, Missouri in particular has given much thought to defining health home services. Their approach illustrates three themes:

1. The state made definitions as consistent as possible across its two proposed health home programs. There are some differences, particularly in addressing the unique needs of consumers with behavioral health diagnoses.
2. The state strives to clearly identify the key activities comprising each health home service (e.g., comprehensive initial assessment, development of a care plan, etc.).
3. Lastly, the state also strives to identify the type of individual who would perform each activity (e.g., nurse care manager, social worker, etc.)

Being specific about what activities comprise each service and who is providing those activities (i.e., the profession, degree, license, etc.) will be an important part of developing a successful SPA application.

States are also considering the opportunity to include infrastructure development and administration activities in the service definitions. For example, some health home providers may not have sufficient HIT infrastructure in place, or may need training to address existing gaps in care management services. By including these activities in the health home service definitions, states could include costs associated with those activities in their reimbursement for health home services. While states are considering how this option would work, one state voiced concerns about having to “tease out” direct and indirect costs.