

Health Plans Respond to Questions on Health Care Home Implementation

Minnesota Medical Association, Minnesota chapter of AAP, Minnesota Academy of Family Practice, Minnesota chapter of the American College of Physicians met with representatives of Minnesota Health Plans during the summer of 2010 to discuss how they plan to work with Minnesota physicians and clinics to implement health care homes.

	PreferredOne	UCare	BCBS	HealthPartners
Health Plan Contact for HCH Contracting Information		To inform UCare of your interest in a Health Care Home contract, email your clinic contact information to HealthCareHome@ucare.org .		If a health care provider is requesting more information on their contracts and payment for health care homes, they should contact Chuck Abrahamson, Vice President of Network Management and Provider Relations 52-967-6640. Charles.j.abrahamson@healthpartners.com
1. How does the health plan expect to meet the July 1, 2010, statutory requirement to “pay care coordination fees for their members...in a manner that is consistent with” the system developed by the state (Department of Human Services)?	PreferredOne is waiting for health care homes to become certified by the State. Once they are certified PreferredOne will accept the codes and tiering tool as outlined by DHS.	UCare will follow a DHS model of tiered payment and will negotiate payment contracts individually with providers that become health care home certified or meet the NCQA certification process. UCare will not pay for services under the health care home until a contract is in place.	Blue Cross will use the state’s payment methodology as the basis for reimbursing network providers that become certified as health care homes and provide care coordination services to our members. However, we intend to adjust the state payment levels in a manner that will make them consistent with our existing provider contracts.	HealthPartners is currently using specific funding for care coordination payment methodologies. HealthPartners will meet the requirements for payment for health care homes and will be prepared to administer payments accordingly when the certifications are in place, if providers aren’t already under agreements for payment.
2. Will the plan recognize state health care home certification for purposes of designating health care homes?	Yes	UCare will recognize the state health care home certification process and will also recognize NCQA certifications for medical home. The DHS Health Care Home criteria will be considered. The contracts that are already in place with UCare for similar services that would be covered by health care homes criteria will also be considered.	Yes, for our Commercial and Public Programs business.	HealthPartners supports and has advanced payment reform to accelerate the development of health care homes (our own medical group is undergoing the MDH review for certification).

<p>3. How will certified health care homes be selected to be in a health plan network that will provide health care home payments? Does the plan intend to limit the number of health care homes in its network? If so, what criteria will be used beyond current provider credentialing standards?</p>	<p>PreferredOne will add all certified health care homes to our network.</p>	<p>If a contracted provider is certified through the Minnesota health care homes process, UCare will recognize the state certification. UCare does not intend to restrict the UCare network through the health care home certification process.</p>	<p>Blue Cross does not plan to do its own selection of health care homes. At this time we intend to recognize any certified health care home that is in our provider network.</p>	<p>HealthPartners is in the process of meeting with health care providers on their status with regards to health care homes.</p>
<p>4. Will the plan use the state-recommended approach by which health care homes identify patients eligible for care coordination payments using the tier assignment tool? What other options, if any, does the plan intend to use for identifying patients eligible for care coordination payments?</p>	<p>PreferredOne will use the State recommend approach at this time.</p>	<p>UCare plans to accept the state tier assignment process as developed.</p> <p>UCare will work with individual providers to determine alternative methods of care coordination that would be applicable to specific populations.</p>	<p>According to the statute and rules, the identification and enrollment of patients into a health care home as a responsibility of the certified health care home – not of the health plan. Blue Cross expects participating providers to appropriately use the tier assignment tool to identify and enroll patients who are eligible for health care home services. Blue Cross will not be involved in this process, although we will audit providers to ensure that the state-recommended approach is followed.</p>	<p>HealthPartners will continue to adjust as the market moves forward and expects the payment methodology to change over time.</p>
<p>5. Will the plan use the DHS-developed tiered payment methodology? How, if at all, will it be altered/modified (e.g., allow payment for tier 0, not vary payments by tier, limit payment to subset of tiers, incorporate risk sharing, etc.)?</p>	<p>PreferredOne will not vary payment by tier. However PreferredOne would still like the provider to code using the correct modifiers.</p> <p>PreferredOne is looking at options for incorporating risk sharing in future, based on outcomes.</p>	<p>UCare will follow the DHS model of tiered payment and will negotiate payments individually with our providers.</p>	<p>Please see response to Question 1.</p>	
<p>6. Will the plan adopt the state-recommended payment methodology that includes an additional percentage add-on for patients who do not use English as their primary language and</p>	<p>PreferredOne will accept the modifiers but will be using a flat fee for all tiers.</p>	<p>UCare will include the additional add-on modifiers as developed in the DHS payment methodology.</p>	<p>Yes.</p>	

for patients with serious and persistent mental illness?				
7. How will the health plan make information available to eligible certified health care homes about how they can participate in the program developed? Will current contracts need to be renegotiated to allow participation in health care home payments?	<p>The provider will need to contact the health plan when certification has been awarded.</p> <p>PreferredOne will need to add language to the provider contract once certification has been verified.</p>	Health care home contracts will need to be negotiated. Some existing contracts may need to be modified where current contracts cover services that may be included in the health care home.	The Minnesota Department of Health is the entity responsible for certifying providers as health care homes. Blue Cross will recognize participating providers that are certified as health care homes by MDH – we will not have our own process. Health care home care coordination services will be covered under the terms of existing provider contracts.	
8. When does the health plan anticipate informing physicians about health care home care coordination payments in their contracts? Does the plan intend to separately contract for purposes of health care home participation? If applicable, what is the timing and communication for this process?	Same as above.	<p>UCare expects that providers will notify UCare when they become certified through the state process for a health care home.</p> <p>UCare will contract separately for health care home participation. Health care home contracting will become part of the existing contract renewal process with our providers.</p>	<p>Certified health care homes within the Blue Cross network may begin billing for care coordination services, using the codes specified by the state, on July 1.</p> <p>Blue Cross will not contract separately for this service. A Provider Bulletin is being drafted and we are also planning a webinar on 8/3/2010 which will have Medical Home as a topic.</p>	
9. Does the plan intend to incorporate health care homes/care coordination payments into all of its current products or only in separately available products?	PreferredOne will pay for health care homes under all products except PPO.	<p>UCare is reviewing each product and care model. Initial roll-out for health care home participation will be in State Public Programs.</p> <p>Many of UCare’s products already include care coordination payments and will require review for inclusion into the health care home model.</p>	Blue Cross/Blue Plus will reimburse for care coordination services provided to any member in one of our public programs or commercial products whose medical condition makes him or her eligible for the services. Health care home services will not be reimbursable for members of Medicare, Medicare Supplement and self-insured products.	
10. Will the plan implement the state recommendation to apply no patient/enrollee out-of-pocket liability for care coordination services?	No. It is our legal understanding that we must follow the rules of HSAa and HRAs. We will implement where we believe it to be legal.	State Public Program products would not have an out-of-pocket liability for care coordination.	Blue Cross has determined that federal tax rules require the application of cost-sharing for patients with health savings accounts. There will be no enrollee cost sharing for patients with other types of commercial coverage or for	

			public programs coverage. For those fully insured patients with health savings accounts, claims for the delivery of care coordination services will be processed according to plan benefits. Payment by the plan would be zero until the deductible and/or copay has been met.	
11. Under what timeline is the plan prepared to move forward with the items listed above (noting that payments are anticipated to begin July 1, 2010, yet recognizing the current status of the certification process? Other comments ?	PreferredOne is ready	UCare is prepared upon contact and negotiated contract by a certified health care home to move forward on the items listed above.	Blue Cross and Blue Plus will be prepared to reimburse for health care home care coordination services provided to medically eligible members by certified health care homes within our network on July 1.	Believe in the long term that a total cost of care payment methodology supported by health informatics and appropriate risk adjustment will support the health care homes, care coordination and chronic disease management.

Medica Health Plan-

- Contact: When HCH certification is achieved, contact your Medica contract manager; Allow 60-90 days for operational set up; Medica will honor payment for care coordination from the date of HCH certification
- Medica did not respond to other questions submitted to Medica staff.

PrimeWest-

- To inquire about Health Care Home contracting, please call our Provider Services line: 866-431-0802; and select option 2 (Contracting).
- Lisa Kamrowski, our Provider Relations Specialist will be able to assist you with your contracting questions.

State Employee Group Insurance Program (SEGIP)-

- Did not respond to questions.