

# RI - Submission Package - RI2024MS00070 - (RI-24-0012) - Health Homes

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CMS-10434 OMB 0938-1188

## Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | RI2024MS00070 | RI-24-0012 | CEDAR Health Homes

### Package Header

<b>Package ID</b>	RI2024MS00070	<b>SPA ID</b>	RI-24-0012
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	9/20/2024
<b>Approval Date</b>	11/05/2024	<b>Effective Date</b>	10/1/2024
<b>Superseded SPA ID</b>	RI-23-0010		
	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
- Per Member, Per Month Rates
- Comprehensive Methodology Included in the Plan
- Incentive Payment Reimbursement

#### Describe below

Based on service provided:  
T2103 - Program Intake Assessment  
H2000 - Comprehensive Multi-disciplinary evaluation  
H2021 - Community Based Wrap Around services (15-minute billing increments)

**Describe any variations in payment based on provider qualifications, individual care needs, or the intensity of the services provided** Payments are based on a fee schedule. Payments do not vary based on provider qualifications, individual care needs, or the intensity of the services provided.

- 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)

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## 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

10/1/2024

### Website where rates are displayed

<https://providersearch.riproviderportal.org/ProviderSearchEOHHS/FFSFeeSchedule.aspx>

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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** Payments are based on a negotiated fee schedule. Payments do not vary based on provider qualifications, individual care needs, or the intensity of the services provided.

Cedar Family Centers will receive payment for the following deliverables:

1. \$339.90 upon completion of a family assessment which shall include the determination of the medical necessity of an individual for participation in the program. (Can be billed on an annual basis)
2. \$226.60 upon completion of a comprehensive Family Care Plan, Initial and then reviewed quarterly. (Can be billed up to 4 times per year)
3. Payment of \$20.60 per fifteen-minute unit (minimum one unit per month) for Community Based Wrap Around Services. Total payment of wrap around services shall be determined by frequency of use based on family need.

Cedar will provide EOHHS reports on performance measures at least annually to ensure that the billed services were delivered and that all deliverables are complete and of a high quality. EOHHS will review the following:

- Timeliness of assessment
- Timeliness of Family Care Plan development
- Timeliness of Family Care plan goals being met
- Family care plan coordination documentation
- Completion of family satisfaction survey
- Documentation of all completed activity related to claims submissions
- Documentation of annual BMI and Depression Screening completions
- Documentation of annual immunization/screenings review

EOHHS meets regularly with the Cedar Family Centers to review performance, utilization of services, compliance, quality assurance, and continuous quality improvement.

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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** EOHHS will ensure non-duplication of payment for similar services through regular monitoring of the State of RI MMIS system which employs system edits that ensure non-duplication.

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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