

## What do Health Homes Mean for Hospitals and Other Providers?

### Background

When the Kansas Department of Health and Environment (KDHE) signed contracts with three managed care organizations (MCOs) to provide all Medicaid services to eligible Kansans, the provision of health homes to people with serious mental illness (SMI), diabetes and other chronic conditions was included. KDHE and its sister agency, the Kansas Department on Aging and Disability Services (KDADS), are working with university partners at the University of Kansas, the University of Kansas School of Medicine, Wichita State University Center for Community Support and Research, the KanCare MCOs and a variety of stakeholders to implement health homes for both people with SMI and those with other chronic conditions – like diabetes – in July 2014.

Health home is a term unique to Medicaid and refers to an option which states can choose to provide within their Medicaid programs to patients with certain chronic conditions. A health home is not a building, but is a comprehensive and intense system of care coordination that integrates and coordinates all services and supports for people with complex chronic conditions. Health home services do not replace existing acute care and long-term services and supports, but are layered over them to ensure well-coordinated care, without gaps and duplicative services. Medical homes and patient-centered medical homes can also serve as health homes.

Health homes must provide six core services. These services are:

- Comprehensive care management
- Care coordination
- Health promotion
- Comprehensive transitional care, including appropriate follow-up, from inpatient to other settings
- Patient and family support (including authorized representative)
- Referral to community and social support services, if relevant

KDHE plans to implement health homes within KanCare for people who have SMI and for people who have certain other chronic conditions in July 2014. People with diabetes and asthma will be included in the second group. Data is still being analyzed to determine what other chronic conditions will be included in the second stage of implementation.

The model for health homes in Kansas will be a partnership between the KanCare MCOs and community health providers. The MCOs will be paid an additional per member per month (PMPM) payment for each person in a health home. The MCOs will contract with community providers to be health home partners (HHPs). The contract will spell out which of the six core health home services each will be responsible for providing and determine how the PMPM will be shared.

Kansas has outlined four goals to assess the effectiveness of our health home program:

- Reduce utilization associated with avoidable (preventable) inpatient stays
- Improve management of chronic conditions
- Improve care coordination
- Improve transitions of care between primary care providers and inpatient facilities

We will collect data on a variety of measures that will help determine whether or not we are meeting these goals.

### **Partnering to Provide Services**

Some health home services will likely be provided by the MCOs and some by the HHP. Where such partnerships occur, the division of services, as well as payment between the MCO and the HHP, will be spelled out in contract between the MCO and HHP. When necessary, the HHP may contract with another provider for one or more services.

### **The Role of Hospitals in Kansas Health Homes**

Medicaid-funded hospitals in the state are required to work with health homes in the following ways:

- Hospitals must refer individuals who are likely to meet the minimum eligibility requirements to a health home
- Hospitals must communicate with health homes regarding ER and admission discharges
- Some HHPs may want to enter into formal agreements with hospitals to ensure cooperation and provision of services

### **The Role of Other Providers in Kansas Health Homes**

While a variety of providers could potentially qualify to be HHPs, some may not qualify as HHPs and some providers may choose not to do so. There are still roles for these providers, whether or not they are directly involved in a health home member's provision of care.

Other providers in the state are will work with health homes in the following ways:

- Participating in the development and implementation of Health Action Plans
- Being involved in development of discharge plans from inpatient or long-term care settings for health home members
- Participating in coordination and communication activities to ensure health home members have positive health outcomes
- Providing health homes materials and information to prospective health homes members

Some providers may contract with HHPs to:

- Provide one or more health home service
- Provide training to HHP staff about physical or behavioral health conditions
- Assist health home members in understanding and managing a chronic condition

### **Find out more about Health Homes**

To learn more about health homes in Kansas, visit the health homes web page at: [http://www.kancare.ks.gov/health\\_home.htm](http://www.kancare.ks.gov/health_home.htm) . There, you can find PowerPoint presentations, draft materials and frequently asked questions. For information about federal requirements related to health homes, there are links to State Medicaid Director Letters listed on the Kansas health homes web page.