



Iowa Medicaid Integrated Health Home Provider Agreement General Terms

This Agreement is between the state of Iowa, Department of Human Services, (the “Department”) and the Provider or Group Provider and its members or Practitioner(s) (the “Provider”). The operations management responsibility for the Iowa Medicaid Program is through the Iowa Medicaid Enterprise (the “IME”). This Agreement is supplementary to the usual provider agreement entered into for participation in the Iowa Medical Assistance Program and all provisions of that agreement shall remain in full force and effect, except to the extent superseded by the specific terms of this Iowa Medicaid Integrated Health Home (“IHH”) Provider agreement.

A Health Home is a specific designation under 42 U.S.C. § 1396w-4. The Iowa IHH identifies certain enrolled Medicaid provider organizations that are capable of providing personal, coordinated care for individuals with a serious and persistent mental illness (SPMI). For Iowa, only individuals with Serious Mental Illnesses (SMI) or Serious Emotional Disturbance (SED) as defined in 441 Iowa Admin. Code § 78.53(2) may be designated as individuals with SPMI. In return for the enhanced care provided, the IME offers monthly care coordination payments designed to improve patient health outcomes and lower overall Medicaid program costs.

Providers enrolled in the IHH program will provide additional services to members utilizing health information technology (HIT) that will ultimately provide better health outcomes and lower expenditures for qualified members. Those additional services (the six IHH services) are described in detail within the State Plan and are outlined below:

1. Comprehensive Care Management
2. Care Coordination
3. Health Promotion
4. Comprehensive Transitional Care (from inpatient to other setting)
5. Individual and Family Support Services
6. Referral to social and community services

Section 1. Provider Qualifications: Iowa Medicaid Enterprise shall authorize a team of health care professionals comprised of a Lead Entity and a network of IHH providers to deliver Health Home services to members with SPMI. The Lead Entity of the IHH is responsible entity signing this agreement on behalf of the entire team of health care professionals.

- 1) The Lead Entity shall:
 - a) Be licensed in Iowa as a Limited Support Organization (LSO).
 - b) Be authorized by the state to operate as a Managed Behavioral Health Organization (MBHO) for the Iowa Medicaid members.
 - c) Have a statewide integrated network of providers to service members with SMI/SED that comply with the below IHH Provider Standards.
 - d) Have authority to access Iowa Plan claims data for the population served.

Section 2. Provider Obligations: As an IHH, the Provider shall meet all standards set forth in the state plan and federal guidance:

- 1) The Lead Entity shall:
 - a) Evaluate and select IHH providers, including:
 - i) Identifying providers who meet the standards of participation to be part of the IHH as identified in the State Plan;
 - ii) Assessing of the IHH and physical health provider's capacity to provide integrated care;
 - iii) Educating and supporting providers to deliver integrated care;
 - iv) Providing oversight and technical support for IHH providers to coordinate with primary care physical health providers participating in the Iowa Medicaid program; and
 - v) Providing infrastructure and tools to Behavioral Health IHH providers and primary care physical health providers for coordination.
 - b) Provide clinical and care coordination support to IHH providers.
 - c) Develop provider information technology infrastructure and provide program tools.
 - d) Develop and offer learning activities that will support providers of IHH services for members with SMI and SED.
 - e) Establish a continuous quality improvement program, and collect and report on data that permits an evaluation of increased coordination of care and chronic disease management on individual-level clinical outcomes, experience of care outcomes, and quality of care outcomes at the population level.

Section 3. Payment: The Department agrees to pay Provider:

- 1) In accordance with 441 Iowa Admin. Code § 78.53 and the published fee schedule. Attached as Exhibit A is a copy of the fee schedule as of the Effective Date of this IHH Agreement. The fee schedule may be changed at the discretion of the Department.
- 2) The IME will pay the Lead Entity a per-member-per-month payment for each patient only when all of the following conditions are met:
 - a) The member meets the eligibility requirements as identified by the Lead Entity and as documented in the member's electronic health record (EHR).
 - b) The member has full Medicaid benefits for the month in which the Lead Entity seeks a per-member-per-month *("PMPM") payment for that patient.
 - c) The member was enrolled with the IHH provider during the month in which the Lead Entity seeks a PMPM payment for that patient.
 - d) The IHH provider remains in good standing with IME and operates in adherence with all IHH provider standards.
 - e) The patient receives within each quarter for which a patient-related PMPM payment is sought one of the following: (1) EHR documented care management monitoring for treatment gaps defined as Health Home Services in this state plan, or (2) a covered service defined in this state plan and documented in the patient's EHR.
- 3) The Lead Entity agrees to pay a portion of the PMPM to support the network of IHH providers in to incentivize the network and achieve expected patient outcomes.

Section 4. Targeted Case Management. The IHH shall provide Targeted Case Management services as defined in Chapter 90 of the IAC to eligible members in an IHH.

Section 5. Quality Reporting, Evaluation and Monitoring:

On behalf of the team of health care professionals, the Lead Entity agrees to:

- 1) Develop an independent evaluation of the IHH that at a minimum tracks:
 - a) Hospital Admissions and Rates
 - b) Emergency Room Visits
 - c) Skilled Nursing Facility Admissions
 - d) Chronic Disease Management
 - e) Coordination of Care for Individuals with Chronic Conditions
 - f) Assessments of Quality Improvements and Clinical Outcomes including but not limited to:
 - i) CMS Health Home Core Measures
 - ii) State Specific IHH Quality Measures
 - g) Estimates of Cost Savings

Section 6. Lead Entity Assurances:

- 1) The Lead Entity provides assurance that eligible individuals shall have a free choice of IHH providers.
- 2) The Lead Entity provides assurance that it will not prevent individuals who are dually eligible for Medicare and Medicaid from receiving Health Home services.
- 3) As a condition for receiving payment for Health Home services provided to an eligible individual with a SPMI, the IHH shall report to the state, in accordance with such requirements, as the Secretary shall specify, on all applicable measures for determining the quality for such services.

Section 7. Utilization of IMPA:

- 1) Practices operating under this agreement as an IHH provider are required to use the Iowa Medicaid Portal Access for the following functions:
 - a) Submitting member enrollment/disenrollment requests through a file transfer or manual entry process within the IMPA application.
 - b) Viewing roster of assigned members.

Section 8. Term & Termination

- 1) This agreement shall be effective on the last date signed below, and the agreement shall remain in effect for three years, absent earlier termination in accordance with this Section.
- 2) This Agreement terminates upon the happening of either of the following events:
 - a) The termination of the primary Medicaid Provider Agreement (form 470-2965) between the Lead Entity and the Iowa Medicaid Enterprise; or
 - b) Either party provides 60-days' written notice to the other party of its intent to terminate the IHH Agreement. Termination may be for any reason or no reason at all.

IN WITNESS WHEREOF, in consideration of the mutual covenants set forth above and for other good and valuable consideration, the receipt, adequacy and legal sufficiency of which are hereby acknowledged, the parties have entered into the above Agreement and have caused their duly authorized representatives to execute this Agreement.

Provider (Lead Entity)	Agency, Iowa Department of Human Services
Signature of Authorized Representative	Signature of Authorized Representative
Print Name and Title	Print Name and Title
Date	Date

Attachment To Lead Integrated Health Home Provider Agreement

Payment Rates -

From the fee schedule developed and published by the Iowa Department of Human Services, for each member enrolled in the Integrated Health Home (IHH) program the Department shall pay to the Lead IHH Provider an amount designated as follows:

The age of the individual on the first day of each month shall determine the payment to be made. There will be no partial month enrollment.

Adults (age 18 and over)

For each calendar month of July 1, 2013 through December, 2013	\$177.79
For each calendar month effective January 1, 2014 and forward	\$127.97

Children (age 17 and under)

For each calendar month of July 1, 2013 through December, 2013	\$153.38
For each calendar month effective January 1, 2014 and forward	\$127.59

Lead IHH Provider invoicing -

Lead IHH Provider shall provide the Iowa Medicaid Enterprise (IME) with a listing of each member enrolled in a health home for the month. This listing shall be due to the IME within 10 working days of the beginning of each month. The listing shall designate the individual member, the state Medicaid ID number, the age of the member and the amount due according to this attachment. Any disputes in enrollment will be resolved at the sole discretion of the Department.