



# Healthy Connections Primary Care Program

Primary care for Idaho Medicaid  
participants

# Today's Topics

- o Changes to Healthy Connections
- o System changes
- o Healthy Connections Tiers/Networks
- o Referral updates
- o Early Periodic Screening, Diagnosis and Treatment (EPSDT)
- o Patient Centered Medical Home (PCMH) transition
- o Idaho Medicaid Health Home Achievements & testimonials
- o State Healthcare Innovation Plan (SHIP)
- o Contact Information

# Changes to Healthy Connections

- Effective February 1, 2016, Idaho Medicaid restructured and merged the Healthy Connections and Health Homes programs to incentivize Primary Care Providers (PCP) to expand the Patient Centered Medical Home (PCMH) model of care. The goal of these changes is to:
  - Improve access to care
  - Improve care coordination
  - Encourage patients to be involved in their healthcare decisions
  - Improve overall health outcomes

# System changes

- o Open Access, Healthy Connections and Idaho Medicaid Health Home benefit plans now combined into one: *Idaho Medicaid Benefit Plan*
- o 5 new networks created
  - o Healthy Connections
  - o Healthy Connections Access Plus
  - o Healthy Connections Care Management
  - o Healthy Connections Medical Home
  - o Exempt from Healthy Connections

# Roster Enhancement

**Figure 7-1: Primary Care Roster**

**You Are Here:** Primary Care Roster

Billing Provider:

Primary Care Provider:

The following members have designated you as their Primary Care Provider (PCP).

To locate a specific member in the list, select the Search icon.

[PCP Roster](#) [Print List](#) [Export to Excel](#)

[Search](#)

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Last Name	First Name	Date of Birth	Member ID	PCP Effective	PCP Term	Program	Network
<a href="#">APPLESEED</a>	JOHNNY	7/25/1938	1112223333	6/1/2011	12/31/2078	IDAHO MEDICAID	HEALTHY CONNECTIONS CARE MANAGEMENT

[Verify Eligibility](#) [Submit Claim](#) [Diagnosis History](#) [Submit Referral](#)

# Healthy Connections Tiers/Networks

- **Tier I: Healthy Connections-** For clinics demonstrating minimal PCMH capabilities. \$2.50 for *Basic Plan participants*; \$3.00 for *Enhanced Plan participants*.
- **Tier II: Healthy Connections Access Plus-** For clinics with minimal PCMH capabilities and enhanced access to care. \$3.00 for *Basic Plan participants*; \$3.50 for *Enhanced Plan participants*.

# Healthy Connections Tiers/Networks

- Tier III: Healthy Connections Care Management- For clinics implementing higher levels of PCMH capabilities. *\$7.00 for Basic Plan participants; \$7.50 for Enhanced Plan participants.*
- Tier IV: Healthy Connections Medical Home- For clinics demonstrating advanced levels of PCMH capabilities. *\$9.50 for Basic Plan participants; \$10.00 for Enhanced Plan participants.*

# Referral Policy Changes

- o Healthy Connections referrals no longer required for the following services that also require a physician's order *or* are managed by the department:
  - o Durable Medical Equipment (DME)
  - o Respiratory Services
  - o ST, OT and PT
  - o Hospice Services
  - o Children's Developmental Disability Services
- o *IR: MA16-02 Reimbursement and Referral changes for the Idaho Medicaid Healthy Connections and Health Home Programs*
- o Utilization of these services will be monitored to identify any negative impacts.

# Referral Policy Changes

- o Appropriate follow up communication for services referred by a PCP are critical for effective care coordination and patient safety.
- o 2.5.5.1 Providers Handbook- General Provider and Participant Information
- o Greater emphasis on PCP's to track and follow-up on all referrals
- o Greater emphasis for Medicaid providers to coordinate care

# Referral vs Prior Authorizations

- A referral is not the same as a Prior Authorization (PA).
- Prior Authorizations are for certain services that require review and approval prior to being provided.
- A referral is a PCP's recommendation that treatment be delivered by another provider.

# Referral Methods

- HC referrals can be provided by any of the following methods:
  - Electronic referral- Online Molina HealthPas portal
  - HC clinic Electronic Medical Record (EMR)
  - Paper Referral
    - HC Referral form, Prescription pad, etc.
  - Admit Order- verbal or written
  - Verbal- calling orders to a specialist
- *Provider Handbook 2.5.5.3, General Provider and Participant Information*

# Referral Reminders

- o Obtain referral *prior* to rendering services-no backdated referrals
- o Referral requirements apply for participants with Medicare or other primary/secondary coverage.
- o Referrals must include required core referral elements (see *Provider Handbook- General Provider & Participant Information; Referral Requirements 2.5.5.2*)
- o To be considered valid, must be documented by both the refer-from and refer-to provider records.
- o Referral may be passed on to another provider to treat the condition indicated in the original referral.

## Early Periodic Screening, Diagnosis and Treatment (EPSDT)

- o What is EPSDT: Additional benefits for Idaho Medicaid eligible children that the state plan does not normally cover
  - o 0-21 yrs
  - o Requires prior authorization
  - o Referral requirements still apply
- o Provider Handbook 2.7.4, *General Provider and Participant Information*

# What is a Patient Centered Medical Home (PCMH)

- o A team based healthcare delivery model with goals of:
  - o Improving access to care
  - o Improving health outcomes
  - o Increase patient and provider satisfaction (more engaged patients)
  - o Reduce costs
- o PCMH practices transform how they do business to organize care around the whole patient –*Meeting both primary and social health needs*
- o *Care is personalized, coordinated and comprehensive at a time convenient to the patient*

## Restructuring primary care programs to incentivize transition to PCMH model

- o Healthy Connections program designed to incentivize *and support* providers to transform to the PCMH model
- o Monthly case management payment for ALL HC patients to be based on both the complexity of the patient's health and PCMH capabilities of the clinic
- o Requests to transition to a higher tier can be submitted as clinics incorporate the Patient Centered Medical Home model. Applications and more info can be found at [www.healthyconnections.idaho.gov](http://www.healthyconnections.idaho.gov)

# Idaho Medicaid Health Home Achievements



**IDAHO** Department of Health and Welfare

## Two Year Health Home Pilot Results

Health Home Pilot Successes			
	2012 Pre-Pilot	2013 Year 1	2014 Year 2
<b>PMPM</b>	<b>\$882.49</b>	<b>\$822.75</b>	<b>\$759.34</b>

- Hospital claims reduced by 19%
- Emergency room claims reduced by 8%
- Clinic claims increased by 4%

# Clinic Testimonials

- o "We implemented "team huddles" daily involving the nursing/ma staff in each clinic or each pod. They lay out the work of the day and who needs extra help, etc. We also implemented a "teamlet" model. The teamlet is the provider, nurse/ma and a front desk person. There is a preventative health screening tool the front desk person completes and then the three meet and discuss what's needed prior to the visit, at the visit and what amount of time is needed. We use this model instead of dividing our providers into teams. We hired a RN case manager and a referral coordinator. Our higher risk patients have shown great improvement in some of their quality markers, and overall the case managed population is about 10% higher in meeting those quality markers. The referral coordinator is now making the referrals and tracking them through to completion. Patients who before would not have kept the appointment due to lack of transportation, housing, etc. are now keeping those appointments as our RC is arranging that as well. We have many more folks accessing community resources as well due to this position being aware of what's available. We have increased our access hours as well as have hospital nurses now taking the calls for our patients when the clinic is closed and sending those notes to the clinic staff for resolution the next day."*
- North Hub, Region 2*

# Clinic testimonials

- o "Care managers & successful implementation & use of our EMR. Specifically we have been trying to figure out a way to document all the necessary information in our EMR for reporting purposes. While we know our providers are practicing good care, now we have documentation to prove it. We finally have developed a working process by working w/SucessEHS (EMR) externally and working internally to develop a process for providers and care managers to document EMR generated data. We have recently placed 4 care managers throughout our clinics to aid in team based care. These care managers will be instrumental in improving Preventative and Chronic Care for our patients. Care managers are the key to PCMH model and bringing the patient onboard as a member of the care team. We expect vast improvements in patient's data and an overall improvement in our patients quality of life." - East Hub, Region 6*
- o "Quality Improvement and Patient Satisfaction. We have developed a fantastic Quality Improvement process, thanks to our QI Specialist. This process has incorporated so many valuable changes and projects throughout the facility. We have also gained valuable information and some fantastic ideas from our patient AND staff satisfaction surveys. All of the QI activities have allowed us to see progress and implement positive changes to the practice." -East Hub, Region 7*

# State Healthcare Innovation Plan (SHIP)

- o The SHIP is a federal award to the State of Idaho to transform the healthcare delivery system over the next 3-4 years
- o Provides funding to assist in transforming to the PCMH model
- o Idaho Medicaid has aligned the Healthy Connections primary care program to support this effort
- o For more information please visit the SHIP website at [www.ship.idaho.gov](http://www.ship.idaho.gov)

# Contact Information

Region		
1	1120 Ironwood, Suite 102 Coeur d' Alene, ID83814	208-666-6766 800-299-6766
2	1118 F St. PO Drawer B Lewiston, ID 83501	208-799-5088 800-799-5088
3	515 N 16 <sup>th</sup> Payette, ID 83661	208-642-7006 800-494-4133
4	1720 Westgate, Suite B Boise, ID 83704	208-334-4676 800-354-2574
5	601 <u>Poleline Rd</u> Twin Falls, ID 83301	208-736-4793 800-897-4929
6	1090 <u>Hiline</u> Pocatello, ID 83201	208-235-2927 800-284-7857
7	150 Shoup Ave Idaho Falls, ID 83402	208-528-5786 800-919-9945
<b>Healthy Connections</b>	Phone 888-528-5861 Fax 888-532-0014	Email: <a href="mailto:hccr7@dhw.idaho.gov">hccr7@dhw.idaho.gov</a> Website: <a href="http://www.healthyconnections.idaho.gov">www.healthyconnections.idaho.gov</a>
<b>QI Specialists</b>	Region 1, 2, 6 & 7 208-665-8846	Regions 3, 4, & 5 208-334-0842



# IDAHO DEPARTMENT OF HEALTH & WELFARE

## AN OVERVIEW FOR PARENTS ABOUT EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT (EPSDT)

### **Introduction**

The Idaho Department of Health and Welfare's Division of Medicaid made this bulletin to help parents and caregivers understand the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit and how to get medical services for their children.

### **What is EPSDT?**

The purpose of this benefit is to make sure that physical conditions or mental illnesses that can affect a child's growth or development are found and treated early.

### **Who can get EPSDT services?**

By law, any child enrolled in Medicaid must be allowed to get medically necessary screenings, diagnosis, and treatment for physical conditions or mental illnesses. If Idaho Medicaid doesn't usually cover a service but it is listed in the federal Medicaid law, then it is coverable under EPSDT. Companies who provide these services to children enrolled in Idaho Medicaid must use EPSDT as a guide.

### **What Services can be provided under the EPSDT guidelines?**

The following is a general list of EPSDT services for children:

- Screening services (well child checks, developmental screenings, and immunizations)
- Lab tests
- Health education
- Vision services
- Dental services
- Hearing services
- Any other services to correct or improve health conditions
- Rehabilitative services
- Personal care services
- Diagnostic Services
- Treatment (physical or mental illnesses or conditions)
- Transportation to and from medical appointments

## **How do you get services for your child?**

If you have concerns about your child's health or condition, ask your child's primary care doctor for a well-child check. This should include a physical exam; immunizations; screenings for lead levels, dental, vision, motor, cognitive and behavioral functioning; as well as general health guidance. If the doctor can't take care of some of your child's health needs, then the doctor should send you to another Medicaid provider who can help.

## **What should you do if your provider's request for services is denied?**

Idaho Medicaid or its contractors must send you a notice in the mail if any of these things happen:

- Your request for services is denied.
- The amount of your child's services is reduced (for example, 5 therapy sessions instead of 8).
- The length of time your child receives services is reduced (for example, therapy approved for 8 weeks instead of 12 weeks).
- The intensity of your child's services is reduced (fewer sessions per week/month).

If your request for services is denied, you have a right to file an appeal. The denial letter will tell you how to file an appeal.

## **Resources**

Please use the links below to get forms and more information about services that are available to you:

- [EPSDT Request for Additional Services form](#) is available on the Idaho Department of Health and Welfare's website. You can also request the form by sending an email to [EPSDTRequest@dhw.idaho.gov](mailto:EPSDTRequest@dhw.idaho.gov).
- [Optum Idaho](#) has services for community-based, outpatient mental health and substance use disorder needs. You can also call them at 1 (855) 202-0973.
- The [Idaho Health Plan Coverage Booklet](#) has information about your child's Medicaid coverage and the EPSDT benefit.
- [DentaQuest](#) provides dental services. You can call them at 1(800) 936-0978.
- [IDAPA 16.03.09.880](#): EPSDT medical necessity definition for children.