# **MACPro - CCHH Program Termination**

(Questions and responses)

#### Screenshot from MACPro:

Provide a description of the phase-out or transition plan for the Health Homes Program that is being terminated  Describe the reason for termination *	
Indicate method of termination *	// Termination effective date *
The state will terminate all participants from the Health Home Program on the	mm/dd/yyyy
same date.	

## Question: Describe the reason for Termination

• Answer: The reason for termination is the significant decline in participation by eligible organizations. Provider participation has decreased from 24 CCHH organizations with 122 clinics in 2018 to six CCHH organizations with 11 clinics in October of 2022. Mercy and UnityPoint were the two largest organizations with the majority of their clinics participating in the program. With ACO options with the MCOs and the overlap of member attribution they chose to no longer obtain National Committee for Quality Assurance Patient-Centered Medical Home (NCQA PCMH) Recognition and disenroll from the CCHH program. Other Health Homes were acquired by Mercy and by default, disenrolled from the program. FQHCs make up the remainder of the program and many feel the program is too administratively burdensome.

Provider engagement, despite MCO outreach efforts and work with The Iowa Primary Care Association and FQHCs, has declined to only two (2) CCHH participants on monthly program calls and webinars.

Member enrollment has also declined significantly since the program moved to managed care. The last enrollment report prior to managed care was 6,898 (September 2015) compared to 969 members in October of 2022.

CCHH provider billing is significantly less that member enrollment. With the average enrollment at 1,420 over the last three (3) years, only 69% of potential PMPM were paid.

### Question: Describe the overall approach the state will use to terminate the program

 Answer: Iowa intends to terminate the Chronic Condition Health Homes State Plan Amendment (CCHH SPA) on December 31, 2023. Alternate chronic condition, care coordination models currently in place will continue to serve the population impacted by the termination of the CCHH SPA.

The state will provide advance public notice and tribal notice of the departments intent to terminate the CCHH SPA by August 2023.

The State in coordination with the MCOs has developed a plan to ensure a smooth transition and continuity of care for the impacted population. Each of the MCOs will reach out to enrolled CCHH Providers in their network to discuss a transition strategy. Members will receive letters notifying them of the transition as well as a warm handoff.

New member enrollments will cease November 1, 2023, with all remaining members disenrolled and transitioned to alternate care coordination services by December 31, 2023.

## Question: Indicate the method of termination

• **Answer**: The state will terminate all participants from the Health Home Program on the same date

#### **Question:** Termination Effective Date

• Answer: December 31, 2023

**Question:** Describe the process the state will use to transition all participants and how referrals and fair hearing notice (if applicable) will be made to the other health care providers

- Answer:
  - Notify Public with an informational letter outlining the transition plan (August 2023).
  - Post public/tribal notice for public comment (August 2023).
  - **Submit** to CMS the notification to terminate (September 2023).
  - **Complete** the Member Transition Document with an assessment of transition options (by October 3, 2023).
  - **Reach** out to the Health Home and discuss a strategy based on information in the transition document.
  - Mail letters to the members. This letter will inform enrolled members on their options for support.
  - Coordinate the transition with a warm handoff.
  - **Stop** new member enrollments November 1, 2023.
  - **Disenroll** all remaining members December 31, 2023
  - Repeal (State) the Administrative Rules for CCHH effective January 2024

The State will meet with the 2 MCOs individually bi-weekly beginning 90 days before termination (October 3, 2023) to 20 days before termination, then weekly individually to

discuss their list of enrolled members prior to beginning the transition of the program. The Member Transition Document will be sent to the State one day in advance of the meeting.

- Member Transition Document
  - Name, DOB, State ID, Health Home, Tier, options for transition (ACO, Care Management, Case Management, IHH), member contact date, date of warm handoff, disenrollment date, and notes.

Members will be reviewed 90 days before termination to determine:

- If members can be attributed to \*lowa Health+ or another ACO
- If the members are accessing waiver services and communicate this with the CBCM so they can determine if members will need additional support or changes.
- If member is on a waiver waitlist, will notify waitlist staff of the change and have them contact members to determine if member needs additional supports/services and offer medical management care management services to them.
- Review member's record to see if they would possibly qualify for waivers, if on currently receiving or on waitlist, and communicate with members to see if they would like to apply and assist them with applying.
- Will review members for mental health diagnosis and offer IHH services to members, including habilitation.

Lead Entities and the State will reach out to the Health Home and discuss a strategy based on information in the transition document.

Lead Entities and the State will mail letters to enrolled Health Home Members. This letter will inform enrolled members that speaks to the need for a transition expectations and timeline, available options for them to choose, and contact information.

Lead Entities and the State will support a warm handoff during the transition.