



IDAHO DEPARTMENT OF
HEALTH & WELFARE

**COORDINATED CARE PROVIDER AGREEMENT
IDAHO MEDICAID HEALTH HOME PROVIDER/SERVICE SITE AGREEMENT
ADDENDUM B**

Please complete one addendum per clinic/practice location

Pay To: Organization Ownership Name (must match the name associated to the Tax ID Number provided below): _____

Mail to: Organization Ownership Address: _____

Organization NPI Number: _____

Tax ID Number: _____

Clinic/Practice Name: _____

Address of Location: _____

Note: This addendum does not supersede or negate the requirements contained in your Idaho Department of Health and Welfare (IDHW) Coordinated Care Provider Agreement and/or your Medicaid Provider Agreement.

COMPLIANCE

The clinic shall provide services in accordance with all applicable federal and state laws, rules, and regulations governing the reimbursement of services and items under Medicaid in Idaho, including but not limited to *IDAPA* 16.03.09, Sections 560-574. The clinic further understands that services are subject to recoupment as defined in *IDAPA* 16.05.07. The clinic/practice site requirements for Idaho Medicaid health homes are specified in *IDAPA* 16.03.09, Section 573-574.

By initialing each line below, the organization affirms it shall comply with each requirement at all times during the term of this agreement:

_____ Each Healthy Connections primary care provider within the clinic/practice service location shall participate in the Idaho Medicaid Health Home Program.

_____ The clinic/practice shall have a minimum of 46 hours access per week for health home participants as outlined in *IDAPA* rule 16.03.09, section 574.

_____ The clinic/practice shall establish a continuous quality improvement program, and collect and report required data to the department for evaluation.

_____ The clinic/practice shall communicate with health home participants in their care by phone, letter, and health information technology (HIT) to inform and involve the participant in their health care, promote compliance with disease treatment and management, and to schedule tests and provider visits on a systematic and timely basis.

_____ Within three months of enrolling, the clinic/practice shall develop and maintain a systematic follow-up protocol to ensure timely access to follow-up care after inpatient/hospital discharge and emergency room visits. Timely access is defined as within one working day after discharge. The protocol shall include processes to ensure receipt of a summary care record from the discharging entity, medication reconciliation, and a plan for timely scheduled appointments.

_____ The clinic/practice shall receive at least Level -1 National Committee for Quality Assurance (NCQA) Patient-Centered Medical Home (PCMH) Recognition within two years of the date of this agreement.

_____ Each qualified participant shall have a documented care plan from their health home provider. The documented care plan shall meet the requirements as defined in *IDAPA* 16.03.09.560.02.

_____ The clinic/practice shall use a structured chronic disease patient information system to track and manage health home participants. Within three months of the date of this agreement, the clinic/practice shall have an electronic disease registry in place.

_____ The clinic/practice shall contact individual health home participants for education on becoming part of a health home within 60 days of their enrollment with the health home.

DATA REPORTING

All data reporting to the Department must meet operations and standards criteria **defined in the Department's provider handbook** (general description below). By initialing each line below, the organization affirms it shall comply with each requirement at all times during the term of this agreement:

_____ The clinic/practice shall report on two or more of the following clinic/practice quality measures. (If your practice selects ANY asthma measure, you are required to report on all three asthma measures):

- Hemoglobin A1c Testing (% of diabetics with one or more HbA1c tests per year)
- Diabetes hemoglobin A1c poor control (% of diabetics with HbA1c > 9.0)
- Controlling high blood pressure (% of hypertensive patients with controlled blood pressure)
- Hypertension: blood pressure measurement (% of hypertensive patients with two office visits and recorded blood pressures)
- Anti-depressant medication management; effective acute phase and effective continuation phase treatment (% of diagnosed depressed patients treated and remained on medication)
- Screening for clinic/practice depression (% of patients screened for depression)
- Asthma assessment (% of asthmatic patients with assessment)
- Asthma pharmacologic therapy (% of asthmatics prescribed long-term control medication)
- Management plan for people with asthma (% of asthmatics with documented care plan)

_____ The clinic/practice shall report two or more of the following preventive quality measures:

- Weight assessment counseling for children and adolescents (% of patients with education and documentation of body mass index (BMI))
- Well-child visits in the third, fifth, and sixth years of life (% of patients three to six years of age with one or more well-child visits during year)
- Annual risky behavior assessment or counseling from age 12 to 18 (% of children with documented assessment or counseling for risky behavior)
- Tobacco use assessment (% of patients queried about tobacco use)
- Tobacco cessation intervention (% of patients who received cessation intervention)
- Adult weight screening and follow-up (% of patients with documented BMI and follow-up if > 30)

_____ The clinic/practice shall report the following measures:

- Third next available appointment (Length of time in days between the day a patient makes a request for an appointment with a physician and the third available appointment for a new patient physical, routine exam, or return visit exam – measured on a specified day each month and reported each quarter)
- Health home participant visits that occur with the selected provider/care team (% of patient visits with patient's selected provider)

_____ The clinic/practice shall submit the first clinic/practice data report at the end of second quarter from enrollment of health home participation which shall include both the first and second quarter data. Data shall then be reported on a quarterly basis.

PCMH PROGRESS REPORTING

Please initial each line to indicate that your organization shall meet the following requirements:

_____ Patient Centered Medical Home-Assessment (PCMH-A) shall be submitted no later than 30 days from the date of health home enrollment. After the initial submission, a new assessment shall be submitted by the end of every sixth calendar month (semi-annually).

_____ Progress Report Narrative: submitted on a quarterly basis.

_____ Primary Care Development Corporation (PCDC) Assessment: initially submitted within six months after health home enrollment and then submitted quarterly until NCQA patient centered medical home recognition level 1 or higher is achieved.

_____ Health home participants satisfaction survey, as defined in the provider handbook, shall be submitted within the first six months after enrollment and then submitted annually.

This addendum may be terminated for convenience purposes by either party with a 60-day written notice. Additionally, it may be terminated immediately for cause without written notification. "For cause" may include, but is not limited to, failure to fulfill the program requirements or to complete the reporting requirements of the health home program.

IDAHO MEDICAID HEALTH HOME PRIMARY CARE CASE MANAGEMENT FEE

For qualifying chronic disease health home participants, the health home provider shall be paid a per-member per-month amount, as determined by the Department. This is NOT in addition to the Healthy Connections Case Management payment and applies only to those Medicaid participants that meet the qualifying chronic condition criteria.

By initialing on each line above and signing below, I declare, under penalty of perjury, that I have the legal authority to enter into this agreement and hereby bind the organization, clinic/practice, and providers within the organization to the requirements of the Idaho Medicaid Health Home program.

Signature

Title

Date