

Chapter 182-557 WAC

HEALTH HOMES

WAC

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WAC 182-557-0050 Health home—General. (1) The agency's health home program provides patient-centered care to beneficiaries who:

(a) Have a least one chronic condition as defined in WAC 182-557-0100;

(b) Be at risk of a second chronic condition with a minimum predictive risk score of 1.5; and

(c) Are at risk for high health costs, avoidable admissions to institutional care settings, and poor health outcomes.

(2) Health homes offer six care coordination activities to assist the beneficiary in self-managing his or her condition and navigating the health care system:

(a) Comprehensive or intensive care management including, but not limited to, assessing participant's readiness for self-management, promoting self-management skills, coordinating interventions tailored to meet the beneficiary's needs, and facilitating improved outcomes and appropriate use of health care services;

(b) Care coordination and health promotion;

(c) Comprehensive transitional care between care settings including, but not limited to, after discharge from an inpatient facility (hospital, rehabilitative, psychiatric, skilled nursing, substance use disorder treatment or residential habilitation setting);

(d) Individual and family support services to provide health promotion, education, training and coordination of covered services for beneficiaries and their support network;

(e) Referrals to community and support services; and

(f) Use of health information technology (HIT) to link services between the health home and beneficiaries' providers.

(3) The agency's health home program does not:

(a) Change the scope of services for which a beneficiary is eligible under medicare or a Title XIX medicaid program;

(b) Interfere with the relationship between a beneficiary and his or her chosen agency-enrolled provider(s);

(c) Duplicate case management activities the beneficiary is receiving from other providers or programs; or

(d) Substitute for established activities that are available through programs administered through the agency or other state agencies.

(4) Qualified health home providers must:

(a) Contract with the agency to provide services under this chapter to eligible beneficiaries;

(b) Accept the terms and conditions in the agency's contract;

(c) Be able to meet the network and quality standards established by the agency;

(d) Accept the rates established by the agency; and

(e) Comply with all applicable state and federal requirements.

[Statutory Authority: RCW 41.05.021, WSR 13-21-048, § 182-557-0050, filed 10/11/13, effective 11/11/13. Statutory Authority: RCW 41.05.021 and 2011 c 316, WSR 13-12-002, § 182-557-0050, filed 5/22/13, effective 7/1/13. WSR 11-14-075, recodified as § 182-557-0050, filed 6/30/11, effective 7/1/11. Statutory Authority: RCW 74.08.090, 74.09.500, 74.09.520, and 2007 c 259, § 4, WSR 07-20-048, § 388-557-0050, filed 9/26/07, effective 11/1/07.]

WAC 182-557-0100 Health home program—Definitions. The following terms and definitions apply to the health home program:

Agency - See WAC 182-500-0010.

Beneficiary - A person who is eligible for health home services. See WAC 182-557-0200.

Chronic condition - A condition that, in combination with the beneficiary's risk score, determines eligibility for health home services. The chronic conditions covered are mental health conditions, substance use disorders, asthma, diabetes, heart disease, cancer, cerebrovascular disease, coronary artery disease, dementia or Alzheimer's disease, intellectual disability or disease, HIV/AIDS, renal failure, chronic respiratory conditions, neurological disease, gastrointestinal, hematological and musculoskeletal conditions.

Contractor - The entity providing covered services under contract with the agency.

Coverage area(s) - Predetermined geographical area(s) composed of specific counties that will facilitate a phased-in implementation of health homes.

Covered services - The medicare and medicaid covered services that will be coordinated as part of health home program activities.

DSHS - The department of social and health services.

Full dual eligible - For the purpose of this chapter, means an individual who receives qualified medicare beneficiary coverage or specified low-income medicare beneficiary coverage and categorically needy health care coverage.

Health action plan - A beneficiary-prioritized plan identifying what the beneficiary plans to do to improve their health and/or self-management of health conditions.

Health home - An entity composed of community based providers, qualified and contracted by the agency to provide health home services to eligible beneficiaries.

Medicaid - See WAC 182-500-0070.

Participation - A beneficiary's agreement to a health action plan which constitutes an agreement by the beneficiary to participate in health home services.

Predictive modeling - Using historical medical claims data to predict future utilization of health care services.

PRISM or Predictive Risk Intelligence System - A DSHS-secure web-based predictive modeling and clinical decision support tool. This tool provides a unified view of medical, behavioral health, and long-term care service data that is refreshed on a regular basis. PRISM provides prospective medical risk scores that are a measure of expected medical costs in the next twelve months based on the patient's disease profile and pharmacy utilization.

Risk score - A measure of expected cost risk in the next twelve months based on the beneficiary's disease profiles, medical care utilization, and pharmacy utilization.

Self-management - With guidance from a health home care coordinator or health home care team, the concept of the beneficiary being the driver of his or her own health through the process of:

- Identification of health care conditions;
- Health action planning;
- Education;
- Monitoring to ensure progress towards achievement of health action goals; and
- Active involvement of the beneficiary in the decision-making process with the health home care coordinator or health home care team.

[Statutory Authority: RCW 41.05.021 and 2011 c 316. WSR 13-12-002, § 182-557-0100, filed 5/22/13, effective 7/1/13. WSR 11-14-075, recodified as § 182-557-0100, filed 6/30/11, effective 7/1/11. Statutory Authority: RCW 74.08.090, 74.09.500, 74.09.520, and 2007 c 259, § 4. WSR 07-20-048, § 388-557-0100, filed 9/26/07, effective 11/1/07.]

WAC 182-557-0200 Health home program—Client eligibility and participation. (1) To participate in the health home program, a beneficiary must:

- (a) Be a recipient of categorically needy health care coverage; or
- (b) A full dual eligible; and
 - (i) Have one or more chronic condition(s) as defined in WAC 182-557-0100 and at risk of developing another as determined by a PRISM risk score of 1.5 or greater; and
 - (ii) Agree to participate in a health home program.
- (2) A beneficiary participating in the health home program must not be:

(a) Eligible for third-party coverage that provides comparable care management services or requires administrative controls that would duplicate or interfere with the agency's health home program; or

(b) Receiving services through another health system that health home services would duplicate.

(3) Using data provided by the department of social and health services (DSHS), the agency identifies beneficiaries who are potential participants of health home services.

(a) Beneficiaries who are eligible for health homes will be enrolled with a qualified health home; and

(b) May decline enrollment or change to a different plan if he or she chooses to.

(4) A beneficiary who meets the participation requirements in this section will:

(a) Receive services from a qualified health home that contracts with the agency to provide health home services in the coverage area in which the beneficiary resides;

(b) Work with a care coordinator employed by or contracting with a qualified health home provider to develop a

health action plan that details the beneficiary's health goals and a plan for achievement of those goals; and

(c) Receive additional health home services at a level appropriate to the beneficiary's needs.

(5) A participant who does not agree with a decision regarding health home services, including a decision regarding the beneficiary's eligibility to participate in health home services, has the right to an administrative hearing as described in chapter 182-526 WAC.

[Statutory Authority: RCW 41.05.021 and 2011 c 316. WSR 13-12-002, § 182-557-0200, filed 5/22/13, effective 7/1/13. WSR 11-14-075, recodified as § 182-557-0200, filed 6/30/11, effective 7/1/11. Statutory Authority: RCW 74.08.090, 74.09.500, 74.09.520, and 2007 c 259, § 4. WSR 07-20-048, § 388-557-0200, filed 9/26/07, effective 11/1/07.]

WAC 182-557-0300 Health home services—Confidentiality and data sharing. (1) Qualified health home contractors must comply with the confidentiality and data sharing requirements that apply to clients eligible under Medicare and Title XIX Medicaid programs and as specified in the health home contract.

(2) The agency and the department of social and health services (DSHS) share health care data with qualified health home contractors under the provisions of RCW 70.02.050 and the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

(3) The agency requires qualified health home contractors to monitor and evaluate participant activities and report to the agency as required by the health home contract.

[Statutory Authority: RCW 41.05.021 and 2011 c 316. WSR 13-12-002, § 182-557-0300, filed 5/22/13, effective 7/1/13. WSR 11-14-075, recodified as § 182-557-0300, filed 6/30/11, effective 7/1/11. Statutory Authority: RCW 74.08.090, 74.09.500, 74.09.520, and 2007 c 259, § 4. WSR 07-20-048, § 388-557-0300, filed 9/26/07, effective 11/1/07.]

WAC 182-557-0400 Health home—Payment. Only an agency-contracted qualified health home may bill and be paid for providing health home services described in this chapter. Billing requirements and payment methodology are described in the contract between the agency and the contractor.

[Statutory Authority: RCW 41.05.021 and 2011 c 316. WSR 13-12-002, § 182-557-0400, filed 5/22/13, effective 7/1/13. WSR 11-14-075, recodified as § 182-557-0400, filed 6/30/11, effective 7/1/11. Statutory Authority: RCW 74.08.090, 74.09.500, 74.09.520, and 2007 c 259, § 4. WSR 07-20-048, § 388-557-0400, filed 9/26/07, effective 11/1/07.]