



Maine Department of Health and Human Services

PAUL R. LePAGE  
GOVERNOR

MaineCare Services  
Value-Based Purchasing  
11 State House Station  
Augusta, Maine 04333-0011

BETHANY L. HAMM  
ACTING COMMISSIONER

## Health Home Application\_January 2019 Implementation

### Introduction

**NOTE: Please be aware that ONLY ONLINE submissions of this application will be accepted.**

This application is for MaineCare primary care practices that are interested in participating in MaineCare's Health Home program. Providers with more than one location must complete a separate application for each location, or NPI+3 (National Provider Identifier plus 3-digit site indicator). The Health Home (HH) program is open to both adult and pediatric qualified practices.

Providers interested in applying must complete this online application by Friday, December 7, 2018. Implementation for new practices in the HH program will occur no sooner than Monday, January 21, 2019.

Please be advised that the achievement and maintenance of National Committee for Quality Assurance (NCQA) Patient-Centered Medical Home (PCMH) recognition is a requirement of MaineCare Benefits Manual (MBM), Chapter II, Section 91, Health Home Services, for participating HH providers. In order for this application to be processed, providers must, at a minimum, have already submitted their application for NCQA PCMH recognition.

### MaineCare Health Home Program

The HH program is a key component of the Maine Department of Health & Human Services' Value-Based Purchasing (VBP) strategy. There are currently approximately 170 primary care practices participating in the HH program.

In the HH model, HH practices partner with a Community Care Team (CCT) to serve MaineCare members with specified chronic conditions. MaineCare reimburses a \$12 per member, per month payment to these HH providers and an additional payment to CCTs to provide comprehensive, coordinated care to eligible MaineCare members.

For HH members served through MBM, Chapter II, Section 92, Behavioral Health Home Services, HH practices partner with a community mental health organization enrolled as a Behavioral Health Home (BHH) organization, to serve adults with serious mental illness and/or children with serious

emotional disturbance. The Health Home practice receives a \$15 per member, per month payment and the BHH receives an additional payment for providing comprehensive, coordinated care to eligible MaineCare members.

For additional HH program information, visit the MaineCare VBP website at <http://www.maine.gov/dhhs/oms/vbp/>.

Thank you for your interest in the MaineCare HH program.

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Practice Eligibility: MaineCare Health Home Program

Please confirm that your practice meets the eligibility criteria for participation in the HH program, listed below. Please note that answering “No” to any of the questions, other than the BHH affiliation question, means that your practice is ineligible to participate in the HH program. Such action will end this application.

Upon entry into the HH program, practices must adhere to Section 91 policy. Adherence to Section 92 policy would be required for any practice that expands to serving members under this policy. Please refer to the [MBM, Chapter II, Section 91](#), and [MBM, Chapter II, Section 92](#), for information. Practices should note that completing this application does not constitute an obligation for a practice to participate in the HH program.

For questions about practice requirements, please contact the VBP team at [HH-BHH-Services.DHHS@maine.gov](mailto:HH-BHH-Services.DHHS@maine.gov).

\* 1. Our practice provides primary care services to adult and/or pediatric patients, is enrolled with MaineCare, has one or more full-time primary care physician or nurse practitioner, and is enrolled in the MaineCare Primary Care Case Management (PCCM) program. (Please note that for the purpose of this program, primary care is defined as family medicine, internal medicine, general medicine, pediatrics, or geriatrics).

- No
- Yes

\* 2. Electronic Health Record (EHR) - select the option below that best describes this practice. MBM, Chapter II, Section 91.03-1(5):

- Our practice has not fully implemented an EHR, nor will one be ready by the January 21, 2019 HH implementation date
- Our practice will fully implement an EHR by January 20, 2019
- Our practice currently has a fully-implemented EHR (Note the EHR program below)

\* 3. NCQA PCMH Recognition - select the option below that best describes the status of NCQA PCMH recognition for this practice. MBM, Chapter II, Section 91.03-1(6):

- Our practice does not currently have NCQA PCMH recognition, but has submitted our application and commits to achieving full NCQA PCMH recognition prior to implementation of the HH program
- No, our practice does not have NCQA PCMH recognition and cannot commit to submitting an application by December 7, 2018
- Our practice has current NCQA PCMH recognition (Please indicate below the expiration date of NCQA recognition and version of Standards used)

\* 4. Our practice commits to partnering with a CCT to assist in managing the needs of MaineCare members with chronic conditions and social needs. We will work with MaineCare to partner with a CCT. (Note: this does not mean that the practice is required to already have a relationship with a CCT). MBM, Chapter II, Section 91.03-1(7).

- No
- Yes, but this practice would like assistance from MaineCare to partner with one CCT.
- Yes, the below CCT is a potential partner for this practice

\* 5. Our practice commits to partnering with a BHH organization to manage the needs of members with serious and persistent mental illness or serious emotional disturbance. We will work with MaineCare to partner with at least one BHH. (Note: this does not mean that the practice is required to already have a relationship with a BHH). Answering "No" to this question will not prevent enrollment in the HH program.

- No
- Yes, but this practice would like assistance from MaineCare to partner with at least one BHHO.
- Yes, the below BHHO is a potential partner for this practice

\* 6. Our practice has established member referral protocols with area hospitals. MBM, Chapter II, Section 91.03-1(8).

- No
- Yes

\* 7. Our practice commits to providing HH services as required by MBM, Chapter II, Section 91.05:

- Comprehensive care management
- Care coordination
- Health promotion
- Comprehensive transitional care
- Individual and family support services
- Referral to community and social support services

- No
- Yes

\* 8. Please enter the information of at least one provider who will serve as primary care leader. MBM, Chapter II, Section 91.03-1(9)(a):

Name	<input type="text"/>
Suffix	<input type="text"/>
Email	<input type="text"/>
Phone	<input type="text"/>



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Practice Information

\* 9. Contact Information of person completing application:

Name

Title

Email

Phone

\* 10. Please enter your practice's information:

Note: NPI+3 is the National Provider Identifier plus MaineCare 3-digit site indicator

Practice Name

Tax ID#

NPI+3

Practice Physical Address

Physical City/Town

\* 11. Practice type (select all that apply):

- Single-site primary care practice, privately-owned
- Multi-site primary care practice, privately-owned (Please indicate practice group name below)
- Multi-site primary care practice, hospital-owned (Please indicate hospital name below)
- Residency practice (Please indicate residency program name below)
- Community Health Center
- Federally Qualified Health Center
- Rural Health Center
- Other (Please specify)

Please specify from above

\* 12. Primary care available at this practice (select all that apply):

- Family Medicine
- General Practice
- Internal Medicine
- Pediatrics
- Geriatrics
- Other (Please specify)

\* 13. How many primary care clinicians work in this practice?

Full-time physicians

Part-time physicians

Full-time nurse practitioners

Part-time nurse practitioners

Full-time physician assistants

Part-time physician assistants

\* 14. How many years has this practice been in operation?

Number of years

\* 15. Have there been any major changes in the operations of this practice over the past 12 months? (select all that apply)

- No major changes
- Change in ownership
- Newly implemented Electronic Health Record (EHR)
- New billing system
- Move to a new office space or major space renovation
- Physician staff changes
- Administrative staff changes
- Other (please specify)



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**Practice Information**

\* 16. How many MaineCare members actively receive care at this practice?

Number of Active Patients

\* 17. Is this practice currently accepting new patients?

- Yes, we are accepting new patients covered by all payer types
- Yes, we are accepting new patients covered by some payers
- No, we are closed to accepting new patients
- We are closed to accepting new patients only with the payers listed below

\* 18. Please select the choice below that best describes the level of integration at this practice with behavioral health care providers (please select one best choice):

- We do not have behavioral health providers onsite; we refer to, but have minimal regular communications with, behavioral health providers
- We have active behavioral health referral linkages and have some regular communication with behavioral health providers, but they are not located onsite
- We have some behavioral health providers onsite and have some systems for regular communication with them, but maintain separate systems of care (e.g., scheduling, billing, EHR systems)
- We have behavioral health providers onsite, and have regular communications and coordinate treatment plans with them, but have some separate systems of care (e.g., scheduling, billing, or EHR systems)
- We have behavioral health providers onsite, and have systems for regular communications and coordinated treatment plans. We have regular team meetings, share common systems of care, and share a common vision of care.
- Other (please specify)

\* 19. Does this practice have care managers who work directly with patients and providers in the practice?

- No
- Yes

\* 20. If yes, please briefly describe the care management model used within this practice:

\* 21. Does this practice have relationships with, or regularly refer to, other local community-based agencies that provide support to your patients?

- No
- Not sure
- Yes (please specify/describe support services provided)





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### Health Home Core Standards

The following questions are related to **Provider Requirements** for participation in the HH program. **Core Standards** are predetermined process measures which create the foundation of the HH model. These standards must be met by HH providers within the first 12 months of implementation of the HH program. Descriptions of intended compliance to each Core Standard are required. For descriptions of each Core Standard, please refer to the MBM, Chapter II, Section 91.03-1(9).

\* 22. Does your practice commit to full implementation of the HH Core Standard of *Demonstrated Leadership*? A description of how the standard will be met is required. MBM, Chapter II, Section 91.03-1(9)(a).

No

Yes / Description:

\* 23. Does your practice commit to full implementation of the HH Core Standard of *Team-Based Approach to Care*? A description of how the standard will be met is required. MBM, Chapter II, Section 91.03-1(9)(b).

No

Yes / Description:

\* 24. Does your practice commit to full implementation of the HH Core Standard of *Population Risk Stratification and Management*? A description of how the standard will be met is required. MBM, Chapter II, Section 91.03-1(9)(c).

No

Yes / Description:

\* 25. Does your practice commit to full implementation of the HH Core Standard of *Enhanced Access*? A description of how the standard will be met is required. MBM, Chapter II, Section 91.03-1(9)(d).

No

Yes / Description:

\* 26. Does your practice commit to full implementation of the HH Core Standard of *Practice Integrated Care Management*? A description of how the standard will be met is required. MBM, Chapter II, Section 91.03-1(9)(e).

No

Yes / Description:

\* 27. Does your practice commit to full implementation of the HH Core Standard of *Behavioral-Physical Health Integration*? A description of how the standard will be met is required. MBM, Chapter II, Section 91.03-1(9)(f).

No

Yes / Description:

\* 28. Does your practice commit to full implementation of the HH Core Standard of *Inclusion of Patients and Families*? A description of how the standard will be met is required. MBM, Chapter II, Section 91.03-1(9)(g).

No

Yes / Description:

\* 29. Does your practice commit to full implementation of the HH Core Standard of *Connection to Community Resources and Social Support Services*? A description of how the standard will be met is required. MBM, Chapter II, Section 91.03-1(9)(h).

No

Yes / Description:

\* 30. Does your practice commit to full implementation of the HH Core Standard of *Commitment to Reducing Waste, Unnecessary Healthcare Spending, and Improving Cost-effective Use of Healthcare Services*? A description of how the standard will be met is required. MBM, Chapter II, Section 91.03-1(9)(i).

No

Yes / Description:

\* 31. Does your practice commit to full implementation of the HH Core Standard of *Integration of Health Information Technology*? A description of how the standard will be met is required. MBM, Chapter II, Section 91.03-1(9)(j).

No

Yes / Description:



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\* 32. Is this practice currently utilizing HealthInfoNet, Maine's health information exchange?

No

Not sure

Yes, providers can access HealthInfoNet "read only"

Yes, providers can access HealthInfoNet with bi-directional information exchange

Other (please specify)

\* 33. Do you give the Department your consent to publicly share this practice's contact information?

No

Yes