Tribal Health Home Lead Organization Requirements
Fact Sheet

Lead Agency Requirements
- Has experience operating broad-based regional provider networks.
- Contracts directly with the state as a Qualified Health Home.
- Assigns Health Home Beneficiaries to CCO's, using smart assignment process, whenever possible.
- Maintains a list of CCO's and their assigned Health Home population.
- Maintains Memoranda of Agreement (MOA) with the organizations needed to support the Health Home Program.
- Reports encounters to the Health Care Authority through an 837 file.
- Disburses payment to the CCO's for submitted encounters.
- Ensures person-centered and integrated health action planning is provided at a high touch care management level.
- Ability to translate and create HIPAA transactions (specifically 820, 834, 835, 837 files) or to contract with a vendor to do this.
- EHR/platform their network would use to document visit notes, HAPs, consent, etc.
- Contract with the following vendors: Insignia (for the use of Flourish to score the PAM assessments) and Collective Medical Technologies (CMT) or another vendor who can provide hospital admission notifications
- Ability to create .xml files to upload HAPs
- Implement a systematic protocol to assure timely access to follow-up care post discharge and to identify and re-engage Beneficiaries that do not receive post discharge care.
- Contract with CCOs to provide Health Home services. (Note to add: the current contract states the Lead needs to have 5 CCOs in their network but this may change if it is a Tribal Lead)
- Must have at least one HH trainer that would provide 1-2 two-day CC training during the year. Trainings are open to CCs regardless of CCO/Lead. Trainings currently virtual but will move back to an in person setting at some point, which would require a space to hold the trainings as well as training materials.
- Verify the HH Care Coordinator is assisting the Beneficiary with their personal needs, such as attending appointments, providing ongoing support in person and electronically, and maintaining regular contact with the supports and providers who make up the care providers for each participant.
- Create policies and procedures
- Monitor files for compliance

As a Lead Agency you would be responsible for administrative oversight. This includes duties such as ensuring participant records are created and maintained, ensuring you have the technology to submit for billing, provide quarterly reports on enrollment, engagement, signed consents from participants, identified barriers to enrollment and engagement issues, and provide success stories.

There are financial risks carried by the Lead Agency whereas the Care Coordination Organizations (CCO) do not carry the same financial risks. They do, however receive the federal reimbursement rate the same as they would as a Lead Agency.

One thing you may consider is becoming the Care Coordination Organization initially and work towards meeting the requirements to becoming a Lead Entity over time. The process from beginning to end to become a Care Coordination Organization is much shorter than becoming a Lead Agency and you would have the same reimbursement rate servicing your community as the Care Coordination Organization. The above list is not all inclusive but does provide a broad overview of requirements for Lead's.