

Health Home Assignment and Referral Subcommittee Call Minutes

Monday, August 26, 2012

12:30– 1:30 PM

Attendees: Andrea Swire, Danika Mills, Jim Dolan, Joseph Todora, Kevin Muir, Lena Johnson , Maria Payne, Shawna Craigmile, Madeline River, Chris Rambo, Kenza Martin, Neil Pessin, Laura Moretti, Deirdre Astin, Nicole Brewington, Anand David, Kelly Haskin-Tenenini, Josefina Aquino, Pat Lincourt, Rob Puccio

Unable to Attend: Darcie Miller, Julie Notaro, Hyunsook Song

Recorder: Kevin Muir

Meeting Called to Order: 12:32 PM

Agenda Item	Discussion
Confirming eligibility	<p>Several mentioned concerns about bringing on new clients when we are not sure if they are eligible and the impact this would have on cash-flow for the program.</p> <p>Even if we are checking HCS, it is not always up-to-date because there is a lag with filing and processing the tracking data. It is still possible and even likely that individuals will become enrolled in multiple health homes even when all parties make an effort to check HCS.</p> <p>It was recommended that we consider adding a form to document the process of checking HCS for clearance as this documentation could impact the determination of who is paid for services (for example, one agency is checking status and another is not.)</p> <p>Reviewed the need for CMAs to call the Health Homes to check status. Discussed the possibility of some MCOs offering this service as well including preferred method of communication (some preferred secure email rather than phone calls). Again discussed the development of a NYS DOH 800# to allow CMAs to check upward enrollment status in HCS system. One barrier to this is the legal issue of sharing PHI and confirming that the caller has permission to access information.</p> <p>Although we could create RE Codes for HH, there is an issue about who would enter these codes. It would need to be done at the local level (e.g. HRA or Dept of Social Services).</p>
Tracking process	<p>In order to increase accuracy of the HCS HH Portal, every CMA and HH must submit timely tracking sheets. This group can establish best practices and recommendations for timely submission (<i>Danika Mills and Lena Johnson will work on this</i>). Need to standardize the process as much as possible. This type of input from our group could be important to the outcome. In addition, NYS DOH is reaching out to individual agencies when there are concerns about tracking sheets not being submitted.</p>

	<p>Linking tracking and billing will not be happening anytime soon, if ever.</p> <p>Part of the issue is that direct billing will end which means that whatever solutions we come up with right now will only be temporary.</p>
Form for upward enrollment	<p>Discussed the development of a standardized form as a recommendation to all HHs and CMAs when conducting upward enrollment. Several examples were provided. Kevin agreed to draft a copy. Madeline and Danika agreed to support form development. Need to include disclaimer, AOT status, highlight need for secure communications of form, need for consent, any phone numbers or processes to check eligibility (800#, etc). Also AOT clients should be automatically referred into HH (priority referral). Recommendation to try to keep the form to one page in length. Do not need patient signature on this form (consent has signature).</p>
Other Notes	<p>Chris Rambo Mentioned needing to be able to indicate at-risk-status (not sure where). Also mentioned need to</p> <p>Question: what other chronic illnesses qualify someone for Health Home Services. Deirdre mentioned that this is determined by the CRG categories and there are too many to list but she would try to publish something more detailed. She would need to check to see if the list is copyrighted.</p>

The meeting adjourned at 1:35 p.m.