

Member Info for Health Homes Key Concepts & FAQs

Key Concepts

- Individuals receiving Medicaid who were identified as eligible for Health Home services were sent the enrollment letter introducing them to the new program.
- Selection for this program was based on the complex medical, behavioral, and long term care needs of the person, as well as, a review of the providers the individual receives care from.
- The enrollment letter explains the purpose of the program and how it works.
- Designated Health Homes are responsible for securing consent for enrollment and in order to authorize full access to their individual health data.
- The Health Home program provides care management services through a network of organizations – providers, health plans and community-based organizations. This is overseen by a "care manager" who helps access all services, which in effect creates a "Health Home".
- The initial group of individuals assigned to a Health Home is comprised of those who lack any care management or a meaningful primary care connection. Also, these individuals are classified as being at either a high risk or mid-level risk for future development of complications or declining health which may require an in-patient hospital stay.
- Participation is not mandatory; however, individuals are strongly encouraged to participate. The Health Home model is designed to benefit the individual as a whole, and not merely treat their chronic condition.
- See enrollment letter.

Questions

1) Q. Am I required to join a Health Home?

A. No. But we strongly encourage you to participate. The Health Home program will help you with all of your health-related and social services needs, not merely treat a specific chronic condition.

2) Q. How was I selected for this?

A. You were selected for this new program based on your health needs and the providers that you use.

3) Q. Is there a charge for participating in a Health Home?

A. No, the Health Home care management services are free.

4) Q. Do I need to fill out an application?

A. No. You will only be required to fill out and sign a Consent Form with your Health Home which will allow all of your doctors and other healthcare providers to share information on your health in order to plan and work together.

5) Q. Will I be seeing a new doctor?

A. In most cases you will be seeing all the healthcare providers that you do now.

6) Q. Can I change my Health Home?

A. Yes. You will need to contact your health plan or the assigned Health Home you are in and let them know that you want to change.

7) Q. I don't want to be in a Health Home. How can I get out of this program?

A. The program is voluntary so you can decide not to be in a Health Home. To do so, you must contact your assigned Health Home within 30 days of receiving your letter. You should call them at the number provided on the letter.

8) Q. If I am not in a Health Home, how will my care be affected?

A. You will continue to receive the services as you have in the past unless you already are in a case management program; in this situation you should contact your case manager.

9) Q. If I join a Health Home, what do I do if I have an emergency?

A. Contact your care manager. Health Homes are required to have crisis coverage 24 hours a day and 7 days a week.

10) Q. Will transportation be provided for me to get to my Health Home?

A. Your care manager will help you with transportation if you need it.

11) Q. When does my enrollment officially start?

A. As soon as the Consent Form is signed.

12) Q. Why was I put in this particular Health Home?

A. You were matched to this Health Home based on where you live and which providers you currently receive care from.

13) Q. What is a Care Manager?

A. This is a trained person who will help you get access to necessary medical and behavioral health needs (including substance abuse and mental health), specialty care and social services.

14) Q. When will I find out who my Care Manager is?

A. Once enrolled in a Health Home, you will be contacted by your Care Manager.