



## Department of Health

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To: Mainstream Medicaid Managed Care Plans, HIV/SNP, HARP and Health Homes  
RE: Incentive to Enroll High Risk Members

The Department of Health, Office of Health Insurance Programs, Division of Program Development and Management is issuing this guidance to direct Health Homes and Medicaid Managed Care Plans, including mainstream Medicaid Managed Care Plans, HIV Special Needs Plans (HIV SNP), and Health and Recovery Plans (HARP), to implement standard operating protocols to prioritize the enrollment of high risk members into Health Homes to avoid penalties enacted in the 2018-19 budget.

The Department has defined High Risk for the 2018-19 measurement year to include:

1. HARP enrolled members or HIV/SNP HARP eligible (members identified with Recipient Restriction/Exception Code (RE Codes) H1, H2, H3, H4, H5, H6
2. HARP eligible (members identified with (RE code) H8, H9
3. Any Health Home eligible member who has not engaged with a primary provider of care within the last 12 months
4. Any Health Home eligible member who meets the definition of homelessness such that a member is in a shelter system, street homeless, or unstably housed with family or acquaintances\*
5. Any member under the age of 21 who has Medicaid expenditures exceeding \$50,000 and/or two or more chronic conditions or behavioral health diagnosis

\*The Department of Health is evaluating data sharing models to provide Medicaid Managed Care Plans with the most up to date data regarding housing status of your members. Until a baseline can be determined the enrollment of members meeting homelessness criteria as defined in item four (4) above will not be included in the performance measures to calculate penalties for failure to enroll high risk members.