



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

TO: Medicaid Managed Care, HIV/SNP and HARPs

DATE: July 20, 2018

RE: Engagement and Enrollment (Outreach) Optimization Proposal for Enrolling High-Risk Members

Medicaid Managed Care Plans (MMCP), HIV/SNP, and Health and Recovery Plans (HARP) who are contracted with Health Homes are required to submit an Engagement and Enrollment (Outreach) Optimization Proposal to Enroll High Risk Members to the Department of Health for approval no later than August 31, 2018.

Attached is the template to use for your submission. MMCP, HIV/SNP, and HARP must incorporate a minimum of one of the approved models outlined below. Plans may choose any combination of the three models; or may propose an alternative model in addition to one of the three approved models. Plans must work directly with their Health Homes to develop these proposals.

Based on the recommendations from the Health Home/MCO Summits held on June 20th and 22nd, the Department has approved:

- 1. Direct Enrollment Model:** MMCP, HIV/SNP and/or HARP will be allowed to directly enroll their eligible members into Health Homes. The Plans will be allowed to complete the Health Home Patient Information Sharing Consent with their members including populating the care management agency on the consent to allow the Plan and CMA to communicate directly. The Department will issue supplemental guidance to Plans regarding the Health Home Patient Information Sharing Consent. By selecting this model, Plans must demonstrate how they will operationalize this work, including bidirectional communication with the Health Home and warm hand off from the Plan employee to the Health Home Care Manager. Direct enrollment **must be completed face to face** and cannot solely rely on assignment of members in the MAPP-HHTS.
- 2. Incentive Payments for Enrollment and Retention of Members:** In lieu of payment for an outreach process, Plans may elect to implement an incentive payment structure for enrollment and retention of Health Home members. The incentive payment may be contingent upon completion of agreed upon activities such as sharing a plan of care or participating in a Plan sponsored interdisciplinary team meeting. This incentive would supplement the Health Home Care Management rate, and Health Homes are prohibited from charging an administrative cost to the incentive payment.
- 3. Colocation Model:** Plans may select to contract with a Health Home or care management agency to facilitate enrollment at locations most frequented by Plan members. Health Homes may use Health Home Development Funds to support the start-up costs for colocation until the model is self-sustaining as evidenced by enrollment and retention rates. Plans may alternately choose to fund peer programs or other community health worker programs to achieve the goal of enrollment.

Proposals can be submitted to the Department through the Health Home Bureau Mail Log at:
https://apps.health.ny.gov/pubdoh/health_care/medicaid/program/medicaid_health_homes/emailHealthHome.action

Select: **MCP/MLTC Contracts** from the dropdown menu.

Submission of Proposals must be received by the close of business on August 31, 2018.