

# Health Home Implementation Webinars

Session #20– July 17, 2013

Program Updates



# Agenda

- ▶ Information Sharing Q&A
- ▶ Best Practices: Outreach and Engagement

# Information Sharing Q&A

**Q:** What do Data Exchange Application Agreements (DEAAs) and the Subcontractor DEAAs allow?

**A:** DEAAs allow the Department to share Medicaid member demographic information and the last five claims with lead Health Homes. Health Homes can execute subcontractor DEAAs to share this information with its network partners. Information for Managed care members is shared through the member's Managed Care Plan (MCP), which will share it with Health Homes using the Health Home tracking system portal.

**Q:** If health information is shared from provider to provider or lead Health Home to lead Health Home, do new DEEA packets need to be completed between these parties?

**A:** Only if no DEEA already exists between the parties.

# Information Sharing Q&A

**Q:** Once the member has signed the Health Home consent form, can the Health Home exchange needed patient information with the providers that are listed on page 3 of the consent form?

**A:** Yes.

**Q:** Can the Health Home consent be tailored to an individual's preferences?

**A:** Yes and no. The body of the consent cannot be changed as it needs to remain in compliance with the appropriate state and federal laws applicable to consent. However, the list of providers with whom consent can be shared is tailored to the members. When introducing the member to the Health Home consent form, the Health Home's partner network providers involved in that member's care should be listed beginning on page three. The member can cross off and initial any provider that they do not want their information shared with.

# Information Sharing Q&A

**Q:** Does the consent form that members sign with their Managed Care Plan (MCP) allow the MCP to share the member's information with a Health Home?

**A:** A MCP may share information about its consented members on an individual basis with a Health Home to the extent allowed under HIPAA requirements and provided properly executed agreements are in place. The participating Health Home and the Managed Care Plan should check with their own legal counsel regarding the sharing of individual member information based upon the MCP's consent. In order to share information for multiple individuals, the MCP and the Health Home must have a contract with a Business Associate Agreement (BAA) in place. If a MCP and a Health Home have a contract in place with a BAA, then a member Health Home consent is not required to share information between the MCP, the Health Home and the MCP's network providers because the Health Home is acting on behalf of the MCP and the member has signed a consent with MCP when they enrolled.

# Information Sharing Q&A

**Q:** If a member is enrolled in a Managed Care Plan (MCP) do they need to sign the Health Home consent form, even though they have already signed the consent form with the Managed Care Plan?

**A:** Yes. This allows the Health Home to share information with providers that may not be part of the members MCP provider network. In addition, the Health Home consent has a second function, to allow the lead Health Home to access information through the Regional Health Information Organization's (RHIO) Health Information Exchange (HIE).

**Q:** Can a Health Home reach out to clinical providers identified in the first five claims provided by the Department to identify the most current address/phone number to help find the individual prior to consent being signed?

**A:** The Health Home can reach out to a clinical provider if the member is enrolled in a Managed Care Plan (MCP) and the provider is a part of the member's MCP network, or if the provider is part of the Health Home network and the Health Home has a DEAA subcontractor agreement with the provider. If neither of these applies then the Health Home cannot reach out to provider for more information without a member's consent.

# Information Sharing Q&A

**Q:** Some Managed Care Plans (MCPs) are only passing through to Health Homes the data provided by the Department. Can the Department require a standard template of additional data that Health Homes can request from MCOs?

**A:** The Department made a determination that under the federal Medicaid confidentiality regulations, the Department could release demographic information along with the last five claims and encounters. MCPs should be providing this at minimum, but are strongly encouraged to provide additional information that will assist the Health Home in locating and engaging with the individual. Due to the variety of communication systems in place the Department cannot proscribe a standard template; it is up to the Health Homes and MCPs to develop processes for information sharing. MCPs can share additional information provided they have a executed contract and Business Associate Agreement with the Health Home, as described above, but the MCP may defer to advice from their legal counsel .

# Information Sharing Q&A

**Q:** Will a name change amendment for a DEAA hold up member assignment files through the portal?

**A:** If a Health Home submits a name change as a DBA, the Health Home is still the same entity. Member assignment files may still be shared while an amendment takes place.

If a Health Home files a name change as a new corporation or LLC, a totally new DEAA will need to be executed to include the new corporate structure as a new legal entity. While the current DEAA is being amended to reflect the new corporation or LLC name, the previous agreement is still in effect and member assignment files may be shared. Health Homes that anticipate a name change or legal structure change, should include an Assumption Clause, including a list of all agreements, when completing their DEAA. In addition, Health Homes can also submit a DEAA as a DBA (doing business as) if they know they are going to change their name.

# Information Sharing Q&A

Q: When does a Local Government Unit (LGU) or LDSS office need to complete a BAA included in the DEAA in order to receive the DOH assignment file for outreach and engagement?

A: Not all staff in LDSS offices or LGUs are covered entities for the purpose of sharing Medicaid information. If an LDSS or LGU acts as the local district Medicaid office, they are a covered entity and don't need a DEAA subcontractor agreement. If they are another section of an LDSS or LGU, providing general services such as HEAP or Food Stamps, they would require a DEAA subcontractor packet with each lead Health Home in order to share information on members prior to their consent. If you have a question as to whether staff of your LDSS or LGU are covered entities, contact the Medicaid Privacy Coordinator.

# Best Practices:

## Outreach and Engagement

- ▶ No initial assignment of the same individual to more than one care management agency
  - Creates enormous confusion for agencies and clients.
  - Results in denied reimbursement due to multiple billing.
- ▶ No routine switching of assignment during hiatus to another care management agency
  - Is not the intention of the hiatus period – the assigned person is not eligible for billing for three months.
  - Switching assignment should only be done if original care management agency has notified the lead they have had no success and are closing the case, **or** after the second active try (9 months), the care management agency is unsuccessful, and is notified by Lead that assignment is being switched.

# Best Practices: Outreach and Engagement

- ▶ If a Lead provides Outreach and Engagement:
  - Must provide progressively more intensive outreach services
  - Cannot refer assigned individual to downstream provider for less than 3 month period allowed;
  - Sending a letter notifying the potential member of eligibility (welcome letter) is an administrative task covered by administrative fee;
  - Lead should not exhaust the 3 month period of outreach and engagement billing and then forward the case to network care management partners.

# Useful Contact Information

- Visit the Health Home website:  
[http://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/](http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/)
- Get updates from the Health Homes listserv. To subscribe send an email to: [listserv@listserv.health.state.ny.us](mailto:listserv@listserv.health.state.ny.us) (In the body of the message, type SUBSCRIBE HHOMES-L YourFirstName YourLastName)
- Email questions or comments: [hh2011@health.state.ny.us](mailto:hh2011@health.state.ny.us)
- Call the Health Home Provider Support Line: 518-473-5569