Health Home Implementation Webinars
Session #44– September 3, 2014
Program Updates
Agenda

- Updated Health Home Questions and Answers
- Health Home Provider Billing Manual Update
- MAPP Update
Questions and Answers Updated

- DOH has made some updates to the frequently asked Questions and Answers (FAQs) currently posted on the DOH Health Home website.

- Several questions have been removed/updated to better respond to current policy and practice.

- The current face of the Question and Answer webpage will have a slightly different look.
Changes to Current Q&A Webpage

February 25, 2013

Note: Any questions which have been added will have the word NEW preceding them and any answers that have been revised will have the word UPDATED preceding them.

Table of Contents
- NEW General
- Health Home Letter of Intent/Applications/Provider Enrollment/Application Form
- Targeted Case Management (TCM)
- Chronic Illness Demonstration Project (CIDP)
- NEW Population Assignment/Eligibility (Patient Tracking System)
- NEW Billing and Payment
- NEW Health Information Technology
- Health Home Network
- Health Home Design
- Quality Metrics and Evaluation (CMART)
- NEW Member Consent Forms
- Revised Managed Care
- Spend-down

General

1. What is the difference between Medical Homes and Health Homes?

The Patient-Centered Medical Home (PCMH) is a model for care, provided by physician-led practices, that seeks to strengthen the physician-patient relationship by replacing episodic care based on illnesses and individual's complaints with coordinated care for all life stages, acute, chronic, preventive, and end of life, and a long-term therapeutic relationship. The physician-led care team is responsible for coordinating all of the individual's health care needs, and arranges for appropriate care with other qualified physicians and support services.
Changes to Questions and Answers Sections

- **General**: expanded related to homelessness and housing; DEAA for Health Homes and Managed Care Plans; transportation.

- **Minor adjustments in language for sections on**:
  - Targeted Case Management (TCM)
  - Population Assignment/ Eligibility (Patient Tracking System)
  - Billing and Payment
  - Health Information Technology, and
  - Health Home Network
Changes to Questions and Answers Sections

- **Member Consent:** renamed “Member Forms” and includes Q&As for forms such as DOH 5055, DOH 5058, and DOH 5059.

- Updated versions of the Welcome Letters to be completed and posted shortly.

- **Spend-down:** this is a new section added to the list.
Updates to the Health Home Provider Billing Manual currently posted on eMedNY are almost complete.

Updates to the manual will be provided at an upcoming Health Home webinar.

A listserv blast will be sent out as soon as the updated manual is posted on eMedNY to replace current version January 2014.
MAPP – Health Homes Update

• Jump Start Pilot completed in early July
  • Obtained excellent feedback from HH/MCO/CMA to feed into Phase 1 of system.

• Department continued documenting business requirements for Phase 1 included HH community surveys.

• Phase 1 Detailed requirements gathering / Gap-Fit with IBM started 8/18.

• Plan to have detailed project schedule over next month.

Project Scope – MAPP Phase 1

• **Overall scope statement:**
  - Replace existing Member assignment and tracking system and its associated functionality
  - Provide more timely access to data from Medicaid Data Warehouse
  - Provide enhanced user access to include Care Management Agencies
  - Design for DOH-HH-CMA interoperability

• **More detailed scope categories are**
  - Identification of Health Home eligible population
  - Assigning eligible individuals to Health Homes
  - Outreach of CMAs and Health Homes to potential members
  - Enrolling an individual into a Health Home once outreach is complete
  - Referrals of potential members
  - Billing Support
  - Transfer of individuals between Health Homes
Current MAPP Surveys

• **Survey #3 Interoperability - August 27, 2014**
  • **Purpose:** This survey is designed to collect more background information on your existing system’s current state of interoperability, what interoperability means to you and where to focus the interoperability efforts for this project. Interoperability for the Medicaid Analytics and Performance Portal (MAPP) in the first two (2) phases of the project is defined as determining a strategy and technology solution to connect MCP, Health Home, and CMA systems to MAPP in a common way in order to more efficiently pass data back and forth, reduce duplicate data entry, and reduce a dependency on manual file handling, where possible.
  • Please note the due date of Survey #3 is **Friday, September 5, 2014**.
  • Survey #3 requires responses from Health Homes, Managed Care Plans and Care Management Agencies.
  • [https://www.surveymonkey.com/s/NYHH_Interoperability](https://www.surveymonkey.com/s/NYHH_Interoperability)

• **Survey #2 Exchange of Billing Information- August 23, 2014**
  • **Purpose:** The survey is designed to focus on existing tracking system process flows and assist in understanding current Billing Roster processes in order to inform development of the Medicaid Analytics Performance Portal (MAPP).
  • Please note the due date of the surveys is **Friday, September 5, 2014**.
  • **Managed Care Plan:** [https://www.surveymonkey.com/s/MCP002](https://www.surveymonkey.com/s/MCP002)
  • **Health Home:** [https://www.surveymonkey.com/s/HH002](https://www.surveymonkey.com/s/HH002)
Useful Contact Information

- Visit the Health Home website:  
  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 (In the body of the message, type SUBSCRIBE HHOMES-L YourFirstName YourLastName)

- To email Health Homes, visit the Health Home Website and click on the tab “Email Health Homes”  
  http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/

- Call the Health Home Provider Support Line: 518-473-5569