



**Department
of Health**

Medicaid
Redesign Team

Continuity of Care and Re-engagement for Enrolled Health Home Members Policy Training

NEW: Health Home policy HH0006

September 27, 2017

Introduction

- Policy first drafted through the work of a subcommittee in response to requests for clarification related to care management practices for conducting outreach to enrolled members deemed 'lost to service'
- Replaces current Health Home policies and any other information provided in Medicaid updates and previous webinars related to this subject matter:
 - *3.7 Payment for Health Home Members During an Extended Inpatient Stay*
 - *3.8 Health Home Member Lost to Services, Outreach for Re-engagement, or Disenrollment'*
- Applicable to enrolled Health Home members, both adults and children

Introduction (cont.)

Maximizing member engagement and retention in CM services is vital to positive health outcomes and member satisfaction. Unfortunately, CMs are faced with members who become disengaged for various reasons and therefore, must be able to respond appropriately and timely to locate and re-engage members

Policy and Procedures

Health Home policies and procedures must address:

- How members are identified as disengaged from CM services
- Steps to be taken to search for and re-engage members
- Specific timelines associated with location and reengagement efforts
- Members in 'Excluded Settings'
- When it's appropriate to disenroll members
- Member Status and Billing practices
- Quality Management activities

Replacing Current Outreach Practices with New Search Efforts

Current HH policy 3.8

- Lost To Service
- Bill at outreach and engagement
- Allowed for a period of three months providing a period of three months has lapsed since the HH last billed for outreach and engagement for that member
- If the member is not found after three months of outreach and engagement, the member should be disenrolled from the HH program

New Policy

- Replaces Lost To Service with *Disengaged*
- Focuses on member retention
- Replaces current *Outreach* practices, allowing a period of 6 months to locate disengaged members, with more defined procedures and timelines referred to as:

Diligent Search Efforts and Continued Search Efforts

Diligent Search Efforts versus Continued Search Efforts

Diligent Search Efforts

- Conducted for three consecutive months
- Three or more activities must be conducted monthly, beginning with notification to MMCP and HH
- Member Status is 'active'
- Billing is allowed each month that CM location activities were conducted

Continued Search Efforts

- Conducted for three consecutive months
- MMCP and HH monitor for member activity and report to CMA
- Member Status is 'pended'
- Billing is prohibited while Member Status is 'pended'

Diligent Search Efforts

- Intensified efforts used by CM/CMA to locate members, as follows:
 - a. Conducted for three consecutive months beginning the month in which the member is deemed disengaged from CM services
 - b. Consists of three or more activities required monthly, starting with notification to the member's MMCP and HH
 - c. Member status in MAPP HHTS remains 'active'
 - d. Billing at *enrollment rate* is allowed each month *as long as* CM can demonstrate that appropriate search efforts were conducted
 - e. Supporting documentation of all activities related to *Diligent Search Efforts* and outcomes must be in member's record
 - f. If member is not located, must move into *Continued Search Efforts*

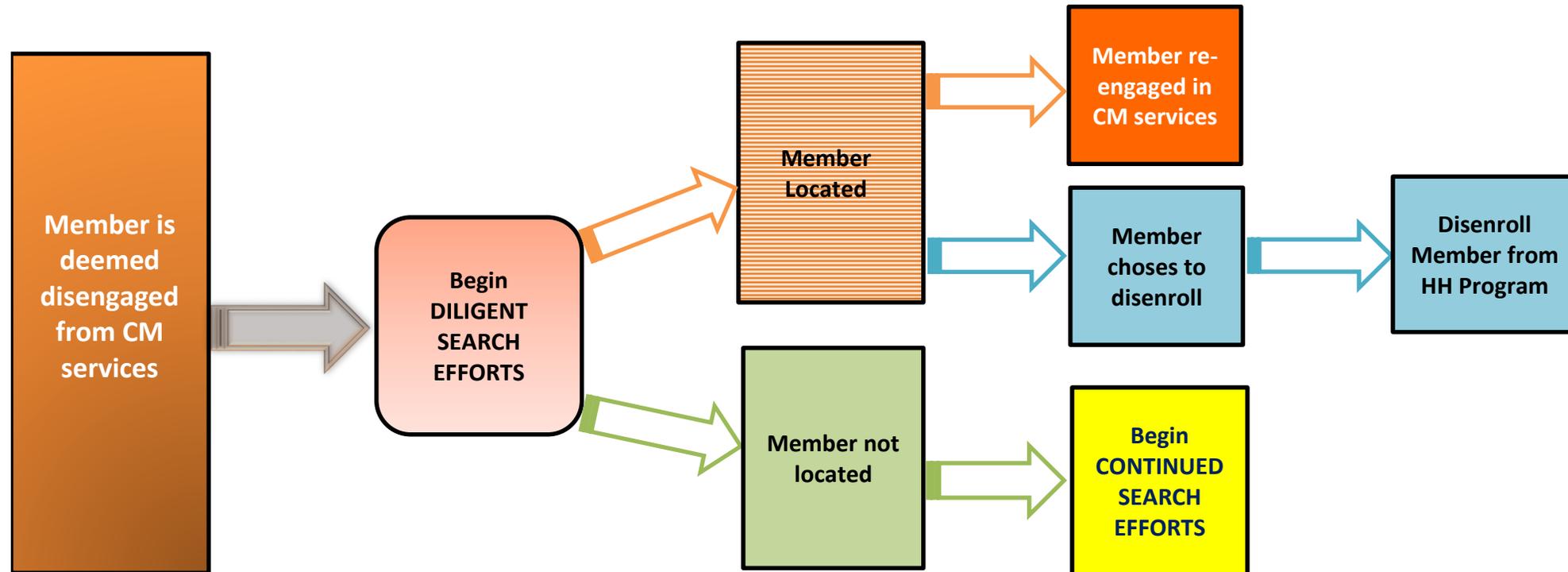
DILIGENT SEARCH EFFORTS

Length of Time: Three consecutive months, beginning the month in which member is deemed disengaged from CM

Search Efforts: three or more activities per month, beginning with notification to MMCP and HH

Member Status: Remains 'active' for all three months

Billing: Permitted monthly at the *enrollment* rate, as long as appropriate search efforts are conducted



Continued Search Efforts

When a member is not located during Diligent Search Efforts, CMA/CM must inform the member's MMCP and HH to assure efforts to monitor for member activity occurs. *Continued Search Efforts* are conducted by the MMCP and HH, as follows:

- a. Three consecutive months, beginning the month immediately following the period of Diligent Search Efforts
- b. Member activity is monitored through Managed Care, RHIO, and hospital alerts, and communications with providers and collaterals
- c. HH and MMCP must have process in place to assure notifications are mutually shared, and communicated to CMA timely

Continued Search Efforts (cont.)

- d. CMA must conduct timely follow-up to notifications received from MMCP/HH and report back on outcomes of activities taken. MMCP and HH must monitor outcomes to determine need for *Continued Search Efforts*
- e. Member Status in MAPP HHTS is 'pended' during which time Billing is prohibited unless *Continued Search Efforts* result in locating and engaging the member by the CMA/CM
- f. CM must document all notifications received and activities conducted related to *Continued Search Efforts*
- g. Members may be disenrolled if not located after *Continued Search Efforts*

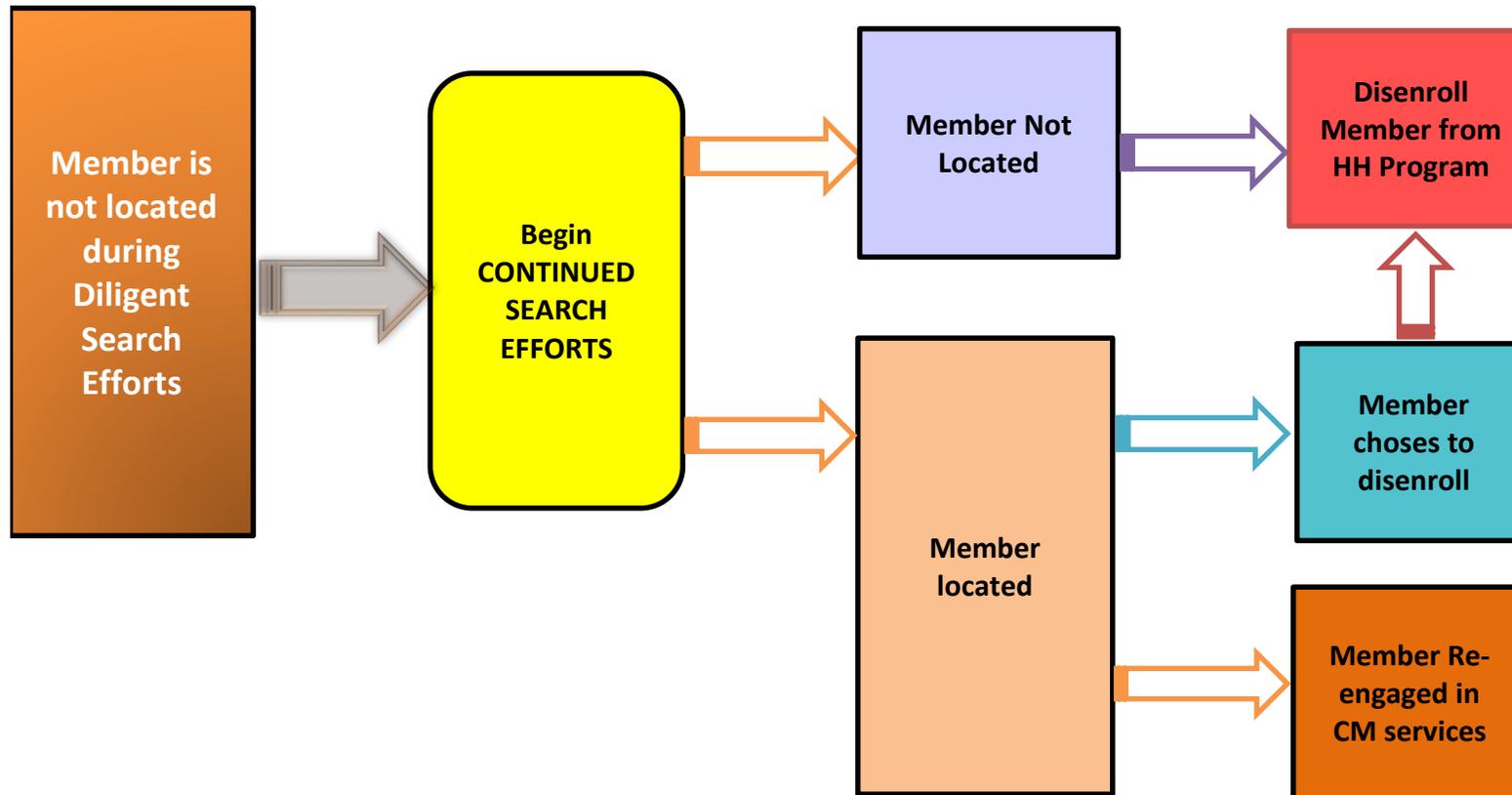
CONTINUED SEARCH EFFORTS

Length of Time: Three consecutive months, starting the month following completion of Diligent Search Efforts

Search Efforts: MMCP and HH monitor for member activity and notify CMA when member location is identified

Member Status: Remains 'pending' for all three months

Billing: Not permitted if Member Status is 'pending'. If member is located and CM core services provided, then billing is permitted and Member Status is changed to 'active'



Successful Location and Re-engagement of Member

When member is located during search efforts, CM must assure timely re-engagement occurs. Activities include:

- Discuss and address any reasons for disruption in continuity of care
- Screen member for additional risk factors and complete assessments, as appropriate
- Update member's plan of care and record (review consents, etc.)
- Conduct case review with member and care team, and discuss options to potentially prevent reoccurrence and support retention
- Member Status in MAPP HHTS is 'active (retroactive to 1st day of month member located)
- Resume Billing at enrollment rate

Redefining Extended Stays

Current Policy 3.7

- Extended Inpatient Stay
- Anticipated discharge within 180 days
- Admission and discharge months are billable with core service for discharge planning
- Interim months are billable at O/E rate after 3 month period since last O/E was billed

New Policy

- Excluded Settings
- Anticipated discharge/release within six months
- Billable months expanded beyond admission and discharge
- Billing permitted at enrollment rate
- Describes Member Status to support Billing

Excluded Settings

Excluded Settings are defined as: Inpatient, hospitalization, institution or residential facility, incarceration, nursing home, etc.

- A period of six consecutive months from admission is allowed.
- CMA may bill at the enrollment rate *IF* contact is made with the member or the discharge planning staff of the excluded setting for the purpose of discharge planning as follows:
 - during the month in which the member enters an excluded setting, or
 - for the month in which the member is found to be in excluded setting
- Member segment in MAPP HHTS is 'pended' while member is in excluded setting unless activities are conducted by the CM/CMA that support the member's discharge from the setting

Excluded Settings (cont.)

- CMA may bill at the enrollment rate for discharge planning activities conducted within the month prior to discharge, and during the month of discharge *as long as* the CM can demonstrate that appropriate activities took place to support the member's discharge
- Member segment in MAPP HHTS is changed to 'active' for month(s) in which CM core services were provided related to discharge planning
- CM must document all contacts and activities conducted to support billing for core care management services related to discharge planning

NOTE: Refer to this policy for guidance specific to members who are incarcerated

Member Disenrollment

- If a member cannot be located upon completion of both Diligent Search Efforts and Continued Search Efforts, disenrollment from the HH program must occur
- If a member is located but chooses not to remain in the HH program, the CMA/CM must work with the member and member's care team to establish a disenrollment/safety plan
- The CM should evaluate options to support member retention (e.g., change in HH or CMA/CM)

Role of CM Supervisor

Policy puts a stronger emphasis on the importance of including the CM Supervisor in activities related to member disengagement

The CM Supervisor must:

- Be notified by CM when member is deemed disengaged from CM services
- Provide clinical and policy guidance to support search efforts
- Participate in case reviews
- Be actively involved in the decision to disenroll the member from the HH program
- Assure appropriate notifications are provided to MMCP and HH, as necessary

In Closing...

- Implementation date is October 1, 2017. During the month of October, HHs should develop policies and procedures and provide training
- Beginning November 2017, Health Homes must apply all Member Status and Billing protocols
- HHs must evaluate patterns related to member disengagement within its own network, and establish Quality Monitoring activities to address any issues identified
- Additional information will be forthcoming on other policies referenced:
 - *Disenrollment from the HH program*
 - *Health Home Notice of Determination and Fair Hearing Process*

A copy of the *Continuity of Care and Re-engagement for Enrolled Health Home Members Policy* can be found on the Health Home Website.

For questions, please call the Health Home Provider Line at 518-473-5569, or email at:

https://apps.health.ny.gov/pubdoh/health_care/medicaid/program/medicaid_health_homes/emailHealthHome.action subject: Health Home Policy