



September 25, 2017

Modifications to Health Home Outreach: Guidance and Preliminary Timeline

Effective **October 1, 2017** all outreach segments with dates of service on or after October 1, 2017 are subject to new outreach policy restricting billing to two months.

- Due to rate change approval timeframes, the reduction in the outreach rate from \$135 to \$110, effective October 1, 2017, will be implemented retroactively. Therefore, upon rate approvals, Health Homes and CMAs **must be prepared for a retroactive rate adjustment back to October 1, 2017 that will result in the recoupment** of overpayment to be noticed to Health Homes/CMAs.
- HHCM's with current outreach segments will continue to bill for progressive outreach under current policy guidelines and for the remaining period of the 90-day outreach segment.
- All outreach segments that have not resulted in member contact either verbal or face to face in the first month of outreach are strongly encouraged to be end dated. If there is evidence of member contact, the CMA may continue outreach efforts for a second month; however, in the absence of a face to face visit, CMAs are **prohibited from billing the second month of outreach**.

For members with prior outreach history:

Not acceptable for billable outreach on or after October 1, 2017:

- Member has exceeded outreach timeframe under existing outreach policy (i.e. 6 months of outreach within the last 12 months)

Acceptable for billable outreach on or after October 1, 2017:

- Any member assigned on or after October 1, 2017 by Managed Care Plan (MMCP)
- Any community based referrals received on or after October 1, 2017
- An alert or notification that a member has been located in a shelter, jail or other institution through established alerts and/or referrals from the community providing valid and actionable information to engage the member is present. Actionable is defined as:
 - Information that supports face to face contact and engagement of an individual such as:
 - Member has been located through standard plan utilization management and has agreed to meet with a HHCM



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- Appointment with the member set up by the referent to introduce HHCM
- Request from a provider or MMCP to visit the member during a hospitalization
- New information such as a recent phone number and address that increases the likelihood of face to face engagement
- Member has expressed interest in care coordination following engagement in other healthcare services

Documentation guidelines and information on the MAPP-HHTS Release 2.2 can be found at:

https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/mapp/docs/2017-09-19_mapp_webinar.pdf

Timeline:

October 1, 2017:

- Implementation of Outreach timeframes and modification guidance
- Convene stakeholder group to evaluate Outreach modifications and policy revision

December 1, 2017:

- MMCP will identify predictive risk modeling procedures to identify high risk HH eligible members for assignment. MMCP will implement this new assignment process effective 2/1/18
- Draft Outreach Policy issued for comment

Upon Receipt of required rate approval:

- Retroactive outreach rate adjustment from \$135 to \$110 to be calculated for all Outreach service dates on and after October 1, 2017.
- Issue Final Revised Outreach and Engagement Policy contingent on CMS approval