ST. JOSEPH'S HEALTH A Member of Trinity Health; ST PETER'S HEALTH PARTNERS A Member of Trinity Health	**Effective Date:** January 1, 2024

Category: **I. Contacts and Communications**

Title: **1. Managed Care Organization Communication**

Applies to:

☐ St. Peter's Health Partners (SPHP)

☐ All SPHP Component Corporations **OR** ☐ Only the following Component Corporations: (Click here for a list)
☐ _____

☐ All SPHP Affiliates **OR** only the following Affiliates: (Click here for a list)
☒ **All Community Health Connections Care Management Agencies**

☐ St. Peter's Health Partners Medical Associates (SPHPMA)

Contents

PURPOSE

The purpose of this policy is to provide a standard set of expectations regarding appropriate communication with the Managed Care Organizations that are payers for some Health Home Members.

POLICY STATEMENTS

Managed Care Organizations (MCOs) are the payers for Health Home services for any non-Fee-for-Service Health Home Members. MCOs are a partner in terms of Health Home services and have access to data and information on Health Home Candidates and Members that can be helpful in providing adequate and timely services to those served by CHC. MCOs can be helpful in locating Members or Candidates, alerting Care Coordinators when they are admitted to a facility, present at an Emergency Department, or attend appointments with providers. MCOs can also assist in the delivery of Care Transitions. MCOs can provide a wealth of real time information on Candidates and Members and MCOs should be viewed as a partner in terms of the provision of Health Home services.

SCOPE OF AUTHORITY / COMPETENCY

All Care Management Agencies that comprise the Community Health Connections Health Home program.

DEFINITIONS

***DOH 5055*:** Health Home Patient Information Sharing Consent Form; the State produced form for capturing consent for other providers as well as natural supports

***Health and Recovery Plan (HARP)*:** Care management for adults with significant behavioral health needs. Plans will facilitate the integration of physical health, mental health, and substance use disorder services for individuals requiring specialized expertise, tools, and protocols, which are not consistently found within most medical plans. In addition to the State Plan Medicaid services offered by mainstream MCOs, qualified HARPs will offer access to an enhanced benefit package comprised of Behavioral Health Home and Community Based Services (HCBS) designed to provide the individual with a specialized scope of support services not currently covered under the State Plan.

Health Home Candidate: An individual who is in active Client Search (Outreach) status, but who has not yet been enrolled in Health Home services

Health Home Member: An individual who is enrolled in Health Home services

***Managed Care Organization (MCO)*:** Payer for non-fee-for-service Health Home Members and Candidates; includes CDPHP, MVP, UnitedHealthcare, Excellus, Molina and Fidelis

PROCEDURE

A. Contacts with Managed Care Organizations (MCOs)

1. Collaboration and contact with a Health Home Candidate or Member's MCO is considered a key aspect of care coordination. Though there are many instances when MCO collaboration and communication may be warranted, Care Coordinators and Outreach Specialists should be contacting MCOs in the following circumstances at minimum.
    a. When the MCO is the referral source for Health Home services.
    b. When the referral outcome is determined, regardless of the outcome.
    c. Prior to referring the Member to providers to ensure that providers fall within the MCO's contracted network of providers.
    d. When a Care Transition is provided in accordance with Policy D1. Critical Events and Incidents: Critical Events and Care Transitions.
    e. When a Member is lost to service and entering Diligent Search Status in accordance with Policy C6. Care Coordination: Case Closure and Re-engagement.
    f. When diagnosis verification is needed.
    g. When assistance is needed in obtaining information regarding hospitalization and emergency room discharges and the information is unavailable through other channels such as Hixny.
    h. When Case Conferences are needed to develop plans for high needs individuals.

B. Consent to Contact MCOs

1. If the Candidate or Member has an MCO (as opposed to Fee-for-Service Medicaid via NYS), the Care Coordinator must ask the Candidate or Member to give consent to speak with the MCO via the NYS DOH 5055. If the Candidate or Member chooses not to provide such consent, the denial to provide consent must be documented in the Candidate's or Member's chart via a Care Note.

2. If the MCO is listed on the Candidate's or Member's DOH 5055, there is no restrictions on the information that can be shared for the purposes of coordination and collaboration, unless the Candidate or Member has specifically selected to limit the information that can be shared with the MCO.

3. If the Candidate or Member chooses not to give consent to speak with his or her MCO the Lead Health Home must be notified when MCO notifications are required. This includes notifying the following:
    a. When a Member enters Diligent Search Efforts Status
    b. When a Member steps on or off HH+ services
    c. When a Member is being discharged from the Health Home program

C. MCO Points of Contact

1. The Lead Health Home will maintain a list of current MCO points of contact organized by reason for inquiry, or as provided by the MCO. This list will be updated as needed and will be accessible via the Health Home website Resource Page.

2. Email is the preferred method of contact for all MCO partners. Each MCO has a Health Home-specific email that should be used unless a specific contact person is already known.

3. Fidelis requires the use of a Health Home Inquiry Form for all inquiries emailed to their Health Home inbox. A copy of the form can be accessed via the Health Home website resource page.

D. MCO Communication Regarding HARP and HCBS Activities

1. The HARP process of linking eligible Members with HCBS services requires communication with the Member's MCO. This communication includes, but it not limited to submitting the Level of Service Determination Request after the Eligibility Assessment as well as submitting the final Plan of Care for approval. For more information on HARP requirements, see Policy F1. Special Programs: HARP and HCBS.

REFERENCES

New York State Department of Health (October 2015). Guidance to Managed Care Organizations, Health Homes, Care Management Agencies, and Providers: Sharing Protected Health Information for Outreach to Support Enrollment of Individuals in Health Homes. (https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/guidance_to_mcos_hhs_cma_and_providers_re_info_sharing.pdf)

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