

Requirements and Instructions For Using the Notification of Change Form

The information provided in this document pertains to Health Homes serving adults and/or children.

Health Homes (HH) are responsible to adhere to Health Home provider qualifications and standards, functional requirements, and guidelines as outlined by the Centers for Medicare and Medicaid Services (CMS), in the State Medicaid Director Letter (SMDL) #10-024, *Health Home for Enrollees with Chronic Conditions*.

A HH may experience changes in its structure and/or network for various reasons. When making such changes the Health Home *Notification of Change Form (NOC)* attesting to the applicable revision(s) must be completed, signed by the Health Home Executive Director, and submitted to the New York State Department of Health (Department) for review.

This document describes the various circumstances that may warrant structure/network change(s), and expectations for HHs to properly manage them (e.g. notification to the Department or other entities such as NYSDOH Security and Privacy Bureau, issuance of the NOC Form, and so forth).

NOTE: Certain circumstances are identified that require either updating or completing a new HH consent, with specified timeframes. HHs must ensure that procedures for revising or obtaining new HH consents (for adults and children) are followed, per the following HH policy:

Access to/Sharing of Personal Health Information (PHI) and the Use of Health Home Consents: HH0009

https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/policy/greater6.htm#outreach – under: *Consent*

When using the NOC, HHs must complete and submit the form through the *Health Home Bureau Mail Log (BML)* located on the Department's Health Home webpage "Email Health Homes" via the following link:

https://apps.health.ny.gov/pubdoh/health_care/medicaid/program/medicaid_health_homes/emailHealthHome.action – select: *Organizational Changes*

NOTE: Providers contacting Health Home Provider Enrollment via phone will be directed to complete and submit the NOC as required.

Health Home Changes That Require a Notification of Change (NOC) Form

The NOC is used by the Lead HH to inform the Department of any of the following changes:

1. Program Name Change (Designated Corporate Name or DBA)
2. Corporate Structure (Closure, Merger, Separation, Governing Board)
3. New/Change to Health Home or Care Management Agency MMIS/NPI
4. Designated Service Counties (Expansion, Withdrawal)
5. Billing Vendor
6. RHIO Connectivity
7. Care Management Platform/Electronic Health Record
8. CMA Relationship
9. Partner/Network Provider

1. Health Home Program Name Change

a. Changing Designated Corporate Name

i. The HH must:

1. Submit the NOC Form to the Department;
2. Submit request and any documentation required to the NYS Bureau of Provider Enrollment;
3. Submit request to NYSDOH Security and Privacy Bureau at: doh.sm.Medicaid.Data.Exchange@health.ny.gov regarding completing any addendums to the Data Use Agreement (DUA);
4. Notify all members of the change in HH name and the need to sign a new HH consent form;
5. Ensure all members complete and sign a new HH consent form within six months to reflect their new HH name and provide a copy of the new consent to the member; and,
6. Update all documents, forms, letters and PR materials (i.e. brochures, pamphlets, etc.)

ii. Once the NYS Bureau of Provider Enrollment and the NYSDOH Security and Privacy Bureau have confirmed with the Department that all requirements have been met by the HH, the Department will ensure the HH name has been updated in MAPP HHTS and update the Department's Health Home website.

b. Changing Health Home Name by Doing Business As (DBA)

i. The HH will submit to the Department the NOC and the Department of State *Certificate of Assumed Name*.

NOTE: Before submitting the *Certificate of Assumed Name*, the HH should review the Instructions for Completing the *Certificate of Assumed Name* which can be found on the NYS Department of State's Website at: <http://www.dos.ny.gov/corps/assdnmins.html>

ii. Once the Certificate of Assumed Name and NOC form are received, the Department will forward both documents to the Bureau of Provider Enrollment.

iii. The Department will verify the name has been updated in MAPP HHTS and ensure the Health Home website is updated.

iv. The HH must also:

1. Contact the NYSDOH Security and Privacy Bureau at: doh.sm.Medicaid.Data.Exchange@health.ny.gov regarding completing any addendums to the DUA.
2. Provide the Bureau of Provider Enrollment with any information upon request.
3. Notify all members of the change in HH name and need to sign new HH consent.
4. Ensure all members complete and sign a new HH consent form within six months to reflect their new HH name and provide copy of new consent.
5. Update all documents, forms, letters and PR materials (i.e. brochures, pamphlets, etc.).

2. Corporate Structure Change (closure, merger, separation, governing board)

- a. The HH must submit a detailed description to the Department within six months of expected change date justifying the changes, how the change will impact its HH service model and how the process will occur, along with the NOC.
- b. Once the NOC and required information is received, the Department will review the information internally, and:
 - i. If the action is denied, the Department will send a denial letter to the HH via e-mail.
 - ii. If the action is approved, the Department will send an approval letter to the HH with *next steps*, and schedule a meeting with the HH, HH Program Director and MAPP Team to discuss the change, plan of action and date of change (for HH closure, services may not be discontinued without a Department approved closure/services cessation plan). During these meetings, additional tasks may be assigned (e.g., during closure assuring all CMAs are reassigned to a new HH and appropriate contractual updates are provided by the HH). Discussion must also include the impact of the change on members to include the need for signing new consent and options for the member to change HH, CMA, and so forth.

NOTE: In the event a HH closure is initiated by the Department, a NOC would not be needed. The Department will provide written notification to the HH describing the reason(s) for requesting its closure and expected closure date. The impact of the HH closure on members remains a priority and all steps would be taken to ensure appropriate transition occurs.

Depending on the type of corporate structure change, some or all of the following may be required:

- Notification to all network CMAs;
- Notification to all contracted Plans;
- Notify all members of the change in HH status and need to sign new HH Consent, if applicable to the situation;
- Working with Plans and CMAs to ensure proper and timely transition of members to HH and/or CMA of their choice prior to the last day;

- Ensuring all members complete and sign a new HH consent within six months and provide copy of new consent to the member (if applicable);
 - Reporting progress of transition to the Department as established by the transition plan;
 - Notifying the NYSDOH Security and Privacy Bureau at: doh.sm.Medicaid.Data.Exchange@health.ny.gov of the closure, and, to receive any *next steps* (e.g. need for addendum to the DUA, etc.);
 - Update all documents, forms, letters and PR materials (i.e. brochures, pamphlets, etc.).
- c. If the HH changes their governing board to other than what is listed on the currently approved eMedNY application for their MMIS#, the HH is required to complete and submit a *Disclosure Form* and return it to eMedNY.
https://www.emedny.org/info/ProviderEnrollment/ProviderMaintForms/380103Institutional_Disclosure_Form.pdf
- d. Additional meetings may occur until the structure change is complete.

NOTE: If the Department initiates the closure of a HH, the Department will provide written notification to the HH describing the reason(s) for requesting its closure and expected closure date. The HH would not be required to submit a NOC to the Department. However, the HH must work with the Department and other necessary entities to ensure all appropriate steps are taken to secure a timely and complete transition for all HH members.

3. New/Change to Health Home or Care Management Agency MMIS/NPI

- a. The HH or CMA must contact the Bureau of Provider Enrollment at 1-800-343-9000 for direction on completing *next steps* for obtaining a new/making a change to their MMIS/NPI.

For more information about this process, please visit the Department's *Lead Health Home Resource Center* webpage on the Health Home website at: https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/lead_hhc.htm - under: *Administrative Requirements for Health Homes* (see: *Medicaid Provider Enrollment for Health Homes and Care Management Agencies*)

- NOTE:** When submission of an application and associated documents are required, it can take eMedNY up to 90 days to complete their review eMedNY will notify the Department and the provider of the application approval.
- b. When required *next steps* have been completed, the HH must complete and submit the NOC to the Department, verifying completion of the process
- c. In addition, the HH must submit the NOC to the MAPP CCC at: MAPP-customercenter@cma.com

- d. The Department's MAPP HHTS Team will discuss *next steps* with the HH and/or CMA regarding needed MAPP HHTS changes to ensure continued member connectivity without interruption.

4. Designated Service Counties Change (expansion, withdrawal)

- a. The Health Home must:
 - i. Submit the NOC form along with an explanation of why the HH would like to expand or withdraw from requested county(ies).
 - a. If the request is for an expansion, the HH must submit a written expansion plan describing the purpose for expansion and the steps the HH will take to provide an integrated network of CMAs, primary care providers, foster care population, HIV, Mental Health, medically fragile, and Substance Use Disorder services and other community resources.
 - b. Once all information is received, the Department will review the potential changes internally as well as with the State Agency Partners.
 - i. If the action is denied, the HH will receive a denial letter.
 - ii. If the action is approved, the HH will receive an approval letter with the following directions:
 - a. Update the provider network for the HH through the MAPP HHTS;
 - b. Ensure the consent form has been updated to reflect any changes to the list of network providers;
 - c. Execute, as required, a Business Associate Agreement (BAA), DUA with network partners, and Administrative Service Agreements with Managed Care. The BAA must then be submitted along with a DUA Addendum for acknowledgement to the NYSDOH Security and Privacy Bureau at: (doh.sm.Medicaid.Data.Exchange@health.ny.gov).
 - iii. The Department will determine if new rates need to be added in MAPP HHTS and ensure the counties are updated on the website

5. Billing Vendor Change

- a. Once the NOC form is received, the Department will update their records.

6. RHIO Connectivity Change

- a. Once the NOC form is received, the Department will update their records with the new RHIO.

7. Care Management Platform/Electronic Health Record Change

- a. Once the NOC form is received, the Department will:
 - i. Contact the HH to verify that the HH provider has met all nine NYS Health Home HIT standards
 - ii. Update their records with the new Care Management Platform or EHR.

8. CMA Relationship Change (adding or removing)

a. CMA Addition

i. Lead HHs must submit a NOC form to the Department when adding a new CMA.

When submitting the NOC form, the HH must either have completed or currently working on completing a BAA between the Lead HH and the CMA. BAAs, along with the DUA Addendum must be submitted to the Security and Privacy Bureau at:

doh.sm.Medicaid.Data.Exchange@health.ny.gov

- If the CMA does not have an active NPI/MMIS ID, the CMA will complete the necessary steps with the Bureau of Provider Enrollment to obtain an active NPI/MMIS ID and Category of Service 0265. The Category of Service 0265 is needed for the provider's MAPP HHTS connection. Health Home Program provider enrollment resources can be found at the following link: https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/lead_hhc.htm Click to expand "Administrative Requirements for Health Homes" then click to expand "Medicaid Provider Enrollment for Health Homes and Care Management Agencies".
 - If the CMA does not have a Health Commerce System (HCS) under the category type "Health Home CMA", the CMA should complete the requirements for HCS account creation found here: https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/lead_hhc.htm . Click to expand "Administrative Requirements for Health Homes" then click to expand "Health Commerce System Resources" for detailed instructions.
- ii. The Lead HH will need to inform MAPP CCC to add this new relationship to the MAPP HHTS by submitting the NOC to MAPP CCC at: MAPP-customercenter@cma.com. The effective date for a relationship to begin in MAPP HHTS is the first day of a month.
- iii. If adding more than one CMA, a separate NOC for each CMA should be submitted.
- iv. The Department will update the HH-CMA relationship within the MAPP HHTS once the provider has completed all system requirements.
- v. The HH will be notified once a HH-CMA relationship has been added to MAPP HHTS.

b. CMA Removal

90 Day prior notice of intent to remove CMA

The HH must provide, at a minimum, a 90-day notice to the Department of the intent to remove a CMA from the HH's network regardless of who initiated the request (HH or CMA).

If a CMA was never assigned members from the HH or is not currently serving any HH members, a thirty (30) day notice and submission of a completed NOC form is sufficient documentation to remove a CMA.

NOTE: If the contract between the HH and CMA identifies a timeframe longer than 90 days, that timeframe must be followed in notifying the Department (e.g. contract states 120 days, therefore HH must notify the Department at 120 days).

NOTE: If the removal of a CMA is of an *urgent* nature (**see:** **Urgent Need to Close CMA Reasons*), the HH must immediately notify the Department who will work with the HH to establish a timeline and process for managing the CMA removal.

- a. HH must submit the NOC **and** a Letter of Intent which **MUST** include the following:
- i. Name, title, phone number, and email address for the HH representative responsible for coordinating the removal of the CMA from the HH network;
 - ii. Name, address, phone number and MMIS of the CMA;
 - iii. Name, title, phone number, and email address for the CMA Representative responsible for coordinating the CMA removal;
 - iv. Counties served by CMA within the HH;
 - v. Special populations served;
 - vi. Census of current number of individuals in outreach and enrolled HH members;
 - vii. Target closure date and proposed end date of the HH-CMA relationship in MAPP;
 - viii. Date of outreach / assignment / community referral suspension;
 - ix. A narrative description of the proposed plan and timeline to transition members. This must include how the current CMA or HH plans to:
 - notify members;
 - obtain member choice;
 - update HH consent, as applicable;
 - determine that receiving CMAs has capacity;
 - notify Plans, partner providers, etc.;
 - address record retention; and,
 - manage impact of the closure related to maintenance of a comprehensive network (i.e. is the CMA the only HIV provider within the network and if so, how will the HH fill the void); and,
 - x. A copy of the HH's policy related to transfer of members from one CMA to another, and from HH to HH.
- b. The HH should submit a copy of the completed NOC to MAPP CCC mapp-customercenter@cma.com to create a ticket for the relationship to be closed in MAPP HHTS.

c. **Final Steps to End a CMA Relationship**

The HH will complete and submit a Data Use Agreement (DUA) Addendum regarding removal of the CMA and a data destruction affidavit from the CMA to the NYSDOH Security and Privacy Bureau at:

doh.sm.Medicaid.Data.Exchange@health.ny.gov

NYSDOH Security and Privacy Bureau will send any additional instructions relating to shared data.

***Urgent Need to Close CMA Reasons** (refer to 8b. *CMA Removal* above):

In the event a Lead HH identifies an *Urgent Need* to remove a CMA from their network, the Lead HH **must** call the Department directly via Health Home Provider Line at: 518-473-5569 to discuss the concerns. The Department will work with the Lead HH on a plan to remove the CMA from the HH's network, and to ensure appropriate steps are taken to address the needs/safety of the members affected.

Urgent Need may include, but is not limited to the following:

- High percent of enrolled members not being served
- Significant loss of staff who work directly with enrolled members
- Dangerous/unsafe issue within the agency (must be beyond allegations) including but not limited to:
 - a. Reported criminal activity
 - b. Criminal Charges against Board Members or others in agency leadership
 - c. Sex offenders in the agency's employ

9. Partner/Network Provider Change (adding or removing)

This section applies to network providers other than CMAs:

1. The HH must upload the new Partner Network List within the MAPP HHTS and send the NOC to the Department thereby notifying the Department to pull the file and update the excel file on the Health Home website.
2. If changes to a HHs Partner Network List causes the loss of population specific or major partners (i.e. no MH provider in network, or provider who covers entire region), the HH must also submit a detailed description of the change and an explanation of how the network will be affected
 - a. The Department will work with the HH to determine next steps in the process to manage network adequacy.
 - b. If additional changes to the Partner Network List result, the HH will follow step 1 to ensure the Department has the most current list for posting on the HH website.
3. HH must ensure that HH consents are updated within six months to reflect any changes in network partners, if needed.
4. Contact the NYSDOH Security and Privacy Bureau regarding completing any addendums to the DUA or BAA as indicated:
doh.sm.Medicaid.Data.Exchange@health.ny.gov