

## Contracting Workgroup

Co-Chairs Rosemary Cabrera and Karen Smith-Hagman

- Number of meetings/calls conducted

The group has had four meetings. All of these have been telephonic. The first 2 meetings did not include representatives from SDOH and they were subsequently added. Attendance by assigned participants from both the Health Homes and MCOs has been close to 100%.

- Issues being addressed:

1. Behavioral Health Carve In-impact to Health Home
2. Billing ownership
3. Bottom Up Referrals
4. Contract Template
5. Consolidation among Health Homes
6. Contract Status by region
7. Encounter activity visibility to MCOs
8. PHI access

- Recommendations to the committee for action

1. DEAA Question-it looks like for FFS members that DOH is assigning directly to Health Homes (HH) they are using the DEAA for very limited data exchange. Perhaps clarification from [doh.sm.medicaid.data.exchange@health.ny.gov](mailto:doh.sm.medicaid.data.exchange@health.ny.gov) would help the HH and their downstream providers related to the type of PHI documents they need.

2. BAA-this should permit exchange of PHI between MCOs and HHs about specific members; DOH has a requirement about individual member consent to share PHI which is allowed by the BAA for purposes of care coordination. If that is the official legal opinion of DPH, then BAA's do not be part of the contract relationship between MCO and HH . We need an official determination form DOH before we recommend that all contracts include a BAA and create a sample/template.

3. Inaccurate assignment data for Health Home members previously enrolled in converting programs' legacy slots. This continues to cause assignment issues and care coordination challenges as MCO's don't realize that their member is already in a HH program.

4. Request regarding maintain HH assignment when member transitions form FFS to MCO (BAHN:" heard from DOH that the HH assignment is not maintained when a member moves from FFS to managed care or vice versa, or move from health plan to health plan. We understand that only the HH enrollment (if member is in outreach or enrolled) is maintained").

5. MCOs should be out of the billing process. HHs should be responsible for all billing and disperse funds downstream to providers and the administrative fees upstream to the MCOs.

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- Barriers to moving agenda items from your workgroups  
None identified at this time