HEALTHY SAN DIEGO

HEALTH HOMES PROGRAM – FAQ May 2019

SUBMITTED BY THE HEALTH HOMES WORK GROUP COLLABORATIVE

TOPIC AREA	QUESTION	ANSWER
1. Eligibility Lists	Eligibility lists: one of the biggest challenges will be to find and engage those individuals experiencing homelessness and determine eligibility for Health Homes. Individuals experiencing homelessness often inconsistently access services at a variety of social service and healthcare providers. Being able to identify when and where they access services will improve enrollment rates and ability to reach more high needs individuals. We recommend that Health Plans regularly provide eligibility lists to 211 Community Information Exchange (CIE), San Die2:o Health Connect, and ConnectWellSD, or an alternate business partner that can offer a similar solution. The CIE has informed us that their framework would not actively share eligibility data to end users of the CIE until a consent for the CIE is signed; rather, the proposed CB-CME can be tied to the individual's name so that the CB-CME gets an alert when an eligible individual accesses services linked to the CIE.	It is in the best interest of the community and Managed Care Plans to align resources with a centralized health information exchange to manage and address all aspects of Health Homes. At this time, the plans cannot commit to a specific platform for 7/1/19 implementation for multiple reasons. One of the main reasons to not be able to commit to such a platform is that DHCS, the state agency responsible for Medi-Cal beneficiaries and oversight of managed care plans, is still developing and implementing different phases of Health Homes in California. The current configuration and platform of CIE would need to be modified and given the dynamic environment and all the pending regulatory components; the plans feel that this may be a future project for collaboration past the initial 12 months of the new benefit. San Diego Managed Care Plans look forward to collaborating in the future on such implementation.
2. Central Enrollment List	Central enrollment list: social service and healthcare providers (not just Health Homes teams) must be able to access, at point of care, enrollment status of individuals. Without this data, providers will not necessarily know if an individual is in Health Homes. This could result in (1) duplicating services the Health Homes team is providing, and (2) not connecting the individual back to the Health Homes team. Best practice would be to have a single source of data on all enrollees in Health Homes. We recommend that Health Plans transmit, on a monthly basis, their enrollment lists into a central secure repository. At a minimum, this should	There are certain privacy requirements that prohibit health plans from accessing each other's files/data. Each CB-CME will be receiving lists of their assigned members, like the current Primary Care assignment process. San Diego Managed Care Plans would have to revisit this after 7/1 and have in depth discussions with each MCP Compliance department (s) for a centralized list to be explored

	include the individuals name, assigned CB-CME, and a phone number for the CB-CME. This data can then be accessed by the CIE, San Diego Health Connect, and ConnectWellSD or an alternate business partner that can offer a similar solution. Such sharing of data should be covered as a care coordination effort under HIPAA.	
3. Multiparty Authorizations	Multiparty Authorization (MPA): as CB-CMEs and other agencies provide care to individuals enrolled in Health Homes, they need to be able to communicate seamlessly and without having to complete additional releases of information. Without this ability, care will not be as effectively coordinated, individuals will be harder to find (especially those who are homeless), and outcomes for Health Homes will be worse. We recommend using the existing framework of the 211 CIE MPA to prevent such issues. We recommend that, as part of enrollment in Health Homes, individuals be asked to sign an MPA and be enrolled in CIE (and San Diego Health Connect or an alternate business partner that can offer a similar solution).	San Diego Managed Care Plans would have to revisit this after 7/1 and have in depth discussions with each MCP Compliance department (s) for a centralized MPA to be explored
4. Common Tools	May be a good idea to identify anything referenced in the HHP Program Guide as a "tool", whether it be new or existing, so there is clarification of expectations for the CB-CME's.	Provider Tools will be common/collaborative as the HSD HHP Collaborative is using Harbage materials.
5. Common Certification Requirements	Common certification requirements?	Orientations were completed and interested CB-CMEs have begun contracting discussions
6. Common Reporting Requirements	Common reporting requirements (bi-directional)?	Some plans may have unique requirements as they have implemented HHP in other counties prior to San Diego
7. Health Action Plan	Health Action Plan template?	Some plans are still waiting for DHCS approval.

8. HHP Qualifications & Tier Quistionnaire	We received a draft in Feb 2019 and also offered comments for consideration toward its finalization, but I don't think we saw the final yet (although I believe this is not a required use document)	Some plans are still waiting for DHCS approval
9. CB-CME Reporting Template	CB-CME reporting template?	Reporting template is collaborative & can be released as soon as DHCS finalizes approval (s)
10. Workflows	Workflows?	Pending final P&P (s) approval from DHCS

Disclaimer = The answers above are the Health Plans best attempt to respond collaboratively. Answers could change based on one or more plans interpretation or changes to the DHCS regulations/guidance.