

## **POLICY: 1.002 ASSIGNMENT**

NYP Health Home (HH) will assign HH eligible Medicaid patients to Care Management Agencies (CMAs) as either top down or bottom up referrals. Top Down referrals are made in accordance to state assignments, while bottom up referrals will be ongoing. NYPHH must receive CMAs' capacity for top down and bottom up assignments by the 25<sup>th</sup> of each month. Any changes thereafter in capacity must be reported to NYPHH *within 5 business days*; if no changes are reported within this timeframe, NYPHH considers the capacity submitted by the CMA as final.

If capacity reports are not received from the CMA, NYPHH will not provide the CMA with any top down or bottom up assignments during the next month. Any rejections of assignments by the CMA prior to reaching capacity must be discussed with NYPHH and will be handled on a case-by-case basis. If the CMA consistently rejects top down and bottom up referrals, NYPHH reserves the right to suspend assignments until a corrective action plan is put in place.

Care Management Agencies must have appropriate attestation forms in place and meet all necessary standards and requirements to receive Health Home Plus assignments (*Please see Health Home Plus And Assisted Outpatient Treatment Policy*)

### **PROCEDURES:**

#### **Top Down**

Referrals provided to lead Health Homes by the NYS Department of Health (DOH) or Managed Care Organizations (MCOs), which are then forwarded to collaborating Care Management Agencies (CMAs) in accordance with CMA capacity and specifications.

1. At the start of each month, the NYSDOH provides NYPHH an assignment list of Medicaid patients eligible to receive HH services, which also includes relevant demographic information.
2. NYPHH assigns patients to CMA collaborators for outreach and engagement *no later than the 15<sup>th</sup> of each month*.
3. CMAs are to notify NYPHH of their next month's patient capacity by the 25<sup>th</sup> of each month.
4. CMAs are to review and accept/reject the assignment by emailing NYPHH *within 5 business days* of receiving the assignment.
5. Upon accepting an assignment, CMAs are to begin outreach and engagement activities *immediately, but no later than 2 business days*.

## Bottom Up

Referrals provided to lead Health Homes from sources other than the NYS Department of Health (DOH), which are then forwarded to collaborating Care Management Agencies (CMAs). Referrals may be received from PCMH, DSRIP, ACO, ED/inpatient care, or other providers, MCOs or community social service collaborators.

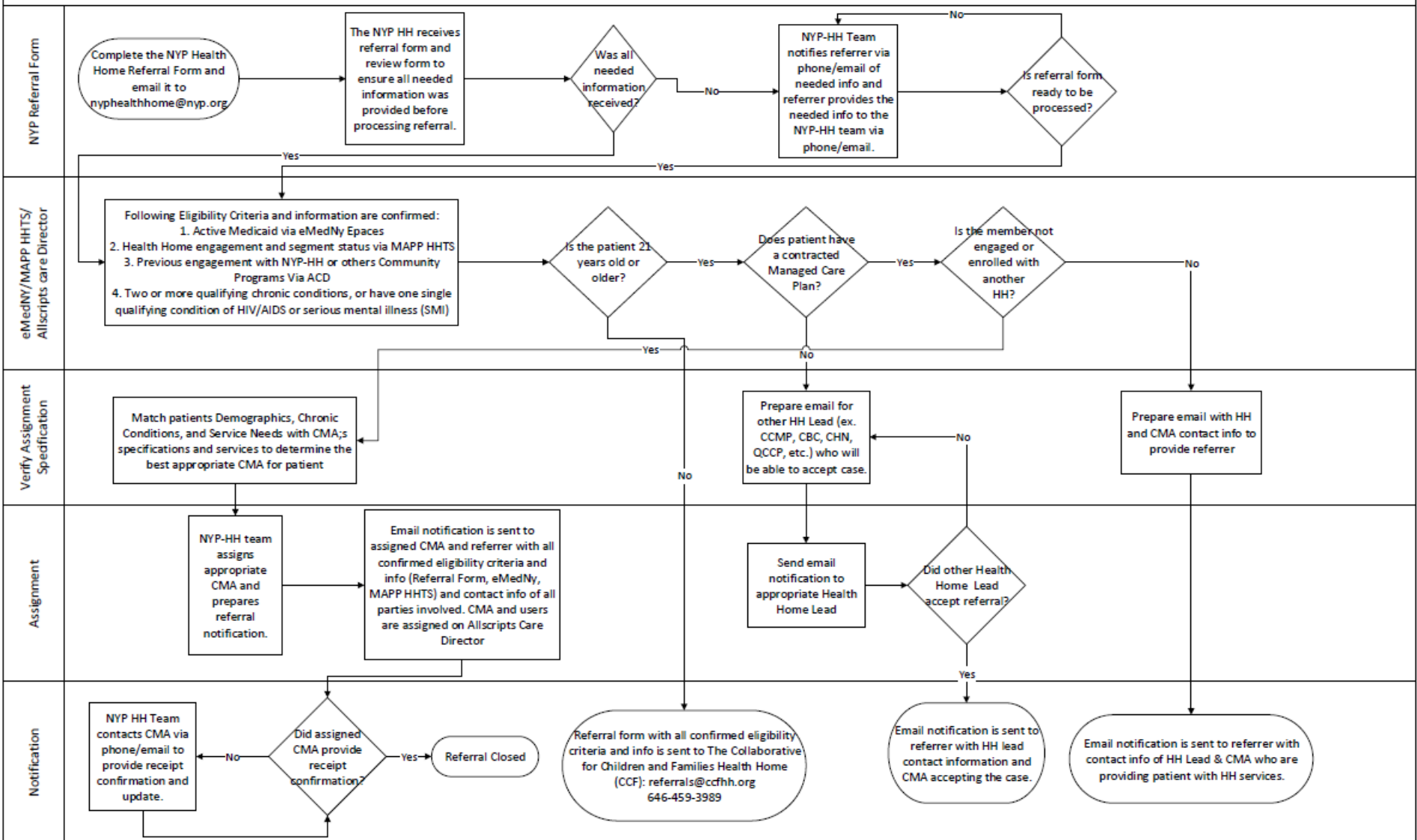
1. Bottom up referrals for Medicaid patients that are potentially eligible for HH services are received by NYPHH on an ongoing basis via email ([nyphealthome@nyp.org](mailto:nyphealthome@nyp.org)) or phone/referral line (1.855.201-9807)
  - a. NYPHH confirms patients' eligibility for HH services by reviewing MAPP, ePaces, and ACD databases.
  - b. NYPHH reviews patients' referral forms, MAPP, ePaces, and ACD databases to assess the patient's demographic profile, current HH lead assignment, CMA activity, MCO affiliation, HARP eligibility, geographic location, and service needs.
2. Upon determining that patients are eligible to receive HH services and there are no conflicting assignments or coverage issues, NYPHH sends assignment notifications to CMAs and referral sources.
  - a. NYPHH assigns patients to CMAs based on their specialties, geographic location, and capacity.
  - b. All notifications of patient assignments to CMAs are sent via email, unless the patient is a high risk/emergent, in which case NYPHH contacts the CMA via phone to coordinate outreach, enrollment, and care management activities.
  - c. Assignment notifications consist of patients' names and Medicaid IDs, names of referral sources, and three attachments:
    - i. The referral form, which includes the patient's demographic information, contact information for the referral source, HH eligibility, services needed, and general comments.
    - ii. ePaces printout of patient's Medicaid activity (see *Appendix A*)
    - iii. printout of patient's MAPP activity (see *Appendix B*)
  - d. CMAs are to respond to all parties included in the assignment notification from NYPHH via email *immediately, but no later than 2 business days*, of receiving the notification to:
    - i. confirm receipt of the assignment;
    - ii. specify whether the assignment will be accepted; and
    - iii. provide contact information for the staff member who be conducting outreach and engagement activities.
3. *Immediately* upon receiving confirmation from CMAs that the referral assignments are accepted, NYPHH finalizes patient assignments to CMAs on ACD and grant CMAs access to patient files.
  - a. CMAs are to begin outreach and engagement activities *immediately, but no later than 2 business days*, after patient assignments have been finalized on ACD.

## Documentation

1. NYPHH will provide CMAs with an excel list for top down referrals.
2. NYPHH will send CMAs an email with bottom up referrals.
3. All patients will be uploaded onto A

**NYP Health Home Bottom-up Referral Workflow**

Phase



## APPENDIX A. ePaces Print-Out of Medicaid Activity

<b>Client Information:</b>	
Client ID:	[REDACTED]
Gender:	[REDACTED]
Date of Birth:	[REDACTED]
Anniversary Date:	[REDACTED]
Recertification:	[REDACTED]
County:	[REDACTED]
Date of Service:	2/21/2017
Client Name:	[REDACTED]
SSN:	[REDACTED]
Address 1:	[REDACTED]
Address 2:	[REDACTED]
City, State Zip:	[REDACTED]
Office:	[REDACTED]
Plan Date:	2/1/2017

<b>Medicaid Eligibility Information:</b>	
<b>MA Eligible</b>	
Co-pay Remaining:	\$0.00
<b>Covered Services</b>	
Code	Description
AG	Skilled Nursing Care
AL	Vision (Optometry)
MH	Mental Health
UC	Urgent Care
1	Medical Care
33	Chiropractic
35	Dental Care
4	Diagnostic X-Ray
47	Hospital
48	Hospital - Inpatient
5	Diagnostic Lab

## APPENDIX B. Print-Out of Patient's MAPP Activity

\* required fields

Search Criteria

CIN#

Delimiter

Download File Format

File Format

Search Results (Number of Items: 2)

Member	DOB	Medicaid End Date	Coverage Code	Managed Care Plan	Health Home	Care Management Agency	HARP	Segment	Status	Start Date	End Date
<b>Pt name, Medicaid ID, and DOB</b>			30	WIS CHOICE SELECT HEALTH SNP - 03420871	NEW YORK PRESBYTERIAN HOSPITAL INC - 00243178		Enrolled	Assignment	Active		
		9/30/2017	01		NEW YORK PRESBYTERIAN HOSPITAL INC - 00243178	AIOS SERVICE CTR LOWER MANHATTAN - 01484019	No	Enrollment	Active	5/1/2016	