



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Acting Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

HEALTH HOME DEVELOPMENT FUNDS FAQs

PAYMENT CALCULATION AND DISTRIBUTION

1) Can the lead Health Home use a portion of the development funds to pay directly for Care Management fees?

No. Care Management fees are not included in the four authorized purposes.

2) Can you clarify the calculation rate-add on payment methodology again?

For each reporting period, all paid Health Home claims (outreach and engagement as well as active enrollment) matched to a segment of care in the tracking system will be divided into the amount of funds to be disbursed for that period. For the period August 1, 2014 to February 28, 2015, the total number of paid claims was used as the denominator, and the \$80M was the numerator. The rate add on rate payment for this period was calculated as \$115.

3) Is any of this money set aside for new Health Homes that will be designated to serve Children?

When children were enrolled beginning in October 1, 2015, claims for select Health Homes serving children were included in the rate add on calculation. Those claims were a part of the rate add-on distributed in December 2015.

4) Is there a limit on when the Health Home development funds must be spent?

The funds were distributed over a three year period. There is no limit as to how long Health Homes have to spend the funds but reporting must continue until all funds are spent.

5) Will the check that is distributed to Health Homes include a list of the claims that were used to calculate the rate add-on payment?

No. If your Health Home wants a list to perform a reconciliation this list would be available by special request. Requests can be submitted through the Health Home webform at the following link:

https://apps.health.ny.gov/pubdoh/health_care/medicaid/program/medicaid_health_homes/emailHealthHome.action



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6) Who receives the payment for Managed Care members?

The Health Home receives the rate add-on payment for all claims, including those for Managed Care members and those billed directly by legacy care management agencies.

7) Will the payment come through the standard Medicaid payment cycle?

No. Payment will be made via an off-cycle electronic payment through SFS – the State Financial System. The descriptor for the March 2104 payment is **DSRIP-HH-SFY2014**.

8) There have been difficulties getting claims paid due to errors and they are still in the pending and denial category. Can these outstanding Health Home claims be used towards the rate add-on calculation retroactively once they are paid?

Yes. When we calculate the Health Home Development Funds rate add-on for the next period, we will pull Health Home claims with dates of payment between March 2015 and May 2015 and dates of service on and after August 1, 2014. The paid claims will then be matched to outreach and enrollment segments in the Health Home Tracking System.

USE OF FUNDS

9) Will funds “trickle down” to CMA providers?

Health Homes will be required to communicate and collaborate with downstream providers on use of funds and describe how the funds benefit downstream providers and this must be documented in the semi-annual reports. Any concerns can be brought to the attention of the Department.

10) Is the limit of 30% on funding used for prior expenses a percent of the total amount a Health Home receives in funding, for all payment periods?

Yes.

11) Will the prior expenses of children's Health Home development be reimbursable up to the 30% in the second round of funding? Not all designated lead agencies for Health Homes serving children are currently identified and won't be eligible for the August 2014 funding disbursement?

Health Homes newly designated to serve children will be given the opportunity to utilize funding for prior expenses. This will be capped at 30% and must be reflected in the reports submitted to the Department.



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12) Can funds be used to support linkages between Health Homes and state and local correctional facilities?

A separate item is included in the 2015-2016 budget to provide funding to establish linkages between Health Homes and the criminal justice system. If these funds are approved and distributed, any use of the development funds cannot duplicate use of these targeted funds for criminal justice linkages.

13) Can funds be used for capital related projects?

Only if it can be demonstrated that funds were or will be used for one of the four authorized funding purposes.

14) We are a CMA and are enhancing our Client Management System. A significant part of the effort will be interoperability. Can we receive funding from our lead Health Home towards this effort/expense?

HIT is one of the four authorized funding purposes. This would be a conversation you should have with your lead Health Home.

15) Will care management agencies (CMAs) be able to see how much Health Homes received in development funds?

Health Homes should be communicating to their CMAs on the amount of funds received and collaborating with them on uses of the funds.

16) Funds to develop infrastructure for timely payments was listed as an allowable use of funds. Will there be requirements in the future for timely payments to downstream providers?

The Department is working with Health Homes, MCOs and CMAs through the HH MCO Work Group to ensure processes are in place at every stage of the billing process to facilitate timely payments. The Work Group is discussing standardized timeframes for making payments at each stage of the billing process. Health Homes will be required to attest that they have systems in place (or have a plan to remediate issues where systems are not in place) to ensure timely payments to downstream providers can be made.

17) Can we use HHDFs to hire care managers and other HH staff such as a QA/QI staff person?

HHDFs can be used to hire care managers and other Health Home staff provided it can be documented that the staff are advancing one of the authorized uses for HHDF and the additional staff would be focused on a specific population or activity not duplicated by other funding or



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already reimbursed by the per-member per month (PMPM) fees. An example of this would be intensive outreach efforts not covered by the existing outreach PMPM, promotion of Health Home services to providers, training to work with specific populations, etc.

18) If funding priorities change after submission of the preliminary assessment report, can we use the funds for other authorized category projects and report these on the semiannual reports?

Yes, if funding priorities changes, you are able to use the funds for other authorized category projects and amend subsequent semiannual reports to reflect the change in use of funds.

19) Can a small proportion of the HH development funds be used for non-covered Medicaid services such as the following: transportation to the local department of social services, SSI, court hearings for disability, etc.

No. HHDFs cannot be used for direct services to individual recipients. These funds must be used to develop the Health Home's capabilities in one or more of the four authorized categories.

20) Can we use a proportion of the development funds to assist clients with items such as buying a new mattress, linens, small household appliances, etc.?

No. HHDFs cannot be used to purchase items for individual recipients. These funds must be used to develop the Health Home's capabilities in one or more of the four authorized categories.

21) Can we also use a small proportion for client incentives to complete necessary quality metrics such as medication adherence, mammography screening, compliance with PCP appointments, etc.?

No. HHDFs cannot be used for incentives paid to recipients. These funds must be used to develop the Health Home's capabilities in one or more of the four authorized categories.

22) With required MAPP trainings approaching, we wanted to check whether funding could be used to accomplish this (e.g.- travel to training sites).

One of the four authorized categories is Workforce Training and Retraining. Training costs for Health Home staff or Care Management Agency staff, including the costs of travel to attend training, would be an authorized use of funds.



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23) Can funds be used to pass along to CMAs for months when members do not meet their spenddown or their Medicaid is inactive? (I.e. if a payment was denied by Medicaid for \$170 for the month of June, we would send a check for \$170 to the CMA utilizing the Health Home Development Funds.)

No, paying CMA's for inactive Medicaid members, or Medicaid members who have not met their spenddown funds would not be appropriate. Paying directly for care management services does not fall under one of the four authorized uses for Health Home Development Funds. The development funds are an additional source of revenue that is intended to help develop Health Home capacity and capabilities.

24) For the purpose of improving outreach and enrollment efforts, may we use the funds to cover the costs of internet connectivity of Care Managers in the field? (i.e. cell phone and wifi service)

Yes, this would be an allowed use.

25) Can we use funds to improve supporting hardware (specifically, upgraded keyboards used with tablets Care Managers use with Health Home enrollees and prospective enrollees in the field, as well as electronic signature pads?

Yes, this would be an allowed use.

26) Can we use the funds to upgrade the cell phones of care managers in the field? (Improve outreach/engagement efforts)

Yes, this would be an allowed use.