



## Department of Health

ANDREW M. CUOMO  
Governor

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

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

### **DOH Guidance: Medicaid Members May Not Be Enrolled in Both FIDA and Health Home**

Effective January 1, 2018

The State has determined that the care management provided by FIDA Plans and the Health Home program are both comprehensive and comparable. To avoid the need to develop and continue to implement complicated rules for determining payments and care manager roles to ensure care management services are not duplicated, effective January 1, 2018 Medicaid Members enrolled in a FIDA Plan are excluded from enrollment in the Health Home Program. Outreach for Medicaid members enrolled in a FIDA Plan must also be discontinued.

Medicaid members will continue to have a choice between enrolling in a FIDA Plan or enrolling in a Health Home. Members enrolled in both programs will be contacted by a third party vendor who will explain each program and ask the member to either select the FIDA Plan or the Health Home Program. If a member chooses to remain in their FIDA Plan the Health Home will be notified by the Department of Health, Health Home Team to disenroll the member.

Members who are currently enrolled in both Health Home and a FIDA plan and do not make a choice must be disenrolled from the Health Home Program effective March 31, 2018. The Department of Health, Health Home Team will provide a list of these members on Monday, March 19, 2018 to the Lead Health Home. Health Homes must send the Notice of Determination by Wednesday, March 21, 2018 (refer to: *Health Home Notice of Determination and Fair Hearing Policy* and *Disenrollment Policy*).

Health Homes must use ePACES to verify members that are on a Health Home's assignment list and that are enrolled in FIDA are not assigned to a care management agency for Health Home outreach and enrollment.

Please note that members enrolled in FIDA-IDD and PACE Plans are also incompatible with the Health Home Program. If a Health Home has members that are enrolled in either of these Managed Care Product lines these members must be dis-enrolled from Health Home (also refer to: *Health Home Notice of Determination and Fair Hearing Policy* and *Disenrollment Policy*).

For questions regarding this new policy please contact the Health Home Program at 518-473-5569 or by sending a question through the [Health Home](#) BML, Select Subject "Health Home Policy".



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### **Billing for FIDA/HH member claims**

All Health Home/Care Management Agencies that have served members in a FIDA Plan and received a denial from Fee-For-Service Medicaid will be reimbursed through a special claims process that will be conducted by DOH via eMedNY for dates of service through December 1, 2017. No further action is required by the agencies, unless your claims were submitted in error.

Any services provided by Health Home/Care Management Agencies for outreach or new enrollment for FIDA Plan members will not be payable after December 31, 2017.

### **Special Billing Rules for Transitioning Members**

Health Homes should continue to submit claims up until the member makes a choice, for dates of service January 1, 2018 – March 1, 2018. These claims, which will be denied, will be reprocessed through a special claims process for payment to the Health Home.

For questions regarding billing please contact the Health Home Program at 518-473-5569 or by sending a question through the [Health Home](#) BML, Select Subject “Health Home Billing”.

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