



Department of Health

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To: Health Homes, Health Home Care Management Agencies, and Medicaid Managed Care Plans

Re: ELIMINATION OF HEALTH HOME BILLING FOR OUTREACH

The New York State Department of Health (Department) is issuing the following guidance to Health Homes, Health Home Care Management Agencies, and Medicaid Managed Care Plans (Plans) to implement the enacted NYS 2020-21 budget item requiring the termination of reimbursement for Outreach activities under the Health Home Program, effective July 1, 2020, contingent upon CMS approval.

This guidance supersedes **all** current Health Home policy and guidance documents regarding billing for Outreach services, including:

- Interim Guidance Addressing Outreach Modifications – October 2017 (PDF)
- Health Home Outreach Reprogramming – October 2017 (PDF)
https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/policy/greater6.htm#outreach – under: *Outreach*

EFFECTIVE for JULY 1, 2020 service dates and thereafter, all payments for conducting Outreach services are eliminated.

- Current rules that direct the opening of Outreach segments in the MAPP HHTS will continue to apply and will be used as the means to track assignments of individuals for whom engagement and enrollment activities are being conducted, or as directed by Health Homes.
- The MAPP HHTS will continue to create Outreach billing instances, but when added to the system these billing instances will not return a billable rate. Providers may either continue to add these potential Outreach billing instances to the system or may leave them in the potential billing status.
- Upon CMS approval, all Outreach billing codes (1862 Health Home Outreach Adult and 1863 Health Home Outreach Children) will be discontinued.
- Health Homes will determine policy and procedures and communicate with Plans to evaluate and define activities for conducting Outreach activities when reimbursement ends effective July 1, 2020.