Procedure for Health Home clients identified as being in an excluded benefit plan

10/29/21

Beneficiaries who have been identified as being in an excluded benefit plan or whose Medicaid status is incarcerated can remain enrolled in Health Home services for up to three months. Health Home Partners are recommended to continue to provide care coordination services as appropriate to address client needs. However, S0280 services can not be billed while beneficiary is part of an excluded benefit plan.

Health Home Partners would be responsible for tracking beneficiaries who are identified as being in an excluded benefit plan separately. This can be done within the WSA where beneficiary is identified as ***Potential Disenrollment*** with reason as “Beneficiary Unresponsive” with disenrollment comment indicating reason such as “Beneficiary Incarcerated or in Nursing Home Care” with re-evaluation date of 3 months.

Health Home Partners would be able to see this status when running their enrollment reports within the WSA.

If client status changes during the three month period, the HHP can notify the PIHP and client can be dis-enrolled immediately or re-instated in Health Home services.

At the end of the three month period the beneficiary will be dis-enrolled unless otherwise indicated by the Health Home Partner.

Re-enrollment in the Health Home benefit can occur once the beneficiary meets eligibility and is not part of an excluded benefit plan.