Washington State Health Care Authority

Washington State Department of Social & Health Services
Transforming lives

Health Homes Program
Defining provider effort or "due diligence" expected to engage a client in the program

Health Home Program contracts state Health Action Plans (HAPs) are to be completed within 90 days of enrollment with the Qualified Lead or MCO. Leads and MCOs agreed to adapt the checklists developed by Optum, adjusting to incorporate their policies and agreements with their providers.

If a Care Coordinator Organization (CCO) is contracted with multiple leads, all leads would expect the same "due diligence" in contacting enrolled and assigned beneficiaries. The checklists identify action steps and suggest research methods to locate and engage clients.

The Program expects providers to incorporate these recommendations in their operations. Please contact healthhomes@hca.wa.gov with any question or concerns.

CHECK LIST 1 - Incorrect phone number:

We recommend the following be done at the time of the call:

☐ Send Mailing

☐ Check alternate database/resource

(EDIE, Lead/MCO systems, EPIC, Psych Consult, HCA's ProviderOne, CIS, RSNs, etc.)

☐ Connect with most recent pharmacy; leave note for beneficiary

☐ Use DSHS PRISM system to identify providers and connect with them; leave note for beneficiary

☐ Check for guardian, Power of Attorney (POA), nursing home contact, or other community linkage

We recommend that the following be done within 30 days:

☐ If relationship already established through your agency, do home visit/shelter

If the provider is unable to connect with beneficiary after 90 days of the above activities, inform the Lead.

CHECK LIST 2 - Correct number, but can't reach or leave message:

☐ Attempt another early morning or evening call, if possible

☐ Follow-up with other phone call within 7 days

If unable to connect after 7 days, attempt alternate methods:

- ☐ Send Mailing
- ☐ Check alternate database/resource
  (EDIE, Lead/MCO systems, EPIC, Psych Consult, HCA ProviderOne, CIS, RSNs, etc.)
- ☐ Connect with most recent pharmacy; leave note for beneficiary
- ☐ Use DSHS PRISM system to identify providers and connect with them; leave note for beneficiary

If the provider is unable to connect with beneficiary after 90 days of the above activities, inform the Lead.

CHECK LIST 3 - Beneficiary declines HH Services

☐ Ask permission to either send or drop off additional information.

☐ Ask permission to call person back after he/she had a chance to review the information. Give specific timeframe and then call back as stated. A shorter timeframe (e.g. 1 or 2 weeks) is typically more effective.

☐ Ask permission to keep the person informed about the Health Home program.

☐ You could propose that the person opts in on a trial basis.

☐ You could propose that the person opts in now to support their future needs.

☐ If the beneficiary has a high risk score and insists on opting out, connect with that person's medical provider. Share the benefits of the HH program, informing the provider of that service being available to the beneficiary.

If the provider is unable to connect with beneficiary after 90 days of the above activities, inform the Lead.

Actions Leads may take to engage beneficiaries who have declined HH services:

- If Lead is notified that a beneficiary whom you could not connect with shows up at an ED or hospital, reconnect that person with your CCO;
- If a provider or the beneficiary calls inquiring about services, reconnect that beneficiary with provider;
- CCO may ask Lead to re-assign a group of unable to contact beneficiaries to make another outreach attempt and increase beneficiary pool;
- Looking at the unengaged population in its entirety, a Lead may see common barriers that should be addressed at a system level.