

WHAT YOU SHOULD KNOW ABOUT HEALTH HOMES

WHAT IS A HEALTH HOME?

A Health Home is an optional Medicaid State Plan benefit that coordinates care for people with Medicaid who have chronic conditions. Health Home providers operate under a “whole-person” philosophy that integrates and coordinates all primary, acute, behavioral health and long-term services and supports to treat the whole person. This is done primarily through a “care manager” who oversees and provides access to all of the services an individual needs.

Health Home services are provided through a network of organizations including providers, health plans and community-based organizations. When all services are considered together, they become a virtual “Health Home.”

WHO IS ELIGIBLE FOR A HEALTH HOME?

Health Homes are for people with Medicaid who:

- Have two or more chronic conditions*
- Have one chronic condition and are at risk for a second
- Have one serious and persistent mental health condition

* Chronic conditions include mental health, substance abuse, asthma, diabetes, heart disease and being overweight. Additional chronic conditions, such as HIV/AIDS, may be considered for approval.

HARP Members: Health and Recovery Plan (HARP) members are a subset population within the Health Home. All HARP members are eligible for a Health Home. They have significant behavioral health needs and are eligible for specialized Home and Community Based Services (HCBS) to optimize quality of life and reduce symptoms of mental illness and substance use disorders.



WHAT SERVICES DO HEALTH HOMES PROVIDE?

- Comprehensive care management
- Care coordination
- Health promotion
- Comprehensive transitional and follow-up care
- Patient and family support
- Referral to community and social support services

WHAT IS THE PROVIDER’S ROLE IN THE HEALTH HOME?

- Provide primary and preventive care
- Provide referrals for medically necessary services
- Collaborate with Health Home and Care Management teams to achieve integrated care planning
- Utilize best practices and participate in Health Home and managed care quality improvement activities

HOW CAN EMBLEMHEALTH HELP?

EmblemHealth will alert you via mail when your patient enrolls in a Health Home. If you have additional questions about this benefit, you can reference our provider manual at www.emblemhealth.com/providermanual, call our provider service line at **1-866-447-9717** or email healthhomememberinquiry@emblemhealth.com.

Sources: www.medicaid.gov and www.health.ny.gov.