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**Medicaid
Redesign Team**

Health Home Managed Care Work Group Meeting

January 12, 2015



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Update of Timelines for Behavioral Health Transition and Implementation of High, Medium, Low Health Home Rates

Updated Timeline for Behavioral Health Transition to Managed Care in New York City and HML Health Home Rates

- Proposed implementation timeframe
 - ✓ January 9, 2015 – Readiness review information request distributed
 - ✓ March 2015 - Anticipated CMS approval
 - ✓ April 1, 2015 - Begin passive enrollment and 30 day Opt Out Period
 - ✓ July 1, 2015 – Enrollment begins (Opt Out Period ends and Enrollment Broker sends final HARP rosters to Plans. Plans begin managing and paying for BH services)
- July 1, 2015
 - High, Medium, Low rates with clinical and functional adjustments will be implemented in MAPP
 - Direct billing and Legacy Rates sunset



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Update and Reminders for Implementation of Health Home Development Funds

Update and Reminders for Implementation of Health Home Development Funds

- DOH is continuing to work with CMS to approve State Plan Amendment to implement a rate add on to distribute the \$190.6 million
 - **Subject to CMS approvals**, it is anticipated the first payment will be made in March of 2015 and will be based on claims with dates of service from August 2014 to January 2015. Additional payments will be made quarterly (June, September, December and March) through DSRIP Year 2 (ends December 31, 2016) for claims with dates of service in prior quarter
 - ***Paid claims will be reconciled against the tracking system, the rate add on will apply only to paid claims (outreach and engagement) which have a corresponding segment in the tracking system***
 - ***Health Homes should CONTINUE to ensure that the tracking system is correct and up to date***

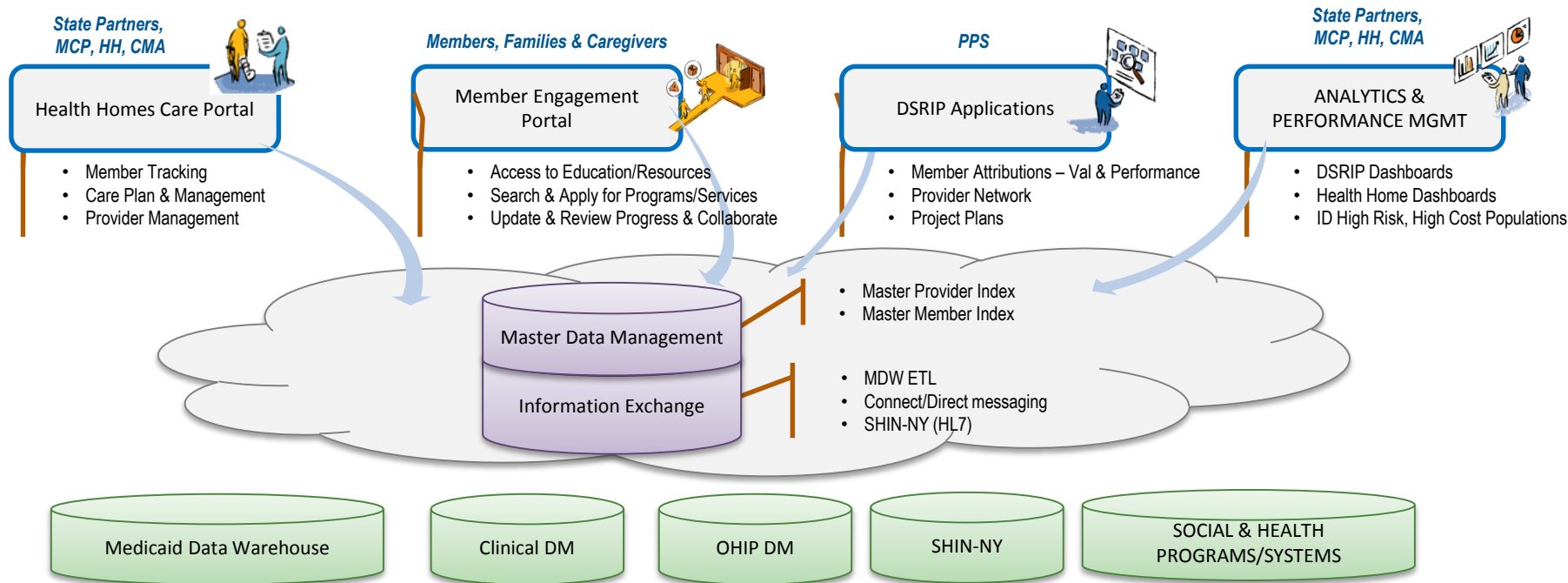


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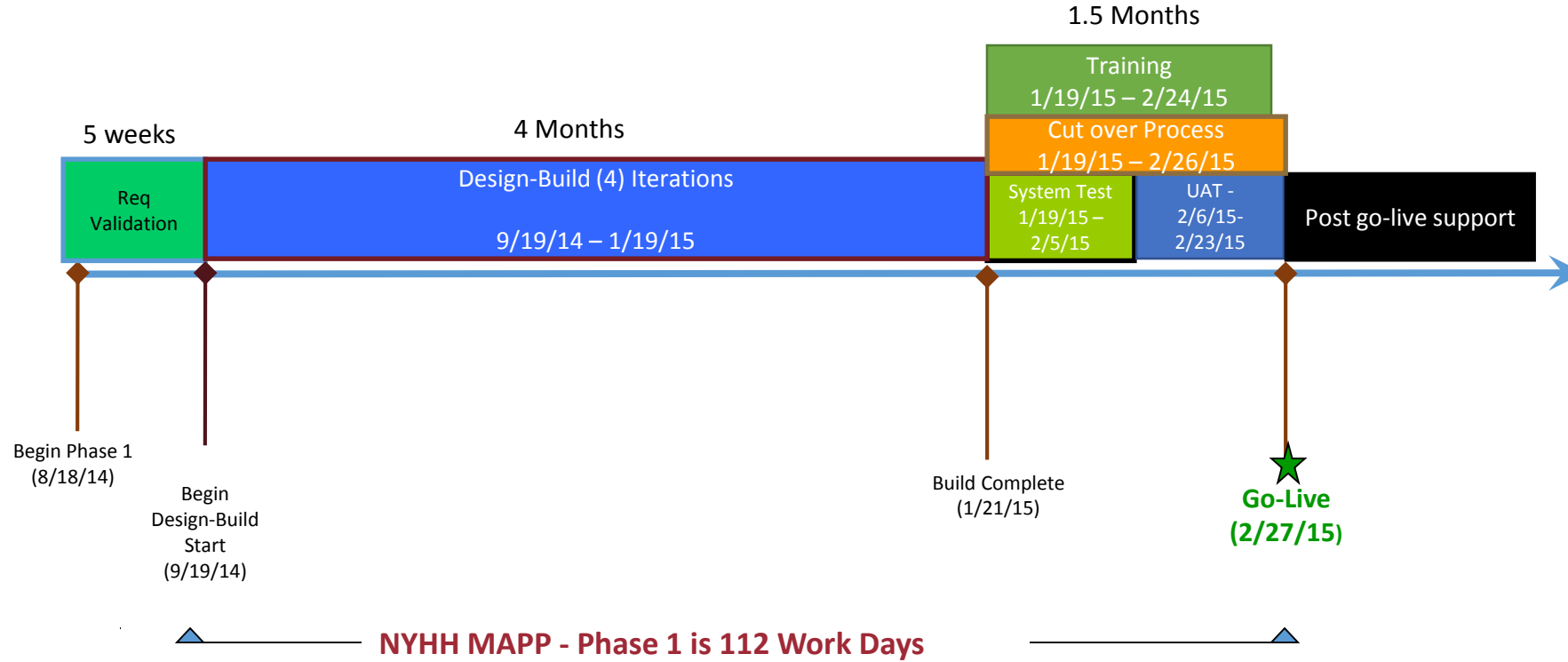
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Medicaid Analytics Performance Portal (MAPP) Implementation Updates and Payment Standards and Payment Flows for High, Medium, Low

Medicaid Analytics Performance Portal (Fully Implemented)



Phase 1: Health Homes Schedule



Phase 1 MAPP Goes Live February 27, 2015

Functionality Features:

- Identification of Health Home eligible population
- Assigning eligible individuals to Health Homes
- Outreach of CMAs and Health Homes to potential members
- Enrolling an individual into a Health Home once outreach is complete
- Referrals of potential members
- Billing Support (Members' MCO, HH, and CMA and Diagnosis information)
- Transfer of individuals between Health Homes
- Member Batch lookup and export
- Dashboards to evaluate the performance of the Health Home program

Implementation Procedures for Accessing MAPP

- Access to Health Commerce System (HCS) is **required** to access MAPP
 - Health Homes and Managed Care Plans already have access to HCS
 - Care Management Agencies that do not have access to HCS are working with DOH to submit necessary organization information needed for HCS access.
- Health Homes, Managed Care Plans and Care Management Agencies to identify MAPP Single Point of Contact (SPOC), MAPP Gatekeeper and MAPP Users (i.e., Workers, Read Only, Screeners)
 - **MAPP SPOC** will coordinate, manage and support the organization's MAPP implementation
 - **MAPP Gatekeeper** will coordinate, authorize and manage their organization's MAPP users and assign the MAPP access type/role (Worker, Screener and Read Only role) to each user

MAPP User Roles and Functionality – Phase 1

- The MAPP **MCP Worker** will be able to:
 - ✓ Lookup a Medicaid member's assignment, outreach or enrollment status
 - ✓ Submit Health Home assignments for their Plan members
 - ✓ Download Health Home assignment, outreach and enrollment activity for their Plan members
 - ✓ Download billing roster information for their Plan members
- The MAPP **HH Worker** will be able to:
 - ✓ Lookup a Medicaid member's assignment, outreach or enrollment status
 - ✓ Assign Health Home members to downstream Care Management Agencies
 - ✓ Accept or reject assignments from DOH and MCPs
 - ✓ Review, modify and accept outreach and enrollment records from the CMA
 - ✓ Download Health Home assignment, outreach and enrollment activity for their members
 - ✓ Accept, review and upload/download billing roster information for their members
- The MAPP **CMA Worker** will be able to:
 - ✓ Lookup a Medicaid member's assignment, outreach or enrollment status
 - ✓ Accept or reject assignments from HHs
 - ✓ Create and modify outreach and enrollment records for their members
 - ✓ Download Health Home assignment, outreach and enrollment activity for their members
 - ✓ Create and upload/download billing roster information for their members

MAPP User Roles and Functionality – Phase 1

- **MAPP Read Only users** will be able to:
 - ✓ Lookup a Medicaid member's assignment, outreach or enrollment status
 - ✓ View information for their organization's members in MAPP but not create, accept or upload information to MAPP
- **MAPP Screeners** will be able to:
 - ✓ Lookup a Medicaid member's assignment, outreach or enrollment status

Training MAPP Users

- First webinar to discuss registering users for MAPP training is scheduled for this Tuesday for SPOC.
- HCS access and completion of web based training is required prior to attending in person instructor led MAPP training.
- Health Homes & Managed Care Plan worker users will attend in person training in February 2015
- Web based training In person will available for Care Management Agencies in March 2015.
- All training information will be sent to SPOC. Some system registration and web based training is required prior to attending training.
- Please be prepared for short turn around times.

MAPP Interoperability Features

- Phase 1
 - All required actions will be completed either within MAPP or through file upload (file specs will be released as soon as they are final)
 - HH will have the ability to submit most information on behalf of CMA
 - To ensure that member information in MAPP is correct and up to date, providers that maintain Health Home member information in their own system are expected to upload Health Home files into MAPP daily
- Future Phases
 - Users will be able to communicate with MAPP through their existing system to streamline Health Home program data exchange
 - DOH will continue to reach out to users in coming months to discuss this functionality

Using MAPP to Assist in the Development and Implementation of Standards for the Flow of High, Medium, Low Health Home Payments in Managed Care

In Spring of 2015 MAPP will have additional functionality to implement High, Medium and Low rates anticipated to be implemented in July 2015

	# Days	Compared to Non-HH/MC/CMA Direct Bill
Projected timeframe for HH/MC/CMA Payment flow without MAPP	98	57
Projected timeframe for HH/MC/CMA Payment flow with MAPP	57	16
Overall Timeframe for non HH/MC/CMA Direct Billing Payments	41	---

MAPP will reduce projected payment flow timeframes by 41 days, with a projected increase of 16 days or about two weeks from the non- HH/MC/CMA payment flow

MAPP Billing Roster Functionality

- DOH has been working with HH/MCO Sub-committee to incorporate billing roster functionality in MAPP
- Care Management Agencies (CMA) will have access to billing roster; Health Home and MCP will have access to billing information that is input into MAPP
- Health Homes may submit billing roster on behalf of the CMA
- MAPP Billing Roster Functionality will provide:
 - Data needed to inform High/Medium/Low rates
 - Diagnosis code
 - Members' MCO, HH, and CMA Name and MMIS Provider ID
 - Determine the appropriate rate code based on the HML data
- Open issues to Finalize MAPP Build of Billing Roster Functionality
 - Information regarding Paid/Denied Claims
 - Others?
 - To remain on schedule, all programming elements for billing roster for HML and payment standards for HH must be provided to DOH by January 19, 2015

Discussion of other Open Issues Related to Payment Standards

- Health Home readiness – ability to make payments to Care Management Agencies
- Health Home performance metrics were released to Health Homes and Managed Care Plans on Dec. 22, 2015. Please contact DOH if you have any questions about the released files or if you have any suggestions for future release of Health Home metrics.



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Update on Development and Implementation of InterRAI Assessment Tool and Training

Time line

- Anticipated approval of 1115 from CMS 3/15
- NYC Plans begin managing the Behavioral Health benefit 7/1/15
- interRAI training in NYC initiated 2/15
- interRAI training in ROS initiated 8/15
- interRAI Assessments anticipate to begin in NYC 4/15 and ROS 10/15 (contingent on CMS Terms and Conditions)

InterRAI: Assessment Tool for Determining HCBS Eligibility for HARP Members

- Eligibility for HCBS services will be determined by the NYS version of the InterRAI Community Mental Health functional assessment tool that is designed for a BH population
- The State has been working to adapt the Community Mental Health suite of the interRAI to develop:
 - Brief Assessment/screen to determine HARP and HCBS eligibility
 - Full Assessment to determine eligibility for HCBS services and development of care plan
- It is anticipated that Health Home care managers/care coordinators will be conducting the HCBS Eligibility Assessment and the Full Functional Assessment using these tools.
- Members Receiving HCBS must have the service included in their person-centered care plan (CMS requirement for HCBS services)
- InterRAI Assessments must be conducted annually or when there is significant change in member's status

Proposed HCBS Menu for HARP Members – Adults

HARP Eligible Members will receive Health Home Care Coordination

Rehabilitation

- Psychosocial Rehabilitation
- Community Psychiatric Support and Treatment (CPST)

Crisis Intervention

- Short-Term Crisis Respite
- Intensive Crisis Respite
- Mobile Crisis Intervention

Habilitation

Empowerment Services and Peer Supports

Support Services

- Family Support and Training
- Non-Medical Transportation

Individual Employment Support Services

- Prevocational
- Transitional Employment Services
- Intensive Supported Employment
- On-Going Supported Employment

Educational Support Services

Self-Directed Services (not initially available)

* InterRAI Assessment Tool will be used to determine eligibility for HCBS services

InterRAI: Assessment Tool for Determining HCBS Eligibility for HARP Members

- Pilot project to test the tool and collect data to fine tune HARP and HCBS eligibility cut points
- The tool is being customized for NYS and will be automated
- Initial interRai training has been conducted for HH Care Coordinators in the Pilot.
- Modules being developed to use web-based training platform to train Health Home Care Managers on interRAI Community Mental Health Assessment. Additional support through webinars and learning community
- Integration of CMH into the Uniform Assessment System (UAS) through the Health Commerce System, including mandatory required training
- HH Care Coordinators conducting UAS assessments need access to the HCS and UAS
 - As discussed earlier, efforts to provide care coordinators access to MAPP through the HCS underway
 - Guidance regarding access to UAS will be forthcoming

Training for Health Home Care Managers

Trainings will be initiated in March and will include:

- Health Home Assessors' Web Based Training for interRAI Community Mental Health Assessment available 4/15
- Home and Community Based Services training targeted for HHs and HARPs through MCTAC beginning in 4/15

Schedule for InterRAI CMH Implementation

Anticipated Implementation Schedule for InterRAI in NYC

Event	Anticipated Date
Development of Training Plan with University of Michigan/interRAI, CIM, State Staff	Initial Training completed for FECS Training Work Group established November 2014
Begin Assessing HARP eligible individuals in FECS Health Homes Data submission to University of Michigan by CIM per schedule	Initiated After 50, then following completion of 600 Full CMH Assessments
Rollout of training of NYC Health Home Care Managers/Care Coordinators	March 2015
Review/modify assessment tool as needed based upon assessor and recipient feedback	April 2015
Initial Data analysis for establishing algorithms and threshold scores for HARP and HCBS eligibility	Initiated



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**Feedback and Discussion on Health Home Provider
Standards and Best Practices Presented at
November 24, 2014
HH MCO Workgroup Meeting**