Elimination of HH Outreach Billing
Impact on the MAPP HHTS

Effective July 1, 2020 (pending CMS approval)

May 5, 2020

Elimination of Health Home Outreach Billing

The enacted NYS 2021-22 budget contains a budget item requiring the termination of reimbursement for all Adult and Children Outreach activities under the Health Home Program effective July 1, 2020 (contingent upon CMS approval).

This document explains how the MAPP HHTS will accommodate this policy change once approved and implemented. For more information about this policy, please follow the link below to the *Policy and* Standards section of the Health Home website:

https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/policy/

Outreach Segments within the MAPP HHTS

Once this Outreach billing policy goes into effect, providers may continue to create outreach segments within the MAPP HHTS as the means to track assignments of individuals for whom engagement and enrollment activities are being conducted by Health Homes.

Current MAPP HHTS rules regarding overlapping segments, the length of an outreach segment (max two months), and the frequency of outreach segments (no more than two consecutive months) will continue to apply.
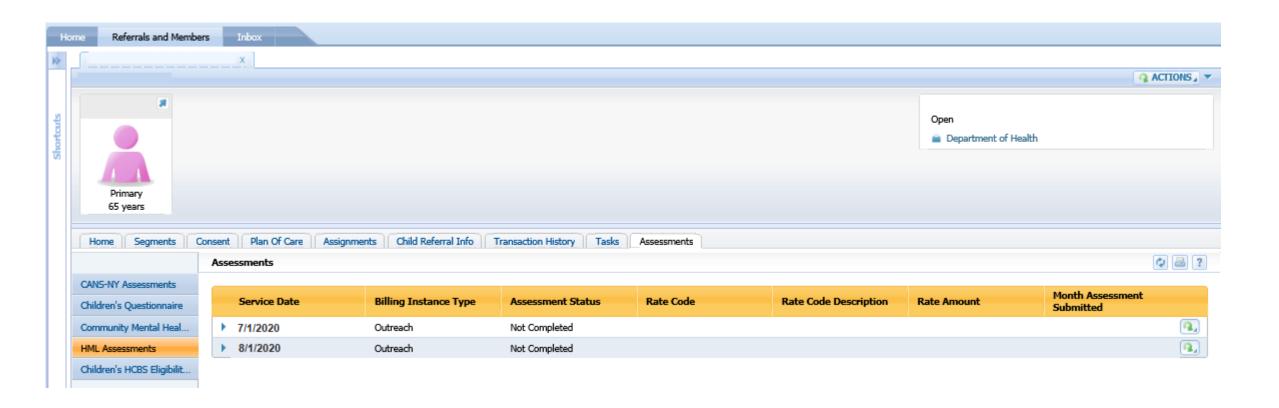
Outreach Billing Instances within the MAPP HHTS

The system will continue to create billing instances for outreach segments. However, when a outreach billing instance with a services date on or after July 1, 2020 is added to the system, the system will return the billing instances without a rate code (whether or not *Core Service Provided* = 'Y').

The next four slides show how this will be displayed on the screen's <u>*Assessment*</u> tab and on the <u>Billing Support Download</u> file.
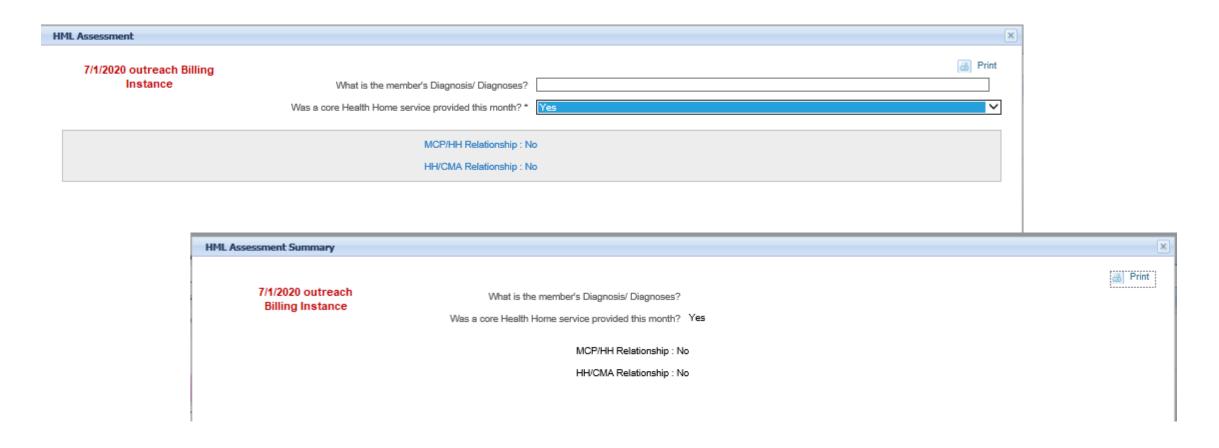
Screen: Potential Outreach Billing Instances
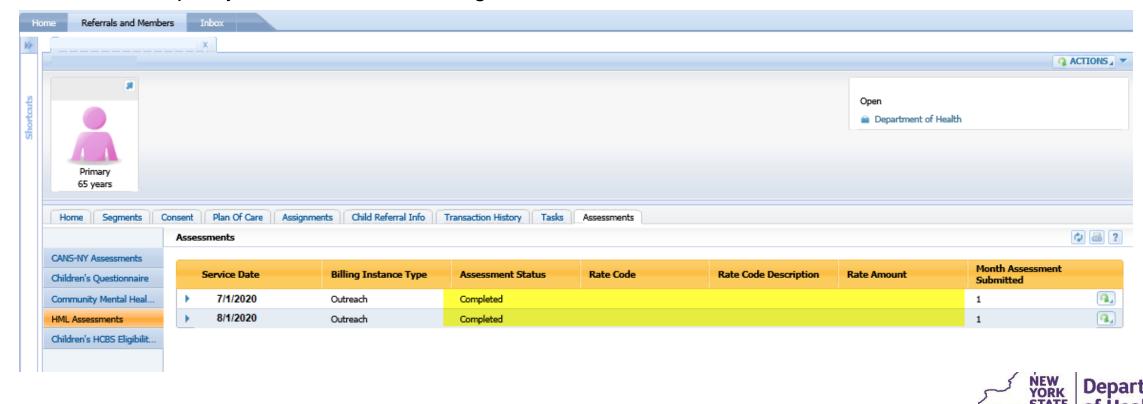
Screen: Added 7/1 Outreach BI, Core Service = 'Y'

Screen: Added 8/1 Outreach BI, Core Service = 'N'

Screen: Added Outreach BI, 7/1 Core Service = 'Y' & 8/1 Core Service – 'N', No Rate Information

As shown below, both the 7/1 outreach BI with the *Core Service* = 'Y' and 8/1 outreach BI with the *Core Service* = 'N' are both listed as completed without rate code information. This signals that this member month does not qualify for Health Home billing.

BSD: Added Outreach BI, 7/1 Core Service = 'Y' & 8/1 Core Service – 'N', No Rate Information

The screen shot below excludes some member demographic fields and some unpopulated fields. As shown below, both the outreach BI with the *Core Service* = 'Y' and the outreach BI with the *Core Service* = 'N' are listed as added billing instances without rate code information. This signals that this member month does not qualify for Health Home billing.

	A	C	E	AR	BB	BC	BD	BQ	BS	BT	BU	CB	CD	CE	CF	CG	CH
1	Add/Void Indicator	Service Date	Billing Instance Type	Core Service Provided	Rate Code	Rate Code Description	Rate Amount	Latest Transaction	Last Transaction Date Time	Insert Date	CANS Completion Date	Provided Service Indicator	Encounter Claim	Month Submitted	MCP Type	Validation Code	Validation Code Description
2	A	07012020	O	Y				Y	0505202014:54:33	07222020		A	C		1		
3	A	08012020	O	N				Y	0505202015:01:48	08012020		A	C		1		

NEW YORK STATE Department of Health