Health Home Implementation Webinars

Session #19– June 19, 2013
Program Updates

Agenda

- HH Care Management Update: AOT and HH Care Management
- Health Home Billing Review
- Tracking System Review
- Enrollment

Health Home Care Management Update
Assisted Outpatient Treatment
and Health Home Care Management

Assignment of Persons with Assisted Outpatient Treatment Court Orders to Care Management in a Health Home Environment

- **Revised Interim Guidance Effective January 28, 2013**
- **OMH Website on TCM transition to HH page:**

http://www.omh.ny.gov/omhweb/adults/health_homes/AOT_Health_Home_Guidance.pdf

Section 9.60 of the MHL

- Health Homes and their Care Management programs should accordingly be familiar with:
  - The statutory basis of the AOT Program (Section 9.60 of the New York Mental Hygiene Law (MHL)
  - All associated reporting requirements detailed in the law
  - This includes policies by the mental hygiene department of the County or the City of New York, i.e., the Local Governmental Unit (LGU)
  - A description of the AOT Program, and the procedures under which a court may order an individual to AOT status, is detailed on the OMH website at: http://bi.omh.ny.gov/aot/about.

Health Home Participation

- An AOT court order may require that an individual participate in a Health Home for the purpose of receiving care management.
- Under Section 9.60 of the Mental Hygiene Law, any AOT order must include either care management services or ACT services as part of a court-ordered treatment plan.

Assignment

- Individual on AOT status must be assigned to a legacy TCM provider or to an ACT team
- Before the implementation of Health Homes, the LGU/Single Point of Access (SPOA) would assign an AOT individual to a case manager or to an ACT team
- With the advent of Health Homes, there are other entities involved:
  - The LGU/SPOA must communicate with the Health Home and health home care management program to let them know that their member is now on AOT status
  - The Health Home must assign or re-assign an AOT status individual to a legacy CM provider

Reminder

- Funding for all individuals with mental illness who are not eligible for Medicaid services is provided by OMH via contract with the appropriate local government units
- Since it is likely that some persons on AOT will not be Medicaid eligible, OMH will continue to support the health home care management providers with this funding.

Accelerated Access

- The establishment of a good working relationship and an organized process is critical among the LGU/SPOA, legacy care management programs who serve both Medicaid and non-Medicaid enrolled individuals, managed care organizations, DOH, and Health Homes
- Continuing cooperation among these entities is essential to ensure that individuals receive care management services as required by the AOT order, and are able to access coordinated services pursuant to their AOT treatment plans without delay.

Local Process

- If localities are in compliance with the requirements of the AOT law, OMH will not prescribe a specific local process
- Persons on AOT status must receive care management and other coordinated services in a timely manner
- OMH does suggest, however, that LGU/SPOAs consider creating the same or similar processes where Health Homes serve more than one county so the Health Home does not need to manage several different processes based on what county in which the individual on AOT status resides.
- Individuals who have agreed to an “enhanced service plan” as a less restrictive alternative to the formal AOT process will also need to have accelerated access to health home care management services

Intensity/Frequency of Contact

- It is critical that the appropriate intensity of care be assessed, established and maintained by the care management program for all individuals on AOT
- An AOT order may be prescriptive in specifying the level of intensity a recipient must receive from the care management program
- There are a subset of Program Standards required for persons on AOT status that may be found at: http://www.omh.ny.gov/omhweb/guidance/aot_programs.pdf.

Summary

- All parties must become familiar with the AOT statute (MHL section 9.60) and OMH guidance regarding AOT
- There are local partnerships that must be developed in order to facilitate assignment of AOT status individuals to health home care management
- There are separate legal reporting and documentation requirements for individuals on AOT status that are different from the guidance provided by DOH for the general health home care management population.
- Comments or questions pertaining to this guidance can be directed to the OMH Bureau of Program Coordination and Support.

Health Home Billing Review

- Converting OMH TCM, COBRA, and MATS providers **bill Medicaid directly for all Health Home services they provide.**

- This includes members that were previously enrolled in the converting program **AND** new members that have either been referred or assigned to the converting program.

- Converting CIDP programs billed Medicaid directly from 4/1/12 – 3/31/13 regardless of phase ONLY for their existing CIDP members. As of 4/1/13, CIDP programs no longer bill Medicaid directly for Health Home services.

Health Home Billing Review

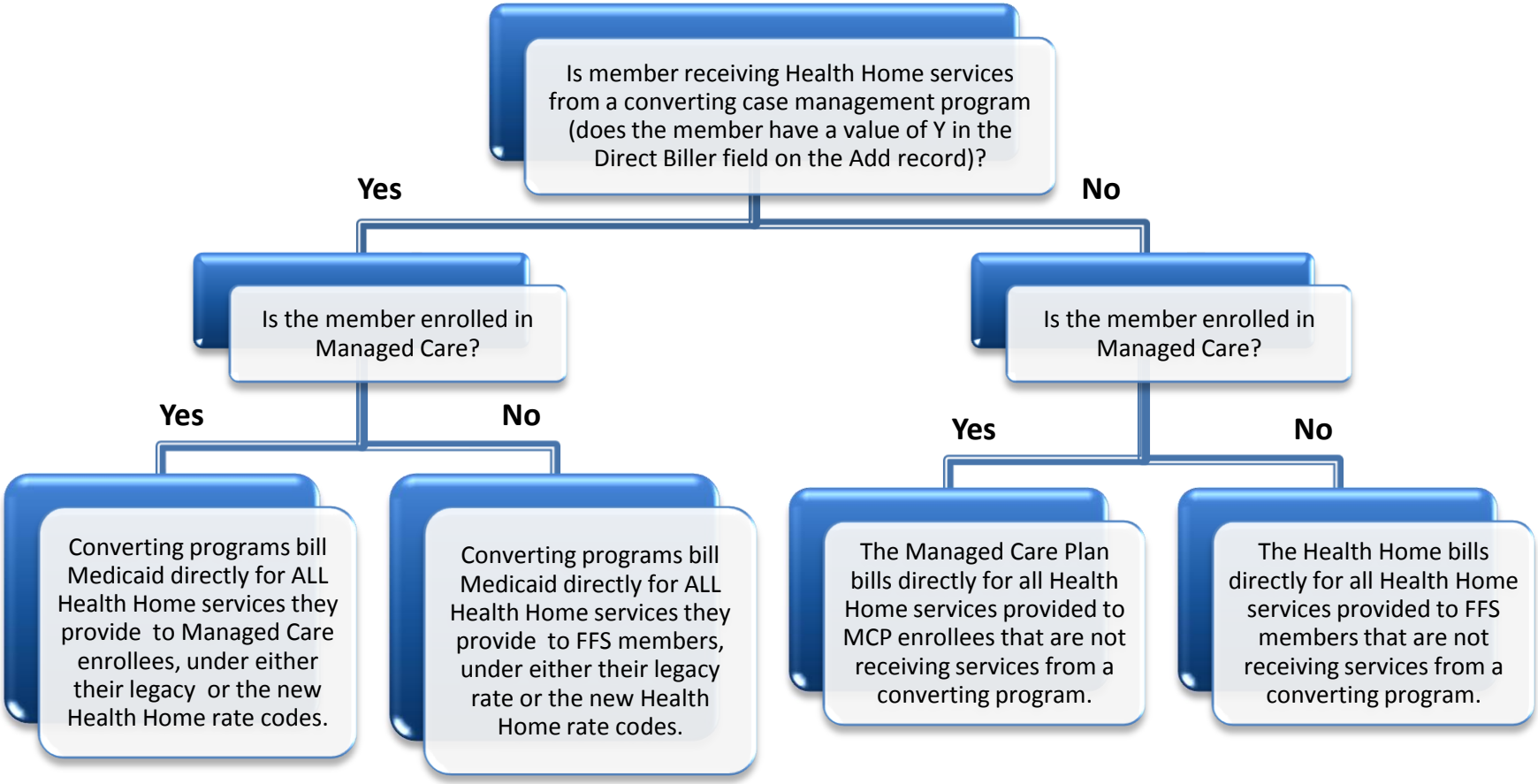
- Converting OMH TCM, COBRA, and MATS providers bill Medicaid directly for the first two years of each phase.

Converting Program	Bill Medicaid directly for all members using these rate codes	Start Date of Direct Billing			End Date of Direct Billing		
		Phase 1	Phase 2	Phase 3	Phase 1	Phase 2	Phase 3
OMH TCM	Existing legacy (1851, 1852) and New (1386, 1387)	1/1/2012	4/1/2012	7/1/2012	12/31/2013	3/31/2014	6/30/2014
MATS	Existing legacy (1882, 1883) and New (1386, 1387)	8/1/2012	2/1/2013	NA	12/31/2013	3/31/2014	NA
COBRA	Existing legacy (1880, 1881) and New (1386, 1387)	1/1/2012	4/1/2012	7/1/2012	12/31/2013	3/31/2014	6/30/2014
CIDP	Existing legacy Only (1885)	4/1/2012	4/1/2012	NA	3/31/2013	3/31/2013	NA

- Health Homes bill Medicaid for fee for service members that **ARE NOT** receiving services from a converting program.

- Managed Care Plans bill Medicaid for plan enrolled members that **ARE NOT** receiving services from a converting program.

Determining Entity Responsible for Health Home Billing



NOTE: Converting programs (OMH TCM, MATS, COBRA) bill directly for members that were enrolled in their programs prior to Health Home conversion AND new members assigned to their programs by Health Homes.

Health Home Tracking System Review

- Members that are receiving services from a converting provider have a value of “Y” in the Direct Biller Indicator.
- All members that were not assigned to a Health Home through the portal are referrals and should have a referral code value of “R”
- Converting programs must submit tracking system information for their members to Health Homes going back to the begin date of each phase.
- Health Homes must send tracking system files to the care management agencies they are working with

Provider Enrollment

- If a HH has changed its name and/or NPI number from the original submission a Notification Letter must be completed and returned with the subject line “Provider Enrollment/Network Changes”
  - For assistance, please contact the Department
- A name change may require the HH to update the DEAA and consent forms
- The Notification Letter also provides an opportunity to update any changes in partner network
- The Notification Letter are posted on the HH website under “Medicaid Provider Enrollment”
- At the time of submission of Notification Letter, the Department will be collecting program contact updates from the HH

Provider Enrollment

Designated Health Homes that hold certifications as clinics or hospital-based providers under Article(s) 28,31 and/or 32 that change their name and/or NPI# are requested to contact the following agency staff for guidance:

- Article 28 - Michele Cefferillo, Administrative Assistant, Bureau of Project Management, NYS Department of Health, (518) 402-0911
- Article 31 – Michael Holley, Director, Bureau of Inspection and Certification, NYS Office of Mental Health, (518) 474-5570
- Article 32 – Janet Paloski, Acting Director, Bureau of Certification and Systems Management, NYS Office of Alcoholism and Substance Abuse Services, (518) 485-2250

Enrollment and Consent

- The consent form and other necessary forms are available on the Health Home website (currently only in English, translations into other languages will be available)
  http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/forms/
- Care managers are expected to help potential Health Home members understand that signing the consent for Health Home Services allows sharing of their health information with other Health Home providers and the RHIO

Patient Consent Process

- Personal health information on Health Home members cannot be shared with network partners until consent is signed
- Since the required patient consent (DOH 5055) form allows Health Homes to officially share members information with HH partners, the consent should be tailored to only those partners that are needed for that members care and which the member agrees to
  - A blanket consent consisting of all partners should not be used

Enrollment and Consent

- The date of consent is not always the enrollment date. The enrollment date is the 'begin date' when they agreed to participate and receive HH services.
- Enter the enrollment (begin) date on the HH member tracking sheet and submit the HH Member Tracking sheet via HCS
- Members should be submitted on the HH Patient Tracking System as soon as they agree to HH care management services and consent should be obtained as soon as possible
- This submission will support claiming through eMedNY for the outreach or engagement rate

Member Assignment & Enrollment

- Managed Care Plans will assign plan members who qualify for Health Home services to Provider-led Health Home
- DOH will assign FFS members to Provider-led Health Homes
- Plans will send enrollment letters to their members
- Health Homes will send enrollment letters to their assigned FFS members
- The Plans and the assigned Provider-led Health Homes are the member's contact

Opt Out and Withdrawal of Consent

Opt Out (DOH-5059)

- Health Home participation is not mandatory and individuals who do not want to participate can “opt-out” of the program **prior to consenting**. .
- Signing the Opt-out form (DOH 5059) indicates they do not want to participate or receive Health Home services

Health Home Patient Information Sharing Withdrawal of Consent Form- (DOH-5058)

- For a Health Home member that has **already consented** and the member decides at any time to discontinue receiving Health Home services
- The member/ legal representative should be filled out and sign **Health Home Patient Information Sharing Withdrawal of Consent Form- (DOH-5058)**
- If the member cannot be located, disenroll the member according to Health Home policies/ procedures, and information sharing should be discontinued upon disenrollment.

Functional Assessment

- The State requires a functional self-assessment tool based on the FACIT-GP to evaluate each Health Home participant on a range of measures. The Health Home CMART tool incorporates this assessment as well as process measures. Information about the Health Home assessment and the Health Home CMART tool can be found at this location http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/assessment_quality_measures/index.htm
- Validated tool administered face-to-face upon enrollment, annually thereafter and at discharge; results reported to the State using the HH CMART Tool

Disenrollment or Changing Health Homes

- Members who decide to disenroll from Health Homes must sign a Withdrawal of Consent form (DOH – 5058)
- Members should request a disenrollment form from their Plan or Provider-led Health Home
- Members who choose to be in a different Health Home should notify their Plan or assigned Provider-led Health Home
- Members who either cannot be located or refuse to sign the Patient Consent or Withdrawal of Consent form must either sign the Opt Out form or be disenrolled or after the three (3) month Outreach and Engagement period as appropriate

Useful Contact Information

- Visit the Health Home website: http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/
- Get updates from the Health Homes listserv. To subscribe send an email to: listserv@listserv.health.state.ny.us (In the body of the message, type SUBSCRIBE HHOMES-L YourFirstName YourLastName)
- Email questions or comments: hh2011@health.state.ny.us
- Call the Health Home Provider Support Line: 518-473-5569