



**Department
of Health**

**Medicaid
Redesign Team**

Changeover from Direct Billing

Health Home Billing Concerns

- Direct billing by converting care management agencies is scheduled to be eliminated effective **July 1, 2015** (date is aligned with implementation of HML rates and shift of BH benefit to MC)
 - Additional guidance provided at today's Learning Collaborative and will be posted to Health Home Website
- MAPP will have a robust billing roster function that will enable communication between the downstream providers that are performing billable services and the upstream providers that are billing Medicaid for Health Home services within MAPP.
 - MAPP will significantly reduce concerns over the ability to timely submit claims and pay downstream providers
- The billing roster function will contain in one place the information needed to submit a Health Home claim, but it will not submit the claim. The entity responsible for billing Medicaid for a member will still have to submit a Health Home claim to Medicaid using the information available within the billing roster function.

Health Home Billing Concerns

- **Go Live (April 2015):** A member's monthly billing information uploaded/entered into MAPP will instantly be available to MC/HH/CMA users connected to the member.
- **Post MAPP Go-live (April – June 2015):** The Health Home community will have to work together to develop mechanism for HH to pay downstream providers that will no longer be direct billers and to identify and trouble shoot any issues that arise from HH making payments to these downstream providers.
 - DOH will work with the HH community to identify information that should be submitted back to MAPP to assist users in reconciling paid and denied HH payments.
 - Health Homes and downstream providers should look to best practices (i.e., this Learning Collaborative) for establishing and testing payment mechanisms
- **Post Direct Billing (July 2015):** Feedback loop regarding paid and denied claims will be available in MAPP when direct billing goes away.

Possible Approach to Testing Payment Stream

- To prepare for the elimination of direct billing by converting CMAs, DOH **STRONGLY** encourages Managed Care Plans, Health Homes, and Care Management Agencies to begin testing their ability to pass Health Home payments downstream **AS SOON AS POSSIBLE**.
- Possible testing strategy
 - Once MAPP is online, select 5 fee for service (FFS) and 5 managed care members from each CMA and agree that the HH will bill for the FFS members and that Plans will bill for their members.
 - This would require these members being entered into MAPP as non direct billed members.
 - This will enable the partners to identify and work through any issues that arise in the downstream payment and to suggest to DOH any MAPP enhancements that would facilitate the timely downstream payment of Health Home claims.
- Health Homes that are currently working with non converting CMAs are encouraged to discuss with the Health Home community lessons learned from billing on behalf of non converting CMAs

Health Home Billing Readiness

- DOH will conduct a Billing Readiness survey to Health Homes to determine each Health Home's ability to:
 - Collect monthly billing information from Care Management Agencies
 - Submit claims to Medicaid for fee for service members
 - Submit billable information to Managed Care Organizations
 - Accept payment from Managed Care Organizations
 - Pass Health Home payments on to Care Management Agencies
- DOH will use survey responses to identify ways that DOH and MAPP can help overcome current barriers to passing HH payments downstream and to reach out to Health Homes that require billing assistance

Health Home Billing Readiness

1. By May 1, 2015, each Health Home must submit to DOH either:

a) Attestation

- i. That the Health Home has procedures in place that will allow it to pay CMAs within X days of receiving confirmation that a billable service was performed.
- ii. The Health Home has tested their ability to bill Managed Care Organizations for Health Home services and pass Health Home payments down to Care Management Agencies, including a description of such testing procedures; Or

b) Letter of Deficiency

- i. Identify issues Health Home encountered when billing Managed Care Organizations for Health Home services and passing Health Home payments down to Care Management Agencies.
- ii. Include possible solutions and timeframes for resolving deficiency prior to July 1, 2015
- iii. DOH will work with these Health Homes to overcome billing issues

2. Inability to successfully pass Health Home payments to CMA by July 1, 2015 will negatively affect a Health Home's re-designation review and may impact the ability to enroll new members.