Health Home/ Managed Care Organization Workgroup Meeting Notes and Next Steps

May 17, 2016
Proposed Agenda

• Welcome- Introductions
• Updates on Children’s Health Home
• MAPP-HHTS
• Billing/Payment
• Updates on Revised Workflow – Feedback and Problem Solving Session
• Updates on Enrollment
• HCBS Provider Readiness
• Next Steps
Hot Topics

• HARP BH HCBS WORKFLOW- POC EXCHANGE ETC
  • Updates
• BILLING
  • HML-UPDATE- time permitting
  • MAPP-HHTS Todays topic
• ENROLLMENT- updates
• PERFORMANCE MEASUREMENT and QUALITY IMPROVEMENT
• PERSON CENTERED CARE PLANNING– COMMUNICATION BTWN MCO AND CMA’S
• Incidents and Complaints
• ACT Intersection of DOH/OMH regulation
• REDESIGNATION- Site visit follow-up what feedback to expect and when
# Health Home Serving Children

<table>
<thead>
<tr>
<th>Readiness Activities</th>
<th>Dates and Timeframes</th>
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<tbody>
<tr>
<td>Health Homes Contingently Designated to Serve Children</td>
<td>June 15, 2015 (13)</td>
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<td>Second Round of Applications Due and in January 2016 as a result of changes to</td>
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<tr>
<td>Governance Structure of Applications reviewed in 2015</td>
<td><em>March 17, 2016 (3)</em></td>
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<tr>
<td>Health Homes Signed Letters Accepting Designation and Agreement to Address Contingencies</td>
<td>June 30, 2015 (13)</td>
</tr>
<tr>
<td>Due date for Second Round of Contingency Letters</td>
<td><em>April 15, 2016 (3)</em></td>
</tr>
<tr>
<td>Other Readiness Activities of Contingently Designated HHs Serving Children (DEAAs, BAAs, CMA Network Lists, Provider Network Lists, Billing Readiness, HIT Requirements)</td>
<td>Ongoing</td>
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<tr>
<td>Various Training Webinars (Currently Available and New Trainings Schedule for the Spring/Summer) and MAPP Modifications for Children</td>
<td>Began in Early 2015 and <em>Ongoing</em></td>
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<tr>
<td>Begin Enrolling Children in Health Home</td>
<td><em>October 2016</em></td>
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Key Features of Children’s Medicaid Redesign Initiative

• The State continues to develop many details of the Design

• Expanding access to care management for children with chronic conditions under the Health Home program, or for children with lesser needs through Managed Care plans or other vehicles – a key to integrating care planning and service provision – October 2016

• Creating New State Plan Services – January 2017

• Transitioning existing children’s behavioral health benefits from fee-for-service to managed care – a key to integrating behavioral health and physical health - January/July 2017

• Providing greater access to an aligned array of Home and Community Based Services, 2017
Status of State Plan Amendment

• The State Plan Amendment – APPROVED by CMS

• Effective October 1, 2016, the SPA authorizes the following:
  - Use of modified CANS-NY Assessment (will be used to determine Health Home PMPM Rate)
  - Approval of High, Medium, Low PMPM Rates and Outreach and Assessment Rates
    - At CMS request, rates are approved under the SPA for the period October 1, 2016 to September 30, 2018 to provide opportunity to review rates
    - Will require State to submit amendment to extend/make permanent/modify

| Per Member Per Month HH Care Management Rates for Children under 21 (non-Legacy Providers) |
|-------------------------------------------------|-----------------|-----------------|
| Acuity (CANS Algorithm) | Upstate | Downstate |
| High | $750 | $799 |
| Medium | 450 | 479 |
| Low | 225 | 240 |
| Outreach | 135 | 135 |
| Assessment | 185 | 185 |
Status of State Plan Amendment

• The SPA authorizes the following:
  ✓ Conversion of OMH TCM providers to Health Home, Approval of Rate Reconciliation Process for these Legacy Providers
    • Rate methodology discussed in June 8, August 25, and September 16, 2015 Webinars
    • DOH and OMH will be scheduling additional Webinars with OMH TCM providers to ensure smooth transition to Health Home
  ✓ Referral, rather than assignment list, process for enrollment
  ✓ Modifications to Health Home eligibility criteria for children: Serious Emotional Disturbance (SED) (Health Home definition) and Complex Trauma (CMA/SAMHSA definition) as single qualifying conditions for Health Home eligibility (will be discussed in more detail later in this presentation)
    • State requested Federal Match at 90% for SED and Complex Trauma and new conditions under the Health Home program
    • CMS authorized 90% for Complex Trauma only
    • To maximize the 8 quarters the State agreed to shift the effective date for enrollment to October 1, 2016 (with September date state would have lost two months of 90% Match)
Overview and Status of Readiness Activities of Contingently Designated Health Homes Serving Children (CD-HHSC)

- Since December 2015, CD-HHSC have made substantial progress in moving towards readiness
- State has had periodic meetings with some of the CD-HHSC, including “new” HH that currently do no serve adults
  - State is in process of scheduling monthly readiness check in meetings with HHSC
- For most CD-HHSC, outstanding readiness activities primarily revolve around:
  - HIT Compliance – Updated written HIT policies, care management software
  - Billing Readiness – Billing software, Billing Certifications
    - Due date for submitting Billing Certifications is May 1, 2016 (adult and children Health Homes have to submit separate attestations)
  - BAAs – with a particular focus on BAAs with:
    - OMH TCM providers that will transition to Health Homes – need 100% linkage to ensure smooth transition.
    - Voluntary Foster Care Agencies that will be care managers for children that may be eligible for and enrolled in HH and also in foster care
  - Administrative Service Agreements (revised as January 2016) with Managed Care Plans
    - Due date for entering into revised ASAs for Health Homes that now serve adults July 1, 2016
<table>
<thead>
<tr>
<th>Health Home</th>
<th>Designated to Serve Children Pending the Acceptance and Implementation of Contingencies*</th>
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<tbody>
<tr>
<td>Catholic Charities of Broome County</td>
<td>Encompass Catholic Charities Children’s Health Home</td>
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<tr>
<td></td>
<td>Albany, Allegany, Broome, Cattaraugus, Chautauqua, Cayuga, Chemung, Chenango, Clinton,</td>
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<td></td>
<td>Columbia, Cortland, Delaware, Erie, Essex, Franklin, Fulton, Genesee, Greene, Hamilton,</td>
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<td></td>
<td>Herkimer, Jefferson, Lewis, Livingston, Madison, Monroe, Montgomery, Niagara, Oneida,</td>
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<td></td>
<td>Onondaga, Ontario, Orleans, Oswego, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie,</td>
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<td></td>
<td>Schuyler, Seneca, St. Lawrence, Steuben, Tioga, Tompkins, Wayne, Warren, Washington,</td>
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<td></td>
<td>Wyoming, Yates</td>
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<tr>
<td>Greater Rochester Health Home Network LLC</td>
<td>Cayuga, Chemung, Livingston, Monroe, Ontario, Seneca, Steuben, Wayne, Yates, Allegany,</td>
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<td></td>
<td>Genesee, Orleans, Wyoming</td>
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<tr>
<td>Central New York Health Home Network (CNYHHN Inc.)</td>
<td>Albany, Rensselaer, Schenectady, Cayuga, Herkimer, Lewis, Madison, Oneida, St. Lawrence</td>
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<tr>
<td>North Shore LJJ Health Home</td>
<td>Queens, Nassau, Suffolk</td>
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<tr>
<td>Coordinated Behavioral Care, Inc. dba Pathways to Wellness Health Home</td>
<td>Bronx, Brooklyn, Manhattan, Queens, Staten Island</td>
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<tr>
<td>St. Mary’s Healthcare</td>
<td>Fulton, Montgomery</td>
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<tr>
<td>Niagara Falls Memorial Medical Center</td>
<td>Niagara</td>
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<tr>
<td>Hudson River HealthCare, Inc. (HRHCare) and Open Door Family Medical</td>
<td>Columbia, Dutchess, Greene, Orange, Putnam, Rockland, Sullivan, Westchester, Nassau,</td>
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<tr>
<td>Centers dba Hudson Valley</td>
<td>Suffolk</td>
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<td>Health Home</td>
<td>Designated to Serve Children Pending the Acceptance and Implementation of Contingencies*</td>
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<td>St. Luke’s-Roosevelt Hospital Center dba Mount Sinai Health Home</td>
<td>Bronx, Brooklyn, Manhattan, Queens, Staten Island</td>
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<tr>
<td>VNS- Community Care Management Partners, LLC (CCMP)</td>
<td>Bronx, Brooklyn, Manhattan, Queens, Staten Island</td>
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<tr>
<td>Adirondack Health Institute, Inc.</td>
<td>Clinton, Essex, Franklin, Hamilton, St. Lawrence, Warren, Washington</td>
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<tr>
<td>Institute for Family Health</td>
<td>Ulster</td>
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<tr>
<td>Montefiore Medical Center dba Bronx Accountable Healthcare Network Health Home</td>
<td>Bronx</td>
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<tr>
<td>Health Home</td>
<td>Designated to Serve Children Pending the Acceptance and Implementation of Contingencies*</td>
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<td>-------------------------------------------------</td>
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</tr>
<tr>
<td>Collaborative for Children and Families</td>
<td>Bronx, Brooklyn, Manhattan, Nassau, Queens, Staten Island, Suffolk, Westchester</td>
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<tr>
<td>Kaleida Health-Women and Children’s Hospital of Buffalo</td>
<td>Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming</td>
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MAPP- HHTS
MAPP-HHTS- Q&A

MAPP-HHTS-  Health Home perspective
Key Questions
Key Concerns

CMA Perspective
Key Questions
Key Concerns:  Payment lag; ending direct billing;

Plan Perspective
Key Questions
Key Concerns:
Phase 1: MAPP HHTS Features

- Identification of Health Home eligible population
- Assigning eligible individuals from MCP to HH to CMA
- Documenting when HH/CMA outreach potential members and enroll members in the Health Home program.
- Collects referrals of potential Health Home members
- Billing Support (MCO, HH, and CMA exchange information need for claims)
- Transfer of individuals between Health Homes
- Member Batch lookup and export
- Dashboards to evaluate the performance of the Health Home program
MAPP HHTS Use

- Users are encouraged to access the system daily
- Assignment information must be viewed/downloaded at least once a week
- Any changes to a member’s assignment or segment information must be reported to the system within 24 hours
- MCPs, HHs, and CMAs must work together to figure out how they will work together within the system.
- For service dates on or after 4/1/16, providers must submit HML Assessment information to the system prior to submitting a Health Home claim to Medicaid
- In June 2016, Billing Support will be updated to include payment/denial information for a member’s Health Home claim for a given month of service
MAPP HHTS Use

• Users are encouraged to access the system daily, but Assignment information must be viewed/downloaded at least once a week.

• Any changes to a member’s assignment or segment information must be reported to the system within 24 hours. Assignment, segment, and billing information collected from CMAs MUST be submitted to MAPP HHTS within 24 hours.

• MCPs, HHs, and CMAs must work together to figure out how they will work together within the system.

• For service dates on or after 4/1/16, providers must submit HML Assessment information to the system prior to submitting a Health Home claim to Medicaid.

• In June 2016, the Billing Support Download file will include payment/denial information for a member’s Health Home claim for a given month of service
MAPP HHTS Access

- Currently, Mainstream (HARP, SNP, HMO, PHSP) MCPs, HHs, and CMAs have access.
- Each provider has a gatekeeper, who is responsible for adding and removing users from their organization.
- If you are with an MCP, HH, or CMA and need access to the MAPP HHTS, please contact your organization’s gatekeeper.
- If you don’t know who your gatekeeper is, or have any other questions about MAPP HHTS access and use, please contact MAPP Customer Care Center:
  - mapp-customercarecenter@cma.com
  - (518) 649-0052
Next Steps

- Attend weekly webinar if not done so
- MAPP-HHTS one-to-one meetings are available to answer specific questions
- Major Concerns about getting HML assessment in the system by June 1, 2016
- Safety net for direct billers
Billing and Payment
Billing and Payment Lag

Key questions

How long does each sub process take now?

- CMA- HH= 35 days
- CMA billing monthly and Health Home ranging 3-5 business days to submit
- Billing vendor timeframe= not identified
- MCO= not identified
- Medicaid= 21business days

How will MAPP-HHTS change the current process
Health Home Payment Flow Using MAPP HHTS Billing Support

MCO/HH/CMA, or HH on CMA behalf, submits HML Assessment into MAPP HHTS Billing Support. As soon as info is submitted to system, MCO/HH/CMA associated with month can access submitted information.

NYS Medicaid accepts claims on a weekly basis and takes 21 days to process a claim and send payment to a provider.

MCO Receives payment from NYS Medicaid and then sends check to the appropriate HH using the member’s HH information listed in the Billing Support Download File.

HH receives payment from NYS Medicaid for claims they submitted and also receives payments from MCO for the claims that the MCO submitted for HH members. HH then sends checks (minus their admin fee per HH/CMA contract) to appropriate CMAs using CMA listed in the Billing Support Download File.

CMA receives payment from NYS Medicaid for claims they submitted and also receives payments from HH for the claims that the MCO/HH submitted for CMA members. CMA then sends checks for HH admin checks to the appropriate HHS using the Billing Support Download File and HH admin payment agreement outlined in the HH/CMA contract.

CMA, or HH on CMA behalf, submits HML Assessment into MAPP HHTS Billing Support. As soon as info is submitted to system, MCO/HH/CMA associated with month can access submitted information.
BH HCBS Plan of Care Updates

- Data total number of assessments
- Total number of POC submitted
- Total number of Approved services
Key Concerns: Tracking Completion of CMHA

- Incentives:
  - Offering Visa cards for completion of the CMHA

- Completing CMHA
  - Pros: excellent behavioral health tool can it replace HH Comprehensive -
  
  - Cons: lengthy and time consuming; does not address physical health fully
Upstate Readiness Update

• What are the key lessons learned from NYC HH and BH Carve In?
• What are the key concerns?
BH HCBS Provider Readiness

- Update post MCTAC training
- HCBS authorization data?

- What are the key concerns?
- What is the MCO role in provider readiness
- How can the MCO assist the HHCM to access HCBS Providers for members?
Next Steps.....

Follow up items from today's workgroup

• Establish a billing payment sub committee to address barriers to timely payment and recommendations

• Consent and DOH 5055- review in Weekly webinar on 5/17/16

• Revise guidance document for DOH 5055 to support communication with provider service community