NEW YORK STATE | Department of Health | Medicaid Redesign Team

Health Home High, Medium, Low (HML) Billing

Health Home Rates: High, Medium, and Low (HML) Rates with Clinical and Functional Adjustments Effective September 1, 2016

- Effective 9/1/16, the monthly HML Assessment questionnaire is used to determine the rate code a member should be billed under for a that month.
- HML Assessment created and approved by the HH/MCO Workgroup and uses clinical/functional questions to determine a member's HML status for each month based on real time member attributes.
- Providers should skip any questions that don't apply to a member or any questions that they cannot answer.
- Each answered question qualifies as either High, Medium, or Low (see following slides).

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1. Does the member have at least one response in the “High” category?
   - Yes – bill for member using the “High” rate code
   - No – see # 2
2. Does the member have at least one response in the “Medium” category?
   - Yes – bill for member using the “Medium” rate code
3. Bill for member using the “low” rate code

HML Rate Determination - Examples

Responses for 8/1/15 Service Date**						
	Jane		Juan		Maria	
Clinical & Functional Adjustments	Response	HML	Response	HAL	Response	HML
Base Acuity (unadjusted)	unknown		2.1	L	1.9	L
Predictive Risk	unknown		10%	L	47%	M
HIV Viral Load	100	L	150	L	260	M
HIV T-Cell Count	250	M	400	L	unknown	
Homelessness	HUD 1	H	NA		HUD 2	M
Incarceration Release Date	NA		NA		11/24/2014	M
IP Stay for Mental Illness Discharge Date	NA		NA		NA	
IP Stay for SUD Treatment Discharge Date	9/4/2014	M	NA		12/15/2014	M
SUD Active Use/Functional Impairment	NA		NA		NA	
HML Rate for August 2015 Service Date	High		Low		Medium	

MAPP HML Monthly Billing Assessment Questions

See Billing Support section of MAPP HHTS Specifications Document for the complete listing of HML fields (questions regarding ACT, AOT, and Adult Home members not listed here)				
Quest. #	Question in MAPP	COMMENT	**Field # upload**	**Field # download**
1.	Does the member meet the HARP criteria based on claims and encounters?	This will be auto populated within MAPP by DOH	NA	31
2.	Base Acuity	This will be auto populated within MAPP by DOH	NA	27
3.	Risk	This will be auto populated within MAPP by DOH	NA	30
Clinical Adjustments				
4.	What is the member's Diagnosis code (primary reason for Health Home eligibility)?	This field will not be edited at go live and is optional.	4	9
5.	Is the member HIV positive?	Questions 5a and 5b appear when the response to Q5 is "Yes"	7	32
5a.	What is the member's viral load?	Questions 5a and 5b appear when the response to Q5 is "Yes"	8	33
5b.	What is the member's T-Cell count?	Questions 5a and 5b appear when the response to Q5 is "Yes"	9	34
Functional Adjustments				
6.	Is the member homeless?	Question 6a appears when the response to 6 is "Yes".	10	35
6a.	Does the member meet the HUD Category 1 or HUD Category 2 level of homelessness?	Drop down box with two options: HUD Category 1 and HUD Category 2	11	36
7.	Was the member incarcerated within the past year?	Question 7a appears when the response to 7 is "Yes".	12	37
7a.	When was the member released?	must enter a valid date. Date must be in the past	13	38
8.	Did the member have a recent Inpatient stay due to mental illness?	Question 8a appears when the response to 8 is "Yes".	14	39
8a.	When was the member discharged from the mental illness inpatient stay?	must enter a valid date. Date must be in the past	15	40
9.	Did the member have a recent inpatient stay for substance abuse?	Question 9a appears when the response to 9 is "Yes".	16	41
9a.	When was the member discharged from the substance abuse inpatient stay?	Question 9a appears when the response to 9 is Yes.	17	42
10a.	Did the member have a Positive Lab test OR other documentation of substance use?	Each question must have response: Y/N. Must have at least 1 Y to 10a-10c AND at least one Y in 11a-11b	18	43
10b.	Did the member have an LDSS positive screening for referral to SUD service?			
10c.	Was member referred for SUD service from parole/probation within last 30 days?			
11a.	Is there documentation from family and/or criminal courts that indicates member involvement in a domestic violence and/or child welfare incident within the last 60 days?			
11b.	Is there documentation from Drug court OR a police report alleging member's SUD including, but not limited to, operating a vehicle under the influence, harassment, disorderly conduct, and/or public lewdness within the last 60 days.			
12	Was a Health Home core service provided this month?	Y/N	19	44

High, Medium, and Low values for HML Clinical and Functional Adjustments

Attribute	Low	Medium	High
Base Acuity (unadjusted)	<= 2.5	Between 2.5 and 5.0	>=5.00
Clinical Adjustments			
Predictive Risk	< 30%	between 30% and 50%	> 50%
HIV Viral Load	< 200	between 200 and 400	> 400
HIV T-cell Counts	> 350	between 200 and 350	< 200

High, Medium, and Low values for HML Clinical and Functional Adjustments

Functional Adjustments		
	Medium	**High**
Homelessness	Meets HUD Category 2: Imminent Risk of Homelessness definition	Meets HUD Category 1: Literally Homeless definition
Incarceration	Recent Incarceration between seven and twelve months	Recent Incarceration within six months
IP Stay for Mental Illness	IP Stay for Mental Illness within seven and twelve months	IP Stay for Mental Illness within six months

High, Medium, and Low values for HML Clinical and Functional Adjustments

Functional Adjustments		
IP Stay for SUD Treatment	**Medium**	**High**
	IP Stay for SUD Treatment within 7 and 12 months	IP Stay for SUD Treatment within six months
SUD Active Use/ Functional Impairment		Positive Lab test **OR** other documentation of substance use **OR** LDSS positive screening for referral to SUD service **OR** referral for SUD service from parole/probation within last 30 days **AND** documentation from family and/or criminal courts that indicates domestic violence and/or child welfare within the last 60 days **OR** documentation from Drug court within the last 60 days **OR** police report alleging SUD involvement including, but not limited to, operating a vehicle under the influence, harassment, disorderly conduct, and/or public lewdness within the last 60 days.

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Health Home Rates - High, Medium and Low				
Population	**Region**	**Low**	**Medium**	**High**
HARP	Downstate	$125.00	$311.00	$479.00
non -HARP	Downstate	$62.00	$249.00	$383.00
HARP	Upstate	$117.00	$293.00	$450.00
non -HARP	Upstate	$58.00	$234.00	$360.00
Other Health Home Rates				**Rate**
Health Home Plus *	Downstate			$800.00
Health Home Plus *	Upstate			$700.00
Adult Home **	Downstate			$700.00
Outreach	Statewide			$135.00
* Limited to AOT members that are not receiving ACT services.				
** Limited to Impacted Adult Home members assessed for transition to the community. If an impacted Adult Home member transitions to the upstate region, the rate is $563.				