Health Home Implementation Webinars
Session #21—August 14, 2013
Program Updates
Agenda

- New Health Home Program Email
- Health Home Billing
The email form can be found on the left of the Health Home website. It is the 6th subject on the side tab, “Email Health Homes”.

This form is linked to our email inbox and once submitted will automatically be received by the Health Homes Team.

In order to submit a question, four fields marked with * must be filled out:
- Subject
- Question or Comment
- Name
- Email Address

If you have multiple questions which relate to multiple topics found in the drop down list, submit them separately. You will receive a quicker response if this is done.
New Health Home Program Email

A) Select Subject

B) Ask Question/Write comment

C) Enter Name

D) Enter Email Address, reply will be sent to this address

E) Attach document. Only one document can be attached. You will need to create a ZIP file for multiple attachments
Health Home Billing

- 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
- The Direct Biller indicator in the Tracking System refers to the CMA and indicates that the CMA is a converting provider
- Converting OMH TCM, COBRA, and MATS providers will bill Medicaid Directly for the first two years of each phase
- Converting CIDP programs bill directly from 4/1/12 – 3/31/13 for their existing CIDP members only, regardless of phase
Health Home Billing

Determining Entity Responsible for Health Home Billing

Is member receiving Health Home services from a converting case management program (does the member have a value of Y in the Direct Biller field on the Add record)?

- Yes
  - Is the member enrolled in Managed Care?
    - Yes: Converting programs bill Medicaid directly for ALL Health Home services they provide to Managed Care enrollees, under either their legacy or the new Health Home rate codes.
    - No: Converting programs bill Medicaid directly for ALL Health Home services they provide to FFS members, under either their legacy rate or the new Health Home rate codes.
  - No: The Managed Care Plan bills directly for all Health Home services provided to MCP enrollees that are not receiving services from a converting program.

- No
  - Is the member enrolled in Managed Care?
    - Yes: The Health Home bills directly for all Health Home services provided to FFS members that are not receiving services from a converting program.
    - No: The Health Home bills directly for all Health Home services provided to FFS members that are not receiving services from a converting program.

NOTE: Converting programs (OMH TCM, MATS, and 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 Billing

<table>
<thead>
<tr>
<th>Health Home</th>
<th>Example #</th>
<th>Managed Care</th>
<th>Case Management Program</th>
<th>Direct Biller Indicator</th>
<th>Converting provider slot type (will member be billed under N-new HH rate or E-existing blended rate)</th>
<th>Billing Provider</th>
<th>Converting CIDP Provider?</th>
<th>MMIS Prov ID/Locator Code</th>
<th>Rate Code</th>
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### Managed Care Members

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</table>
Health Home Billing

- A Health Home may bill directly for a converting provider if the Health Home and converting provider mutually agree the Lead Health Home is the biller.
- The Health Home should retain its agreed upon administrative fee and give remaining balance to the care management provider.
- Health Homes will not have access to legacy rates, only HH 1386/1387 rates.
- The member should be listed in the tracking system with a value of “N” in the Direct Biller Indicator field to indicate that the HH will be billing and not the CMA.
- Exception: County or State operated TCM programs may not have Lead Health Home bill because they have no way of accepting revenue.
DOH is comparing data in the Health Home tracking system to claims for Health Home services (including services billed under the Legacy rate codes) to identify billing problems.

Health Homes will be contacted to verify information in the Health Home tracking system and where necessary, claims for HH services will need to be voided by the Health Home or Managed Care Plan so that downstream care management agencies may bill for services.
Additional Resources

- The Health Home Provider Manual and Health Home Tracking Systems Specification Document are available on the HH website at:
  
  [http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/rate_information.htm](http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/rate_information.htm)
Useful Contact Information

- Visit the Health Home website: 

- 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)

- To email Health Homes, visit the Health Home Website and click on the tab “Email Health Homes” 

- Call the Health Home Provider Support Line: 518-473-5569