

Guidance For Phase I Health Home Care Management Providers

June 7, 2012

Dear Health Home Care Management Provider:

To assist you in successfully transitioning from Targeted Case Management (TCM) to Health Home Care Management (HHCM), the Office of Mental Health (OMH) is providing the following guidance:

- ***Regulations Notice for Former Targeted Case Management Providers in Phase I Health Homes.*** This document explains that the New York Codes, Rules and Regulations (NYCRR) pertaining to TCM are no longer applicable to Health Homes. Please contact Jay Zucker at 518-474-1331 with any questions.
- ***Provider Specific Health Home Care (HHCM) Rates.*** These provider-specific documents include detailed information on rates, slot capacity, and an explanation of how rates were calculated. Please contact Michelle Ruf at 518-474-5968 with any questions regarding rates or slot capacity.
- ***Initial Claiming Instructions to TCM Programs Converting to Phase I Health Home Care Management (HHCM).*** This document provides detailed guidance for submitting HHCM claims. Please contact Doug Ruderman at 518-473-8561 with any questions regarding these instructions.

We hope that this guidance is informative and helpful. Thank you for your continued efforts to improve the delivery of community mental health services.

Sincerely,

Martha Schaefer Hayes
Deputy Commissioner and
Chief Fiscal Officer
New York State Office of Mental Health
Mental Health

Robert Myers, PhD
Senior Deputy Commissioner
Division of Adult Services
New York State Office of

Regulations Notice for Former Targeted Case Management Providers in Phase I Health Homes

As a provider of Targeted Case Management (TCM) services for adults that has entered into an agreement to provide care management services to enrollees of designated Phase I Health Homes, please be advised that care management services that are provided to enrollees of Phase I Health Home will be billed as Health Home services, rather than case management services. Accordingly, OMH regulations pertaining to Medicaid reimbursement for Intensive Case Management, Supportive Case Management and Blended Case Management (14 NYCRR Part 506) will no longer relate to services that you provide to Health Home enrollees, effective upon your approval to bill for Health Home services. Rather, the service requirements necessary to support a claim for such services will be governed by your provider agreement with the Health Home.

Initial Claiming Instructions to Targeted Case Management (TCM) Programs Converting to Phase I Health Home Care Management (HHCM)

Note: These instructions apply only to OMH TCM programs (Intensive Case Management (ICM), Supportive Case Management (SCM), Blended Case Management (BCM)) converting to HHCM programs contractually attached to PHASE I (one) Health Homes.

- For OMH TCM programs that operate in Phase I and Phase II or Phase III counties, these instructions apply **only** to their operations in the Phase I area.
 - Instructions for Medicaid claiming for Phase II and Phase III former TCM programs and Phase I providers' operations in Phase II and Phase III counties will be forthcoming.
 - Guidance on reclaiming of services back to January 1, 2012 will be generated by the Department of Health (DOH) at a later date.
1. Medicaid claiming for Legacy slots providing Health Home Care Management Services (HHCM) beginning June 1, 2012

All former TCM slots are now called legacy slots. Legacy slots may be billed at the HHCM rate codes or the Health Home Service (HHS) rate codes pursuant to the following directions:

OMH/TCM Legacy Slots

The Health Home OMH/TCM monthly legacy rates for Phase I former TCM legacy slots will be available on June 1, 2012. Also, by June 1 each Phase I former TCM provider (now referred to as a "Health Home Care Management" program, or HHCM program) will have received a roster of its TCM clients that have been enrolled in a Health Home (HH) from DOH or OMH based on the lists that were forwarded by the TCM program.

Therefore, beginning June 1 (these claims will reimburse for HHCM Services delivered in June), each Phase I HHCM program will be able to submit a claim up to the number of OMH/TCM legacy slots at the:

- OMH/TCM code (also known as the "HHCM" rate code)
 - rate code 1851 = active services,
 - rate code 1852 = outreach and engagement

For the initial submission of HH claims for these OMH/TCM legacy rate codes, agencies must wait to receive the automatically generated letter from Computer Sciences Corp. (CSC) adding these codes to the agency's list of "eligible" rate codes. If claims precede receipt of this letter, they will be denied.

DOH/TCM Legacy Slots

Should the list of HH enrollees still in your program on or after June 1 exceed the OMH/TCM legacy slots approved in your rate letter from OMH, you may submit a claim,

beginning with date of service of June 1, for the balance of Medicaid enrolled individuals in your program up to the number of DOH/TCM legacy slots (subject to your agreement with Local Government Unit (LGU) regarding the total number of legacy slots that may be filled with Medicaid enrolled individuals), at the:

- DOH/TCM Code (also known as the Health Home Services (HHS) rate code)
 - rate code 1386 = active services,
 - rate code 1387 = outreach and engagement

Rates are changed monthly. DOH requests that claims for these rate codes be submitted at the end of the 3rd week of the month following the date of service on the claim.

Enrollees

The list of enrollees will likely include individuals who have departed your program and individuals who became attached to your program after the roster of your programs' "enrollees" was received from DOH.

- You may **not** submit any HH rate claims (HHCM or HHS rate claims) for individuals who departed your program before June 1.
- You will be able to claim OMH/TCM rate or DOH/TCM HHS rate for individuals who became attached to your program in June **after** DOH enrolls them in the Welfare Management System (WMS) based on the Health Home's monthly roster submission.
- The monthly roster is due to DOH by the first Tuesday of the month succeeding their attachment to your program. The submission to DOH is made by the Health Home. You must review the monthly roster and notify the Health Home of any discrepancies with the appropriate Health Home before that date. (Each Health Home will have its own form and procedures for preparing its monthly submission. It is your responsibility to coordinate with each Health Home.) Your claims for these new participants will be payable for claims submitted at the end of the 3rd week of the month they appear on the roster submitted to DOH.
- Health Homes or Medicaid Managed Care Plans typically claim for Health Home services to Medicaid. However, former TCM programs, including former OMH TCM programs, **can claim directly to eMedNY** for both the applicable OMH/TCM legacy slots and DOH/TCM legacy slots for individuals already in TCM before June 1, 2012 and individuals added to the former TCM programs identified on the monthly roster submitted to DOH by the Health Home with a "Y". (The former TCM programs will not be authorized to claim directly to eMedNY for individuals without the "Y".) It is important, therefore, that the former TCM programs review the Health Home's roster submissions to make sure that the appropriate persons are identified with a "Y".

SPOA Process

- All legacy slots must still be filled through the Single Point of Accountability (SPOA) process in partnership with the Health Home and your program, unless amended by agreement with the LGU and Health Home. They are “claimable” to eMedNY for the month they were referred by the Health Home to the HHCM program if they were already enrolled in the Health Home (i.e., appropriately identified as an HH enrollee by DOH or Managed Care Organization (MCO)) or included as a new HH enrollee on the roster forwarded to DOH, as either an “outreach and engagement” or “active” enrollee early in the month following the referral/engagement by the HHCM program. (Individuals moving from the HH to the former TCM program must be included on the list with a new “Y” to permit the former TCM program to claim directly from eMedNY. For people newly added to a Health Home, the instructions and claiming schedule above should be followed.)
2. Medicaid claiming for expansion services for individuals in addition to the authorized legacy slot capacity beginning June 1, 2012

HHCMs may provide services to individuals in addition to their legacy slots by agreement with the Health Home (HH). Providers will also be able to claim these services directly to eMedNY using rate codes 1386 and 1387 as appropriate. **It is expected that the additional revenue received for these expansion slots will support additional staff based on the care management needs of the former TCM’s entire caseload.**

For individuals referred to the HHCM who are not already enrolled in the Health Home, but are identified by DOH or a Managed Care Organization (MCO) for Health Home engagement and/or enrollment, the HHCM program follows the same procedures as the Health Home or Medicaid Managed Care provider in reaching out to the individual. If by the end of the month, the HHCM has been unsuccessful in attaining active care management (CM) for that individual, that individual will be included on the roster to DOH for that month with a “Y”. The HHCM program may claim the “outreach and engagement” HH rate (rate code 1387) for the initial month when DOH completes its processing to make the individual eligible for HH claiming on the same schedule for new Health Home persons outlined above (at the end of the 3rd week of the following month). For referred individuals to whom the HHCM program has provided active services, the same process as above applies, and the HHCM program may claim the HHS rate (rate code 1386) at the end of the 3rd week of the following month.

3. Transitioning from Health Home provided care management to (former TCM) HHCM

If the individual is known to be enrolled in the Health Home, which has not already submitted a claim for the month of referral, the HHCM program may

submit a claim for the month the new client is attached to the HHCM program if that individual is included on the monthly roster submitted to DOH with the necessary "Y". If the HH or Medicaid Managed Care Plan had already submitted or planned to submit a claim for the referral month, the HHCM program may submit a claim for the following month in the following month if the monthly roster for the succeeding month includes the referred person with the "Y".

4. Retrospective Medicaid Reimbursement for Health Home services for the period January 1, 2012 through May 31, 2012:

New York State is eligible to receive enhanced Federal Participation for Health Home Services for Phase I Health Homes **back** to January 1, 2012. **Phase I former TCM providers, now HHCM providers, should do nothing now regarding claims for Health Home services prior to June 1, 2012.**

DOH will provide guidance to Phase I HHCMs on how the State will "re-adjudicate" most claims already paid as regular TCM claims to HHCM or HHS rate claims for dates of service provided effective January 1, 2012. Most of the claims for dates of service will automatically be "re-adjudicated"; the HHCMs may have to submit some claims that cannot be converted automatically from already paid TCM claims.

(Note: There will be no conversion of already paid TCM claims to HH claims for dates of service prior to January 1, 2012.)

Summary of Health Home Care Management (HHCM) and Health Home Services (HHS) Rate Codes

Slots	Oversight	Rates		
Legacy Slots	SPOA Process	OMH/TCM Legacy Slots		Bill at OMH / Legacy Rate
		aka Health Home Care Management (HHCM)		
		Description	Rate Code	
		Active Services	1851	
		Outreach and Engagement	1852	
		Expansion Slots	Health Home Assigns	DOH/TCM Legacy Slots
aka Health Home Services (HHS)				
Description	Rate Code			
Active Services	1386			
Outreach and Engagement	1387			