Health Homes of Upstate New York (HHUNY)

Navigating the Waters of Billing
Agenda

- Payment Overview
- Overview of the two channels of agencies and what it means for billing
- Billing Flow
- Important Information
Payment Overview

- All payments for Health Home Care Management Services are done on a Per-Member-Per-Month (PMPM) rate individually calculated for each individual served, based on the Minimum Billing Standards.

- The payment received will be a factor of the individual’s acuity score, as calculated by NYS Department of Health, and the rate code (Outreach or Enrollment).

- Each individual enrolled may only be billed at a single rate code for the month.

- An accurate tracking record must be submitted and accepted for all clients for proper Medicaid billing.
Minimum Billing Standards

At least one of the core Health Home services must be provided in given month to be eligible for reimbursement

- Comprehensive care management
- Care coordination and health promotion
- Comprehensive transitional care
- Individual and family support,
- Referral to community and social support services

Additional information can be found on page 52-53 of the Provider Manual
Channels of Agencies

The billing process will differ depending on the type of agency within HHUNY

- **Converting Care Management Agencies** – continue to bill directly
- **Non-Converting Care Management Agencies** – will provide information concerning the services provided to HHUNY to direct for billing
Converting Agencies

- Continue to submit bills for services directly to e-MedNY for care management services.
- The legacy rates will be in effect for converting slots.
- The billing department within the organization will follow up on any denials directly with NYS.
- Once payment is received from NYS, a 3% or 6% administration fee of the claim is due to HHUNY.
NEW YORK CARE COORDINATION PROGRAM
ON BEHALF OF
HEALTH HOMES OF UPSTATE NEW YORK (HHUNY)

PAYMENT TO HHUNY FOR ADMINISTRATIVE FEES DUE
Organization Name
Health Home Hub (choose from drop-down)

Attach a copy of the Medicaid Remittance for which payment of Administrative Fees is being made to HHUNY

Payment for ANY Health Home Care Management Services for HHUNY Enrollees for the following Remittance:
Remittance Check #
Remittance #
Remittance Date

Summary of Amounts Due to HHUNY for Legacy Slots
# Legacy Slot individuals billed
# Legacy Slot individuals paid
Total Paid for Legacy Slots
Administrative Fee Rate for Legacy Slots
Administrative Fee Due to HHUNY $ 3%

Summary of Amounts Due to HHUNY for New/Expansion Slots
# New Slot individuals billed
# New Slot individuals paid
Total Paid for New Slots
Administrative Fee Rate for New Slots
Administrative Fee Due to HHUNY $ 6%

Total Due to HHUNY $ -

Date of Payment to HHUNY MM-YYYY
Important Information

- The form should be completed for each remittance received from NYS for legacy and expansion slots clients.

- A copy of the remittance should be attached to each summary sheet.
  - While your remittance sheet may include individuals that are not with HHUNY, we ask that you still send the remittance.
  - It would not be necessary to redact the other client information since the information would remain confidential.
Payments should be made to:

New York Care Coordination Program, Inc
Attn: Sarah Larter
1099 Jay Street, Building J
Rochester, NY 14611

If the information is in electronic format already, it can be sent to HHUNYBilling@ccsi.org, with the check sent to the above noted address
Non-Converting Agencies

- Billing information will flow through HHUNY
- Spreadsheets will contain records of services for individuals served by your agency
- The level of detail provided to HHUNY for billing purposes is based on which type of Medicaid the client is in, that is whether or not the client is associated with a Managed Care Organization (MCO) or is Fee For Service
HHUNY has contracts with various MCOs in the areas of service

Members of a MCO will be assigned to the Care Management Agency (CMA) through the usual assignment or community referral process

If a client is enrolled in a MCO at the time of assignment from the Department of Health (DOH), that information will be located on the assignment file

It is ultimately the responsibility of the CMA to determine if a client is enrolled under a MCO by using ePACES upon initial enrollment and on a monthly basis thereafter
INSTRUCTIONS FOR COMPLETING INPUT WORKSHEET

<table>
<thead>
<tr>
<th>Column</th>
<th>Data Field</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Add/Void Indicator (A/V)</td>
<td>The Add Indicator (A) should be used to indicate that a member has received a billable Health Home Service (outreach or enrollment) in the month reported. The Void Indicator (V) should be used to void a previously submitted record.</td>
</tr>
<tr>
<td>B</td>
<td>Medicaid ID</td>
<td>Client’s Medicaid # (AA11111A); Alphanumeric</td>
</tr>
<tr>
<td>C</td>
<td>Service Date</td>
<td>MM/01/YYYY format - Date must be the FIRST DAY of the month the service was provided</td>
</tr>
</tbody>
</table>

INPUT SHEET -- BILLING BY NON-CONVERTING PROVIDERS FOR HHUNY ENROLLEES WHO ARE IN A MANAGED CARE ORGANIZATION

Health Home Name (select from drop-down list):
Agency Name (select from drop-down list):
Contact Person:
Email:
Phone:

Concerning the Patient Medicaid ID and Date of service, entries not in line with the proper format will turn red. Please correct as necessary

<table>
<thead>
<tr>
<th>Add/Void Indicator</th>
<th>Medicaid ID</th>
<th>Service Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>AA222222A</td>
<td>12/01/2013</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>V</td>
<td>XX123A</td>
<td>11/05/2013</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Managed Care Organizations

Once HHUNY receives the information in the spreadsheets, we will combine the information to create a billing roster.
The billing roster is uploaded to the NYS Health Commerce System (HCS).
The MCOs will take the information uploaded and link it to the information in the tracking files to create a billing file to send to eMedNY.
The MCO will receive the payment directly from eMedNY, retain a 3% administrative fee, then send the payment to HHUNY. HHUNY will then retain a 3% administrative fee and send the remainder of the payment to the appropriate CMA.
Fee-for-Service

- For any client not covered by a Managed Care Organization
- HHUNY, through use of an outside contractor, will bill eMedNY for the services performed
- Because the information submitted will be used to produce an 837i billing file, the information submitted is more extensive
# INSTRUCTIONS FOR COMPLETING INPUT WORKSHEET

<table>
<thead>
<tr>
<th>Column</th>
<th>Data Field</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Patient Name</td>
<td>Last Name, First Name</td>
</tr>
<tr>
<td>B</td>
<td>Patient Date of Birth</td>
<td>MM/DD/YYYY format</td>
</tr>
<tr>
<td>C</td>
<td>Patient Gender</td>
<td>Enter M or F</td>
</tr>
<tr>
<td>D</td>
<td>Patient Medicaid ID</td>
<td>AA11111A Format</td>
</tr>
<tr>
<td>E</td>
<td>Patient Address</td>
<td>Street Address, City, State, 5-Digit Zip Code</td>
</tr>
<tr>
<td>F</td>
<td>Internal Account Number</td>
<td>Your agency’s internal account number for tracking purposes - This would be per your own agency’s convention</td>
</tr>
<tr>
<td>G</td>
<td>Service Date</td>
<td>MM/01/YYYY format - Date must be the FIRST DAY of the month the service was provided</td>
</tr>
<tr>
<td>H</td>
<td>MMIS Service (Rate) Code</td>
<td>Enter code for Outreach (1387) or Enrollment (1386) as applicable, per DOH established rate codes</td>
</tr>
<tr>
<td>I</td>
<td>Diagnosis Code</td>
<td>If unknown, use 799.9</td>
</tr>
<tr>
<td>J</td>
<td>Service Provider NPI</td>
<td>This is the NPI of the individual providing services, if applicable. If none, leave blank.</td>
</tr>
</tbody>
</table>

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**INPUT SHEET -- BILLING BY NON-CONVERTING PROVIDERS FOR HHUNY ENROLLEES WHO HAVE FEE-FOR-SERVICE MEDICAID**

**Health Home Name (select from drop-down)**

**Agency Name (select from drop-down list):**

**Contact Person:**

**Email:**

**Phone:**

Concerning the Patient Medicaid ID, Date of service, and MMIS Rate Code, entries not in line with the proper format will turn red. Please correct as necessary

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>Patient Date of Birth</th>
<th>Patient Gender</th>
<th>Patient Medicaid ID</th>
<th>Patient Address</th>
<th>Internal Account Number</th>
<th>Date of Service</th>
<th>MMIS Rate Code</th>
<th>Diagnosis Code</th>
<th>Servicing Provider NPI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smith, John</td>
<td>01/01/1950 M</td>
<td>AA11111A</td>
<td>1 MAIN ST., ROCHESTER, NY, 14611</td>
<td>1</td>
<td>11/01/2013</td>
<td>1387</td>
<td></td>
<td>799.9</td>
<td></td>
</tr>
<tr>
<td>Smith, Jane</td>
<td>12/01/1960 F</td>
<td>XX122a</td>
<td>5 MAIN ST., ROCHESTER, NY, 14611</td>
<td>4</td>
<td>12/06/2013</td>
<td>1385</td>
<td></td>
<td>799.9</td>
<td></td>
</tr>
</tbody>
</table>
Fee-For-Service

- HHUNY will consolidate the information collected in the spreadsheets by Health Home and send the information to Beth Platt and Associates, the outside contractor responsible for preparing the billing forms.
- Payments will be made by Medicaid directly to the Health Homes. HHUNY will retain a 6% administrative fee and send the remainder of the payment to the appropriate CMA.
- HHUNY will work with Beth Platt and Associates to process denials, contacting the CMA if additional information is needed.
Submissions

- Spreadsheets must be sent via a secure email to HHUNYBilling@ccsi.org

- Billing spreadsheets must be submitted by the 15th of each month following the month of services

- If your agency operates in more than one Hub, please submit a unique file for each hub according to the naming convention listed in the detailed instructions
Important Information

- As a reminder, an accurate and accepted tracking record must be on file with the NYS DOH in order to receive payment for services.

- The information submitted in the MCO and FFS spreadsheets must be accurate to ensure proper payment.
  - Each record of service should only be submitted once to HHUNY. The CMA should track the submissions to HHUNY to ensure no duplicates have been sent.
  - The patient information sent must match the tracking records submitted.
Important Information

- Since this Health Homes program is new to all of us, there is a learning curve in place.
- We, as HHUNY, are committed to excellence in what we do, but we know that there is much improvement that can be made on our end as well.
- We are all in this boat together and hopefully we can lend a hand to each other whenever the need arises.
Resources

- Health Homes Provider Manual – Billing Policy and Guidance:

- NYS Department of Health – Medicaid Health Homes information:
  http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/

- Denial Code look-up:
  https://www.emedny.org/HIPAA/5010/edit_error/index.aspx
Any billing questions can be directed to:

Sarah Larter
slarter@ccsi.org
585-613-7687