

HEALTH HOME FFS PAYMENT AND REPORTING EXAMPLES

Background

Health Homes will need to be made available to both managed care organization (MCO) and fee-for-service (FFS) members. This creates some operational challenges for New Mexico's Human Services Department (HSD) to ensure that FFS members can enroll, and that HSD can support the reporting, monitoring, and outcome-based requirements for Health Homes.

The Health Home Phase A is scheduled to be effective January 1, 2016 and will serve members in Farmington and Clovis, New Mexico who are identified as being SED/SMI with substance abuse disorder. The Health Home will be operated by current Core Service Agencies (CSAs) and provide care planning, prevention and health education, case management, care coordination, transitional care planning and the use of health information technology (HIT) to support health home activities. The Health Home function is separate and distinct from the delivery of State Plan services covered by Medicaid and currently supplied by CSAs.

While considering the below examples and operations, it is important to consider the following items and how the operational approach to reimburse health homes for FFS members can be expanded:

- It is reasonable to anticipate that the pilot Health Homes may be expanded to additional CSA providers, including Indian Health Services and Tribal 638 providers, and new geographic areas not served by the pilot.
- It is reasonable to anticipate that Health Homes will be expanded for additional and different health conditions or diseases than covered in the pilot.

FFS Medicaid eligible members may join a Health Home through recruitment by CSAs of current member receiving State Plan services rendered by the CSA. Additionally, it is anticipated that other health care providers, including behavioral and physical health providers who are not the CSA, may refer members to the Health Home.

Initially, the number of FFS members who participate during the pilot may be small, however this participation may grow as new Health Home providers, geographies or disease conditions become available.

FFS Scenario 1

A member, identified by the CSA, agrees to enroll in the Health Home. The Health Home meets with the member and assesses their needs to develop a care plan. After the member's needs are assessed, the member attends a disease prevention health education seminar.

Health Home Responsibility

The CSA will be required to submit a claim (CMS 1500) to Xerox each time a Health Home core service is delivered. HSD will have established specific Healthcare Common Procedure Coding System (HCPCS) code and modifiers indicating which service is being performed (e.g. care coordination, health education). In this scenario, the Health Home will submit a claim with two lines reflecting that the member received a care plan assessment and health education seminar and the date of service. The claim will result in a payment to the Health Home for the first service submitted within the current month. The Health Home is required to submit claims for every activity with the member, however only one claim line will be paid regardless of how many other claims are submitted by the Health Home.

The approach to require the Health Home to submit a claim when one of the six core services are delivered ensures that the member is being served.

Xerox Function

The Omnicaid system will process the claim and make the monthly payment to the Health Home once in a monthly period. In order for the claim to process the payment, the service must match one of the required health home HCPCS and modifier codes and a condition that only one payment per calendar month is permitted. All other claim lines submitted by the Health Home will be accepted however, no payment will be made.

As discussed, the preferred approach is that the Omnicaid system does not deny the additional claim lines, but instead remit a \$0 payment. This request is driven by the need to evaluate member's activities performed by the Health Home.

Monitoring and Evaluation

The Omnicaid claims data can be evaluated to identify the members who are enrolled and for what period they are enrolled in the Health Home as well as each activity performed by the Health Home. This will support periodic monitoring of participation as well as serve as identifiers for outcome studies.