NEW YORK STATE | Department of Health | Medicaid Redesign Team | Office of Mental Health

Transitioning Office of Mental Health Children's Targeted Case Management (TCM) Program to Health Homes

Webinar #3: TCM Legacy Slots and Rates-Q and A

September 16, 2015
1PM-2:30PM

Introductions

- Michelle Wagner, Division of Integrated Community Services for Children and Families, OMH
- Angela Keller, LMSW, Director, Bureau of Children's Program Design, Policy & Planning Division of Managed Care, OMH
- Lana I. Earle, Deputy Director, Division of Program Development and Management, Office of Health Insurance Programs, NYS DOH

Today's Discussion

- Review: Transitional Rate Provisions for OMH TCM providers
  - Legacy Slots, Legacy Rates
  - PMPM Health Home for Children's Rates and Methodology for Reconciliation

- Q & A

OMH TCM Legacy Slots and Rates

- Legacy slots were determined by dividing the total Medicaid claims billed during CY 2013 by 12 months.
    - Legacy slots do not change your current capacity, they are the number of slots used in the reconciliation process.
    - Programmatically, there is no difference between a legacy slot and non-legacy slot

- Legacy rates for providers operating only one type of TCM capacity (BCM or SCM or ICM), the rate in effect April 1, 2015 is the OMH/TCM legacy rate.

- For TCM providers of more than one type of case management services, the legacy rate is total billable dollars divided by total Medicaid claims paid.

Reconciliation of HH PMPM Rate and Legacy Rates

- OMH TCM Providers will be subject to Children's Health Home (HH) Per Member Per Month (PMPM) Rates
- Payments received under the HH PMPM rate structure will be reconciled by comparing what an OMH TCM provider would have received under an OMH TCM Legacy Rate to what it received from the HH PMPM rates
- Providers that received less than HH PMPM payment than they would have received under legacy slots will directly receive a legacy payment.
- Reconciliation will occur quarterly
- All members in outreach or enrollment status will be included in the reconciliation

Reconciliation of HH PMPM Rate and Legacy Rates

- The assessment fee will be included in the Health Home payments when compared to the OMH TCM Legacy payment
- If no assessment has been completed for an enrolled member and the member is in enrollment status, the HH rate will be considered as “low” for that month. This process will only be allowed for month 1&2; if provider has not completed assessment by month 3 they may not bill the HH rate. The month with no billing will not be included in the reconciliation.
- If a program does not fill all their legacy slots, the reconciliation of payments will compare only the OMH TCM filled legacy slots
- Any slots filled over legacy slots will not be included in the reconciliation - this will be considered new business

Reconciliation of HH PMPM Rate and Legacy Rates

- If the number of HH members is at or above the OMH TCM legacy slot capacity, the program will be considered “whole” if the program received Health Home rates at or above the OMH TCM legacy rate for the TCM legacy slot capacity

- Initially, DOH will begin the reconciliation process ten days following the close of a calendar quarter. If it is determined that insufficient data is in the system ten days following the close of a quarter, DOH/OMH will determine the appropriate timeframe to complete the reconciliation within the close of a future quarter

Reconciliation of HH PMPM Rate and Legacy Rates

- DOH/OMH will monitor and reconcile HH payments for two years. DOH/OMH reserve the right to suspend legacy reconciliation earlier if the legacy TCM conversion is fiscally stable. Providers will be given at least one quarter's notice in the event of early suspension.

- Monthly monitoring will occur by the State of each providers' billing revenue; individual outreach to TCM agencies on cash flow and fiscal standing will occur.

Reconciliation Example (1)

- Provider A has a TCM legacy rate of $500 and a legacy slot cap of 20
- All 20 legacy slots are full
- At completion of CANS-NY, 5 children are high acuity, 8 score medium acuity and 5 are rated low acuity. Of these children, 6 CANS-NY assessments were completed in the quarter.
- Care managers are in the process of completing CANS-NY assessments for one child and conducting outreach for another child

Reconciliation Example (1)

Legacy Slot Cap	Filled HH Slots	Legacy Rate	Actual CANS Acuity for Children in Legacy Slots (completed assessment $185)	Children in Outreach Status ($135 PMPM)	Children with Consent Signed but CANS-NY incomplete (bill L $225)
20	20	$500	5 - high acuity 8 - medium acuity 5 - low acuity *6 assessments were completed this quarter.*	1	1 – low acuity

Quarter's Health Home PMPM against legacy cap [3* {(5*750=) + (8*450=) + (5*225=)}] + (6*185=) + 135 + 225 = $26,895

Legacy Average for Quarter = $30,000

Reconciliation Payment due Agency: $3,105

Reconciliation Example (2)

- Provider B has a legacy rate of $500 and a legacy slot cap of 50
- All 50 legacy slots are full
- Provider B is serving an additional 50 children (new business)
- At completion of CANS-NY, 25 children are high acuity, 35 are medium acuity and 42 are rated low acuity. Of these children, 10 CANS-NY assessments were completed in the quarter.

Reconciliation Example (2)

Legacy Slot Cap	Filled HH Slots	Legacy Rate	Actual CANS Acuity for Children in Legacy Slots (completed assessment $185)	Children in Outreach Status ($135 PMPM)	Children with Consent Signed but CANS-NY incomplete (bill L $225)
50	100	$500	25 - high acuity 35 - medium acuity 42 - low acuity *10 assessments completed this quarter*	5	3 – low acuity

Quarter's Health Home PMPM against legacy cap [3*{(25*750) + (25*450) }]+(10*185) = $91,850
Legacy Average for Quarter = $75,000
Reconciliation Payment due Agency: $0

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Questions?

Health Homes Serving Children

- January 1, 2016-Begin Enrollment of Eligible Children in Health Homes
  - Eligiable children are those children enrolled in Medicaid and meet the eligibility and appropriateness criteria

- Health Home Six Core Services
  1. Comprehensive Care Management
  2. Care coordination and Health Promotion
  3. Comprehensive Transitional Care
  4. Individual and Family Support
  5. Referral to Community and Social Supports
  6. Health information Technology to link services

Expanded definitions of six core services:

http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/provider_qualification_standards.htm

Health Home Standards and Requirements

- Qualifications of Health Home Care Managers Serving Children
  - Qualifications for care managers serving low and medium acuity is left up to the discretion of the Health Home to provide flexibility to make operational decisions that best reflect the mix of children served by individual Health Homes
  - Qualifications for care managers serving children with high acuity:
    - Bachelors of Arts or Science, 2 years of relevant experience, or
    - A licensed Registered Nurse with two years of relevant experience, or
    - A Masters with one year of relevant experience

Health Home Standards and Requirements

- Health Home for children case load sizes
  - Case load sizes are not mandated but have been reflected in the rate build for the per member per month (PMPM) Health Home rates for children
  - Case load sizes in the rate build – High 1:12, Medium 1:20 and Low 1:40
  - Care Managers serving children with high acuity will be required to keep their case load mix predominantly to children in high acuity level (1:12)

- At least one Health Home service must be delivered every month in order to bill the Per Member Per Month rate
  - Care managers serving children with medium and high acuity will be required to provide at least two Health Home services per month, one of which must be a face-to-face encounter with the child
  - No minimum time duration for client contacts

Medicaid Analytics Performance Portal (MAPP)

Medicaid Analytics Performance Portal (MAPP)- performance management system to support providing care management for the Health Home Population

- Portal for external referrals (LGU/SPOA, LDSS)
- Member tracking - identification, assignment, consent management
- Care Coordination - CANS-NY assessment and algorithm housed in MAPP
- Analytic & Performance Management
- Interoperability - file exchange

MAPP Functionality for Children

- CANS-NY Assessment tool will be integrated into MAPP
- Billing, rate information and CANS-NY algorithms (High, Medium, Low)
- Referral portal
    - Community referrals by LGU/SPOAs, LDSS and eventually others, for Assignment
    - Direct Referrals by Health Homes, Managed Care Plans, Care Managers for Assignment
- Will assist with managing consent to refer, enroll, and share information

Role of SPOA with TCM Legacy

- Until legacy slots are phased out, SPOA will continue to manage and triage the most needy children being referred in the county

- Once a child is determined, by SPOA, to need care coordination services a direct referral to the TCM provider may be made if the SPOA determines that the TCM expertise may be the best for the child.

- SPOA will also have the ability to directly refer via the MAPP portal when another care management assignment is recommended.

- If the SPOA refers the child to the OMH TCM Legacy provider, the provider in turn processes the referral into the Medicaid Analytic Performance Portal (MAPP) as per protocols

Enrollment of TCM Clients into Health Home by OMH TCM Legacy Providers

- All children with Medicaid on the TCM roster in December will require a CANS-NY completed to be enrolled in Health Home
    - Care Coordinators should begin gathering, information needed to complete CANS-NY in December to enter into MAPP in January

- Each TCM legacy provider will enter its clients into MAPP for assignment to the appropriate Health Home, given alignment of contracts with Health Home and Health Homes with the members' Plans. The child will remain with the same care management agency (OMH TCM legacy provider).

- Parental choice could impact assignment to a Health Home.

Enrollment of TCM Clients into Health Home by OMH TCM Legacy Providers

- The Care Coordinator enters the completed CANS-NY into MAPP, which runs the algorithm, an acuity score is determined and provided to the Care Coordinator.

- If no assessment has been completed for an enrolled member the HH rate will be considered as “low” for that month. This process will only be allowed for month 1&2; if provider has not completed assessment by month 3 they may not bill the HH rate.

- The assessment payment of $185 is a one-time payment , given upon the completion and input of CANS-NY into MAPP for all Health Home eligible children

Non-Medicaid Care Coordination

- OMH will continue to provide LGUs with the same amount of State Aid for the TCM program to be used towards providing care coordination to children with **SED** that are not Medicaid eligible, and thus cannot be enrolled in Health Home.

- SPOA continues to be the referral source

- CANS-NY should be completed to identify needs and strengths and guide the plan of care, can not be entered into MAPP.

- Guidance document currently being drafted

OMH Service Dollars

- OMH will continue to provide LGUs with the same amount of service dollar funding previously given for the TCM program. These service dollars may be expended only for children with **SED (Medicaid and Non-Medicaid),** not the general HH population a TCM program may serve .

- The amount of State Aid each provider receives will continue to be at the discretion of the LGU.

CANS-NY Certification

- All care coordinators must be CANS-NY certified
  - Those currently certified do not need to take the test again until their recertification date

- Those who need to be certified can do so at:

  https://canstraining.com/login

- Child Adolescent Needs and Strengths-NY (CANS-NY) – DRAFT Proposed Modified CANS-NY for Health Home:

  http://www.health.ny.gov/health_care/medicaid//program/medicaid_health_homes/health_homes_and_children.htm

Questions?

Resources for Updates

- DOH Health Homes and Children Website

http://www.health.ny.gov/health_care/medicaid//program/medicaid_health_homes/health_homes_and_children.htm

- DOH Medicaid Health Homes Listserv

http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/listserv.htm

- OMH TCM Listserv

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