ENCOMPASS FAMILY HEALTH HOME
Care Management
Policy & Procedure Manual

Care Management Policy #15: Health Home Billing

Effective Date: February 27, 2015
Revised Date: October 22, 2015, 5/1/16, 9/1/16, 11/1/16, 3/2/17

Policy: Encompass Health Home will assure that all eligible Participants are billed monthly, and payments are distributed according to Medicaid, Medicare, Managed Care Plans, Department of Health and Health Home standards.

Procedure:

A. Care Management Agency (CMA) Care Managers will document all Outreach & Active Care Management contacts throughout the month for each Participant.

B. The CMA will monitor care management notes throughout the month, and provide feedback to Care Managers regarding the quality of the notes, frequency of contacts and appropriate documentation indicating outreach or active care coordination.
   1. CMA Supervisors or designees will monitor and provide feedback to Care Managers regarding the appropriateness of care plan goals, recommendations for updates to the Plan of Care or Participant reassessment, and timeliness of required initial and required re-assessments.

C. The CMA will perform a pre-billing audit, and verify the necessary documentation in each Participant record, including:
   1. Either Outreach & Engagement activities were performed, Assessments were completed, or the provision of one or two of the following 5 Core Services occurred within the billing month, depending on service Tier (H-M-L):
      i. Comprehensive care management
      ii. Care coordination & health promotion
      iii. Comprehensive transitional care and follow-up
      iv. Individual & family support
      v. Referral to community & social support services;
   2. 2 Core Services were provided including 1 face-to-face contact with the child, as required for Medium and High acuity Child Participants; 1 Core Service for low acuity Child;
   3. Assessments have been completed within the required timeframes;
      i. Children Participants will be billed at low acuity until the month in which the CANS-NY Assessment is completed;
      ii. CANS-NY Assessments not completed by end of month 2, will result in no billing for that month.
   4. Care Plans are complete and up to date for enrolled participants;
   5. All documentation is relevant to the Participant's/Family's goals.

D. CMA Supervisor or designee will notify Care Managers immediately of needed corrective action and completion before submission of billing to Health Home.

E. CMAs will develop internal processes to verify accuracy and completeness of all documentation prior to billing.

F. Care Managers will complete High, Medium, Low (HML) Assessments:
   1. Care Managers will complete and finalize the CANS-NY Assessment as required to determine Child's HML acuity.
   2. Once Outreach or Core services have been provided, documented and approved (finalized), the Care Manager or designee will complete the Billing Questionnaire in

Netsmart to reflect the Child's status, and determine the Child's rate code for the billing service month.

3. CMA will notify the Health Home of any deviations from the expected time frames in order to hold billing for any Participants in which verification is not made.

G. The Health Home will download the Billing Support Upload File from Netsmart, which includes billing reports and HML Assessments, for upload to MAPP, at least twice a month.

H. Billing for Managed Care Participants (when applicable) will be submitted through the Medicaid Analytics Performance Portal (MAPP) located in the NYS Health Commerce System (HCS) at least twice a month.
   1. Participants will be screened for Medicaid eligibility prior to direct billing through the MAPP.
   2. Health Home will make corrections as reported on the Error Report as needed, and will resubmit through the MAPP.
   3. Managed Care Plans (MCP) will access the MAPP to retrieve billing information.
   4. MCP will transmit billing information to eMedNY.
   5. Upon receipt of Medicaid payment to the MCP, MCP will send the Health Home a remittance statement, and will mail, or electronically deposit reimbursements within 14 days of receipt.

I. The Health Home will send the Billing Support Download File to MillinPro to sort and track billing data, and will distribute payments and remittance statement to CMA, minus an additional contracted administrative fee, within 14 days of receipt from the MCP.

J. MillinPro will sort data for both Fee for Service Participants, and Participants covered under Managed Care Plans; as well as verify Medicaid status for each Participant.
   1. Following screening for Medicaid eligibility, Fee for service Participants will be direct billed through eMedNY.

K. If requested, the Health Home will download completed billing reports from MillinPro and send to CMA monthly.

L. It is the responsibility of the CMA, to monitor compliance according to established Corporate Compliance Plans, and to assure that billing is supported by appropriate documentation.

M. Per CMA request, billing will be held as pending if documentation for the month being billed is missing or incomplete. Late documentation will be completed as soon as possible.
   1. Claims held for incomplete/missing documentation will be billed the following moth for reimbursement.

N. CMAs will be offered time limited access to MillinPro, to monitor and verify billing activity and payments.