

# OMH TCM to Health Home Claim Adjudication Process



December 3, 2013

# Agenda

- ▶ Who can bill for HH services
  - ▶ Readjudication Process for OMH TCM claims
  - ▶ DOS on HH claims vs. OMH TCM claim
  - ▶ New claim for services provided in crossover month
  - ▶ Questions
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# Who can bill for HH services?

- ▶ Converting OMH TCM programs bill for both their existing members **AND** all new Health Home members.
- ▶ Converting OMH TCM programs can bill a limited number of Health Home claims per month under their legacy rate codes (185X series) and bill the remaining Health Home claims under the 1386/1387 rate codes.
- ▶ All converting OMH TCM providers should be billing with the Health Home rate codes, whether or not they have a contract with a Health Home.
- ▶ Excludes OMH Children TCM programs , OMH state operated TCM programs, Adult Homes and OMH TCM members in Chenango, Delaware, Otsego or Schoharie counties.

# Readjudication of OMH TCM Claims

- ▶ DOH will reprocess OMH TCM claims in the 52XX rate codes series under the Health Home rate code 1851 or 1852.
- ▶ OMH TCM claims will be identified for reprocessing based on each member's date segments reported in the Health Home Tracking System as of December 31, 2013 where the HHTS care management agency provider ID is the same as the provider ID on the paid 52XX claim.

## Readjudication of OMH TCM Claims (cont'd)

- ▶ Reprocessing will exclude the 52XX paid claims where the DOS is the same as the begin date reported in Health Home Tracking System.
- ▶ Reprocessing will exclude TCM claims for members in OMH state operated TCM programs, Adult Homes, OMH TCM members in Chenango, Delaware, Otsego or Schoharie counties and OMH Children TCM programs.

# Date of Service (DOS) on Health Home claim vs. OMH TCM claims

- ▶ Claims for Health Home services (rate codes 138X or 185X) are billed on a monthly basis and use the 1<sup>st</sup> of the month as the DOS for services provided during the month.
- ▶ The DOS on pre-Health Home OMH TCM rate codes claims (rate code 52XX series claims) represent services that were provided in the previous month.
- ▶ Since the OMH TCM claim represents services that were provided in the previous month, OMH TCM service providers will need to submit a **new** Health Home claim for the **crossover month** – which is the **month of the member's begin date in the Health Home Tracking System**.

# Readjudication Issues

- ▶ It is critical that converting OMH TCM programs submit a 1851 or 1852 rate code claim for the “crossover month” particularly Phase 1 members that received services in January 2012.
- ▶ Example: A member received services from a converting phase 1 TCM provider beginning Oct 2011 to present:
  - Since the Jan 2012 52xx OMH TCM claim represents December 2011 services:
    - DOH will not reprocess the Jan 2012 OMH TCM claim
    - The provider will have to submit a new, original 185X claim for Health Home services provided in Jan 2012 with reason delay code 3.

# Readjudication Issues (cont'd)

- ▶ After DOH reprocesses the OMH TCM 52XX rate code claims under the Health Home rate code, the OMH TCM provider may need to void claims.
- ▶ Example: Member's date segment in HHTS is Feb. 2012 to June 2012. The OMH TCM provider has submitted OMH TCM 52XX rate code claims with DOS of March 1, April 1, May 1, June 1 and July 1.
- ▶ Provider Actions:
  - Submit a new, original HH claim for the crossover month with Feb. 1, 2012 DOS.
  - Void the July 1 OMH TCM 52XX rate code claim since the provider received a Health Home payment for June services under the reprocessing.

# Questions

- ▶ **Please submit Health Home questions to the Health Home email webform:**

[https://apps.health.ny.gov/pubdoh/health\\_care/medicaid/program/medicaid\\_health\\_homes/emailHealthHome.action](https://apps.health.ny.gov/pubdoh/health_care/medicaid/program/medicaid_health_homes/emailHealthHome.action)

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