

MaineCare Health Home Practices: Enrollment and Payment Checklist and FAQ
2/20/13



Steps for Enrollment and Payment for Health Home Eligible MaineCare Members		
Steps for Enrollment and Payment	Timeframe	Contact for questions and concerns
➤ Practice confirms with MaineCare that it is accepting new patients	Monthly	log into Trading Partner on the MIHMS Provider Portal at https://mainecare.maine.gov
➤ Practice completes training on the Health Home Portal and reviews the portal User Guide.	One time/as needed for new staff	cgunn@usm.maine.edu
➤ Practice logs into the Health Home Portal and reviews its panel to add/remove patients.	Beginning in March, members must be assigned by the 21 st of each month. MaineCare is making an exception to this rule in January and February to allow for start-up.	cgunn@usm.maine.edu Charyl.malik@maine.gov
➤ Practice refers members for enrollment through the portal that MaineCare has not already identified through initial claims analysis: e.g., patients who smoke, have a BMI of 25 or over, have substance use disorders, etc.	Patient has 28 days to opt out of the service. After the 28-day opt-out period, patient is assigned to practice. Beginning in March, members must be assigned by the 21 st of each month. MaineCare is making an exception to this rule in January and February to allow for start-up.	Charyl.malik@maine.gov cgunn@usm.maine.edu
➤ Practice attests that it has performed the necessary “minimum billable activity” that month to receive payment for assigned members. Minimum billable activity means that the practice has: <ul style="list-style-type: none"> • Provided outreach and/ or engagement to the member; • Scanned the patient’s record, utilization reports, or other data sources used for population health management; OR • Provided another Health Home service to the member. (See FAQs below for additional information)	Practice has until the last day of each month to attest that it has provided minimum billable activity to enrolled members.	Charyl.malik@maine.gov Kitty.purington@maine.gov
Attestation completes the process required to receive the per member, per month payment for that member		

Frequently Asked Questions

Patient Assignment	
<p><i>I confirmed with MaineCare that our practice was planning to be a Health Home, but I still have no patients in my portal.</i></p>	<p>MaineCare is identifying eligible Health Home members through MaineCare claims data. Eligible members that receive primary care services at your practice are mailed a letter letting them know that your practice is now a Health Home, and describes some of the benefits of this new service. The MaineCare member has 28 days to opt out of the Health Home: if the member does nothing, they are automatically assigned to your practice.</p> <p>MaineCare began sending letters to eligible members in December; these members were assigned to practices on January 11 and January 18, 2013. If you confirmed your Health Home participation before December 7th, 2012, your practice should have had patients assigned on January 11th or 18th.</p> <p>If you confirmed before December 7, 2012 and still have no patients assigned to your practice, please contact Charyl Malik at charyl.malik@maine.gov for further investigation into this issue.</p> <p>Health Home practices that just completed the application in December should begin to see patients in their portal for attestation on February 21.</p>
<p><i>We have multiple sites, and our patients are assigned to the wrong site. Can we still attest to them?</i></p>	<p>No: patients assigned to the wrong site/location should be terminated from that location; they can then be added to the correct location where they receive their services. In order to avoid a delay in the assignment of patients to the correct site, please contact Charyl Malik at charyl.malik@maine.gov or Loretta Dutil at Loretta.a.dutil@maine.gov for assistance.</p>
<p><i>Our practice has added new members to the portal but they are still not showing up as assigned members. Why is this?</i></p>	<p>When a practice identifies an eligible member and adds this member to the portal, MaineCare sends that member a letter letting them know that your practice is becoming a Health Home, and describes some of the benefits of this new service. The MaineCare member has 28 days to opt out of the Health Home: if the member does nothing, they are automatically assigned to your practice at the end of that 28-day period. When you add patients to the portal, you can expect to have them assigned to your practice (and ready for attestation) after the 28-day period.</p>
<p><i>Is there any way for patients to enroll before the end of the 28-day period?</i></p>	<p>Yes; you can encourage patients whom you have added to the portal to contact Member Services and let MaineCare know they would like to be signed up immediately: 1-855-714-2416 or 1-855-665-4628</p>

Eligibility	
<i>I have tried to add members that clearly have eligible conditions; why am I getting a message that they are ineligible for Stage A?</i>	<p>In order to be eligible for Health Home services, members must have full MaineCare eligibility as well as two chronic conditions or one chronic condition and be at risk for another (refer to the Reference Guide for additional information on eligibility criteria). Members that seem eligible may be denied for a number of reasons:</p> <ol style="list-style-type: none"> 1. They are excluded due to their MaineCare coverage type: MaineCare covers adults and children under a variety of coverage options, only some of which are considered “full” MaineCare coverage and qualifies them for Health Homes. If an individual has a MaineCare “Adults and Children Services” or “Adult Non-Categorical” coverage code, they likely have full MaineCare coverage and may be eligible for Health Homes if they also meet the chronic conditions criteria. Other coverage codes, such as Pharmacy Only or Medicare secondary coverage (QMBY) does not constitute full MaineCare coverage. Individuals with this type of coverage will not be eligible for Health Homes. 2. They are excluded due to serious mental health diagnoses: Members with serious mental health conditions (e.g., schizophrenia, bipolar) will be eligible for Stage B Health Homes, which are being developed to address the needs of members with significant mental health needs. These members are excluded from current Health Home implementation. MaineCare, due to confidentiality restrictions, may not disclose specific diagnostic information related to mental health.
<i>Which mental health diagnoses qualify a member for Stage A of Health Homes, and which qualify a member for Stage B?</i>	MaineCare will be posting diagnostic codes to the portal to assist practices in identifying eligible patients for Stage A.
<i>Are people in nursing homes eligible?</i>	Yes, people in nursing homes may participate if otherwise eligible.
<i>Are dual eligibles (covered by both Medicare and Medicaid) eligible for Health Homes?</i>	Mainecare members with Medicare as a primary payer may participate if otherwise eligible. Practices that currently participate in the Maine PCMH Pilot will receive payment for dual eligible members through <u>Medicare</u> as a part of the pilot. Health Home practices that are not part of the Maine PCMH Pilot will receive payment for dual eligible members through MaineCare as with other MaineCare members.
<i>We are in the Maine PCMH pilot and will be paid by Medicare for dual eligibles. Do we still need to enter them in the MaineCare portal and attest to minimum billable activity?</i>	Yes: MaineCare will continue to track and evaluate these patients and needs to be able to verify their enrollment in a MaineCare Health Home.
<i>What is the BMI threshold for Health Home eligibility?</i>	Adults must have a BMI of 25 or over, and children must be in the 85% percentile of weight to qualify for Health Homes under this condition.

<p><i>I have patients assigned who do not appear to have any chronic conditions that would make them eligible. Should I terminate them?</i></p>	<p>MaineCare has assigned members based on claims analysis. Some of these claims may have been the result of services delivered through other providers. Before terminating, practices should review the patient’s record, and schedule a follow up visit with the patient if appropriate.</p>
<p>Attestation and Payment</p>	
<p><i>Once a member has been entered into the portal by a practice for validation, how long before we can attest to that patient?</i></p>	<p>As discussed, MaineCare is required to provide eligible Health Home members with a 28-day notification period before they are assigned to a Health Home. When you refer a patient on the portal, MaineCare sends that member a letter, describing the service and providing the member with a 28-day opt out time period. The member is automatically added to the Health Home panel after that 28-day period ends; until then they are “pending”. Once added, the practice may attest to minimum billable activity for that patient.</p>
<p><i>What is considered “minimum billable activity” in order to attest and receive payment?</i></p>	<p>Minimum billable activity means that the practice has:</p> <ul style="list-style-type: none"> ➤ Provided outreach and/ or engagement to the member; ➤ Scanned the patient’s record, utilization reports, or other data sources used for population health management; OR ➤ Provided another Health Home service to the member.
<p><i>What constitutes “outreach and engagement”?</i></p>	<p>Outreach and engagement include those activities that are required to make sure a patient is enrolled and engaged in the Health Home practice. Initially, patient outreach and engagement may consist of identifying eligible members and adding them to the portal, and/or ascertaining that assigned members in the portal are current patients and correctly assigned. Practices may attest to outreach and engagement activities for a maximum of two continuous months. Outreach and engagement may continue in subsequent months if needed (i.e., after one month or more of scanning for gaps in care or other Health Home services).</p>
<p><i>What constitutes “scanning for gaps in care”?</i></p>	<p>MaineCare is developing a monthly utilization report for Health Home practices. The report will include health care utilization information for enrolled Health Home members, including recent hospitalizations, ED use, and other information that can be used to identify gaps in care and potential need for additional Health Home intervention. When the utilization report is operational, scanning this report for gaps in care will fulfill the “minimum billable activity” requirement. Until then, practices may refer to other available data sources used for population health management to scan for gaps in care, such as practice-generated reports and/or hospital discharge data.</p>
<p><i>Does our practice need to have a face-to-face encounter or</i></p>	<p>No: outreach, engagement, and scanning for gaps in care constitute minimum billable activities</p>

<i>telephone call with a member in order to attest?</i>	and do not necessarily involve a direct contact with the patient						
<i>What constitutes documentation for minimum billable activities?</i>	Minimum billable activities such as outreach and engagement during the initial Health Home start up phase are documented by attestation in the portal. Once MaineCare has developed the monthly utilization report, that report can be used as documentation that “scanning for gaps in care” has occurred. If the minimum billable activity for a given month was another Health Home service, that service should be documented in the patient’s EHR.						
<i>Our practice needs to attest to many patients and we can’t always do this all at once. Can we save this work and come back to it later?</i>	Yes; there is a “save attestation” button at the top of the attestation page.						
Primary Care Case Management (PCCM)							
<i>Our practice also participates in PCCM. How will payment change under that program?</i>	<p>PCCM services, which include locating, referring, and managing care, are also key activities under MaineCare’s Health Home model. Members who are enrolled in PCCM will continue to be enrolled in that program. However, in order to avoid duplication of payment for these members, PCCM practices that participate in MaineCare as Health Home Practices will no longer receive the PCCM per member per month (PMPM) fee for PCCM members who are also enrolled in their Health Home practice. Reimbursement is detailed in the table below.</p> <table border="1"> <thead> <tr> <th>Payment for members enrolled in Health Home Only</th> <th>Payment for members enrolled in both Health Home/PCCM</th> <th>Payment for members enrolled in PCCM Only</th> </tr> </thead> <tbody> <tr> <td>\$12.00/PMPM</td> <td>\$12.00/PMPM</td> <td>\$3.50/PMPM</td> </tr> </tbody> </table> <p>Note that hospital-affiliated practices do not currently receive PCCM payments; this will not change. However, these practices are able to receive Health Home payments.</p>	Payment for members enrolled in Health Home Only	Payment for members enrolled in both Health Home/PCCM	Payment for members enrolled in PCCM Only	\$12.00/PMPM	\$12.00/PMPM	\$3.50/PMPM
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<i>I have patients assigned to me through PCCM that have not been seen in my practice. Should I terminate them?</i>	Practices that have been assigned members under PCCM are responsible for managing the care of these patients. Practices should not remove them from their Health Home panel, but should follow up with these patients to determine if they need an appointment.						
Other							
<i>I missed the initial dates for the portal training. Are there other trainings scheduled?</i>	There are currently no trainings scheduled in using the Health Homes portal. However, please review the User Guide, and if you have questions, contact Catherine Gunn at the Muskie School of Public Service at (207)780-5576 or cgunn@usm.maine.edu for additional information. Additional trainings may be scheduled in the future if need is sufficient						
	Providers may update their rendering provider or service location information in MIHMS by						

<i>How do I update MaineCare about changes in my practice?</i>	logging on to Trading Partner on the MIHMS Provider Portal at https://mainecare.maine.gov . We caution providers that if they are updating the “accepting new patients” status of a rendering provider, the status of the service location should match.
<i>Can our practice add additional authorized users to the portal?</i>	Yes; please contact Catherine Gunn to assist you: cgunn@usm.maine.edu