

Brooklyn Health Home All Committee Meeting

March 21, 2024

Agenda

- FCM Updates
 - Billing Updates
- Clinical & Business Operations Updates
 - Billing Blocks
 - Initial Appropriateness
 - POC Update
 - CES Tool
 - Designation Action Items
 - POC Person Centered Language
 - Forms (DOH 5235)
 - Disenrollment
 - Advance Directives
 - Health Promotion
 - OMIG
 - Next steps
- Next Meetings

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Billing Updates



BHH Claim Status (since 2/1/2023 DOS) with all payers*:

- 99% paid
- 0.01% outstanding
- 0.89% denied

^{*}claims submitted 60+ days ago

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Billing Updates



Remittance Delay

- Due to a CHANGE cybersecurity attack, we are seeing a delay in remittances from Metroplus, Healthfirst and Fidelis.
- While we do not submit claims directly through CHANGE Healthcare, the remittance delay from the payers is being impacted by CHANGE's cybersecurity issue. We are actively working with the payers to identify ways in which we can access remits as soon as possible.

BHH Note:

 We're actively monitoring claims, and although there are delays in fund flow, we'll keep you updated if we anticipate any notable delays.

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Enrollment & Claims



	10/1/23	11/1/23	12/1/23	1/1/24	2/1/24	3/1/24
Enrolled*	5,723	5,732	5,717	5,816	5,787	5,685
Claims Submitted**	5,388	5,343	5,350	5,467	5,276	1263
Billing Rate	94%	93%	94%	94%	91%	22%
Amount Paid	\$1,653,410	\$1,628,995	\$1,628,154	\$1,370,360	\$495,202	\$773
Potential (Charge						
Amount)	\$1,666,067	\$1,644,570	\$1,647,950	\$1,675,412	\$1,616,797	\$369,359

^{*}Segment Type: Enrolled, Pended Due to Diligent Search

^{**}Includes only **Core Service** claims for that DOS (i.e. rate codes 7778, 9999, & 1861 are excluded)

Billing Blocks

Important Dates for Billing Blocks

- IA in MAPP Billing block went into effect 02/01/24
- POC in MAPP Billing block goes into effect 04/01/24
- CES Tool Billing block goes into effect 05/01/24
 - Data as of 3/15/2024, 2461 Members Projected to be included in 1st Billing Block.
 - Out of Implementation Cohort, 24% have CES Tool Complete
 - CES Tools need to be approved (if completed by CM) in order to be sent to MAPP.
 - Billing blocks will increase by +1 each month as illustrated below.
 - Future CES Due Dates (based upon outcome) will be used for billing block.

	, ,		
Segment Begin Date	Month of Segment	Last Month to Bill w/o Initial	Cannot Bill for month ending w/ this date,
	Begin Date	CEST Outcome Submission	or any subsequent months, until CEST
			submitted w CEST Start date that is equal
			to or prior to this date
11/1/Any Year "XXXX"	Nov	4/1/2024	5/31/2024
12/1/XXXX	Dec	4/1/2024	5/31/2024
1/1/XXXX	Jan	4/1/2024	5/31/2024
2/1/XXXX	Feb	4/1/2024	5/31/2024
3/1/XXXX	Mar	4/1/2024	5/31/2024
4/1/XXXX	Apr	4/1/2024	5/31/2024
5/1/XXXX	May	5/1/2024	6/30/2024
6/1/XXXX	Jun	6/1/2024	7/31/2024

It's crucial to carefully review the error emails sent by Latoya DaCosta and the files provided by Brian Timmermans to prevent any interruption in billing. If you have any inquiries or need clarification on anything, please don't hesitate to contact the BHH team.

- Although BHH scored well in Domain 3 (chart reviews), most points were lost in the following domains
 - Plan of Care
 - Forms DOH 5235
 - Disenrollment
 - Advance Directives
 - Health Promotion

- Care plan
 - Missing person centered language DOH gave credit for person centered language when "I" statements were present
 - CMs should update POC with person centered language when reviewing POC with member
 - Missing needs identified in the Comprehensive Assessment
 - If member is not interested in working on particular need,
 can identified in POC as deferred
- Forms
 - DOH 5235 completed incorrectly CMA name in place of BHH
 - BHH 800 number/help line should be provided on DOH 5235

- Disenrollment
 - Missing disenrollment letter on agency letterhead
 - DOH Forms
 - POC not updated with graduation goal/preparation what needs to be updated.
 - Correct end reason code should match last encounter note (rationale for closing case)

- Advance Directives
 - Legal documents identifying who will for future health care decisions if you are unable to make such decisions for yourself
 - Health Care Proxy
 - Living Will
 - Do Not Resuscitate Order (DNR)
 - * from: https://ag.ny.gov/sites/default/files/advancedirectives.pdf
- Advance Directives in Comprehensive Assessment/Legal
- Use the "Additional Notes" section and "Summary" of Comprehensive Assessment to provide detail of needs/clarify member's current readiness to address the need
- If need present, must be documented in POC

- Health Promotion
 - Oral Hygiene
 - If a member doesn't have a dentist be sure to add as need to the POC (required field in Comp Assess if diabetes dx)
 - Eye Doctor/Podiatry
 - If the member has diabetes confirm engagement with these specialists. If not connected, must be added as need to POC
 - Smoking Cessation
 - If member is a tobacco user, smoking cessation must be offered and documented
 - If member reports no interest in stopping, be sure to document

Clinical & Business Operations OMIG Update

- BHH completed submission of missing documents to OMIG
- OMIG will review and get back to BHH with findings or request additional documentation, if necessary
- BHH continues to work with the NYS Health Home Coalition on advocacy efforts regarding OMIG audit

Next Meetings

- Joint Clinical, Business Operations, and HIT (In-Person)
 - April 18th, 2:30 4:30pm
 - May 16th, 2:30 4:30pm
 - June 20th, 2:30 4:30pm
 - July 18th, 2:30 4:30pm
 - August 15th, 2:30 4:30
- Quality Committee (In-Person)
 - April 9th, 2:30 4:30pm
- Care Management Workflow
 - April 17th, 3:00 4:30pm
 - Agenda: Care plan completeness, CES tool
- Supervisor Workflow
 - June 12th, 3:00 4:30pm (In-Person)