



**BROOKLYN
HEALTH
HOME**

Brooklyn Health Home All Committee Meeting

June 20, 2024

Agenda

- **FCM Updates**
 - Initial Appropriateness Required
 - Caseload Overview
 - MAPP Release BSQ Errors
 - Billing Updates
 - Enrollment and Claims
- **Clinical & Business Operations Updates**
 - Continuing Eligibility Screening Tool
 - Workflow Reminders
 - Outcome Documentation / Encounters
 - End Reason Codes
 - Billing Errors
 - Diligent Search
 - HCBS/CORE Workflow
 - Operations Report
 - Supervisors Feedback
- **Upcoming Meetings**

Foothold Technology

Initial Appropriateness Required



- Initial Appropriateness is now required when creating a new Enrolled segment. This gets reported up to MAPP and is required for billing, so hopefully having this be a required field will reduce potential billing blocks.
- Initial Appropriateness is not required for Pended segments, so we removed the field from the screen if you are adding/editing a pended segment to reduce any confusion or extra clicks!

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Caseload Overview



- Caseload Overview is getting a makeover in order to include additional data points that are important for users to track!
 - There will be an Adult Caseload Overview and a Children's Caseload Overview
 - The screen will be broken out into tabs (Assessments, Care Plan, CEST), but when you export the data everything will be in one export!
 - Initial Appropriateness can be see on the Assessment tab
 - CEST data points include date, outcome, end date, approval status

Foothold Technology

Caseload Overview



Caseload Overview

[Export to CSV](#)

FILTER CRITERIA

Patient HH Supervisory Team Care Manager

Patient CMA Supervisor

[Filter](#)

[Assessments](#) [Care Plan](#) [CES Tool](#)

1 2 3 4 5 ... [Next »](#) [Last »](#)

Displaying patients 1 - 60 of 106725 in total

Patient	Care Manager	HH Consent Date	Initial Appropriateness Criteria	Latest Assessment Completed	Latest Assessment Reviewed
JANE DOE	Aaron Brooks		10 - ADVERSE EVENTS RISK: Current H-code in EME...	12/22/23	
JANE DOE	Aaron Brooks		11 - ADVERSE EVENTS RISK: Current POP flag in PSY..	12/22/23	
JANE DOE	Aaron Brooks		11 - ADVERSE EVENTS RISK: Current POP flag in PSY..	12/22/23	
JANE DOE	Aaron Brooks		11 - ADVERSE EVENTS RISK: Current POP flag in PSY..	12/22/23	
JANE DOE	Aaron Brooks		11 - ADVERSE EVENTS RISK: Current POP flag in PSY..	12/22/23	

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MAPP Release BSQ Errors



- There were a number of significant BSQ errors following the MAPP Release on 6/1/24 where they implemented the billing blocks. MAPP has now resolved these and we are working on reprocessing all of the BSQs that had previously errored out. If you continue to see anything funky, please let us know so that we can escalate to MAPP!
- Most common glitches that we saw:
 - **Incorrect value provided for field # 46-** This was a very common error related to new fields that MAPP added to the Billing Support Upload File, but they fixed this one quickly.
 - **Does not have Appropriateness Criteria submitted within 30 days of Consent to Enroll-** This was showing up for members who had been enrolled before Initial Appropriateness was required.
 - **Does not have Comprehensive Plan of Care submitted within 60 days of Consent to Enroll-** We were seeing this error for members who did have a POC on file, but were actually missing a CEST. It was blocking billing correctly, but giving back the wrong error.

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MAPP Release BSQ Errors



- **Existing CEST outcome for the Member has expired-** We were seeing this error up until Tuesday, 6/18, for members whose CEST end dates were in the future. It appears to be resolved now, so you should just be seeing this error if a member's CEST is truly expired (ex, a member's outcome was Recommend Disenrollment and they were supposed to have been disenrolled by 5/24/24, so you would see this for a 6/1/24 BSQ).

This error has been brought up, but appears to be appropriate:

- **CEST outcome required after the grace period-** These members do not have a CEST on file.

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Billing Updates



BHH Claim Status (since 6/1/2023 DOS) with all payers*:

- 99.5% paid
- 0.008% outstanding*
- 0.4% denied

*claims submitted 60+ days ago

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Enrollment & Claims



	1/1/24	2/1/24	3/1/24	4/1/24	5/1/24	6/1/24
Enrolled*	5,815	5,784	5,881	5,942	6,077	5,974
Claims Submitted**	5,500	5,466	5,534	5,635	5,540	1,832
Billing Rate	95%	95%	94%	95%	91%	31%
Amount Paid	\$1,679,407	\$1,667,501	\$1,682,431	\$1,700,223	\$1,064,174	\$4,170
Potential (Charge Amount)	\$1,685,082	\$1,678,408	\$1,691,031	\$1,722,663	\$1,694,658	\$536,171

*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)

Clinical & Business Operations

CEST Workflow Reminders

Continuing Eligibility Screening (CES) Tool Billing Block Overview

CES Tool Outcomes

Continued Enrollment

- Next CES Tool is due in 180 calendar days

More Information Needed

- Next CES Tool due in 60 calendar days
- Case Review required with Care Team

Discharge

- Member to be disenrolled in 60 calendar days
- A new CES Tool is not required.
- Disenrollment/graduation should be further reviewed with Supervisor, Care Team and Member

Clinical & Business Operations

CEST Workflow Reminders

Continuing Eligibility Screening (CES) Tool Billing Block Overview

- **Implementation Includes (2) Billing Block Cohorts:**
 - Members who have a ***Segment Begin Date*** for **Billing Block Month**
 - Members who had a **CES completed prior** to Billing Block Month

Source: [Medicaid Analytics Performance Portal \(MAPP\), Health Home Tracking System](#)

Clinical & Business Operations

CEST Workflow Reminders

Continuing Eligibility Screening (CES) Tool Billing Block Overview

- **Implementation Billing Block Cohort:**
 - Members who have a **Segment Begin Date** for **Billing Block Month**
 - **CES Start Date** (*Date of Completion*) needs to be completed by 6/30
 - **CES Due Date** moves +1 month per month
 - **Next Up:** June Enrolled Segments (6/1/XXXX), CES Due 7/31/2024

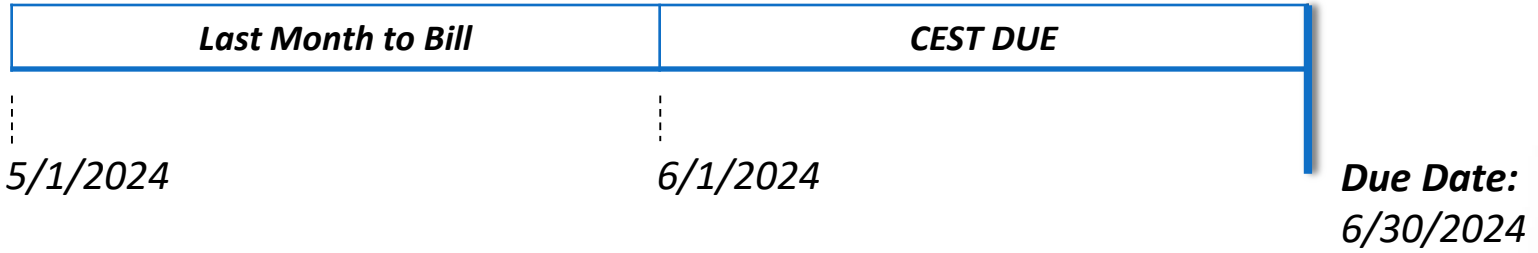
Month of Segment Begin Date	Last Month to Bill w/o Initial CEST Outcome Submission	Cannot Bill for month ending w/ this date, or any subsequent months, until CEST submitted w CEST Start date that is equal to or prior to this date
Nov	4/1/2024	5/31/2024
Dec	4/1/2024	5/31/2024
Jan	4/1/2024	5/31/2024
Feb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

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CEST Workflow Reminders

Continuing Eligibility Screening (CES) Tool Billing Block Overview

- **Implementation Billing Block Cohort:**
 - Members who have a **Segment Begin Date** for **Billing Block Month**
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Billing Block Group (Due 6/30/2024)	Billing Block Group (Missing CES)
Yes	
Yes	Yes

Implementation Phase Billing Block

Column Q – List of Members Projected to be included in the Next Billing Block

Column R – List of Members from Column P who DO NOT have a CES Completion Date

Clinical & Business Operations

CEST Workflow Reminders

Continuing Eligibility Screening (CES) Tool Billing Block Overview

- **Members with a CES Tool (Continuous CES Cohort):**
 - Members who have a CES Tool Completed w/ Outcome in MAPP
 - **CES Start Date and CES Expiration (Due) Date** Dependent upon Outcome
 - IF completed, CES Dates/Outcomes dictate MAPP Billing

Excerpt from BHH CES Report:

CES DATE	CES RESULT	NEXT CES DUE DATE	CES EXPIRES THIS MONTH	CES DUE	CES OVERDUE
11/28/2023	RECOMMEND CONTINUED SERVICES	5/26/2024		Yes	
4/3/2024	MORE INFORMATION NEEDED	6/2/2024	Yes		

Column	Description	Overview
H	CES DATE	Most recent CES Tool Completion Date
I	CES RESULT	Most recent CES Tool Outcome
J	NEXT CES END DATE	Current CES Tool Expiration Date (date CES expires in MAPP)
K	CES EXPIRES THIS MONTH	Members with prior CES Expiring in Report Month, NEW CES Due End of Next Month
L	CES DUE	Members who NEED a NEW CES in Report Month
M	CES OVERDUE	Indicator for Members who NEED a NEW CES. Prior CES Expired +1 Months.

Clinical & Business Operations

CEST Workflow Reminders

Continuing Eligibility Screening (CES) Tool Billing Block Overview

Other Scenarios

- **Pended Members**
 - **Excerpt from DOH Office Hours:**

Q: What happens if any of the billing block due dates happens during DSE (or other pend reasons)?

A:

- Billing Blocks will not happen if an individual is in Pend status.
- After return from a pend status, POC completion requirements mimic what they would be with a new member.
- CES Tool follows new enrollment logic / due in a year
- **Signed POC due within 60 days.**
- **New Initial Appropriateness (IA) required within 30 days of re-enrollment.**

Note: BHH anticipates members returning/transitioning from DS to a new E Segment will follow framework from previous slide. CMAs should review to confirm and report any erroneous instances immediately.

Clinical & Business Operations

CEST – Outcome Documentation / Encounter Note

CES Completion Gut check

- **When a member is due for the CES, ask yourself a few simple questions—**
 - Is member at risk if they disenroll?
- **What is the outcome?**
 - Is there a justification?
 - Examples:
 - **Outcome: Recommend Continued Services**
 - What is the need for service? Unfinished goals, documented needs? New information obtained? Gaps in Care we are working towards?
 - **Outcome: More information Needed**
 - What information is needed? Where can we find it/when/ and or how?
 - **Outcome: Disenrollment**
 - Note(s) should include speaking to the member about disenrollment- and the next steps. Which would include providing resources, how to reenroll if necessary in the future, etc.

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CEST – End Reason Codes

Closure reasons

- Completion of the CES tool with “Recommend Disenrollment” outcome due to no risk factors/only maintenance goals – use end reason code “21 – Member has graduated from HH program”
- “Recommend Disenrollment” due to lack of engagement – use end reason code “14 – Enrolled HH member disengaged from care management services”

Clinical & Business Operations

Billing Errors

Top billing support errors for June 2024

CEST outcome required after the grace period	47
Plan of Care Required	42
Member is not Medicaid eligible	39
Existing CEST outcome for the Member has expired	11
1 SQC/2 or more chronic conditions reqd	5

Plan of Care Required error

Active Care Plan

Reporting Status	Care Plan Type	Health Home
✖ Reported with errors	Care Plan	BHH

or

Active Care Plan

Reporting Status	Care Plan Type	Health Home
— Needs signature	Care Plan	BHH

Existing CEST outcome for the member expired

DOH CES Tools

Reporting Status	Start Date	End Date	HH
✔ Reported	11/28/2023	5/26/2024	BHH

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Billing Errors Cont.

1 SQC/2 or more chronic conditions Req'd

Based on a MAPP Release in December 2022

This error means that either 1 Single Qualifying Condition should be checked off **or** at least 2 chronic conditions are required to be checked off on the member's BSQ.

- **Single Qualifying Conditions:**
 - HIV/AIDS
 - Serious Mental Illness/ Serious Emotional Disturbance
 - Sickle Cell Anemia
 - Complex Trauma (under 21 years of age)

A common example of when this error is seen is when a member has *only* Mental Health checked off as their condition in the BSQ and no other conditions marked.

Clinical & Business Operations

Diligent Search

CES Completion Gut check

- **When a member is due for the CES, ask yourself a few simple questions--**
 - Is member at risk if they disenroll?
 - Are they continuing to benefit from care management?
 - What are member's concerns about graduating?
 - Justification for continued enrollment
 - Goal for final 60 days of enrollment
- **If being disenrolled:**
 - How are you preparing member?
 - As soon as CES tool is completed (with recommend disenrollment), have a conversation with the member about graduation
 - Provide information regarding available services, re-enrollment
 - Address member concerns about graduation
 - Provide NOD for Disenrollment (DOH 5235) – Fair hearing info

Clinical & Business Operations

HCBS/CORE Workflow

Workflow

1. CM completes the LOSR
 - a) Previously would have been considered the HARP POC in FCM.
 - b) This is would be the Request (**R** - *Request*) for the HCBS service.
2. Send the FCM Link to Matthew (CC Rebecca).
3. Matthew sends the Request (**LOSR**) to the correct MCO contact.
4. The MCO reviews the **LOSR**, and makes the decision.
 - a) MCO sends back a formal letter, or the **LOSD** (**D**—*Decision*).
 - b) LOSD notes what HCBS services the member has been approved for.
5. Matthew uploads that **LOSD** to the FCM tab and sends the link back to you.
6. The next step is then for the CM to complete the full POC, etc. (follow the HARP/HCBS workflow).

Clinical & Business Operations

HCBS/CORE Workflow

HCBS

Home and Community Based Services

- Eligible HARP members will complete a NYS Eligibility Assessment (EA) to determine HCBS eligibility.
- A plan of care is completed and submitted to BHH. After review the POC will be forwarded to the MCO.
- Once the MCO approves the level of service, the member is connected to a HCBS provider.

HARP members can enroll in both HCSB and CORE



CORE

Community Oriented Recovery and Empowerment Services

- HH Care Managers make referrals to the CORE providers.
- The CORE provider schedules an Intake & Evaluation.
- The provider is responsible for notifying MCO after Intake & Evaluation session.
- An LPHA recommendation is made to support enrollment.
- A Person-Centered Planning & the Individual Service Plan (ISP) is created for the member.
- Communication is continued between the Care Manager and CORE provider.

Clinical & Business Operations

Operations Report – Supervisors Feedback

Measure
New Member w/ POC Signature MISSING
New Member w/ Comprehensive Assessment MISSING
Member Enrolled 60+ w/ NO POC Signature
Plan of Care NOT Updated within PAST 5 Mo
Comprehensive Assessment NOT Completed within the PAST 11Mo
Comprehensive Assessment Marked Done, Completion PENDING
NO Core Service Documented in Prior Month
NO Inperson Encounter Attempts in the PAST 5 Mo
NO Inperson Encounter in the PAST 5 Mo
Current E w/ NO POC and Encounter Linkage in PAST 2Mo
Member w/ NO GIC CM Status Change
No CEN F/U in Prior Mo (5 Day)
Member Missing Strength, Barrier or Risk Factor
Current E (Non-Pended) w/ NO Timely Billing in Prior Month
HHPlus, NOT Identified
CES EXPIRES THIS MONTH
CES DUE THIS MONTH
CES TOOL OVERDUE
DIENROLLMENT DUE THIS MONTH
DIENROLLMENT OVERDUE
BILLING BLOCK COHORT MISSING CES TOOL



Mirrors CES Report Data

Next Meetings

- Joint Clinical, Business Operations, and HIT (In-Person)
 - July 18th, 2:30 – 4:30pm
 - August 15th, 2:30 – 4:30pm
 - September 19th, 2:30 – 4:30pm
 - October 17th, 2:30 – 4:30pm
 - November 21th, 2:30 – 4:30pm
- Quality Committee (In-Person)
 - July 30th, 2:30 – 4:30 pm
- Care Management Workflow
- Supervisor Workflow