

**MaineCare Health Home Practices: Enrollment and Payment Checklist and FAQ**  
**April 2013**



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 <a href="https://mainecare.maine.gov">https://mainecare.maine.gov</a>
➤ Practice completes training on the Health Home Portal and reviews the portal User Guide.	One time/as needed for new staff	<a href="mailto:cgunn@usm.maine.edu">cgunn@usm.maine.edu</a>
➤ Practice logs into the Health Home Portal and reviews its panel to add/remove patients.	Members must be assigned to the Health Home practice by midnight of the 20 <sup>th</sup> of each month.	<a href="mailto:cgunn@usm.maine.edu">cgunn@usm.maine.edu</a> <a href="mailto:Charyl.malik@maine.gov">Charyl.malik@maine.gov</a>
➤ 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.	After notification, patient has 28 days to opt out of the service. After the 28-day opt-out period, the patient may be assigned to the practice. Members must be assigned by the end of the day on the 20 <sup>th</sup> of each month.	<a href="mailto:Charyl.malik@maine.gov">Charyl.malik@maine.gov</a> <a href="mailto:cgunn@usm.maine.edu">cgunn@usm.maine.edu</a>
➤ 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"> <li>• Provided outreach and/ or engagement to the member;</li> <li>• Scanned the patient’s record, utilization reports, or other data sources used for population health management; OR</li> <li>• Provided another Health Home service to the member.</li> </ul> <b>(See FAQs below for additional information)</b>	Practice has until the last day of each month to attest that it has provided minimum billable activity to enrolled members.	<a href="mailto:Charyl.malik@maine.gov">Charyl.malik@maine.gov</a> <a href="mailto:Kitty.purington@maine.gov">Kitty.purington@maine.gov</a>
<b>Attestation completes the process required to receive the per member, per month payment for that member</b>		

## Frequently Asked Questions

Patient Assignment	
<i>Will MaineCare continue to assign patients to my practice?</i>	<p>MaineCare initially automatically assigned patients to Health Homes based on eligibility and claims data that indicated the member was already associated with a Health Home practice, and met the specific eligibility criteria for participation in the Health Homes initiative (i.e. two chronic conditions, or one condition and at risk for developing a second). MaineCare will be reviewing claims data on a quarterly basis to identify and assign new MaineCare members to Health Homes.</p> <p>In addition, MaineCare will be doing outreach to eligible MaineCare members who are not currently affiliated with a Health Home practice. Letters will be sent to all eligible MaineCare members to tell them about the new service; a list of participating MaineCare Health Home practices will also be sent to these members.</p>
<i>We have multiple sites, and our patients are assigned to the wrong site. Can we still attest to them?</i>	<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 <a href="mailto:charyl.malik@maine.gov">charyl.malik@maine.gov</a> or Loretta Dutil at <a href="mailto:Loretta.a.dutil@maine.gov">Loretta.a.dutil@maine.gov</a> for assistance.</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>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) 28-days following the date the opt-out letter is mailed (also the deferred decision date found on the provider request).</p>
<i>Is there any way for patients to enroll before the end of the 28-day period?</i>	<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>Is secondhand smoke a “qualifying condition” for Health Homes?</i>	<p>Second hand smoke may qualify an adult or child as “at risk” for asthma, per their provider’s assessment. If the patient already has asthma, it may exacerbate the condition, but does not, by itself, qualify as a “second” chronic condition.</p>
<i>I have tried to add members that clearly have eligible</i>	<p>In order to be eligible for the current, “Stage A”, Health Home services, members must have</p>

<p><i>conditions; why am I getting a message that they are ineligible for Stage A?</i></p>	<p>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 with serious mental illness will be covered under a future, “Stage B”, Health Homes initiative, and are not eligible for participation in the current program. Members that would seem to be eligible may be denied for inclusion in the current Health Homes initiative for a number of reasons:</p> <ol style="list-style-type: none"> <li>1. <b>They are excluded due to their MaineCare coverage type:</b> 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 (QMB) does not constitute full MaineCare coverage. Individuals with this type of coverage will not be eligible for Health Homes.</li> <li>2. <b>They are excluded due to serious mental health needs:</b> Members with significant mental health needs will be eligible for Stage B Health Homes. These members are excluded from the current Health Homes initiative. MaineCare, due to confidentiality restrictions, may not disclose specific diagnostic information related to mental health.</li> </ol>
<p><i>Which conditions qualify a member for Stage A of Health Homes, and which qualify a member for Stage B?</i></p>	<p>MaineCare will be posting revised eligibility criteria to the portal to assist practices in identifying patients that will be served in Stage A and Stage B.</p>
<p><i>Are people in nursing homes eligible?</i></p>	<p>Yes, people in nursing homes may participate if otherwise eligible. Patients may be assigned to a Health Home practice, even if services are delivered in the nursing home, if they are identified as receiving primary care from the Health Homes practice.</p>
<p><i>What is the BMI threshold for Health Home eligibility?</i></p>	<p>Adults must have a BMI of 25 or over, and children must be in the 85% percentile of weight for age to qualify for Health Homes under this condition.</p>
<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><b>Dual Eligible Members</b></p>	
<p><i>Are dual eligibles (covered by both Medicare and Medicaid)</i></p>	<p>MaineCare members with Medicare as a primary payer may participate if otherwise eligible.</p>

<i>eligible for Health Homes?</i>	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.
<b>Attestation and Payment</b>	
<i>Our practice submitted patients to MaineCare for Health Home enrollment more than 28 days ago, but they are still not appearing in the portal. When can we expect them to be in the portal so that we can attest to them?</i>	When you add patients to the portal, you can expect to have them assigned to your practice (and ready for attestation) 28-days following the date the opt-out letter is mailed (also the deferred decision date found on the provider request).
<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>	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”. If the member was added to the panel prior to midnight of the 20 <sup>th</sup> of the month, the practice may attest to minimum billable activity for that patient for that month.
<i>What is considered “minimum billable activity” in order to attest and receive payment?</i>	Minimum billable activity means that the practice has: <ul style="list-style-type: none"> <li>➤ Provided outreach and/ or engagement to the member;</li> <li>➤ Scanned the patient’s record, utilization reports, or other data sources used for population health management; OR</li> <li>➤ Provided another Health Home service to the member.</li> </ul>
<i>What are some examples of “minimum billable activity”?</i>	Health Home practices are providing a population-based service to Health Home members. MaineCare does not expect Health Home Practices to have individualized contact with each patient each month. The expectation is that practices will use their own data resources (e.g., registries, practice reports, data on hospital admission or ERs use) to assist them in reviewing the needs of these patients until utilization reports are operational.
<i>Does an office visit “count” as minimum billable activity?</i>	No; office visits and other separately billable services do not qualify as minimum billable activity for Health Home services. However, care coordination services, making referrals, and related services that may coincide with an office visit can constitute minimum billable activity.
<i>What constitutes “outreach and engagement”?</i>	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).
<i>What constitutes “scanning for gaps in care”?</i>	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, disease registries, and/or hospital discharge data.
<i>When will the utilization report be available?</i>	MaineCare anticipates these reports will be available late spring or early summer.
<i>Does our practice need to have a face-to-face encounter or telephone call with a member in order to attest?</i>	No: outreach, engagement, and scanning for gaps in care constitute minimum billable activities and do not necessarily involve a direct contact with the patient.
<i>What constitutes documentation for minimum billable activities?</i>	<p>Minimum billable activities such as outreach and engagement during the initial Health Home start up phase are documented by attestation in the portal.</p> <p>Scanning for gaps in care may be documented via evidence (practices, procedures, etc.) that the practice refers to registries, hospital-generated data, or other data sources on a routine and systematized basis.</p> <p>Once MaineCare has developed the monthly utilization report, that report can be used as documentation that “scanning for gaps in care” has occurred.</p> <p>If the minimum billable activity for a given month was another Health Home service, that service should be documented in the patient’s EHR.</p>
<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.
<i>How and when can we expect Health Home payment?</i>	Practices attest to their patient panels at the end of the month; these remittances will generally be ready for electronic payment during the second week of the month.

Primary Care Case Management (PCCM)							
<p><i>Our practice also participates in PCCM. How will payment change under that program?</i></p>	<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" data-bbox="958 347 1989 493"> <thead> <tr> <th data-bbox="958 347 1303 456">Payment for members enrolled in Health Home Only</th> <th data-bbox="1303 347 1648 456">Payment for members enrolled in both Health Home/PCCM</th> <th data-bbox="1648 347 1989 456">Payment for members enrolled in PCCM Only</th> </tr> </thead> <tbody> <tr> <td data-bbox="958 456 1303 493">\$12.00/PMPM</td> <td data-bbox="1303 456 1648 493">\$12.00/PMPM</td> <td data-bbox="1648 456 1989 493">\$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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<p><i>I have patients assigned to me through PCCM that have not been seen in my practice. Should I terminate them?</i></p>	<p>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.</p>						
Other							
<p><i>When do Health Home Practices need to have received NCQA PCMH accreditation?</i></p>	<p>The initial application for Health Homes required that practices achieve NCQA recognition by June 30, 2013. <b>This has changed: All Health Home practices must now achieve NCQA PCMH accreditation by <u>December 31<sup>st</sup>, 2013</u> in order to qualify for and continue participating in MaineCare Health Homes after that date.</b> Note: NCQA typically requires two months to process PCMH accreditation applications, so practices that do not have this status should begin the application process immediately in order to be in compliance by December 31, 2013.</p>						
<p><i>Our practice and CCT patients may need interpreter services. These bills are usually submitted with a claim for the accompanying service. How will Health Home practices receive payment for interpreter services without an accompanying claim?</i></p>	<p>MaineCare is working on a separate procedure to allow Health Home Practices to bill for Interpreter services without submitting an accompanying claim.</p>						
<p><i>What is a “Plan of Care”? Is this a separate document?</i></p>	<p>The Health Home Practice Plan of Care constitutes documentation in the EHR of a patient’s health goals, and the services and supports necessary to achieve those goals. This may include, but not be limited to, prevention, wellness, specialty care, behavioral health, transitional care and coordination, and social and community services. MaineCare anticipates that the Plan of Care for the Health Home practice is embedded in the EHR and not necessarily a separate document. For those Health Home members referred to a Community Care team, however, the Plan of Care should be accessible to both the practice and the CCT in a format that</p>						

	documents the reason for the referral, the member health goals, and the services and supports necessary to achieve those goals.
<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 <a href="mailto:cgunn@usm.maine.edu">cgunn@usm.maine.edu</a> for additional information. Additional trainings may be scheduled in the future if need is sufficient
<i>How do I update MaineCare about changes in my practice?</i>	Providers may update their rendering provider or service location information in MIHMS by logging on to Trading Partner on the MIHMS Provider Portal at <a href="https://mainecare.maine.gov">https://mainecare.maine.gov</a> . 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: <a href="mailto:cgunn@usm.maine.edu">cgunn@usm.maine.edu</a>