


Re-adjudication Process of OMH TCM Rate Code Claims (in the 52xx series) to the Health Home OMH TCM Rate Code

All OMH TCM rate code claims billed in the 52xx series in the Medicaid payment system with dates of service after the effective date of the Health Home services SPA and the date the member is in the Health Home Tracking system, will be reprocessed by NYS DOH under the new Health Home/OMH TCM rate code (rate codes 1851 or 1852). This reprocessing will exclude TCM claims for members in children's case management, adult homes and OMH state-operated TCM programs. All converting OMH Adult TCM programs located in the Southern Tier counties (Chenango, Delaware, Otsego, and Schoharie) should continue to bill the pre-Health Home OMH TCM 52XX series rate codes until a Health Home is designated in those counties.

DOH will identify claims that need to be reprocessed under the Health Home rate code by using the information reported to the Health Home Tracking System (HHTS) as of **December 31, 2013**. OMH TCM members that received OMH TCM services on/after the Health Home services SPA effective date are to be reported to the Health Home tracking system even if the member no longer receives care management services. DOH will reprocess OMH TCM claims (in the 52xx series) with dates of service that fall between the member's begin and end dates of the Health Home tracking system enrollment segments. Additionally, the Care Management Agency Provider ID in the tracking system will need to match the Provider ID on the paid OMH TCM claim. The rate code on the re-adjudicated claim will depend on the member's status in the Health Home Tracking System – Enrolled (rate code 1851) vs. Outreach and Engagement (rate code 1852).

OMH TCM Providers without a Health Home Contract

All converting OMH Adult TCM programs (excluding children and adult homes for now) should have started billing under the Health Home rate codes as soon as their rates were loaded, whether or not they have a contract with a Health Home. If you do not yet have a contract with a Health Home(s) but have a verbal understanding that you will contract with a Health Home(s), you must bill the Health Home rate codes immediately. When an OMH Adult TCM provider starts to bill under the Health Home rate codes, the provider will no longer follow the TCM regulations but instead will follow the Health Home regulations. If you have no connection to a Health Home at all, you must bill the Health Home rate codes and reach out to the Health Homes you want to work with. Health Home contact information is available on the Department of Health website at

http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/hh_contacts.htm  to locate Health Homes in your area.

Date of Service on Health Home claims vs. OMH TCM claims:

Claims for Health Home services (claims with rate codes 13xx or 18xx) are billed on a monthly basis. Providers should submit one claim per member per month using the first of the month as the date of service (DOS), regardless of when the service was provided during the month. For example, if a member enrolled in a Health Home on August 15th, the corresponding Health Home claim would have a DOS of August 1st.

Since the DOS on pre-Health Home OMH TCM rate code claims (claims with rate codes in the 52xx series) represent services that were provided in the **previous month**, OMH TCM service providers will need to submit a new claim for the **crossover** month – which is the month of the member's begin date in the Health Home Tracking System for which the TCM program already billed. For example, if a member received OMH TCM

Re-adjudication Process of OMH TCM Rate Code Claims (in the 52xx series) to the Health Home OMH TCM Rate Code

services in January 2012, the provider would have submitted a claim with a date of service of February 1, 2012. In order for the provider to have been paid properly after re-adjudication, the OMH TCM service provider will need to submit a new, original claim for January 2012 (with rate code 18xx) as noted in examples one through three in the table below.

Phase 1 Providers Take Note: The new claim for January 2012 **must** be submitted by December 31, 2013 to avoid the two year filing deadline for Medicaid claims. This is an original claim and therefore is subject to the 2 year submission requirement. Providers must use Medicaid Delay Reason Code 3 – Authorized Delay, Delay Previously Approved. Medicaid will NOT reimburse for claims older than 2 years.

Member is entered into HH tracking system on day of SPA effective date						
Example	Member's County	Health Home Phase (based on Member's County)	Health Home SPA Effective Date	Member's Begin Date in Health Home Tracking System	First Month of Service NYS DOH to reprocess OMH TCM claims under HH rate code	OMH TCM Provider Must Submit a New Claim With Rate Code 18xx and DOS of:
1	Nassau	Phase 1	Jan. 1, 2012	Jan. 1, 2012	Feb. 2012	Jan. 1, 2012
2	Monroe	Phase 2	April 1, 2012	April 1, 2012	May 2012	April 1, 2012
3	Saratoga	Phase 3	July 1, 2012	July 1, 2012	Aug. 2012	July 1, 2012
<p>Provider Action – Example 1:</p> <p>Since the member was entered into the HH tracking system with a begin date that is equal to the Phase 1 SPA effective date, there would be no claim with the 52xx rate code with the January 1, 2012 date of service; the 52xx claim for January services would have a DOS of 2/1/12. The OMH TCM provider must submit a claim with rate code 18xx and a DOS of January 1, 2012.</p>						
<p>Provider Action – Example 2:</p> <p>Since the member was entered into the HH tracking system with a begin date that is equal to the Phase 2 SPA effective date, there would be no claim with the 52xx rate code with the April 1, 2012 date of service; the 52xx claim for April services would have a DOS of 5/1/12. The OMH TCM provider must submit a claim with rate code 18xx and a DOS of April 1, 2012.</p>						
<p>Provider Action – Example 3:</p> <p>Since the member was entered into the HH tracking system with a begin date that is equal to the Phase 3 SPA effective date, there would be no claim with the 52xx rate code with the July 1, 2012 date of service; the 52xx claim for July services would have a DOS of 8/1/12. The OMH TCM provider must submit a claim with rate code 18xx and a DOS of July 1, 2012.</p>						

DOH will reprocess all other 52xx rate code claims under rate code 18xx for claims with DOS that fall between the member's begin and end dates reported in the Health Home tracking system. **Claims will not be reprocessed for members that are not reported in the Health Home tracking system.**

Re-adjudication Process of OMH TCM Rate Code Claims (in the 52xx series) to the Health Home OMH TCM Rate Code

Member is entered into HH tracking system on a date after SPA became effective

Example	Member's County	Health Home Phase (based on Member's County)	Health Home SPA Effective Date	Member's Begin Date in Health Home Tracking System	First Month of Service NYS DOH to Attempt to Reprocess OMH TCM claims under HH rate code	OMH TCM Provider Must Submit a New Claim with Rate Code 18xx and DOS of:
4	Nassau	Phase 1	Jan. 1, 2012	Feb. 1, 2012	Feb. 2012	February 1, 2012

Provider Action:
 Since the individual started services in Feb. 1, 2012 there would be no claim with the 52xx rate code with a Feb. 1, 2012 DOS; the 52xx claim for February services would have a DOS of 3/1/12. The OMH TCM provider must submit a claim with rate code 18xx and a DOS of Feb. 1, 2012. DOH will reprocess all other 52xx rate code claims under rate code 18xx for those claims with DOS after the member's begin date in the Health Home tracking system.

5	Monroe	Phase 2	April 1, 2012	Aug. 1, 2012	Aug. 2012	August 1, 2012
---	--------	---------	---------------	--------------	-----------	----------------

Provider Action:
 Since the individual started services in Aug. 1, 2012 there would be no claim with the 52xx rate code with an Aug. 1, 2012 DOS; the 52xx claim for August services would have a DOS of 9/1/12. The OMH TCM provider must submit a claim with rate code 18xx and a DOS of Aug. 1, 2012. DOH will reprocess all other 52xx rate code claims under rate code 18xx for those claims with DOS after the member's begin date in the Health Home tracking system.

For members that entered the OMH TCM program after the SPA effective date and no longer receive OMH TCM services, the OMH TCM service provider will need to submit a new claim with rate code 18xx for the crossover month **AND** void the OMH TCM claim for the last month of service noted in the example below:

Member no longer receiving OMH TCM Services

Example	Member's County	Health Home Phase (based on Member's County)	Health Home SPA Effective Date	Member's Begin Date in Health Home Tracking System	Member's End Date in Health Home Tracking System	OMH TCM Provider Must Submit a New Claim with Rate Code 18xx and DOS of:	OMH TCM Provider Must Void Claim with Rate Code 52xx and DOS of:
6	Nassau	Phase 1	Jan. 1, 2012	Feb. 1, 2012	June 30, 2012	Feb. 1, 2012	July 1, 2012

Provider Actions:
 (1) Since the individual started services in Feb. 1, 2012 there would be no claim with the 52xx rate code with a Feb. 1, 2012 DOS; the 52xx claim for February services would have a DOS of 3/1/12. When the 52xx claim with the 3/1/12 DOS is processed under rate code 18xx, the claim is payment for Health Home services provided in March 2012. The OMH TCM provider must submit a claim with rate code 18xx and a DOS of Feb. 1, 2012. DOH will also reprocess this member's 52xx rate code claims with 4/1/12, 5/1/12 and 6/1/12 DOS under rate code 18xx.
 (2) In this example, if the OMH TCM provider submitted a 52xx claim with a 7/1/12 DOS, the OMH TCM provider

Re-adjudication Process of OMH TCM Rate Code Claims (in the 52xx series) to the Health Home OMH TCM Rate Code

must void the 52xx claim with the 7/1/12 date of service since the provider would have received payment for June services under the DOH reprocessed 18xx claim with the 6/1/12 DOS.

OMH TCM Legacy Slots vs. DOH TCM Legacy Slots

As previously notified by OMH, OMH TCM service providers may bill the Health Home rate codes (rate codes 1851 or 1852) up to their OMH/TCM slot capacity. Health Home services provided to members in excess of the OMH TCM Legacy slot capacity are to be billed under the appropriate Health Home rate code 1386 or 1387. It is incumbent upon the OMH TCM service provider to bill the appropriate rate code for Health Home services. Claims for Medicaid services, including Health Home services, are subject to audit.

If you have any questions regarding this guidance please contact Joyce Billetts at (518) 473-0395 or by email: joyce.billetts@omh.ny.gov

Thank you.