NEW YORK STATE CARE MANAGEMENT COALITION
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Challenges & Solutions with Revenue Cycle Management in the Health Homes

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Overview

- Introductions
- Current Revenue Cycle Management Environment
- Outlook to the future
- Challenges and Opportunities/Solutions – A lookback to last year and where we are now:
  - Managed Care Organizations
  - Health Homes
  - Care Management Agencies

Introductions

Sharon Bauer
Stakeholder Relations Director, Health Homes of Upstate New York

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CFO, Millin Associates

Jim Wisz
Executive Director of Operations, Millin Associates

Current Revenue Cycle Management Environment

Patient Assignment & Care Coordination

- Management of assignment process
- Tracking of service activities
    - Outreach – Pending Changes
    - Care Coordination
- MAPP Interface

Billing

- HML Assessment & Billing Attestation
- MAPP Interface
    - Billing Support Download File
- Claim Submission
- Accounts Receivable
- Payment Posting
- CMA Disbursements
- General Ledger Interface

Outreach Changes

The State is proposing the following in order to achieve a $40M total savings over the 2 year Medicaid budget cycle and $80M savings in the out years, $60M of which will be reinvested.

- The outreach PMPM will be reduced from $135 to $100 (goal is an October implementation).
- There will be 2 months allowed for outreach, the second month must be a face to face contact, and there will be no more cycles.
- Their goal is to move to a value-based restructuring of the outreach model which will include:
  - A higher PMPM in the first few months of enrollment of high risk members
  - Value based increases for consecutive months of engagement of high risk members
  - Integrating peers and care managers strategically placed in communities to support enrollment

Outlook to the Future

The single biggest change in the future of Health Homes and Care Management Agencies around Revenue Cycle Management will be the re-introduction of billing for services through the Managed Care Organizations.

- Current Transition Date – 10/1/2017 (Tentative)
- The old billing model has been thrown-out – it wasn't working
- MCO's will implement the Health Home billing through their standard claims processing system which include:
    - Claim submission on an 837
    - Validations confirming receipt and acceptance of claims
    - Claim adjudication (payments and denials) provided in a standard 835 format
- MAPP will continue to be authoritative source for billing information

Outlook to the Future

	Challenges	Opportunities/Solutions
Claim Submission	Based on experience with billing MCO's for Clinic, PROS, HCBS and other types of NYS MCO Billing, MCO's may have differing submission requirements. Require different information in certain loops/segments on 837 files.	• Work with billing vendor to assure all unique billing requirements are built into the software
Clearinghouse Requirements	Providers may be required to submit electronic claims via a clearinghouse.	• Provider needs to properly link to the clearinghouse to successfully submit claims to the MCO
Electronic Remittances	Payments, adjustments and denials are provided on a standard ERA (835)	• Quick reconciliation of each claim • Straightforward process to identify denials and incorrect payments • MCO's sometimes will not always clearly communicate the true nature of why they are denying a claim – follow up required for clarification

Managed Care Organizations

Remember this…

	Challenges	Opportunities/Solutions
Timeliness of MCO Payments	Cash flow impact from FFS predictable payment cycles to aged receivables at a concerning level for some MCO's	• Transparency via MAPP to determine when the MCO is paid • MAPP data can be used to advocate DOH for timely payment requirements
Issue Resolution with MCO's	Difficult to follow up with the MCO's as non-payment or denials are identified	• Relationship building between the MCO and Health Home • Arrange regular meetings to discuss issues and opportunities
MCO Timeliness with Community Referrals	Lost opportunities to enroll new members that are referred from the community, hospital discharge or ER	Establish auto-approval as an option for MCO's
MCO Transparency for Health Home	Lack of timely data for identification of billing issues	• MAPP – BSU Error File as well as BSDF • MillinPro

Health Home

Remember this…

	Challenges	Opportunities/Solutions
Monthly HML Assessment Requirements	Additional time is required each month to document the required assessment data	Analysis of workflows and staffing requirements is needed as we get more experience with this process
Denied Claims	Historically, the Health Home had a hard time assuring the accuracy of the information that would cause denials and billing issues	MAPP will have better information to assure accuracy around MCO, Service(O/E/Hiatus), HH Assignment and Gender/DOB
MAPP System Performance	• Response times seem to be an issue when moving around within the portal – (Up to 50 seconds to move from screen to screen) • Uploads and Downloads take long and will only get longer as volume increases	Recommend to MAPP Team that downloads have date filtering options to minimize the size of the download

Care Managements Agencies

Remember this…

	Challenges	Opportunities/Solutions
CMA Legacy to MCO Impact	CMA's will be facing cash flow challenges as the billing transitions from FFS to MCO's in December, 2016	•Work with CMA on Readiness •Clean up records •Conduct webinars •Create workflows that include the CMA on issues with their data (BSU Error Files, MillinPro Issue Tracker) •Establish reserves from pre-9/1/2016 revenue •Establish line of credit
Heath Home Transparency for CMA	CMA's will be dependent on information from the Health Home to manage their receivables	•Expand the relationship between the Health Home and the CMA to include financial staff from both sides •Provide access to Health Home billing information (e.g. MillinPro CMA Portal)
CMA Disbursement	Payments, adjustments, voids and possible cash advances from the Health Home will need to be managed effectively	•Create workflows and processes that are clearly communicated with CMA's around these transactions •Provide reports (e.g. MillinPro CMA Portal) that presents this information so the CMA can effectively track it on their side

Questions