



How To:

Set Up Health Homes Billing in AIRS V8.8

6/14/2012

TABLE OF CONTENTS:

INTRODUCTION	2
1) ADD FOUR NEW PROGRAMS	3
2) SELECT A DEFAULT 'SITE' FOR HEALTH HOMES BILLING	5
3) DEFINE FOUR NEW 'RATE GROUPS'	6
4) DEFINE NEW 'PAYERS'	8
5) ADD PROVIDER NUMBER AND BILLING INFORMATION	9
6) LINKING PROGRAMS, SITES, AND RATE GROUPS	11
7) SETUP RATES	13
8) ADD EFFECTIVE RATE AMOUNTS	14
9) SETUP ENCOUNTERS AND SERVICES	15
CRITICAL INFORMATION ABOUT GENERATING CLAIMS	16

INTRODUCTION:

This document is a step-by-step guide to setting up AIRS V8.8 for 'Health Homes' billing. This document generally provides examples for 1 Payer. Please **be sure to complete the setup for all 4 Health Homes Payers Provider Numbers, Billing Information, Program-Site-Rate Group Linkage, and Rates.**

At the end of the document, we start to discuss the critical information that must be entered for clients to actually produce claims.

**** PLEASE NOTE ****

If you are a member of more than one Health Home: This manual contains the generic set up information for four new programs to allow you to generate Health Home claims. Two programs will be used for your converted COBRA clients (TCM), two programs will be used for new Health Home clients. The two programs for new Health Home clients will be used for ALL new Health Home clients, regardless of the specific Health Home they are enrolled in. If you participate in more than one Health Home, you will enroll all of the new Health Home clients in AIRS in either the "Health Homes" or "Health Homes – Engagement" programs.

1. ADD FOUR NEW 'PROGRAMS'

A) Navigate to the **Program Information** form in the *Agency* module - *Agency Options - Program Information*. See Figure 1.

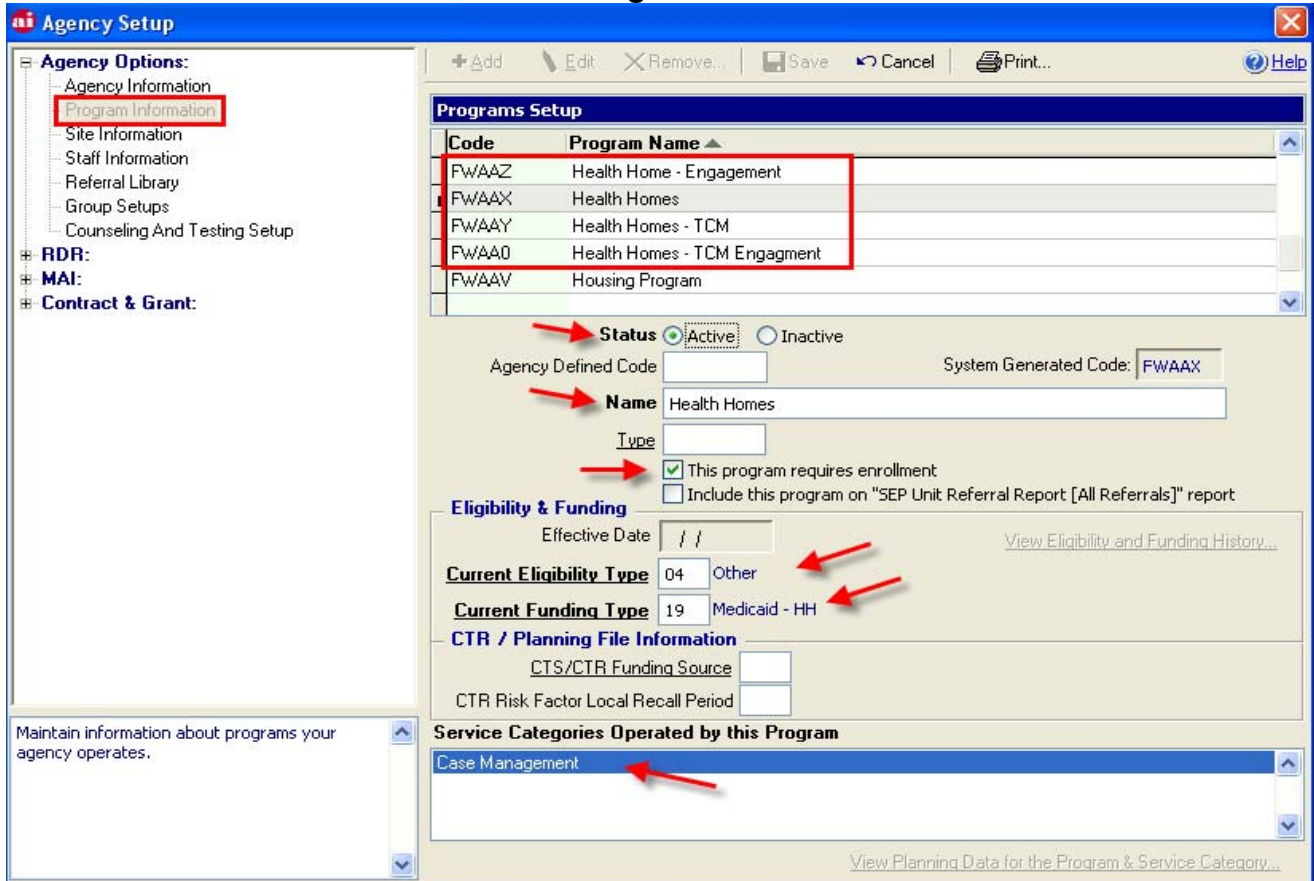
B) Add the following four new programs using the names below:

- **Health Homes – TCM** (For the current COBRA clients converted to TCM or “mirror” slots)
- **Health Homes – TCM Engagement** (Engagement activities for TCM converted slots)
- **Health Homes** (For new clients assigned by the State to Health Home slots)
- **Health Homes – Engagement** (Engagement activities for Health Home slots)

For each program, make sure to **select** the following:

- Status = **Active**
- Check the box next to **This program requires enrollment**
- Current Eligibility Type = **Other**
- Current Funding Type = **Medicaid – HH**
- Service Categories Operated by this Program = **Case Management**
 - Effective Date = **1/1/2012** (We realize the actual start date of your Health Homes programs may be later, but this date does not have an impact on actual program implementation.)

Figure 1



2. SELECT A DEFAULT 'SITE' FOR HEALTH HOMES BILLING

- A) Navigate to the **Site Information** screen under *Agency – Agency Options – Site Information*.
- B) Select the site to be used as the default for all Health Home enrollment services.
- A new Service called “Enrollment” is being added to the Case Management service category under a new Encounter called “Health Homes”. The new Service will need to be entered with a date of service for the first of each month for each Health Home client in order to generate a Health Home claim.
 - We are redesigning the Fast Track data entry screen to allow you to enter this Service for every client enrolled in a Health Home program by utilizing this “batch add” feature. We will be pre-populating this Fast Track entry screen with as much information as possible utilizing the “Main Site for Health Home billing” flag on the Site information screen to allow AIRS to auto-load this information for you. The Site you select here will allow you to enter the new Service quickly since the “Site” field is required in order to save an entry. The specific instructions on how to complete data entry will be included in a separate document.
- C) Click Edit, check the “**Main Site for Health Homes**” flag, and click Save.

The screenshot shows the 'Agency Setup' application window. On the left is a navigation tree with 'Site Information' selected. The main area is titled 'Sites Setup' and contains a table of sites:

Code	Site Name
FWAAB	SITE 1
FWAAC	SITE 2
FWAAD	SITE 3
FWAAE	SITE 4 (Inactive)

Below the table are various form fields for the selected site (FWAAB):

- Status:** Active (selected), Inactive
- Agency:** FWAAB AIDS Institute Test System
- Name:** SITE 1
- Address:** 101 First Avenue, First Floor
- Zip Code:** 10001-5231
- City:** New York, **State:** NY
- County:** New York
- AI Site ID#:** 1111111111
- Contact:** Bill First, **Title:** CEO
- Phone:** (212) 555-1212, **Fax:** (212) 555-9898
- CDC Setting Type:** 03 Clinic/Health Care Facility
- Counseling & Testing Locator Code (Legacy):** Facility ID 7777, Site ID 24
- CTR / Planning File Site Information:** Site Type F06.09 Community Setting - Workplace
- Disable CTR Form ID AutoAssign
- HIV Testing Laboratory ID#
- Main Site for Health Homes** (highlighted with a red box)

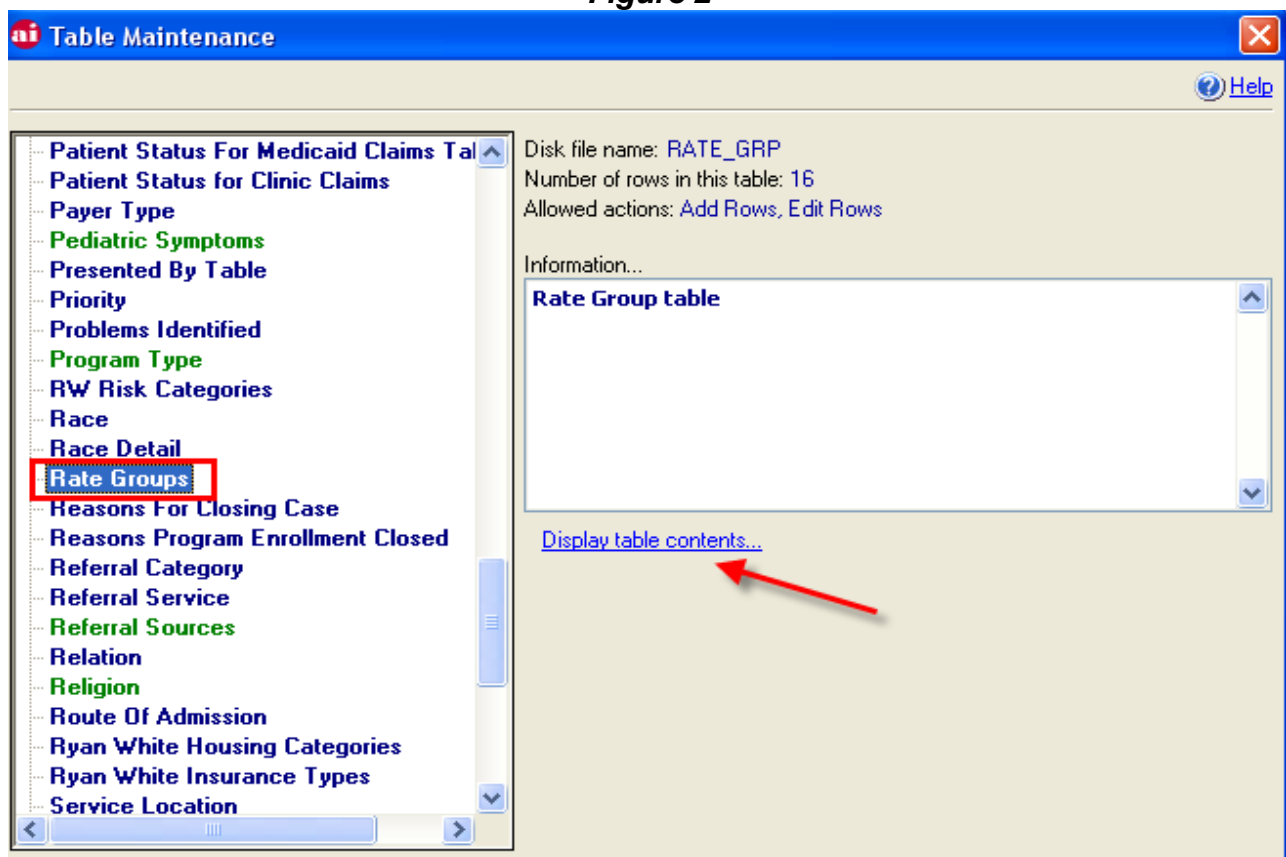
3. DEFINE FOUR NEW 'RATE GROUPS'

****You do not need to add any of the following information contained in this step, this is simply a verification. This information will be added to your system automatically with the version 8.8 Upgrade.** After performing the 8.8 Upgrade, Navigate to the **"Rate Groups"** table under the *System menu - Table Maintenance - Rate Groups*.

A) Click "Display Table Contents". See Figure 2.

NOTE: A new Rate Group will be added to the "Rate Groups" table for each Program added in step 1 above.

Figure 2



B) Verify that the "Rate Groups" table contains the following. See Figure 3 on the next page.

- Code: **TCMHH** Name: **Health Homes – TCM**
- Code: **TCMEN** Name: **Health Homes – TCM Engagement**
- Code: **HHOME** Name: **Health Homes**
- Code: **HHENG** Name: **Health Homes – Engagement**

Continues on next page →

Figure 3

Code	Name
FUNDS	Budget Fund Rates (Not Billed to Ins., for Budget
GHI01	GHI Default Rates
HHENG	Health Homes - Engagement
HHOME	Health Homes
HIP01	HIP Default Rates
INTER	Internal Agency Default Rates
MCD01	Medicaid Default Rates
MCD02	Medicaid 2 Rates (Income < \$10,000 yr)
MCD03	Medicaid 3 Rates (\$10,000>Income< \$20,000)
MCD04	Medicaid 4 Rates (\$20,000>Income< \$30,000)
RATE1	Rate Groups 12343456
RATE2	Rate Groups 2
REGUL	Regular Insurance Rates (For OXFORD & BHP)
TCMEN	Health Homes - TCM Engagement
TCMHH	Health Homes - TCM

4. DEFINE NEW 'PAYERS'

This information will be added to your system automatically with the version 8.8 Upgrade. You do not need to add any of the following information contained in this step.

- A) After performing the 8.8 Upgrade, Navigate to the “Payer Setup” form under the *Billing/Finance - Setup - Payers Setup*.
- B) A new **Payer** has been added for each Rate Group added in Step 3.
- C) Verify that the following Payers have been added to your system. See Figure 4.
- **Health Homes – TCM**
 - **Health Homes – TCM Engagement**
 - **Health Homes**
 - **Health Homes – Engagement**
- D) Note the following selections have been made for each Payer:
- Insurance type = **Medicaid Health Homes**
 - Is Active? = Yes, so it is **checked**.
 - Default billing period = **Monthly**

Figure 4

The screenshot shows the 'Billing' application window with the 'Payers Setup' form. The left sidebar shows a navigation tree with 'Payers Setup' highlighted. The main window displays a table of payers and configuration options for the selected payer, 'Health Homes'.

Code	Name
FWAA0	Blue Cross
FWAA1	Blue Shield
FWAAJ	HIV Uninsured Care Programs / ADAP, ADAP Plus
FWAAH	HMO/Managed Care/Private
FWAA6	Health Homes
FWAA7	Health Homes - Engagement
FWAA4	Health Homes - TCM
FWAA5	Health Homes - TCM Engagement
FWAAW	HepCAP
FWAA2	Medicaid CHPlus
FWAA1	Medicaid FHPlus
FWAAE	Medicaid MCO (mainstream)
FWAAL	Medicaid Pending

Configuration details for 'Health Homes':

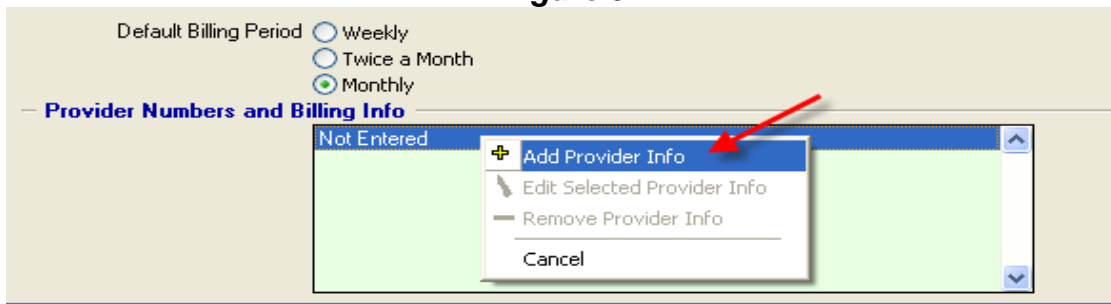
- Name: Health Homes
- Insurance Type: 20 Medicaid Health Homes
- Is Active?:
- Default Billing Period: Monthly
- Provider Numbers and Billing Info: Not Entered

5. ADD PROVIDER NUMBER AND BILLING INFORMATION

Remain in the “Payers Setup” screen from Step 4 (above) and

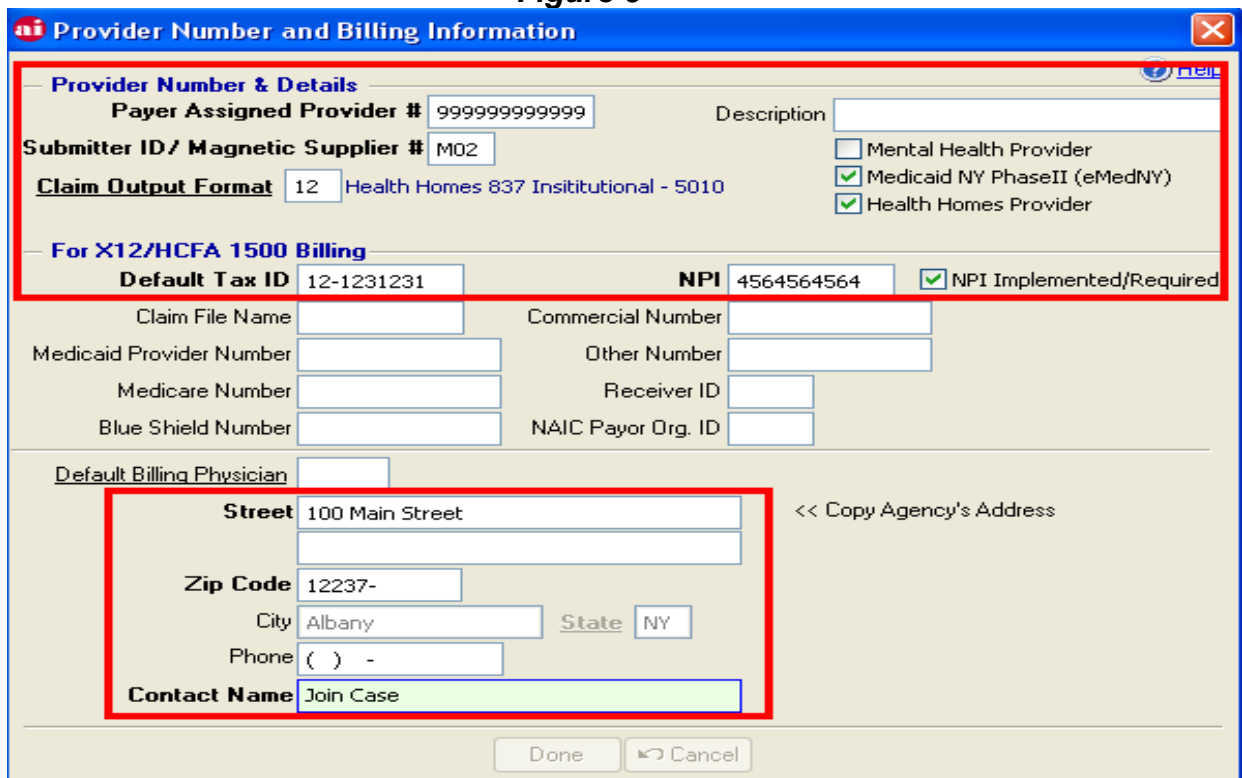
- A) Select the “Payer” from the “Payer Setup” screen.
- B) Click **“Edit”**.
- C) Right-click on “Not Entered” under the **Provider Numbers and Billing Info** section.
- D) Select **Add Provider Info**. See Figure 5.

Figure 5



- E) The **“Provider Number and Billing Information”** screen will be displayed. See Figure 6.
 - **You need to enter the following information manually for each Payer added in step 4. This will not be automatically loaded during the Version 8.8 Upgrade.**

Figure 6



- Enter the information specific to your Agency. All “**Bold**” fields must be entered.
 1. **Payer Assigned Provider Number** - This will be the **same provider number** you are using to submit your COBRA billing. The Provider Number will also be the same for each new Health Home Payer type.
 2. **Submitter ID/Magnetic Supplier Number** – You will be submitting batches of claims separately for each Payer type. **If you wish to receive remittance information which is also separated by each Payer type added in step 4, you must apply for separate Magnetic Supplier Numbers for each Payer type.** If you do not wish to track remittance information by each payer type, you should still request a new *Magnetic Supplier Number* to be used for all of your Health Home Payer types. This will ensure that remittance information does not combine your Health Home claims with your COBRA claims.
 3. **Claim Output Format:** Select **Health Homes 837 Institutional – 5010**
 4. **Medicaid NY Phase II (eMedNY):** **Select** by checking this box
 5. **Health Homes Provider:** **Select** by checking this box
 6. **Default Tax ID:** Enter the **Tax ID** for your Agency. This can be the same Tax ID used in the COBRA billing set up screen.
 7. **NPI:** Enter the **NPI** used by your Agency. This can be the same NPI used in the COBRA billing set up screen.
 8. **NPI Implemented/Required:** **Select** by checking this box
 9. **Street, Zip Code, City, & State:** You can **copy** the “Agency Address” using the button or **enter** this manually.
 10. **Contact Name:** This can be the same used in the COBRA billing set up screen.

F) Click on **Done**.

G) Click on **Save**.

H) This example is for “Health Homes. **Repeat for the other 3 Health Homes Payers.**

6. LINKING PROGRAMS, SITES, And RATE GROUPS

You will need to enter the following information manually. This will not be automatically loaded during the Version 8.8 Upgrade.

- A) Navigate to the “**Programs and Sites Setup**” screen under the *Billing/Finance - Setup - Programs and Sites Setup*. See Figure 7.
- I) You need to connect each new Program (created in Step 1) to the appropriate Rate Group (created in Step 3).
- *This example is for “Health Homes”. You will need to follow the same procedure for the other 3 Health Home Payers (HH-Engagement, HH-TCM, and HH-TCM Engagement).*
- B) Select the **Payer/Provider** from the drop down list.

Figure 7

The screenshot shows the 'Billing' application window. On the left, a tree view under 'Setup:' has 'Programs and Sites Setup' selected and highlighted with a red box. The main window title is 'Programs/Sites Setup'. At the top, there are buttons for 'Add', 'Edit', 'Remove...', 'Save', and 'Cancel'. Below this, the 'Payer/Provider' is set to 'Health Homes/9999999999999999', with a red arrow pointing to the dropdown arrow. The central part of the screen is a table with three columns: 'Program', 'Site', and 'Rate Group'. Below the table, there are several sections of input fields: 'Program/Site' with fields for Program, Site, and Rate Group; 'For NY State Medicaid and ADAP Plus Billing' with fields for Category of Service, Speciality Code, and Default Locator Code; and 'For Non-Medicaid Billing Only' with fields for Plan and Hospital Code.

Continues on the next page →

C) Press the “**Add**” button to enter the information (for the selected payer).

Programs/Sites Setup

Payer/Provider: Health Homes/999999999999

Program	Site	Rate Group
Health Homes	SITE 1	Health Homes

Program/Site

Program: FWAAX Health Homes

Site: FWAAB SITE 1

Rate Group: HHOME Health Homes

For NY State Medicaid and ADAP Plus Billing

Category of Service: 0265

Speciality Code:

Default Locator Code: 03

For Non-Medicaid Billing Only

Plan:

Hospital Code:

D) **Program**: Select the **new Program Name** that matches the Payer selected.

E) **Site**: You must select the **Site you checked as “Main Site for Health Homes”** under “Select a Default Site for Health Home Billing” in Step 2.

- The site you chose as the “Main Site for Health Homes” will be used for all of your Fast Track service data entry.
- The site used for service data entry and the Site used for billing must match in order to generate claims.

F) **Rate Group**: Select the **Rate Group** that matches the Payer and Program selected.

G) **Category of Service**: Enter code = **0265**

H) **Default Locator Code**: Enter code = **03**

I) Click on **Save**.

J) * Repeat for the other 3 Health Homes Payer/Providers.

7. SETUP RATES

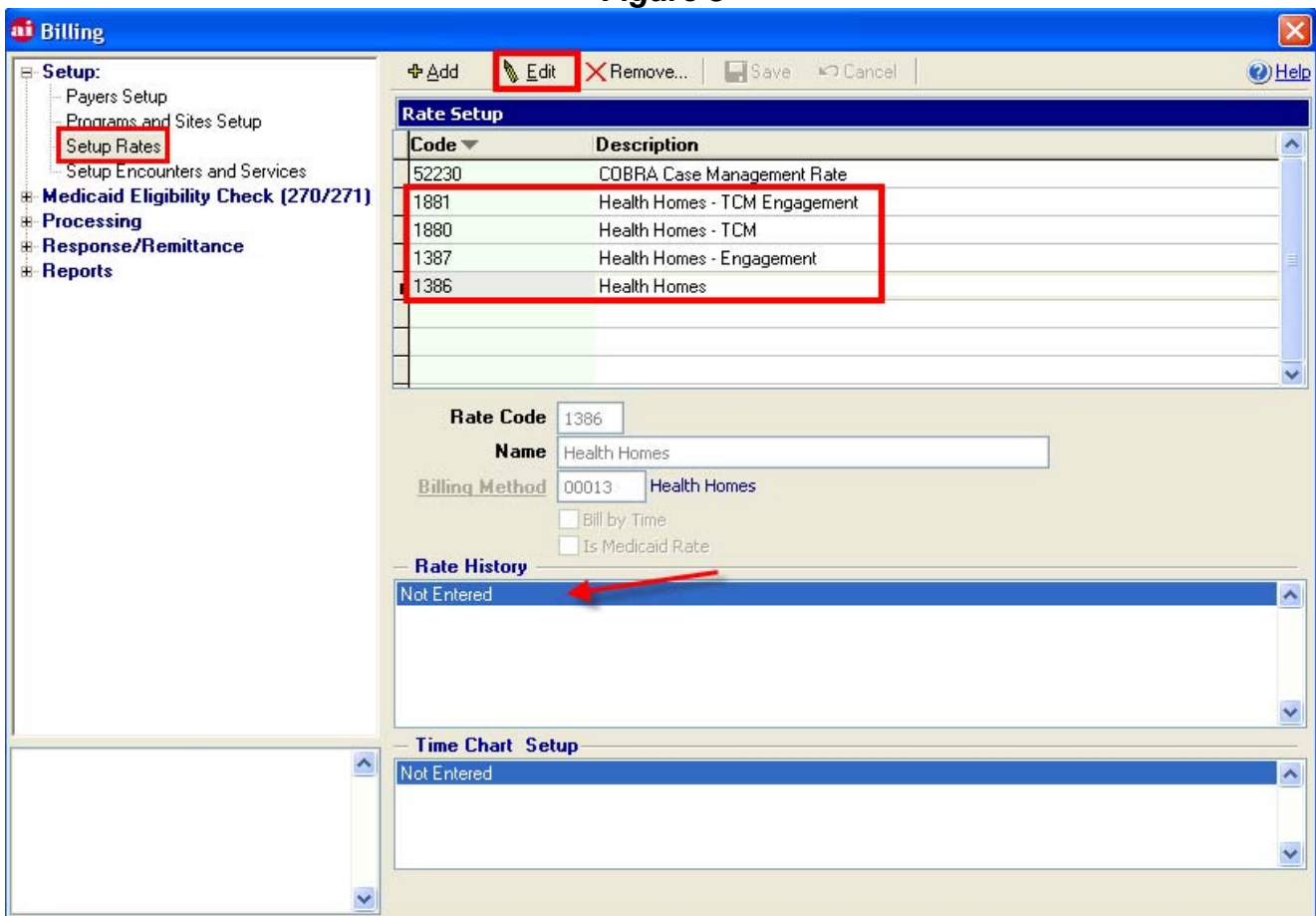
This information will be added to your system automatically with the version 8.8 Upgrade. You do not need to add any of the following information contained in this step.

- A) After performing the 8.8 Upgrade, Navigate to the “**Setup Rates**” screen under the *Billing/Finance - Setup - Setup Rates*.
- In Step 8, a new **Rate** must be added to each Rate Group added in Step 3.
- B) Verify that the following **Rate Codes** have been added to your system. (Note that the COBRA rate will already exist for your COBRA billing). See Figure 8.
- **1881 – Health Homes – TCM Engagement**
 - **1880 – Health Homes – TCM**
 - **1387 – Health Homes – Engagement**
 - **1386 – Health Homes**

For each Rate Code, the following will be selected:

- **Billing Method = Health Homes**

Figure 8



8. ADD EFFECTIVE RATE AMOUNTS

For each Rate Code, you will need to add the *Effective Date* and *dollar amount*.

Remain in the *Setup Rates* screen from Step 7 and

- A) Select a **Rate Code** from the Rate Setup window at the top
- B) Click “**Edit**”.
- C) Right-click “Not Entered” under the *Rate History* section.
- D) Select “**Add Rate History**”. The *Rate History* screen will appear. See Figure 9.

Figure 9

- E) Select the **Rate Group**
- F) Enter the **Effective Date**
- G) Enter the **Rate** amount.
 - a. “Health Homes – TCM” and “Health Homes – TCM Engagement” Rate Groups: You have already received the actual rate amounts you will receive for your “Health Homes - TCM” and “Health Homes - TCM Engagement” program clients. You may enter the actual dollar amount you will receive for the “Health Homes – TCM” and “Health Homes – TCM Engagement” Rate Groups. You will use this screen to “build” a history of rates as your rate amount changes. (See NOTES below)
 - b. “Health Homes” and “Health Homes – Engagement” Rate Groups: The rate amount used here is simply a place holder since AIRS requires an amount in order to generate claims. Since Health Home clients will be reimbursed at different rate amounts, there is no ONE rate amount that can be entered which will be accurate for all of your Health Home clients. We recommend entering a rate amount of \$1.00 for Health Homes (Rate Code 1386) and \$.80 for Health Homes – Engagement (Rate Code 1387) so it is readily apparent that when you see these amounts in any reporting, you know they are not “real” reimbursement rates, they are just placeholders.
- H) Click on **Done**.
- I) Click on **Save**.
- J) * **Repeat for the other 3 Health Homes Rate Codes.**

NOTES:

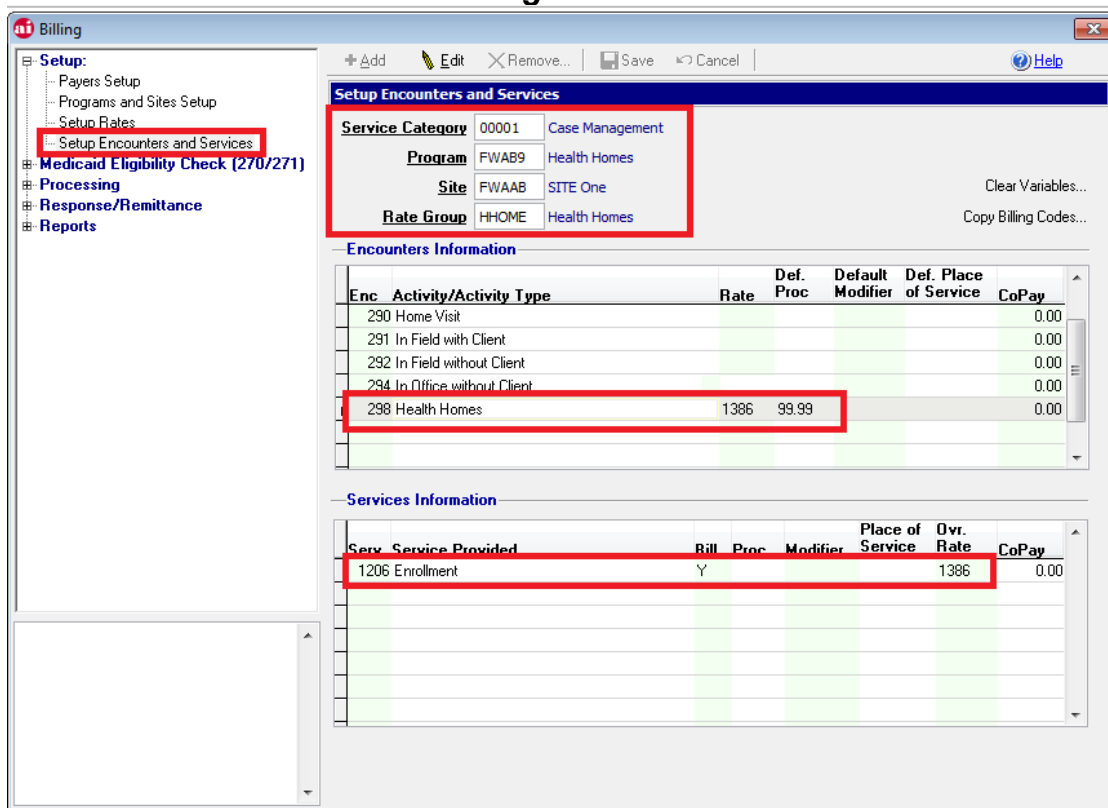
1. As the amount reimbursed for each Rate changes, this screen is where you will build the history for each Rate using appropriate Effective Dates and dollar amounts.
2. It is important to keep the history of information when Rates change as you must always ADD new information.
3. *Do not EDIT the existing data unless there truly needs to be a change due to an error.*

9. SETUP ENCOUNTERS AND SERVICES

Step 9 should be completed AFTER you have completed steps 1 – 8 in this manual AND installed the latest AIRS patch. You must verify that the encounters and services setups are correct. You do not need to enter anything, just verify that information is correct. In order to verify this for each Program and Rate Group, follow the instructions below. If you do not see this information for each Rate Group, you must create a support ticket with Defran for assistance.

- A) Navigate to the “Setup Encounters and Services” screen under Billing/Finance – **Figure 10**.
1. Select the **Service Category = Case Management**
 2. Select the **Program = Health Homes**
 3. Select the **Site = Site** checked as “Main Site for Health Homes” in Step 2
 4. Select the **Rate Group = Health Homes**
 5. Once these selections are made, the “Encounters Information” and “Services Information” screens will be populated with the Case Management encounters and services listing.
 6. In the “Encounters Information” window, scroll to the end of encounter list and locate encounter **298 Health Homes**. VERIFY that **1386** appears in the **RATE** column. VERIFY that **99.99** appears in the **Def. Proc.** Column.
 7. In the “Services Information” window, locate service **1206 Enrollment**. VERIFY that “**Y**” appears in the **BILL** column. VERIFY that **1386** appears in the **OVR. RATE** column.
 8. * **Repeat for the other 3 Health Home Programs and Rate Groups**
 9. If any information is missing, log a support ticket with Defran for assistance.

Figure 10



CRITICAL INFORMATION ABOUT GENERATING CLAIMS

To properly generate a Health Home claim for each client for any given month, AIRS must see the following.

1. The client must be **active in the Program** you are trying to bill for **as of the first of the month**.
2. The client must have the new **“Enrollment” service** entered with a date of service **on the 1st of the month**. (You can only enter the service if the client has an active Program Enrollment.)
3. The client must have an **active Primary Insurance which matches the Program** you are billing for **as of the first of the month**. See next page.

For example: If you are billing the month of January for a “Converted TCM” client, then

- The client must be **enrolled** in the “Health Homes – TCM” Program as of 1/1/2012
- The client must have a new **“Enrollment” service** entered in the “Health Homes – TCM” Program with a date of service of 1/1/2012.
 - (The *Fast Track Data Entry* screen will be enabled for the ‘Case Management’ Service Category from Health Homes Programs in the upcoming Patch.)
- The client must have an active **Primary Insurance** for “Health Homes – TCM” as of 1/1/2012.
 - Your existing COBRA clients will currently have either “Medicaid fee-for-service” or “Medicaid Pending” as their Primary Insurance.
 - You must end the client Insurance by entering an *Expiration Date*.
 - You will add “Health Homes –TCM” as the Primary Insurance Provider for all of your COBRA clients. The *Effective Dates* of the insurance, however, will depend on the client and the Phase of Health Home implementation they are involved in.
 - Example: For your Phase I clients, you will end the *Medicaid fee-for-service* or *Medicaid Pending* insurance provider as of 12/31/2011 and add a new Primary Insurance Provider using “Health Homes – TCM” as of 1/1/2012.