

CDPAP PMPM Reimbursement Changes

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Agenda



- ☐ Quick Introductions
- ☐ Context and background
- ☐ HHAeXchange workflows to support this change
- ☐ Next Steps
- ☐ Q&A



Context and Background



- ❑ DOH announced earlier in summer 2024, that MLTC CDPAP reimbursement was changing, to follow a model already in use within the FFS world.
- ❑ The change, would separate the direct care billing (actual shifts between aide and recipient) from the administrative component of the Total Rate.
- ❑ Direct care billing remains largely UNCHANGED – the workflow within HHAX, exactly what it is today EXCEPT you will update your bill rates to the new rates issued to your agency, by your respective plan. You have likely already begun to receive amendments.
- ❑ Billing the PMPM Admin Fee as a separate line item, is the focus of this discussion.
- ❑ Effective date of the change is 8/1/2024 – because the State announced that the PMPM tiers are based on ACTUAL hours serviced and NOT AUTHORIZED hours – for all intents and purposes, billing will not occur in earnest until early September. Many plans have stated that they would like to see the direct care work BILLED before the PMPM is billed, but that is not required.



Solution to bill PMPM Visits



☐ This will be a three Step Process –

#1 Report

>

#2 Import

>

#3 Invoice/Export

Using an HHAeXchange provided, front end user report, you will identify the members you wish to generate PMPM claims for and at which tier.

Report is being built for this expressed purpose.

The report, will double as an import.

The output of the report, will both allow you to identify the population of the tiered admin rates you wish to bill & use that information to auto-create those as visits.

Import process is being built for this expressed purpose.

Visits will be created as Confirmed, they are not expected to be in prebilling or billing review.

Once invoiced, export claims as per normal workflows.



Step 1 – Report



- ☐ Step 1 – Find the members you want to bill.
 - ☐ Run the PMPM Visits Report (In progress, expected to be available by 9/5)
 - ☐ This report will show you, for the Month you select....
 - ☐ Which consumer(s) are receiving CDPAP direct care hours?
 - ☐ How many hours of BILLED CDPAP direct care work do those members have?
 - ☐ How many unbilled/unconfirmed/scheduled direct care hours do they have?
 - ☐ You will need to use this information to determine if you wish to bill the PMPM claim at that moment, or wait for the unconfirmed hours to be realized.
 - ☐ What tier do they fall under? (HHAX will select the tier based on BILLED HOURS)
 - ☐ Rate Codes 2443, 2444, 2445



Step 1 – Report (continued)



- ☐ Once generated, Agency will review and QA outcomes:
 - ☐ Are the suggested tiers accurate?
 - ☐ Do you want to generate PMPM claim now, or wait?
 - ☐ Agency free to remove rows and delay billing.
 - ☐ If you do not want to bill a specific members PMPM – you must remove from the output of the report.***It is recommended that you record members you delay for future billing.***
- ☐ Report will serve two functions – not only will it generate in a workable report format – for the review and QA of the consumers and tiers; it will also serve as your visit import for the visits when ready.

The screenshot shows the 'CDPAP PMPM Tier Report' interface. At the top, it says 'CDPAP PMPM Tier Report' and 'TELXSWEB02 Report No. 1178 HHA Reports - Version 2.9'. Below this, there are several input fields: 'Office(s):' with a dropdown menu set to 'All', 'Year-Months:' with '2024' and 'July' selected, 'Contract(s):' with a dropdown menu set to 'All', 'Patient:' with an empty text box, 'Service Code(s):' with a dropdown menu set to 'All', and '* Caregivers:' with an empty text box. A 'Print CSV' button is located below the 'Patient:' field. A note at the bottom states: 'Note: This report was intended for vendors servicing Consumer Directed Personal Assistance Program (CDPAP) cases, hence CDPAP contracts should be selected when running this report. Servicecode is assigned based on range of hours as mentioned below:'. Below the note, there is a list of service codes: '• 2443 = 1 - 159', '• 2444 = 160 - 479', and '• 2445 = 480+'.



Step 1 – Report (continued)



	C	F	G	I	J	K	L	R	S	T	U	V
1	Patient_Number	Visit_Start_Time	Visit_End_Time	Pay_Rate	Discipline	Primary_Contract	Primary_Service_code	Total_Billed_hours	Total_Unbilled_Hours	Total_Hours	Patient_First_Name	Patient_Last_Name
2	"MAN-701736"	"2024-06-30 03:00"	"2024-06-30 03:15"	Non Payable	Other Skilled	Empire BCBS Healthplus	2444	163	0	163	FIRST NAME	LAST NAME
3	"MAN-701696"	"2024-06-30 03:00"	"2024-06-30 03:15"	Non Payable	Other Skilled	VILLAGE CARE MAX	2443	144	0	144	FIRST NAME	LAST NAME
4	"MAN-5365551931"	"2024-06-30 03:00"	"2024-06-30 03:15"	Non Payable	Other Skilled	VILLAGE CARE MAX	2443	100	0	100	FIRST NAME	LAST NAME
5	"MAN-700981"	"2024-06-30 03:00"	"2024-06-30 03:15"	Non Payable	Other Skilled	VILLAGE CARE MAX	2443	134	0	134	FIRST NAME	LAST NAME
6	"MAN-702302"	"2024-06-30 03:00"	"2024-06-30 03:15"	Non Payable	Other Skilled	VILLAGE CARE MAX	2444	192	0	192	FIRST NAME	LAST NAME
7	"MAN-1396737162"	"2024-06-30 03:00"	"2024-06-30 03:15"	Non Payable	Other Skilled	VILLAGE CARE MAX	2443	112	0	112	FIRST NAME	LAST NAME
8	"MAN-53655552222"	"2024-06-30 03:00"	"2024-06-30 03:15"	Non Payable	Other Skilled	VILLAGE CARE MAX	2443	65	0	65	FIRST NAME	LAST NAME
9	"MAN-53655551475"	"2024-06-30 03:00"	"2024-06-30 03:15"	Non Payable	Other Skilled	VILLAGE CARE MAX	2443	125	0	125	FIRST NAME	LAST NAME
10	"MAN-5259011047269"	"2024-06-30 03:00"	"2024-06-30 03:15"	Non Payable	Other Skilled	VILLAGE CARE MAX	2444	240	0	240	FIRST NAME	LAST NAME
11	"MAN-5259011047285"	"2024-06-30 03:00"	"2024-06-30 03:15"	Non Payable	Other Skilled	Empire BCBS Healthplus	2443	158	0	158	FIRST NAME	LAST NAME
12	"MAN-5259011047288"	"2024-06-30 03:00"	"2024-06-30 03:15"	Non Payable	Other Skilled	Empire BCBS Healthplus	2444	162	0	162	FIRST NAME	LAST NAME
13	"MAN-5259011047289"	"2024-06-30 03:00"	"2024-06-30 03:15"	Non Payable	Other Skilled	Empire BCBS Healthplus	2444	160	0	160	FIRST NAME	LAST NAME
14	"MAN-5259011047297"	"2024-06-30 03:00"	"2024-06-30 03:15"	Non Payable	Other Skilled	Empire BCBS Healthplus	2444	177	0	177	FIRST NAME	LAST NAME
15	"MAN-5259011047306"	"2024-06-30 03:00"	"2024-06-30 03:15"	Non Payable	Other Skilled	Empire BCBS Healthplus	2443	143	0	143	FIRST NAME	LAST NAME
16	"MAN-5259011047308"	"2024-06-30 03:00"	"2024-06-30 03:15"	Non Payable	Other Skilled	Empire BCBS Healthplus	2444	160	0	160	FIRST NAME	LAST NAME
17	"MAN-5259011047310"	"2024-06-30 03:00"	"2024-06-30 03:15"	Non Payable	Other Skilled	Empire BCBS Healthplus	2443	60	0	60	FIRST NAME	LAST NAME
18	"MAN-5259011047311"	"2024-06-30 03:00"	"2024-06-30 03:15"	Non Payable	Other Skilled	Empire BCBS Healthplus	2444	179	0	179	FIRST NAME	LAST NAME
19	"MAN-5259011047312"	"2024-06-30 03:00"	"2024-06-30 03:15"	Non Payable	Other Skilled	Empire BCBS Healthplus	2443	120	0	120	FIRST NAME	LAST NAME
20	"MAN-5259011047313"	"2024-06-30 03:00"	"2024-06-30 03:15"	Non Payable	Other Skilled	Empire BCBS Healthplus	2444	163	0	163	FIRST NAME	LAST NAME
21	"MAN-5259011047314"	"2024-06-30 03:00"	"2024-06-30 03:15"	Non Payable	Other Skilled	Empire BCBS Healthplus	2444	162	0	162	FIRST NAME	LAST NAME
22	"MAN-5259011047315"	"2024-06-30 03:00"	"2024-06-30 03:15"	Non Payable	Other Skilled	Empire BCBS Healthplus	2443	96	0	96	FIRST NAME	LAST NAME
23	"MAN-5259011047318"	"2024-06-30 03:00"	"2024-06-30 03:15"	Non Payable	Other Skilled	Empire BCBS Healthplus	2444	160	0	160	FIRST NAME	LAST NAME
24	"MAN-5259011047319"	"2024-06-30 03:00"	"2024-06-30 03:15"	N								
25	"MAN-5259011047320"	"2024-06-30 03:00"	"2024-06-30 03:15"	N								
26	"MAN-5259011047323"	"2024-06-30 03:00"	"2024-06-30 03:15"	N								
27	"MAN-5259011047345"	"2024-06-30 03:00"	"2024-06-30 03:15"	N								
28	"MAN-5259011047349"	"2024-06-30 03:00"	"2024-06-30 03:15"	N								
29	"MAN-5259011047366"	"2024-06-30 03:00"	"2024-06-30 03:15"	N								
30	"MAN-5259011047367"	"2024-06-30 03:00"	"2024-06-30 03:15"	N								
31	"MAN-1396736278"	"2024-06-30 03:00"	"2024-06-30 03:15"	N								
32	"MAN-1396736351"	"2024-06-30 03:00"	"2024-06-30 03:15"	N								
33	"MAN-1396736483"	"2024-06-30 03:00"	"2024-06-30 03:15"	N								
34	"MAN-1396736538"	"2024-06-30 03:00"	"2024-06-30 03:15"	N								
35	"MAN-1396736711"	"2024-06-30 03:00"	"2024-06-30 03:15"	N								

- ☐ Sample report output. Note several column hidden for effect.
- ☐ User will be able to QA recommended tier (orange) and make adjustments based on the of billed or not-yet-billed hours (yellow).
- ☐ User will selectively remove rows should billing wish to be delayed.



Proposed Rate Codes for PMPM Admin Fee



Tier	Rate Code	Number of Direct Care Hours Per Month Per Consumer	FI Monthly Reimbursement
1	2443	1 – 159 Hours	\$146.45
2	2444	160-479 Hours	\$387.84
3	2445	480 Hours and Above	\$1,046.36

- ☐ HHAeXchange will recommend the tier, based upon the above published by the DOH.
- ☐ We will recommend based on BILLED HOURS. It will be agency prerogative to adjust based on unconfirmed visits or other factors.



Solution to bill PMPM Visits



☐ This will be a three Step Process –

#1 Report

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#3 Invoice/Export

Using an HHAeXchange provided, front end user report, you will identify the members you wish to generate PMPM claims for and at which tier.

Report is being built for this expressed purpose.

The report, will double as an import.

The output of the report, will both allow you to identify the population of the tiered admin rates you wish to bill & use that information to auto-create those visits.

Import process is being built for this expressed purpose.

Since visits will be created as Confirmed, they are not expected to be in prebilling or billing review.

Once invoiced, export claims as per normal workflows.



Step 2 – Import



- ❑ Step 2 – Import the information generated in Step 1 as visits.
 - ❑ Report will serve two functions – not only will it generate in a workable report format – for the review and QA of the consumers and tiers; it will also serve as your visit import for the visits when ready.
 - ❑ Navigate to the Import screen (Admin > Import PMPM Visits) (**in progress, available by 9/5**).
 - ❑ Select file and import.
 - ❑ System will process your import within 24-48hrs. We suspect closer to 24, but given uncertainty around volume and frequency of files, may extend to 48.
 - ❑ User who imported file, will receive an email, once the file is processed.
 - ❑ Email will contain a summary of the success rate of the imported visits (ie. 900 of 1000 rows imported successfully).
 - ❑ Email will also contain an attachment of the failures and failure reasons)
 - ❑ It will be agency responsibility to review and correct errors and resubmit as needed.

Proposed Service Code Setup



Add Service Code

Service Code: 2443

Service Area & Plan Code: Visit

Waiver Program: Select...

Place of Service: Select...
For details, check [place of service code set](#).

Max Billing Hours:

Export Code:

Revenue Code:

Taxonomy Code:

HCPCS Code:

Description:

Export Qualifier: HC

Claim Form Type: Default Configured for Provider & Office

Status: **Active**

☐ Mutual

☐ Allow Member Shift Overlap

☐ Allow Auto Placement

☐ Dollar-Based Service Code

☐ Invoice Rounding

☐ Bypass Prebilling Validations

☐ Bypass Billing Review Validations

☐ Allow Temporary Caregivers

☐ No Authorization Required for Billing

Cancel Save & Continue

- ☐ Service code setup is key, to ensuring that when these PMPM visits are created, that they are seamlessly integrated into calendar.
- ☐ 3 new service codes, per payer, one per tier
- ☐ These codes will be skilled, so that they are allowed to overlap with non-skilled shifts.
- ☐ They will bypass prebilling.
- ☐ They will bypass billing review.
- ☐ They will not require an authorization.
- ☐ They will allow a TEMP caregiver.



Step 2 – Import (continued)



- ☐ Basic import screen will allow users to upload the same report created for QA purposes.
- ☐ The report will contain all of the data elements available to create a confirmed visit.



Step 2 – Import (continued)



Enterprise EVV StMaryEnterprise Schedule Import Summary - StMaryEnterprise

S

SSIS

To: [Redacted] John Pandolfi

Cc: Integration Team Enterprise

ENTIN_0543_Schedule_202302...

1 KB

✓

CAUTION: This email was originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Please find below summary of Schedule Import

Item	File Name	Process Start Time	Process End Time	Total Rows	Success	Failed
[Redacted]	ENTIN_0543_Schedule_20230221231502.csv	01:07:26	01:07:47	2	1	1

Reply

Reply all

Forward

- ❑ Example of email the user who imports the file will receive, once processed.
- ❑ Agency responsible for correcting any errors encountered.



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Once invoiced, export claims as per normal workflows.



Conclusion



☐ Internal v Linked

- ☐ The process outlined here, can be deployed for both your LINKED and INTERNAL contracts.
- ☐ For LINKED contracts, the service codes will be configured on your behalf. You will still need to enter rates.
- ☐ For INTERNAL contracts, it will be agency responsibility to create and manage service codes that correlate to the 3 tiers. User guide will be created to walk you through this process.
- ☐ This complete process will be documented in full and available prior to the solution being deployed in early September.

Questions?