Updated Behavioral Health Transition Timeline
And Statewide Health Home Rates and Billing Practices

Legacy Health Home rates for the former OMH and COBRA Targeted Case Management (TCM) agencies as well as the OASAS Managed Addiction Treatment Services (MATS) agencies will be extended through December 31, 2015.

Effective July 1, 2015

Phased-in Enrollment of HARP Members Begins in New York City.

- Individuals initially identified by NYS as HARP eligible, who are already enrolled in an MCO with a HARP, will be passively enrolled in that Plan's HARP.
- Individuals identified for passive enrollment will be contacted by the NYS Enrollment Broker. They will be given 30 days to opt out or choose to enroll in another HARP.
- Once enrolled in a HARP, members will be given an additional 90 days to opt out before they are locked into the HARP.
- After that opt-out period, they are locked into that HARP Plan until the next open enrollment period.
- Individuals initially identified as HARP eligible who are already enrolled in an MCO without a HARP will not be passively enrolled. They will be notified of their HARP eligibility and referred to the NYS Enrollment Broker to help them decide which HARP Plan is right for them.

Effective August 15, 2015

MAPP Is Released

The Medicaid Analytics Performance Portal (MAPP) will be released to Health Homes, Managed Care Organizations, and Care Management Agencies. Legacy rates and non-legacy Health Home rates will continue to be in effect and direct billing will continue to be authorized. Care managers will be have the ability to populate the clinical and functional indicators related to the High, Medium and Low rate setting methodology that will take effect on January 1, 2016. Care managers will be required to populate the clinical and functional indicators related to the High, Medium and Low rate setting for Health Home services provided on/after October 1, 2015.

Effective October 1, 2015

Clinical and Functional Indicator Reporting Begins and Direct Billing Will Continue

- Managed Care Plans begin to pay and manage non-HCBS behavioral health services for enrolled members.
- Converting Care Management Agencies will continue to bill directly for Health Home services with current legacy and non-legacy Health Home rate codes.
- Care Management Agencies will report on functional and clinical indicators in MAPP.

Effective January 1, 2016

Direct Billing Is Eliminated, HARP and Non-HARP High, Medium and Low Rates and a Uniform Outreach Rate in Effect

- In **New York City only**, Health Homes and Managed Care Plans will bill the HARP/non-HARP HML rates based on whether the member is enrolled in a HARP. HARP rates will only be loaded to HARP Managed Care Plans (rate codes yet to be determined). A uniform outreach rate of $135 will be in effect.
- **In all areas of the State outside of New York City,** Health Homes and Managed Care plans will bill the HARP HML rates for members who are eligible for HARP, as identified in MAPP, until such time as a HARP plan is available in the member's region. Once a HARP plan is available in the member's region, the member must be enrolled in a HARP in order for the Managed Care Plan to bill the HARP HML rates. Individuals who have been pre-identified by the State as HARP eligible through an analysis of claims and encounter data and referrals that have been identified as newly HARP eligible through initial InterRAI assessment will be flagged as HARP eligible in the Medicaid Analytics Performance Portal (MAPP).
- Behavioral Health Home and Community Based Services (HCBS) are available to eligible HARP members.
- Converting Care Management Agencies will no longer bill Medicaid directly for Health Home services. Managed Care Plans will bill Medicaid directly for Health Home services provided to their plan members. Health Homes will bill Medicaid directly for all Health Home services provided to fee for service members. The exception to this is Health Home enrolled members currently in the ACT program; the ACT provider would continue to bill Medicaid directly for ACT services provided to managed care and fee for service members. **All lead Health Homes are expected to have payment processes in place to make timely payments to downstream care managers.**