

Division of Mental Health & Addiction Services
wellnessrecoveryprevention
laying the foundation for healthy communities, together



MENTAL HEALTH FEE FOR SERVICE (FFS) INFORMATION SESSIONS

**VALERIE MIELKE, ASSISTANT COMMISSIONER, DMHAS
ROXANNE KENNEDY, DIRECTOR BEHAVIORAL HEALTH
MANAGEMENT, DHS**

**JEFF MOORE, DMHAS FFS TRANSITION TEAM
HARRY REYES – ASSISTANT DIVISION DIRECTOR**



Mental Health Fee For Service (FFS) April 2017 Agenda



10-10:15am

Welcome & Introduction

Valerie Mielke, Assistant Commissioner,
DMHAS

10:15-11:15 am

FFS-Program Presentation

Roxanne Kennedy, DHS Director Behavioral
Health Management
Jeff Moore , DMHAS FFS Transition Team

11:15-11:30 ~Break~

11:30-12pm

FFS NJMHAPP Presentation

Nitin Garg DMHAS OIS

12:-1pm

FFS and NJMHAPP Q/A

1pm-2pm ~Break~

2-2:15 pm

CSS Presentation

Harry Reyes, DMHAS Assistant Division
Director
Deborah Gravely, DMHAS CSS Technical
Support Specialist

2:15-2:30pm

CSS IT Presentation

Mahesh Phadke DMHAS OIS

2:30-3pm

FFS –CSS Q/A

~Adjournment~



Topics



- Mental Health Programs Transitioning
- Eligibility for state only funds
- Key Assumptions for Medicaid & State Billing
- NJMHAPP -Phase I and Phase II
- FFS Transition Timeline
- State Guidelines on Reimbursement for Medicaid Non-Reimbursable Services
- Fiscal Overview of FFS
- Questions

Mental Health Programs transitioning to FFS



January 2017	July 2017	Programs under consideration
PACT	CSS	Training and TA
ICMS		Specialized Services (i.e. EISS, Justice Involved Services)
OP		IOC
MH Residential-Level A+, A, B & FamilyCare		IFSS
Supported Employment/Education		Legal Services
Partial Care		
Partial Hospitalization		

Program Eligibility



- Individual meets program eligibility criteria as outlined in regulation or policy
- Individual does not have private insurance or their private insurance does not cover the service/treatment, i.e. PACT
- ≥ 5 years of age and not receiving mental health services from CSOC

Key Assumptions: State Funds & Medicaid Billing



- Medicaid **precedes** State funding for Medicaid eligible consumers and covered services.
- Providers (including SE providers) are **required** to enroll as a Medicaid provider if receiving state funds. (Application information at: <http://njmmis.com>)
- Providers transitioning to FFS are **strongly encouraged** to become Presumptive Eligibility (PE) certified.
- For most Medicaid-eligible services, State rates are set at 90% of the Medicaid rate.
- Where there are compatible Medicaid business rules, the same business rules will be applied to State FFS payments.
- Full compliance with DMHAS regulations and contract requirements is mandatory including QCMRs & USTFs



Third Party Insured



- State funds cannot be used to wraparound or subsidize Third Party Liability (TPL) or Charity Care (CC) reimbursements.
- Providers may not seek reimbursement via NJMHAPP for services covered by TPL or CC applicable services.



New Jersey Mental Health Application for Payment Processing (NJMHAPP)



- NJ Mental Health Application for Payment Processing (NJMHAPP) is a web based modular system, which provides ability for Providers transitioning to Fee For Service to submit eligible encounters/claims for all fee for service programs/services to DMHAS.

New Jersey Mental Health Application for Payment Processing (NJMHAPP)



- Ticket Management System
 - Responses within 1 business day
- Weekly Webinars
- Version 1.1 Provider Program Manual Released on February 21, 2017

Phase 1 Transition to FFS April 2016–January 2017



- 16 Providers transitioned to FFS January 2017
- All program elements represented except for PACT
- January 10th 2017 launch of NJMHAPP (NJ Mental Health Payment Processing Application)

Phase 1 Provider Feedback



- Billing in NJMHAPP works well
- DMHAS staff responsive, IT staff
- Engaged in training and webinars

FFS Timeline Phase 2 January –July 2017



October 2016-
January
2017

- Phase 2 Planning began
- NJMHAPP V2 Planning commenced for CSS, other new services and system enhancements
- Planning for a Helpdesk type feature for providers going live in Phase 2.

January -
March 2017

- Providers' OOL sites reviewed and confirmed
- Planning for Phase 2 continues
- NJMHAPP enhancements in development

April
2017

- MH FFS Contract Documents sent to providers including Cash Advance Policy
- Providers Advised of Monthly Limits
- User Acceptance Training Begins

FFS Timeline



May 2017

- **Provider wide NJMHAPP training**
- **Provider wide NJMHAPP testing**
- Cash Advance Request and Determinations

June 2017

- Provider Wide Testing Ends
- FSS Contracts completed
- Helpdesk in place

July 2017

- NJMHAPP goes live
- 79 Providers Transition to FFS

Highlights of FFS - Phase 2



- Developing a Help Desk team to be available to providers transitioning to FFS.
- FFS Transition Stakeholder Group continues to meet monthly to provide feedback and input
- Outstanding Policy issues continue to be addressed
- Enhancements to NJMHAPP based on current users feedback

Mental Health Programs in FFS



Non-Medicaid Reimbursable Services



- Residential Room & Board
- 30 Day Residential Bed Hold and Bed Hold Extensions
- Overnight Absence Reimbursement
- PACT & ICMS In-Reach
- Partial Care Transportation for non-Medicaid eligible consumers
- Supported Employment and Supported Education
- Outpatient for Children & Adolescents

Residential Room & Board



- **Not a Medicaid billable service**
- Covered within the cost reimbursement contract
- Offset some of the room & board cost via direct consumer residential fees
- **Under FFS:**
 - Medicaid enrolled consumers:
 - Medicaid billed for the appropriate level of care for services
 - Room & board billed to the state (per diem \$27.47)
 - Non-Medicaid eligible consumers
 - State billed for the appropriate level of care for services
 - State billed for room & board concurrently
- Residential Fees/Co-pays:
 - Deducted from the room & board reimbursement



Bed Hold (30 Day)



- **Supervised housing providers subject to:**
 - **Regulations:** required to maintain a consumer's placement during periods of brief hospitalization and temporary absences
 - **Time requirement:** a period of up to 30 days from the date of admission to the hospital or the beginning of the temporary absence.
 - **Billing limitation:** prohibited from billing Medicaid for treatment during any 24-hour period that the consumer is not physically present in the supervised residence.

- **State rate for Bed Hold (Medicaid-eligible and non-Medicaid eligible consumers):**
 - Per diem rate for the appropriate level of care during the 30 Day Bed Hold period (excluding room & board).

What is a Bed Hold Extension Request?



A request for reimbursement will be considered by the Division for bed holds beyond the initial, required 30 day bed hold period when it is demonstrated that all the following criteria are met:

- Consumer's continued absence is due to ongoing receipt of inpatient hospitalization, residential addictions treatment or residential rehabilitative care
- The treatment team can project a discharge date in the reasonably foreseeable future
- Clinical information indicates imminent re-occupation of the bed
- Loss of placement would delay the consumer's discharge



Overnight Absence Reimbursement Guidelines



- The “bed hold” reimbursement guidelines apply when a consumer is absent from the facility for a minimum of an entire day, which is defined as a 24 hour period starting and ending at midnight.
- An “overnight absence” occurs when a consumer is present in the supervised housing setting for at least part of the day, but does not sleep in the supervised housing setting.
- Residential providers may submit a claim for room & board payment for an overnight absence via NJMHAPP subject to limitations.
- Room & board payments for overnight absences are limited to three (3) overnight absences, per consumer, per month.



PACT & ICMS Hospital In-Reach



- Definition of '**In-Reach**' : Services provided consumers in an inpatient setting, or correctional facility
- In-reach service is not a Medicaid billable service due to regulations: N.J.A.C. 10:76-2.6(C)2 & N.J.A.C. 10:73-2.7(b) – IMD exclusion
- Expectation is for the provision of these services to continue during periods of inpatient care & incarceration to ensure continuity of care and a successful discharge
- **Under FFS, all PACT & ICMS providers can bill for State reimbursement via NJMHAPP for In-Reach services**



In-Reach Billing Guidelines



- **PACT:** regulatory service provision of 2 hours must be met to bill the State for full PACT reimbursement rate
- Under FFS, the cumulative amount of face to face time for the month will count toward the minimum requirement regardless of whether the contact occurred when the consumer was an inpatient or in the community (portion of month rule still applies for Medicaid eligible consumers)
- **ICMS:** reimbursement at the full State rate for each 15 minutes of service (TCM In-Reach \$34.31)
 - Maximum of 8 units (2 hours) of hospital in-reach per month
 - Total hospital and/or correctional facility maximum of 32 units (8 hours) per episode.
- Consumer must be enrolled in service at inpatient admission to receive in-reach reimbursement.
- DMHAS finalizing Pre-Admission Reimbursement Guidelines



Partial Care & Partial Hospital Transportation for Non-Medicaid Eligible Consumers



- Medicaid transportation is billable for Medicaid enrolled consumers only
- Medicaid transportation rate: \$7.00 per one way trip
- State transportation rate: 90% of Medicaid rate = \$6.30
- Under FFS, PC providers can bill 2 units per day for transportation services

Supported Employment and Supported Education



- 15 minute unit of service, billed in NJMHAPP
- Bill for services like: pre-employment preparation, individualized job development, job supports, etc..
- Guidelines forthcoming
- Webinar to review Guidelines will be scheduled

Outpatient for Children/Adolescents



- Some contracts include funds for the treatment of children and adolescents, in addition to adults in outpatient services.
- Under FFS:
 - Interim measure: State fund reimbursement for eligible children for outpatient services.
 - Long term: Identified funds will be transferred to the Department of Children and Families' Children's System of Care. Target date is to be determined.



Fiscal Overview of FFS



- Monthly limits
- Cash Advance
- Budget Matrix
- FCAPS
- Sliding Fee Scale
- NJMHAPP for reimbursement

Monthly Limit & Payment



- Monthly limits are being developed by Fiscal staff for providers transitioning to FFS 7/1/17
- The Division is using historical QCMR data, survey data and new state rates to develop annual limits for each provider
- Providers will input consumer claim information into NJMHAPP for payment

Monthly Limit & Payment



- Providers are paid every 2 weeks by Molina
- Payment received from Molina for DMHAS billing have an assigned Control Number to denote state funds.
- A DMHAS Fiscal staff member reviews claims every 2 weeks based on Provider data entered into NJMHAPP and approve payments.
- All claims for FFS for a given service month must be entered in NJMHAPP no later than the fifteenth (15th) of the following month in order to be paid

Monthly Limits



- Providers will have monthly maximum limit of State funds.
- Monthly limit is set forth in its contract with the DMHAS
- Provider agencies that meet 90% of monthly billing limit may request an increase in the monthly limit for the following months, which shall be granted at the discretion of the DMHAS.

Phase II Unused Monthly Limits



- Agency's claims for payment that are under the monthly limit, the unused portion of the limit will roll over to the following month during months one and two
- After month two, the amount to be rolled over will be affected by whether or not the provider agency met the 80% threshold
 - the entire unused portion of the monthly limit will roll over to the following month only if the provider agency has met the 80% threshold
 - less than 80% of the monthly limit, then only 50% of the unused portion of the monthly limit will be roll over to the following month
 - Reviewed unused limits approved by DMHAS
- Variances between actual monthly expenses versus monthly limits will be closely monitored by Fiscal staff
- Adjustments may be made to monthly limits in future months for providers based on the trend in their financial activity or an approval of requested change.

Cash Advance



- Phase II providers
- 2 Month Cash Advance option
- Based on approval after review of financial documents submitted and fiscal viability assessed
- Repayment starts in month 3 with 10 months to repay the cash advance

FFS Programs and Budget Matrix



- Providers transitioning all DMHAS programs to FFS 7/1/17 will no longer need to submit contract budgets/ROE's
- Providers that have DMHAS programs in FFS **and** in cost related contracts will need to reflect the FFS program on the budget/ROE documents **if** the programs share any direct or indirect costs with the cost-related programs
- Sufficient detail will be required on the budget/ROE to assure the appropriateness of indirect and shared cost allocations



FCAPS Fiscal Claim Adjustment and Payment System



- A secure web based application
- For processing of claims that cannot be submitted through NJMHAPP at this time.
- Providers will use this system to enter information to allow evaluation and processing of non-NJMHAPP-payment requests for FFS programs.
- Instructions on use of the MHFFS-FCAPS have been distributed to FFS providers.
- The website location name for MHFFS-FCAPS is <https://mhffs-fcaps.dhs.state.nj.us>

Sliding Fee Scale



- Standard consumer co-pay policy for State-funded services under development.
- Consumer fees collected to be reported to DMHAS fiscal, deducted from ensuing payment
- Future Implementation
 - Co-pays for other services
 - Enhancements to NJMHAPP to deduct co-pays for other services

When to Use NJMHAPP for Reimbursement



When to use NJMHAPP

Service	Medicaid Member	Uninsured
OP		✓
PACT		✓
ICMS		✓
RESIDENTIAL		✓
RESIDENTIAL ROOM/BOARD	✓	✓
PARTIAL CARE/HOSPITAL		✓
PARTIAL CARE TRANSPORTATION		✓
SUPPORTED EMPLOYMENT	✓	✓
SUPPORTED EDUCATION	✓	✓
PACT IN-REACH	✓	✓
ICMS IN-REACH	✓	✓
*BED HOLDS	✓	✓
*BED HOLD EXTENSIONS	✓	✓

*In a future version of NJMHAPP

State of New Jersey



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QUESTIONS

Additional questions can be submitted to
FFS.Transition@dhs.state.nj.us

