Frequently Asked Questions BHH Updated 2/9/2021

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Question	Answer
How are individuals identified to participate in the Behavioral Health Home (BHH) program?	Through the MDHHS Waiver Support Application (WSA), NMRE and Health Home Partners have access to the Beneficiary Roster Report that identifies individuals who meet criteria for the OHH program. The information is based on Medicaid claims and encounters for a beneficiary within the past 18 months.
What are the requirements to receive services in the BHH program?	To be enrolled and participate in the BHH Home program beneficiaries must reside within the NMRE region, be enrolled and eligible for Medicaid or the Healthy Michigan Plan, and have a select serious mental illness/serious emotional disturbance (SMI/SED) diagnosis. Providers can recommend individuals for enrollment within the Waiver Support Application (WSA), if they meet all of the eligibility requirements.
If client is enrolled in another benefit plan can they be enrolled in the BHH program?	Clients that are in a disqualified plan outlined below will not be listed on the potential beneficiaries list in the WSA and will not be eligible for OHH/BHH services. Disqualified plans for BHH include OHH, Health Home MI Care Team, Integrated Care MI Health Link, Nursing Home, Hospice and/or Spend down
What are the benefits for individuals to participate in the BHH program, if they are already receiving enhanced services?	The purpose of the health home is to help support coordination of care so that individuals have the best opportunity for good outcomes. The state would like to know how many people are interested in receiving health home services, which is done through the enrollment and consent process. The three goals of the BHH program are to: 1)improve care management of beneficiaries with SMI/SED; 2)improve care coordination between physical and behavioral health care services; and 3)improve care transitions between primary, specialty and inpatient settings of care. As part of the orientation process, BHH providers are encouraged to share the MDHHS Behavioral Health Home Brochure with clients.
What documents are required to enroll an individual in the BHH program?	To enroll an individual in BHH services through NMRE, the Health Home Partner is required to submit the following information. 1)MDHHS 5515 Consent to Share Behavioral Health Information for Care Coordination Purposes form 2)NMRE Health Home Program Enrollment Consent 3)Individualized Care Plan derived from an evidence-based assessment of need The Enrollment Documents can be found under the Knowledge Base section of the NMRE Help Desk.
What is the MDHHS 5515 and how is the document used?	The MDHHS 5515 form is used by an individual to give or take away consent to share health care information. The form is required for beneficiaries to receive the Health Home benefit. Here is some helpful information in assisting an individual in completing the form.

	Section 2a – List of individuals and organizations who can see and share information. Must include the Health Home provider and NMRE. (If client has been enrolled at another Health Home location, include that provider so that care coordination can occur) Section 2b – Check box to share information with past, current and future providers. If an individual transfers to another Health Home provider the new provider will have access to all client documents in WSA with signed release. Provider is required to fill out the exchanges within their networks in which information is shared electronically, including the Waiver Support Application. Other examples would be hospitals which have portals where health care, pharmacy, physician and physical therapy information may be stored and shared. Section 3 – Individuals can specify what type of information is shared. (If one year, will need to renew the release) Section 4 – The date of consent is valid for **one** year from the signature date, unless otherwise specified. Section 5 – This section is completed **only** if an individual no longer wants to share records as listed in Section 3. The release allows for a written or verbal withdrawal of consent, which must be documented by the provider. Additional information on the 5515 form is also available online through MDHHS 5515 Resources.
Are verbal consents allowable for BHH program?	NMRE is permitting the use of verbal consents in the Health Home enrollment process on a limited basis, under the guidance of MDHHS and the Substance Abuse Services and Mental Health Administration (SAMHSA). Please see Verbal Consent process under Knowledge Base Documents of the NMRE Help Desk.
What is the Health Home Program Enrollment Consent?	The consent form briefly describes the Health Home program and grants permission to enroll client in BHH services. The date on this form is the date the client had their initial Health Home visit and will be used by NMRE to establish enrollment.
What information needs to be included on the Care Plan?	An individualized care plan is required for all Health Home clients. The care plan document identifies the needs of the client and details how the Health Home Partner will address them. The care plan is completed by the care team and submitted as part of the enrollment packet. The care plan will be updated by Health Home providers as needed. The care plan document must include verification of an diagnosis, the chronic condition(s) or risk factors, socio economic conditions the client has and specific goals and interventions on what the health home partner will do to assist client in improving their conditions. A sample template care plan document is located under the Knowledge Base section of the NMRE Help Desk. MDHHS has a resource documents that includes information on care plan components, which is also located under the Knowledge Base section of the NMRE Help Desk.
How do providers submit enrollment documents for BHH?	Providers can review beneficiary status and recommend enrollment through the MDHHS Waiver Support Application (WSA). Health Home Partner staff must request access to this system. Training will be provided on how to access beneficiary information, attach enrollment documents and view reports within the WSA.
What is the time frame and process for getting an individual registered in the BHH program?	Enrollment packets are to be submitted as they are completed throughout the month. Providers recommend enrollment and attach enrollment packet to the beneficiary file in WSA. NMRE reviews the recommended enrollments as they are received to verify that client meets criteria to enroll in the Health Home.
How is a provider notified when an enrollment has been processed?	Providers will receive email notification on the status of a BHH enrollment thru the WSA system. The PIHP has the option to approve, deny or send back an enrollment. Comments will indicate the reason that an enrollment is sent back or denied. After an enrollment is approved in the WSA, NMRE will create the authorization and admission in RECON. After the email notification is received from WSA, providers should check comments in the beneficiary file and review condition counts in the WSA.

	All questions regarding BHH services, enrollments and billing should be submitted via the NMRE help desk https://support.nmre.org
What services are considered a BHH encounter?	BHH services are listed in the BHH handbook under section **1.4 BHH Services**. The services will provide integrated, person-centered, and comprehensive care to eligible beneficiaries to successfully address the complexity of their comorbid physical and behavioral health conditions. The BHH services must be provided by health home (as indicated in the handbook under section 2.6), tied to one of the six categories described in the handbook and payments are intended to cover the allowable costs of the BHH services that are not otherwise covered by other funding sources or other Medicaid reimbursement mechanisms. If a service can billed elsewhere, then it can not be submitted or billed as a Health Home encounter. Questions on specific services can be addressed to the Health Home Coordinator.
How do providers enter encounters to the RECON system?	Training and access to the RECON system will be provided by NMRE. The Help Menu in RECON also contains resources and step by step information to view, enter and change information in the RECON system. Encounters for all OHH services should be entered directly into the RECON system or submitted through an 837 file. See Billing Instructions for 837 files. Encounters must be tied to an BHH service category as identified in the BHH handbook under **Section 1.4 BHH services**. All BHH services that a client receives, which can not be reimbursed elsewhere, should be added into the system for billing. Only the first service that is provided within the month is eligible for reimbursement. All claims must include the BHH reimbursable amount and the RECON system will determine which claims can be paid.
BHH Care Management Encounters	Health Home Partners must provide at least one BHH service (as defined in BHH Handbook under Covered Services) within the service month. The S0280 code is to be billed for the initial service and all subsequent OHH services. Encounters should be submitted for all BHH services provided within the month, however the rate will only be paid once per month, regardless of the number of encounters submitted.
What modifiers and Z codes are used with BHH services?	The specific code requirements for OHH billings are described in the OHH handbook under **Section 4.3 Service Encounter Codes.** TS Modifier must be used to document non-face-to-face encounters, which includes any service in which the client is not physically present. Phone calls and video calls with the client would require TS modifier. The modifier would also be used for any care coordination activities with referral sources, other health systems and team meetings which the client would not be physically present for. Z codes are a special group of ICD 10 CM codes for reporting factors influencing health status and contact with health services. The following groups of ICD-10 Z codes are recommended for Health Home services, but any z codes can be added to the encounter. Z55 - Z65 (Socio-Economic Conditions) Z77 - Z99 (Environmental Conditions) Z80 – Z99 (Persons with potential health hazards related to family and personal history and certain conditions influencing health status) Z code descriptions are available in the Knowledge Base of the Help Desk at https://support.nmre.org/helpdesk/KB/View/34902115-use-of-icd---z-codes
What is the time frame for entering encounters?	Health Home encounters can be submitted at any time following the delivery of services, once the enrollment has been processed and NMRE enters the authorization in RECON. Valid Health Home encounters must be submitted within **90 days** of providing the service to ensure timely service verification and payment. Providers must submit an encounter code reflecting a Health Home service to be paid within a given month. See OHH handbook **Section IV: BHH Payment** for more details.

What is process for reviewing monthly eligibility for a beneficiary?	Providers are responsible for running monthly Medicaid Eligibility Checks for all clients through RECON or CHAMPS. When reviewing eligibility please review subscriber address with MDHHS and work with client to update as needed. Subscriber address and county of residence must be within the NMRE region in order for client to qualify for services. Clients who reside within the NMRE region and have COFR agreement in another county are eligible to participate in BHH program. In instances where NMRE notices an address discrepancy with enrollment paperwork and MDHHS address the provider will be notified to work with client to update address with MDHHS. This is important to ensure that client receives mailed correspondence from MDHHS in a timely fashion and that they are able to successfully review benefits on annual basis. Clients who lose Medicaid/HMP benefits for a particular month are not eligible for BHH services and must be disenrolled until benefits can be re-established.
Is there a way to determine when a beneficiary's benefits are up for renewal?	In RECON there is a report under the Reports and Downloads menu called Medicaid Redetermination Dates for SUD Consumers. This report will identify the redetermination date for beneficiaries active at your location. Please work with beneficiaries to review that they have received paperwork from MDHHS to renew benefits, answer questions and connect with DHHS as needed. Working with clients to explain or renew benefits or assist them in changing an address with MDHHS is considered a BHH service and can be billed to NMRE.
How does someone become disenrolled in the BHH program?	The monthly roster will include beneficiaries who have been auto disenrolled from the BHH program. Reasons for auto disenrollment include the following: 1 – Beneficiary is not enrolled in a full coverage benefit plan 2 – Beneficiary has spend down 3 – Beneficiary has moved to a county not served by PIHP Region 2 4 – Beneficiary is deceased 5 – Beneficiary has transitioned to a nursing home or hospice facility (they now have NH or Hospice Benefit plan assigned to them. The disenrollment date for Health Home services is always the last date of the month. See BHH handbook **Section 3.3 Beneficiary Disenrollment** for more details.
If an individual is discharged from services at an BHH provider or loses their Medicaid, what is the effective date of their disenrollment?	Beneficiaries can choose to disenroll from BHH program at any time. A provider will submit disenrollment requests through the WSA and dis-enrollments will be processed by the NMRE. Disenrollment date should be the end of the month which client last received an BHH service. In WSA comments please enter last BHH service date. NMRE will review the disenrollment request and approve in the WSA. NMRE will also create the disenrollment for BHH services in RECON. The disenrollment date for Health Homes is always the end of the month of their last service, whether a beneficiary is auto disenrolled or disenrolled by NMRE. The RECON discharge will also be the end of the month that the client was discharged. Disenrollment can be requested through the WSA. Disenrollment Reasons include: • Administrative Dismissal (to be used when client is discharged from OHH provider) • Beneficiary is unresponsive

	• Change in Health Home Setting • Deceased (please include date of death if known) • Hospice • Moved (to be used when client moved to another area and will not be served by current provider or moved out of NMRE region) • No Medicaid Eligibility • Voluntary Disenrollment (to be used when client chooses to opt-out of BHH services but will continue in treatment) Please submit disenrollment requests within one month of client discharge, to allow for timely processing in WSA and RECON.
What is the process for re-enrolling a client to the BHH program if they regain Medicaid eligibility?	If an individual is enrolled in the BHH program and then becomes disenrolled due to losing Medicaid benefits, they can re-enroll in the program once benefits are re-established. If eligibility occurs within 6 months of disenrollment, then new enrollment paperwork is not required. If client regains eligibility more than 6 months after disenrollment from BHH, then new enrollment paperwork will be required. After the provider verifies that the individual is Medicaid/HMP eligible, Health Home Partners will recommend enrollment through the WSA. NMRE will verify eligibility and complete the enrollment in the WSA and enter a new admission in RECON. Providers are encouraged to work with individuals and identify redetermination dates and to proactively assist clients with benefit renewal. To better assist clients in understanding and their Medicaid benefits, providers can become Mi Bridges Navigators or Partners. See https://www.michigan.gov/mdhhs/0,5885,7-339-71551_82637_82640---,00.html for more information If an individual leaves treatment at a BHH provider and then re-enters treatment with that same provider, they can re-enroll in BHH services, if they meet eligibility requirements. Since this is a new treatment episode, new enrollment paperwork is required.
How can Health Home Partners view a full list of BHH enrolled clients?	Providers can view all clients in the WSA by selecting the Case Status of "Enrolled" filter or by downloading the HHBHBeneficiaryRoster.rpt Admission/Discharge reports are also available through RECON system.
How to view OHH billings for my location?	In RECON select Reports and Downloads and AP Claim Detail Report. Specify report criteria. This report includes all BHH billings and payments by client for date range specified.
What happens if the beneficiary wants to move to another BHH provider?	Beneficiaries have the option of transferring to another BHH service provider. Health Home Partners should work with the NMRE Access Center at 800-834-3393 to discuss client needs and coordinate the transfer of services. See BHH handbook **Section 3.4 Beneficiary Changing Health Home Partner Sites** for details on coordinating services for the beneficiary. When clients transfer locations the Health Home Partners should work with client to obtain release of information through MDHHS 5515 so that care coordination can occur.
How do providers obtain more BHH brochures and posters?	Providers can request brochures and posters through https://support.nmre.org with quantities needed and mailing address. Health Home Coordinator will coordinate the delivery or mailing of the materials to provider sites.

Additional BHH trainings have been discussed. How will providers receive notice when trainings are scheduled?	MDHHS will communicate the training information to NMRE for distribution to provider contacts. Providers are also encouraged to visit the MI Improving Practices website https://aenow.com/explore/improving-mi-practices, which is an online training site for behavioral health professionals.
What to do if there are questions about BHH enrollments, services, billing or roster list that are not addressed here?	Questions can be submitted directly to the Heidi Serven, Health Home Coordinator hserven@nmre.org or through the NMRE ticket system at https://support.nmre.org and include BHH in the subject line. This will ensure that the ticket is directed to the appropriate NMRE staff member and that a response can be given in the most timely manner.