

**MaineCare Health Home Practices:  
Stage A Enrollment and Payment Checklist and FAQ  
December 2014**



Steps for Enrollment and Payment for Health Home Eligible MaineCare Members		
Steps for Enrollment and Payment	Timeframe	Contact for questions and concerns
<ul style="list-style-type: none"> <li>➤ Practice confirms with MaineCare that it is accepting new patients</li> </ul>	Monthly	Log into Trading Partner on the MIHMS Provider Portal at <a href="https://mainecare.maine.gov">https://mainecare.maine.gov</a>  For questions: <a href="mailto:PCP-Network-Services.DHHS@maine.gov">PCP-Network-Services.DHHS@maine.gov</a>
<ul style="list-style-type: none"> <li>➤ Practice completes training on the Health Home Portal and reviews the portal User Guide.</li> </ul>	One time/as needed for new staff	<a href="mailto:CGunn@usm.maine.edu">CGunn@usm.maine.edu</a>
<ul style="list-style-type: none"> <li>➤ Practice's authorized users log into the Health Home Portal and review its panel to add/remove patients.</li> </ul>	This should be a regular process, throughout the month. Members assigned to the Health Home practice panel by the end of the 20 <sup>th</sup> day of the month are available for that month's attestation.	<a href="mailto:CGunn@usm.maine.edu">CGunn@usm.maine.edu</a>  <a href="mailto:HH-BHH-Services.DHHS@maine.gov">HH-BHH-Services.DHHS@maine.gov</a>
<ul style="list-style-type: none"> <li>➤ Practice's authorized portal users refer members for enrollment through the portal that MaineCare has not already identified through initial claims analysis: e.g., patients who smoke, have a BMI of 25 or over, have substance use disorders, etc.</li> </ul>	Any time. After notification, the member has 28 days to opt out of the service, unless the member calls MaineCare Member Services to opt-in earlier. After the 28-day opt-out period, if the member has not opted out, he/she will be assigned to the practice. Members on the Member Panel by the end of the 20 <sup>th</sup> day of the month are available for that month's attestation.	<a href="mailto:CGunn@usm.maine.edu">CGunn@usm.maine.edu</a>  <a href="mailto:HH-BHH-Services.DHHS@maine.gov">HH-BHH-Services.DHHS@maine.gov</a>

**Steps for Enrollment and Payment for  
Health Home Eligible MaineCare Members**

Steps for Enrollment and Payment	Timeframe	Contact for questions and concerns
<p>➤ Practice’s authorized users attest that practice has performed the necessary “minimum billable activity” each month to receive payment for assigned Stage A members. Minimum billable activity means that the practice has scanned its Member Dashboard found on the HHES Portal <b>(See FAQs below for additional information)</b></p>	<p>Monthly. Practice has until the last day of each month to attest that it has provided minimum billable activity to enrolled members.</p>	<p><a href="mailto:HH-BHH-Services.DHHS@maine.gov">HH-BHH-Services.DHHS@maine.gov</a></p>

## Frequently Asked Questions

<b>HHP Assignment for Stage A Members</b>	
<p>1. <i>Will MaineCare continue to assign members to my practice?</i></p>	<p>Yes; On a quarterly basis (January/April/July/October), MaineCare automatically assigns members to Health Homes based on eligibility and claims data that indicates the member is already associated with a Health Home practice, and meets the specific eligibility criteria for participation in the Health Homes initiative (i.e. two chronic conditions, or one condition and at risk for developing a second). Members receive a letter notifying them of this assignment; new members have 28 days to opt out of Health Homes before they are added to a practice panel.</p> <p>MaineCare reviews claims data quarterly to identify and assign new MaineCare members to Health Homes. MaineCare claims data review look-back period is one year.</p>
<p>2. <i>When members are assigned to my site through a quarterly auto-assignment, how and when am I able to view those members?</i></p>	<p>When MaineCare does a mailing to members to automatically assign them to a site through claims data, the members are visible in the site’s “<b>Additions</b>” area as “<b>Pending Member Requests.</b>” This data upload to the portal occurs approximately the day after the letter mail date. The “Reason” is listed with the Auto Assign Batch number as well as the begin date of the 28-day opt-out period (the date the letter was mailed). If the member does not opt-out of the auto-assign practice, the member will be added to the panel on day 29.</p>

<p>3. <i>How is the service location assignment for each member determined through the quarterly auto-assignment?</i></p>	<p>Auto-assignment is done through claims data review. During the review, data is compared in multiple locations to create a match. The assignment begins by looking at PCP assignments in MIHMS for members who are in Primary Care Case Management (PCCM). Many members are assigned to a rendering provider in MIHMS. The review for auto-assignment determines if this rendering provider is affiliated to a Health Home Practice under the matching pay-to and assigns to that HHP, if appropriate. If this information is not available, the claims data is reviewed for plurality of claims, especially primary care, and attributed to a Health Home Practice if it seems appropriate. Whereas most hospital-systems do not submit claims with the actual service location, this site assignment may not be completely accurate, but the pay-to affiliation should be accurate.</p>
<p>4. <i>A member, whom our practice has never seen, has been assigned to our practice. Should I be concerned about HIPAA and how do I handle this scenario?</i></p>	<p>The assignment to your practice may be the result of your practice’s participation in the Primary Care Case Management program. Pursuant to your practice’s agreement with MaineCare under that program, MaineCare members may be assigned automatically, or after requesting your practice as their PCP, under that program. Even if you have not previously seen this member before, assignment under PCCM is not a HIPAA violation. Please:</p> <ol style="list-style-type: none"> <li>1. Contact the member to discuss the assignment to your practice via PCCM</li> <li>2. If you confirm that this member will not be a patient at your practice, you may</li> <li>3. Terminate the member in the Health Home portal. See PCCM Section (Question #39)</li> </ol>
<p>5. <i>Our practice has added new members to the portal but they are still not showing up as assigned members. Why is this?</i></p>	<p>When a practice identifies an eligible member and requests this member on the portal, MaineCare reviews the request as well as other member information. If eligible, that member is sent a letter describing benefits of Health Home services and informing them that your practice is participating. The MaineCare member has 28 days from the letter mail date to opt out of Health Home services or assignment to your practice. If the member does not opt-out, he/she is automatically assigned to your practice at the end of the 28-day period (on the 29<sup>th</sup> day). At that point they show in the portal as an assigned member to your panel.</p>
<p>6. <i>If I terminate members from my panel for not being my members following an auto-assignment, should I be concerned that they will reappear at a later date?</i></p>	<p>No; This issue has recently been resolved. In May 2014, criteria was added to the auto-assignment process to prevent member reassignment to panels when terminated for the reasons of <b>“Member no longer served at this site”</b>, <b>“Member not served at this site”</b>, or <b>“No Longer Wants Health Home Services.”</b></p>

<p>7. <i>What is the best way for me to make corrections to auto-assignment errors?</i></p>	<p>If members need to be moved to a different site under your system “umbrella,” contact Loretta Dutil at MaineCare. MaineCare is able to move within a system without having to do additional terminations/requests. If the member has moved to a practice outside your system, you should terminate the member as not being seen at your site. For the member to be transferred to a practice in another system, the member may call Member Services at 1-855-665-4628 or the new Health Home Practice may request the member through the HHES portal</p> <p>Please contact: Loretta Dutil at (207)624-6954 <a href="tel:(207)624-6954">or</a> by email at <a href="mailto:HH-BHH-Services.DHHS@maine.gov">HH-BHH-Services.DHHS@maine.gov</a></p> <p>NOTE: DO NOT SEND PATIENT INFORMATION VIA EMAIL UNLESS USING SECURE SYSTEM</p>
<p>8. <i>Is there any way for members to enroll before the end of the 28-day period?</i></p>	<p>Yes; you can encourage members, whom you have requested, to contact MaineCare Member Services to be signed up immediately: 1-855-665-4628. In January 2015, HHP/CCT providers will have the option of having members sign a Stage A opt-in document. The form will be faxed to MaineCare, for assignment to the pending HHP.</p>
<p>9. <i>We have multiple sites, and our members are assigned to the wrong site. Can we still attest to them?</i></p>	<p>No; they should be terminated from the incorrect location and assigned to the correct location before attestation. See question 8 for information about transferring members.</p>
<p>10. <i>How do I refer a Health Home member to my CCT?</i></p>	<p>To refer a member, first ensure that the member has been requested/added to the Health Home panel. Once the member is on the Health Home panel, contact the CCT and follow the process created between the CCT and its practices to refer a member.</p>
<p><b>Eligibility for Stage A Members</b></p>	
<p>11. <i>Is secondhand smoke a “qualifying condition” for Health Homes?</i></p>	<p>Second hand smoke may qualify an adult or child as “at risk” for asthma, per their provider’s assessment. If the member already has asthma, it may exacerbate the condition, but does not, by itself, qualify as a “second” chronic condition.</p>

<p>12. <i>I have tried to add members that clearly have eligible conditions; why am I getting a message that they are ineligible for Stage A?</i></p>	<p>Members that may first appear eligible, may be denied for inclusion in the current Health Homes initiative for a number of reasons:</p> <ol style="list-style-type: none"> <li>1. <b>They are excluded due to their MaineCare coverage type:</b> MaineCare covers adults and children under a variety of coverage options, only some of which are considered “full” MaineCare coverage and qualifies them for Health Homes. If an individual has a MaineCare “Adults and Children Services” coverage code, they likely have full MaineCare coverage and may be eligible for Health Homes if they also meet the chronic conditions criteria. Other coverage codes, such as Pharmacy Only or Medicare secondary coverage (QMB) does not constitute full MaineCare coverage. Individuals with this type of coverage will not be eligible for Health Homes.</li> <li>2. <b>They are receiving certain MaineCare services (See Reference Guide) that indicate serious behavioral health needs best served under Stage B:</b> Members with significant mental health needs will be eligible for Stage B Health Homes. MaineCare, due to confidentiality restrictions, may not disclose specific diagnostic or service use information related to mental health.</li> <li>3. <b>They are receiving MaineCare services considered to be “duplication of services” when compared to Health Home services.</b> Members receiving targeted case management (TCM) or other case management services (Community Integration, BHH) are not eligible for Health Home services. For more on duplicated services, see #15.</li> </ol>
<p>13. <i>I have members who receive Targeted Case Management Services. Am I able to provide Health Home and CCT services to the member as well?</i></p>	<p>No; MaineCare members receiving TCM Services are not eligible for Health Home and CCT services. CMS has determined that this is a duplication of services, which makes members ineligible for Health Homes. The member determines whether to receive TCM or Health Home services after discussing it with his/her TCM provider. If a member’s TCM services are discontinued, he/she would then be eligible for Health Home services if all other eligibility requirements are met.</p>
<p>14. <i>A member was terminated from my Health Home Practice panel due to duplication of services. What does that mean and why was the member terminated?</i></p>	<p>Members receiving case management services are not eligible for Health Home services. Members enrolled in Stage A Health Homes but not receiving Community Care Team (CCT) services will be disenrolled from the Stage A Health Homes program and can begin TCM services immediately.</p>

<p>15. <i>What services are considered duplicative to Health Home/CCT services?</i></p>	<p>Health Home and Community Care Team services may not be delivered concurrently with the following MaineCare services:</p> <p>Services to adults:</p> <ul style="list-style-type: none"> <li>• Sections 17.04-1 (Community Integration Services)</li> <li>• 17.04-2 (Community Rehabilitation Services)</li> <li>• 17.04-3 (Intensive Case Management Services)</li> <li>• 17.04-4 (Assertive Community Treatment)</li> <li>• Section 13 (Targeted Case Management)</li> </ul> <p>Services to children:</p> <ul style="list-style-type: none"> <li>• Section 13 (Targeted Case Management)</li> </ul>
<p>16. <i>What happens when a member is receiving HHP Stage A and CCT services, then begins receiving TCM/CI services?</i></p>	<p>For members enrolled in Stage A Health Homes and receiving CCT services, both the TCM/CI provider and the CCT provider will receive a notice from MaineCare regarding the duplication. The TCM/CI provider and CCT communicate with each other and the member to determine which service is best suited to the member's needs. The member then chooses to continue the service of their choice.</p>
<p>17. <i>Which conditions qualify a member for Health Homes Stage A and which qualify a member for Stage B?</i></p>	<p>Specifics of Stage A and Stage B eligibility may be found in the Help area of the HHES Portal in the document, "<b>HHES Eligibility Reference Guide.</b>"</p>
<p>18. <i>How do I proceed when I believe a member is eligible for Stage A because they have open MaineCare eligibility and the member has stated that he/she is not receiving Stage B services? The member is not able to be requested on the portal.</i></p>	<p>Please contact: Loretta Dutil at (207)624-6954 <a href="mailto:HH-BHH-Services.DHHS@maine.gov">or</a> by email at <a href="mailto:HH-BHH-Services.DHHS@maine.gov">HH-BHH-Services.DHHS@maine.gov</a></p> <p><b>NOTE: DO NOT SEND PATIENT INFORMATION VIA EMAIL UNLESS USING SECURE SYSTEM!</b></p> <p>MaineCare has the option to override Stage A ineligibility if the member had been deemed ineligible due to previous Stage B services for which the member no longer qualifies.</p>
<p>19. <i>Are people in nursing homes eligible?</i></p>	<p>Yes, people in nursing homes may participate if otherwise eligible. Members may be assigned to a Health Home practice, even if services are delivered in the nursing home, if they are identified as receiving primary care from the Health Home practice.</p>
<p>20. <i>What is the BMI threshold for Health Home eligibility?</i></p>	<p>Adults must have a BMI of 25 or over, and children must be at or over the 85th percentile of weight for age to qualify for Health Homes under this condition.</p>
<p>21. <i>I have members assigned who do not appear to have any chronic conditions that would make them eligible. Should I terminate them?</i></p>	<p>MaineCare has assigned members based on claims analysis. Some of these claims may have been the result of services delivered through other providers. Before terminating, practices should review the member's record, and schedule a follow up visit with the member, if appropriate.</p>

<b>Dual Eligible Members</b>	
<i>22. Are dual eligible members (covered by both Medicare and Medicaid) eligible for Health Homes?</i>	Yes; MaineCare members with Medicare as a primary payer may participate, if otherwise eligible.
<i>23. How does a member's dual eligibility affect my HHP/CCT payments?</i>	Practices that currently participate in the Maine PCMH Pilot will receive payment for dual eligible members through <u>Medicare</u> for members included in the pilot. Health Home practices that are not part of the Maine PCMH Pilot will receive payment for dual eligible members with full MaineCare benefits through MaineCare, as with other MaineCare members.
<b>Attestation and Payment for Stage A Members</b>	
<i>24. Now that the Member Dashboards are active on the HHES Portal, how often are they updated and how often should I be reviewing them?</i>	The Member Dashboards for Health Home and Community Care Team providers are updated monthly, approximately the second weekend of each month. <b>Dashboards MUST be reviewed monthly in order to satisfy the Health Home minimum billable service requirement.</b>
<i>25. How long after our practice has requested members for Health Home services will we be able to attest to those members?</i>	When you request a member to be added to the portal, Provider Services will review the member's information. If the member is Health Home eligible, an Opt-Out letter will be sent to that member. The member has 28 days to opt out from the deferred decision date. If they do not opt out, the member may be assigned to the Member Panel. The <b>"Member Request History"</b> option on the Provider Menu will inform you of the decision that was made on each provider request. Members assigned to the Health Home practice panel by the end of the 20 <sup>th</sup> day of the month are available for that month's attestation.
<i>26. What is considered "minimum billable activity" in order to attest and receive payment?</i>	Minimum billable activity means that the practice has <u>scanned for gaps in patient care by reviewing the practice's Member Dashboard on the HHES Portal.</u> Practices attest to this minimum billable activity through the HHES portal. No further documentation is necessary. For more details, see <b>"Attestation Guide"</b> on the HHES portal by selecting <b>"Help"</b> .
<i>27. What are some examples of "minimum billable activity"?</i>	Minimum billable activity means that the practice has performed a monthly scan of the practice's HHES Member Dashboard. Health Home practices are providing a population-based service to Health Home members. MaineCare does not expect Health Home Practices to have individualized contact with each member each month. MaineCare requires that practices review the MaineCare data available to them through the HHES Member Dashboard to scan for gaps in care.
<i>28. Does an office visit "count" as minimum billable activity?</i>	No; office visits and other separately billable services do not qualify as minimum billable activity for Health Home services. MaineCare does not expect practices to have monthly contact with Health Home members. Minimum billable activity means that the practice has performed a monthly scan of the practice's HHES Member Dashboard. For more details, see <b>"Attestation Guide"</b> on the HHES portal by selecting <b>"Help"</b> .

<p>29. <i>What constitutes “outreach and engagement”?</i></p>	<p>Outreach and engagement include those activities that are required to make sure a member is enrolled and engaged in the Health Home practice. Initially, member outreach and engagement may consist of identifying eligible members and adding them to the portal, and/or ascertaining that assigned members in the portal are current patients and correctly assigned. Practices may attest to outreach and engagement activities for a maximum of two continuous months. Outreach and engagement may continue in subsequent months if needed (i.e., after one month or more of scanning for gaps in care or other Health Home services).</p>
<p>30. <i>What constitutes “scanning for gaps in care”?</i></p>	<p>The Member Dashboard is a report composed of MaineCare claims data, updated monthly, found on the HHES portal for Health Home practices. The report includes health care utilization information for enrolled Health Home members, including recent hospitalizations, ED use, and other information that can be used to identify gaps in care and potential need for additional Health Home intervention. Scanning this report for gaps in care is required to fulfill the “minimum billable activity” requirement. Other available data sources may be used to supplement the Dashboard data, but practices must review the Member Dashboard at least monthly in order to receive payment for Health Home services.</p>
<p>31. <i>Does our practice need to have a face-to-face encounter or telephone call with a member in order to attest?</i></p>	<p>No; Review of the HHES Member Dashboard fulfills the minimum billable service requirement for all members on the panel.</p>
<p>32. <i>What constitutes documentation for minimum billable activities?</i></p>	<p>Minimum billable activity is documented by attestation via the HHES portal.</p>
<p>33. <i>Our practice needs to attest to many members and we can’t always do this all at once. Can we save this work and come back to it later?</i></p>	<p>Yes; After attesting to your members, select the “<b>Save Attestation</b>” button at the top of the attestation page. It can be helpful to print out the Attestation Report first to see your member list.</p>
<p>34. <i>How can I verify which members I’ve attested to without having to wait for the payment summary?</i></p>	<p>You may go to your Health Home or CCT report area and choose the Member Attestation Report. The attestation month will default to the current month. The report will be displayed at the bottom of the page where you will be able to choose to export as a PDF or Excel document. Verify which members have been/not been attested to. You may then go back to the Member Attestation area to update as necessary if members have been missed.</p>
<p>35. <i>How and when can we expect Health Home payment?</i></p>	<p>Practices must attest to their member panels between the 21<sup>st</sup> and last day of the month; these remittances will generally be ready for electronic payment during the second week of the month.</p>

<p>36. How do I manage members on my panel that I will not be attesting to/should not be attesting to?</p>	<p>Members that you will not be attesting to/should not be attesting to should be terminated from your panel by going to the <b>“Terminations”</b> area of the HHES portal and choosing the appropriate termination reason.</p>
<p>37. What reports are currently available via the HHES portal?</p>	<p>Health Homes and CCTs have the following available: (1) Member Panel Report; (2) Member Attestation Report; (3) Payment Summary Report; (4) Payment Detail Report; (5) Unattested Member Panel Report (6) Dashboard Visit Summary. Reports can be filtered for a specific month, except for the Payment Summary Report and Dashboard Visit Summary which details each month’s information on one document.</p>

**Primary Care Case Management (PCCM)**

<p>38. Our practice also participates in PCCM. How will payment change under that program?</p>	<p>PCCM services, which include locating, referring, and managing care, are also key activities under MaineCare’s Health Home model. Members who are enrolled in PCCM will continue to be enrolled in that program. Qualifying PCCM practices will still receive the \$3.50/PMPM for their PCCM eligible members but will receive the additional \$8.50/PMPM for a Health Home total of \$12/PMPM. Reimbursement is detailed in the table below.</p> <table border="1" data-bbox="856 719 1877 865"> <tr> <th data-bbox="856 719 1199 829">Payment for members enrolled in Health Home Only</th> <th data-bbox="1199 719 1541 829">Payment for members enrolled in both Health Home/PCCM</th> <th data-bbox="1541 719 1877 829">Payment for members enrolled in PCCM Only</th> </tr> <tr> <td data-bbox="856 829 1199 865">\$12.00/PMPM</td> <td data-bbox="1199 829 1541 865">\$8.50 + \$3.50/PMPM</td> <td data-bbox="1541 829 1877 865">\$3.50/PMPM</td> </tr> </table> <p>Note that hospital-affiliated practices do not currently receive PCCM payments; this will not change. However, these practices are able to receive Health Home payments.</p>	Payment for members enrolled in Health Home Only	Payment for members enrolled in both Health Home/PCCM	Payment for members enrolled in PCCM Only	\$12.00/PMPM	\$8.50 + \$3.50/PMPM	\$3.50/PMPM
Payment for members enrolled in Health Home Only	Payment for members enrolled in both Health Home/PCCM	Payment for members enrolled in PCCM Only					
\$12.00/PMPM	\$8.50 + \$3.50/PMPM	\$3.50/PMPM					
<p>39. I have members assigned to me through PCCM that have not been seen in my practice. Should I terminate them?</p>	<p>Practices that have been assigned members under PCCM are responsible for managing the care of these members. Practices should not remove them from their Health Home panel, but should follow up with these members to determine if they need an appointment.</p>						

**MaineCare Requirements for Health Home Practices**

<p>40. <i>When do Health Home Practices need to have received NCQA PCMH accreditation?</i></p>	<p>Health Home Practices are required to achieve NCQA PCMH accreditation one-year from their Health Home start date.</p> <p>Practices that have submitted for but have not achieved accreditation by their one-year due date will have their payments suspended.</p> <p>Practices that have not submitted NCQA applications within one-year from their Health Home start date run the risk of termination from the Health Home program.</p> <p>NOTE: NCQA may take multiple months to process PCMH accreditation applications, dependent on what type of application is being submitted.</p> <p>Practices with suspended payments are required to fulfill all Health Home requirements as outlined in Chapter II, <a href="#">Section 91</a> of the MaineCare Benefits Manual, even during the suspension period.</p>
<p>41. <i>Am I required to maintain NCQA PCMH accreditation to remain a Health Home practice?</i></p>	<p>Yes; once the practice achieves NCQA PCMH recognition by the determined deadline, it is a requirement to maintain enrolled status throughout the Health Home participation period.</p>
<p>42. <i>What are other requirements for Health Homes?</i></p>	<p>MaineCare requirements for participation in Health Homes are detailed in <a href="#">Section 91</a> of the MaineCare Benefits Manual. Requirements include the following:</p> <ul style="list-style-type: none"> <li>• NCQA PCMH Recognition</li> <li>• Quarterly Reporting on Core Expectations</li> <li>• Participation in the Health Homes Learning Collaborative.</li> <li>• Fully implemented Electronic Medical/Health Record (EMR/EHR)</li> </ul> <p>Maine Quality Counts is providing support to practices on these and other components of the Health Home initiative. For more information, providers should contact <a href="#">Lisa Tuttle</a> at Quality Counts or <a href="#">Kitty Purington</a> at MaineCare.</p>
<p><b>Stage B Member Assignments</b></p>	
<p>43. <i>How do I prepare for my qualifying Stage B/BHH members?</i></p>	<ul style="list-style-type: none"> <li>• The BHHO and the HHP must have a memorandum of understanding (MOU). A copy of the MOU must be sent to Heather Coro at <a href="mailto:HH-BHH-Services.DHHS@maine.gov">HH-BHH-Services.DHHS@maine.gov</a> at MaineCare along with the site affiliation confirmation form</li> <li>• Once MaineCare has received these documents, the affiliation between the HHP and BHHO will be made in the HHES Portal, allowing assignment to the HHP</li> <li>• The BHH, in discussions with its members, identifies enrolled BHH individuals who receive primary care services at partnering Health Home practices. The BHH obtains proper authorization from those members to share information with the HHP.</li> </ul>

<p>44. <i>How do I add Behavioral Health Home members to my Stage B Health Home Practice panel?</i></p>	<p>Once a member has received a BHH Certification from APS, which has been uploaded to the HHES Portal, the member is assigned to the BHH panel. At this point:</p> <ul style="list-style-type: none"> <li>• Members are referred by the BHHO to the HHP outside the HHES Portal. The HHP adds these members manually via the HHES Portal using the “<b>Stage B Additions</b>” menu page.</li> <li>• The affiliation between the HHP and BHHO (See question 44) must be made in the HHES Portal before assignments of Stage B members to a HHP can be made.</li> </ul>
<p>45. <i>How long after I request a Stage B/BHH member will the member appear on my panel?</i></p>	<p>Members added to Stage B/BHH by the HHP do not need to wait the usual 28-day “opt out” period. These member requests are reviewed by MaineCare and added immediately.</p>
<p>46. <i>How can I see Stage B information in the portal?</i></p>	<p>Health Home Practices have separate menus for Stage A and Stage B on the left hand side of the screen on the HHES portal. NOTE: If you are not affiliated with any BHH providers, you cannot request any Stage B/BHH members; therefore no data will be populated in menu screens or reports for the Stage B menus.</p>
<p><b>CCT</b></p>	
<p>47. <i>Is there a maximum number of members that any CCT may provide services for in their area?</i></p>	<p>CCT providers are limited to serving 5% cap of the total number of all members in its affiliated Health Homes. This percentage is captured at any given moment that a provider enters the HHES portal, at a rolling year average. As an example, if in one month the CCT serves 3% of its total Health Home affiliated population, the following month the CCT may increase its capacity to 7% for an average of 5%. This percentage does not include dual (Medicare) members subtracted for PCMH practices.</p>
<p>48. <i>Our practice and CCT members may need interpreter services. These bills are usually submitted with a claim for the accompanying service. How will Health Home practices receive payment for interpreter services without an accompanying claim?</i></p>	<p>MaineCare has created a process to allow CCTs to bill for Interpreter services without submitting an accompanying claim. Health Home practices may submit corresponding claims as they always have, as they still bill fee-for-service.</p>
<p>49. <i>At what point should I add a member to my CCT panel?</i></p>	<p>A member should be added to your CCT panel in the month you deliver a Health Home service to the member: e.g., initial intake, develop a plan of care, provide care coordination, etc. Reviewing members for eligibility of CCT services alone does not qualify for panel addition or attestation. A member cannot be added to a CCT panel unless he/she already has been assigned to one of the CCTs affiliated Health Homes.</p>
<p><b>Other for Stage A Members</b></p>	

<p>50. What is a “Plan of Care”? Is this a separate document?</p>	<p>The Health Home Practice Plan of Care constitutes documentation in the EHR of a member’s health goals, and the services and supports necessary to achieve those goals. This may include, but not be limited to, prevention, wellness, specialty care, behavioral health, transitional care and coordination, and social and community services. MaineCare anticipates that the Plan of Care for the Health Home practice is embedded in the EHR and not necessarily a separate document. For those Health Home members referred to a Community Care team, however, the Plan of Care should be accessible to both the practice and the CCT in a format that documents the reason for the referral, the member health goals, and the services and supports necessary to achieve those goals.</p>
<p>51. How do I update MaineCare about changes in my practice?</p>	<p>Providers may update their rendering provider or service location information in MIHMS by logging on to Trading Partner on the MIHMS Provider Portal at <a href="https://mainecare.maine.gov">https://mainecare.maine.gov</a>. Updates would be managed through submitting a provider enrollment full maintenance case through MIHMS. We caution providers that if they are updating the “accepting new patients” status of a rendering provider, the status of the service location should match.</p>
<p>52. Can our practice add additional authorized users to the portal?</p>	<p>Yes; contact Catherine Gunn to assist you: <a href="mailto:cgunn@usm.maine.edu">cgunn@usm.maine.edu</a> Catherine will verify users with the Administrative Lead of the requesting Pay-to/Organization.</p>
<p>53. What is an authorized user in the portal and how do I add new staff?</p>	<p>Access to the HHES portal is governed by HIPAA. As a covered entity, your organization is required to develop role-based access policies and procedures that limit which members of your workforce may have access to PHI for treatment, payment, and health care operations, based on those who need access to the information to do their jobs. Access to the HHES portal should align with these policies and procedures and should be limited to Health Home personnel whose job duties or roles require this information in order to perform their job duties and functions.</p> <p>Each Health Home should have a designated HHES Portal Administrator. MaineCare requires the HHES Portal Administrator at each Health Home to be the point of access for staff seeking to be authorized users of the HHES portal. MaineCare requires the HHES Portal Administrator to review and maintain the list of current personnel from the practice who are authorized to access the HHES portal. This list is located on the Health Home portal home screen. Changes or updates can be made by please contacting Catherine Gunn as soon as possible at 207-780-5576 or <a href="mailto:cgunn@usm.maine.edu">cgunn@usm.maine.edu</a></p>

54. *Can I contact providers through the portal?*

Yes; if you have agreements with other HHP/CCT/BHH providers, you may send a message through the “**Messages**” function under the “**Portal**” area of the HHES Portal. Secure messaging function is provided in the portal to facilitate communication between participating HHP/CCT/BHH providers. Please note that any protected health information shared via this messaging function must conform to applicable health care confidentiality standards, including HIPAA, Maine statute regarding mental health care and 42 CFR part 2 regarding sharing of substance abuse treatment information. Providers using this messaging function should note that when sending a message through the HHES portal to a site, all users of that site will receive an e-mail notification that a message is waiting in the portal and all will have access to that message.

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