Behavioral Health Home Payment and Encounter Guidance

- HHP's and LE's are responsible for preventing duplication of services. A list of coexisting benefit plans can be found in Appendix B of the BHH Handbook.
- BHH services are billed in addition to any regularly reimbursed Medicaid services to provide enhanced care coordination. BHH cannot be used to cover the cost of a current Medicaid reimbursable service.
- The S0280 code should be used to provide one of the six core behavioral health services, listed below. The encounter must be submitted from the HHP to the LE within 90 days of providing the service.
- If a BHH service is provided with TCM, please review the handbook (section 3.3) to ensure no duplication.
- The S code can be provided without the beneficiary present, outside of the HHP provider site, face-to-face, or non-face-to-face. The initial service must be conducted in-person.
- The BHH care team must provide a BHH service once per month, if a service is not provided during the calendar month, the payment will be recouped.
- Lead entities will receive a per member per month payment based on the number of people enrolled in the behavioral health home. The payment schedule and other pertinent information can be found in the BHH Handbook, Section IV:BHH Payment.
- The TS modifier should be used when a health home service is provided without the beneficiary in the room.

Six Core Behavioral Health Home Services and Definitions

Below is a chart listing the 6 core behavioral health services along with the definition of each from the Approved State Plan Amendment. Examples of each service activity can be found in the BHH Services Section, 1.4, of the BHH Handbook.

BHH Service	Definition
Comprehensive Care Management	Comprehensive care management begins with an assessment that will assist the provider and beneficiary in the development of the beneficiaries' Behavioral Health Home Care Plan. Periodic reassessment of the beneficiary will occur, including health status, service utilization, and to ascertain that appropriate community supports have been secured.
Care Coordination	Care coordination is the organization of activities between participants responsible for different aspects of a patient's care designed to facilitate delivery of appropriate services across all elements of the broader health care system. It includes management of integrated primary and specialty medical

	services, behavioral health services, and social, educational, vocational, and community services and supports to attain the goals of holistic, high quality, cost-effective care and improved patient outcomes.
Health Promotion	Health Promotion begins with the initial health home visit or while establishing a formal care plan. The health home will assess the readiness to change and provide the beneficiary with the appropriate level of encouragement and support for the adoption of healthy behaviors and/or lifestyle changes.
Comprehensive Transitional Care	Comprehensive transitional care services connect the beneficiary to needed health services available within the community. Health services include care provided outside of the health home. HHPs will be expected to coordinate and track their beneficiary's transition between health care settings.
Individual and Family Support	Individual and family support services reduce barriers to the beneficiaries' care coordination, increase skills and engagement and improve overall health outcomes.
Referral to Community and Social Services	Referrals to community and social support services provide beneficiaries with referrals to a wide array of support services that help beneficiaries overcome access or service barriers, increase self-management skills, and improve overall health.

S-Code Use Examples

- BHH Nurse provides mental health assessment, submits assessment code (H0002, H0031). The nurse develops the health home care plan, bill S-Code. BHH Service = comprehensive care management.
- Beneficiary comes in for a psychotherapy appointment (90832), the therapist needs to discuss beneficiary needs with additional providers, bill S-code with TS modifier. BHH Service= care coordination.
- Care team performs huddles on BHH patient population, bill s-code with TS modifier. BHH service = Care coordination.
- BHH care team provides patient education around nutrition, bill s-code. BHH service = health promotion.
- BHH community health worker meets with beneficiary to provider resources, bill s-code. BHH service = referral to community and social support services.

Behavioral Health Home Billing Process

State to Lead Entity Payment

I. LE enrolls a beneficiary into the HHBH benefit

II. Enrollment information from WSA is sent to CHAMPS
III. Lead Entities are paid a prospective payment for the number of people enrolled in the HHBH benefit (based on the enrollment files sent to CHAMPS)
    a. LE receive payments monthly – the Thursday after the 2nd Wednesday of the month
        i. The following is included in the payment
            1. Payment for newly enrolled beneficiaries added to BHH from the 1st of the month through the 25th.
            2. Retroactive payment for beneficiaries enrolled from the 26th of the month to the 30th.
            3. Prospective payment for the following month for all enrolled beneficiaries as of the 26th of the month.

Encounter Reporting and Recoupment

I. LE receives claims from HHP reporting all S0280 encounters
II. Lead entity pays health home partners based on encounters rendered in the month
III. LE submits encounters to the State of Michigan
    a. LE uses FTS to submit and retrieve encounter related files
    b. Encounters must be reported using the PIHP unique provider ID (MH Provider ID)
IV. State verifies encounters submitted by the LE
    a. Recoupment of payment will occur if:
        i. An encounter was not submitted and accepted for an enrolled beneficiary for a given month
        ii. The beneficiary is no longer eligible for the BHH benefit:
            1. The beneficiary lost full coverage MA
            2. The beneficiary is in an excluded benefit plan
            3. The beneficiary is in Spenddown
            4. The beneficiary moved outside of the eligible geographic area
            5. The beneficiary passed away
        iii. The six-month recoupment lookback will occur six months after the monthly payment is made, allowing over 5 months for the LE to submit their encounters (for a service provided in July, recoupment will take place in January).
        iv. To prevent recoupment, it is recommended that LE's submit encounters within 3 months