

Ohio Medicaid Health Home Program

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**IT INFORMATIONAL FORUM
OCTOBER 3, 2012**

Agenda

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- **Welcome**
- **Security and Privacy**
- **Secure File Transfer Protocol**
- **Consumer Enrollment**
- **Data Utilization Profile**
- **Q & A**
- **Next Steps**

Health Homes must sign legal documents

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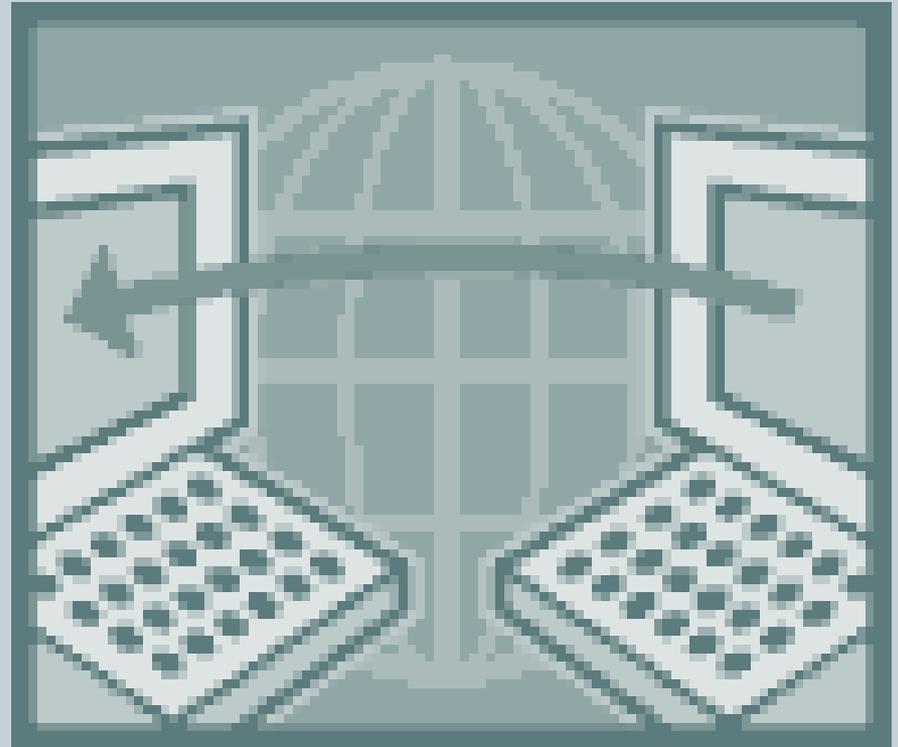
- **Business Associate/Data Sharing Agreement**
- **ODJFS 7078 Code of Responsibility Form**
- **Signature by Executive Director or designee and return via US Mail with original signatures.**

These make Health Homes “Covered Entities” in HIPAA terms and allow ODJFS and ODMH to send PHI with Medicaid and state hospital claims history to Health Homes.

Data Exchange Between State & Health Homes

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- Secure File Transfer Protocol (SFTP)
- Client Enrollment
- Utilization Profile



Health Homes Obtain Secure FTP Server Access

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- Health Homes must establish a HIPAA compliant FTP internet location to which ODJFS can “push” files containing protected health information
 - SFTP or FTPS services should be available via your internet web site provider or other vendors.
 - Once operational, Health Home must provide ODJFS with the following information:
 1. SFTP internet address
 2. User Name
 3. Password
- Contact Matt Barlow with this information:**
matthew.barlow@jfs.ohio.gov
- End to End Testing of file transfers to be arranged very soon; details forthcoming

Step 1: Health Home creates list of clients to be enrolled

Step 2: HH saves file in CSV format and sends to its Secure FTP Server which transmits to ODJFS FTP site

Step 3: ODJFS Office of Information Services picks up HH files and sends to HP and ODMH



Step 6: ODJFS OIS sends completed files from HP and ODMH back to HH

Step 5 A & B: ODMH runs data as CSV files. HP runs data as tilde delimited files. Both return files to ODJFS OIS.



Step 4 A & B: HP runs Medicaid claims history & ODMH runs Psych Hospital history for each HH client with a claims

Client Enrollment

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Client Enrollment In Health Homes

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From October 1 - mid-November

- HHs submit to JFS a file listing clients who meet the HH eligibility criteria
- Enrollment date must be current or future, not back dated
- HH client list will be used to enroll clients into the specific health home and to generate Medicaid claims and state hospital history for each client
- HHs will be able to send in client lists until online client enrollment will be functional (see schedule on following slides)
- Enrollment by the Health Home is required before HH service will be paid.

Health Homes Identify Clients

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- **Create a list of clients including the following data elements on each:**
 - Provider Medicaid ID (needed on each entry)
 - Recipient Medicaid ID
 - Recipient Last Name
 - Recipient First Name
 - HH Effective Date (current or future date)
 - HH End Date (can be defaulted)
 - Recipient Date of Birth
 - Recipient Social Security Number
 - Recipient Gender

Health Home output file: CSV file without headers

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	Format	Length	Notes
Provider Medicaid ID	Character	7	
Delimiter		1	Value “,”
Recipient ID	Character	12	
Delimiter		1	Value “,”
Recipient Last Name	Character	15	
Delimiter		1	Value “,”
Recipient First Name	Character	15	
Delimiter		1	Value “,”
HH Effective Date	Number	8	CCYYMMDD
Delimiter		1	Value “,”
HH End Date	Number	8	CCYYMMDD Default to 22991231 when open-ended
Delimiter		1	Value “,”
Recipient Date of Birth	Number	8	CCYYMMDD
Delimiter		1	Value “,”
Recipient SSN	Number	9	
Delimiter		1	Value “,”
Recipient Gender	Character	1	F - Female M - Male U - Unknown
Delimiter		1	Value “,”
Carriage Return			

Health Homes send CSV File to ODJFS

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- ODJFS will establish a secure FTP mailbox for each health home. This info will be communicated to each HH after all legal documents are signed.
- ODJFS/ODMH will process Health Home client lists twice per month until MITS functionality is in place. During Oct/Nov client profiles will be run on four dates based on files submitted to ODJFS within these timeframes:
 - ✦ **October 15:** run files sent between 10/1/12 – 10/14/12
 - ✦ **October 22:** run files sent between 10/15/12 – 10/21/12
 - ✦ **November 5:** run files sent between 10/22/12 -11/4/2012
 - ✦ **November 12:** run files sent between 11/5/12 -11/11/2012

State file flow

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- 1. ODJFS will transfer health home file to:**
 - ODMH who will generate Regional Psychiatric Hospital data
 - HP (MITS Vendor) who will generate Medicaid recipient and utilization profile for each client

- 2. ODMH and HP will produce files and send to ODJFS for return to the HH within 5 business days of the cut off date listed on previous slide.**
 - ODJFS will return a “Tilde” delimited file
 - ODMH will return a CSV file

- 3. ODJFS “pushes” data files back to each HH secure FTP server site.**

Client Specific Extract Files

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Client Specific Extract Files

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- ODJFS - Medicaid patient demographic and health summary for each client
- ODJFS - Medicaid FFS selected claims and MCP encounter utilization data
- ODMH - Regional Psychiatric Hospital inpatient utilization data

ODJFS Medicaid Client Extracts

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Two Data Extracts

1. Patient Demographics and Summary
2. Selected claims and encounter data

Criteria for Inclusion

- Includes both FFS and Managed Care Encounter Data
- Initial request will contain 24 months of claims data for specified provider types and 6 months of pharmacy and lab data

Medicaid client data extract

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Section 1: Demographics & Summary Extract File

1. Name, Medicaid ID, address, DOB
2. # ER Visits w/in past 24 months
3. # hospital admissions – psychiatric
4. # hospital admissions – non-psych
5. # Physician visits
6. # Behavioral Health visits
7. List of Prescription medications within last 6 months
8. List of Lab or diagnostic tests within last 6 months
9. List of “other” claims from specialists (non physician or lab)

Medicaid - Demographics and Summary, cont.

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A 'Y' will be listed in the diagnosis field when any Medicaid claim or encounter data during the past 24 months lists a **primary or secondary** diagnoses of:

- Asthma diagnosis
- Diabetes diagnosis
- Coronary Artery disease diagnosis
- Bipolar
- COPD diagnosis
- Obesity Diagnosis
- Schizophrenia diagnosis
- Nicotine Dependence diagnosis

Select Medicaid claims / encounter data

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Claims information will include date of service, provider name and contact info; provider type and specialty, procedure code and name; diagnosis for client served will be returned for the following categories:

1. ER visits
2. Hospital admissions – psychiatric
3. Hospital admissions – non-psych
4. Physician visits
5. Behavioral Health visits
6. Prescription medications within last 6 months
7. Lab or diagnostic tests within last 6 months
8. “Other” services by specialists (non physician or lab)

Medicaid Extract file updates – Thereafter

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For each client identified by HH, MITS will automatically generate a monthly claims update following the same basic layout as for the 24 month summary. 2 parts as before:

1. Patient demographics and summary
2. Select Medicaid claims data

Files will automatically run at the end of the next calendar month after first file run

ODMH Regional Psychiatric Hospital Data

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- **Provider Medicaid ID**
- **Recipient ID**
- **Patient First & Last Name**
- **HH Effective Date**
- **HH End Date**
- **Recipient SSN**
- **Recipient Gender**
- **Date of Birth**
- **Hospital Name**
- **Patient Primary & Secondary Admission Diagnosis Code & Name**
- **Patient Primary & Secondary Discharge Diagnosis Code & Name**
- **Admission Date & time**
- **Discharge Date & Time**
- **Length of Stay**

CSV with Headers file Layout for ODMH Psychiatric Hospital Inpatient Utilization

Column Name	Format	Length	Notes
PROVIDER_ID	Character	7	Provider Medicaid ID
RECIPIENT_ID	Character	12	
LASTNAME	Character	15	Recipient Last Name
FIRSTNAME	Character	15	Recipient First Name
HH Effective Date	Number	8	
HH End Date	Number	8	Default to 22991231 when open-ended
DOB	Character	8	Recipient Date of Birth CCYYMMDD
SSN	Number	9	Recipient SSN
GENDER	Character	1	Recipient Gender
HOSPITAL	Character	20	Hospital Name
ADMPRIICD9FMT	Character	6	Client Primary Admission Diagnosis ICD9 Code XXX.XX
ADMPRIDXNM	Character	50	Client Primary Admission Diagnosis Name
ADMSECICD9FMT	Character	6	Client Secondary Admission Diagnosis ICD9 Code XXX.XX
ADMSECDXNM	Character	50	Client Secondary Admission Diagnosis Name
DISPRIICD9FMT	Character	6	Client Primary Discharge Diagnosis ICD9 Code XXX.XX
DISPRIDXNM	Character	50	Client Primary Discharge Diagnosis Name
DISSECICD9FMT	Character	6	Client Secondary Discharge Diagnosis ICD9 Code XXX.XX
DISSECDXNM	Character	50	Client Secondary Discharge Diagnosis Name
DOA	Character	8	Admission Date CCYYMMDD
ADM_TIME	Character	4	Admission Time Military Format
DISDATE	Character	8	Discharge Date CCYYMMDD
DISTIME	Character	4	Discharge Time Military Format
LOS	Numeric	5	Length of Stay

Outstanding issues

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ODJFS IT staff, Matt Barlow
(matthew.barlow@jfs.ohio.gov)

will be in touch with Health Home IT staff to discuss:

- File Naming conventions
- End to End Testing of file transfers
- Secure FTP address, username and password

After mid-November

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- HHs can enroll (and search for their) clients via the MITS Web Portal (screen shots following).
- Training will be provided to Health Homes in November about how to use the MITS portal functionality.
- Initial enrollment will generate the 24 month client claims profile and monthly updates thereafter.
- New HHs will still be offered mass enrollment of clients for the first month of their existence.

Health Homes Enrollment Layout

Health Homes Enrollment Maintenance

Medicaid Billing Number	Effective Date	End Date
4117716794	10/11/2011	12/31/2299

*Medicaid Billing Number:

First Name, MI:

*Date of Birth:

Last Name:

*Effective Date:

*Health Home Type:

*End Date:

Health Homes Enrollment Search Layout

Health Homes Enrollment Search: 852065877 MCD - REVCO 4702



Medicaid Billing Number

Last Name

First Name, MI

search

clear

add

Search Results

Name	Date of Birth	Medicaid Billing Number	Effective Date	End Date
DOE, JOHN M	01/01/1962	4117716794	10/11/2011	12/31/2299

Provider Search for Health Home Enrollment

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- Medicaid providers will be able to find a client's Health Home enrollment and Health Home contact information by performing a Medicaid client eligibility search.
- See samples of MITS Medicaid eligibility search panels on following pages

MITIS Provider Portal – Medicaid Recipient Eligibility Look Up

Recipient Eligibility Verification-Request Layout

Eligibility Verification Request [?] [^]

Medicaid Billing Number	<input type="text"/>	Birth Date	<input type="text"/>
SSN	<input type="text"/>	DOS Date Format	MM/DD/YYYY ▾
Procedure Code	<input type="text"/>	From DOS	07/28/2009
		To DOS	07/28/2009

[search] [clear]

Recipient Eligibility Verification-Recipient Information Layout

Recipient Information [?] [^]

Medicaid Billing Number	4805998220	SSN	
Last Name	SMITH	County of Residence	JACKSON
First Name	ALEIDA	County of Eligibility	JACKSON
Gender	MALE	County Office	http://jfs.ohio.gov/county/cntydir.stm
Date of Birth	03/28/1952	Number Bed Hold Days Used Paid CY	2008: 5
Date of Death		Number Bed Hold Days Used Paid CY	2009: 3

Recipient Eligibility Verification-Managed Care Layout

Managed Care

Plan Name	Plan Description	Effective Date	End Date
Buckeye Community Health Plan - ABD	HMO, ABD	07/01/2008	07/31/2008
Unison Health Plan - CFC	HMO, CFC	07/01/2008	07/31/2008
Amerigroup Ohio, Inc. - ABD	HMO, ABD	06/01/2008	06/30/2008

Recipient Eligibility Verification-Benefit Plans Layout

Benefit / Assignment Plan

Benefit / Assignment Plan	Effective Date	End Date	Provider Name	Dental Co-Pay Amount	Vision Co-Pay Amount
N : Limited to emergency services	03/01/2009	05/01/2009			
Hospice	03/01/2009	05/01/2009	NATIONAL MENTOR HEALTHCARE, LLC	\$6.30	\$5.35

Recipient Eligibility Verification-LockIn Layout

This is where Health Home enrollment will be listed

Lock-In

Lock-In Plan	Lock-In Type	Effective Date	End Date	Provider Name	Provider Phone
Hospice	HOSPC	03/01/2009	05/01/2009	NATIONAL MENTOR HEALTHCARE, LLC	(429)546-0695

Pre-Admission certification for psych inpatient

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- Client level information can be viewed by HH in the MITS provider portal for any client for whom a psych inpatient PA has been requested
- MITS will send e-mail alert to HH service location e-mail address each time there is a PA made for any client assigned to that HH.
- HH should review their MITS provider maintenance panel to verify service location, e-mail address (and all other agency information) is correct and up to date
 - “Mail to” e-mail address will be used to send psych PA alerts

PA - Search

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- Providers are encouraged to check panel daily
- E-mail alerts are designed as a reminder
- Search criteria limited to six months retrospective
- Search criteria: Can use either Medicaid billing number or admission “From” and “To” date range. Must enter both dates where “To” date must be greater than or equal to “From” date.
- Business impact: Health Homes should train their care management team members to use these screens

E-Mail sample text

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The Ohio Medicaid Program has received a psychiatric admission pre-certification request on (mm/dd/ccyy) for a consumer in the Health Home Program, for admission to an inpatient facility on (mm/dd/ccyy). Please log on to the Ohio MITS secure Portal to retrieve Psychiatric Admission information related to this pre-certification request.

Psychiatric Admission Search Layout

Psychiatric Admission Search: 852065877 MCD - REVCO 4702



Medicaid Billing Number:

Admission From Date: 05/31/2012

Admission To Date: 05/31/2012

search

clear

Search Results

Date Submitted	Medicaid Billing Number	Recipient Name	Facility Name	Contact Name	Contact #	Ext	Admission Date
05/31/2012	713123456101	SMITH, JOY	THE CHRIST HOSPITAL	HEALTH CARE EXCEL	800-580-1937		05/31/2012
05/31/2012	783012345601	FRANK, KIM	WARREN OHIO HOSPITAL COMPANY	HEALTH CARE EXCEL	800-580-1937		05/31/2012
05/31/2012	252344545001	CHARLES, CHARLES	SAINT RITAS MED CTR	HEALTH CARE EXCEL	800-580-1937		05/31/2012
05/31/2012	103843554099	KING, KING H	UNIVERSITY HOSPITAL	HEALTH CARE EXCEL	800-580-1937		05/31/2012

Next Steps

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1. HHs complete all legal documents and send to Mary Haller & Hank Sellan
2. ODJFS IT staff, Matt Barlow (matthew.barlow@jfs.ohio.gov) will be in touch with Health Home IT staff to discuss:
 - SFTP addresses, user names and passwords
 - File naming conventions for outbound and inbound files
 - End to end testing of file transmissions
3. More detailed training on MITS Web Portal functionality for Health Homes in November

Resource List

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1. Health Home client list – CSV file layout
2. Excel file demonstrating the Medicaid client demographic and health summary, plus file layout
3. Excel file demonstrating Medicaid fee for service and managed care encounter claims, plus file layout
4. ODMH - Regional Psychiatric Hospital inpatient utilization data File layout

Resources can be found on the [ODMH Health Home website under the Provider tab](#)

Questions?

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