Using CMTS to Help with Billing the Monthly Medicaid Case Rate for Collaborative Care

Monthly Medicaid Case Rate for Collaborative Care

CMTS does not have a custom report for billing the Medicaid case rate, but certain screens/reports can be used to quickly and easily determine which patients meet the eligibility requirements to the bill the monthly Medicaid case rate.

Materials

The following items can help you determine which patients are eligible to bill Medicaid each month:

1. OMH billing guidance documents
    - For Article 28 Outpatient Clinic Claims
    - For Professional Clinic Claims
2. CMTS reports (can be accessed with a Care Manager, Psychiatric Consultant, Site Manager, or Consultant account)
    - 2018 NYS Medicaid Reporting Metrics (under 'Caseload' dropdown menu)
    - Treatment History (under 'Patient' dropdown menu)

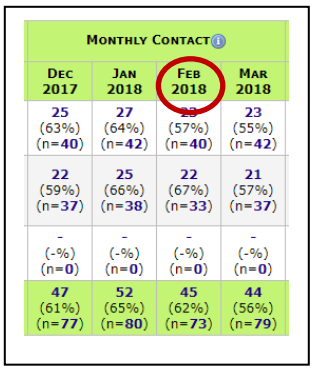
Monthly Medicaid Billing

The three requirements for billing the monthly Medicaid case rate are:

1. The patient has had at least one clinical contact (phone, video, or in-person) in the last 30 days;
2. The patient has had a PHQ-9 or GAD-7 administered in the last 30 days; and
3. The patient has been seen face-to-face (in-person or by video) for at least 15 minutes at least once during the last 90 days.

Determining clinical contact in the last 30 days

- Log in to CMTS using a Care Manager, Psychiatric Consultant, Site Manager, or Consultant account.
- Go to the '2018 NYS Medicaid Reporting Metrics' under the 'Caseload' dropdown menu and look at the column labeled 'Monthly Contact'. Look for the month you are billing and click on the top number in blue on the Row labeled 'All'. This gives you a complete list of all the Collaborative Care patients in your organization that have had a clinical contact with the care manager that month
- If the care manager has had no contacts with the patient during the month you are billing, you can also check the patient's chart in the EHR



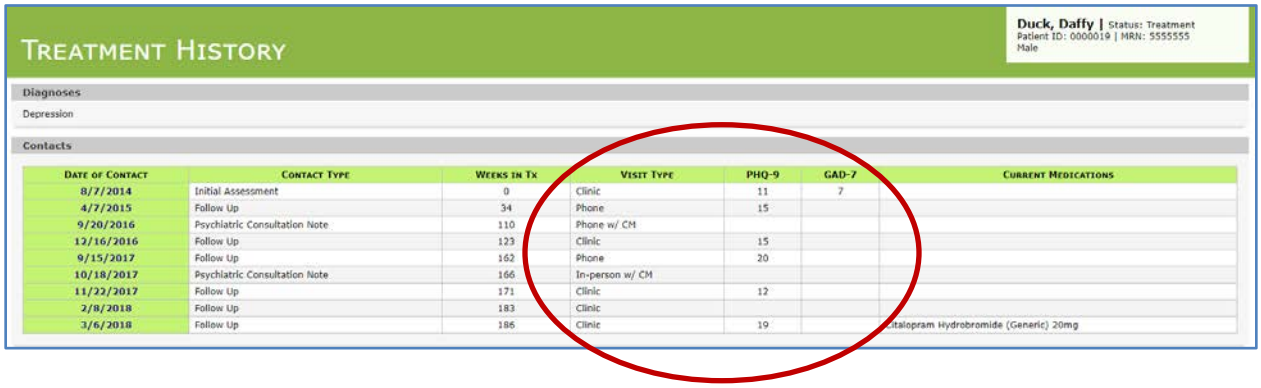
Monthly Contact			
Dec 2017	Jan 2018	Feb 2018	Mar 2018
25 (63%) (n=40)	27 (64%) (n=42)	[illegible] (57%) (n=40)	23 (55%) (n=42)
22 (59%) (n=37)	25 (66%) (n=38)	22 (67%) (n=33)	21 (57%) (n=37)
- (-%) (n=0)	- (-%) (n=0)	- (-%) (n=0)	- (-%) (n=0)
47 (61%) (n=77)	52 (65%) (n=80)	45 (62%) (n=73)	44 (56%) (n=79)

to see if there was a PCP visit that month in which depression/anxiety care was provided, e.g. med monitoring visit.

Determining whether patient has had a PHQ-9 or GAD-7 administered in the last 30 days

The following suggestions are based on the assumption that any time a collaborative care patient is seen in the clinic, the visit is *at least* 15 minutes long.

- Now that you know which patients meet the contact requirement, you will want to go into the 'Treatment History' screen under the 'Patient' dropdown menu for each of those patients to see if they have had a PHQ-9 or GAD-7.



TREATMENT HISTORY

Duck, Daffy | Status: Treatment
Patient ID: 0000019 | MRN: 5555555
Male

Diagnoses

Depression

Contacts

Date of Contact	Contact Type	Weeks in Tx	Visit Type	PHQ-9	GAD-7	Current Medications
8/7/2014	Initial Assessment	0	Clinic	11	7	
4/7/2015	Follow Up	34	Phone	15		
9/20/2016	Psychiatric Consultation Note	110	Phone w/ CM			
12/16/2016	Follow Up	123	Clinic	15		
9/15/2017	Follow Up	162	Phone	20		
10/18/2017	Psychiatric Consultation Note	166	In-person w/ CM			
11/22/2017	Follow Up	171	Clinic	12		
2/8/2018	Follow Up	183	Clinic			
3/6/2018	Follow Up	186	Clinic	19		citalopram Hydrobromide (Generic) 20mg

Determining whether the patient has been seen face-to-face (in-person or video) for at least 15 minutes in the past 90 days

- Again, this information can usually be found on the 'Treatment History' page under the column 'Visit Type' (see above).
- As with the clinical contact requirement, if you see that the care manager has had no in-person or video contacts with the patient in the last 90 days, you can also check the patient's chart in the EHR to see if there was an in-person or video visit with the PCP in which depression/anxiety care was provided, e.g. med monitoring visit.
    - Note: it is assumed that any in-person or video contacts are at least 15 minutes long.

25% Retainage

For information on using CMTS to determine the 25% Retainage (also called the Quality Supplemental Payment), please see the CMTS Retainage Report Tutorial for Article 28 Clinics.