Outreach and Engagement — Corrected Claim Examples

HIGHMARK WESTERN NEW YORK

This document illustrates specific outreach and billing corrected claim scenarios that align with state guidance regarding payment rules.

Health Home billing guidance

- All outreach services effective on or after October 1, 2017, will not exceed two consecutive months, and the second consecutive month must be a face-to-face.
- Face-to-face contact is defined as an in-person meeting with the member and/or parent, guardian or legally authorized representative who has the authority to consent and enroll.
- Outreach billable months cannot exceed four months in a rolling 12-month period.
- **Exception:** Outreach services may exceed the limits cited above when actionable information from the managed care organization supports additional outreach.

Scenario #1: The member appears in the Medicaid Analytics Performance Portal assignment file.*

Example	Month	Outreach segment	Face-to-face	Billable	Procedure code	Month billed	Claim received	Claim outcome
Contacted member by phone October 5, 2017	October	New	No but phone contact	Yes — DOS October 1, 2017	G9001	October	October 10, 2017	Paid
Scheduled face-to-face October 20, 2017	October	Second consecutive month	Yes	Yes — Consent and bill enrollment. Enrollment segment created with October 1, 2017, begin date.	G9005 (modifier)	October	October 22, 2017	If submitted, this claim will deny because outreach and enrollment cannot be submitted in the same month.
					T2022	November	Bill as corrected claim to initially paid claim. Update procedure code G9001 to T2022.	Paid — net amount due from above payment

Scenario #2: The member consents to Health Home (HH) program through Highmark Blue Cross Blue Shield of Western New York (Highmark BCBSWNY). Highmark BCBSWNY refers the member to the HH.*

Example	Month	Outreach segment	Face-to-face	Billable	Procedure code	Month billed	Date claim submitted	Claim outcome
Contacted member by phone October 5, 2017	October	New	No but phone contact	Yes — DOS October 1, 2017	G9001	October	October 10, 2017	Paid
Scheduled face-to-face November 10, 2017	November	Second	Yes	Yes — but no consent provided	G9005 (modifier)	November	November 22, 2017	Paid
Health plan reviews data and identifies member as inpatient psych November 25, 2017; contact HH for outreach.	November	NA	NA	NA	NA	NA	NA	NA
HH conducts face-to-face with member on November 26, 2017, at hospital.	November	Third	Yes	Yes — Consent and bill enrollment. Enrollment segment created with November 1, 2017, begin date.	T2022	November	Bill as corrected claim to claim billed on November 22, 2017. Update procedure code G9005 to T2022.	Paid — net amount due from above payment

*Billing recommendation: HH should bill for outreach services and enrollment services at the end of each month. Following this process should reduce the need for submitting corrected claims.

NYWPEC-2227-21