**POLICY: 1.011 HIGH MEDIUM LOW (HML) ASSESSMENT**

During their enrollment in the NYP Health Home Program, patients must have a HML assessment completed each month.

**What is the HML Billing Assessment?**
HML is an assessment tool to determine the monthly rate code under which to bill a member. The New York State Department of Health (NYSDOH) and Managed Care Organizations (MCOs) use patients' responses to determine a high, medium, or low rate code.

<u>**PROCEDURES:**</u>

    **HML Billing**

1. Complete the HML questionnaire under Assessments on ACD on a monthly basis for each patient actively enrolled with HH.
    a. The NYSDOH recently updated the HML form and released a guidance documentation for properly completing the new form (please see *Appendix G*); follow the guidelines set forth in this document.
2. The questionnaire must be filled out completely in order for the state/MCOs to determine the appropriate rate code.
3. The HML assessment must be updated as needed any time the CMA receives information regarding a change in the patient's health status.

    **Documentation:**

1. Complete the High Medium Low (HML) MAPP Assessment on ACD *by the last day of each month*.

# APPENDIX G. Billing and Documentation Standards for Health Home: High, Medium, and Low (HML) Rates with Clinical and Functional Adjustments

**Billing and Documentation Standards for Health Home: High, Medium, and Low (HML) Rates with Clinical and Functional Adjustments**
**Effective December 1, 2016**

1. Effective 12/1/16, the monthly High, Medium, and Low (HML) Assessment questionnaire will be used to determine the appropriate Health Home rate code a member should be billed under in that month.

2. The Health Home HML payment rates apply to service dates on/after December 1, 2016.

3. The HML Assessment was created and approved by the Health Home/Managed Care Organization (HH/MCO) Workgroup and uses clinical/functional questions to determine a member's HML status for each month based on real time member attributes.

4. Providers should answer any questions that don't apply to a member or any questions they cannot answer with *Unknown* unless the questions allow for client self-report or care manager observation as outlined in this document.

5. Each answered question qualifies as either High, Medium, or Low.

    1. Does the member have at least one response in the "High" category?
    a. Yes – bill for member using the "High" rate code
    b. No – see # 2
    2. Does the member have at least one response in the "Medium" category?
    a. Yes – bill for member using the "Medium" rate code
    b. No- see # 3
    3. Bill for member using the "Low" rate code

6. If no questions are answered, or all answers Unknown, the HML rate will be determined by the member's Base Acuity (unadjusted) and the Predictive Risk Score generated by DOH. **Note**: If the member is not in the Health Home eligible population used for HH assignment, the member will not have a Base Acuity or Risk Score.

- If the member has neither a Base Acuity nor a Predictive Risk score, then the member defaults too Low for that month unless there are clinical and functional adjustments that would indicate a medium or high rate.

For any more questions, please visit:
https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/hh_hml_rate_for_adults.pdf