

# HML Refresher

CONCEPTS AND GUIDANCE

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FOR CARE COORDINATORS AND SUPERVISORS



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# Training Outline

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1. Purpose of HML
2. Importance of HML: Driving Rates
3. HML Questions Deep Dive



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# Purpose of HML

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Monthly HML Assessments serve two major and important functions:

1. Triggers the need to bill for services provided (Question 1)
2. Tells the State what rate we can bill (High, Medium, Low) for that month (Questions 3 – 14)



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# Purpose of HML

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Responses in HML Assessments drive billing rates

“Yes” to certain questions = More Acute Members

More Acute Members = More time & attention from CC

More time & attention = Higher Rate of Reimbursement



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# Importance of HML: Driving Rates

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There are three rates of pay for HH Members:

1. HH+/AOT (High)
2. High Risk / High Need (Medium)
3. Case Management (Low)



*NYS DOH finds these rates and acuity to be so important that they have suggested caseload standards for each rate? It benefits you directly to ensure you are accurately reflecting the acuity of your Members!*



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# Importance of HML: Driving Rates

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Because the responses DIRECTLY impact rates for billing, it is important we are sure all the information in the HML assessment is:

- ✓ complete,
- ✓ accurate and
- ✓ supported!

*This attestation at the bottom of every HML means that when you finalize the assessment, you are confirming that it is all complete, accurate and supported!*

I have reviewed all questions on this questionnaire for accuracy



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# Importance of HML: Driving Rates

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Even though answers pull forward each month you **MUST** review the responses each month – no exceptions!!

- ✓ Ensure everything is complete – if you have ‘date unknown’ is the date really unknown, or can we find it and enter it?
- ✓ Ensure dates are correct – do dates need to be removed because out of the timeframe, or added because they are new events
- ✓ Ensure events are correct – was the Member really discharged from an inpatient hospitalization?
- ✓ Ensure we have supporting documentation – our word is only good for so long, then we must have supporting documentation



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# HML Questions

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Each “section” of questions is equally important in terms of billing and rates!

Questions 1 and 2:

- Are we billing?
- Primary diagnosis

Questions 3 through 8:

- Diagnoses (HIV, SUD Functional Impairment)
- Events in the past year (homeless, incarceration, hospital discharge)

Questions 9 through 14:

- Special Programs (AOT, ACT, Adult Home Plus, HH+, Foster Care)



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# HML Questions: Supporting Documentation

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Questions 3 through 8 (diagnoses and events) impact rates and therefore require supporting documentation.

See policy E2 for acceptable supporting documentation for each question.

Questions 3 through 8:

- Diagnoses (HIV, SUD Functional Impairment)
- Events in the past year (homeless, incarceration, hospital discharge)



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# HML Questions: Supporting Documentation

Our word on an event is only good for a certain length of time, then we **MUST** have proof from an approved outside source.

Question	Timeframe	Other Requirements
HIV Status	90 days	Must be in Plan of Care and addressed in notes
Homelessness	30 days	Must be in Plan of Care and addressed in notes
Incarceration	30 days	Must be in Plan of Care and addressed in notes
Inpatient Stay: physical illness	30 days	Must be in Plan of Care and addressed in notes
Inpatient Stay: mental illness	30 days	Must be in Plan of Care and addressed in notes
Inpatient Stay: substance use	None	N/A, Observation alone not permitted
Active Substance Use / Functional Impairment	None	N/A, Observation alone not permitted



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# HML Questions: Active Use / Functional Impairment

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Question 8 is three parts, and you must have an answer of “Yes” and supporting documentation for all three parts.

**Question 8a – Active Use:** Supervisory sign off, OR  
MCO report of use, OR  
Positive screening (opioids, benzos, cocaine, amphetamine, barbiturate only)

**Question 8b – Functional Impairment:** Impairment impacts success in school or employment OR  
Recent (past 120 days) family, criminal, DV or child welfare court involvement OR  
Drug Court involvement

**Question 8c – Physical Dependence:** Evaluation from Substance Provider likely needed to show proof of 6 or more  
Substance Use Disorder criterion from the DSM (severe disease state)



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# HML Questions: SMI HH+ Questions

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If you serve the HH+ population, be sure to complete Q12 on HML!

Question 12: Is the Member in the expanded HH+ Population?

“Yes. HH+ HIV- [eligibility criteria]”

or

“Yes. HH+ SMI- [eligibility criteria]”

Question 12a: Were the minimum required HH+ services provided, and the caseload requirement met?

“Yes” – if you provided four Core Services, two of which were F2F with the Member

“No” – if you did not



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# Take the Time to Do it Right!

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Correct HMLs have a direct impact on YOU!

Financial stability of your agency

Do you like getting paid?



Size of your caseload

Does it feel like one or two  
Members take up all your time?



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Ensure HML accuracy to help your agency and your stress level!

# Policy References

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When in doubt, consult the policy!

## Policy E. Billing and Payment 2. HML Assessments

Attachment B in the policy explains what is acceptable supporting documentation for each question.



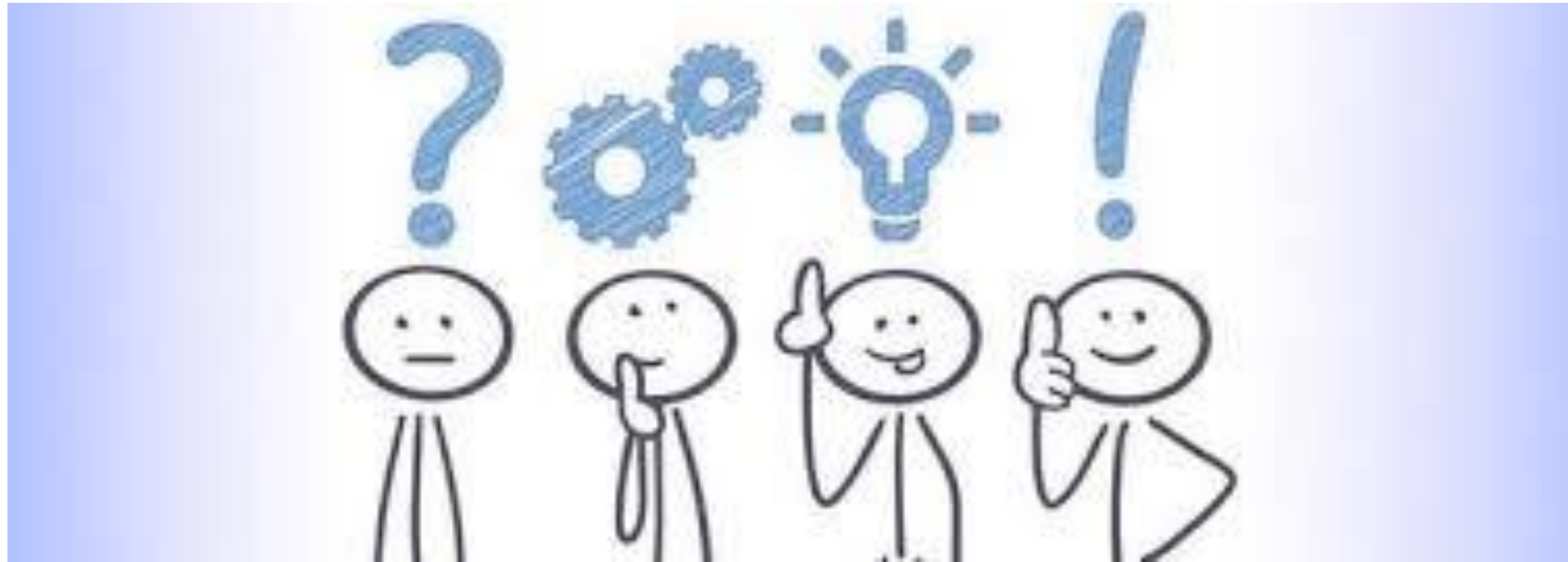
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# Questions?

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