

**INFORMATIONAL LETTER NO. 2223-MC-FFS**

**DATE:** March 9, 2021

**TO:** Iowa Medicaid Integrated Health Home (IHH) Providers

**APPLIES TO:** Managed Care (MC), Fee-for-Service (FFS)

**FROM:** Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

**RE:** IHH Per Member Per Month (PMPM) Change

**EFFECTIVE:** July 1, 2021

This letter is the most recent in a series directed at Health Homes to explain the process for billing Health Home services.

Effective July 1, 2021, providers will bill 99490 for IHH in order to receive a PMPM for providing Health Home services. The Health Home will bill a 99490 with the appropriate modifier to identify the tier and informational codes on subsequent line items to attest to Health Home services provided. The PMPM is a reflection of the enhanced coordination service using guidelines that are published by the State.

**Procedure Code Health Home PMPM 99490**

Tier	Modifier	PMPM Rate
5 (Adult)	TF	\$160.46
6 (Child)	TG	\$121.14
7 (HAB ICM)	U1	\$199.09
8 (CMH ICM)	U2	\$200.97

**Informational Only Codes**

Health Home Service	Code
Comprehensive Care Management	G0506
Care Coordination	G9008
Health Promotion	99439
Comprehensive Transitional Care	G2065
Individual & Family Support Services	H0038
Referral to Community and Social Support Services	S0281

Health Home services, as described in the six service definitions, applies to all members enrolled in a Health Home.

Minimum criteria:

- The member meets the eligibility requirements for Health Home enrollment as identified in the State Plan Amendment (SPA) and documented in the member's Electronic Health Record (EHR).
- Member's eligibility requirements verified within the last 12 months. The member has full Medicaid benefits at the time the PMPM payment is made.
- The member has enrolled with the IHH provider.
- The Health Home provider is in good standing with the IME and is operating in adherence with all Health Home provider standards.
- The minimum service required to merit a PMPM payment is that the person has received care management monitoring for treatment gaps defined as Health Home services in the state plan. The Health Home must document Health Home services that were provided for the member.

Minimum criteria for Intensive Care Management (ICM) members that are enrolled in the 1915(i) Habilitation Program or the 1915(c) Children's Mental Health (CMH) waiver: The care coordinator/case manager shall make contacts with the member, the member's guardians or representatives, or service providers as frequently as necessary and no less frequently than in accordance with 441 Iowa Administrative Code Chapter 90.

The IHH is eligible for reimbursement according to the member's tier for any month in which any of the six core services has been provided. Adults and children shall be grouped into four tiers. Tier 5 is an adult that qualifies for an IHH but without approved Home and Community Based Services (HCBS) habilitation services. Tier 6 is a child that qualifies for an IHH but without approved HCBS CMH waiver. Tier 7 is a member with approved HCBS habilitation services. Tier 8 is a child approved for the HCBS CMH waiver. The payment rate may vary between adult and child and with or without ICM.

The IME appreciates your continued partnership as we work to improve health outcomes. Please contact Provider Services by email at [IMEProviderServices@dhs.state.ia.us](mailto:IMEProviderServices@dhs.state.ia.us), phone at 1-800-338-7909, or locally in Des Moines at 515-256-4609 if you have any questions regarding billing health home services.