

INFORMATIONAL LETTER NO. 2206-MC-FFS

DATE: January 15, 2021

TO: Iowa Medicaid Health Home Providers

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

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

RE: Integrated Health Home (IHH) Billing Change Delay

EFFECTIVE: January 1, 2021

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

Providers will continue to bill 99490 for IHH in order to receive a Per Member Per Month (PMPM) for providing Health Home Services. The Health Home will bill a 99490 or with the appropriate modifier to identify the tier with the informational codes on subsequent line items to attest to Health Home Services provided. The PMPM is a reflection of the enhanced coordination service to using guidelines that are published by the state.

The original implementation of the IHH PMPM rate changes was delayed from July 1, 2020, to January 1, 2021. Based on feedback from the IHHs, Managed Care Organizations (MCO), and provider associations there is justification for a further delay in implementation to July 1, 2021. A delay in implementation will allow the IME time to engage in further discussions with stakeholders regarding the proposed staffing model, to assess potential rates adjustments that remain budget neutral, and gain buy-in from the impacted providers. Providers should spend this additional time evaluating their service models and preparing to operationalize the future rate change.

Procedure Code Health Home PMPM 99490

Tier	Modifier	PMPM Rate
5 (Adult)	TF	\$80.39
6 (Child)	TG	\$103.39
7 (HAB ICM)	U1	\$280.39
8 (CMH ICM)	U2	\$303.39

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 members electronic health record (EHR).
- The member's eligibility requirements are 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 this SPA. The Health Home must document Health Home Services that were provided for the member.

Minimum Criteria for Intensive Care Management (ICM) is that members are enrolled in the 1915(i) Habilitation Program or the 1915(c) Children's Mental Health (CMH) Waiver. 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 necessary to meet the requirements in accordance with 441 Iowa Administrative Code Chapter 90.

The IHH is eligible to be reimbursed 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 Children's Mental Health Waiver (CMHW). 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 rate is developed according to the actual cost of providing each component of the service for the adult population with and without ICM and the child population with and without ICM. No other payments for these services shall be made. Providers should

ensure they have billed with the appropriate modifier and applicable charge that corresponds to the tier. Claims payment would not be rendered higher than billed charges that were submitted originally to the MCOs.

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 or by phone at 1-800-338-7909, or locally at 515-256-4609 if you have any questions regarding billing Health Home Services.