Integrated Health Homes

Billing and Payment

IHH IMPACT Enrollment

- IMPACT Enrollment Information:
  - Enrollment type = Facility, Agency or Organization (FAO)
  - Provider type = Integrated Health Home
  - Specialty = Integrated Health Home
  - Sub-specialty = IHH-Tier A, IHH-Tier B, IHH-Tier C
- Providers must have a unique Tax ID / NPI combination for this enrollment and will be assigned a new HFS provider ID
- The IHH owner's Tax ID may be used, but remember, there is only one Pay-To address per Tax ID in IMPACT
- A new provider agreement/attestation outside of IMPACT for the IHH to submit the contracted/collaborative providers in the IHH

Care Coordination Staff Enrollment

- After HFS approval of IHH enrollment, all rendering care coordination staff will enroll and associate with IHH.

- Care Coordination Staff will enroll as an individual provider with all required license.

IHH Allowable Services

Only specific codes can be billed by the Integrated Health Home Provider

- G9004 – Comprehensive Care Management
- G9005 – Care coordination and Health Promotion
- G9007 – Transitional Care
- G9010 – Patient and Family Support
- G9011 – Referral to Social Services

Billing Guidelines – Claim Details

- Billing Provider must be the Integrated Health Home.
- Taxonomy Code: Case Manager/Care Coordinator - **171M00000X**
- Recipient billed on claim must be active and enrolled with the Integrated Health Home
- Service Date – Actual Date of the Care Coordination activity

Billing Guidelines - Claim Details

- U6 Modifier is defined as a Face to Face encounter
- If the Care Coordination was performed via a face to face Encounter submit a U6 modifier along with the G Code on the claim.
- It will be the face to face encounter that will trigger the per member per month payment.
- All Care Coordination activities should be billed even if it did not result from a face to face visit.

Billing Guidelines - Claim Details

Rendering Provider submitted on Claim

- If the person rendering the care coordination services has an NPI the rendering provider NPI must be included on the claim.
- If the person rendering the care coordination does not have an NPI but is an approved Atypical Provider in Impact, the IHH can submit the 9-12 digit provider number as the rendering provider of record.
- Billing is to be directed to either the applicable MCO or to HFS directly according to the eligibility

Per Member Per Month Payment (PMPM) for Face to Face Encounters

- An Integrated Health Home must submit one of the G Codes with the U6 modifier in order to receive a PMPM payment for the period for a recipient.
- HFS will Price all Face to Face Visits at zero during claims adjudication.
- Payments will be processed and paid to the Integrated Health Home by HFS or the applicable MCO.
- Regardless of the number of G codes billed and service dates, only one PMPM payment will be paid Monthly.
- Timely Filing requirements are 180 days from the date of service for the Face to Face Encounter

Per Member Per Month - Look Back Period

- PMPM Payment are paid on a monthly basis
- Once per month, HFS will review all claims submitted for the previous periods (Rolling 6 Months) and determine if the Integrated Health Home is entitled to a PMPM payment for the month of service.

Example:

- Claim submitted on 07/01/2018
- Service Date – 02/15/2018
- Code Billed: G9007 with U6 Modifier
- If no PMPM payment was made for February 2018 for recipient, a PMPM payment will be made in the next monthly process.
- After 6 months the timely filing rules will apply

Per Member Per Month Rates

Age In Years	Tier A	Tier B	Tier C
Children 0 through 17	240.00	80.00	48.00
Transition 18 through 20	240.00	60.00	48.00
Adults 21+	120.00	48.00	48.00

Regardless of the number of G codes billed and service dates, only one PMPM payment will be paid for a monthly period.

Fee For Service PMPM Payments will be made by Healthcare and Family Services Directly

Managed Care Plans will be responsible to pay PMPM payments for Managed Care enrollees.