



STATE OF MARYLAND

DHMH

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Office of Health Services
Medical Care Programs

Maryland Department of Health and Mental Hygiene

Larry Hogan, Governor - Boyd Rutherford, Lt. Governor - Van Mitchell, Secretary

**MARYLAND MEDICAL ASSISTANCE PROGRAM
Health Home Provider Transmittal No. 4
July 27, 2015**

TO: Health Home Providers
FROM: Susan J. Tucker, Executive Director, Office of Health Services
RE: Health Home Billing
NOTE: **Please ensure that appropriate staff members in your organization are informed of the contents of this transmittal**

This transmittal addresses billing and claims protocols for the Health Home program. The Department of Health and Mental Hygiene ("Department") launched the program in October 2013 and completed a review of the first year of claims payments. Please review the information below for an overview of common issues, as well as protocols for billing and correction as appropriate.

Common Billing Issues

In reviewing 2014 claims, the Department has identified two primary issues that providers have encountered, resulting in inaccurate claim submission:

- (1) Monthly rate billed without minimum service delivery (W1761): Pursuant to COMAR10.09.33.08, providers must deliver and report a minimum of two services into eMedicaid prior to submitting a claim for that month's rate. Any claims billed without prior reporting of services are subject to review and possible retraction.
- (2) Intake as a monthly service (W1760): Completion of the Health Home intake process for a new participant in eMedicaid allows the provider to submit a claim for the W1760 intake code. This may **not** be counted towards the monthly minimum service requirement, so a provider must deliver and report **two** additional Health Home services in the month in order to receive reimbursement for the W1761 code.

Opportunity for Billing Corrections

In cases where Health Home providers have submitted claims with the issues detailed above, the Department will contact providers to outline correction procedures, with an attached spreadsheet listing specific discrepancies. Providers will have an opportunity to correct any billing or reporting oversights within 14 days, after which unresolved issues may result in retractions.

Ongoing Protocols

Pursuant to COMAR 10.09.33.09, providers are required to report Health Home services and submit claims within 30 days of the end of the month in which the services were delivered. This requirement is designed to ensure timely data collection for purposes of statewide program evaluation. In choosing how to address this requirement, the Department has taken into account the challenges providers face during early implementation of Health Homes as a new program.

However, effective July 1, the Department intends to monitor this requirement closely among providers enrolled for three or more months in the Health Home program.

For more information regarding billing for Health Home services, please refer to the following sources:

- Health Home billing instructions:
http://dhmh.maryland.gov/bhd/Documents/HealthHomeBillingInstructions_6_20_2014.pdf
- Health Home provider manual:
<http://dhmh.maryland.gov/bhd/Documents/HealthHomesManualAugust2013.pdf>.