Maryland Department of Health - Frequently Asked Questions and Answers for Medicaid's Home Visiting Services Coverage Implementation

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Description: This document represents a compilation of questions received from Managed Care Organizations (MCO), home visiting service providers and other stakeholders around Medicaid's Home Visiting Services (HVS) implementation, and the Department's responses in a frequently asked questions format. **The questions are grouped by subject, as indicated by the section headings.**

Comments and/or questions may be directed to the Department's dedicated mailbox: mdh.medicaidmch@maryland.gov.

SERVICE MODEL

1. **This program includes high-risk pregnant women and children. What is the definition of "high-risk"?**

   MDH Response: Aside from Medicaid enrollment and status of being a pregnant or postpartum individual with an infant, eligibility is as aligned with the evidence-based model. Healthy Families America (HFA) allows eligibility criteria to be set at the site level and may include factors such as age of the child, Medicaid eligibility, or geographical area. Certain factors such as parental substance use, mental illness, and intimate partner violence, place children at especially high risk. The Family Resilience and Opportunities for Growth (FROG) Scale can identify potential risks and measure the continuum from strength to risk, with low scores reflecting significant strengths and high scores reflecting significant risk. Nurse-Family Partnership (NFP) works with its network partners to prioritize "high risk" and those that could benefit most from the model. Risks may be medical or social in nature. A specific definition of "high risk" is not included in NFP's model elements. However, in guidance to their network partners, the following are some factors NFP national asks sites to consider: less than a high school education, homelessness or housing instability, chronic disease, serious mental illness, substance use, intimate partner violence, other violence or trauma, developmental or intellectual disability, criminal justice involvement, child protective services involvement, pregnancy complications, and economic instability. In addition, NFP eligibility criteria are no previous live births, low income, voluntary, and living in the service area. It is not within fidelity to the model, but NFP does occasionally make exceptions in consultation with a network partner. NFP has some states and tribal nations in special circumstances serving multiparous women, but not in Maryland.

2. **Are there exclusion criteria we need to abide by? It is anticipated that some pregnant women, or even children, could overlap with Doulas and HealthySteps – are there any restrictions?**

[1] Yellow highlights in this document indicate updates/changes that have been made since the previous version from 2/18/22.

MDH Response: No, there are no exclusion criteria identified at this time. Services provided by doulas are non-clinical, therefore would not overlap with services provided in a HealthySteps clinic setting. A doula could potentially accompany a birthing parent and infant in a doula-postpartum visit, however, the services provided would be supportive, educational, and/or advocacy-related, not clinical care or infant well-checks that would be provided by licensed clinicians.

3. **Is there a time requirement for a Medicaid home visit (15, 30, or 60-minute intervals)?**

MDH Response: The duration of a home visit reimbursed by Medicaid is required to align directly with whichever evidence-based model the program is implementing. Both NFP and HFA national standards indicate home visits should typically last for 60-minutes. For HFA, the model requires home visits to occur in the home (unless when not appropriate to do so), last a minimum of an hour and the child is present. Once sites affiliate with HFA, a description of a home visit is clarified by identifying the home visit focus areas and by documenting that the goals of a visit are met. For NFP, visits may be less than 60 minutes or longer than 60 minutes depending on the needs and situation. This is a data point that NFP sites monitor and support their nurses and supervisors around. NFP has additional guidance on telehealth visits. For example, a telehealth visit must include program content – a call to reschedule is not a telehealth visit.

4. **Would families with only a child enrolled in Medicaid qualify for reimbursement? Or will it be family/parent or child?"**

MDH Response: If home visits begin during the prenatal period, the birthing parent needs to be enrolled with Medicaid, as they are the primary Medicaid participant of the service until the child is born. If home visits begin after an infant is born, in the postpartum period but within the model's required starting date parameters, then the infant needs to be enrolled with Medicaid, as the infant becomes the primary billing individual after birth.

5. **What does the Medicaid funding cover for the visit?**

MDH Response: Medicaid's coverage will include reimbursements for direct service costs for a home visit. A description of home visiting services and provider qualifications are addressed in Maryland COMAR 10.09.78, linked in the Resources section below, and will be included in the State Plan Amendment. Covered services will align with the Special Terms and Conditions currently in effect for the Maryland Medicaid Home Visiting Pilot. Under the new HVS proposed regulations, service components for both models include (unless otherwise indicated) prenatal, postpartum, and infant home visits.

   i. Under the new HVS regulations, Medicaid will not cover:
      1. Expenses including:
         a. Administrative overhead;
         b. Lactation consulting services; and
         c. Program start-up costs for evidence-based model accreditation, initial training, or consultation; or
      2. Services that are not medically necessary.

6. **Do a Medicaid participant need a referral for home visiting services?**

MDH Response: HVS does not require a referral from a licensed practitioner for participation. However, a HealthChoice participant interested in home visiting should seek to obtain services from an MCO's in-network HVS provider. For individuals without a referral, they are able to enroll directly with their MCO's in-network HVS provider if they meet qualifying eligibility requirements. Typically, a participant receives a referral from their PCP or other clinician through the Maryland Prenatal Risk Assessment, as well as referrals from health departments, MCOs or other referral sources.

7. **In the postpartum period, what happens if there is a negative outcome with the infant, and the infant is not at home to receive a home visit? This could include an infant remaining in the NICU after the birthing parent is discharged from the hospital, infant death, etc. What are the HFA and NFP protocols in this case? Would they wait until the infant is back in the care of the family to conduct further home visits?**

    a. **Can a home visit occur if the infant is not with the parent/caregiver?**
    MDH Response: Yes, in an instance where the infant has been admitted to the hospital and is not with the parent/caregiver, services can be delivered. During that time, the home visitor would assist the parent/caregiver with needs related to regular care service delivery after birth. This could include diet and nutritional education, stress management, depression screening, intimate partner violence, assistance in establishing care with a primary care provider, counseling regarding postpartum recovery, family planning, needs of the hospitalized newborn, and more.
        i. It should be noted that HFA allows the family to define who is the parent and defines a parent as inclusive of biological mother and father, as well as parent figures who have a significant relationship with the focus child.

    b. **Can a home visit occur in the hospital, if the infant is admitted to the hospital?**
    MDH Response: Yes, while most home visits occur in the home, home visitors are encouraged to meet their families where they are at that time. In the instance of admittance to a hospital, HVS providers would bill with the Community Place of Service code: 99, without a modifier.

    c. **If the infant dies, does the Department allow any additional home visits, and if so, how many?**
    MDH Response: Both NFP & HFA national models provide guidance in the instance of infant or child death. NFP provides guidance for its nurses to assess and plan care to meet the needs of a family. This could result in an increase or decrease of home visits directly after death; a specific number has not been set. HFA allows families to remain in the program following the loss to ensure the family is receiving the support and referrals they need. The actual number can vary based on the need and comfort level of the family. If the family has lots of family and community support this can be a relatively short amount of time.

    To summarize, if the infant/child dies, so long as the parent remains eligible for Medicaid, Medicaid will continue to cover home visiting services as determined necessary according to the evidence-based model guidelines. If the parent loses Medicaid coverage, the continued services will need to be reimbursed using other (non-

Medicaid) funding sources. With the expansion of Medicaid to 12 months postpartum (effective April 1, 2022), the Department expects that number to be minimal.

8. HFA states parent/child enrollment must occur prior to 90 days and NFP states enrollment must occur prior to 28 weeks gestation. Can individuals be enrolled after those timeframes?

MDH Response: Medicaid HVS providers should follow national HFA and NFP guidance for determining eligibility of infants or children on a case by case basis during transitions of care periods. It is the Department's understanding that exceptions can be made in certain cases.

CREDENTIALING

9. How do we monitor or re-credential the home visiting provider types? Is there any recertification we should be looking for during the recredentialing process?

MDH Response: Home visiting programs must continue to meet accreditation and/or fidelity status with HFA and/or NFP. HVS providers must report any status change to Medicaid and update your account in Medicaid's electronic Provider Revalidation and Enrollment Portal (ePREP). Similarly, MCOs may require disclosure of any such change of status as part of contracting.

MEDICAID PROVIDER ENROLLMENT AND MCO CONTRACTING

10. How does a program enroll in Medicaid to bill for home visiting services conducted?

MDH Response: Medicaid is establishing a new provider type called Home Visiting Services (HVS) provider. For this provider type, Medicaid will enroll accredited HFA or NFP programs that meet fidelity standards at the organizational level, not at the individual home visitor level. HVS providers will need to obtain a Type 2 National Provider Identification number (NPI) to enroll as an HVS provider. Individual home visitors will not need to obtain a unique NPI number.

- **a.** Conditions of participation for the new HVS provider type will be described in a policy transmittal and program manual to be distributed in January when the regulations are promulgated. In summary, accredited HFA and NFP programs that meet fidelity standards may enroll with Medicaid as a new HVS provider.
- **b.** These eligible programs will need to obtain a Type 2 National Provider Identification (NPI) number, and follow instructions for enrolling through ePREP. Medicaid offered several training webinars on this process in early January 2022 (see Resources below). After an HVS provider has enrolled with Medicaid, they will be able to contract with MCOs to submit a claim and get reimbursed for home visiting services rendered.

11. Are Community Health Workers eligible to perform and bill for HVS?

MDH Response: No. Community Health Workers are not a credentialed provider type who can bill Medicaid. Accredited Healthy Family America and at fidelity Nurse Family Partnership organizations may enroll as a Type 2 Home Visitor Maryland Medicaid provider.

12. Are Federally qualified health centers (FQHC) that are HFA or NFP sites able to provide these services? If so, is there any variance that is noteworthy?

MDH Response: An FQHC site that runs a HFA or NFP home visiting program must enroll in ePREP under a Type 2 Organizational NPI as a HV provider type. Once enrolled, the site is eligible to bill for home visiting services delivered to Medicaid beneficiaries. From the FQHC perspective, the HV rate of $188 will be considered a separate service in regards to the FQHC cost report. FQHCs who are also approved Medicaid HV providers contracted with an MCO, should bill HV codes on a stand-alone basis for payment. They would not be required to bill an Encounter Trigger Code for the provision of this benefit.

CODING AND BILLING

13. **What is the reimbursement rate for one home visit?**

    MDH Response: $188 per home visit.

14. **What are the limitations around the $188 rate – how many visits are permitted? Is there a limit on the time for each home visit (i.e. 60-minute sessions, etc.)?**

    MDH Response: The rate of $188 represents a flat rate that is billed per home visit, irrespective of when the visit exceeds 60 minutes in duration. The Department has set a limitation that providers may only bill the 99600 code once per week. The frequency of home visiting services is to occur in alignment with the evidence-based model standards, and is dependent on each participant's needs. Per the evidence-based models, it may be appropriate to offer more than one home visit a week or spend extra time (1.5 hrs. versus 1 hr.) with a family. This type of extra time with a family should be discussed with the supervisor to ensure that this is a short-term shift in support for families and that the direct service staff caseload allows for additional time with a family.

    Per Healthy Families America (HFA) guidelines, all families are offered weekly visits at the onset of services. For specific situations, such as crisis or hardship, a family may need more than one visits a week (which would only be for a short period of time and with the approval of a supervisor) to offer additional support to the family during this period.

    Per Nurse Family Partnership (NFP) guidelines, it is not common to have more than one visit in a week and if so, it would likely be for a very short duration. If visits are occurring more often than once a week, it is because of a critical need. For example, a baby that is not gaining weight in the first week or two after birth or mom struggling with breastfeeding may benefit from the nurse coming out for weights and assessment more often than once a week for a short time. A typical NFP delivery schedule may be:
    - Enrollment through 28 weeks: once a week
    - 28 weeks to birth: every two weeks
    - Birth to age 6 weeks: once a week
    - Age 6 weeks to 20 months: every two weeks
    - Age 20 months to 24 months: once a month

15. **What codes and/or modifiers should Medicaid-enrolled HVS providers use on a claim to bill for services? Can a modifier be added to CPT code 99600? This seems to be a generalized code.**

MDH Response: HVS providers should use the CPT code 99600 to bill for an in-person home visit with modifiers and place of service codes outlined in the table below. CPT code 99600 is a currently unused code, and only enrolled HVS providers will be able to bill this code. The only modifier that would be applicable for use is if a home visit were to be delivered via telehealth (as allowable by the evidence-based model and per any public health guidance in effect during the public health emergency), in which case the GT modifier would be appropriate.

Table 1. ***Medicaid Home Visiting Services Reimbursement Methodology for Minimum Payment for Home Visits Rendered In-person or Via Telehealth***

CPT Code and Description	Payment (per unit rate)	Place of Service Description	Place of Service code to use	Modifier to use
99600 - Home Visit - non-specific	$188	Home visit in home	4/12	none
99600	$188	Home visit in community	99	none
99600	$188	Home visit via telehealth	12	GT

Limitations: Providers may only bill the 99600 code once per week.

16. **What diagnosis code should providers use with 99600?**

MDH Response: Please see Table 2 below.

Table 2. ***Medicaid Home Visiting Services Required Diagnosis Codes***

Diagnosis Code	Description	Use-case Scenario
Z34.90	Encounter for supervision of normal pregnancy, unspecified, unspecified trimester	Prior to delivery
Z76.2	Encounter for health supervision and care of other healthy infant and child	After delivery

17. **If in the process of completing a home visit the home visitor detects a mental health condition, what behavioral health diagnosis codes are they allowed to include within their home visit?**

MDH Response: HV providers are not allowed to make those kinds of diagnoses and should not include those codes when billing for a home visit. They can make referrals if they think it is warranted.

18. **What does billing look like in the case of multiples?**

    MDH Response: If multiple children are enrolled with the same caregiver (i.e., twins), separate visits can be billed for each unique child under their individual Medicaid Identification Number.

19. **What place of service is acceptable?**

    MDH Response: Please see Table 1 and Question 15 above for acceptable place of service codes.

20. **Is telehealth permitted? Any modifier required? Or will the telehealth POS suffice?**

    MDH Response: Yes, telehealth is permitted for prenatal and postpartum visits at this time. Please see Table 1 and Question 10 above for acceptable place of service codes, and use with the telehealth modifier -GT.

21. **Has the Department finalized the selection of CPT code 99600? If so, please consider the following factors. It is an unlisted procedure code, meaning it is non-covered and not on the state fee schedule. Additionally, the other proposed code 99199 is on the FS as REPORT. If the Department adds the codes to the FS, changes will need to be made to benefit and pricing configuration. Code 99600 will require a code editing update to exclude from unlisted edit.**

    MDH Response: Yes, the Department will use the 99600 code for its HVS coverage initiatives. The code will be added to the fee schedule and only the HVS provider type may use it to bill for services. The Department encourages MCOs to begin testing this code and making code editing updates in preparation. MCOs may also connect with the Department with any identified questions or concerns.

22. **Will this new code be added to the Medicaid fee schedule?**

    MDH Response: Yes. 99600 has been added to the Medicaid fee schedule. MCOs can test these codes now. An HFA or NFP home visiting provider will only be able to bill Medicaid for home visiting services after they are fully enrolled with Maryland Medicaid.

23. **How should MCOs configure their billing systems for HVS visit limits?**

    MDH Response: The Department recommends configuring for 1 visit per week, given that some months may be longer than 4 weeks.

24. **Will local health department sites who have been awarded MIECHV money lose MIECHV funding if they bill Medicaid for home visiting services?**

    MDH Response: No. Maternal Child Health Bureau staff have confirmed that the Department's MIECHV program staff will work with sites to determine how they will braid MIECHV and

Medicaid funding in a way that meets Health Resources and Services Administration reporting requirements and complies with federal non-supplantation rules.

25. Do home visitors need to have an NPI billing number?

MDH Response: No. Accredited HFA or fidelity NFP HVS organizations will enroll at the organizational level with a Type 2 NPI as HVS providers in ePREP. These organizations will need to sign an attestation as a part of their ePREP enrollment indicating that their providers are in good standing. Individuals will not enroll as HVS providers and will not be able to bill independently for HVS. As such, individual home visitors will not need to obtain a unique National Provider Identification (NPI) number. The Department hosted and recorded live ePREP training sessions in January 2022 that provided further clarification. Please see the Resources below for links to the recordings.

26. How will this be tracked for billing in Maxwell (the system used by MIECHV programs to track service utilization and required data)?

MDH Response: Maxwell will not be used for billing Medicaid. Medicaid-enrolled HFA and NFP home visiting providers will need to bill an MCO through a standard claims process. Per the Maternal Child Health Bureau, as of January 1, 2022, all MIECHV programs must enter a Medicaid participant's 11-digit Medicaid identification number (Medicaid ID) into Maxwell. The Medicaid ID is now a required field in the data system for data reporting purposes. If the home visits begin during the prenatal period, the birthing parent's Medicaid ID will need to be entered into Maxwell, as they are the primary Medicaid beneficiary of the service until the child is born. If home visiting begins after an infant is born in the postpartum period but within the model's required starting date parameters, then the infant's Medicaid ID would need to be entered into Maxwell, as they become the primary individual after birth.

27. In the event the necessary infrastructure is not in place by January 1, 2022, will this provision be retroactive?

MDH Response: No, HVS providers must be enrolled in Medicaid and contracted with an MCO prior to submitting a claim for services rendered to HealthChoice participants. HVS providers cannot bill for services prior to their enrollment with Maryland Medicaid or prior to the COMAR 10.09.78.00-09 effective date (January 13, 2022).

Resources:

- Maryland Medicaid Maternal and Child Health Programs Webpage
- Medicaid Home Visiting Services Webpage
- Home Visiting Services Program Information for Providers Webpage
- Maryland 1/13/22 HVS Regulations COMAR Webpage