



STATE OF MARYLAND
DHMH

Office of Health Services
Medical Care Programs

Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM
Health Home Provider Transmittal No. 1
May 7, 2014

TO: Health Home Providers
FROM: Susan J. Tucker, Executive Director
Office of Health Services
RE: Health Home Update- Participant Intake, Assessment, and Updates
NOTE: **Please ensure that the appropriate staff members in your organization are informed of the content of this memorandum.**

Health Home Intake Billing

The W1760 procedure code is for the initial intake process performed when enrolling a new participant in the Health Home. This includes an assessment, which may use a combination of face-to-face interaction with the participant, review of primary care records, and discussions with relevant staff and participant family members. Intake also requires explaining the Health Home, obtaining consent, assigning a care manager, and reporting information into the eMedicaid system.

The intake process involves more than the assessment alone. Therefore, the date of service for the intake claim should be the date the intake was submitted to eMedicaid, and not the date of the assessment. Completion of the eMedicaid intake authorizes Health Home services, therefore any Health Home claims with a date of service **prior** to the intake will be denied.

The intake procedure code may be billed only once upon initial intake. If a participant is discharged from a Health Home and later re-enrolls with the same Health Home, 90 days must have passed since discharge in order to bill for a new intake process. If less than 90 days has passed, the historical intake information should be used (with an updated consent form) and the intake code may not be rebilled.

If a client transfers Health Homes, the new provider may bill the intake if at least 6 months have passed since the original intake, or the client has been discharged from the first Health Home for at least 90 days.

Health Home Initial Assessment Sign-Off

The assessment included during intake requires sign-off by the Health Home Nurse Practitioner or Physician Consultant to ensure that medically-appropriate follow up services are identified and

delivered. **Effective June 1, 2014**, this review and sign-off must be completed and documented in the client's records within 60 days of enrollment in the Health Home. Intakes may be submitted to eMedicaid without this sign-off. This policy replaces earlier guidance on the subject, which required assessment sign-off prior to intake submission.

Health Home Outcomes Update

Health Home regulations require "monitoring and reassessment" as a required deliverable of comprehensive care management. This includes updating participants' indicators in eMedicaid, such as measures associated with chronic conditions, at least every six months. Although the steps leading up to this action may qualify as Health Home services (such as assisting the participant in scheduling a metabolic screening), the act of fulfilling this reporting requirement may **not** be billed as a Health Home service.

Questions regarding the information in this transmittal may be directed to
DHMH.HealthHomes@Maryland.gov.