Medicaid Coverage of Home Visiting Services

Office of Innovation, Research and Development

April 4, 2022

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Welcome to all Partners

- Maryland HFA and NFP HVS Sites
- Managed Care Organizations
- National HFA and NFP Representatives
- Hilltop Institute-UMBC
- Maryland State Department of Education
- Governor's Office of Crime Prevention, Youth, and Victim Services
- Maryland Department of Health
  - Medicaid
  - Maternal Child Health Bureau

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Maryland HFA & NFP Roll Call

- Allegany
- Baltimore City
- Baltimore County
- Calvert
- Dorchester
- Frederick
- Garrett
- Harford

- Montgomery
- Mid-Shore: Caroline, Kent, Queen Anne's, Talbot
- Prince George's
- Somerset
- Southern Maryland: Charles, St. Mary's
- Washington
- Wicomico
- Worcester

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Maryland Medicaid MCOs

- Aetna Better Health
- Amerigroup Community Care
- CareFirst BlueCross Blue Shield Community Health Plan Maryland
- Jai Medical Systems
- Kaiser Permanente
- Maryland Physicians Care
- MedStar Family Choice
- Priority Partners
- UnitedHealthcare

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Objectives

Understand

- Medicaid Home Visiting Services History in Maryland
- New Home Visiting Services Benefit
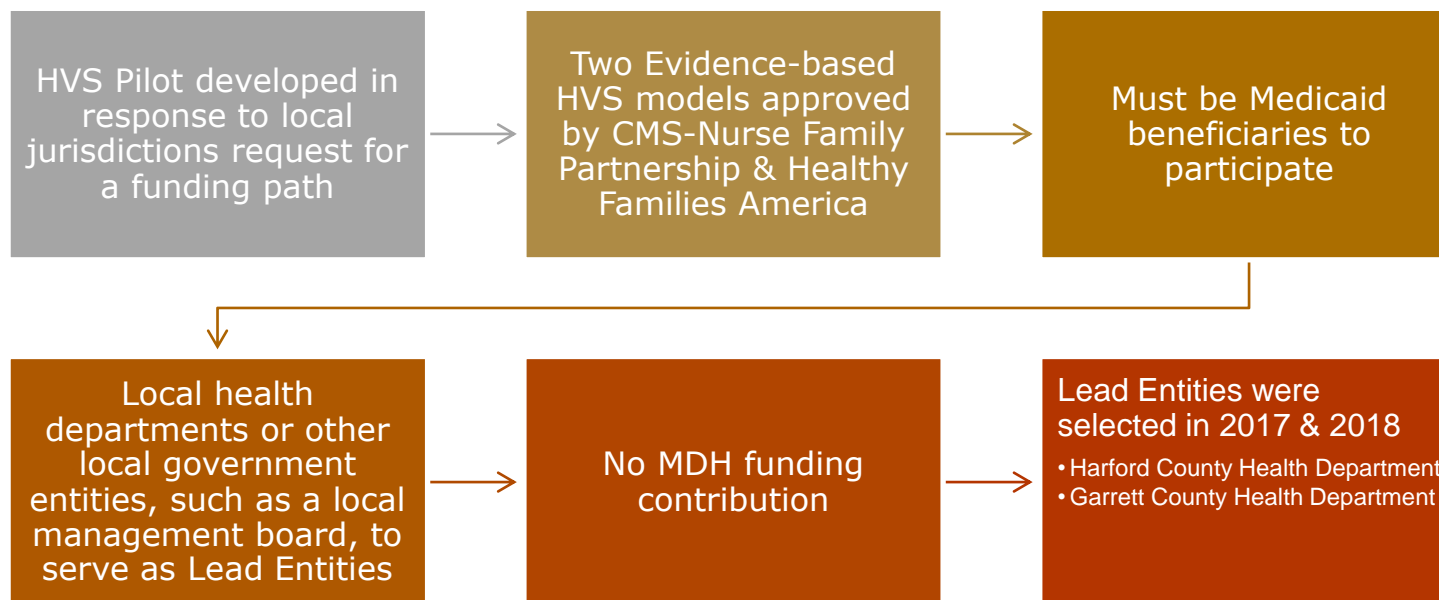- Medicaid Reimbursement

Identify

- Key Steps for Enrollment as Medicaid HVS Provider
- Frequently Asked Questions

Share Resources

- HVS Website
- Benefit Documents
- Key Staff & Emails

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MD Medicaid HVS Pilot: 2017-2022

HVS Pilot developed in response to local jurisdictions request for a funding path

Two Evidence-based HVS models approved by CMS-Nurse Family Partnership & Healthy Families America

Must be Medicaid beneficiaries to participate

Local health departments or other local government entities, such as a local management board, to serve as Lead Entities

No MDH funding contribution

Lead Entities were selected in 2017 & 2018
• Harford County Health Department
• Garrett County Health Department

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New Medicaid Expansion of HVS Pilot

Timeline
- HVS Regulations open for public comment: *10/22/21-11/22/2021*
- Effective January 13, 2022

Coverage
- Transitioning from the 1115 Waiver (HVS Pilot in Garrett and Harford Counties) to a State Plan Amendment through additional funds by Statewide Integrated Health Improvement Strategy (SIHIS)

Models
- Maintaining two previously approved evidence-based models:
  - Healthy Families America (HFA)
  - Nurse-Family Partnership (NFP)

Rates
- Per home visiting rate of $188

Code
- 99600

Providers
- New Medicaid provider type Home Visitor (HV)

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Enrollee Eligibility Criteria

- Aside from Medicaid enrollment, and status as a pregnant or postpartum individual with an infant, eligibility is aligned with the evidence-based model.

- To be eligible to receive HVS, Medicaid participants must:
  - Receive services through a HealthChoice MCO or be enrolled in Fee-For-Service Medicaid; and
  - Be pregnant or infant must be younger than 90 days old at the time of enrollment.
  - Additionally, for NFP only: Enrollment limited to individuals with no previous live births.

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Reimbursable Home Visits

Frequency of Home Visit:

- Typically one visit per week; exceptions allowing more than one visit per week can be made in specific instances, such as a family in crisis.

Time Requirement for a Medicaid Home Visit:

Duration of the home visit is required to align with the evidence-based model; both NFP and HFA national standards indicate home visits should typically last for 60-minutes.

Exclusion Criteria*:

For NFP, enrollment limited to individuals with no previous live births, and no later than the 28th week gestation.

For HFA, participants must enroll prior to 3 months postpartum

*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.

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HVS Provider Payments

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

- HVS providers must be enrolled in Medicaid and be contracted with an MCO to be reimbursed for services rendered to a HealthChoice enrollee.
- Limitations are contingent upon the needs of the family and the evidence-based model requirements themselves. Providers may only bill the 99600 code once per week.
- 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.
- If home visits are longer than 60 minutes, the per unit rate remains $188.

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HVS Referral Requirements

Referral Requirements

A health care professional or an MCO may refer HealthChoice enrollees to HVS; however, **a referral is not required by Medicaid for participation.** A physician, or other licensed clinician, like a social worker, nurse practitioner or from a local health department worker may also refer Medicaid enrollees for HVS.

- MCOs have the flexibility to implement pre-authorization for these services, if they choose to do so. We encourage MCOs to work with the Department to ensure medical necessity criteria align with the specific Home Visiting sites that may have different requirements for enrollment.

Additional Guidance:

- MCOs must allow their network providers to refer eligible individuals directly to in-network HVS providers;
- MCOs should track members who enroll with HVS programs to ensure they have adequate capacity to serve the eligible population;
- MCOs may require HVS providers, through the contracting process, to provide notification back to the MCO when a member has enrolled in their program.

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Provider Enrollment Workflow

HVS providers who have received either (1) a designation of fully accredited by the HFA National Program Office or (2) the designation of fidelity by the NFP National Program Office are eligible to enroll as "HVS provider" type through ePREP.

- Prior to ePREP enrollment, sites will need register for Type 2 NPI through NPPES.
  - Individual home visitors will not need to register as an NPI.
- After a site receives their NPI, they are eligible to register through ePREP https://eprep.health.maryland.gov/sso/login.do.
  - General requirements for participation in HVS are that a provider shall meet all conditions for participation as set forth in COMAR 10.09.36.03 and 10.09.78.03
- Once given NPI number and enrolled in ePREP, each HVS site is able to contract with individual MCOs for reimbursement.

Provider Enrollment Key Steps

Type 2 Provider NPI
- Organizational level
- New NPI
- Health Educator: 174H00000X

Enroll in ePREP
- Use resource guide

Contract with MCOs
- Confirm correct point of contact at site level
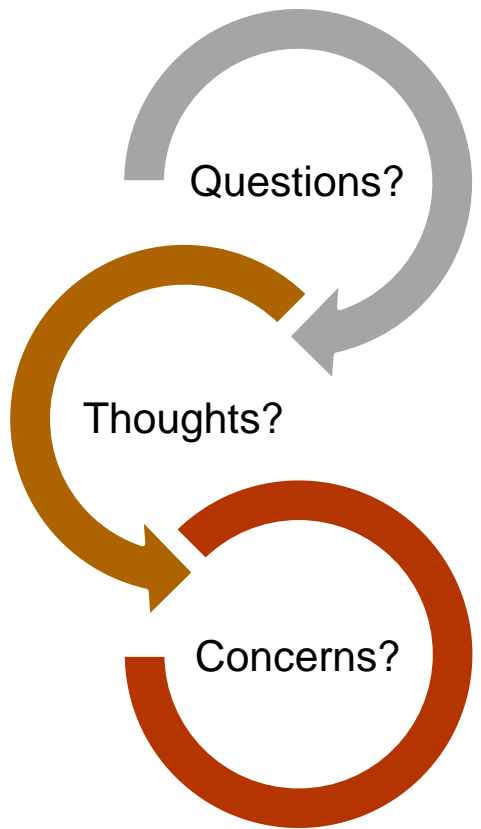
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HVS Provider Terminology

- ePREP: Electronic Provider Revalidation and Enrollment Portal
- NPI: National Provider Identifier
- Type 2: Organization
- NPPES: National Plan and Provider Enumeration System
- Taxonomy for NPPES: Health Educator - 174H00000X
- Provider Type: HV

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Current FAQs

- What is the projected timeline for enrollment & MCO contracting as a Medicaid provider?

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

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Website Resources

- [SIHIS Homepage](#)

- [Medicaid Maternal Child Health Initiatives Homepage](#)

- [Medicaid Home Visiting Services Homepage](#)

- [Medicaid Provider HVS Homepage](#)

- [NPPES Homepage](#)

- [ePREP Homepage](#)

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Document Resources

- [HVS Regulations](#)
- [HVS Program Manual](#)
- [HVS Policy Transmittal](#)
- [HVS FAQs-updated 2/18/22](#)
- [ePREP HVS Enrollment Guide for LHDs](#)
  - [LHD Enrollment Webinar](#)
- [ePREP HVS Enrollment Guide for non-LHDs](#)
  - [Non-LHD Enrollment Webinar](#)
- [NPPES Guide](#)
- [Medicaid ebilling](#)

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Contact Resources

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- ePREP Provider Enrollment Helpline
    - 1-844-463-7768

- Medicaid Maternal Child Health General Email
    - mdh.medicaidmch@maryland.gov

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