

Health Home Per Member Per Month (PMPM) Fee Schedule

The Health Home will bill a 99490 with the appropriate modifier to identify the tier with the informational codes on subsequent line items to attest to Health Home Services Provided.

Procedure Code Health Home PMPM 99490

Tier	Modifier	PMPM Rate
5 (Adult)	TF	\$80.39
6 (Child)	TG	\$103.39
7 (HAB ICM)	U1	\$280.39
8 (CMH ICM)	U2	\$303.39

Informational Only Codes

Health Home Service	Code
Comprehensive Care Management	G0506
Care Coordination	G9008
Health Promotion	G2058
Comprehensive Transitional Care	G2065
Individual & Family Support Services	H0038
Referral to Community and Social Support Services	S0281

Health Home Services, as described in the six service definitions applies to all members enrolled in a Health Home.

Minimum Criteria:

- The member meets the eligibility requirements for health home enrollment as identified in the State Plan Amendment (SPA) and documented in the member's electronic health record (EHR).
- Member's eligibility requirements verified within the last 12 months. The member has full Medicaid benefits at the time the PMPM payment is made.
- The member has enrolled with the Integrated Health Home (IHH) provider.
- The Health Home Provider is in good standing with IME and is operating in adherence with all Health Home Provider Standards.
- The minimum service required to merit a PMPM payment is that the person has received care management monitoring for treatment gaps defined as Health Home Services in the State Plan. The Health Home must document Health Home Services that were provided for the member

When a Home- and Community-Based Services (HCBS) Habilitation or Children's Mental Health Waiver (CMHW) member is enrolled in an ICM Tier; Tier 7 (Adult ICM- Habilitation) and Tier 8 (Child ICM- CMH Waiver or Habilitation), the IHH is eligible to receive payment for the intensive care management (ICM) PMPM Tier when any of the six core health home

services are provided to the member during the calendar month. The PAYMENT at the authorized ICM Tier is not contingent upon the IHH having a face-to-face contact with the member. The face-to-face contact is a HCBS requirement but does not drive the ICM payment.

The IHH is eligible to be reimbursed according to the member's tier for any month in which any of the six core services has been provided. Adults and children shall be grouped into four tiers. Tier 5 is an adult that qualifies for an IHH but without approved HCBS Habilitation Services. Tier 6 is a child that qualifies for an IHH but without approved CMHW. Tier 7 is a member with approved HCBS Habilitation Services. Tier 8 is a child with approved for the HCBS CMHW. The payment rate may vary between adult and child and with or without the ICM.

The rate is developed according to the actual cost of providing each component of the service for the adult population with and without intensive care management and the child population with and without ICM service. No other payments for these services shall be made.

The IME appreciates your continued partnership as we work to improve health outcomes. Please contact Provider Services by email IMEProviderServices@dhs.state.ia.us or phone **1-800-338-7909**, locally in Des Moines at 515-256-4609 if you have any questions regarding billing health home services.