



Chronic Condition Health Home Reference Guide

Introduction

The Chronic Condition Health Home (CCHH) model of care helps individuals with at least one chronic health issue and are at risk for having another chronic condition. CCHH assists these individuals with gaining access to care, managing their health, reducing unnecessary visits to the emergency room and avoiding inpatient admissions. Chronic conditions supported through this model of care include:

- Adults w/body mass index (BMI) of 25 or child with a BMI higher than the 85th percentile
- Asthma
- Diabetes
- Heart disease
- Hypertension
- Mental health condition classified as chronic
- Substance use disorder

To assist CCHH care providers, this guide outlines enrolling/disenrolling members, submitting claims, and verifying eligibility.

Clinical Transformation Team

The Clinical Transformation Team includes Health Home Transformation Consultants who provide support on a regional basis throughout Iowa.

Team	Staff Members	Phone Number
Regional Coverage	Michelle Gogerty – Regional Director	763-361-1708
Central Region	Diane Larson	515-727-2040
Northwest Region	Taralyn Tranmer	763-283-3559
Northeast Region	Kristy Herbrandson	952-406-6957
Central Region	Sheila Starmer	515-727-2071
Southwest Region	Kimberly Nelson	952-406-6956
Southeast Region	Chantelle Peterson	952-406-4547

Online Tools

UnitedHealthcare Community Plan’s online resource site, UHCCommunityPlan.com, offers the following: enrollment and disenrollment forms as well as our provider manual, and claims and member information.

Enrollment/Disenrollment

An enrollment form must be completed and submitted to UnitedHealthcare Community Plan for a member to be enrolled in a CCHH. If a member disenrolls from their health home, a disenrollment form is required. Forms are available at UHCommunityPlan.com > For Health Care Professionals > Iowa > **Provider Forms**.

Whether a member is enrolling or disenrolling, send the completed form either by:

- Email to **uhc_iowa_healthhomes@uhc.com**, or
- Fax to **855-237-0547** - Include a return email address if enrollment form is faxed.

When completing the enrollment form, make sure to fill out all fields.

- Member name, member's Medicaid ID #, date of birth
- CCHH Information, including care provider name and Iowa Medicaid Enterprise Legacy ID
- Check all diagnosis boxes of chronic conditions which apply to the member
- Check the tier level box that applies to the amount of assessed conditions
- Write in the date of the Patient Tier Assignment Tool (PTAT) assessment for the chronic condition, and please be sure to complete the tier level for the number of chronic conditions.

Members whose enrollment forms are received after the 15th business day of the month will not be enrolled until the following month.

Assessment

The Patient Tier Assignment Tool (PTAT) helps identify patients who qualify for chronic condition health home services. Each member must be assessed with the PTAT and the assessment must be updated at least annually.

- For new health home members, include the PTAT assessment date on the enrollment form.
- For members already enrolled in a health home with UnitedHealthcare, submit either:
 - A completed PTAT form, or
 - Record the information on an enrollment form noting it is the annual PTAT assessment date.

Submit the completed form with the PTAT assessment date either by:

- Email to **uhc_iowa_healthhomes@uhc.com**, or
- Fax to **855-237-0547** - Include a return email address if form is faxed.

Membership List

UnitedHealthcare Community Plan will email a monthly membership list to the CCHH by the seventh business day of the month.

- The list is comprised of enrolled Medicaid members assigned to the specific health home.
- The list will include the most recent PTAT assessment date.
- CCHH uses the list to help ensure their membership records match UnitedHealthcare Community Plan's records.
- To add or remove members on the list, use the enrollment or disenrollment form.

Claims Submissions and Billing

When submitting claims, please use the CMS-1500 form and include the following information:

- **Place of Service:** Code 11 for office; Code 12 for home; Code 22 for on campus-outpatient hospital; Code 50 for FQHC; Code 52 for Community Mental Health Center; Code 72 for RHC; Code 99 for other place of service.
- **Payer ID: 87726** and submit the CCHH claim per member per month using the national provider identifier, taxonomy, and zip code that was included on the Iowa Medicaid Enterprise provider application for the health home.
- If billing for CCHH, include chronic condition ICD-10 diagnosis code on the claim.
- Use the following codes and modifiers for the appropriate amount of the member's chronic conditions:

Chronic Condition Health Home Tier Level	Code	Modifier
Tier 1 (1-3 chronic conditions)	S0280	U1
Tier 2 (4-6 chronic conditions)	S0280	TF
Tier 3 (7-9 chronic conditions)	S0280	U2
Tier 4 (10 or more chronic conditions)	S0280	TG

- When submitting a claim, UnitedHealthcare Community Plan requires that you do so within 180 days of the date of service.
- Clean claims, including those with adjustments, will be adjudicated within 14 days of receipt.

You can submit claims electronically through an electronic data interchange connection.

- To learn more about electronic claims submissions, go to UHCprovider.com > **Claims and Payment Resources**.

You can also submit claims online using the claimsLink app. To access it, sign in to Link by clicking on the Link button in the top right corner of UHCprovider.com.

- To learn more about Link, please visit UHCprovider.com > Link.

We're Here to Help

If you have billing questions, please contact Provider Services at **888-650-3462**.

Thank you.