



## Integrated Health Home Reference Guide

### Introduction

The Integrated Health Home (IHH) model of care helps adults with a serious mental illness (SMI) and children with a serious emotional disturbance (SED). IHH assists these individuals by providing the following:

- Accessible and single point of coordination
- Ensuring these individuals and their families have access to timely, quality, and appropriate services and supports they need
- Building alliances with various professionals who provide supports and services; providing different levels of care coordination that meet the different levels of need
- Involving multiple agencies and other partners to provide needed services and supports providing whole-person care coordination across medical, behavioral and social services and supports;
- Continuous quality improvement for measured effectiveness of services based on established outcomes.

These services help IHH members gain access to care, manage their own health and reduce unnecessary visits to the emergency room and avoid inpatient admissions.

The conditions supported through IHH include the following:

- Psychotic disorders
- Schizophrenia
- Schizoaffective disorder
- Major depression
- Bipolar disorder
- Obsessive-compulsive disorder
- Delusional disorder
- Serious emotional disturbance in children
- Mental health condition resulting in functional impairment

To support IHH care providers, this guide outlines enrolling/disenrolling members, submitting claims, and verifying eligibility. It also provides the contact information of UnitedHealthcare Community Plan's Clinical Transformation Team, available to support you and answer questions.

## Clinical Transformation Team

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

Territory	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 Through UHCCommunityPlan.com Care Provider Website

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 Forms

An enrollment form must be completed and submitted to UnitedHealthcare Community Plan for a member to be enrolled in an IHH. If a member disenrolls from their health home, a disenrollment form needs to be completed and submitted. Forms are available at UHCCommunityPlan.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](mailto:uhc_iowa_healthhomes@uhc.com) or
- Fax to **855-237-0574**

When completing the enrollment form, complete the fields for the:

- Member name, member's Medicaid ID #, date of birth
- IHH information, including name and Iowa Medicaid Enterprise (IME) legacy ID
- Complete the appropriate tier level for IHH
- Check all diagnoses which apply to the member
- For all children, please check the box for Serious Emotional Disturbance.
  - If the member has a mental health condition resulting in functional impairment, then explain the Functional Limitations in the space provided.

Write in the date when the assessment for Habilitation services or CMH waiver took place.

**Include a return email address if enrollment form is faxed.**

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

## Membership List

UnitedHealthcare Community Plan will email a bimonthly membership list to the IHH comprised of enrolled Medicaid members assigned to the specific health home.

- IHH uses the list to help ensure their membership records match UnitedHealthcare Community Plan.
- To add or remove members on the list, use the enrollment or disenrollment form.

## Service Requirements

IHH must document monthly that at least one of the minimum six core service requirements are met.

1. Comprehensive Care Management
2. Care Coordination
3. Health Promotion
4. Comprehensive Transitional Care
5. Individual and Family Support Services
6. Referral to Community and Social Support Services

### Additional Service Requirements

- Members enrolled in Intensive Care Management (includes Habilitation and Children's Mental Health Waiver):
  - Must be contacted at least monthly in person or by telephone with an interval of at least 14 days between contacts
  - Must be seen face-to-face as frequently as necessary but at least quarterly with an interval of at least 60 days between visits
  - Must have team meetings/joint treatment plan meetings at least annually

## 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 IHH 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 IHH, include behavioral health ICD-10 diagnosis code on the claim.
- Use the following codes and modifiers for the appropriate service.

Integrated Health Home Tier Level	Code	Modifier
Tier 5 Adult	99490	TF
Tier 6 Child	99490	TG
Tier 7 Adult Hab or Care Transition Services (ICM)	99490	U1, U3*
Tier 8 Children's Mental Health Waiver or Care Transition Services (ICM)	99490	U2, U3*

\*U3 is a secondary modifier required quarterly to indicate face-to-face services.

- IHH Date of Service is the first occurrence for that month when the minimum service requirement is met and documented in the medical record.
- When submitting a claim, UnitedHealthcare Community Plan requires that you do so within 180 days of the date of service.

### Claims Submissions and Billing cont.

- Clean claims, including those with adjustments, will be adjudicated within 14 days of receipt.

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

- To learn more about electronic claims submissions, go to [UHCprovider.com](http://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](http://UHCprovider.com).

- To learn more about Link, please visit [UHCprovider.com](http://UHCprovider.com) > Link.

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

### Intensive Care Management Services

ICM services include waivers for habilitation services and children's mental health (CMH). None of these services requires prior authorization; however, you will receive a notice of approval from UnitedHealthcare Community Plan.

### Initial and Annual Assessments

We are using the the following interRAI assessments:

- Community Mental Health Assessment
- Children's and Youth Mental Health Assessment
- Adolescent Supplement

These assessment forms can be found on the Iowa Medicaid Enterprise's website at [dhs.iowa.gov](http://dhs.iowa.gov).

For habilitation services and children's mental health waiver services, be sure to include the following information on the member assessment:

- IMPA cover sheet
- Signature of the assessor
- Social history of the member
- Include mental health diagnosis code for children's mental health waiver
- Member's name
- Member's Medicaid ID number
- Type of service requested – Indicate whether the request is an annual renewal or first time

### Treatment Plans

The person-centered treatment plan must to be completed within **30 days of the assessment**, and must be signed by the member prior to submission (signature page).

UnitedHealthcare Community Plan is required to obtain documentation through a member assessment and a treatment plan for habilitation and CMH Waiver services. Please send the assessment, person-centered treatment plan and the Iowa Medicaid Enterprise's cover sheet either by:

- Email to [uhc\\_iowa\\_integratedhealthhomes@uhc.com](mailto:uhc_iowa_integratedhealthhomes@uhc.com), or
- Fax to **877-960-5516**

Care providers will receive an email within five days from UnitedHealthcare Community Plan acknowledging receipt of the required IHH documentation.