



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Larry Hogan, Governor - Boyd Rutherford, Lt. Governor - Van Mitchell, Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM
Health Homes Transmittal No. 5
October 27, 2015

TO: Health Home Providers

FROM: *Susan J. Tucker*
Susan J. Tucker, Executive Director
Office of Health Services

RE: Nurse Care Manager Role and Billable Services

NOTE: **Please ensure that appropriate staff members in your organization are informed of the contents of this transmittal**

This transmittal provides clarification of current regulations regarding the role of nurse care managers and the billable services they can deliver. It is intended to promote the implementation of Population Health Management and to encourage the efficient and effective use of Nurse Care Managers to focus on care management, professional consultation, monitoring of health status through record review, and treatment team meeting participation.

Participant-Specific Consultation to PRP/ACT/OTP Staff. Ordinary communication with, or general education of, PRP/ACT/OTP staff by Health Home staff is not billable. However, the following types of communication to such staff would be billable if performed by the Health Home Nurse Care Manager (NCM):

A. *Consultation that results in a Care Plan Update.* See Transmittal dated February 3, 2015 for the parameters regarding this.

B. *Consultation in which the NCM is providing any of the following covered services:*

- i) Assigning team members roles and responsibilities with regard to delivery of services to a participant - COMAR 10.09.33.06B(3)(a);
- ii) Monitoring participant health status or progress toward ITP goals – COMAR 10.09.33.06B(4)(a); or

- iii) Coordinating the participant's care or the delivery of covered services - COMAR 10.09.33.06C(3) and COMAR 10.09.33.06G.

Providers may select "Communication with other providers and supports" in eMedicaid to document providing any of the services described in 1.B.

Accessing Health Information from External Providers. Currently, E-Medicaid has a billable service option called "patient records request from PCP." This option can include:

- A. *Any amount or type of health information from any external health care provider;* or
- B. *Accessing health information from external providers via Health Information Technology, including but not limited to:*
 - i) the CRISP portal or the CRISP electronic notification system;
 - ii) through permitted direct access to an external provider's electronic health record; or
 - iii) through electronic transmission of information such as an interoperable Continuity of Care document

Reviewing Internal Health Record to Monitor Status. Programs may bill for time a NCM spends reviewing the program's internal health record for a participant if the NCM is reviewing that information as a way of delivering any of the following covered services:

- A. *Monitoring participant health status or progress toward ITP goals* - COMAR 10.09.33.06B(4)(a); or
- B. *Coordinating the participant's care or the delivery of covered services* - COMAR 10.09.33.06C(3) and COMAR 10.09.33.06G.

Providers may select "Care plan progress reviewed with participant" in eMedicaid to document providing any of the services described in III.A or B, even though these do not require direct communication with the participant.

Clarification Point:

This billable service is only applicable to NCM review of *internal* health records. Health information from external providers is billable at the point it is requested/accessed, and there is an assumption that this information is reviewed. Therefore, it would be duplicative to bill for both requesting/accessing external health information and then reviewing it.