

## Housing Stabilization Services Provider FAQ

### **What is the Housing Stabilization benefit?**

*Housing Stabilization is a Home and Community Based Service (HCBS), and providers of Housing Stabilization services must abide by the HCBS requirements. The goals (outlined by DHS) of Housing Stabilization Services are to: support an individual's transition to housing, increase long-term stability in housing and avoid future periods of homelessness or institutionalization.*

### **When is this benefit effective?**

*This benefit goes into effect on 7/20/2020.*

### **How do I identify Medica members eligible for this benefit?**

*This benefit is available for all Medicaid members. This includes: Medica DUAL Solution (MSHO), Minnesota Senior Care Plus (MSC+), Medica AccessAbility Solution (SNBC), and Medica AccessAbility Solution Enhanced (SNBC SNP).*

### **How do I know if I am an eligible provider for these services?**

*All providers that would like to provide these services must enroll as a Housing Stabilization Service (HSS) provider with DHS. All credentialing requirements are handled at DHS, not Medica. Once enrolled, you will show up on a Provider Enrollment CD (PECD) file that is sent to Medica on the 1<sup>st</sup> and 15<sup>th</sup> of each month.*

### **Is authorization required?**

*Yes. A provider must go through the DHS approval process and through that process, Medica will receive notification of any service approvals or service changes. With this notification, Medica will enter an authorization into our system.*

### **What is the process for obtaining an authorization?**

*The housing consultation provider or the assigned MSHO/MSC+ Care Coordinator will work with the member to develop a plan and submit to a DHS enrolled Housing Transition/Sustaining provider. This will then be sent to DHS, who will then review the paperwork and either approve or deny. Once a decision is made, Medica will receive an approval notice in the form of a letter and will enter it into Medica's system. If the member changes providers, or their plan changes, DHS will send Medica the updated information.*

### **How long does the authorization process take and how will I know that services have been approved?**

*Refer to DHS regarding their turnaround time for reviews and notifications. Once Medica receives the DHS information, an authorization will be entered within 10 days and an authorization letter will be sent to the HSS provider. You will get two approval letters- one from DHS when the services are approved and another from Medica once the referral has been entered into our system.*

## **How can I identify the Care Coordinator?**

*All Medica Dual Solution (MSHO), Minnesota Senior Care (MSC+), AccessAbility (SNBC), and AccessAbility Enhanced are assigned to a Care Coordinator. If you are needing to speak with the members assigned care coordinator and do not have this information, contact the Provider Service Center at 1-800-458-5512 and they can look it up for you. Care coordinator information for our county partners can also be found on Medica's provider portal.*

## **How do I bill for these services?**

*You will bill services on a CMS-1500 (HCFA) form. For a Sample CMS-1500 Claim Form and billing requirements, see [medica.com/Administrative Resources/Claim Tools](https://www.medica.com/Administrative-Resources/Claim-Tools) under the Claim Forms section. Claims can be billed paper or electronically. For additional information on how to submit claims electronically, see below question about registering with a clearinghouse.*

## **What is a clearinghouse, and how do I get set up with them?**

*A clearinghouse allows you to submit secure claims electronically to an insurance payer. You will upload a file that is sent to the medical billing clearinghouse account. The clearinghouse then scrubs the claim to check for errors. Once it passes inspection, the clearinghouse securely transmits the electronic claim to the specified payer with which it has already established a secure connection that meets the strict standards laid down by HIPAA. Minnesota E-Connect is a free clearinghouse established to meet AUC guidelines for MN electronic billing requirements. For additional information on electronic claims submission, or to register with MN E-Connect, go to [medica.com/Administrative Resources/Claim Tools](https://www.medica.com/Administrative-Resources/Claim-Tools) under the Electronic Claim Submission section.*

## **I'm enrolled with DHS - are there any additional steps I need to take before I can submit my first claim to Medica?**

*Once you have gone through the DHS provider enrollment process and Medica receives confirmation of this from DHS, Medica will need to add your information to their claims systems in order to ensure prompt and accurate payments. To complete this setup, you will need to send an Out-of-Network Provider Setup Form along with a W-9 to Medica. This form can be found at [medica.com/Administrative Resources/Claim Tools](https://www.medica.com/Administrative-Resources/Claim-Tools) under the Electronic Claims Submission section (Out-of-Network Provider Setup Form). When Medica receives this information, we can create a unique provider ID in our system that ties to your organization and billing information. If you submit claims before this step is complete, your claim will reject. For additional questions and assistance with setup, contact the Provider Service Center (PSC) at 1-800-458-5512, and let them know that you are interested in more information or have questions about the Out-of-Network Provider set up process. **The fastest and easiest way to get setup is by contacting the PSC directly**- then you can fax the necessary forms directly to the rep you speak with for handling, instead of faxing to the general PSC fax number listed on the form.*

*Note: If you are already set up as a contracted provider with Medica and will be billing Housing Stabilization services in addition to services you already bill, requirements will vary based on current setup. Please contact the Provider Service Center to determine if you will need to follow the above process, or if you can bill under your current setup.*

**What codes do I use for billing? Are there any unique coding considerations we need to be aware of, such as visit limits or required modifiers?**

*The DHS assigned HCPCS codes for Housing Consultant, Transition, and Sustaining services are as follows:*

- *Housing Consultant: T2024, U8 modifier required*
- *Transition: H2015, U8 modifier required*
- *Sustaining: H2015, U8/TS modifier required*

*Visit limits and extensions are determined based on the Prior Authorization obtained from DHS. Also, DHS has provided information about what constitutes a conflict of interest, as well as services that cannot be billed at the same time as HSS. See the DHS site for more information:*

*<https://mn.gov/dhs/partners-and-providers/policies-procedures/housing-and-homelessness/housing-stabilization-services/housing-stabilization-services.jsp>*

**Who can I contact if I have additional questions?**

*For additional questions, please contact the Provider Service Center at 1-800-458-5512.*