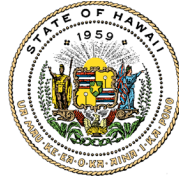


JOSH GREEN, M.D.
GOVERNOR
KE KIA'ĀINA



CATHY BETTS
DIRECTOR
KA LUNA HO'OKELE

JOSEPH CAMPOS II
DEPUTY DIRECTOR
KA HOPE LUNA HO'OKELE

STATE OF HAWAII
KA MOKU'ĀINA O HAWAI'I
DEPARTMENT OF HUMAN SERVICES
KA 'OIHANA MĀLAMA LAWELAWE KANAKA
Med-QUEST Division
Health Care Services Branch
Data Analysis and Provider Network Section
P. O. Box 700190
Kapolei, Hawaii 96709-0190

June 22, 2023

MEMORANDUM


MEMO NO.

QI-2327

FFS 23-13

CCS-2310

TO: QUEST Integration (QI) Health Plans
Medicaid Fee-For-Service (FFS) Providers
Community Care Services (CCS) Health Plan

FROM: Judy Mohr Peterson, PhD 
Med-QUEST Division Administrator

SUBJECT: STREET MEDICINE

The purpose of this memorandum is for the Med-QUEST Division (MQD) to provide guidance to QUEST Integration (QI) health plans, Community Care Services (CCS) Health Plan and Medicaid FFS program regarding the coverage of routine costs associated with Street Medicine (SM). The QI health plans shall reimburse for Medicaid covered services rendered as a Street Medicine as described below. Health Plans must ensure services paid for and covered under SM were rendered and properly billed and documented by SM providers. Health plans shall follow existing program integrity responsibilities in the health plan contract.

Street Medicine Definition

Street medicine (SM) describes a mobile approach for delivering medical outreach to persons experiencing homelessness (PEH) where they reside, often in encampments in the streets, as well as in shelters and temporary housing units. Rather than expecting PEH to come to a

traditional medical office, SM brings care to patients where they are.¹ Common SM services include behavioral healthcare, addiction treatment, care coordination, and physical health needs as well primary care services, though services may vary considerably across SM settings; this list of services is not meant to be inclusive. SM services are separate and distinct from Community Integration Services (CIS).

The services and procedures performed for SM are the same as that are being currently delivered under existing scope of practice, but they are being delivered in a non-traditional setting and thus require new POS codes.

Place of Service (POC) and Providers

The following are acceptable Place of Service (POS) codes that may be billed when rendering SM medical services. These POS codes should be used on professional claims to specify the location where services were rendered, and include those listed in the following table:

Place of Service Code(s)	Place of Service Name	Place of Service Description
04	Homeless Shelter	A facility or location whose primary purpose is to provide temporary housing to homeless individuals (e.g., emergency shelters, individual or family shelters).
15	Mobile Unit	A facility/unit that moves from place-to-place equipped to provide preventive, screening, diagnostic, and/or treatment services.
16	Temporary Lodging	A short term accommodation such as a hotel, camp ground, hostel, cruise ship or resort where the patient receives care, and which is not identified by any other POS code. ²

Providers rendering SM services to an individual are responsible for determining and rendering appropriate and applicable eligible services. Reimbursement for rendered services is limited to the provider's applicable and Medicaid covered services under current State Medicaid

¹ Street Medicine Institute: <https://www.streetmedicine.org/>.

² POS 16 is appropriate to use when billing for SM services provided on the street, in churches, in parking lots, in alleys, in encampments, or on the beach. These are additional examples of short term accommodations that are not identified in any other POS code.

authority. Examples of providers who may provide these services include physicians, advanced practice registered nurses (APRN), psychologist and behavior health social workers; this list of providers is not meant to be inclusive. Regular coordination of benefits rules shall apply when Medicaid is not the primary insurance.

Coordination of Care

Providers are encouraged to coordinate with health plans on services rendered through the sharing of care/service plans and SM services rendered to ensure continuity and coordination of members occur between providers and health plans. Plans shall coordinate SM services and providers with existing healthcare, including health coordinator as necessary.

Questions and Inquiries

Please direct any questions or inquiries to the following email: HCSBInquiries@dhs.hawaii.gov.