



## Primary Care Health Homes

### Enrollment Protocols and Instructions for Completing Form

#### Enrolling a Patient in a Health Home

A PCHH must ensure that patients are eligible for enrollment in a Primary Care Health Home before submitting an enrollment form:

- Be covered by an eligible Medicaid ME code (check in eMOMED) (a list of ME codes not eligible for PCHH enrollment is attached)
- Not be already enrolled in a health home (check in CyberAccess)
- Have had at least one emergency department visit or hospitalization in the past 12 months (check in EMR or in CyberAccess) **OR** be on the MO HealthNet Potential PCHH Enrollee List **OR** you estimate that the person has cost MO HealthNet at least \$775 in the past 12 months

#### **Eligible Diagnoses for PCHH Enrollment**

Participants may be enrolled if they have one of the following stand-alone conditions, or two or more of the following chronic conditions/risk factors:

##### Stand-Alone Conditions

- Diabetes
- Chronic Pain
- Uncontrolled Pediatric Asthma (Persons 20 and under whose asthma has resulted in hospitalizations, ER or urgent care visits in the past 12 months)\*
- Obesity (BMI > 30 [adult] or 95<sup>th</sup> percentile [peds] who have had hospitalizations, ER or urgent care visits in the past 12 months)

##### Other Conditions and Risk Factors (need a combination of two or more [can include diabetes])

- Asthma
- Developmental Disability
- Overweight(BMI 25-29 [adult] or 85<sup>th</sup> to 94<sup>th</sup> percentile [peds])
- Cardiovascular Disease
- Tobacco use

Behavioral Health Conditions (can only include **one** of the following three conditions)

- Anxiety
- Depression
- Substance use disorder

- The person filling out the form must **complete all applicable fields** on the enrollment form (including all applicable enrollment conditions/diagnoses).
- Forms should be **saved using the filename convention: Lastname, Firstname** (this keeps us from having to rename each form when we save it). If including other information such as your initials, date submitted, form type, etc., please put at the end of the file name.
- Only **one type of form** should be included in an email (**up to 15** of the same type can be submitted in one email).
- Please make sure that you **submit a form only once**. Duplicate forms result in extra work for the Enrollment Coordinator (and for health homes as well).
- **Forms may be denied/returned** for correction if information is omitted or these instructions are not followed. **You will receive notice of any denied enrollment** (including the denied enrollment form).
- **E-mail all forms to the Enrollment Coordinator** at [pchh@dss.mo.gov](mailto:pchh@dss.mo.gov) **as early in the month as possible**.