



Primary Care Health Homes Enrollment Protocol and Instructions

All approved enrollments are effective the first day of the month following the month in which the enrollment was approved. **All enrollment request forms must be emailed to the Health Home Enrollment Coordinator (pchh@dss.mo.gov).** In order to ensure that forms are processed in time to show on the enrollment/discharge report, they must be **submitted as early in the month as possible – and no later than the 20th of the month.**

They must be sent in an encrypted email, or as a password protected file to comply with HIPAA requirements. If your organization has a secure email system, the unencrypted version of the form may be used. If your organization does not have secure email, you must use the password protected version of the form. Contact Kathy Brown (mary.k.brown@dss.mo.gov) for an electronic copy of either type of form. The words "PCHH Enrollments" should be included in the subject line of the email. Note the number of forms attached in the subject or body of the email.

Enrolling a Patient in a Health Home

Providers must ensure that patients are eligible for enrollment in a Primary Care Health Home:

- Be covered by an eligible Medicaid ME code (check in eMOMED)
- 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 [check the appropriate box in part 2 of the form] Enrollment will be denied if one of these boxes is not checked.

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
- 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 95th percentile [peds] who have had hospitalizations, ER or urgent care visits in the past 12 months)*

*MO HealthNet will provide a list of individuals that meet these criteria. Health home provider organizations will review the list and determine which of these people to enroll. In this case, the box "Patient on MO HealthNet list" should be checked. Organizations can also identify individuals that meet one of these criteria. In this case, the number of urgent care visits, emergency department visits and hospitalizations within the past 12 months must be noted. Forms without that information will be returned as denied for enrollment.

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

- Asthma
- Developmental Disability
- Overweight(BMI 25-29 [adult] or 85th to 94th percentile [peds])
- Heart Disease
- Diabetes
- Tobacco use

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

- Anxiety
- Depression
- Substance use disorder*

*Only applicable for organizations with at least one clinician certified to provide medication-assisted treatment (MAT). Any PCHH organization wanting to enroll individuals with this condition must contact Kathy Brown for approval (one time only).

Providers will **complete all fields** on the enrollment form (including indication of the chronic conditions). Your Medicaid provider # is assigned by MO HealthNet. It is only one number for your entire health home population, regardless of the clinic site. Forms should be saved using the filename convention: Lastname, Firstname (this keeps us from having to rename each form when we save it). **Only one type of form** should be included in an email (multiple forms of the same type are fine). Please check to make sure that you **only submit a form once**. Duplicates result in extra work for the Enrollment Coordinator (and for the PCHH organization). Mail all forms to the Enrollment Coordinator at pchh@dss.mo.gov.

The PCHH program manager will be ultimately responsible for determining whether the enrollment will be approved.

If the enrollment is approved, this will show on the enrollment/discharge report the health home director receives in the first few days of the next month.

When Enrollment is Denied

If the enrollment is not approved, the person who submitted the form will receive a copy of the form via email showing the reason for denial.