



## Primary Care Health Home Transfer Instructions and Protocols



- **Transfer forms must be sent in a secure or encrypted email** to comply with HIPAA requirements.
- Newest versions of the form are available on the **Resources page of the Primary Care Health Home website**: <https://dss.mo.gov/mhd/cs/health-homes/resources.htm>.
- The words **"PCHH Transfers"** **should be included in the subject line of the email**. Note the **number of forms attached in the subject line of the email**.
- The person filling out the form must **complete all applicable fields** on the transfer form (including that the **person you spoke with**, and the reason for transfer).
- Prior to submission, the **New Health Home staff** must **verify all diagnoses are current**.
- 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., place at the end of the file name.
- Only **one type of form** should be included in an 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.
- **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**.
- A transfer may be initiated by either the receiving health home organization or the original health home organization – but there must be communication between the two organizations before a transfer can take place. Organizations may initiate the transfer of an enrolled PCHH patient to another PCHH if they believe the patient would benefit from the transfer, or if the patient is moving from one service area to another. There must be a valid and compelling reason to initiative a transfer (e.g. a change in address, belief that a patient would be better off in their health home, physician moved and patient wants to continue care with that person, patient request, etc.).
- Before a transfer, the patient/guardian must be consulted to discuss and approve the transfer request.
- The health home director or designee (e.g. nurse care manager) then contacts the director of the other Health Home and they consult with each other regarding the transfer request.
- Both health homes involved must agree to the transfer.

**NOTE:** Although patients can be switched from a Primary Care Health Home to a Behavioral Healthcare Home, this cannot be done through the transfer form since the enrollment criteria are different. When switching someone from one type of health home to another, the communication must occur between staff at the two health homes, but the current health home must submit a discharge form and the receiving health home must submit a new enrollment form. See further instructions on the next page.

**Transfers from one type of health home to another (e.g. Primary Care to Community Mental Health Center (or vice versa))**

- If a patient or a health home wants to transfer from a primary care health home to a community mental health center health home (or vice versa), this is treated as a discharge and enrollment. If the patient communicates this desire to the **original/current** health home, that health home contacts the **requested/receiving** health home to notify them of the patient's plans. The **original/current** health Home completes a discharge form and submits it to the Enrollment Coordinator for processing. The **receiving/requested** Health Home contacts the patient to discuss/confirm the change in health homes and then completes an enrollment form and submits it to the Enrollment Coordinator.
- If the patient communicates this desire to the **requested/receiving** health home (or that health home determines there is a valid compelling reason for the change), that health home contacts the **original/current** health home to discuss the situation and requests that health home submit a discharge form on the patient. The original health home discusses and confirms the request with the patient. The **original/current** health home completes the discharge form and submits it to the Enrollment Coordinator. The **requested/ receiving** health home completes an enrollment form and emails it to the Enrollment Coordinator

**NOTE: Enrollment forms cannot be processed until discharge forms have been processed. The list of 4-digit codes is attached.**

## **PCHH PROVIDERS - FOUR DIGIT NUMBERS (for transfers)**

<b>Provider Name</b>	<b>Provider Number</b>
Access Family Care	5600
Affinia Health Care	6801
Arthur Center	2873
Betty Jean Kerr People's Health Centers	3327
Bridges Medical Services	3402
Care STL (formerly Myrtle Hilliard Davis Comp. Health Centers)	2915
Central Ozarks Medical Center	6718
Citizens Memorial Healthcare	2508
Clarity Healthcare	1555
Community Health Center of Central Missouri	0115
Compass Health (Crider)	5304
Comtrea	1607
Cox Health	2507
Family Care Health Centers	8417
Ferguson Medical Group (St. Francis Medical Center)	4108
Fitzgibbon Hospital	7600
Fordland Clinic	9105
Four Rivers Community Health Center	0761
Great Mines Health Center	5109
HCC Network (Livewell Community Health)	2932
Jordan Valley Community Health Center	5303
Kansas City Care Clinic	9243
Katy Trail Community Health	9208
Managed Care, Inc.	3306
Missouri Delta Medical Center	8903
Missouri Highlands Health Care	7419
Missouri Ozarks Community Health	8500
Northeast Missouri Health Council	1801
Northwest Health Services	1248
OCH Health System (formerly Ozarks Community Hospital)	4408
Ozarks Community Health Center	2675
Priority Care Pediatrics, LLC	1791
Samuel U. Rodgers Health Center	9111
Southeast Missouri Health Network	4010
Southern Missouri Community Health Center	0200
SSM Cardinal Glennon/Danis Pediatrics	5801
SSM Cardinal Glennon Pediatrics	9107
SSM Internal Medicine	6204
SSM Pediatrics	8507
St. Louis County Dept. of Public Health	6308
Swope Health Services	6110
Truman Medical Centers	7703
University of Missouri Health System	5402