Health Home Provider Reference Guide

What is the Health Home?

An enhanced Primary Care Case Management program intended to provide Alabama Medicaid recipients with a medical home in order to achieve high-quality, lower costs, improved access, and better utilization in the management of care

Who is eligible for the Health Home?

Any patient with one chronic condition at risk of developing another

- Mental Health Condition
- Substance Use Disorder
- Asthma
- Diabetes
- Heart Disease
- BMI over 25
- Transplants
- Cardiovascular Disease
- COPD
- Cancer
- HIV
- Sickle Cell Anemia
- Hepatitis C Virus

Goals of the Health Home

- Improve health outcomes for Alabama Medicaid Patient 1st Population
- Help Primary Medical Providers effectively manage patients with chronic conditions
- Improve communication across care settings
- Integrate behavioral health with physical health
- Empower patients to self-manage their conditions
- Reduce the cost of care

How will the Health Home affect my practice?

- PMPs will continue to determine their panel size
- Implementation of the Health Home program will not change a PMP's current panel. Patient 1st patients will continue to have the ability to choose the doctor or clinic for their PMP and change PMPs as is presently done
- Must be willing to collaborate with Health Home staff for care coordination success
- Must participate in quarterly medical management meetings via one of the following options:
  - Attend regional meeting
  - Phone conference
  - Alabama Care Plan Representative one-on-one at provider's office
  - Webinar

Reimbursements/Financials:

- $8.50 for each patient qualifying for Health Home Services
- $0.50 for all other Patient 1st patients on your panel
- Case Management fees will continue to be made on the first check run of the month to Patient 1st PMPs
- Not applicable for Rural Health Clinics or Federally Qualified Health Centers

Health Home Provider Reference Guide

Services:

Care Coordination:
Nurses and Licensed Social Workers

- Completion of psychosocial assessments to determine the needs of patients
- Referral for needed resources including transportation, financial assistance, food, and support services
- Provide education regarding chronic illnesses and provide support in managing their care

Transitional Care:
Nurses and Licensed Social Workers

- Assist patients in transitioning from one level of care to another
- Partnering with medical facilities to develop discharge plans
- Medication reconciliation
- Education and support services in managing chronic conditions

Medication Management:
Pharmacists

- Medication reconciliation
- Educate patients regarding medication management
- Prior authorization assistance
- Programs to improve adherence and health literacy

Complaints/Grievances:

- Recipient complaints and grievances can be communicated to your Care Coordinator, Health Home Executive Director, or by calling the Health Home toll-free number
- The Health Home's Quality Care Manager will be notified of the complaint and will respond to the recipient with proper resolution in a timely manner
- Complaints and grievances are monitored routinely by the Health Home Executive Director to identify issues and when necessary, implement strategies for improvement

Who to contact with complaints/grievances:

Health Home Toll Free:
855-698-2273
Health Home Local:
205-558-7660
Executive Director, Michael Battle:
205-558-7645

How to refer a patient for Health Home Services:

- Submit Health Home Referral Form to 205-449-7922
- Call the Health Home toll free or local number: 855-698-2273 or 205-558-7660
- Contact your Care Coordinator directly

Contact Information:

Michael Battle
Executive Director of
Alabama Care Plan Health Home
205-558-7645
mbattle@uabmc.edu

General Health Home Inquiries

Toll Free: 855-698-2273
Local: 205-558-7660

Revised: April 6, 2015