



Chronic Condition Health Home – Health Home Notification Form Guide

Introduction

The purpose of this guide is to provide the Health Home with information how to notify the Managed Care Organizations (MCO) of a member's status within their health home such as enrollment, disenrollment, or renewal. The instructions below will explain how to complete and submit information.

Enrollment Criteria

Member needs to

1. Be eligible for Medicaid.
2. Have at least 2 chronic health conditions or have 1 chronic condition and be at risk for another.

Process

The basic process to enroll a member into the Chronic Condition Health Home with the MCOs is as follows:

1. HH meets with the member and offers the health home program as a service.
2. HH verifies member has full Medicaid.
3. Member agrees to enroll into the CCHH.
4. HH completes the Health Home Notification Form and PTAT.
5. HH faxes the Health Home Notification form and PTAT to the respective MCO.
6. MCO reviews information for accuracy and processes. HH can verify enrollment by:
 - a. Amerigroup - CCHH providers can locate this information on their weekly membership report and/or on Patient 360.
 - b. Iowa Total Care – CCHH providers can locate this information by going into Evolve Portal and looking under authorizations for S0248 or by reviewing monthly roster. If member is not approved, ITC will notify the HH via email for reason not able to process the enrollment.
 - c. Molina – CCHH providers can confirm enrollment lists with Molina by outreaching the healthhomesiowa@molinahealthcare.com email address.

How to Complete Health Home Notification Form

- I. Section I: Member Information

Health Home will enter the following items:

- a. Member Name
- b. DOB
- c. Phone – if member does not have one, put NA

- d. MCO-Assigned Member ID Number - required for Amerigroup members. ITC is NA
- e. Medicaid ID Number
- f. Home Address - if member is homeless, enter in NA or homeless

2. Section 2: Provider Information

Health Home will enter the following items:

- a. Health Home Name
- b. National Provider Identifier (NPI)
- c. MCO Assigned Provider # - required for Amerigroup members
- d. Primary Care Provider - if member does not have one identified, put NA.

3. Section 3: Status

Health Home will enter in the following items

- a. Check the appropriate box for what is needed for the member, enrollment, renewal or Disenrollment

i. Enrollment

- Check if member is enrolling into your health home

ii. Renewal

- Only used for ITC members to keep members enrolled in the health home. This must be completed and submitted along with an updated PTAT every 12 months.
- For Amerigroup, CCHHs will need to complete renewals by entering information into the HIP on Availity.
- For Molina, CCHH providers will need to complete renewals by submitting a request to either the healthhomesiowa@molinahealthcare.com email address or the 833-616-4714 fax number.

iii. Disenrollment

- Select the most appropriate reason for the disenrollment. When prompted additional information and when prompted add additional information into the additional information box.
- Member requested
- Deceased – need to note date of death in additional information section
- Effectively self-coordinating services
- Incarcerated – need to note date of incarceration in additional information
- Lost Medicaid eligibility
- Moved from area
- Moved out of State – need to note new address in additional information
- No longer meets criteria
- Not participating or provider unable to reach
- Provider requested – need to note reason in additional information
- Provider terminated member enrollment – need to note reason in addition information i.e., provider no longer a participating health home
- Transferred to another health home

iv. Effective Date of Change

These dates are determined by the health home; however, enrollments and renewals should always be the first of the month and disenrollment's should be the last day of a month.

4. Section 4: Enrollment

The health home will complete the following

- a. **Conditions** – check all that are applicable for the member. If a member is at risk for a condition identify those conditions
- b. **Tier Level** – check the tier that corresponds with the number of identified conditions on the PTAT
- c. **Patient Tier Assessment Tool (PTAT) Date** – enter in the date you completed the PTAT with the member
- d. **Signature of HH Staff** – staff signs, electronic signatures can be utilized
- e. **Phone** – enter phone number to reach the staff completing the form
- f. **Date** – enter date you completed the information.

How to Submit

Submit the Health Home Notification Form along with the completed PTAT via fax to the respective MCO.

- Amerigroup (844)556-6125.
- Iowa Total Care (833)864-9673
- Molina (833)616-4714

Location of Form

The Health Home Notification form can be located on the HHS website at:
<https://hhs.iowa.gov/ime/providers/enrollment/healthhome>

Tips

For Amerigroup questions, email IA-HealthHome@amerigroup.com.
For Iowa Total Care questions, email ITC_IHH@iowatotalcare.com.
For Molina questions, email healthhomesiowa@molinahealthcare.com