



West Virginia DHHR Bureau for Medical Services
Health Home Provider Application

This Health Home Provider Application is an addendum to the WV Bureau for Medical Services Medicaid Provider Application

Organization Name: _____	Application Date: _____
DBA (if applicable): _____	National Prov. ID: _____
Physical Address: _____	CEO/Director: _____
City State Zip: _____	
Mailing Address: _____	Organization's Health Home Contact Person
City State Zip: _____	Contact's Name: _____
Phone Number: _____	Phone Numbers: _____
Facsimile Number: _____	Email Address: _____
Email Address: _____	Mailing Address: _____

For informational purposes only, please check all accreditations your organization possesses:

____ CARF ____ URAC ____ JCAHO ____ Other _____ ____ Other _____

Has your organization received National Committee for Quality Assurance Physician Practice Connection® - Patient-Centered Medical Home Recognition? ____ Yes ____ No Projected Date _____

HEALTH HOME PROVIDER AGREEMENT

- A. Health Home Provider will notify members of their right to choose another provider and to refuse HH Services.
- B. Health Home Provider agrees with the Health Home goal to control costs of members' benefits while maintaining quality health care by:
 - B.1 preventing unnecessary hospital, residential, and rehabilitation admissions/readmissions.
 - B.2 avoiding unnecessary emergency room visits.
 - B.3 performing regular medication reconciliations.
 - B.4 coordinating care through electronic means when possible including electronic Health Records.
- C. Health Home Provider will maintain the mandatory staffing and credentialing criteria for HH staff/team.
- D. Health Home Provider will implement the six health home services:

D.1 Comprehensive Care Management	D.4 Comprehensive Transitional Care
D.2 Care Coordination	D.5 Individual and Family Support Services
D.3 Health Promotion	D.6 Referral to Community and Social Support Services
- E. Managed Care Organizations will report information to Health Homes Provider to maintain continuity of care.
- F. Health Home Provider will submit required data to the DHHR BMS or their representative in order to measure program outcomes and report the Adult Quality Measures.
- G. Health Home Provider will maintain Memorandums of Understanding with the required providers to serve their Members as described in the WV Health Home Provider Standards.

H. Health Home Provider will obtain Consent/Release of Information agreements with each provider currently serving their Health Home members.

I. Health Home Provider agrees to follow all regulations/requirements in the WV Health Home Provider Standards.

Health Home Service Locations (Include City and County of each Site): _____

AFFIRMATION

I affirm, under the penalties for perjury, that the forgoing and following information is true, accurate, and complete. I understand that payments submitted under this NPI number will be from Federal funds, and that any falsification or concealment of material fact may be prosecuted under Federal and State laws. The West Virginia Bureau for Medical Services (BMS) may ask for additional information regarding any of the information submitted as part of this form and application. BMS will pursue repayment in all instances of improper or duplicate payment. By signing this form, the provider attests that he/she has read and understands the policies and procedures set forth in the West Virginia Health Home Provider Standards.

The owner or an authorized official of the business entity, directly or ultimately responsible for operating the business, is the authorized signatory of this form.

Print Official's Name: _____ Official's Title: _____

Official's Signature: _____ Date: ____ / ____ / ____

Return Complete Applications to: Richard D. Ernest, Jr, WV DHHR Bureau for Medical Services, 350 Capitol Street, Room 251, Charleston, WV 25301-3706

BMS Use Only - Thank you:

Receipt Date: _____

Final Review Outcome: _____

Review Date: _____

Provider Notification: _____

Reviewer Name _____

Claims Payer Notification: _____

Reviewer Notes: _____

