GULF COAST
Regional Care Organization
Administered by:
VIVA HEALTH

Region E 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
- 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*
  - *Gulf Coast Regional Care Organization one-on-one at provider's office*

One physician from a practice is required to attend one medical management meeting per quarter.

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Health Home 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 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:
855-902-2425
Health Home Local:
251-476-5656
Health Home Director
Sylvia Brown

How to refer a patient for Health Home Services

- Submit Health Home Referral Form to fax: 251-476-5155
- Call the Health Home toll free or local number: 855-902-2425 or 251-476-5656
- Contact your Care Coordinator directly

Contact Information

Sylvia Brown, Director
Region E Health Home
251-476-5656
sbrown@uabmc.edu

General Health Home Inquiries

Toll Free: 855-902-2425
Local: 251-476-5656