



PAY FOR PERFORMANCE
HEALTH HOME PROGRAM

The Health Homes Program is set up to coordinate the full range of physical health, behavioral health, and community-based long term services and supports (LTSS) needed by members with chronic conditions.

Program Goal

To ensure collaborative health care services between primary care physician and the Health Homes Program.

Overview

Participating PCPs are incentivized for eligible members that are enrolled and participating in the health home program during the calendar year

Who Can Participate

Credentialed KHS Primary Care Provider that refer their patients to the KHS Health Homes Program

Which Members Are Eligible:

KHS Member enrolled in the Medi-Cal program AND must be:

- At least 2 of the following:** Asthma, Chronic Obstructive Pulmonary Disease (COPD), Diabetes, Traumatic Brain Injury, Chronic or Congestive Heart Failure, Coronary Artery Disease (CAD), Chronic Liver Disease, Dementia, Substance Use Disorder **OR**
- Hypertension and one of the following:** COPD, Diabetes, CAD, Chronic or Congestive Heart Failure. **OR**
- One of the following:** Major Depression Disorder, Bipolar Disorder, Psychotic Disorders (including Schizophrenia). **OR**
- Asthma**

In addition the member must also have (1) of the following:

- Has at least 3 or more of the HHP chronic conditions; **OR**
- At least one inpatient stay in the last year **OR**
- Either 3 ER visits in the past 12 months **OR**
- Chronic homelessness



Incentives:

\$50 – PCP will be incentivized for each HHP clinical referral and extended office visit code performed by a KHS credentialed PCP during the calendar year. Only one incentive will be paid and payment will be based on the first claim received by KHS. If two or more claims are received at the same time, the earliest date of service will receive the incentive. Payments will be made on a quarterly basis.

Verbiage for Consultation: The referring Provider will evaluate potential Health Homes members by conducting an office visit. This will include a physical examination and review of medical history, discussing the members qualifying criteria and the benefits of receiving the HHP program services. A referral from will then be faxed to the Kern Care program for confirmation of eligibility and scheduling with the appropriate site.



Health Homes Program Eligibility Criteria

The patient has to meet the following criteria in each section:

A - Please check the appropriate bullet points for referral:

- At least 2 of the following:** Asthma, Chronic Obstructive Pulmonary Disease (COPD), Diabetes, Traumatic Brain Injury, Chronic or Congestive Heart Failure, Coronary Artery Disease (CAD), Chronic Liver Disease, Dementia, Substance Use Disorder **OR**
- Hypertension and one of the following:** COPD, Diabetes, CAD, Chronic or Congestive Heart Failure. **OR**
- One of the following:** Major Depression Disorder, Bipolar Disorder, Psychotic Disorders (including Schizophrenia). **OR**
- Asthma**

B - In addition the member must also have (1) of the following:

- Has at least 3 or more of the HHP chronic conditions; **OR**
 - At least one inpatient stay in the last year **OR**
 - Either 3 ER visits in the past 12 months **OR**
 - Chronic homelessness
-



Phone # - (800) 391-2000

Fax # - (661) 473-7501

Health Homes Program Referral Form (KHS members only)

Please check the appropriate bullet points and Fax to HHP Team for review of eligibility and scheduling:

Date: _____
Member Name: _____ DOB: _____
MR #: _____ Member CIN#: _____
Best Contact #: _____ Alternate#: _____
Referring Provider: _____ Provider NPI: _____
Referring Clinic Site: _____
Referring Provider Office # _____ Fax # _____

The member must meet criteria in both sections A and B to qualify. :

A) Please check the appropriate bullet points for referral:

- At least 2 of the following:** Asthma, Chronic Obstructive Pulmonary Disease (COPD), Diabetes, Traumatic Brain Injury, Chronic or Congestive Heart Failure, Coronary Artery Disease (CAD), Chronic Liver Disease, Dementia, Substance Use Disorder **OR**
- Hypertension and one of the following:** COPD, Diabetes, CAD, Chronic or Congestive Heart Failure. **OR**
- One of the following:** Major Depression Disorder, Bipolar Disorder, Psychotic Disorders (including Schizophrenia). **OR**
- Asthma**

B) In addition the member must also have (1) of the following:

- Has at least 3 or more of the HHP chronic conditions; **OR**
- At least one inpatient stay in the last year **OR**
- Either 3 ER visits in the past 12 months **OR**
- Chronic homelessness