

Primary Care Case Management (PCCM) vs. Health Homes

Service Delivery Requirements:

PCCM – No Requirements

HH – Provider must deliver services, generally face to face at least once a month

Encounter Rates:

PCCM - \$6.00 per month per member (PMPM)

HH - \$654.00 per month at all 3 tiers for all services provided face to face to AI/AN

HH non-AI/AN and/or non face-to-face in Tier 2 or 3 -

Tier 1 \$796.40 (only once in a lifetime)

Tier 2 \$223.81

Tier 3 \$183.86

Billing Requirements:

PCCM – No billing requirements

HH – Tribal Care Coordination Organizations submit an invoice to their Health Home Lead for payment. Payment is generally received within one month of submitting an invoice.

Services Provided:

PCCM – Coordinate and monitor Medicaid services within and outside of the provider network.

Referral/authorization will be required for any out of network services not provided by an employee of the contractor.

HH – This program provides a set of services to every client participating in the program and allows for a much higher reimbursement rate each month. The six services provided are as follows:

Comprehensive Care Management; Care Coordination; Health Promotion; Comprehensive transitional care and follow-up; individual and family support and Referrals for community and social services supports.

Eligibility Requirements:

PCCM – Anyone in the provider network is eligible for primary care case management services.

HH – There are 3 criteria to be eligible for the program. Must be eligible for Washington Apple Health (Medicaid); be diagnosed with at least one chronic condition that can put you at risk for another and have a PRISM predictive risk score of 1.5 or higher.

Example of monthly reimbursement:

PCCM - \$6.00 x 1 participant x 12 months = \$72.00 per year in reimbursements

HH - \$654.00 x 1 participant x 12 months - \$7,848.00 per year in reimbursements

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