



## Idaho Medicaid Health Home Program Participant Enrollment

To be completed by Primary Care Provider

Participants that meet the diagnostic criteria set forth by the Division of Medicaid are eligible to participate in Idaho Medicaid Health Home program. Please refer to the Idaho Medicaid Provider Handbook, General Provider and Participant Information section for specific health home qualifying criteria. The participant will be placed in Idaho Medicaid Health Homes on the 1<sup>st</sup> of the following month upon submission of this enrollment form. Participants may qualify with a diagnosis of one of the following combinations:

- Serious and Persistent Mental Illness or Serious Emotional Disturbance (SPMI or SED)
- Diabetes and Asthma.
- Diabetes and at least one of the following comorbidities: hypertension, dyslipidemia, coronary arterial disease (CAD), respiratory system disease, obesity, or tobacco.
- Asthma and at least one of the following comorbidities: hypertension, dyslipidemia, CAD, respiratory system disease, obesity, or tobacco.

### Participant Information

Name:

Medicaid Identification Number:

Birth Date:

Check all diagnosis that apply:

Diabetes

Asthma

SPMI/SED

If applicable, please check all comorbidities that apply:

Check all diagnosis that apply:

Hypertension

Dyslipidemia

CAD

Respiratory

Obesity

Tobacco

### Provider Information

Primary Care Provider Name:

Physician

P.A.

N.P.

Clinic Name:

Clinic Address:

City:

State:

Zip:

Clinic Phone Number:

**Please fax to: (208)364-1811**

**\*Incomplete forms will not be processed**

Health Home Team

(208)364-1863 / (208)665-8846

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[Medicaidhealthhome@dhw.idaho.gov](mailto:Medicaidhealthhome@dhw.idaho.gov)

Contact Information:

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