



Health Home Provider Location and Practitioner Lists

Directions:

Home Name: Enter the name of the Health Home entity submitting this information.

EHR Information: The Health Home practice should include the name of the Electronic Health Record (EHR) Vendor, IT Contact Name, IT Contact Phone Number, and Email. This information will help during the connection process to the Iowa Health Information Network (IHIN).

Health Home Locations: Enter the individual locations or sites at which health home services will be provided within your health home organization. As a reminder, a health home may include multiple sites when those sites are identified as a single organization or medical group that shares policies and procedures and electronic systems across all of their practice sites.

Practitioner List: Enter all individual practitioners submitting Fee for Service claims for health home members. This information is needed to assist the Iowa Medicaid Enterprise (IME) and the Health Home in tracking quality measures through the direct messaging component of the IHIN.

NOTE: If you are submitting a change to a location or change to the practitioner list within the Health Home, please indicate if this is being added or removed from your Health Home by entering either "Add" or "Remove" in the adding or removing column. This is not needed for initial health home applications, only when submitting a change to an existing health home entity.

Contact the IME Provider Services Unit at (800) 338-7909 or (515) 256-4609 (Option 2) for questions. The completed form is to be sent via email to imeproviderservices@dhs.state.ia.us or mailed to:

Iowa Medicaid Enterprise
Provider Services
P.O. Box 36450
Des Moines, IA 50315

Home Name			
EHR Information			
EHR Vendor	IT Contact Person	IT Contact Phone Number	IT Contact Email
Health Home Locations			
Address	City/State	ZIP Code	Adding/Removing
Practitioner List			
Last Name	First Name	NPI Number	Adding/Removing