



## Case Management Fees

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**The fee is:**

- **Determined based on contractually agreed upon components**
- **Paid for all panel members (no cap on amount)**
- **Adjusted quarterly**
- **Reflected on monthly enrollment summary report**
- **Paid on the 1<sup>st</sup> checkwrite of each month as a “rolled up” amount**

**The fee is designed to:**

- **Support the concept of a medical home**
- **Recognize additional work being done by the PMP**
- **Encourage participation by physicians**
- **Built based upon specific interventions available to patient by each physician**

# Patient Components Case Management Fee

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## **24/7 Coverage (REQUIRED)**

- The PMP must provide voice-to-voice access to medical advice and care for enrolled recipients 24 hours a day, 7 days a week. Not the Emergency Room. **\$1.00** will be built into the case management fee.

## **Radiology Management (REQUIRED)**

- The Agency has implemented a prior approval process for Radiology services (e.g. CT scans, MRI, etc.). All Medicaid providers, regardless of program participation, will be required to request radiology services through prior approval. **\$.50** will be built into the case management fee.

## **Administration Fee**

- The PMP will be paid an administrative fee of **\$.10** to offset the cost/time spent on completing program documentation for recipient services (e.g. Radiology prior approval requests, patient referrals, In-Home monitoring patient enrollment forms, etc.).

## **QTool (OPTIONAL)**

- If the PMP agrees to utilize the QTool (electronic health record) when it becomes available in their county, for 25% of visits the first 3 months and 50% of visits thereafter, **\$1.00** will be built into the case management fee. This information will be obtained from the Patient 1<sup>st</sup> application.