

**441—88.50(249A) Payment.**

**88.50(1) *Fee.*** Patient managers shall be paid a monthly fee of \$2 per enrolled recipient for the provision of patient management, including referrals. Payment for other services rendered shall be reimbursed in accordance with rules governing Medicaid payment. Providers such as federally qualified health centers who are reimbursed on a 100 percent of cost basis are not eligible to receive patient management fees separate from other reimbursement.

**88.50(2) *Basis for payment.*** Payment shall be based on the number of recipients enrolled with the patient manager as of automated benefit calculation system cutoff day in the month for which payment is being calculated.

**88.50(3) *Mode of payment.*** The provider shall be paid individually unless a clinic or group practice elects to receive payment for all providers participating under the clinic or group contract. The same mode of payment must be used for both patient management and regular Medicaid claims.

**88.50(4) *Payment limit.*** Payment shall be limited to \$3000 per month per patient manager no matter how many recipients are enrolled with the patient manager.