

WELCOME TO THE NEW SOONERCARE CHOICE PATIENT-CENTERED MEDICAL HOME

OHCA's new model for the SoonerCare Choice program is based on the principles of "Medical Home". You, our PCP partners, asked for changes in our model to improve care and access for our members and provide the best reimbursement to PCPs who provide the best care. As many of you know, we developed our model with substantial input from our practitioner advisory groups and our contracted PCPs.

PRINCIPLES OF MEDICAL HOME

As identified by the patient centered Medical Home collaborative and adopted by OHCA, the principles of a Medical Home are as follows:

- A. Personal physician/Provider** – each patient has an ongoing relationship with a personal physician trained to provide first contact, continuous and comprehensive care.
- B. Physician/Provider directed medical practice** – the personal physician leads a team of individuals at the practice level who collectively take responsibility for the ongoing care of patients.
- C. Whole person orientation** – the personal physician is responsible for providing for all the patient's health care needs or taking responsibility for appropriately arranging care with other qualified professionals. This includes care for all stages of life; acute care; chronic care; preventive services; and end of life care.
- D. Care is coordinated and/or integrated** across all elements of the complex health care system (e.g. subspecialty care, hospitals, home health agencies, nursing homes) and the patient's community (e.g. family, public and private community-based services). Care is facilitated by registries, information technology, health information exchange and other means to assure that patients get the indicated care when and where they need and want it in a culturally and linguistically appropriate manner.
- E. Quality and safety** are hallmarks of the medical home.
- F. Enhanced access to care** is available through systems such as open scheduling, expanded hours and new options for communication between patients, their personal physician, and practice staff.
- G. Payment** appropriately recognizes the added value provided to patients who have a patient-centered medical home.

WHAT ELSE IS DIFFERENT ABOUT MEDICAL HOME?

Payment Method

Primary care providers (PCP) in the Medical Home program receive a monthly care coordination fee for each panel member enrolled. All other services provided to members are reimbursed on a fee-for-service basis.

Care coordination services may be provided at one of three levels. OHCA anticipates that most PCPs will initially provide services at the Tier One level, similar to the current Choice program. These providers must complete the Tier One Self Evaluation Form. PCPs who believe they meet the criteria for Tier Two or Tier Three reimbursement may request this reimbursement by completing the Self Evaluation Form for the appropriate tier.

PCPs should plan now for changes in cash flow beginning January 1, 2009. You will receive a care coordination fee for each panel member at the beginning of the month, but all other payments will be received on a fee-for-service basis after the service is rendered. Some PCPs may be eligible for short-term transition payments from OHCA. If you meet the requirements for transition payments, OHCA will send you this payment.

SoonerExcel Incentives Program

PCP incentives have been greatly expanded. Be sure you submit your claims completely and timely this quarter (Oct-Dec 08) to be eligible for the first incentive payment in the second quarter

of next year. Instead of annually, our new incentive program, SoonerExcel, makes quarterly payments to PCPs who meet or exceed expectations in the areas of inpatient admitting and visits, breast and cervical cancer screenings, panel members' emergency department utilization, and EPSDT and immunizations. Complete information on the SoonerExcel program is available on our website.

Referrals

Members may now receive primary care services from any contracted SoonerCare provider, not just their PCP. The PCP's role is to coordinate the patient's care and ensure that members receive the care they need in an appropriate setting. PCP referrals are still required for many services that are not considered primary care.

Panel Capacity and Hold

PCPs may want to review their panel capacities based on the requirements of the new medical home model. PCPs specify their desired panel size on the Self Evaluation Form. Members will be assigned to the PCPs panel until the panel size reaches 95% of the panel capacity. After that, additional member assignments require a PCP request.

The maximum panel size for a full-time Choice physician is 2,500 members; ARNPs and PAs may have panels up to 1,250 members and medical residents up to 875. OHCA defines full-time as available for appointments a minimum of 30 hours per week.

PCPs that are new to the Choice program after October 15, 2008 must specify a panel size of at least 50 members. Current PCPs who have a smaller panel size may continue without change.

PCPs may no longer place enrollment on their panels "on hold", i.e. requiring PCP approval any time a member wishes to enroll with the PCP. If you prefer to see only the members that you currently have, you may wish to reduce your panel capacity.

Note: PCPs who have requested that their panels be placed "on hold" will have the hold removed from their panels effective January 1, 2009.

Group Medical Director

All groups, FQHCs, and RHCs that wish to serve as PCPs under the new medical home program must appoint a Medical Director to be responsible for the overall care of the group's panel members. The Medical Director must be a practitioner who is eligible to be an individual PCP, i.e. a physician, advanced practice registered nurse, or physician assistant. The Medical Director will be the primary contact for OHCA and its Quality Improvement Organization for quality of care, member access, and other care coordination issues. There are no exceptions to the requirement for a group Medical Director.

VFC and OSIIS

All PCPs who see members under the age of 18 must be enrolled in the VFC program. If you are not currently enrolled, you should begin the process immediately because it can take 6-8 weeks to complete enrollment. PCPs who have applied but have not yet received their VFC number should include documentation of this with their Medical Home Amendment.

PCPs who choose not to enroll in the VFC program or have been terminated for cause from the program may still serve as PCPs for adults. If a provider has been granted an exemption or variance from the standard VFC program by the Oklahoma State Department of Health, documentation of this should be submitted to OHCA for consideration. Out-of-state PCPs are exempt from the VFC requirement. There are no other exceptions to the VFC/OSIIS requirement.

Obstetrician/Gynecologists

Because of the new structure of medical home, Ob/Gyns may no longer serve as PCPs.

After Hours Care

PCPs are encouraged to offer appointments outside of traditional office hours since many SoonerCare members or their parents may not be able to miss work for doctor appointments. Additional reimbursement will be made for after hours care.

For More Information

Contact Provider Services at 1-877-823-4529, option 2.

**AMENDMENT ONE – MEDICAL HOME
TO
SOONERCARE GROUP AGREEMENT**

The Oklahoma Health Care Authority (OHCA) and _____
Print Group's name

(hereinafter GROUP) hereby agree to amend GROUP's SoonerCare Group Agreement for the purpose of implementing OHCA's new Choice Medical Home program. The Agreement is amended as follows:

1. *GROUP agrees to serve as a Choice PCP/CM as defined in Addendum 1- Medical Home attached to this Amendment. Addendum 1- Medical Home is made part of this Agreement and incorporated by reference.*
2. *GROUP certifies that the person listed below as the "Medical Director" is a licensed medical practitioner who is individually eligible to be a SoonerCare PCP. GROUP and Medical Director agree that the Medical Director will be responsible for overseeing the care and management of members of GROUP's panel. GROUP shall notify OHCA within 10 days if the Medical Director is no longer responsible for the care of GROUP's members or if GROUP's Medical Director changes. A copy of the Medical Director's license is attached to this Amendment.*

This Amendment shall be effective when: (a) it is executed by GROUP; (b) all necessary documentation has been received and verified by OHCA; and (c) it has been accepted by OHCA; but not earlier than January 1, 2009. OHCA acceptance is complete only upon written notification to GROUP.

No other terms or provisions of the Agreement are changed or affected.

EXECUTED:

Authorized Signature for GROUP

Date

GROUP SoonerCare Provider ID

Medical Director's Signature (if different)

Date

Print Medical Director's Name _____

**ADDENDUM 1—MEDICAL HOME TO SOONERCARE GROUP AGREEMENT
FOR CHOICE PRIMARY CARE PROVIDERS**

1.0 PURPOSE

The purpose of this Addendum is for OHCA and GROUP to contract for PCP services in OHCA's SoonerCare Choice Medical Home program.

2.0 DEFINITIONS

The terms used in this Addendum have the following meanings:

- A. **PANEL** means a group of members who have selected GROUP for PCP services.
- B. **TIER** means the set of care coordination services for which GROUP has been approved for reimbursement by OHCA as shown in Attachment B-MH to this Addendum.

3.0 PROVIDER QUALIFICATIONS AND SERVICES

3.1 Qualifications

- A. GROUP states it consists of PROVIDERS who:
 - 1. are physicians in general practice or board certified in family medicine, internal medicine or pediatrics who provide health care either through the practice of allopathic medicine as defined by 59 Okla. Stat. § 492, or through the practice of osteopathic medicine as defined by 59 Okla. Stat. § 621 and are licensed as required by 59 Okla. Stat. §§ 491 or 622 or the appropriate licensing agency in the state where services are rendered; and/or
 - 2. provide health care services as defined by the Physician Assistant Act 59 Okla. Stat. § Supp. 519.2(3) and are licensed as physician assistants as required by 59 Okla. Stat. Supp. 1997 § 519.4 or the appropriate licensing agency in the state where services are rendered; and/or
 - 3. provide health care services through the practice of advanced practice registered nursing as defined in 59 Okla. Stat. § 567.1 et seq and are licensed and certified as advanced practice registered nurses as required by Okla. Stat. § 567.1 et seq or the appropriate licensing agency in the state where services are rendered.
- B. GROUP, if employing any medical resident providing services under this Addendum, states that such resident:
 - 1. Is licensed to practice medicine in the State of Oklahoma or the state in which he/she practices;
 - 2. Is at the Post-Graduate (PG-2) level or higher;
 - 3. Serves within his/her continuity clinic (e.g., family practice residents may only serve within the family practice residency clinic setting);
 - 4. Works under the supervision of a licensed attending physician;
- C. GROUP, if providing primary care to panel members under 18, states that it has not been terminated from the Vaccines for Children (VFC) program for cause.
- D. GROUP states that it has attached Uniformed Credentialing Applications for all PROVIDERS rendering services under this Addendum.

3.2 Provider Services and Responsibilities

GROUP shall:

- A. Complete the Tier One, Tier Two or Tier Three Medical Home Self Evaluation Form and notify the OHCA Provider Services Unit within 30 days of any substantive change to the responses on the Self Evaluation Form; assignment to any particular tier is at the sole discretion of OHCA and providers who complete the Tier 2 or Tier 3 form may be assigned to a lower tier;
- B. Coordinate care for all Choice members assigned to GROUP's panel; Care coordination means: i) coordinating and monitoring all medical care for panel members; ii) making medically necessary specialty referrals for panel members, including standing referrals (i.e. a PCP referral for a member needing to access multiple appointments with a specialist over a set period of time (such as a year), without

seeking multiple referrals that may include a limitation on the frequency or number of visits); iii) coordinating panel members' admissions to the hospital; iv) making appropriate referrals to the Women, Infants and Children (WIC) program; v.) coordinating with mental health professionals involved in panel members' care; vi.) educating panel members to appropriately use medical resources such as emergency room and Patient Advice Line;

- C. Provide all required and at least the minimum number of optional care coordination services for all Choice members assigned to GROUP's panel as indicated on the GROUP's completed Self-Evaluation Form and as appropriate to GROUP's assigned Tier;
- D. Ensure that medical services provided to panel members are sufficient in amount, duration, and scope to reasonably meet the health care needs of the members assigned to GROUP;
- E. Not require a member to obtain a referral for the following services:
 - 1. Primary care services rendered by another SoonerCare contracted provider;
 - 2. Behavioral health services;
 - 3. Vision services, meaning examinations and refractive services provided by optometrists or ophthalmologists within the legal scope of their practice;
 - 4. Dental services;
 - 5. Child abuse/sexual abuse examinations;
 - 6. Prenatal and obstetrical supplies and services, meaning prenatal care, delivery, and sixty (60) days of postpartum care;
 - 7. Family planning supplies and services, meaning an office visit for a comprehensive family planning evaluation, including obtaining a pap smear;
 - 8. Women's routine and preventive health care services,
 - 9. Emergency services as defined in 3.4;
 - 10. Specialty care for members with special health care needs as defined by OHCA;
 - 11. Services delivered to American Indians at Indian Health Service, tribal, or urban Indian clinics.

3.3 Access to Care

GROUP shall:

- A. Establish office hours of access and availability for appointments of at least fifteen(15) hours per week; hours of operation shall be no less than the hours of operation offered to commercial members or hours comparable to those offered to SoonerCare Traditional members if GROUP serves only SoonerCare members;
- B. Arrange for call coverage when unavailable to members and provide all panel members with the information necessary to ensure member access; OHCA shall provide a Patient Advice Line (PAL) available to panel members via a toll free telephone number between 5:00 PM and 8:00 AM on business days and twenty-four hours per day on weekends and state holidays; GROUP may include the PAL telephone number on his/her after-hours telephone message and is authorized to use the PAL toll-free number for after hours telephone coverage only after regular State of Oklahoma business hours; GROUP will receive written information when PAL triages a panel member to the Emergency Room; use of the PAL does not qualify GROUP for a Tier One add-on payment;
- C. Evaluate members' needs for hospital admissions and services and coordinate necessary referrals; if GROUP does not have hospital admitting privileges, GROUP shall make arrangements with the practitioners specified on GROUP's Choice application form in order to coordinate the member's admission to the hospital; GROUP shall coordinate the member's hospital plan of care with the receiving practitioner if appropriate, until the member is discharged from the hospital.

- 3.4** OHCA shall provide support services to GROUP in the areas of referral arrangements, overall utilization management, claims submission, administrative case management, and member education and discrimination policies;

3.5 Emergency Services

GROUP shall not refer members to the emergency room for non-emergency conditions. Medical care for non-emergency medical conditions shall be provided in the office setting. OHCA may levy penalties as provided in Section 5.4 if PROVIDER violates this provision. GROUP shall advise members of the proper use of the emergency room. Nothing in this paragraph shall limit GROUP's PROVIDERS' ability to provide emergency room services to a panel member consistent with their legal scope of practice in an emergency room setting.

3.6 Record Keeping and Reporting

GROUP shall:

- A. Document in the member's medical record each referral to other health care providers and any known self-referrals made by member and retain medical records and reports submitted to GROUP by such providers. If GROUP makes a referral to other health care providers or is informed by member about services received from another provider and does not receive a report within a reasonable period, GROUP will contact the health care provider to whom the referral was made to obtain such reports;
- C. Report to the SoonerCare Helpline at 1-800-987-7767 any member status changes such as births, deaths, marriages, and changes of residence in a timely manner when known;
- D. Obtain proper consent and transfer member medical records one time free of charge, if requested, in the event that a member disenrolls from the PCP's panel.

3.7 Quality Assurance / Improvement Compliance

GROUP shall:

- A. Comply with scheduling OHCA Quality Assurance and Improvement (QA/QI) audits and allow designated staff access to medical charts and billing records during onsite review for the purpose of conducting evaluation of access to care and the quality of health services for members;
- B. Provide supplemental charts and records after on-site audits in order for QA/QI staff to have complete information demonstrating that access to care and quality services have been assured;
- C. If the QA/QI audit determines that GROUP has not fulfilled contract requirements, submit a written Corrective Action Plan acceptable to OHCA within a timeframe specified by OHCA; if GROUP does not submit an acceptable or timely written Corrective Action Plan, OHCA may levy penalties as provided in Section 5.4;
- D. Implement such a Corrective Action Plan to the satisfaction of OHCA within a period specified by OHCA; in the event that GROUP does not satisfactorily complete the Corrective Action Plan, OHCA may levy penalties as provided in Section 5.4;
- E. Cooperate with OHCA's designated peer review/quality improvement agent in a review of services as required by the Social Security Act, section 1154, in the event that the QA/QI audit determines that PROVIDER may have failed to meet recognized quality of care standards.

4.0 PROVIDER PANEL REQUIREMENTS

4.1 Panel Capacity

- A. GROUP shall specify a capacity of Choice members he/she is willing to accept under this Agreement up to a maximum of two thousand five hundred (2,500) for each full time Choice physician in the GROUP and a maximum of one thousand two hundred fifty (1,250) for each full time physician assistant or advanced registered nurse practitioner in GROUP. A full time Choice provider means a provider available for appointments a minimum of 30 hours per week who sees only SoonerCare Choice members. If GROUP's PROVIDERS are available for appointments less than thirty (30) hours a week and/or see a combination of SoonerCare members and other patients, GROUP's capacity shall be reduced proportionately. If GROUP is also an Insure Oklahoma PCP, GROUP shall not exceed this capacity for both panels combined.
- B. For each medical resident in the GROUP, enrollment shall not exceed eight hundred seventy-five (875) members and shall be adjusted as specified above in (A.).
- C. If GROUP initially enrolls as a Choice PCP after October 1, 2008, GROUP shall specify a capacity of at least 50 members.

- D. OHCA does not guarantee GROUP an enrollment level nor will OHCA pay for members who are not eligible or excluded from enrollment.
- E. GROUP may request a change in his/her capacity by submitting a written request signed by GROUP. This request is subject to review according to program standards. In the event GROUP requests a lower capacity, OHCA may lower the capacity by disenrolling members to achieve that number or allowing the capacity to adjust as members change their PCP or lose eligibility;
- F. OHCA shall mail GROUP a monthly list of Choice panel members. This roster will be mailed to the service location address on GROUP's file.

4.2 Panel Enrollment Holds and Non-discrimination

- A. GROUP shall accept members who request enrollment on GROUP's panel without restriction up to the capacity established by this Agreement; that is, GROUP shall not place enrollment on its panel "on hold".
- B. OHCA may temporarily or permanently cease or restrict enrollment of members on GROUP's panel at its sole discretion.
- C. GROUP shall not refuse a panel assignment or discriminate against members on the basis of health status or need for health care services or on the basis of race, color or national origin. GROUP will not use any policy or practice that has the effect of discriminating on the basis of race, color or national origin.

4.3 Disenrollment at Request of PCP with Cause

- A. GROUP may request that OHCA disenroll a panel member for cause. OHCA will give written notice of the disenrollment request to the member.
- B. GROUP shall ensure that the member receives medically necessary health care until OHCA officially reassigns the member to another PCP. GROUP shall not notify the member of a change of PCP until GROUP has received notification from OHCA.

4.4 OHCA shall disenroll members from GROUP's panel if this Addendum is terminated.

5.0 FEE PAYMENTS AND REIMBURSEMENTS

5.1 Payment of Care Coordination Fee

In exchange for a care coordination fee paid per member per month, GROUP provides or otherwise assures the delivery of services required for GROUP's assigned medical home tier to all of GROUP's panel members as appropriate; optional and required services for each medical home tier are shown in Attachment B-MH to this Addendum.

- A. OHCA shall pay GROUP a monthly fee for each member enrolled with GROUP which is payment in full for all care coordination services.
- B. GROUP's care coordination fee is based on GROUP's approved medical home tier and the ages of members enrolled in GROUP's panel. Care coordination fees are shown in Attachment A.
- C. OHCA shall make fee payments by the tenth business day of each month. A single fee amount will represent payment for all eligible members enrolled with GROUP as of the first day of that month. This payment will be made for all PROVIDER's panel members regardless of what, if any, covered services GROUP renders during the month.
- D. Fee payments shall not be adjusted for enrollments or disenrollments that occur subsequent to the day of processing.

5.2 Optional Care Coordination Add-On Payments for Tier One Medical Home Providers

If GROUP has been assigned to Tier One by OHCA and provides any of the Tier One optional services shown in Attachment B, OHCA shall pay GROUP an additional care coordination fee as shown in Attachment A. GROUP shall indicate on its completed Self-Evaluation Form which, if any, of these services GROUP shall provide. Payment shall be made as in 5.1C.

5.3 SoonerExcel quarterly incentive payments

OHCA shall pay GROUP quarterly incentive payments within four (4) months following the end of each quarter. Incentive payments shall be made in accordance with the OHCA SoonerExcel methodology effective January 1, 2009. All incentive payments are limited by the total amount of funds available. GROUP may view and/or download the SoonerExcel methodology on the OHCA website (<http://www.okhca.org>) or may request a written copy of

the methodology by calling 1-800-522-6205 option 5. OHCA may modify the SoonerExcel methodology at any time by written notification to GROUP.

5.4 Penalties

If GROUP fails to meet any requirements of this Addendum or other SoonerCare requirements, OHCA may notify GROUP and impose penalties including:

- A. Allowing no new member enrollments to GROUP's panel; and/or
- B. Temporarily or permanently reducing GROUP's maximum panel size; and/or
- C. Downgrading GROUP's care coordination tier; and/or
- D. Reducing or suspending GROUP's care coordination fee; and/or
- E. Reducing or suspending GROUP's SoonerExcel quarterly incentive payments; and/or
- F. Contract action up to and including terminating this Addendum or GROUP's entire SoonerCare Physician Agreement.

6.0 OTHER TERMS AND CONDITIONS

6.1 Recoupment of Payments

In the event this Addendum is terminated for any reason, OHCA may recoup any monies owed from GROUP to OHCA under this Addendum from GROUP's other SoonerCare reimbursements.

6.2 Incorporation by Reference

The completed Medical Home Self-Evaluation Form, Attachment A-MH, Attachment B-MH and the SoonerExcel Methodology effective January 1, 2009 are incorporated by reference and made part of this Addendum. OHCA may amend any of these at any time by written notification to GROUP.

ATTACHMENT A – MH

**CARE COORDINATION FEES
Per Member Per Month**

	Tier 1	Tier 2	Tier 3
Children Only*	\$3.03	\$4.65	\$6.19
Children & Adults*	\$3.78	\$5.64	\$7.50
Adults Only*	\$4.47	\$6.53	\$8.69

*Note: Each PROVIDER designates acceptance of children only, children and adults, or adults only on PROVIDER's panel. Based on that designation, PROVIDER is paid the corresponding rate for ALL members assigned to the panel, regardless of their age.

Add On Payments For Tier One Medical Homes (Per Member Per Month)

- PCP accepts electronic communication from OHCA in lieu of written notice - \$ 0.05
- PCP provides 24 hours a day/7 days a week voice to voice telephone coverage with immediate availability of an on-call medical professional. (Using the OHCA Patient Advice Line (PAL) does not satisfy this requirement.) - \$ 0.50

**ATTACHMENT B-MH
REQUIRED AND OPTIONAL SERVICES FOR MEDICAL HOMES**

Tier One - Entry Level Medical Home

PROVIDER shall:

- 1.1 Provide or coordinate all medically necessary primary and preventive services;
- 1.2 Participate in the Vaccines for Children (VFC) program if serving children, and meet all Oklahoma State Immunization Information System (OSIIS) reporting requirements;
- 1.3 Organize clinical data in a paper or electronic format as a patient-specific charting system for individual patients;
- 1.4 Review all medications a patient is taking including prescriptions and maintain the patient's medication list in the chart;
- 1.5 Maintain a system to track tests and provide follow-up on test results, use a tickler system to remind and notify patients as necessary;
- 1.6 Maintain a system to track referrals including referral plan and patient report on self referrals, use a tickler system to remind and notify patients as necessary;
- 1.7 Provide care coordination as defined in this Addendum (Section 3.2) and support family participation in coordinating care; provide various administrative functions including but not limited to securing referrals for specialty care, and prior authorizations;
- 1.8 Provide patient education and support, such as patient information handouts, which can be found on the OHCA website.

PROVIDER may choose to:

- 1.9 Accept electronic communication from OHCA in lieu of written notification;
- 1.10 Provide 24 hours a day/7 days a week voice to voice telephone coverage with immediate availability of an on-call medical professional; Use of the OHCA Patient Advice Line (PAL) does not meet this requirement.

Tier Two – Advanced Medical Home

PROVIDER shall meet all Tier One requirements shown above as 1.1 through 1.10 and shall also:

- 2.1 Obtain mutual agreement on the role of the medical home between provider and patient;
- 2.2 Maintain a full-time practice which is as defined as having established appointment times available to patients during a minimum of thirty (30) hours each week;
- 2.3 Use scheduling processes including open scheduling, work-ins, etc. to promote continuity with clinicians;
- 2.4 Use mental health and substance abuse screening and referral procedures;
- 2.5 Use data received from OHCA to identify and track medical home patients both inside and outside of the PCP practice;
- 2.6 Coordinate care and follow-up for patients who receive care in inpatient and outpatient facilities, as well as when the patient receives care outside of the PCP's office;
- 2.7 Implement processes to promote access and communication.

PROVIDER shall also meet at least three of the following requirements:

- 2.8 Develop a PCP led practice health care team to provide ongoing support, oversight and guidance;
- 2.9 Provide after-visit follow up for the medical home patient;
- 2.10 Adopt specific evidence-based clinical practice guidelines on preventive and chronic care as defined by the appropriate specialty category, i.e. AAP, AAFP, etc, or a government entity such as the Agency for Healthcare Research and Quality;
- 2.11 Use medication reconciliation to avoid interactions or duplications ;
- 2.12 Accept on his/her panel children in state custody who are voluntarily enrolled in SoonerCare Choice as their medical home provider;
- 2.13 Use personalized screening, brief intervention and referral to treatment (SBIRT) procedures designed to assess an individual's behavioral health status;

- 2.14 Accept and engage a practice facilitator through the SoonerCare Health Management Program, use health assessment to characterize panel members' needs and risks, and/or document patient self-management plans for panel members with chronic disease.
- 2.15 Make after hours care available to patients by offering panel members appointments during at least four (4) hours each week outside of the hours of 8am to 5pm, Monday through Friday;

Tier Three – Optimal Medical Home

PROVIDER shall meet all Tier One and Tier Two requirements shown as 1.1 through 2.15 and shall also:

- 3.1 Organize and train staff in roles for care management, create and maintain a prepared and proactive care team, provide timely call back to patients, adhere to evidence-based clinical practice guidelines on preventive and chronic care;
- 3.2 Use health assessment to characterize panel members' needs and risks;
- 3.3 Document patient self-management plans for panel members with chronic disease;
- 3.4 Develop a PCP-led practice health care team to provide ongoing support, oversight and guidance;
- 3.5 Provide after-visit follow up for the medical home patient;
- 3.6 Adopt specific evidence-based clinical practice guidelines on preventive and chronic care as defined by the appropriate specialty category, i.e. AAP, AAFP, etc. or a government entity such as the Agency for Healthcare Research and Quality;
- 3.7 Use medication reconciliation to avoid interactions or duplications;
- 3.8 Accept on his/her panel children in state custody who are voluntarily enrolled in SoonerCare Choice as their medical home provider;
- 3.9 Use personalized screening, brief intervention and referral to treatment (SBIRT) procedures designed to assess an individual's behavioral health status.

PROVIDER may also:

- 3.10 Use integrated care plans to plan and guide patient care;
- 3.11 Use secure systems that provide for patient access for personal health information;
- 3.12 Report to OHCA on PCP performance;
- 3.13 Accept and engage a practice facilitator through the SoonerCare Health Management Program.



Tier One Entry-Level Medical Home Self-Evaluation Form

Provider Name: _____

Provider ID: _____

NPI: _____

Practice Type: _____

(i.e. FP, Peds, GP, etc)

Medical Home requested panel capacity: _____

Number of hours per week PROVIDER is available for appointments: _____

Approximate percent of PROVIDER's hours stated above that are spent caring for patients that are SoonerCare members: _____

Please describe below how PROVIDER meets the requirements defined below.

1. PROVIDER provides all medically necessary primary and preventive services for panel members. Yes _____ No _____
2. PROVIDER is a VFC participant (if PROVIDER sees members under 18 for primary care).
PROVIDER provides all scheduled immunizations to appropriate panel members, records all immunizations in the Oklahoma State Immunization Information System (OSIIS) and adheres to all requirements of the VFC program: Yes _____ No _____.

VFC ID# _____ OSIIS ID# _____

3. PROVIDER organizes clinical data in a paper or electronic format as a patient-specific charting system for individual panel members. A patient-specific charting system is defined as charting tools that organize and document the following clinical information in the medical record:
 - a. problem lists
 - b. Lists of over-the-counter medications, supplements and alternative therapies
 - c. Lists of prescribed medications including both chronic and short-term
 - d. Structured template for age-appropriate risk factors (at least 3)
 - e. Structured templates for narrative progress notes.Yes _____ No _____
4. PROVIDER maintains and updates the member's medication list maintained in the chart and also reviews all other medications a member is taking during each office visit.
Yes _____ No _____



5. PROVIDER maintains a system to track tests and provide follow-up on test results, and uses a tickler system to remind/notify panel members as needed via written logs/paper based documents or electronic reports. PROVIDER has written procedures that outline designated staff that maintain and oversee this process.

Yes _____ No _____

If yes, please explain your process:

6. PROVIDER maintains a system to track referrals including referral plan and member's report on self referrals, and uses a tickler system to remind / notify panel members as needed via written logs/paper based documents or electronic reports. PROVIDER has written procedures that outline designated staff that maintain and oversee this process.

Yes _____ No _____ if yes, please explain your process:

7. PROVIDER provides care coordination and continuity of care through proactive contact with panel members and encourages family participation in coordinating care. PROVIDER will coordinate the delivery of primary care services with any specialist, case manager, community-based provider (such as school based clinics, WIC, and Childrens First program) involved with the member including consultations and referrals.

Yes _____ No _____ if yes, provide an example:



8. PROVIDER provides patient education and support, utilizing varying forms of educational materials, appropriate for individual patient needs/medical condition to improve understanding of the medical care provided, such as the patient information handouts, which can be found on the OHCA website.

Yes _____ No _____

If yes, what type of educational support is used by PROVIDER? _____

Optional Add-on payments

9. PROVIDER accepts electronic communication from the OHCA in lieu of written notification.

Yes _____ No _____

E-Mail address for communications: _____

10. PROVIDER provides voice-to-voice telephone coverage to panel members, 24 hours a day, seven days a week, where a patient can speak directly with a licensed health care professional. All calls are triaged and forwarded to the PCP or on-call provider when necessary (Use of the OHCA Patient Advice Line does not meet this requirement). PROVIDER provides this coverage to include an after hours and weekend/vacation number to call that leads to a person or message that can be returned within one half hour. PROVIDER maintains a formal professional agreement with the on-call PCP or provider and notification is shared relating to panel members' needs and issues.

Yes _____ No _____

Briefly describe how this process is performed in PROVIDER's office:

CHOICE PROGRAM ATTACHMENT FOR CHOICE PCP/CM

- All providers must complete this attachment to be enrolled in the **Choice** program.
- PCP's must attach a copy of the Uniform Credentialing Application.

If you have questions regarding the **Choice** Program, please feel free to contact Provider Services at 1-800-522-0114.

CHOICE Provider Information				
Please check ONE of the following for age ranges of Choice members you wish to treat:				
Age < 1 <input type="checkbox"/>	Age 0-5 <input type="checkbox"/>	Age 0 - 14 <input type="checkbox"/>	Age 0 - 18 <input type="checkbox"/>	Age 0- 20 <input type="checkbox"/>
Age 1- 4 <input type="checkbox"/>	Age 1-5 <input type="checkbox"/>	Age 1 - 20 <input type="checkbox"/>	Age 4 - 20 <input type="checkbox"/>	Age 6- 14 <input type="checkbox"/>
Age 6-20 <input type="checkbox"/>	Age 10-20 <input type="checkbox"/>	Age 12- 20 <input type="checkbox"/>	Age 14-20 <input type="checkbox"/>	Age 15-20 <input type="checkbox"/>
Age 16-20 <input type="checkbox"/>	Age 18-20 <input type="checkbox"/>	Age 21-44 <input type="checkbox"/>	Age 21-999 <input type="checkbox"/>	Age 45-999 <input type="checkbox"/>
Age 55-99 <input type="checkbox"/>	Any Age <input type="checkbox"/>			
<p>If physician, please list all advanced nurse practitioners and/or physician assistants for whom you serve as the primary supervising physician. If advanced nurse practitioner or physician assistant, please list supervising physician(s):</p> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div>				
<p>Please list all hospitals at which you have admitting privileges. (If you do not have admitting privileges, please list physicians with whom you will coordinate hospital admissions and the hospital where those physicians have admitting privileges.):</p> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div>				