



Tier Two Advanced 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 preventative 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 patients. 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 patient 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 patient including but not limited to 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 your practice? _____

9. PROVIDER accepts electronic communication from 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:

11. PROVIDER will obtain mutual agreement on role of medical home between provider and patient. (The defined roles should be explained within the context of all of the joint principles for a patient centered medical home), signed by the PCP and member, and a copy maintained in the patient's record.

Yes ____ No _____

Briefly describe how this process will be performed in your office:



12. PROVIDER maintains a full time practice with established office hours to see patients a total of at least thirty (30) hours scheduled hours.

Yes _____ No _____

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

13. PROVIDER uses scheduling processes to promote continuity with clinicians including open scheduling, maintaining open appointment slots to accommodate work-in, routine and urgent appointments. (Open scheduling is defined as the practice of having open appointment slots available in the morning and afternoon, for same day/urgent care appointments available to SoonerCare patients). PROVIDER implements training and written triage procedures for the scheduling staff.

Yes _____ No _____

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

14. PROVIDER implements and documents behavioral health/substance abuse screening (using State of Oklahoma screening tool or any other available) and makes direct referral to the OHCA behavioral health referral number or other appropriate entity.

Yes _____ No _____

15. PROVIDER uses data received from OHCA (i.e. rosters, patient utilization profiles, immunization reports, etc.) and/or information obtained from secure website (eligibility, last dates of EPSDT/mammogram/pap, etc.) to identify and track panel members both inside and outside of the PCP practice.

Yes _____ No _____

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



16. PROVIDER coordinates care and follow-up for panel members who receive care in inpatient and outpatient facilities and maintains notification and tracking systems that alert PROVIDER when the member receives care outside of PROVIDER's office. PROVIDER works with OHCA to receive panel member utilization information while implementing a tickler system to generate patient reminders either electronically, telephonically or via paper. PROVIDER has written procedures that outline a process that includes a timeline for contacting the member following an admission or emergency room visit for follow-up and receipt of discharge summary information. PROVIDER has written procedures that outline the use of care plans, patient visit flow sheets and patient health needs assessments.

Yes_____ No_____

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

17. PROVIDER implements processes to promote access and communication. PCP or office staff communicates directly with panel members through a variety of methods (email, scheduled and unscheduled postal mailings, etc.)

Yes_____ No_____

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

Optional (PROVIDER must choose three additional components)

18. PROVIDER will develop a PCP led practice health care team to provide ongoing support, oversight and guidance of panel members' medical care (ex. PCP practice maintains a profile for each member that includes the name, contact information and purpose of other health care team disciplines providing care).

Yes_____ No_____

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



19. PROVIDER will provide after-visit follow up for panel members. (Examples may include outreach call to members for the monitoring of new medications, ongoing weight and blood sugar checks, blood pressure monitoring, etc.)

Yes _____ No _____

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

20. PROVIDER will implement specific evidence-based clinical practice guidelines on preventive and chronic care as defined by the appropriate specialty category, i.e. AAP, AAFP, etc. Yes _____ No _____

Briefly describe how this process will be performed and what guidelines will be utilized in PROVIDER's office:

21. PROVIDER will implement a medication reconciliation procedure to avoid interactions or duplications. (Examples may include using e-Pocrates, e-Prescribing, Pro-DUR software, screening for drug interactions, etc.)

Yes _____ No _____

Briefly describe how this process will be performed in PROVIDER's office (please include software program used if applicable):

22. PROVIDER uses personalized screening, brief intervention and referral to treatment (SBIRT) procedures for appropriate members requiring specialty treatment. Through usage of these procedures PROVIDER will expedite treatment with the goal of improving outcomes for panel members suffering from mental illness and substance abuse.



Yes _____ No _____

Briefly describe how this process will be performed and what guidelines will be utilized in PROVIDER's office:

23. PROVIDER will accept and engage a practice facilitator through the SoonerCare Health Management Program. (Free of charge, includes a bonus payment and the implementation of a web-based electronic Health Information Management tool.) PROVIDER will attend at least one regional collaborative meeting (offered twice per year), adopt and utilize flow sheets/educational materials as recommended by the practice facilitator.

Yes _____ No _____

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

24. PROVIDER makes at least 4 hours of after hours care available to members. (After hours care is defined as appointments, scheduled or work-ins, readily available to SoonerCare members during the hours outside of 8 a.m. - 5 p.m. Monday – Friday). PROVIDER maintains vacation coverage in the same manner.

Yes _____ No _____

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