



OKLAHOMA
Health Care Authority

PATIENT-CENTERED MEDICAL HOME SOONERCARE CHOICE APPLICATION
OPTIMAL LEVEL

Provider Name:

Provider ID:

NPI:

Address:

Phone:

Email:

Practice Type (i.e., FP, Peds, GP, etc.):

Medical Home Requested Panel Capacity and Age Range:

The requirements listed below are mandatory to be approved as an optimal level medical home provider. Before your contract can be finalized, a representative from provider services will call to schedule the readiness review. Please have examples or written policies and procedures available to include with your application. The policies and procedures needed are listed on the checklist at the end of the application.

To apply, login under the Provider/Group that is requesting to become a PCMH provider and locate the "Update Provider File" on the right-hand side. Click on "Enroll in a Managed Care Program," then answer the questions about programs, panel size and age restrictions. Next, you will fill out the PCMH level application of your choice and upload the required documents.

REQUIREMENTS

Provider must:

1. Maintain a full-time practice, which is defined as having established appointment times available to patients during a minimum of 20 hours each week.
2. Provide all medically necessary primary and preventive services for panel members.
3. Provide Care Coordination for all SoonerCare members. This includes continuity of care through proactive contact with panel members and incorporates the family or support system with coordination of care. Provider will coordinate the delivery of primary care services with any specialist, case manager and community-based entity involved with the patient (e.g., WIC and



ADDRESS

4345 N. Lincoln Blvd.
Oklahoma City, OK 73105



WEBSITES

oklahoma.gov/OHCA
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PHONE

Admin: 405-522-7300
Helpline: 800-987-7767



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Children's First program, home health, hospice, DME. etc.). This includes but is not limited to referrals, lab/diagnostic testing, preventive services, and behavioral health screening.

4. Provide patient or family with education and support utilizing varying forms of educational materials appropriate for individual patient needs and medical conditions to improve understanding of the medical care provided and plan of treatment. An example would include patient education handouts. This education must be documented within the patient medical record.
5. Explain the expectations of a patient-centered medical home with the patient. The defined roles should be explained within the context of all joint principles which reflect a patient-centered medical home.
6. Use scheduling processes to promote continuity of care through maintaining open appointment slots daily. Open scheduling is defined as the practice of having open appointments available in the morning and afternoon for same day/urgent care appointments. This does not include double-booking appointment times. Provider implements training and written triage procedures for the scheduling staff.
7. Use voice-to-voice telephone coverage to panel members 24 hours a day, 7 days a week. This must provide an opportunity for the patient to speak directly with a licensed health care professional. The number to call should connect to a person or message which can be returned within 30 minutes. All calls are triaged and forwarded to the PCP or on-call provider when necessary. This coverage includes after office hours and weekend/vacation coverage. Provider maintains a formal professional agreement with the on-call PCP or provider and notification is shared relating to panel members' needs and issues.
8. Use behavioral screening, brief intervention, and referral to treatment for members five years of age and older. Behavioral screening is an annual requirement. By using screening tools, the provider will coordinate treatment for members with positive screens with the goal of improving outcomes for members with mental health or alcohol or substance use disorders.
9. Have an organized structured template in a paper or electronic format for clinical data.
10. Maintain medication list within the medical record and update it during each office visit. This medication list includes chronic, acute, and over-the-counter medications and herbal supplements. This includes all prescribing instructions (e.g., dosage, method of administration, frequency, etc.).
11. Maintain a step-by-step system to track the entire process for lab/diagnostic tests. This should include the process of follow-up on test results as well as patient reminders and notifications as needed. This tracking method can be written logs, paper-based documents or electronic reports. Provider must have written policies and procedures for this measure. The written policy and procedures should include the designated staff by position (e.g., nurse, medical assistant, clerk, etc.) assigned to maintain and oversee this process.



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12. Maintain a step-by-step system to track referrals including self-referrals communicated to provider by member. This should include the process of follow-up on consult notes and findings as well as to remind and notify patients to follow-up as needed. This tracking method can be via written logs, paper-based documents, or electronic reports. Provider notifies panel members when a specialty appointment is made by the PCP. Provider documents attempts to obtain a copy of the specialist provider's consult notes and findings. Provider must have written policies and procedures for this measure. The written policy and procedures should include the designated staff by position (e.g., nurse, medical assistant, clerk, etc.) assigned to maintain and oversee this process.
13. Use data received from OHCA (e.g., rosters, patient utilization profiles, immunization reports, etc.) or information obtained from secure websites (e.g., eligibility, last dates of EPSDT/mammogram/pap, etc.) to identify and track panel members both inside and outside of the PCP practice.
14. Deliver transitional care coordination for all panel members. This is the coordination and follow-up for any care or services received by a member in any outpatient or inpatient facility. Information can be obtained from the member, OHCA or the facility. This information should be documented within the medical record and added to the problem list. Upon notification of member activity, the provider attempts to contact the member and schedule a follow-up appointment as appropriate.
15. Implement processes to promote access to care and provider-member communication. PCP or office staff communicates directly with panel members through a variety of methods including through patient portal, emails, texts, social media or scheduled and unscheduled postal mailings.
16. Implement post-visit outreach. The outreach effort should be done after an acute or chronic visit and is documented within the member's medical record. Outreach is overseen and directed by the provider but may be performed by the appropriate designated staff. Examples of outreach include phone calls to monitor medications changes, weight checks, blood glucose, blood pressure monitoring, etc.
17. Use health assessment tools (other than behavioral health) to identify potential patient needs and risks (e.g., developmental, or symptom-specific). Tools may address potential health risks such as demographics, lifestyle, medical history, illness, etc. Examples include AAP-approved standardized developmental screening tool, disease-specific screening tool, etc.
18. Implement a PCP-led practice by developing a health care team who provides ongoing support, oversight and guidance of all medical care received by the member. Provider leads and oversees the health care team to meet the specific needs and plan of care for each panel member. This requirement also includes documentation of contact with a specialist and other health care disciplines that provide care for the member outside of the PCP office. The team may include doctors, nurses, and other office staff.



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- 19. Implement specific evidence-based clinical practice guidelines for preventive and chronic care as defined by the appropriate specialty category (i.e., AAP, AAFP, etc.).
- 20. Implement a medication management procedure to avoid interactions or contraindications. Examples may include using e-Pocrates, e-Prescribing, SoonerScribe Pro-DUR software, screening for drug interactions, etc.
- 21. Offer at least four hours of after-hours care to SoonerCare members in addition to the required 30 hours per week for the full-time provider requirement. After-hours care is defined as appointments, scheduled or work-ins, readily available to SoonerCare members outside the hours of 8 a.m. – 5 p.m., Monday – Friday. These hours should be included in the posted office hours.

Optimal Level providers are required to meet one additional requirement. Initial on the line of the requirement chosen between numbers 22-24.

22. Use a secure electronic interactive website to maximize communication with panel members and families. This will allow patients to request appointments, referrals, test results and prescription refills. It also allows the practice to contact patients to schedule follow-up appointments, relay test results, and inform patients of preventive care needs and medication instructions. _____

23. Utilizes integrated care plans for panel members who are co-managed with specialist(s) or other healthcare disciplines and maintains a central record or database that contains all pertinent information. _____

24. Regularly measure performance for quality improvement using national benchmarks for comparison. Takes necessary actions to continuously improve services and processes. All quality improvement projects measured by the provider must be reported to OHCA on a quarterly basis. _____

Name and Title

Contact Telephone Number

Date

Email Address

Signature of Medical Director or SoonerCare Choice Provider



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APPLICATION CHECKLIST

The following documents must be included with each SoonerCare Choice Patient-Centered Medical Home (PCMH) application:

Entry/Advanced/Optimal

- Medically Necessary Primary & Preventive Services Acknowledgment Form
- Organization of Clinical Data Acknowledgment Form
- Maintenance of Medication List Acknowledgment Form
- Hours of Operation
- Example of Lab/Diagnostic Test Tracking
- Example of Referral Tracking
- Copy of 24-hour Coverage Agreement/Policy

Advanced/Optimal

- Schedule of After-hours Care Availability



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