

### 2022 PCMH Redesign Q&A

#### WEBINAR #1 - January 20, 2022:

#### 1. Which SoonerExcel incentives are retiring?

The SoonerExcel incentives that were retired on Dec. 31, 2021 include the 4<sup>th</sup> DTap, Breast and Cervical Cancer, EPSDT and Physician Inpatient Visits. Final payment for these incentives will be made in April 2022.

- 2. How will a doctor that is not the patient's assigned PCP be scored? This presentation, and the information contained within, only applies to patient-centered medical home providers. If you are not a SoonerCare Choice provider, the information, including incentives, does not apply to you.
- 3. If a patient is on our panel and we are the PCP, but the patient has never been seen in our office and utilizes the ER on a regular basis how can that patient be removed from our panel? Why will that count against the assigned PCP?

If a member is assigned to the panel, it is the provider's responsibility to use the roster and engage all members, including educating on appropriate emergency department utilization.

### 4. In 2022, will there be a maximum amount of times a patient is allowed to see a provider who is not their PCMH?

Adult SoonerCare members not enrolled with a PCP have a four-visit limit per month for physician visits. With medical necessity, a prior authorization override is available for members 21 and older that are enrolled in the Expansion Healthy Adult Program. More information on visit limits can be found in the SoonerCare Benefits Guide online at

https://oklahoma.gov/content/dam/ok/en/okhca/docs/individuals/mysoonercare-portal/benefits-charts/SoonerCare%20Benefit%20Comparison.pdf.

5. When the members do not respond to the provider's multiple attempts to establish care, is there a process to dismissing the patient from the roster? For example, many of my office's patients that were assigned do not have working phone numbers, additionally many of our letters to make contact are returned to sender. How can those patients be removed?







OHCA is currently reviewing the panel size capacity and members who are seeking care from another PCMH provider. Additionally, SoonerCare members can be dismissed from a providers panel under certain circumstances. Please review the Patient Dismissal Process online here.

# 6. We are a SoonerCare Choice provider, but we see a lot of patients that are assigned other SoonerCare Choice provider and patients do not seem to understand the process. Will you be sending educational pamphlets to members?

OHCA conducts education to members through newsletters, social media, and outreach calls. Providers are encouraged to use the monthly roster report to engage with and educate their SoonerCare Choice panel members on the importance of establishing care with their PCP.

### 7. What is the panel capacity per provider?

The panel capacity limit for physicians is 2500, and the limit for mid-level practitioners is 1250.

### **WEBINAR #2 - January 27, 2022:**

### 1. If the patient is not obese, do we still do the screening?

The expectation is that patients assigned to the panel are to be screened annually. BMI is to be reported for all members. The expectation for behavioral counseling applies to members that meet criteria for obesity or being overweight. There is no penalty for providing counseling for a member that is not overweight, but it is a requirement for members who are overweight or obese.

### 2. How often is nutrition or exercise counseling required to meet the incentive criteria?

At least once per year.

#### 3. Are these measures only done annually or at every Medicaid visit?

The requirement is annually, and the provider can do these at any type of visit for which the patient has come to the office.

#### 4. How do we become a Medical Home?

When logged in to the OHCA secure provider portal for the provider or group that would like to become a SoonerCare Choice provider, select the *Update* 









Provider Files link, then choose the Enroll in a Managed Care Program link on the right side of the page and follow the instructions provided.

### 5. Since obesity cannot be the primary diagnosis, would we need to schedule a separate visit for the counseling?

Any other diagnosis that is relevant to the office visit could also be used in addition to the BMI or obesity diagnoses, but you also have the option to bring the patient in for the counseling during a separate visit.

### 6. Was SoonerExcel modeled after a specific state?

Our clinical team and leadership made the decision on the clinical measures that were chosen for the redesign.

### 7. At this time, recording the AIC code qualifies the provider for the incentive and not that the patient is at goal?

That is correct, the only requirement during year one is that the AIC is documented.

### 8. E66.01 – E66.9 can be primary codes, correct?

Yes, these diagnostic codes are acceptable as the primary diagnosis.

## 9. Can these measures be added to a regular check-up visit, or do these measures have to be done individually with these measures as the primary diagnosis?

These can be completed at any type of visit.



