TODAY’S AGENDA

1. Introductions
2. Overview of SoonerCare I/T/U Patient-Centered Medical Home (PCMH) Redesign
3. Approval Status - Redesign Request
4. Discussion - I/T/U PCMH Rate Methodology
The OHCA and I/T/U stakeholders collaborated to develop the proposed I/T/U PCMH redesign.

The proposed I/T/U PCMH provider participation standards:

- Align with current SoonerCare PCMH Tier 3 core participation standards
- Require providers to offer care management program for one or more chronic conditions to address health disparities
- Require providers to treat all qualifying patients, even if the provider is not the assigned PCMH (not a new requirement)

I/T/U PCMH REDESIGN

1. I/T/U providers must meet all requirements for the OHCA’s highest Patient Centered Medical Home Tier (“Optimal” or Tier 3)

<table>
<thead>
<tr>
<th>Access to Care and Follow-up</th>
<th>Care Coordination</th>
<th>Health Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Provide all primary/preventive care</td>
<td>• Perform care coordination/care management</td>
<td>• Maintain clinical data/charting system</td>
</tr>
<tr>
<td>• Offer 30+ appointment hours per week</td>
<td>• Provide patient/family education</td>
<td>• Maintain medication list within medical record</td>
</tr>
<tr>
<td>• Offer 4+ hours of after-hours care per week</td>
<td>• Explain “medical home” expectations</td>
<td>• Maintain step-by-step process to track lab tests</td>
</tr>
<tr>
<td>• Maintain open appointment slots for same-day</td>
<td>• Conduct behavioral health screenings</td>
<td>• Maintain step-by-step process to track referrals</td>
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<tr>
<td>• Provide 24-hour/7-day telephone coverage</td>
<td>• Promote access to care through communications</td>
<td>• Use OHCA data to track members</td>
</tr>
<tr>
<td>• Conduct post-visit outreach</td>
<td>• Develop healthcare team model</td>
<td></td>
</tr>
<tr>
<td>• Coordinate transition from inpatient/outpatient</td>
<td>• Use health assessment tools to identify risk</td>
<td></td>
</tr>
<tr>
<td>• Provide 24-hour/7-day telephone coverage</td>
<td>• Implement evidence-based clinical guidelines</td>
<td></td>
</tr>
<tr>
<td>• Conduct post-visit outreach</td>
<td>• Implement medication management procedure</td>
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</tr>
</tbody>
</table>

2. I/T/U Providers also must address disparities to care in their communities by developing a targeted care management program for one or more prevalent chronic conditions

<table>
<thead>
<tr>
<th>Physical Health</th>
<th>Behavioral Health (Examples could include)</th>
<th>Other (Provider-specified physical or behavioral health condition based on need(s) within the community)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Asthma</td>
<td>• Depression</td>
<td>• Hypertension</td>
</tr>
<tr>
<td>• Chronic Obstructive Pulmonary Disease (COPD)</td>
<td>• Substance Use Disorder</td>
<td></td>
</tr>
<tr>
<td>• Chronic Pain Management</td>
<td></td>
<td></td>
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<tr>
<td>• Congestive Heart Failure (CHF)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Coronary Artery Disease (CAD)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Diabetes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• HIV/AIDS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Hypertension</td>
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</tbody>
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3. I/T/U Providers must treat all qualifying members who seek care at their facilities, regardless of whether the Provider is the PCMH of record for the patient
The OHCA is committed to increasing the I/T/U case management fee from its current level.

The OHCA’s initial concept was to increase the fee to $10.00 PMPM for all members, up from:
- $3.00 PMPM (children Age 1 and Under, ABD)
- $2.00 PMPM (all others)

The proposed rate of $27.25 per member per month (pmpm) is based on the Arizona’s approved rate for its American Indian Medical Home model.

Arizona Rate Methodology
- Based on American Indian Health Program cost data from IHS and tribal facilities
- Baseline = $13.26
- Diabetes Education = $2.00
- Medical Home “Plus” = $7.50 (Participation in health information exchange [HIE] and regional Care Management Collaboratives [CMCs])
- Annual inflation factor of 4.6 percent based on average annual increase in outpatient all-inclusive rate over 10-year period
The OHCA submitted a request to amend the SoonerCare 1115 Demonstration on May 1, 2020

The amendment request indicated that the OHCA based its proposed rate of $27.25 on the approved Arizona model for American Indian Medical Homes

The OHCA proposed a rate of $28.50 for Calendar Year 2022 and $29.81 for Calendar Year 2023 (4.6% inflation factor)

The Centers for Medicare and Medicaid Services (CMS) has requested justification regarding the proposed rate of $27.25 pmpm

CMS requested that the rate be based on quantifiable data related to the cost of providing PCMH services

CMS indicated that the rate model could incorporate:
  - Health disparities
  - Healthcare cost increases

Objective: estimate the average cost per member, per month

Discussion of available cost data
  - Salary cost data – physicians, nurse, care managers
  - Care management program costs
  - Other costs (e.g., health information, referral management)

Other baseline data options
  - Current SoonerCare PCMH Tier 3 payment rates
    - Adult Only: $8.82; Child and Adult: $7.61; Child: $6.28
    - Blended Average Rate = $7.20
  - Case management payment rate
    - HCPCS Code T1016, per 15 minutes
    - Oklahoma Medicaid Rate = $15.29
DISCUSSION – I/T/U PCMH RATE METHODOLOGY

Preliminary Rate Model for Discussion

- **Two Components**
  - Care Coordination Activities
  - Care Management Program(s) to Address Health Disparities

**Care Coordination Activities**

- **Assumptions**
  - Average amount of time spent per member, per month = 20 minutes
  - Use existing SoonerCare payment rate for care management as reasonable estimate of costs ($15.29/15 minutes)

- **Calculations**
  - 20 minutes/15 minutes = 1.33
  - Care Coordination Activities component = $15.29 x 1.33 = $20.39 pmpm

**Care Management Program(s) to Address Health Disparities**

- **Assumptions**
  - PCMH provider with an average monthly caseload of 600 SoonerCare members will operate one care management program (providers with larger panels likely to operate more than one care management program)
  - Average annual salary for patient educator equal to $42,000
  - Fringe benefits equal to 26 percent
  - Overhead costs (e.g., office, computer, patient materials) equal to 20 percent of salary costs

- **Calculations**
  - Salary and Fringe = $52,920 ($42,000 x 1.26)
  - Overhead = $8,400 ($42,000 x .2)
  - Total Costs = $61,320 ($52,920 + $8,400)
  - Care Management Program component = $61,320/(600 members x 12 months) = $8.52 pmpm
**DISCUSSION – I/T/U PCMH RATE METHODOLOGY**

Preliminary Rate Model for Discussion (Continued)

**PCMH Rate Summary – Preliminary Model**

<table>
<thead>
<tr>
<th>Component</th>
<th>Rate</th>
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<tbody>
<tr>
<td>Care Coordination Activities</td>
<td>$20.39</td>
</tr>
<tr>
<td>Care Management Program(s) to Address Health Disparities</td>
<td>$8.52</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$28.91</strong></td>
</tr>
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