



SOONERCARE CHOICE: OKLAHOMA'S PATIENT-CENTERED MEDICAL HOME

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Behavioral Health Advisory Council
August 13, 2014

2004-2008 SoonerCare Choice



Partially-capitated primary care case management (PCCM) program

- Average PMPM payment \$24

Primary and preventive services

- Office visits to the PCP
- Child health screenings (EPSDT)
- Injections, immunizations
- Limited lab services
- Case management including referrals

12 Physician-Member Advisory Task Force



At the request of providers the MAT was created February 2007

Members delegated by professional state organizations including:

- Oklahoma Osteopathic Association
- Oklahoma State Medical Association
- Academy of Family Physicians
- American Academy of Pediatrics, Oklahoma Chapter

MAT Priorities

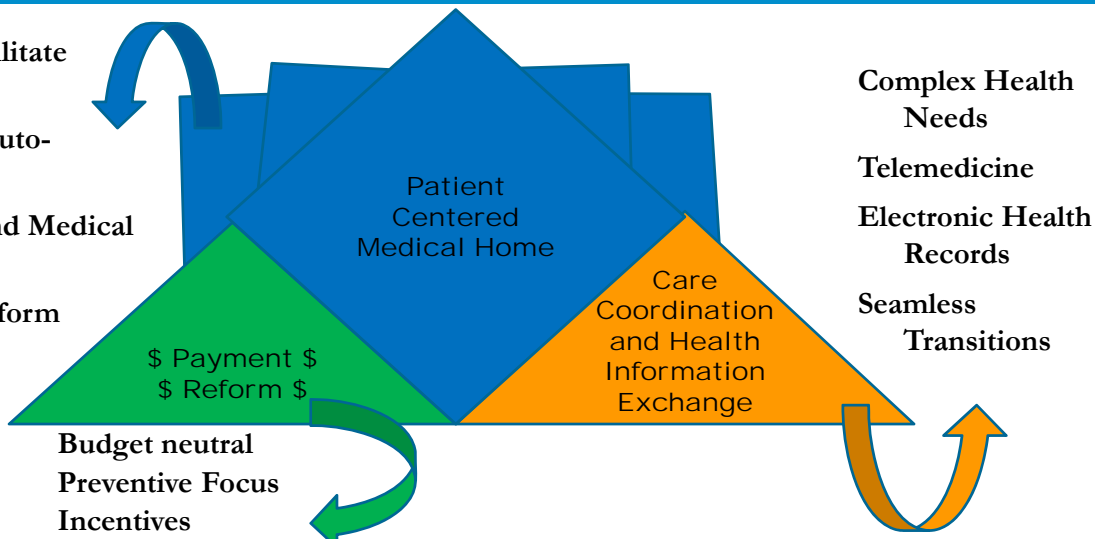


Assure/Facilitate Access

Eliminate Auto-Assignment

Move Beyond Medical Model

Educate/Inform



\$ Payment \$
\$ Reform \$

Budget neutral
Preventive Focus
Incentives

Patient Centered Medical Home

Care Coordination and Health Information Exchange

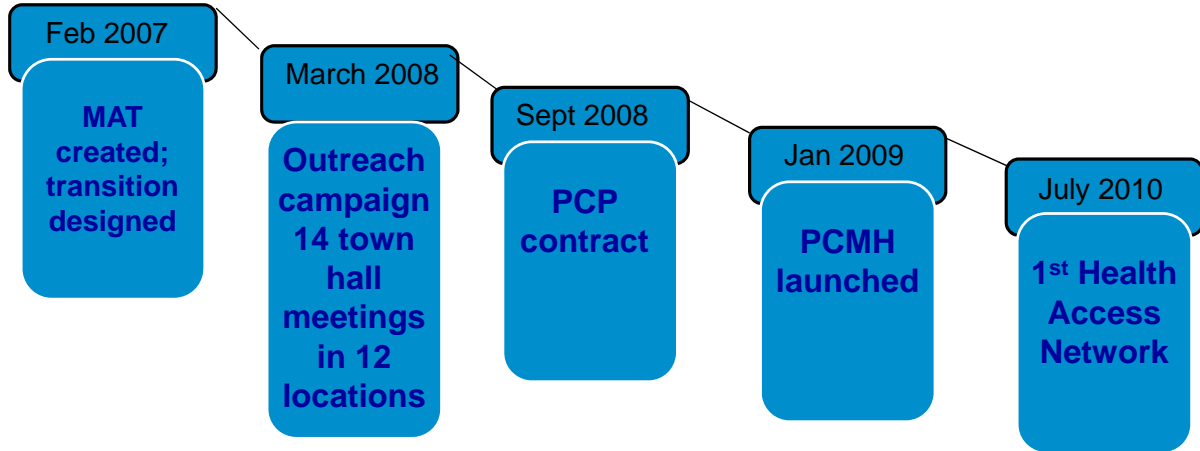
Complex Health Needs

Telemedicine

Electronic Health Records

Seamless Transitions

Patient-Centered Medical Home Timeline



Case Management/Care Coordination Fee Summary



Type of Practice	Tier 1	Tier 2	Tier 3
Children Only	\$3.46	\$ 4.19	\$5.99
Children & Adults	\$4.19	\$ 5.46	\$7.26
Adults Only	\$4.85	\$6.32	\$8.41



Tier Differences

Tier 1
Entry Level

- **12 requirements**
- Includes 24/7 telephone coverage by medical professional
- \$3.46-\$4.85 per month
- Practice with average caseload receives up to \$16,005 per year in care coordination fees

Tier 2
Advanced

- **19 requirements**, including all Tier 1 requirements
- Includes offering at least 30 hours of office time to see patients
- \$4.50 - \$6.32 per month
- Practice with average caseload receives up to \$20,856 per year in care coordination fees

Tier 3
Optimal

- **23 requirements**, including all Tier 1 and Tier 2 requirements
- Includes using health assessment tools to characterize patient needs/risks
- \$5.99 - \$8.41 per month
- Practice with average caseload receives up to \$27,753 per year in care coordination fees

SoonerCare Choice PCMH: PCP Tier Summary



January 2009

Tier 1 = 445

Tier 2 = 223

Tier 3 = 31

Total = 699

July 2014

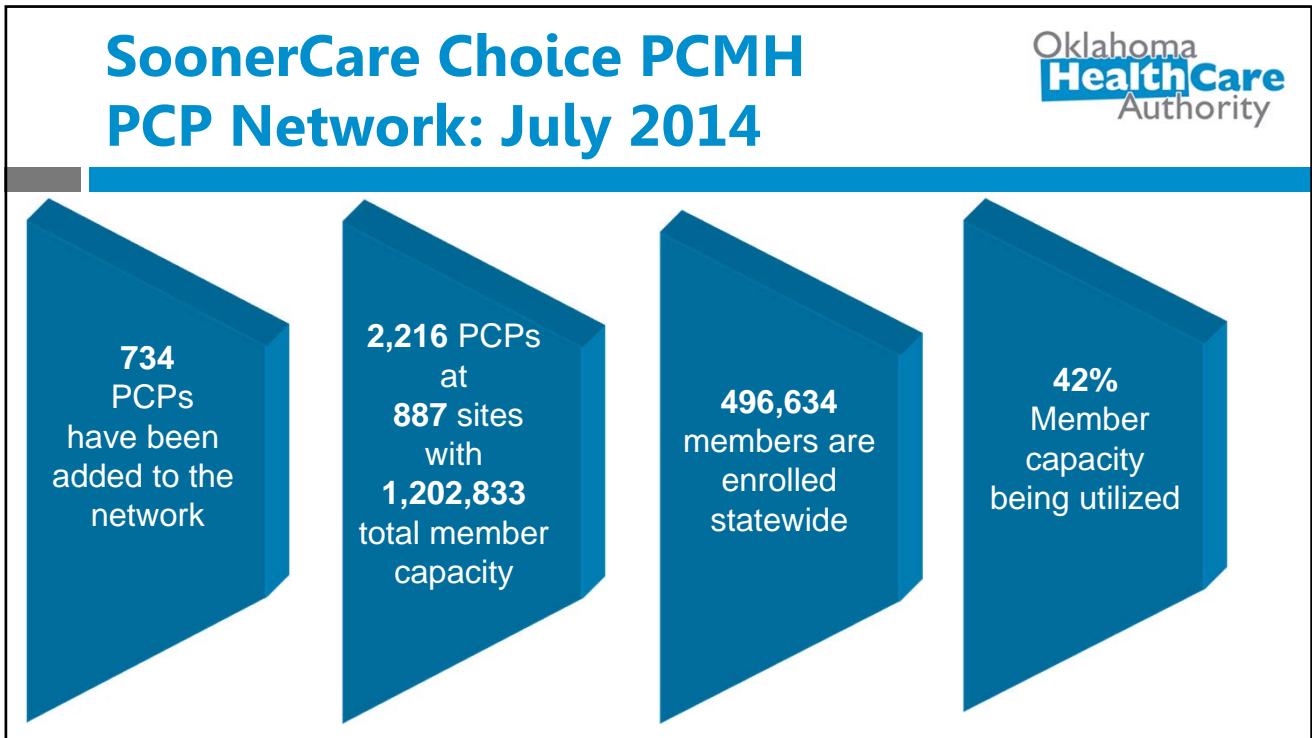
Tier 1 = 506

Tier 2 = 214

Tier 3 = 167

Total = 887

Tier count is determined by provider location



- ## What Stayed the Same
-
- The list is contained within a blue-bordered box with the Oklahoma HealthCare Authority logo in the top right corner. It features a list of items, each preceded by a square bullet point. The first item is a checkbox, while the others are solid blue squares.
- The name "SoonerCare Choice"
 - Access to care requirements
 - Current funding
 - Provider determines medical necessity
 - Visit limits
 - Unlimited for children
 - Unlimited for adults at their medical home
 - 4-visit limit for adults outside their medical home – includes specialty care
 - Federal restriction (e.g. EMTALA, co-pays)

What Changed



- ▣ Monthly payment
 - Paid monthly for care coordination only
 - Care coordination payment will be based on date processed
 - Group contracts must designate a medical director
 - OB/GYN providers cannot be PCP
 - Elimination of default auto assignment
 - Elimination of provider's ability to request panel hold
 - system stops enrollment at 95 percent capacity

What Changed cont.



- ▣ Members may change PCPs within the month
- ▣ Providers who see children MUST participate in VFC and MUST report in OSIS
- ▣ Coverage of new codes (99050, 99051)
- ▣ PCP's should collect the member co-pay

Incentive Component (SoonerExcel)



- ▣ Child health exams (EPSDT) and Dtap
- ▣ Cervical cancer screenings
- ▣ Breast cancer screenings
- ▣ Physician inpatient admitting and visits
- ▣ ER utilization
- ▣ Generic drug prescribing
- ▣ \$4.25 million set aside

Payments made quarterly

Traditional FFS CARE vs. Medical Home



Traditional FFS CARE

My patients are those who make appointments to see me

Care is determined by today's problem and time available today

Care varies by scheduled time and memory or skill of the doctor

I know I deliver high quality care because I'm well trained

Patients are responsible for coordinating their own care

It's up to the patient to tell us what happened to them

Clinic operations center on meeting the doctor's needs



MEDICAL HOME CARE

Our patients are those who are registered in our medical home

Care is determined by a proactive plan to meet patient needs with or without visits

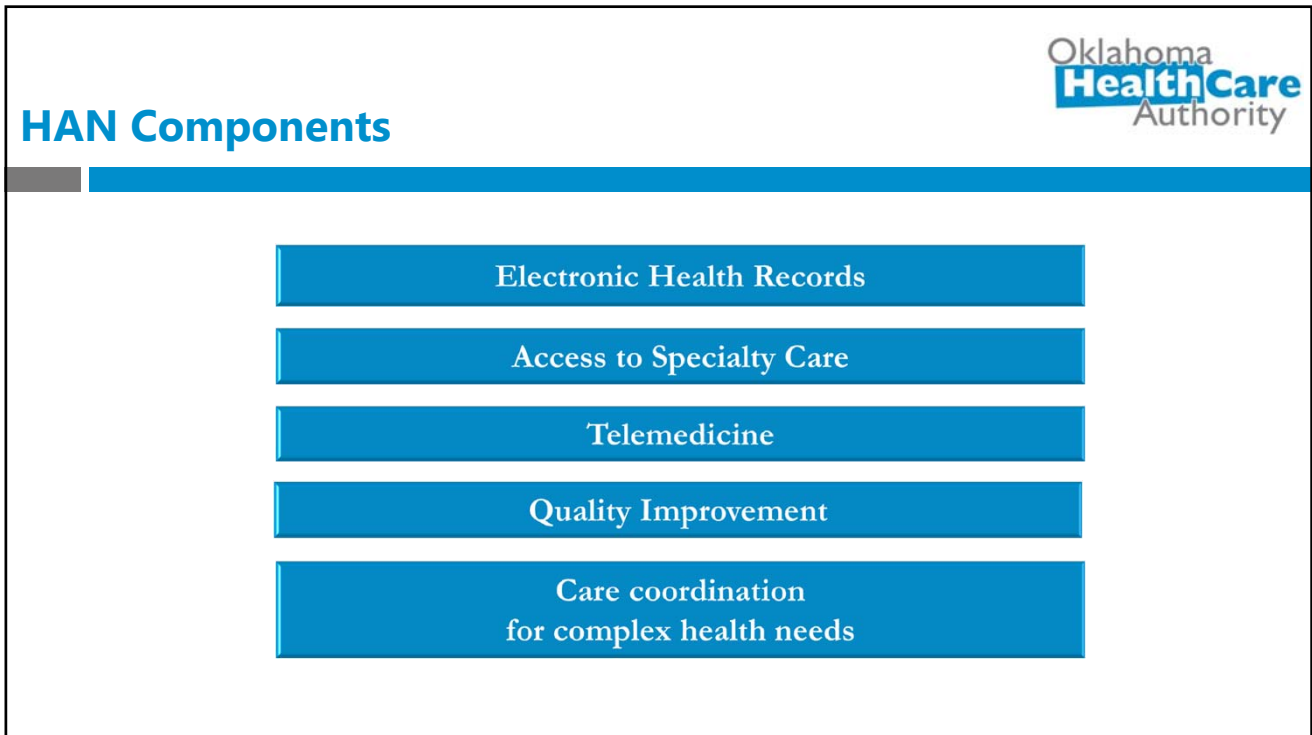
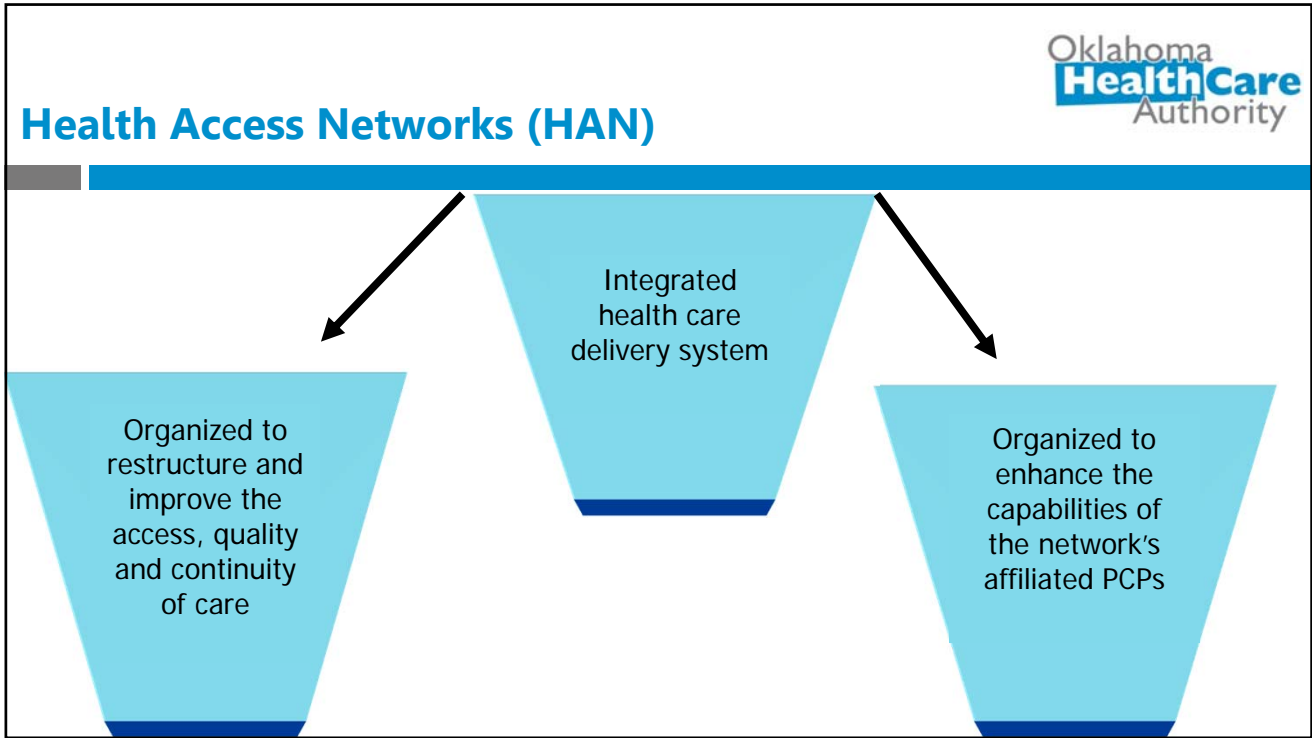
Care is standardized according to evidence-based guidelines

We measure our quality and make rapid changes to improve it

A prepared team of professionals coordinates all patients' care

We track tests and consultations, and follow-up after ER and hospital visits

A multidisciplinary team works at the top of our licenses to serve patients



HAN Summary as of July 2014

	Implementation Date	Total Membership	Total Number of Medical Home Sites	Unduplicated Providers
OU Sooner	July 2010	95,585	63	488
Central Communities	July 2011	3,376	6	22
OSU Network	Sept 2011	14,627	6	79
TOTAL		113,588	75	589

Changes Since Inception

- In 2010
 - Added signed Medical Home agreement to all locations
 - Increased tier 1 hours of availability from 15 to 20
 - Non-compliant PCP's lose care coordination and SoonerExcel for 1 year
- In 2012
 - Mandated 24/7 voice to voice for all locations
- In 2014
 - Mandated annual Behavioral Health Screening for members 5 and above.
 - Replaced Generic Drug P4P with new BH screening incentive program

Questions and Comments



- Updates in global and banner messages, provider letters, OHCA public website at: www.okhca.org/medical-home

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