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**Kevin Corbett** | Chief Executive Officer

**J. Kevin Stitt** | Governor

OHCA 2022-03

Mar. 1, 2022

**RE: SoonerCare Choice Program Changes**

Dear Provider,

As a part of ongoing efforts to innovate the SoonerCare Choice Patient-Centered Medical Home (PCMH) program, OHCA will be implementing multiple changes throughout calendar year 2022 related to contract requirements and Quality Assurance (QA) SoonerCare Choice compliance reviews. OHCA will use all of calendar year 2022 as a year of learning, offering providers multiple opportunities to participate in webinars detailing the changes.

Upcoming changes to the SoonerCare Choice PCMH program include:

**Medical Home Agreement**

Effective **March 1, 2022**, a signed medical home agreement will **no** longer be a required medical record component. Moving forward, SoonerCare Choice members will receive a copy of the medical home agreement (which does not require a signature) as part of the SoonerCare Choice welcome letter.

Providers are required to discuss the member's health care expectations in a medical home setting with their assigned panel members. To assist with educational efforts, an updated medical home agreement has been posted to the [Medical Home Resources](#) webpage.

**Compliance Reviews**

Beginning **January 1, 2023**, the QA SoonerCare Choice compliance review process will be streamlined to focus on medical record requirements. Non-medical record measures previously assessed will no longer be included in this compliance review.

More information will be forthcoming about changes to the QA SoonerCare Choice compliance review, including the option to voluntarily participate in a mock audit prior to January 1, 2023. Please continue to monitor [global messages](#) for instructions on how to register for participation in mock audits.



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**WEBSITES**

[oklahoma.gov/ohca](http://oklahoma.gov/ohca)  
[mysoonerca.org](http://mysoonerca.org)



**PHONE**

Admin: 405-522-7300  
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### Tier Requirements

Beginning **January 1, 2023**, tier requirements for advanced level providers will be updated to require the use of health assessment tools and post-visit outreach for all assigned panel members. Advanced level providers will also be required to select to participate in two additional requirements from the following list:

- Provider implements a PCP-led practice by developing a health care team that 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 specialist(s) and other health care disciplines that provide care for the member outside the PCP office. The team may include doctors, nurses, and other office staff.
- Provider implements specific evidence-based clinical practice guidelines for preventive and chronic care as defined by the appropriate specialty category, i.e., AAP, AAFP, etc.
- Provider implements 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.
- Provider offers at least four hours of after-hours care to SoonerCare members in addition to the required 30 hours per week for the full-time providers. (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). This requirement is per location, regardless of number of providers. Solo practitioners can arrange after-hours coverage through another approved Choice provider location. Multiple locations can submit for a single location to provide after-hours coverage. These requests will be reviewed and decided on a case-by-case basis. Provider maintains vacation coverage in the same manner.

Also beginning **January 1, 2023**, tier requirements for optimal level providers will be updated to require providers to select to participate in one additional requirement from the following list:

- Provider uses a secure electronic interactive website to maximize communication with panel members and families. This will allow patients



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to request appointments, referrals, test results, and prescription refills. It will also allow the practice to contact patients to schedule follow-up appointments, relay test results, inform patients of preventive care needs, instruct on medication, etc.

- Provider utilizes integrated care plans for panel members who are co-managed with specialist(s) or other health care disciplines and maintains a central record or database that contains all pertinent information.
- Provider regularly measures their performance for quality improvement using national benchmarks for comparison. Provider 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.

A formal contract amendment for the addendum to the SoonerCare Provider Agreement for Choice Medical Home Primary Care Providers will be issued during the fall of 2022 to formalize the program changes outlined within this letter. If you need assistance or have questions about these changes, please email [medhomecomments@okhca.org](mailto:medhomecomments@okhca.org).

Thank you for your continued service to Oklahoma's SoonerCare members.

Sincerely,

Melody Anthony  
Chief Operating Officer/State Medicaid Director



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