PATIENT CENTERED MEDICAL HOME SOONERCARE CHOICE APPLICATION ADVANCED LEVEL

Provider Name	
Provider ID	NPI
Address	
Phone	FAX
Practice Type	(i.e., FP, Peds, GP, etc.)
Medical home requested panel capacity	
All requirements are mandatory to be recognized provider. Before your contract can be completed, y representative from provider services will call you Please have examples or written policies and provisit.	you will have an on-site visit. A to schedule a visit, at your convenience.
Provider must maintain a full-time practice, which is defined as having established appointment times available to patients during a minimum of 30 hours each week.	
How many hours per week are open for patient app	
	pointments?







Provider agrees to the following:

- 1. Provide all medically necessary primary and preventive services for panel members.
- 2. Provider organizes clinical data in a paper or electronic format as a patient-specific charting system for individual panel members. A patient-specific charting system is defined as charting tools that organize and document clinical information, such as the medical record, including problem lists, medication list, etc., structure template for appropriate risk factors and structure templates for narrative progress notes.
- 3. Provider maintains medication list within the medical record and should be updated 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.).
- 4. Provider will 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 via 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.
- 5. Provider maintains a <u>step-by-step</u> 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 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 <u>written policies and procedures</u> 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.







- 6. Provider supplies 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 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.
- 7. Provider supplies 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.
- 8. Provider explains the expectations of a patient-centered medical home with the patient and obtains a patient and provider signature on the "Medical Home Agreement" form. The defined roles should be explained within the context of all joint principles which reflect a patient-centered medical home. This agreement is to be maintained within the patient's medical record. (An example of an approved Medical Home Agreement can be found on the OHCA website.)
- 9. Provider uses 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.
- 10. Provider supplies voice-to-voice telephone coverage to panel members 24 hours a day, seven 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.







- 11. Provider uses behavioral screening, brief intervention and referral to treatment for members five years of age and older. <u>Behavioral screening is an annual requirement</u>. Through the use of 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.
- 12. Provider uses 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.
- 13. Provider delivers 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 and inpatient facilities. 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.
- 14. Provider implements processes to promote access to care and provider-member communication. PCP or office staff communicates directly with panel members through a variety of methods (e.g., email, scheduled and unscheduled postal mailings, etc.).

Optional Measures

Provider must choose three additional components

15. Provider implements 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.







Please initial and date this line to select component 15.

16. Provider implements post-visit outreach. The outreach effort should be done after an acute or chronic visit and is documented within the member's medical record. (Examples of outreach include phone calls to monitor medications changes, weight checks, blood glucose, blood pressure monitoring, etc.). Outreach is overseen and directed by the provider but may be performed by the appropriate designated staff.

Please initial and date this line to select component 16.

17. 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.).

Please initial and date this line to select component 17.

18. Provider implements a medication management procedure to avoid interaction s or contraindications. Examples may include using e-Pocrates, e-Prescribing, SoonerScribe Pro-DUR software, screening for drug interactions, etc.

Please initial and date this line to select component 18.

19. 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 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). 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 locatio n 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.





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

Please initial and date this line to select component 19.	
Name and position of person completing this form	
Contact Telephone Number and Date Completed	
Email Address	
Signature of Medical Director or SoonerCare Choice Provider	







OHCA Patient Centered Medical Home

Medically Necessary Primary and Preventative Services Requirement Acknowledgment Form

Provider acknowledges that, acting as a Patient Centered Medical Home provider contracted with the Oklahoma Health Care Authority, they are responsible for the provision of medically necessary primary and preventative services for SoonerCare members assigned to their panel.

Preventative services are to be provided in accordance with the national standard guidelines of Bright Future EPSDT periodicity schedule for children ages 0 to 21 years of age, to include all applicable exams at each EPSDT visit.

Medical record documentation must include all required components for each EPSDT visit, including appropriate screenings, immunizations, and anticipatory guidance.

Preventative services are also required for each adult SoonerCare member assigned to the provider's panel based on the US Preventative Task Force Guidelines.

These guidelines can be reviewed on the OHCA website at:

http://www.okhca.org

Under the providers tab, select SoonerCare Choice, then Patient Centered Medical Home, and then Resources and Tools (Forms, Practice Guidelines).

Provider Name (or Facility Name):	
Provider ID Number (if assigned):	
Signature and Date:	
Signatory Authority Name:	
Signatory Authority Position:	









OHCA Patient Centered Medical Home

Provider Maintenance of Medication Lists Requirement

Acknowledgment Form

Provider acknowledges that, acting as a Patient Centered Medical Home provider contracted with the Oklahoma Health Care Authority, they are responsible for maintaining a patient specific medication list within the medical records of each SoonerCare member assigned to the providers panel.

This medication list must contain all chronic, acute, over the counter, and herbal supplements disclosed by the SoonerCare member to the provider or medical staff acting on their behalf.

This information should include all relevant prescribing instructions, the type of medication, dosage, method of administration, and frequency.

Provider Name (or Facility Name):	
Provider ID Number (if assigned):	
Signature and Date:	
Signatory Authority Name:	
Signatory Authority Position:	







OHCA Patient Centered Medical Home

<u>Provider Organization of Clinical Data: Requirement Acknowledgment Form</u>

Provider acknowledges that, acting as a Patient Centered Medical Home provider contracted with the Oklahoma Health Care Authority, they are responsible for organizing or maintaining a system, either electrical or paper, for the patient specific charting of medical data of SoonerCare members.

A patient specific charting system is defined as charting tools that organize and document clinical information, such as medical records, problem lists, medication lists, structured templates for risk factors, structured templates for narrative progress notes, and other medically relevant data.

Provider Name (or Facility Name):	
Provider ID Number (if assigned):	
Signature and Date:	
Signatory Authority Name:	
Signatory Authority Position:	



