

The Oklahoma Health Care Authority (OHCA) is committed to partnering with our Indian Health Service/Tribal/Urban Indian providers (I/T/U) providers to improve the health of SoonerCare members. This includes:

- Recognizing providers who achieve national accreditation as a Patient Centered Medical Home (PCMH);
- Supporting providers who are working towards PCMH recognition with the Indian Health Services Office of Quality; and
- Collaborating with providers to offer Chronic Care Management for SoonerCare members

In consultation with I/T/U providers, the OHCA has agreed to adapt a PCMH recognition model for Indian Health Service providers originally developed by the Arizona Health Care Cost Containment System (AHCCCS). The OHCA I/T/U Medical Home model will recognize PCMH practices that provide care management services for SoonerCare members through payment of a significantly enhanced Per Member Per Month (PMPM) case management fee, pending CMS review and approval.

Current Case Management Fee	Proposed Case Management Fee*
Children under age 1 - \$2.00 PMPM	All members - \$27.25 PMPM
ABD members - \$2.00 PMPM	
All others - \$3.00 PMPM	
<i>*Annual rate increase anticipated of 4.6% through the end of the waiver period; pending CMS review and approval</i>	

The OHCA will offer providers a 15-month grace period (October 1, 2020 – December 31, 2021) for meeting all OHCA PCMH minimum standards. OHCA adaptations to the AHCCCS model include:

Design	AHCCCS Model	OHCA Adaptation
PCMH Standards	<ol style="list-style-type: none"> 1. PCMH accreditation; OR 2. Participation in Indian Health Services (IHS, Improving Patient Care (IPC) pathway to accreditation. 	<ol style="list-style-type: none"> 1. PCMH accreditation; OR 2. Participation in Indian Health Services (IHS), Improving Patient Care (IPC) pathway to accreditation; OR 3. Attestation to meeting OHCA PCMH minimum standards
Care Management	Accredited Diabetes Education	Practice self-selects one or more conditions to care manage
State Health Information Exchange	Optional participation, with lower PMPM for non-participants	Required linkage to State HIE, when one is identified
Payment	4-Tier rates (maximum of \$27.25)	One universal rate of \$27.25 PMPM

Providers who are not PCMH accredited by the National Committee on Quality Assurance (NCQA); Joint Commission; Accreditation Association for Ambulatory Health Care (AAAHC) or other appropriate body, may participate by attesting that they:

- Are participating in the IHS IPC pathway to accreditation; **OR**

- Meet the OHCA’s minimum standards for PCMH providers as outlined in the following provider application.

Indian, Tribal, Urban Indian (I/T/U) Patient Centered Medical Home (PCMH) applicants must attest that the practice is NCQA accredited or otherwise actively involved in the Indian Health Service’s (IHS) Improving Patient Care (IPC) pathway for PCMH accreditation. Alternatively, applicants may attest that they meet the OHCA’s Minimum PCMH standards (listed in Section 4 of this application).

SECTION 1. PCMH PRACTICE INFORMATION			
PCMH Name	Provider ID	NPI	Date of Application
Practice Address		City	Zip Code
Requested SoonerCare Choice PCMH Panel Capacity:			
Requested Insure Oklahoma Individual Plan Capacity (applies only to practices that treat adults):			
<i>Note: If you have multiple locations, you must complete a separate application for each location.</i>			
Person Completing Application			
Name: _____		Title/Position: _____	
Email: _____			
SECTION 2. MEETING PCMH STANDARDS			
1. Is your practice accredited, as a PCMH in good standing, by any of the following: National Committee on Quality Assurance (NCQA); Joint Commission; Accreditation Association for Ambulatory Health Care (AAAHC) or other nationally recognized body?			
<input type="checkbox"/> YES, accreditation begin/end dates: _____ Accrediting Organization _____ Please skip to Section Three		<input type="checkbox"/> NO, please go to question 2.	
2. Is your practice actively participating in the Indian Health Services, Improving Patient Care PCMH accreditation pathway?			
<input type="checkbox"/> YES Please skip to Section Three		<input type="checkbox"/> NO, please go to question 3.	
3. Will your practice meet all of the minimum PCMH standards outlined in Section 4, no later than December 31, 2021?			
<input type="checkbox"/> YES		<input type="checkbox"/> No, please contact an OHCA Provider Education Specialist by telephone, 405-522-7422, email, SoonerCareEducation@okhca.org or fax, 405-530-3288 for assistance.	

SECTION 3: CARE MANAGEMENT CONDITION(S) AND ATTESTATIONS

My practice offers care management, as defined in the PCMH standards in Section 4, for the following condition(s). Check at least one:

Asthma COPD Diabetes Coronary Artery Disease Hypertension
 Congestive Heart Failure Chronic Pain Management HIV/AIDS
 Behavioral Health (please specify condition(s)) _____
 Other (please specify condition) _____

I attest that this is a full-time practice, defined as having appointment times available to patients during a minimum of 30 hours each week, as well as a minimum of four hours of after-hours care each week, as defined in Section 4, Item 18 of the application.

I understand that the OHCA may conduct a site visit or request written policies or other documentation to verify adherence to the standards in this application.

Signature of I/T/U Representative or SoonerCare Provider

Signature: _____ Printed Name _____

Date Signed: _____

SECTION 4: PCMH MINIMUM STANDARDS

1. Practice furnishes 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: problem lists, medication list, etc., structured template for appropriate risk factors, structured templates for narrative progress notes.
3. Provider maintains medication list within the medical record which are updated during each office visit. This medication list includes chronic, acute, over-the-counter medications, and herbal supplements; to include all prescribing instructions (e.g., dosage, method of administration, frequency, etc.).
4. Provider maintains a step-by-step system to track the entire process for lab/diagnostic tests. This includes 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 that include the designated staff by position (e.g., nurse, medical assistant, clerk, etc.) assigned to maintain and oversee this process.
5. Provider maintains a step-by-step system to track referrals including self-referrals communicated to provider by member. This includes 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 via written logs/paper-based documents or electronic reports. The practice 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 written policies and procedures for this measure. The written policy and procedures include the designated staff by position (e.g., nurse, medical assistant, clerk, etc.) assigned to maintain and oversee this process.
6. Provider supplies Care Management for SoonerCare members with the condition(s) specified in Section 3 above. This includes continuity of care through proactive contact with panel members and the inclusion of family/support system members, as applicable, in 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 (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/family education and support utilizing varying forms of educational materials appropriate for the condition(s) specified in Section 3 above, individual patient needs, medical conditions and level of health literacy, to improve understanding of their condition 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 for SoonerCare members with the condition(s) identified in Section 3 above. The defined roles are explained within the context of the joint principles which reflect a patient-centered medical home. The agreement is maintained in the patient's medical record. (An example of an approved Medical Home Agreement can be found on the OHCA web site.)

SECTION 4: PCMH MINIMUM STANDARDS

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 slots 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, including nurse advice lines. The number to call should connect to a person or message which can be returned within thirty 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 data received from the OHCA (e.g., rosters, patient utilization profiles, immunization reports, etc.) and/or information obtained from secure website (eligibility, last dates of EPSDT/mammogram/pap, etc.) to identify and track panel members both inside and outside of the PCP practice. Provider conducts outreach to members due for a well-care screening, as identified on OHCA-furnished reports. **OHCA RESEARCHING ACTUAL TOOLS – MAY HAVE EDITS**
12. Provider furnishes transitional care coordination for SoonerCare members with the condition(s) identified in Section 3 above . This is the coordination and follow-up for any care/services received by member in any outpatient and inpatient facilities. Information can be obtained from the member, OHCA or the facility. This information is documented within the medical record and added to the problem list. Upon notification of member activity, the provider attempts to contact member and schedule a follow up appointment as appropriate.
13. 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.)
14. Provider implements a PCP-led healthcare team that provides ongoing support, oversight, and guidance of all medical care received by the members with the condition(s) specified in Section 3 above. Provider leads and oversees the healthcare team to meet the specific needs and plan of care for each panel member. This requirement also includes documentation of contact with 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.
15. Provider implements post-visit outreach for members with the condition(s) specified in Section 3 above. Outreach is performed 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.
16. Provider implements specific, evidence-based clinical practice guidelines for preventive and chronic care as defined by the appropriate specialty category (e.g., AAP, AAFP, etc.).

SECTION 4: PCMH MINIMUM STANDARDS

17. 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.
18. Provider offers at least four hours of after-hours care to SoonerCare members weekly, 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, or outside the provider’s regular office hours, if greater than 8 a.m. – 5 p.m. Monday - Friday.) Solo practitioners may arrange after hours coverage through another approved SoonerCare provider location. Practices or medical groups with multiple locations may offer after-hours care in a single location as long as it is geographically accessible to all members. Provider may use telemedicine appointments, as long as the encounters are recognized by the OHCA as billable. Provider may cancel an after-hours clinic if no appointments are scheduled prior to the start of the clinic. Provider maintains vacation coverage in the same manner.
19. Provider uses health assessment tools to identify potential patient needs and risks (e.g., developmental or symptom specific). Tools may address potential health risks, such as demographics, lifestyle, medical history, illness etc. (Examples include AAP-approved standardized developmental screening tool, disease-specific screening tool etc.). Assessment tools must also identify potential social service needs (“Social Determinants of Health” or SDOH) and barriers to care (e.g., housing insecurity, food insecurity, transportation). Provider refers members with needs to appropriate community resources or to the OHCA for assistance. OHCA-sanctioned SDOH screening tools are available upon request
20. Provider will link to the statewide Health Information Exchange (HIE) when one is identified by the OHCA.
21. Provider will review OHCA-furnished performance reports to identify and address opportunities for practice quality improvement.