

JOEL NICO GOMEZ
CHIEF EXECUTIVE OFFICER



MARY FALLIN
GOVERNOR

STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

March 5, 2014

Re: Amendment to your SoonerCare Provider Agreement Medical Home Addendum 1

Dear Primary Care Provider:

Oklahoma Health Care Authority is working with MyHealth and other Health Information Exchanges (HIE) to analyze patient care data to improve quality of care and health outcomes in the SoonerCare Medical Home Program. We need your permission to access information from these HIEs that may not have come from SoonerCare. Any access will be subject to HIE policies and federal and state law.

Please sign the attached amendment to and return it by May 31, 2014 to the address or fax number shown on the amendment. If the medical home panel is assigned to an individual (physician, physician assistant or nurse practitioner), that individual must sign the amendment. If the medical home panel is assigned to the Group, then any authorized signatory for the Group may sign the amendment.

OHCA appreciates your service to our SoonerCare members. If you have questions about this effort, please contact Provider Services at 1-800-522-0114 option 1.

Sincerely,

Melody Anthony
Provider Services Director

**AMENDMENT TO SOONERCARE PROVIDER AGREEMENT
ADDENDUM 1
FOR CHOICE MEDICAL HOME PRIMARY CARE PROVIDERS**

The Oklahoma Health Care Authority (OHCA) and PROVIDER agree to amend the SoonerCare Provider Agreement as follows:

Section 3.7 F is added to Special Provisions for Certified Nurse Practitioner (CNP), Group, Physician and Physician Assistant (PA) and section 3.6 F for Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC) as follows:

“If PROVIDER participates in a Health Information Exchange/Health Information Organization (HIE/HIO), PROVIDER agrees to allow OHCA access to any information related to PROVIDER’s practice contained in such HIE, for performance or contract monitoring, quality assurance or research purposes as well as payment, care management and treatment authorizations, subject to state and federal law. OHCA may share a member’s eligibility and claims data with all HIE/HIO members who are treating the same patients for the purpose of payment, treatment and authorizations. ”

This addendum shall be effective beginning June 1, 2014. No other terms or provisions of the Agreement are changed or affected.

Provider Name*

Provider’s SoonerCare ID

Provider’s Signature

Provider’s NPI

Date Signed

Contact Information for any questions about this Amendment:

Name: _____

Phone: _____

*If PROVIDER is an individual, the individual’s name should be listed and the individual must sign. If PROVIDER is assigned a Group contract, please list the group name and have an authorized signatory for the Group sign the Agreement.

Return this Amendment to:

Oklahoma Health Care Authority
Attn: Assistant Contracts Technician
P.O. Box 54015
Oklahoma City, OK 73154

Or fax to: 405-530-3444