

Patient Centered Medical Home
SoonerCare Choice Application
Optimal 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 as an Optimal level medical home provider. Before your contract can be completed, you will have an on-site visit. A representative from Provider Services will call you to schedule a convenient time. Please have examples and/or written policies and procedures available during your on-site visit.

Provider must maintain a full-time practice which is defined as having established appointment times available to patients during a minimum of thirty (30) hours each week. How many hours per week are open for patient appointments? _____

Approximate percent of Provider's hours stated above that are spent caring for patients that are SoonerCare members: _____

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: 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 and should be updated during each office visit. This medication list includes chronic, acute, over-the-counter medications, and herbal supplements; to include all prescribing instructions (i.e., 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 (*i.e., 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 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 via 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 **written policies and procedures** for this measure. The written policy and procedures should include the designated staff by position (*i.e., 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/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 (*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 individual patient needs/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 of the 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 web site.*)
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. 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 behavioral screening, brief intervention, and referral to treatment for members five years of age and above. **Behavioral screening is an annual requirement.** 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 and/or alcohol or substance use disorders.
12. Provider uses data received from OHCA (i.e., 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.
13. Provider provides transitional care coordination for all panel members. 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 should be 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.
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 (i.e., email, scheduled and unscheduled postal mailings, etc.)
15. Provider implements a PCP led practice by developing a healthcare team that provides ongoing support, oversight, and guidance of all medical care received by the member. **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.
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.
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.).
18. 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.
19. Provider offers at least 4 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 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.

- 20. Provider uses health assessment tools, (*other than Behavioral Health*) 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.)

Optimal Medical Home Options. These are not required but are recommended if applicable

- 21. Provider uses a secure electronic interactive web site to maximize communication with panel members/families. This will allow patients to request appointments, referrals, test results, and prescription refills; as well as allow the practice to contact patients to schedule follow-up appointments, relay test results, inform patients of preventive care needs, instruct on medication, etc.

For our reference only - please initial if you provide component 21

- 22. Provider utilizes integrated care plans for panel members who are co-managed with specialist(s)/other healthcare disciplines, and maintains a central record or database that contains all pertinent information.

For our reference only - please initial if you provide component 22

- 23. Provider regularly measures their performance for quality improvement, using national benchmarks for comparison. Provider takes necessary actions to continuously improve services/processes. All quality improvement projects measured by the provider must be reported to OHCA on a quarterly basis.

For our reference only - please initial if you provide component 23

Name and position of person completing this form

Contact Telephone Number

Date Completed

Email Address

Signature of Medical Director or SoonerCare Choice Provider