ADDENDUM 1–MEDICAL HOME TO SOONERCARE RHC PROVIDER AGREEMENT FOR CHOICE PRIMARY CARE PROVIDERS

1.0 PURPOSE

The purpose of this Addendum is for OHCA and PROVIDER to contract for PCP services in OHCA's SoonerCare Choice Medical Home program.

2.0 DEFINITIONS

The terms used in this Addendum have the following meanings:

A. **PANEL** means a group of members who have selected PROVIDER for PCP services.

B. **TIER** means the set of care coordination services for which PROVIDER has been approved for reimbursement by OHCA as shown in Attachment B-MH to this Addendum.

3.0 PROVIDER QUALIFICATIONS AND SERVICES

3.1 PROVIDER, if providing primary care to panel members under 18, states that it has not been terminated from the Vaccines for Children (VFC) program for cause.

3.2 Provider Services and Responsibilities

PROVIDER shall:

A. Complete the Tier One, Tier Two or Tier Three Medical Home Self Evaluation Form and notify the OHCA Provider Services Unit within 30 days of any substantive change to the responses on the Self Evaluation Form; assignment to any particular tier is at the sole discretion of OHCA and providers who complete the Tier 2 or Tier 3 form may be assigned to a lower tier;

B. Coordinate care for all Choice members assigned to PROVIDER's panel; Care coordination means: i) coordinating and monitoring all medical care for panel members; ii) making medically necessary specialty referrals for panel members, including standing referrals (i.e. a PCP referral for a member needing to access multiple appointments with a specialist over a set period of time (such as a year), without seeking multiple referrals that may include a limitation on the frequency or number of visits); iii) coordinating panel members' admissions to the hospital; iv) making appropriate referrals to the Women, Infants and Children (WIC) program; v.) coordinating with mental health professionals involved in panel members' care; vi.) educating panel members to appropriately use medical resources such as emergency room and Patient Advice Line;

C. Provide all required and at least the minimum number of optional care coordination services for all Choice members assigned to PROVIDER's panel as indicated on the PROVIDER's completed Self-Evaluation Form and as appropriate to PROVIDER's assigned Tier;

D. Ensure that medical services provided to panel members are sufficient in amount, duration, and scope to reasonably meet the health care needs of the members assigned to PROVIDER;

E. Not require a member to obtain a referral for the following services:

1. Primary care services rendered by another SoonerCare contracted provider;
2. Behavioral health services;
3. Vision services, meaning examinations and refractive services provided by optometrists or ophthalmologists within the legal scope of their practice;
4. Dental services;
5. Child abuse/sexual abuse examinations;
6. Prenatal and obstetrical supplies and services, meaning prenatal care, delivery, and sixty (60) days of postpartum care;
7. Family planning supplies and services, meaning an office visit for a comprehensive family planning evaluation, including obtaining a pap smear;
8. Women's routine and preventive health care services,
9. Emergency services as defined in 3.4;

10. Specialty care for members with special health care needs as defined by OHCA;
11. Services delivered to American Indians at Indian Health Service, tribal, or urban Indian clinics.

3.3 Access to Care

PROVIDER shall:

A. Establish office hours of access and availability for appointments of at least fifteen(15) hours per week; hours of operation shall be no less than the hours of operation offered to commercial members or hours comparable to those offered to SoonerCare Traditional members if PROVIDER serves only SoonerCare members;

B. Arrange for call coverage when unavailable to members and provide all panel members with the information necessary to ensure member access; OHCA shall provide a Patient Advice Line (PAL) available to panel members via a toll free telephone number between 5:00 PM and 8:00 AM on business days and twenty-four hours per day on weekends and state holidays; PROVIDER may include the PAL telephone number on his/her after-hours telephone message and is authorized to use the PAL toll-free number for after hours telephone coverage only after regular State of Oklahoma business hours; PROVIDER will receive written information when PAL triages a panel member to the Emergency Room;

C. Evaluate members' needs for hospital admissions and services and coordinate necessary referrals; if PROVIDER does not have hospital admitting privileges, PROVIDER shall make arrangements with the practitioners specified on PROVIDER's Choice application form in order to coordinate the member's admission to the hospital; PROVIDER shall coordinate the member's hospital plan of care with the receiving practitioner if appropriate, until the member is discharged from the hospital.

3.4 OHCA shall provide support services to PROVIDER in the areas of referral arrangements, overall utilization management, claims submission, administrative case management, and member education and discrimination policies;

3.5 Emergency Services

PROVIDER shall not refer members to the emergency room for non-emergency conditions. Medical care for non-emergency medical conditions shall be provided in the office setting. OHCA may levy penalties as provided in Section 5.4 if PROVIDER violates this provision. PROVIDER shall advise members of the proper use of the emergency room.

3.6 Record Keeping and Reporting

PROVIDER shall:

A. Document in the member's medical record each referral to other health care providers and any known self-referrals made by member and retain medical records and reports submitted to PROVIDER by such providers. If PROVIDER makes a referral to other health care providers or is informed by member about services received from another provider and does not receive a report within a reasonable period, PROVIDER will contact the health care provider to whom the referral was made to obtain such reports;

C. Report to the SoonerCare Helpline at 1-800-987-7767 any member status changes such as births, deaths, marriages, and changes of residence in a timely manner when known;

D. Obtain proper consent and transfer member medical records one time free of charge, if requested, in the event that a member disenrolls from the PCP's panel.

3.7 Quality Assurance / Improvement Compliance

PROVIDER shall:

A. Comply with scheduling OHCA Quality Assurance and Improvement (QA/QI) audits and allow designated staff access to medical charts and billing records during onsite review for the purpose of conducting evaluation of access to care and the quality of health services for members;

B. Provide supplemental charts and records after on-site audits in order for QA/QI staff to have complete information demonstrating that access to care and quality services have been assured;

C. If the QA/QI audit determines that PROVIDER has not fulfilled contract requirements, submit a written Corrective Action Plan acceptable to OHCA within a timeframe

specified by OHCA; if PROVIDER does not submit an acceptable or timely written Corrective Action Plan, OHCA may levy penalties as provided in Section 5.4;

D. Implement such a Corrective Action Plan to the satisfaction of OHCA within a period specified by OHCA; in the event that PROVIDER does not satisfactorily complete the Corrective Action Plan, OHCA may levy penalties as provided in Section 5.4;

E. Cooperate with OHCA's designated peer review/quality improvement agent in a review of services as required by the Social Security Act, section 1154, in the event that the QA/QI audit determines that PROVIDER may have failed to meet recognized quality of care standards.

4.0 PROVIDER PANEL REQUIREMENTS

4.1 Panel Capacity

A. PROVIDER shall specify a capacity of Choice members he/she is willing to accept under this Agreement up to a maximum of two thousand five hundred (2,500) for each full time Choice physician employed by PROVIDER and a maximum of one thousand two hundred fifty (1,250) for each full time physician assistant or advanced registered nurse practitioner employed by PROVIDER. A full time Choice provider means a provider available for appointments a minimum of 30 hours per week who sees only SoonerCare Choice members**.** If PROVIDER's providers are available for appointments less than thirty (30) hours a week and/or see a combination of SoonerCare members and other patients, PROVIDER's capacity shall be reduced proportionately. If PROVIDER is also an Insure Oklahoma PCP, PROVIDER shall not exceed this capacity for both panels combined.

B. For each medical resident employed by PROVIDER, enrollment shall not exceed eight hundred seventy-five (875) members and shall be adjusted as specified above in (A.).

C. If PROVIDER initially enrolls as a Choice PCP after October 1, 2008, PROVIDER shall specify a capacity of at least 50 members.

D. OHCA does not guarantee PROVIDER an enrollment level nor will OHCA pay for members who are not eligible or excluded from enrollment.

E. PROVIDER may request a change in his/her capacity by submitting a written request signed by PROVIDER. This request is subject to review according to program standards. In the event PROVIDER requests a lower capacity, OHCA may lower the capacity by disenrolling members to achieve that number or allowing the capacity to adjust as members change their PCP or lose eligibility;

F. OHCA shall mail PROVIDER a monthly list of Choice panel members. This roster will be mailed to the service location address on PROVIDER's file.

4.2 Panel Enrollment Holds and Non-discrimination

A. PROVIDER shall accept members who request enrollment on PROVIDER's panel without restriction up to the capacity established by this Agreement; that is, PROVIDER shall not place enrollment on its panel "on hold".

B. OHCA may temporarily or permanently cease or restrict enrollment of members on PROVIDER's panel at its sole discretion.

C. PROVIDER shall not refuse a panel assignment or discriminate against members on the basis of health status or need for health care services or on the basis of race, color or national origin. PROVIDER will not use any policy or practice that has the effect of discriminating on the basis of race, color or national origin.

4.3 Disenrollment at Request of PCP with Cause

A. PROVIDER may request that OHCA disenroll a panel member for cause. OHCA will give written notice of the disenrollment request to the member.

B. PROVIDER shall ensure that the member receives medically necessary health care until OHCA officially reassigns the member to another PCP. PROVIDER shall not notify the member of a change of PCP until PROVIDER has received notification from OHCA.

4.4 OHCA shall disenroll members from PROVIDER's panel if this Addendum is terminated.

5.0 FEE PAYMENTS AND REIMBURSEMENTS

5.1 OHCA shall pay PROVIDER for services under this Addendum as specified in PROVIDER's SoonerCare RHC Provider Agreement.

5.2 Penalties

If PROVIDER fails to meet any requirements of this Addendum or other SoonerCare requirements, OHCA may notify PROVIDER and impose penalties including:

A. Allowing no new member enrollments to PROVIDER's panel; and/or
B. Temporarily or permanently reducing PROVIDER's maximum panel size; and/or
C. Downgrading PROVIDER's care coordination tier; and/or
D. Reducing or suspending PROVIDER's care coordination fee; and/or
E. Reducing or suspending PROVIDER's SoonerExcel quarterly incentive payments; and/or
F. Contract action up to and including terminating this Addendum or PROVIDER's entire SoonerCare Physician Agreement.

6.0 OTHER TERMS AND CONDITIONS

6.1 Recoupment of Payments

In the event this Addendum is terminated for any reason, OHCA may recoup any monies owed from PROVIDER to OHCA under this Addendum from PROVIDER's other SoonerCare reimbursements.

ATTACHMENT A – MH

CARE COORDINATION FEES
Per Member Per Month

	Tier 1	Tier 2	Tier 3
Children Only*	$3.03	$4.65	$6.19
Children & Adults*	$3.78	$5.64	$7.50
Adults Only*	$4.47	$6.53	$8.69

*Note: Each PROVIDER designates acceptance of children only, children and adults, or adults only on PROVIDER's panel. Based on that designation, PROVIDER is paid the corresponding rate for ALL members assigned to the panel, regardless of their age.

Add On Payments For Tier One Medical Homes (Per Member Per Month)

- PCP accepts electronic communication from OHCA in lieu of written notice - $ 0.05
- PCP provides 24 hours a day/7 days a week voice to voice telephone coverage with immediate availability of an on-call medical professional. (Using the OHCA Patient Advice Line (PAL) does not satisfy this requirement.) - $ 0.50

ATTACHMENT B-MH
REQUIRED AND OPTIONAL SERVICES FOR MEDICAL HOMES

Tier One - Entry Level Medical Home

PROVIDER shall:

1.1 Provide or coordinate all medically necessary primary and preventive services;
1.2 Participate in the Vaccines for Children (VFC) program if serving children, and meet all Oklahoma State Immunization Information System (OSIIS) reporting requirements;
1.3 Organize clinical data in a paper or electronic format as a patient-specific charting system for individual patients;
1.4 Review all medications a patient is taking including prescriptions and maintain the patient's medication list in the chart;
1.5 Maintain a system to track tests and provide follow-up on test results, use a tickler system to remind and notify patients as necessary;
1.6 Maintain a system to track referrals including referral plan and patient report on self referrals, use a tickler system to remind and notify patients as necessary;
1.7 Provide care coordination as defined in this Addendum (Section 3.2) and support family participation in coordinating care; provide various administrative functions including but not limited to securing referrals for specialty care, and prior authorizations;
1.8 Provide patient education and support, such as patient information handouts, which can be found on the OHCA website.

PROVIDER may choose to:

1.9 Accept electronic communication from OHCA in lieu of written notification;
1.10 Provide 24 hours a day/7 days a week voice to voice telephone coverage with immediate availability of an on-call medical professional; Use of the OHCA Patient Advice Line (PAL) does not meet this requirement.

Tier Two – Advanced Medical Home

PROVIDER shall meet all Tier One requirements shown above as 1.1 through 1.10 and shall also:

2.1 Obtain mutual agreement on the role of the medical home between provider and patient;
2.2 Maintain a full-time practice which is as defined as having established appointment times available to patients during a minimum of thirty (30) hours each week;
2.3 Use scheduling processes including open scheduling, work-ins, etc. to promote continuity with clinicians;
2.4 Use mental health and substance abuse screening and referral procedures;
2.5 Use data received from OHCA to identify and track medical home patients both inside and outside of the PCP practice;
2.6 Coordinate care and follow-up for patients who receive care in inpatient and outpatient facilities, as well as when the patient receives care outside of the PCP's office;
2.7 Implement processes to promote access and communication.

PROVIDER shall also meet at least three of the following requirements:

2.8 Develop a PCP led practice health care team to provide ongoing support, oversight and guidance;
2.9 Provide after-visit follow up for the medical home patient;
2.10 Adopt specific evidence-based clinical practice guidelines on preventive and chronic care as defined by the appropriate specialty category, i.e. AAP, AAFP, etc, or a government entity such as the Agency for Healthcare Research and Quality;
2.11 Use medication reconciliation to avoid interactions or duplications ;
2.12 Accept on his/her panel children in state custody who are voluntarily enrolled in SoonerCare Choice as their medical home provider;
2.13 Use personalized screening, brief intervention and referral to treatment (SBIRT) procedures designed to assess an individual's behavioral health status;

2.14 Accept and engage a practice facilitator through the SoonerCare Health Management Program, use health assessment to characterize panel members' needs and risks, and/or document patient self-management plans for panel members with chronic disease.

2.15 Make after hours care available to patients by offering panel members appointments during at least four (4) hours each week outside of the hours of 8am to 5pm, Monday through Friday;

Tier Three – Optimal Medical Home

PROVIDER shall meet all Tier One and Tier Two requirements shown as 1.1 through 2.15 and shall also:

3.1 Organize and train staff in roles for care management, create and maintain a prepared and proactive care team, provide timely call back to patients, adhere to evidence-based clinical practice guidelines on preventive and chronic care;

3.2 Use health assessment to characterize panel members' needs and risks;

3.3 Document patient self-management plans for panel members with chronic disease;

3.4 Develop a PCP-led practice health care team to provide ongoing support, oversight and guidance;

3.5 Provide after-visit follow up for the medical home patient;

3.6 Adopt specific evidence-based clinical practice guidelines on preventive and chronic care as defined by the appropriate specialty category, i.e. AAP, AAFP, etc. or a government entity such as the Agency for Healthcare Research and Quality;

3.7 Use medication reconciliation to avoid interactions or duplications;

3.8 Accept on his/her panel children in state custody who are voluntarily enrolled in SoonerCare Choice as their medical home provider;

3.9 Use personalized screening, brief intervention and referral to treatment (SBIRT) procedures designed to assess an individual's behavioral health status.

PROVIDER may also:

3.10 Use integrated care plans to plan and guide patient care;

3.11 Use secure systems that provide for patient access for personal health information;

3.12 Report to OHCA on PCP performance;

3.13 Accept and engage a practice facilitator through the SoonerCare Health Management Program.

Revised 12/16/2008

Tier One Entry-Level Medical Home
Self-Evaluation Form

Provider Name: _____
Provider ID: _____
NPI: _____
Practice Type: _____
(i.e. FP, Peds, GP, etc)
Medical Home requested panel capacity: _____
Number of hours per week PROVIDER is available for appointments: _____
Approximate percent of PROVIDER's hours stated above that are spent caring for patients that are SoonerCare members: _____

Please describe below how PROVIDER meets the requirements defined below.

1. PROVIDER provides all medically necessary primary and preventive services for panel members. Yes_____ No_____

2. PROVIDER is a VFC participant (if PROVIDER sees members under 18 for primary care).
   PROVIDER provides all scheduled immunizations to appropriate panel members, records all immunizations in the Oklahoma State Immunization Information System (OSIIS) and adheres to all requirements of the VFC program: Yes_____ No_____.

   VFC ID#_____ OSSIS ID#_____

3. 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 the following clinical information in the medical record:
   a. problem lists
   b. Lists of over-the-counter medications, supplements and alternative therapies
   c. Lists of prescribed medications including both chronic and short-term
   d. Structured template for age-appropriate risk factors (at least 3)
   e. Structured templates for narrative progress notes.
   Yes_____ No_____

4. PROVIDER maintains and updates the member's medication list maintained in the chart and also reviews all other medications a member is taking during each office visit.
   Yes_____ No _____

5. PROVIDER maintains a system to track tests and provide follow-up on test results, and uses a tickler system to remind/notify panel members as needed via written logs/paper based documents or electronic reports. PROVIDER has written procedures that outline designated staff that maintain and oversee this process.
   Yes _____No_____
   If yes, please explain your process:
   _____
   _____
   _____
   _____
   _____
   _____
   _____

6. PROVIDER maintains a system to track referrals including referral plan and member's report on self referrals, and uses a tickler system to remind / notify panel members as needed via written logs/paper based documents or electronic reports. PROVIDER has written procedures that outline designated staff that maintain and oversee this process.

   Yes_____ No_____ if yes, please explain your process:
   _____
   _____
   _____
   _____
   _____
   _____
   _____

7. PROVIDER provides care coordination and continuity of care through proactive contact with panel members and encourages family participation in coordinating care. PROVIDER will coordinate the delivery of primary care services with any specialist, case manager, community-based provider (such as school based clinics, WIC, and Childrens First program) involved with the member including consultations and referrals.
   Yes_____ No_____ if yes, provide an example:
   _____
   _____
   _____
   _____
   _____
   _____
   _____

8. PROVIDER provides patient education and support, utilizing varying forms of educational materials, appropriate for individual patient needs/medical condition to improve understanding of the medical care provided, such as the patient information handouts, which can be found on the OHCA website.

   Yes_____ No_____

   If yes, what type of educational support is used by PROVIDER? _____

   _____
   _____
   _____
   _____
   _____
   _____

Optional Add–on payments

9. PROVIDER accepts electronic communication from the OHCA in lieu of written notification.

   Yes _____ No_____

   E-Mail address for communications: _____

10. PROVIDER provides voice-to-voice telephone coverage to panel members, 24 hours a day, seven days a week, where a patient can speak directly with a licensed health care professional. All calls are triaged and forwarded to the PCP or on-call provider when necessary (Use of the OHCA Patient Advice Line does not meet this requirement). PROVIDER provides this coverage to include an after hours and weekend/vacation number to call that leads to a person or message that can be returned within one half hour. PROVIDER maintains a formal professional agreement with the on-call PCP or provider and notification is shared relating to panel members' needs and issues.

    Yes _____ No _____

    Briefly describe how this process is performed in PROVIDER's office:

    _____
    _____
    _____
    _____
    _____
    _____
    _____
    _____

CHOICE PROGRAM ATTACHMENT
FOR CHOICE PCP/CM

- All providers must complete this attachment to be enrolled in the **Choice** program.
- PCP's must attach a copy of the Uniform Credentialing Application.

If you have questions regarding the **Choice** Program, please feel free to contact Provider Services at 1-800-522-0114.

CHOICE Provider Information

Please check ONE of the following for age ranges of **Choice** members you wish to treat:

Age < 1 ☐	Age 0-5 ☐	Age 0 - 14 ☐	Age 0 - 18 ☐	Age 0- 20 ☐
Age 1- 4 ☐	Age 1-5 ☐	Age 1 - 20 ☐	Age 4 - 20 ☐	Age 6- 14 ☐
Age 6-20 ☐	Age 10-20 ☐	Age 12- 20 ☐	Age 14-20 ☐	Age 15-20 ☐
Age 16-20 ☐	Age 18-20 ☐	Age 21-44 ☐	Age 21-999 ☐	Age 45-999 ☐
Age 55-99 ☐	Any Age ☐			

If physician, please list all advanced nurse practitioners and/or physician assistants for whom you serve as the primary supervising physician. If advanced nurse practitioner or physician assistant, please list supervising physician(s):

_____ _____

_____

Please list all hospitals at which you have admitting privileges. (If you do not have admitting privileges, please list physicians with whom you will coordinate hospital admissions and the hospital where those physicians have admitting privileges.):_____

_____

_____

_____

_____