# SOONERCARE CHOICE PATIENT-CENTERED MEDICAL HOME (PCMH)

Sample Policies & Procedures and Resource Links

February 2022

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**Disclaimer**: This SoonerCare Choice Patient-Centered Medical Home (PCMH) Sample Policies & Procedures and Resource Links packet is provided for informational purposes only.  Please direct questions about becoming a PCMH provider to the Oklahoma Health Care Authority (OHCA) provider helpline at 800-522-0114, or email SoonerCareEducation@okhca.org to request a one-on-one training.

**ABC Clinic – Dr. A. Jones**
**1234 S. Main St.**
**Wecandoit, OK 12345**

# Provider Coverage Policy

**For solitary office:**

In my absence, as primary care provider (PCP), medical coverage will be provided by Dr. Smith.

*Dr. A. Jones*                                                   January 1, 2022

Dr. A. Jones                                                          Date

*Dr. B. Smith*                                                   January 1, 2022

Dr. B. Smith                                                          Date

**For group office:**

ABC Clinic providers will rotate absences to ensure presence of at least one provider during all office hours.

*Dr. A. Jones*                                                   January 1, 2022

Dr. A. Jones – Medical Director                                      Date

**Note**: Written policy is required. Signatures are not mandatory but strongly suggested.

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# <u>Member Grievance Policy</u>

1. **Insert your office policy here.** OHCA recommends each clinic include a policy with their specific office process to handle a complaint by a patient. Example: "Complaints will be referred to the office manager for resolution (either verbally or in writing). If unable to resolve, the complaint will be forwarded to the provider for intervention/resolution."

2. In accordance with OHCA grievance and appeal procedures, information needed to elevate the complaint to the OHCA will be provided, either in the form of an OHCA LD-1 form or the OHCA contact phone number (located on page 2 of the LD-1) if requested by a SoonerCare member or their representative.

**Note**: Attach OHCA LD-1: Member Appeals Form from https://oklahoma.gov/ohca. Form can be located by selecting the following prompts: Providers > Forms > LD-1.

Last Revised February 2022

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# <u>Communicable Diseases Policy & Procedure</u>

1.  Communicable disease education will be provided as needed to patients, including, but not limited to, universal precautions, HIV and AIDS.

2.  Communicable diseases will be reported to appropriate agencies as required.

3.  Communicable disease education will be provided for all staff on an annual basis, including, but not limited to, blood borne pathogens and universal precautions.

4.  Sign in sheets will be maintained in the office.
    **Note**: Sign in sheets should include topic of training, date of training, printed name and signature of each attendee.

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# Referral Tracking Policy

1. Provider enters order for specialty referral.
2. Referral is then entered into patient's electronic medical record (EMR) and left in pending, incomplete or flagged status. Referral information is then added to the referral tracking log.
3. Send pertinent documents from patient's medical records to specialist.
4. Contact patient and provide both appointment date and time; or specialist information if specialist requires the member to make an appointment.
5. Instruct patient to return call with appointment date and time if self-scheduling.
6. Document appointment date and time in EMR and the referral tracking log.
7. As consult reports are received, scan them into the EMR and log them into the referral tracking log.
8. Forward copy of report to the provider for review.
9. If contact with patient is indicated, document in patient's chart.
10. Change referral status to closed in EMR.
11. At the end of each month care coordinator reviews referrals in pending/open status (through EMR). If no consult report is received since appointment, then follow-up as needed.
12. Contact with specialist is noted in patient's EMR.

## Tracking log outside of EMR (Spreadsheet or Paper List)

Possible column headers (see attached sample):
1. Patient's name/Insurance identification (ID) number
2. Date referral ordered
3. Specialist name/phone number
4. Reason for referral/diagnosis
5. Appointment date/time/member notification
6. Consult report received

# Referral Tracking Log

| Member Last Name | Member First Name | Member Insurance | Member ID | Date Referral Ordered | Specialist | Diagnosis | Appt. Date & Time | Date Member Notified | Date Report Received |
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# Test Tracking Policy

1.  Orders for tests (labs, radiology, etc.) by provider are entered into the electronic order system.
2.  The tests ordered are noted in the patient's EMR, in an open status.
3.  When test results are received electronically, they are entered into the patient's chart and forwarded to the provider for review.
4.  Provider reviews the reports and makes the appropriate notations.
5.  Follow up contact with patient, if needed, is documented in the patient's record.
6.  Steps 1, 3, and 4 are recorded in the Test Tracking log.
7.  Medical assistant (MA) reviews tests in "open status" <u>weekly for missing reports.</u>
8.  If no report, MA to input contact made to locate missing report.

## ALTERNATE

1.  Requisition for tests (labs, radiology, etc.) ordered by provider are completed by MA.
2.  Tests are entered into the test tracking log.
3.  Requisition is given to patient to take to lab/X-ray for completion.
4.  When report is received, entry is noted in tracking log.
5.  Report is attached to patient's chart and taken to provider's desk for review.
6.  Provider reviews reports and makes appropriate notations on report.
7.  Follow up contact with patient, if needed, is documented in patient's chart.
8.  MA reviews test tracking log <u>weekly for missing reports.</u>
9.  If no report, MA inputs contact made to locate missing report.
    **Note**: Diagnostic tests requiring scheduling such as magnetic resonance imaging (MRI), ultrasound (US), and computed tomography (CT) are tracked through the referral tracking system.

# Test Tracking Log

| Member Last Name | Member First Name | Member Insurance | Member ID | Date Test Ordered | Test Ordered | Date of Test | Diagnosis | Date Report Received |
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# 24/7 Voice-to-Voice Coverage On-Call Provider Agreement

The following physicians agree to rotate after office hours on-call telephone coverage for ABC Clinic and XYZ Clinic patients:

**ABC Clinic**

| Dr. A. Jones | *Dr. A. Jones* | January 1, 2022 |

**XYZ Clinic**

| Ann Jones, ARNP | *Ann Jones, ARNP* | January 1, 2022 |

**Note**: A formal, written agreement is required if coverage is provided by a licensed medical professional outside of the primary care provider's office.

# Medical Home Agreement

**Your healthcare is a team approach involving both you and your PCP**

**Your Medical Home PCP is responsible for:**
1. Honoring your rights as a patient and treating you with dignity and respect.
2. Listening to your concerns, educating you on your health care needs and preventive services.
3. Treating you as a whole person: physically, mentally, and emotionally.
4. Providing you with ongoing quality, and safe medical care, including prevention of future health complications.
5. Working to schedule timely office appointments for your chronic and urgent healthcare needs.
6. Being available to you 24 hours a day, by office appointment, phone calls and/or other electronic communication.
7. Providing you with other healthcare resources when they are absent or unavailable.
8. Providing you with referrals to specialists as deemed medically necessary by your PCP.
9. Providing you with treatment, medications, equipment, and any other resources deemed medically necessary by your PCP.

**As a Medical Home Patient, you are responsible for:**
1. Working with your PCP to meet all of your health care needs.
2. Communicating with your PCP about all your healthcare concerns and goals.
3. Reporting any changes related to your health, treatments, medications, etc.
   This includes use of all medications - prescription, over-the-counter, herbal and street drugs.
   This also includes any medical equipment being used or that has been ordered or recommended for use.
4. Calling your PCP before going to the Emergency Room, unless it is life threatening.
5. Notifying your PCP after any Emergency Room, Urgent Care Clinic or Hospital visit.
6. Scheduling medical appointments in a timely manner, including follow-up appointments.
7. Keeping appointments as scheduled with your PCP and any appointments scheduled with a specialist.
8. Calling before your appointment time to cancel or reschedule the appointment as soon as you are aware that you will not be able to make the appointment.
9. Understanding that you may be dismissed from your PCP if you repeatedly miss appointments without notice or do not follow the responsibilities listed in the medical home agreement.

**Note**: Copies of the Medical Home Agreement are available online at
https://oklahoma.gov/ohca/providers/types/soonercare/soonercare-choice/medical-home-resources.html.

# Resource Links

The following tools and resources are available on the Oklahoma Health Care Authority's public website at https://oklahoma.gov/ohca to help you build your medical home. We encourage you to utilize these tools to best meet the needs of your practice.

**Patient Centered Medical Home Webpage**

- Entry Level Application
- Advanced Level Application
- Optimal Level Application
- Application Checklist

**Medical Home Resources Webpage**

- Medical Home Agreement – English
- Medical Home Agreement – Spanish
- Child/Adolescent Preventive Performance and Tracking Audit Guidelines
- American Academy of Pediatrics (AAP) Bright Futures Tool and Resources Kit
- Adult Preventive Performance & Tracking Audit Guidelines
- United States Preventive Services Task Force (USPSTF) Guidelines

**Patient-Centered Medical Home Behavioral Health Screening**

- Billing for PCMH Behavioral Health Screening
- Billing for PCMH SBIRT Screening, Brief Intervention and Referral to Treatment
- Pediatric Screener – English
- Pediatric Screener – Spanish
- Adult Screener – English
- Adult Screener – Spanish
- List of available screening tools

**Forms Webpage**

- LD-1 Member Complaint/Grievance Form – English
- LD-1 Member Complaint/Grievance Form – Spanish

**SoonerExcel Webpage**

- SoonerExcel Performance Measures and Payment Criteria Manual