



STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

OHCA 2013-41

October 21, 2013

Re: SoonerCare Choice Behavioral Health Screening

Dear SoonerCare Choice Providers:

This letter is to notify you of changes in our SoonerCare Choice Patient-Centered Medical Home program. When we transitioned our payment methodology in 2009, we knew there would be changes to the program as we advanced our delivery system to support the SoonerCare Choice membership.

One of the emerging changes in primary care is the national and local trend to integrate behavioral health into the physical health delivery system. The Oklahoma Health Care Authority (OHCA) and the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) know this is important to our members, and therefore, OHCA is implementing the following changes.

Effective January 1, 2014 you will be required to have your staff perform an annual Behavioral Health screening for SoonerCare Choice members assigned to your panel that are ages 5 and older. During your time with the member if the screening tool denotes a positive finding, we know you will take the next step to assist these members by providing an appropriate intervention and/or referral for behavioral health services.

To help your practice integrate this new requirement OHCA has the following guidance.

1. Although this screening will be part of your tier requirements effective January 1, 2014, we will utilize 2014 as an educational/implementation year and the screening requirement will not be part of your compliance review by our Quality Assurance department. Your office will receive on-site training during 2014 to assist you in the integration of these new screening tools.
2. You may bill code 99420 (administration and interpretation of health risk assessment) for providing the screening. This code is in addition to any other code you bill for the visit. This code is non-compensable so we have designed a new SoonerExcel initiative called "Annual Behavioral Health Screening." This new incentive will follow our current quarterly payment process and will replace the current incentive payment for Generic Drug Prescribing.
3. For members who screen positive for alcohol or drug use, providers who have completed special training provided by ODMHSAS may bill 99408, (Alcohol and /or substance abuse structured screening and brief intervention), in addition to your E&M and be paid for all compensable services provided during the visit. ODMHSAS will hold training sessions, which you can complete at your convenience. These sessions will begin in early 2014 and continue throughout the year. Training information can be found at <http://ok.gov/odmhsas/Prevention in Practice.htm>
4. For members who screen positive for depression, please bill the appropriate E&M code for the time you spent with this member.

JOEL NICO GOMEZ
CHIEF EXECUTIVE OFFICER



MARY FALLIN
GOVERNOR

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If you have a current Group or Individual Provider Agreement as a Medical Home Primary Care Provider, this letter serves as the required contractual notification under Section 6.2 of Addendum 1 that OHCA is amending Attachment B and the SoonerCare Excel Methodology. The revised Attachment B is attached to this document; the new methodology will be available on the OHCA website before January 1, 2014.

Improved outcomes for our SoonerCare members are very important to us and we know it is also important to you. Thank you for your continued support and commitment to our SoonerCare program.

Sincerely,

A handwritten signature in black ink that reads "Garth L. Splinter, MD".

Garth L. Splinter, MD
State Medicaid Director

ATTACHMENT B
REQUIRED AND OPTIONAL SERVICES FOR MEDICAL HOMES
Effective January 1, 2014

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 members less than 18 years old, meet all reporting requirements of the Oklahoma State Immunization Information System (OSIIS) and adhere to all requirements of the VFC program;
- 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 and update the patient's medication list in the chart;
- 1.5 Maintain a system to track diagnostic tests and provide follow-up on test results, use a tickler system to remind and notify patients as necessary via written log/paper documents or electronic reports and have written procedures that outline diagnostic test tracking procedures and designated staff to maintain and oversee this process;
- 1.6 Maintain a system to track referrals, including self-referrals by members, notify panel members when specialty appointment is made by PROVIDER, document at least one attempt to obtain a copy of the specialist's consult and findings, and have written procedures that outline designated staff that maintain and oversee this process;
- 1.7 Provide care coordination as defined in this Addendum (Section 3.2) and continuity of care through proactive contact with panel members and encourages family participation in coordination of care; coordinates the delivery of primary care services with all specialists, case manager and community-based providers (such as school-based clinics, WIC, and Children's First program) involved with the member, including consultations and referrals;
- 1.8 Provide patient/family education and support utilizing various forms of educational materials appropriate for individual patient needs/medical conditions to improve understanding of the medical care provided, e.g. patient information handouts found on the OHCA website.
- 1.9 Obtain written mutual agreement on the role of the medical home between provider and patient which explains defined roles within the context of all joint principles that reflect a patient centered medical home; maintain written agreement in patient's record;
- 1.10 Use scheduling processes to promote continuity with clinicians including open scheduling and maintaining open appointment slots to accommodate work-in, routine and urgent appointments; open scheduling is defined as the practice of having open appointment slots available in the morning and afternoon for same day/urgent care appointments; overbooking patients does not meet this requirement; implement training and written triage procedures for the scheduling staff.

- 1.11 Accept electronic communication from OHCA in lieu of written notification;
- 1.12 Provide 24 hours a day/7 days a week voice to voice telephone coverage with immediate availability of a licensed health care professional; all calls are triaged and forwarded to the PROVIDER or on-call covering medical professional when necessary; includes an afterhours and weekend/vacation number to call that connects to a person or message that can be returned within one half hour; PROVIDER maintains a formal professional agreement with the on-call covering provider and notification is shared relating to panel members' needs and issues;
- 1.13 During annual visits, use behavioral screening, brief intervention, and referral to treatment for members 5 and above; through the use of these tools, expedite treatment for members with positive screens with the goal of improving outcomes for members with mental health and/or alcohol or substance use disorders.

Tier Two – Advanced Medical Home

PROVIDER shall meet all Tier One requirements shown above as 1.1 through 1.12 and shall also:

- 2.1 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;
- 2.2 Use data received from OHCA (i.e. rosters, patient utilization profiles, immunization reports, etc.) and/or information obtained from the OHCA secure website (eligibility, last dates of EPSDT/mammogram/pap etc.) to identify and track medical home patients both inside and outside of the PCP practice;
- 2.3 Coordinate care and follow-up for patients who receive care in inpatient and outpatient facilities; information can be obtained from the member, OHCA, or the facility; maintain this information in the medical record; upon notification of member activity, attempt to contact member and schedule a follow-up appointment as needed;
- 2.4 Implement processes to promote access to care and provider-member communication; communicate directly with panel members through a variety of methods (email, mail, etc.).

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

- 2.5 Develop a health care team to provide ongoing support, oversight and guidance of all medical care received by the member; document contact with specialist and other health care disciplines that provide care for the member outside PROVIDER's office;
- 2.6 Provide post-visit follow up for panel members;
- 2.7 Implement specific evidence-based clinical practice guidelines for preventive and chronic care as defined by the appropriate specialty category, e.g. AAP, AAFP;
- 2.8 Implement a medication reconciliation procedure to avoid interactions of duplications, e.g. e-Pocrates, e-Prescribing, SoonerScribe Pro-DUR software, screening for drug interactions;
- 2.10 Make after hours care available to patients by offering panel members appointments (scheduled or work-ins) during at least four (4) hours each week outside of the hours of 8am to 5pm, Monday through Friday; solo practitioners may provide after-hours care through another OHCA-contracted SoonerCare

Choice PCP; multiple locations can provide after-hours care at a single location with written approval from OHCA; maintain availability of after hours care during PROVIDER vacations.

Tier Three – Optimal Medical Home

PROVIDER shall meet all Tier One and Tier Two requirements shown as 1.1 through 2.10 and shall also:

3.1 Use health assessment tools to characterize panel members' needs and risks utilizing any OHCA-recommended format, e.g. AAP approved standardized developmental screening tool, SoonerCare Health Assessment form, disease-specific screening tool;

OHCA recommends that PROVIDER also:

3.2 Use a secure electronic interactive web site to maximize communications with panel members/families to allow patients to request appointments, referrals, test results and prescription refills, as well as allow PROVIDER to contact patients to schedule follow-up appointments, relay test results, inform patients of preventive care needs, instruct on medication;

3.3 Utilize integrated care plans for panel members who are co-managed with specialists and/or other health care disciplines and maintain a central record or database that contains all pertinent information;

3.4 Regularly measure PCP performance for quality improvement, using national benchmarks for comparison; take necessary action to continuously improve services/processes; report information to OHCA regularly.