PATIENT CENTERED MEDICAL HOME (PCMH) ESSENTIALS

SPRING 2020
COURSE INFORMATION

Recommended Audience:

• Current and prospective PCMH providers.

Class Description:

• This class will discuss the components of maintaining a patient centered medical home contract with OHCA. Topics discussed will include required screenings, coverage, incentives and other helpful tools & tips.
DISCLAIMER

• The information in this presentation is current as of April 2020 and is subject to change.

• Stay informed by signing up for Web Alerts on the OHCA public website at:

  www.okhca.org/webalerts
AGENDA

• Overview
• PCMH Essentials
• Additional Requirements
• Incentives & Reports
• Reminders
• Resources
OVERVIEW
PCMH OVERVIEW

• The establishment of a relationship between a medical home provider and a SoonerCare member is the cornerstone of the patient-centered medical home (PCMH) model.

• OHCA provides outreach and education to members on the importance of establishing a relationship with their medical home provider.
• Primary care providers (PCPs) manage member’s basic health care needs, which includes specialty referrals and providing after hours care.

• In exchange for this service, each PCP is prepaid a fixed monthly capitated payment for care coordination.

• Additional services are paid under the fee-for-service (FFS) system.
PCMH ESSENTIALS
PCMH ESSENTIALS

• For provision of health care services, the OHCA contracts with qualified Primary Care Providers.

• All providers serving as PCPs must have a valid Soonercare Fee-for-Service contract as well as an exercised Soonercare Choice addendum.
• Additionally, all PCPs, excluding Provider or Physician Groups, must agree to accept a minimum capacity of patients, however this does not guarantee PCPs a minimum patient volume.

• Individual primary care provider panels are limited to:
  • Physicians at 2,500
  • Advanced Practice Nurses at 1,250
  • Physician Assistants at 1,250
• Provider or Physician Group panel capacity are limited to:

  • Accepts a minimum enrollment capacity and may not exceed 2,500 members per physician participating in the provider group.

  • If licensed physician assistants or advanced practice nurses are members of a group, the capacity may be increased by 1,250 members if the provider is available full-time.

  • Provider or physician groups must designate a medical director to serve as the primary contact with OHCA.
CONTRACTING

• Applications to become a Medical Home provider can be found online at www.okhca.org/medical-home.

Medical Home Evaluation Forms

On an annual basis, providers can request one assignment to a new level. OHCA will review the request and, if the reassignment is granted, the change will be effective on the following January 1. In order to have a level change effective January 1, of the following year, OHCA needs to receive your request by September 30, of the current year.

› Entry Level Application
› Advanced Level Application
› Optimal Level Application
• Common mistakes to avoid when submitting a PCMH contract:

  • Using an old application form. Current forms are available at www.okhca.org/medical-home.

  • Adding incorrect programs such as Insure Oklahoma when only SoonerCare Choice is needed.

  • Changing contracts without advance notification to OHCA. This causes issues with the 15-month lookback at PCP encounters.
• Adding the DEA and CSR for individual practitioners and Group(s).

• PCP Disenrollment letters and not notifying panel members.

• Advising members to choose an individual provider, but if the Group is the PCMH, the member needs to select the Group as the PCMH.
TIER LEVELS

• **Entry** level medical home providers must meet 11 base requirements.

• **Advanced** level medical home providers must meet 14 base requirements and three additional requirements.

• **Optimal** level medical home providers must meet 20 base requirements.
  
  • Three additional requirements are optional.
# Tier Levels

## Tier 1
**Entry Level**

- Required
  - 20 hours/week
  - Primary/preventative care
  - Clinical data in electronic or paper format
  - Maintains medication list
  - Tracks labs/diagnostic tests
  - Tracks referrals
  - Care Coordination
  - Patient/Family education
  - Medical Home agreement
  - Maintains open schedule
  - E-Comm. From OHCA
  - Phone coverage 24/7
  - BH Screening Annually

## Tier 2
**Advanced Level**

- Required
  - Tier 1 plus
  - Minimum 30 hours/week
  - Track panel members inside/outside of practice
  - Transitional Care
  - Multi-modal communication

- Optional (3 of 5 required)
  - Healthcare team led by PCP
  - Post-visit outreach
  - Evidence based
  - Medication management
  - Minimum 4 hours after hours

## Tier 3
**Optimal Level**

- Required
  - Tier 2 plus
  - Healthcare team led by PCP
  - Post-visit outreach
  - Evidence based guidelines
  - Medication management
  - Minimum 4 hours after hours
  - Health assessment tools

- Optional 3
  - Secure interactive website
  - Integrated care plans
  - Performance improvement
HOURS OF OPERATION

• All medical home providers must maintain a full-time practice, which is defined as having established appointment times available to patients during the minimum hours.

  • Entry – 20 hours per week

  • Advanced – 30 hours per week

  • Optimal – 30 hours per week, with an additional 4 hours outside of 8 a.m. to 5 p.m.
PRIMARY/PREVENTATIVE CARE

• The PCP is responsible for coordinating or delivering preventative and primary care services which are medically necessary to all SoonerCare members enrolled with him/her.

  • Preventative Performance and Tracking Audit Guidelines are located on the OHCA Medical Home Resources webpage: okhca.org/medical-home.
Medical Home Resources

Below are a variety of tools to help you build your medical home. We encourage you to adapt these tools to best meet the needs of your practice.

- Medical Home Agreement - English | Spanish

Sample Forms

The Oklahoma Health Care Authority has developed a variety of forms to document the medical home visit. Any of the forms below are acceptable, but you are free to use your own.

- Adult Preventive Performance & Tracking Audit Guidelines
- Child/Adolescent Preventive Performance & Tracking Audit Guidelines
- Behavioral Health and Substance Abuse Screening Tools
- Case Coordination
- Health Maintenance Flow Sheet
- Health Risk Assessment Forms
- Medication Lists
- Medication Reconciliation
- Patient Care Plan
- Practice Specialty Profile
- Problem List
- Tier 3 Medical Home Provider Performance Improvement Report
PREVENTATIVE SERVICES

• Adult preventative services includes but is not limited to:
  • Heart Health
  • Cancer Screening
  • Annual Health Risk Assessment
  • Sexual Health Screening
  • Immunizations
PREVENTATIVE SERVICES, **CONT.**

- Child/Adolescent preventative services includes but is not limited to:
  - Periodicity (Bright Futures EPSDT periodicity schedule)
  - Comprehensive Health & Development History/Assessment
  - Physical Exam/Assessment
  - Immunizations (current)
  - Labs (completed)
  - Health Education
PREVENTATIVE SERVICES, *CONT.*

- Oklahoma is a universal screening state for lead screening.
- Children should be tested at 12 months and again at 24 months of age.
- Medical home providers should give verbal or written anticipatory guidance to the parent or guardian at each well-child exam through age 72 months (6 years).
IMMUNIZATIONS/VACCINES

• The medical record must include a complete history of immunizations received if member is <21 years of age, and an appropriate history for adults.

• The provider must provide an OSIIS pin number and submit data to OSIIS as appropriate.

• All vaccines administered should be fully documented in the patient’s permanent medical record and updated during all Well-Child visits.
As per the requirements of the National Childhood Vaccine Injury Act and best practice, documentation should include the following:

- Date of administration
- Vaccine manufacturer
- Vaccine lot number
- Name and title of person who administered vaccine and address of facility where permanent record will reside
- Vaccine information statement
- Date on VIS
- Date provided to patient or parent/guardian
- Vaccine type (ACIP abbreviation)
- Route
- Dosage (volume)
- Site
IMMUNIZATIONS/VACCINES, *CONT.*

- An administration fee will be paid for vaccines administered by providers participating in the Vaccines for Children Program.

- For vaccines administered as part of the Vaccines for Children Program, only one administration fee is permitted per vaccine, regardless of the number of vaccine/toxoid components in the vaccine.
IMMUNIZATIONS/VACCINES, CONT.

• Payment will not be made for vaccines covered by the Vaccines for Children Program.

• When the vaccine is not included in the program, the administration fee is separately payable.

• The appropriate HCPCS code and National Drug Code (NDC) must be billed.

• In addition to the NDC and HCPCS code, claims must contain the drug name, strength and dosage amount.
CLINICAL DATA

• Provider organizes clinical data in a paper or electronic format as a patient specific charting system for individual panel members.
MEDICATION LIST

- Provider maintains medication list within the medical record and should be updated during each visit and must include:
  
  - Supplements, OTC, herbal, prescribed
  
  - Medications prescribed by other practitioners
  
  - Name, dosage, frequency, quantity, start and stop dates
LAB/DIAGNOSTIC TESTS, REFERRAL TRACKING

• Provider maintains a written policy and procedure, which includes a step-by-step process of all diagnostic testing, referrals, and procedures.

• Outline will designate the tracking frequency and staff assigned to maintain and oversee the process.
CARE COORDINATION

• Must support the entire process and follow through of all diagnostic tests, referrals, behavioral health screenings, and procedures including:
  • Initial orders
  • Ongoing tracking
  • Consult reports
  • Ordering providers actions to address the results/outcome
CARE COORDINATION, *CONT.*

• As of October 2019, the following care coordination rates reflects the PCMH level and appropriate age groups:

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<thead>
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<th></th>
<th>Entry Level</th>
<th>Advanced Level</th>
<th>Optimal Level</th>
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</table>
EDUCATION

• Provider supplies patient/family education and support utilizing varying forms of educational materials appropriate for individual needs/medical conditions to improve understanding of the medical care provided and plan of treatment.

• Provider enters note in members record of what materials were given.
MEDICAL HOME AGREEMENT

• An agreement between member and the provider, to focus on meeting all of the patient’s healthcare needs.

• Explains the defined roles of the member and provider and is part of the medical record.

• The provider (or designee) and member must sign/date at the same time.

• Signatures must be an original signature (no stamps or copied signatures).

• A copy must be stored in the patient record.
A copy of the Medical Home Agreement can be found online at [www.okhca.org/medical-home](http://www.okhca.org/medical-home) under PCP Tools and Resources.
OPEN SCHEDULING

• Provider uses scheduling processes to promote continuity of care through maintaining open appointment slots daily.

• Open scheduling is defined as the practice of having appointment 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.
E-COMMUNICATION

• Provider will accept electronic communication from OHCA in lieu of physical (hard) copy.

• Fax numbers and e-mail addresses must remain current.

• The provider is responsible to update information using the secure OHCA provider portal.
24/7 PHONE COVERAGE

• 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 member 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.
24/7 PHONE COVERAGE, \textit{CONT.}

• 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.
BEHAVIORAL HEALTH SCREENING

• Behavioral Health Screenings are required for panel members ages 5 and older annually.

• 96160 is billed in addition to any other services provided during the time of the visit.

• Reimbursement for this procedure is paid on a quarterly basis at $5 per screening as a SoonerExcel initiative.
• Medical home providers are required to coordinate referrals to the appropriate specialist if a member has a positive screening.

• Behavioral health screening guidelines, validated screening tools, and referral resources are available at okhca.org/medical-home.
MATERNAL DEPRESSION SCREENING

• The American Academy of Pediatrics (AAP) recommends integrating postpartum depression screening and assessment at the one, two, four, and six month well-child (Early and Periodic Screening, Diagnostic and Treatment) visits.

• SoonerCare allows reimbursement of maternal depression screening.

• CPT code 96161 is currently reimbursed at $5.00.

• AAP recommendations for surveillance, screening tools, follow-up and more can be accessed at: https://pediatrics.aappublications.org/content/143/1/e20183259
ADDITIONAL REQUIREMENTS
ADDITIONAL REQUIREMENTS

Required for Advanced and Optimal levels

• Tier 1/Entry Level requirements plus,

• Minimum 30 hours/week and,

• Track panel members inside/outside of practice – use provider portal to obtain roster data, patient utilization reports from ER, Inpatient admission and discharge reports, eligibility, last dates of EPSDT, mammogram, etc.
ADDITIONAL REQUIREMENTS, *CONT.*

Required for Advanced and Optimal level

- **Transition Care Coordination** – Coordination and follow up for any care/services received by the member in any outpatient and inpatient facilities. Information obtained must be documented in the patients record and added to the problem list.

- **Multi-modal communication** – Provider communicates directly with panel members through a variety of methods.
ADDITIONAL REQUIREMENTS, CONT.

3 of 5 required for Advanced level
All are required for Optimal level

• **Healthcare team led by PCP** – Provider develops a healthcare team that provides ongoing support, oversight, and guidance of all medical care received by the member inside and outside of the PCP office, documentation is required.

• **Post-visit outreach** – After an acute or chronic visit outreach should be documented in the patient’s medical record. Outreach includes phone calls to monitor medication changes, weight checks, blood glucose, blood pressure monitoring, etc.
ADDITIONAL REQUIREMENTS, *CONT.*

3 of 5 required for Advanced level
All are required for Optimal level

- **Evidence-based clinical practices** – Provider implements specific evidence-based clinical guidelines for preventative and chronic care, i.e. AAP, AAFP, CDC, etc.

- **Minimum 4 hours after hours** – Provider must have 4 additional hours outside the hours of 8-5 M-F. These hours should be posted as part of the office hours.
3 of 5 required for Advanced level
All are required for Optimal level

• Provider uses a medication reconciliation process to avoid interactions or duplications.

• Examples may include:
  • e- Pocrates,
  • e-Prescribing,
  • SoonerScribe Pro-DUR software or,
  • Screening for drug interactions, etc.
ADDITIONAL REQUIREMENTS, *CONT.*

Required for Optimal level

• Tier 2/Advance level requirements plus,

• Health assessment tools – Tools may address demographics, lifestyle, medical history, illness, etc. Examples include AAP standardized developmental screening tool such as MCHAT, and other disease specific high risk assessment tools.
Optional

• **Secure interactive website** – patient portal to maximize communication with panel members.

• **Integrated care plans** – guide and plan care for panel members who are co-managed with specialists/other healthcare disciplines.

• **Performance improvement reports** – measure performance for quality improvement, using national benchmarks for comparison.
INCENTIVES & REPORTS

• SoonerCare Choice PCP/CMs may receive the following incentive payments:
  • Care Coordination – monthly
  • SoonerExcel – quarterly

• Federally Qualified Health Clinics (FQHC) and Rural Health Clinics (RHC) are not eligible to receive Care Coordination or SoonerExcel payments.
• A Care Coordination payment is made for each member who has established care with their assigned PCP within the last 15 months.
  – Verified when a claim is submitted.
  – Applies to both SoonerCare and Insure Oklahoma members.

• Care Coordination payments vary according to the type of members the PCP services and their level of medical home status.
INCENTIVES & REPORTS, CONT.

• Care Coordination payments are made by the 10th working day of each month for all eligible members enrolled with the PCP/CM on the first day of each month.

• The single monthly payment is generated and accompanies the Care Coordination Listing or is deposited directly.
INCENTIVES & REPORTS, \textit{CONT.}

• To verify established and non-established panel members, the Member Initial Visit report will show results for both categories.

• Capitation Rosters will show “0.00” payment if no relationship is found within 15 months.
• Clerks must have the “financial” role to access this report.

• How to access the report:
  → SoonerCare Provider Portal
    → Financial tab
      → CAP Reports
        → Member Initial Visit
          → Report Copy
### INCENTIVES & REPORTS, CONT.

#### Reports Available to Download From 1/25/2017 To 1/25/2018

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<thead>
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<th>Report Date</th>
<th>Report Type</th>
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### INCENTIVES & REPORTS, CONT.

#### Program: S-CCHC

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#### Program: S-CCHC

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#### Program: PUB

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#### Program: PUB

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### INCENTIVES & REPORTS, CONT.

#### CAP Reports

**Reports Available to Download From 1/25/2017 To 1/25/2018**

To download the report click the Report Copy icon.

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<thead>
<tr>
<th>Report Date</th>
<th>Report Type</th>
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### INCENTIVES & REPORTS, CONT.

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These members appear on the Initial Visit Report.
SoonerExcel incentive payments are based on the following:

- Well-child/EPSDT
- Behavioral health
- 4<sup>th</sup> DTaP
- Breast/Cervical cancer screening
- ER utilization
- Physician inpatient admission
INCENTIVES & REPORTS, CONT.

Provider Letters

* Indicates a required field.

Enter your search criteria and click the Search button.

**Letter Type**
- Sooner Excel

**Available From Date**
- 08/17/2016

**To Date**
- 08/17/2017

Search  Reset
As a valued Medical Home you are eligible to take part in the OHCA SoonerExcel program. SoonerExcel is a performance-based reimbursement program designed to recognize achievements in improving quality and providing effective care. The below incentive payment(s) indicate you have met or exceeded quality-of-care goals within the various incentive categories.

Please look for the incentive payments on your Feb 7th remit. This payment is not patient specific and will be found on the financial transaction page under non-claim specific payouts.

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<tr>
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<td>Breast and Cervical Cancer Screenings Incentive</td>
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<td>Inpatient Admits / Visits Incentive</td>
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<td><strong>Total</strong></td>
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The SoonerExcel incentive payments are dependent on the types of members you see, your panel size and services provided. They are calculated on a quarterly basis; please look for your next communication in April.

The incentive payment methodology can be found on our public website at www.okhca.org under the “Provider” section by selecting the Patient Centered Medical Home link. If you have any questions or require additional information please contact Phillip Cox in the Provider Reimbursement Unit by phone at (405) 522-7054 or by email at Phillip.Cox@okhca.org.

Thank you for your continued quality service to SoonerCare members.
INCENTIVES & REPORTS, *CONT.*

• Additional information on SoonerExcel payment methodologies are available online at: [www.okhca.org/SoonerExcel](http://www.okhca.org/SoonerExcel).
REMINDERS
REMINDERS

• Use current application forms.

• Notify OHCA in advance when changing contracts.

• Notify panel members when a provider is dis-enrolled.

• Advise member to choose correct PCP based on how you are contracted – group or individual providers.
WEB ALERTS

Sign up for OHCA Web Alerts

Be up-to-date on the latest OHCA changes in the areas you care about. We will send you an e-mail each time a change is made in the section(s) you select.

Enter your e-mail address: [blank]

Select one of the following:

- I am a new user.
- I am already registered and want to modify my current subscriptions.
- I want to unsubscribe from all subscriptions.

Continues
TRAINING RESOURCES

For onsite training requests, contact the SoonerCare Education team.

SoonerCareEducation@okhca.org
Phone: 405-522-7422
Fax: 405-530-3288

* Please include the provider’s name, SoonerCare ID number, a return phone number and a contact name with the request.
RESOURCES

• OHCA Provider Services:
  (800) 522-0114, option 1

• Internet Help Desk:
  (800) 522-0114, option 2, 1

• OHCA public website:
  www.okhca.org/medical-home
  www.okhca.org/providerenrollment

• Oklahoma Childhood Lead Poisoning and Prevention Program:
  (800)-766-2223 or http://lpp.health.ok.gov
GET IN TOUCH

4345 N. Lincoln Blvd.
Oklahoma City, OK 73105

okhca.org
mysoonercare.org

Agency: 405-522-7300
Helpline: 800-987-7767