

Initial Visit Report for Care Coordination Payment Changes

February 15, 2018



DXC.technology

Agenda

- What Changed?
- Member Initial Visit Report
 - How do I access the report?
 - What does the report tell me?
- Capitation Payment Listing
- Resources
- Questions

What Changed?

- The purpose of a Patient Centered Medical Home (PCMH) is for providers to establish a relationship with their SoonerCare members, and to manage their healthcare.
- Effective January 1, 2018, the Oklahoma Health Care Authority (OHCA) only pays care coordination fees for members that have had a visit with their assigned provider within the last 15 months.
 - This applies to both SoonerCare Choice and Insure Oklahoma Medical Homes

What Changed?

- Each month, prior to the care coordination payments being calculated, OHCA will look back 15 months to make sure you receive care coordination for all established members aligned with your practice.
- The Member Initial Visit Report will not only show you which members haven't been seen, it will also show you those that are within 45 days of the 15 month window.
- Capitation rosters will show “0.00” payment if no relationship is found within 15 months.

Member Initial Visit Report

Member Initial Visit Report

- How to access the report:
 - SoonerCare Provider Portal
 - Financial Tab
 - Cap Reports
 - Member Initial Visit
 - Report Copy
- Clerks must have the “financial” role to access this report

Login



*User ID

Log In

[Forgot User ID?](#)

[Register Now](#)

[Where do I enter my password?](#)

What can you do in the SoonerCare Provider Portal

The Oklahoma Health Care Authority's secure portal is intended for providers, clerks and billing agents. This site gives you the opportunity to maintain provider information, access claim and prior authorization related functions, and receive messages from the OHCA that apply specifically to you.



[Website Requirements](#)

Protect Your Privacy!
Always log off and close all of your browser windows

Helpful Links

- ▶ [EVS Guide](#)
- ▶ [Insure Oklahoma](#)
- ▶ [Child Health \(EPSDT\)](#)
- ▶ [Provider Enrollment](#)

CAP Reports



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

To download the report click the Report Copy icon.

Report Date	Report Type	Report Copy
01/01/2018	Member Initial Visit	
01/01/2018	CAP	
12/04/2017	CAP	
10/30/2017	CAP	
10/02/2017	CAP	
09/04/2017	CAP	
07/31/2017	CAP	
07/03/2017	CAP	
05/29/2017	CAP	
05/01/2017	CAP	
04/03/2017	CAP	
02/27/2017	CAP	
02/06/2017	CAP	

Member Initial Visit Report

Report: MDG-0312-M
Process: MDGJM312
Locaton: MDG0312M

Oklahoma MMIS
Member Initial Visit Report
For Cap Month MM/CCYY

Run Date: 1/25/2018
Run Time: 99:99:99.9
Page: 9999

PMP Identification Number: 999999999X
PMP Name Group Rocks Pediatrics

Program: S-CHC Members Without Initial Visit

Member ID	Member Name	Last Seen	City	Telephone
123456789	SoonerCare, Suzie	N/A	Edmond	(999)999-9999
135791357	Thunder, Thomas	N/A	Guthrie	(999)999-9999
111222333	Cowboy, Charles	N/A	Oklahoma City	(999)999-9999
123123123	Smart, Maxwell	N/A	Oklahoma City	(999)999-9999

Program: S-CHC Members Approaching 15 Months With No Visit

Member ID	Member Name	Last Seen	City	Telephone
147258369	Kent, Clark	12/15/2017	Edmond	(999)999-9999
159357159	Rumble, Rowdy	12/4/2017	Oklahoma City	(999)999-9999

Program: PUB Members Without Initial Visit

Member ID	Member Name	Last Seen	City	Telephone
968574321	Train, Thomas	N/A	Yukon	(999)999-9999
864235715	Flintstone, Fred	N/A	Edmond	(999)999-9999
353632311	Ruble, Betty	N/A	Oklahoma City	(999)999-9999

Program: PUB Members Approaching 15 Months With No Visit

Member ID	Member Name	Last Seen	City	Telephone
456565578	Lane, Lois	12/22/2017	El Reno	(999)999-9999
451235478	Dodger, Roger	12/1/2017	Mustang	(999)999-9999

Capitation Payment Listing

CAP Reports



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

To download the report click the Report Copy icon.

Report Date	Report Type	Report Copy
01/01/2018	Member Initial Visit	
01/01/2018	CAP	
12/04/2017	CAP	
10/30/2017	CAP	
10/02/2017	CAP	
09/04/2017	CAP	
07/31/2017	CAP	
07/03/2017	CAP	
05/29/2017	CAP	
05/01/2017	CAP	
04/03/2017	CAP	
02/27/2017	CAP	
02/06/2017	CAP	

Capitation Payment Listing

Report: MDG-0002-M
Process: MDGJM312
Locaton: MDG0312M

Oklahoma MMIS
Capitation Payment Listing
Date Range 01/01/2018 - 01/31/2018

Run Date: 1/1/2018
Run Time: 19:10
Page: 1

PMP Identification Number: 999999999X
PMP Name Group Rocks Pediatrics

Recipient ID	Recipient Name	Case Number	Eff Date	End Date	Amount Paid	Adjustment Amount
678456123	Holmes, Sherlock	4564570	1/1/2018	1/31/2018	4.06	0.00
123456789	SoonerCare, Suzie	1234756	1/1/2018	1/31/2018	0	0.00
879845321	Watkins, Dr.	4456544	1/1/2018	1/31/2018	4.06	0.00
845456159	Bear, Yogi	3573570	1/1/2018	1/31/2018	4.06	0.00
159357159	Rumble, Rowdy	3245687	1/1/2018	1/31/2018	0	0.00

These members appear on the Initial Visit Report

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Resources:

- Internet Help Desk - (800) 522-0114, option 2,1
 - For help accessing the portal
- OHCA Provider Services – (800) 522-0114, option 1
- SoonerCare Field Representatives
- OHCA public website – www.okhca.org/medical-home

Patient-Centered Medical Home

WebAlerts

SoonerCare Choice PCMH Redesign Delayed

3/23/17 - Based on information presented at the OHCA board meeting today by CFO Carrie Evans, we will not be making any changes to our current SoonerCare Choice PCMH program. We will be looking to find a better way for new providers to be contracted as a SoonerCare Choice provider. We are keeping all the potential changes on file and when we know more about the budget we can decide next steps. At this time, if you are a SoonerCare Choice provider nothing will change for you in January 2018. Feel free to ask questions through the medhomecomments@okhca.org e-mail address.

SoonerCare Choice

Since 2009, our Patient Centered Medical Home (PCMH) SoonerCare Choice delivery system has advanced along with health care delivery changes nationally. With further changes in national trends related to care coordination, quality, utilization and provider payments, we are enhancing our PCMH SoonerCare Choice by changing the tiers to base criteria, plus additional criteria that add additional money to your care coordination payments. We will keep the current FFS reimbursement and will be moving to value-based payments tied to achieving improvements in quality and population health.

- › [2017 Core Set of Children's Health Care Quality Measures for Medicaid and CHIP](#)

We held four stakeholder meetings the week of January 16, 2017 to review our approach and to begin the discussion related to quality metrics. We will be having additional meetings on the quality metric selection in late February early March. Invitations will be sent to our Choice providers and posted on this website. This new section of the PCMH page will be updated to keep you informed and allow you to communicate your ideas to us as we move forward. Please review the PowerPoints below and if you have any questions, comments, ideas or concerns please email us at medhomecomments@okhca.org.

- › [PCMH Stakeholder Meetings PowerPoint - January 2017](#)
- › [PCMH Redesign Quality Measure Review - Pacific Health Quality Group - December 2016](#)
- › [Quality Measures Stakeholder Meetings - Save the Date](#)

We held an additional four stakeholder meetings the week of March 3, 2017 to review and begin the discussion related to quality metrics. We will have a meeting in early April to discuss the case management fees and the dollars related to meeting the new quality metrics. Invitations will be sent to all Choice providers and posted on this website. This new section of the PCMH page will be updated to keep you informed and allow you to communicate your ideas to us as we move forward. Please review the PowerPoints below and if you have any questions, comments, ideas or concerns please email us at medhomecomments@okhca.org.

- › [PCMH Stakeholder Meeting PowerPoint - March 2017](#)

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](#)

Care Coordination Rates 2/1/16

	Entry Level	Advanced Level	Optimal Level
Adult Only	4.70	6.13	8.16
Child and Adult	4.06	5.30	7.04
Child Only	3.36	4.37	5.81

PCP Tools and Resources

- [Resources and Tools \(Forms, Practice Guidelines\)](#)
- [OHCA Care Management Department](#)
- [OHCA Health Management Program](#)
- [Health Access Network Defined](#)
- [Community Resources to Support the Medical Home Concept](#)
- [Quality Initiatives](#)
- [NASHP](#) monitors state efforts to advance medical homes for Medicaid and CHIP participants.
- [NASP Presentation \(Powerpoint\)](#)
- [MAC Presentation \(Powerpoint\)](#)
- [MMIS Presentation \(Powerpoint\)](#)

Behavioral Health Screenings

Screening and brief intervention is an integral part of preventive health. Time is a critical factor for PCPs. Blended approaches to screening help a great deal in improving the efficiency of a comprehensive effort at prevention. The OHCA behavioral health and substance abuse screening tool can aid in this effort because it is an integrated approach.

- [Patient Centered Medical Home Behavioral Health Screening](#)

Reimbursement

- [Change in Payment Structure](#)
- [Fee-For-Service Schedule](#)
- [Incentive Payments](#)
- [Transitional Payments](#)
- [SoonerCare Choice After-Hours](#)

SoonerCare Choice Redesign Goals

- Guarantee the availability of a medical home with a primary care provider for all SoonerCare Choice members
- Enhance patient choice and participation in health decisions
- Assure all members receive all necessary preventive and primary care, including immunizations and health screenings
- Increase the provider network
- Reduce inappropriate [Emergency Department](#) visits and hospitalizations
- Realign payment incentives to improve cost effectiveness & quality
- Promote the use of health information systems

Patient-Centered Medical Home Archive

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Questions

