

Tier ONE Entry Level Medical Home  
Self-Evaluation Form 2017

Provider Name: \_\_\_\_\_  
Provider ID: \_\_\_\_\_ NPI: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ FAX: \_\_\_\_\_  
Practice Type: \_\_\_\_\_ (i.e. FP, Peds, GP, etc)  
Medical Home requested panel capacity: \_\_\_\_\_

PROVIDER must maintain a full-time practice which is defined as having established appointment times available to patients during a minimum of twenty (20) hours each week. How many hours per week are open for patient appointments? \_\_\_\_\_

Approximate percent of PROVIDER's hours stated above that are spent caring for patients that are SoonerCare members: \_\_\_\_\_

**All requirements are mandatory to be recognized as a Tier 1 Medical Home Provider**

Please describe below how PROVIDER meets the requirements defined below.

1. PROVIDER supplies all medically necessary primary and preventive services for panel members.
2. PROVIDER is a VFC participant (if PROVIDER sees members less than 18 of age 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:

Provider does not see children \_\_\_\_\_

VFC ID# \_\_\_\_\_ OSIIS 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 clinical information, such as the medical record: problem lists, medication list, etc., structured template for appropriate risk factors, structured templates for narrative progress notes.

- 4. PROVIDER maintains medication list within the medical record and should be updated during each office visit. This medication list includes chronic, acute, over-the-counter medications, and herbal supplements; to include all prescribing instructions, i.e. dosage, method of administration, frequency, etc.

Please describe steps taken.

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- 5. PROVIDER will maintain a step-by-step system to track the entire process for lab/diagnostic tests. This should include the process of follow-up on test results as well as patient reminders and notifications as needed. This tracking method can be via written logs/paper-based documents or electronic reports. Provider must have **written policies and procedures** for this measure. The written policy and procedures should include the designated staff (*by position, i.e. nurse, medical assistant, clerk, etc*) assigned to maintain and oversee this process.

Please explain provider's process OR attach written policy:

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- 6. PROVIDER maintains a **step-by-step** system to track referrals including self-referrals communicated to provider by member. This should include the process of follow-up on consult notes and findings as well as to remind and notify patients to follow-up as needed. This tracking method can be via written logs/paper based documents or electronic reports. Provider notifies panel members when a specialty appointment is made by the PCP. Provider documents attempts to obtain a copy of the specialist provider's consult notes and findings. Provider must have **written policies and procedures** for this measure. The written policy and procedures should include the designated staff (*by position, i.e. nurse, medical assistant, clerk, etc.*) assigned to maintain and oversee this process.

Please explain provider's process OR attach written policy:

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7. PROVIDER supplies Care Coordination for all SoonerCare members. This includes continuity of care through proactive contact with panel members and incorporates the family/support system with coordination of care. Provider will coordinate the delivery of primary care services with any specialist, case manager, and community-based entity involved with the patient (*WIC, and Children’s First program, home health, hospice, DME, etc.*) This includes but is not limited to: referrals, lab/diagnostic testing, preventive services and behavioral health screening.

Please provide an example:

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8. PROVIDER supplies patient/family education and support utilizing varying forms of educational materials appropriate for individual patient needs/medical conditions to improve understanding of the medical care provided and plan of treatment. An example would include patient education handouts. This education must be documented within the patient medical record.

What type of educational support is used by provider and how is it documented?

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9. PROVIDER explains the expectations of a patient-centered medical home with the patient and obtains a patient and provider signature on the “Medical Home Agreement” form. The defined roles should be explained within the context of all of the joint principles which reflect a patient-centered medical home. This agreement is to be maintained within the patient’s medical record. (*An example of an approved Medical Home Agreement can be found on the OHCA web site.*)

**Attach a copy of the Medical Home Agreement and explain the process of how this will be implemented.** \_\_\_\_\_

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10. PROVIDER uses scheduling processes to promote continuity of care, through maintaining open appointment slots daily. **Open scheduling is defined as the practice of having open appointments 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.

Briefly describe how this process is performed in provider’s office and what time slots are specifically set aside in the morning and afternoon for “**same day**” scheduling:

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11. PROVIDER accepts electronic communication from OHCA. Provider maintains access and is responsible for updating contact information utilizing the OHCA provider portal.

Provide email address for communications: \_\_\_\_\_

12. 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 patient 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. 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.

Briefly describe how this process is performed in provider’s office and attach any supporting documentation: \_\_\_\_\_

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13. PROVIDER uses behavioral screening, brief intervention, and referral to treatment for members five years of age and above. **Behavioral screening is an annual requirement.** Through the use of screening tools the provider will coordinate treatment for members with positive screens with the goal of improving outcomes for members with mental health and/or alcohol or substance use disorders.

Briefly describe how this process is performed in provider's office and include a copy of the behavioral health screening tool the provider will use for adults and children:

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Name and position of person completing this form

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Contact Telephone Number

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Date Completed

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Signature of Medical Director or SoonerCare Choice Provider