

## **Case Management Fee Tiers**

Tiered requirements apply to all SoonerCare patients on the PCP's panel.

**Tier One** (current contract requirements will apply)

### **Mandatory**

- Capable of providing all medically necessary primary and preventive services (these services are paid on a FFS basis)
- VFC Participant for those who see children
- Organizes clinical data in a paper or electronic format as a patient-specific charting system for individual patients
- Provides Care Coordination & Continuity of Care as defined in the current SoonerCare contract
- Provides various administrative functions including but not limited to securing referrals for specialty care, and prior authorizations

**Tier Two**

### **Mandatory**

- Tier One Mandatory Requirements plus:
- Uses data to identify and track medical home patients
- Provides patient education and support
- Tracks tests and provides follow-up
- Tracks referrals including referral plan and patient report on self referrals
- Reviews all medications a patient is taking including prescriptions, OTC medications and herbal therapies/ supplements and maintains the patient's medication list in the chart
- Coordinates care and follow-up for patients who receive care in inpatient and outpatient facilities, the PCP maintains notification and tracking systems alerting them when the patient receives care outside of their office, the PCP works with the OHCA to receive patient utilization information
- Uses scheduling processes including open scheduling, work-ins, after hours care, etc. to promote continuity with clinicians

**Optional** (provider must select two additional components)

- Obtains mutual agreement on role of medical home between physician and patient
- Implements processes to promote access and communication
- Ongoing support, oversight, and guidance by a PCP led health care team
- Provides pre-visit planning and after-visit follow up for medical home patients
- Adopts evidence-based clinical practice guidelines on preventive and chronic care
- Encourages family involvement
- Uses medication reconciliation to avoid interactions or duplications

### **Tier Three**

#### Mandatory

- Tier One and Tier Two Mandatory Requirements plus:
- Organizes and trains staff in roles for care management, creates and maintains a prepared and proactive care team, provides timely call back to patients, adheres to evidence-based clinical practice guidelines on preventive and chronic care
- Uses health assessment to characterize patient needs and risks, provider may use any OHCA recommended format
- Documents patient self-management plan for those with chronic disease, provider may use any OHCA recommended format
- Uses electronic prescribing tools to reduce medication errors, promote use of generics, and assist in medication management, provider may use either an OHCA electronic prescribing tool or any OHCA recommended tool
- Use of secure electronic communication between the patient and the health care team
- Measures performance on clinical quality and patient experiences and uses data to set goals and take action to improve performance, providers are expected to analyze their own data, or data provided by OHCA (such as provider profiles), to incorporate practice changes
- Uses searchable electronic data to generate lists of patients who are identified as needing services as well as clinicians to render the services, and implements system to generate reminders (paper based or electronic) to patients and clinicians about preventive services and chronic care needs at the point of care

#### Optional (may be moved to a network requirement)

- Uses integrated care plan to plan and guide patient care, maintains documented record of the care plan in the patient's chart
- Use of secure systems that provide for patient access for personal health information
- Reports to physicians and OHCA on performance