

SOONERSELECT BASICS

May 2021



CLASS DESCRIPTION

This class provides an overview of the upcoming Managed Care Organization (MCO) changes. Topics include transition to managed care, member populations affected by the transition, contracting with an MCO, requirements of the MCOs and responsibilities of OHCA.

Recommended audience: All SoonerCare providers

DISCLAIMER

- SoonerCare policy is subject to change.
- The information included in this presentation is current as of May 2021.
- Current information can be found on the OHCA public website: www.Oklahoma.gov/ohca

AGENDA

- SoonerSelect Basics
 - What is Managed Care?
 - Managed Care Transition
 - SoonerSelect Partners
 - MCO/DBP Requirements
 - OHCA Responsibilities
- Resources
- Questions

**WHAT IS
MANAGED
CARE?**

WHAT IS MANAGED CARE?

Managed care is a health care delivery system organized to manage cost, utilization, and quality. Medicaid managed care provides for the delivery of Medicaid health benefits and additional services through contracted arrangements between state Medicaid agencies and managed care organizations (MCOs).

- OHCA, in partnership with four medical MCOs and three dental benefit plans (DBPs), will transition to a new health care model through the **SoonerSelect** program.
- **SoonerSelect** will allow the state to coordinate SoonerCare members' needs with the best provider to meet those needs, while containing costs through a capitated, risk-based model.

➤ Managed Care

What is SoonerSelect?

OHCA is transitioning to a managed care model in partnership with four medical plan organizations and three dental plan organizations. SoonerCare members will be able to select whichever plan they prefer for their coverage.



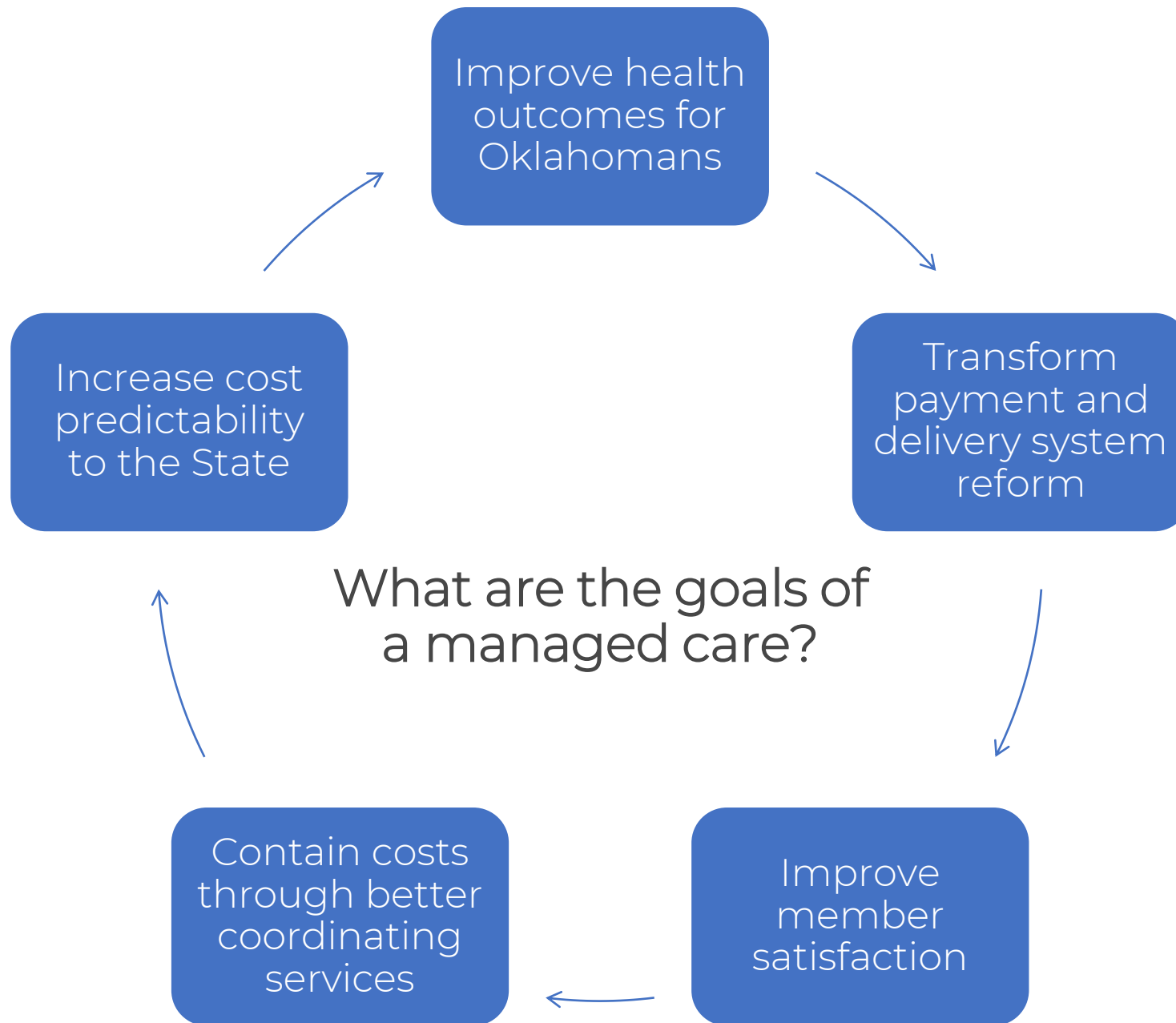
**When will
SoonerSelect
go into
effect?**



**How does this impact
medical and dental
providers who see
SoonerCare members?**

Medical and dental providers must contract with at least one of the plans to continue serving SoonerCare members.

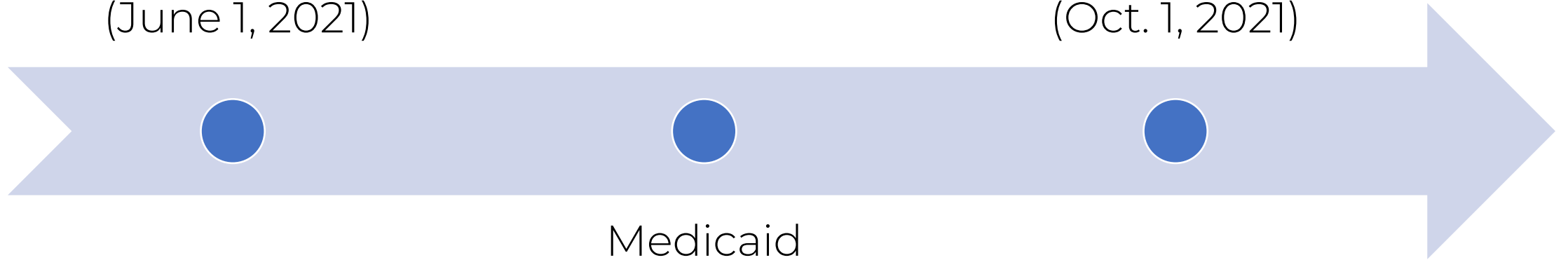
Visit oklahoma.gov/ohca/about/soonerselect.html for more information.



MANAGED CARE TRANSITION

Enrollment for
Medicaid
Expansion
(June 1, 2021)

SoonerSelect
Begins
(Oct. 1, 2021)



Medicaid
Expansion
(July 1, 2021)

TRANSITION OF PROGRAMS

MANAGED CARE TRANSITION

SoonerCare members who are part of the populations affected will transition to services provided by a contracted MCO on **Oct. 1, 2021**.

- All health plans will provide these new SoonerSelect members the same health care services currently offered by SoonerCare. However, each plan may offer extra benefits to help improve the health of its members.
- SoonerSelect members will be able to compare the extra benefits provided by each health plan and choose the right one for them.
- The SoonerSelect application will include a choice of plans. Those who do not choose a plan will have one assigned to them. Members will have opportunities to switch their plan.

POPULATIONS MOVING TO INTO MANAGED CARE

- Children, including foster children
- Low-income parents
- Pregnant women
- Adults ages 19-64 (expansion population)
- American Indian/Alaskan Native members will be classified as “Opt-In” and will have the choice to remain in the OHCA patient-centered medical home model or choose to become a SoonerSelect member enrolled in a managed care plan.

EXCLUDED POPULATIONS

The following members will be initially excluded from enrollment in SoonerSelect:

- Dual-eligible individuals.
- Persons with a nursing facility or ICF-IID level of care, except for health plan enrollees with a pending level of care determination.
- Individuals determined eligible for SoonerCare based on needing treatment for breast or cervical cancer.
- Individuals enrolled in a 1915(c) waiver.
- Individuals determined eligible for Medicaid based on age, blindness or disability.

**SOONERSELECT
PARTNERS**

SOONERSELECT PARTNERS

Health Plans:

- BlueCross BlueShield of Oklahoma: 866-634-5542
- Humana Healthy Horizons in Oklahoma: 855-223-9868
- Oklahoma Complete Health: 855-688-6589
- UnitedHealthcare: 800-301-5547

Dental Plans:

- DentaQuest: 855-873-1283
- LIBERTY Dental: 888-273-3066
- MCNA Dental: 855-228-6262

MCO PROVIDER ENROLLMENT

- In order to become contracted with an MCO, providers must have a current SoonerCare contract. Medical and dental providers must contract with at least one of the plans to continue serving SoonerCare members.
- Providers will be required to submit the Uniform Credentialing Application (UCA) and the appropriate supplemental credentialing form.
 - Oklahoma Universal Supplemental Credentialing form (Individual providers)
 - Oklahoma Universal Organizational Providers Supplemental Credentialing form (Facility providers)

MCO PROVIDER ENROLLMENT

- Forms can be found at oklahoma.gov/ohca/about/soonerselect/soonerselect-providers.
- Providers will send the UCA and supplemental credentialing form to each MCO with which they would like to contract.
- Providers are encouraged to enroll with all MCOs to serve SoonerCare members.

Managed Care Plan Provider Enrollment Forms:

- [Uniform Credentialing Application](#)
- [Oklahoma Universal Supplemental Dental Credentialing Form](#)
- [Oklahoma Universal Supplemental Credentialing Form](#)
- [Oklahoma Universal Organizational Providers Supplemental Credentialing Form](#)

UNIFORM CREDENTIALING

Oklahoma State 63 O.S. §1-106.2 statute requires:

A. By January 1, 1999, the State Board of Health shall promulgate rules necessary to develop a uniform credentialing application which shall be used in the credentialing process of health care providers. The State Department of Health shall develop such application for:

- 1. Initial privileges or membership in a hospital, managed care organization, or other entity requiring credentials verification; and*
- 2. Recredentialing or reappointment in a hospital, managed care organization, or other entity requiring credentials verification.*

B. Any entity requiring credentials verification may require supplemental information.

MCO REQUIREMENTS

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MCOs are required to:

- Participate in a Readiness Review process prior to the start of member enrollment.
- Establish a standing advisory board that includes SoonerSelect members or their representatives and participating providers.
 - In addition to the advisory board, the plan will establish a behavioral health advisory board to enhance the delivery of behavioral health services, including substance use disorder services.

MCO REQUIREMENTS

- Have a provider directory available in electronic and paper formats.
- Maintain and monitor a network of appropriate participating providers, supported by a signed provider agreement.
- Provide a network development and management plan to OHCA that demonstrates it has the capacity to serve the expected enrollment in the service area.

MCO REQUIREMENTS

- Ensure that contracts for providers applying for participating provider status will be processed within the following standards:
 - All applications must be credentialed within 45 days of receipt of a completed application. Any exception to this requirement must be approved by OHCA on a case-by-case basis.
- Establish and maintain a participating provider training, education and technical assistance plan.

MCO REQUIREMENTS

- Set rates for participating providers that are reasonable and ensure member's access to services and that they comply with all State and federal provisions regarding rate setting.
- Provide and maintain an adequate network of PCMH providers.
- Develop and implement a comprehensive provider services function including provider communication and training requirements.

MCO REQUIREMENTS

- Maintain a provider services call center.
- Maintain a website that is accessible to providers.
- Develop, provide and maintain a written provider manual.
- Maintain a claims payment system capable of processing and paying claims in an accurate and timely manner.

MCO REQUIREMENTS

- Adjudicate provider claims in accordance with timely filing limits specified in OAC 317:30-3-11.
- Ensure that:
 - 90% of clean claims received from all providers are paid within 14 days of receipt
 - 99% of clean claims received from all providers are paid within 90 days of receipt.

MCO REQUIREMENTS

- Accept HIPAA-compliant formats for electronic claims submission and comply with the standardized paper billing forms and formats:
 - Professional claims: CMS 1500 claim form
 - Institutional claims: CMS 1450/UB04
- Participate in the State's designated health information exchange (HIE) initiatives.

OHCA RESPONSIBILITIES

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OHCA will:

- Provide notice to prospective members regarding the MCO selection.
- Educate members about the SoonerSelect program and provide unbiased choice counseling concerning enrollment options.
- Members who do not make an election within the allowed timeframe will be assigned to an MCO through the auto-assignment process.

OHCA RESPONSIBILITIES

- Screen, enroll and periodically revalidate all participating providers as a provider with SoonerCare.
- Review and approve the plan's provider network development and management plan.
- Enforce the time and distance standards in all geographic areas in which the plans operate.

RESOURCES

MEDICAL PLAN PROVIDERS

Blue Cross Blue Shield of Oklahoma: 866-634-5542

- Email: BCBSOKMedicaidNetworkManagement@bcbsok.com

Humana Healthy Horizons in Oklahoma: 855-223-9868

- Email: OKMedicaidProviderRelations@humana.com

Oklahoma Complete Health: 855-688-6589

- Email: contracting@oklahomacompletehealth.com

UnitedHealthcare: 800-301-5547

- Email: Networkhelp@uhc.com

DENTAL PLAN PROVIDERS

DentaQuest: 855-873-1283

- Email: NetworkDevelopment@DentaQuest.com

LIBERTY Dental Plan: 888-273-3066

MCNA Dental: 855-228-6262

HELPFUL LINKS

- Agency website
 - www.oklahoma.gov/ohca
- Medicaid managed care
 - www.oklahoma.gov/ohca/about/soonerselect
- Medicaid expansion
 - www.oklahoma.gov/ohca/about/medicaid-expansion/expansion

QUESTIONS?



OKLAHOMA
Health Care Authority

GET IN TOUCH

4345 N. Lincoln Blvd.
Oklahoma City, OK 73105

oklahoma.gov/ohca
mysoonercare.org

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

