# SoonerSelect

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# GOALS

- Improve health outcomes for Oklahomans
- Move toward value-based payment and away from payment-based volume
- Improve SoonerCare beneficiary satisfaction
- Contain costs through improved coordination of services
- Increase cost predictability to the State

# PARTNERS

## Dental

- DentaQuest
- LIBERTY Dental

## Medical

- Aetna Better Health of Oklahoma
- Humana Healthy Horizons of Oklahoma
- Oklahoma Complete Health

## Children's Specialty

- Oklahoma Complete Health

# PROGRAM DESIGN

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## Key design evolution: Oklahoma provider-led entities

## Key abbreviations:

- CE = Contracted Entity
- PLE = Oklahoma Provider-Led Entity
- DBM = Dental Benefit Manager

## SB 1337:

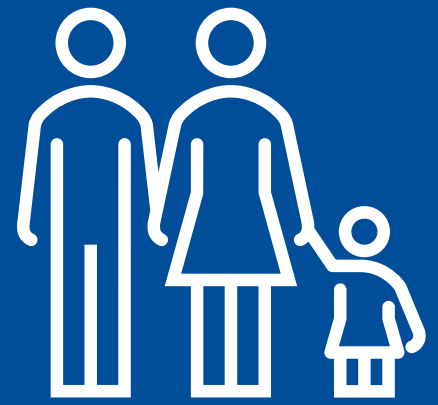
- Requires OHCA to award several types of entities at least three statewide contracts
- Allows OHCA to award only a provider-led entity an urban-region contract if they otherwise meet all the RFP requirements and agree to expand to statewide coverage within five years

# PROGRAM DESIGN

Expectations for all Contracted Entities:

- Timely payments to providers
- Timely response on prior authorizations
- Quality metrics related to improved health outcomes
- Require contracted entities to spend 11% of their medical spend on primary care
- Streamlined provider portal
- Centralized credentialing process
- Rate floors will be in effect for providers until July 1, 2026

# POPULATIONS



# POPULATIONS

## COVERED:

- SoonerCare children
- Deemed newborns
- Pregnant women
- Parent and caretaker relatives
- Adults, aged 19-64 enrolled through Medicaid expansion
- Children in foster care
- Former foster children up to 25 years of age
- Juvenile-justice involved children
- Children receiving adoption assistance

## VOLUNTARY:

- American Indian/Alaska Native

# POPULATIONS

## EXCLUDED INDIVIDUALS:

- Dual eligible individuals
- Aged, Blind and Disabled (ABD)
- Individuals enrolled in Medicare Savings Program:
  - Qualified Medicare Beneficiaries (QMB)
  - Specified Low Income Medicare Beneficiaries (SLMB)
  - Qualified Disabled Workers (QDW)
  - Qualified Individuals (QI)
- Nursing facility or ICF-IID level of care
  - Exception: members with a pending level of care determination as described in Section 2.6.6: "Nursing Facility and ICF-IF Stays"
- During a period of Presumptive Eligibility
- Infected with tuberculosis eligible for tuberculosis-related services under 42 CFR 435.215

# POPULATIONS

EXCLUDED INDIVIDUALS:

- Determined eligible for SoonerCare on the basis of needing treatment for breast or cervical cancer under 42 CFR 435.213
- Enrolled in 1915 (c) Waiver
- Undocumented persons eligible for Emergency Services only in accordance with 42 CFR 435.139
- Insure Oklahoma Employee Sponsored Insurance (ESI) dependent children in accordance with the Oklahoma TXXI State Plan
- Coverage of pregnancy related services under Title XXI for the benefit of unborn children (Soon-to-be-Sooners), as allowed by 42 CFR 457.10

# COVERED BENEFITS

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## The Contracted Entities' Responsibilities:

- Develop strategies to address social determinants of health impacting SoonerCare members including:
  - Partnering with community-based organizations or social service providers
  - Employing or partnering with community health workers or other non-traditional health workers
- Furnish physical health, behavioral health and pharmacy benefits to all covered populations.
  - Dental benefits to be provided by Dental Benefits Manager selected through separate RFP process.

# COVERED BENEFITS

- Covered benefits will include, but not be limited to, services currently covered under OHCA's approved state plan, waivers and administrative rules.
- The Contracted Entities proposals may offer value-added benefits and services in addition to the capitated benefit package to support:
  - Health
  - Wellness
  - Independence of members to advance the State's objectives for the managed care program
- This may include, but not limited to:
  - Vision
  - Durable medical equipment
  - Transportation
  - Pharmacy
  - Physician services for members in excess of fee-for-service program limits
- Coordinate with providers benefits outside the plan's capitation to promote service integration and the delivery of holistic, person and family-centered care

# COVERED BENEFITS

- OHCA will manage the Preferred Drug List utilized by the contracted entities.
- All rebates for pharmaceutical products and diabetic testing supplies will accrue to the OHCA and shall not be kept or shared by or with the contractor of its PBM.
- Ensure covered members have access to non-emergency transportation using timelines standards required by OHCA.

# NETWORK ADEQUACY

# DELIVERY NETWORK

- Access standards
  - Time
  - Distance

- Timing: The Contracted Entity must demonstrate network adequacy prior to delivery of services and on an ongoing basis

# QUALITY & POPULATION HEALTH

# QUALITY

- Annual, independent external quality review (EQR) of the quality, timeliness, and access to the services
- Ongoing comprehensive Quality Assessment and Performance Improvement (QAPI) program
- Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey
- Performance Improvement Plans (PIP), three annually

# QUALITY ADVISORY COMMITTEE

- Power and duty to recommend quality measures to be used by contracted entities
- Members appointed by OHCA:
    - Providers
    - Representatives of hospitals and integrated health systems
    - Members of the health care community
    - Members of the academic community with subject-matter expertise

# PROVIDER INCENTIVE POOL

- SB 1396 (2022) authorizes OHCA to use SHOPP fee to support health care quality assurance and access improvement initiatives
- Pool amount determined by the representative sharing ratio of eligible provider and hospital participation in Medicaid
- Engaging in stakeholder outreach with physician groups to develop quality metrics on which eligibility and payment will be determined

# FINANCIAL

# ACCOUNTABILITY THROUGH CAPITATED PAYMENTS

- Fully risk-based capitated contract approved by CMS
- Actuarially sound capitated payments
- Withhold agreement

# PAYMENT RATES AND TIMELINES

- Reasonable provider rates
- Rate floors will be in effect for providers until July 1, 2026
- Federally prescribed payment methodologies for:
  - FQHCs
  - RHCs
  - Pharmacies
  - IHCPs
  - Emergency services

# TIMELINE

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Anticipated launch date, pending CMS approval:
Dental **February 2024**
Medical **April 2024**

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## Questions & Answers