

Managed Care in Oklahoma

This profile reflects state managed care program information as of August 2014, and only includes information on active federal operating authorities, and as such, the program start date may not reflect the earliest date that a program enrolled beneficiaries and provided services. Some states report populations and services available to program participants under the federal authority (e.g. Section 1115 waiver), so these features cannot be easily distinguished for each program.

Overview of Current Managed Care Programs

In July 2011, over four-fifths of Medicaid beneficiaries were enrolled in some type of managed care. In 1996, Oklahoma implemented **SoonerCare**, which initially consisted of two programs: (1) SoonerCare Plus, which contracted with health plans in urban areas of the state using a fully capitated delivery system and (2) SoonerCare Choice – a primary care case management program – which provided services in rural areas of the state. In 2004, SoonerCare Choice expanded statewide and became the sole model of care in the state, supplanting the fully capitated risk based managed care system. This program provided most Medicaid beneficiaries with acute, primary, specialty, and behavioral health services on a fee-for-service (FFS) basis; care coordination services and limited primary care services were covered through a fixed per member per month fee paid to contracted primary care providers. In 2009, Oklahoma adopted a patient-centered medical home model for SoonerCare Choice in which primary care providers are paid a bundled care coordination payment and are eligible for additional performance payments; all medical services continue to be paid on a FFS basis. Children and families, pregnant women, children and adults with disabilities, and older adults are mandatorily enrolled in the program; American Indians/Alaska Natives have the choice of selecting either an Indian Health Service (IHS) or non-IHS provider to receive under SoonerCare. The state began a Health Management Program (HMP) in 2006 to conduct intensive nurse case management with the highest need patients, and facilitate practice transformation.

Since 2008, Oklahoma has operated a **Program of All-inclusive Care for the Elderly (PACE)** that covers all Medicare and Medicaid services for participants over age 55 years who require a nursing facility level of care and reside in the five-county service area. Since 2009, the state has also operated **SoonerRide**, a limited benefit non-emergency transportation program for all Medicaid participants except dual eligibles and HCBS waiver participants. In 2012, the state initiated “Health Access Networks”, which are entities that work with affiliated providers to coordinate and improve care for SoonerCare Choice members. In July 2013, the HMP switched from nurse case management to health coaches who are embedded within the PCP practices with a high number of SoonerCare Choice members to help beneficiaries become more engaged in self-care.¹

Participating Plans, Plan Selection, and Rate Setting

Oklahoma contracts directly with primary care physicians to provide primary care and care coordination services, and pays them a monthly case management fee that is risk-adjusted to reflect variations in the expected service intensity for patients served in each medical home. The state also contracts with an organization (Telligen, formerly the Iowa Foundation for Medical Care), selected through a competitive bid, to operate the Health Management Program. Three local non-profit organizations serve as Health Access Networks, which receive a nominal per member per month payment to provide care management to persons with complex needs, in addition to the monthly case management fee paid to individual primary care providers. SoonerRide contracts with a single provider (LogistiCare Solutions) for non-emergency transportation.

Quality and Performance Incentives

Oklahoma constructs HEDIS measures from claims data submitted by primary care providers participating in the SoonerCare Choice program to report, and surveys SoonerCare Choice members using the CAHPS instruments to assess their experience with care. The state also requires providers to participate in state quality initiatives and publicly reports their quality or performance data. In SoonerCare Choice, primary care providers are eligible for incentive payments for achieving primary and preventive services benchmarks.

¹ Oklahoma Health Care Authority, “2013-2015 Final Evaluation Design for the SoonerCare §1115(a) Waiver Demonstration, 11-W-00048/6, Re-submitted to Centers for Medicare and Medicaid Services, September 9, 2013, www.okhca.org/WorkArea/DownloadAsset.aspx?id=14882

Table: Managed Care Program Features, as of August 2014

Program Name	SoonerCare		Program for the All-Inclusive Care for the Elderly (PACE)	SoonerRide
Program Type	PCCM	American Indian PCCM	PACE	Transportation PAHP
Program Start Date	January 1996		August 2008	June 2009
Statutory Authorities	1115(a)		PACE	1902(a)(70)
Geographic Reach of Program	Statewide		Select Counties	Statewide
Populations Enrolled (<i>Exceptions may apply for certain individuals in each group</i>)				
<i>Aged</i>	X		X	X
<i>Disabled Children & Adults</i>	X		X (age55+)	X
<i>Children</i>	X			X
<i>Low-Income Adults</i>	X			X
<i>Medicare-Medicaid Eligibles (“duals”)</i>			X (age55+)	X (excludes partial duals)
<i>Foster Care Children</i>				X
<i>American Indians/Alaska Natives</i>	X	X		X
Mandatory or Voluntary enrollment?	Mandatory (except for American Indians)	Voluntary	Voluntary	Mandatory
Medicaid Services Covered in Capitation (<i>Specialized services other than those listed may be covered. Services not marked with an X are excluded or “carved out” of the benefit package.</i>)				
<i>Inpatient hospital</i>			X	
<i>Primary Care and Outpatient Services</i>	X (case management only)	X (case management only)	X	
<i>Pharmacy</i>			X	
<i>Institutional LTC</i>			X	
<i>Personal care/HCBS</i>			X	
<i>Inpatient Behavioral Health Services</i>			X	
<i>Outpatient Behavioral Health Services</i>			X	
<i>Dental</i>			X	
<i>Transportation</i>			X	X
Participating Plans or Organizations	1. SoonerCare – participating primary care providers	1. SoonerCare – participating IHS primary care providers	1. Cherokee Elder Care	1. LogistiCare Solutions, LLC
Uses HEDIS Measures or Similar	X	X	NA	
Uses CAHPS Measures or Similar	X	X	NA	X
State requires HMOs to submit HEDIS or CAHPS data to NCQA	NA	NA	NA	NA

Program Name	SoonerCare		Program for the All-Inclusive Care for the Elderly (PACE)	SoonerRide
State Requires HMO Accreditation	NA	NA	NA	NA
External Quality Review Organization	Telligen (formerly called Iowa Foundation for Medical Care)			
State Publicly Releases Quality Reports	Yes			

Sources: Centers for Medicare and Medicaid Services (CMS), National Summary of State Medicaid Managed Care Programs as of July 1, 2011.
Kaiser Commission on Medicaid and the Uninsured. Profile of Medicaid Managed Care Programs in 2010. September 2011.
National Committee on Quality Assurance. NCQA Medicaid Managed Care Toolkit 2012 Health Plan Accreditation Standards. State Use of Accreditation as of February 2012.

Notes: Managed Care Organization (MCO); Prepaid Inpatient Health Plans (PIHP); Prepaid Ambulatory Health Plan (PAHP); Mental Health/Substance Use Disorder (MH/SUD); Healthcare Effectiveness Data and Information Set (HEDIS); Consumer Assessment of Healthcare Providers and Systems (CAHPS).
Primary Care and Outpatient Services include physician services, hospice, laboratory, imaging, FQHC, and other specialty services delivered in outpatient offices and clinics. Institutional Long Term Care (LTC) includes Skilled Nursing Facilities (SNF) and/or Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IDD).
External Quality Review Organization activities are only required for MCOs, PIHPs, PAHPs, and other applicable entities with comprehensive risk contracts.