

Member FAQ Guide



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Sooner**Select** 

SOONERSELECT FAQ FOR MEMBERS

NOTE: YOU MAY SOMETIMES SEE THE TERM “ENROLLEE” USED ALONG WITH THE TERM “MEMBER.” THIS MEANS A SOONERCARE MEMBER ELIGIBLE TO CHOOSE A SOONERSELECT PLAN.

What is SoonerSelect?

SoonerSelect is a health care delivery system used to coordinate health and dental care and to improve quality of care. The Oklahoma Health Care Authority (OHCA) partners with health and dental plans to coordinate the care for most members. SoonerSelect provides Medicaid health benefits through contracted arrangements between state Medicaid agencies, health plans and dental plans.

Note: You may hear phrases such as contracted entities (CEs) or provider-led entities (PLEs) to describe health plans and dental plans.

This health care delivery allows OHCA to:

- Improve health outcomes for Oklahomans.
- Have a system where providers are paid based on the quality of care they provide to Oklahomans rather than just by service.
- Improve member satisfaction.
- Focus on preventive and primary care.

All health and dental plans provide the same health care services currently offered by SoonerCare. Each plan may also offer extra benefits to help you and other members be healthier.

How are members affected?



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The following SoonerCare groups are automatically enrolled in SoonerSelect:

- Children, including foster children
- Low-income adults
- Pregnant women
- Non-disabled adults ages 19-64
- Juvenile justice-involved children

American Indian/Alaskan Native members can choose to enroll in a SoonerSelect plan, but are not required to.

If you are changing to SoonerSelect, OHCA will ask you to pick one dental plan and one health plan. You can compare the benefits of each plan and pick the right plan for you.

There are three SoonerSelect programs.

SoonerSelect Health Program

SoonerSelect members enroll in a health plan. You have a chance to choose a health plan. If you do not choose one, a plan will be assigned. Health plans cover medically necessary prescriptions, health services and behavioral health services, except dental services.

SoonerSelect Dental Program

SoonerSelect members enroll in a dental plan. Dental plans cover medically necessary cleanings, preventive and restorative care, and medically necessary orthodontic services for children under age 21.

Children's Specialty Program

The SoonerSelect Children's Specialty Program (CSP) covers SoonerSelect children and youth served by Oklahoma Human Services' Child Welfare Services. This includes children in foster care and former foster care children, those receiving adoption assistance, and those involved in the juvenile justice system.

CSP covers medically necessary prescriptions and health and behavioral health services, except dental services. SoonerSelect dental plans cover dental services. It focuses on the unique health needs of the children it serves, and places special emphasis on early identification of needs and interventions.

Is all of Oklahoma covered by SoonerSelect?

Health and dental plans provide coverage to SoonerSelect members in all of Oklahoma's 77 counties.

Do my benefits change?

All health and dental plans provide SoonerSelect members with the same health care services currently offered by SoonerCare. There are no changes to pharmacy benefits. There are also no changes to eligibility requirements. Health and dental plans can offer extra benefits to help improve the health of SoonerSelect members. You can compare the extra benefits provided by each plan and pick the right one for you.

There is no extra cost for enrolling in a SoonerSelect plan.

Do I have to change doctors?

Each health and dental plan has its own network of providers. The availability of specific providers may vary from plan to plan. If you have a doctor or other provider you want to keep seeing, you should pick a health and dental plan that has your provider in the plan's network. When you are picking your plans, each plan has a provider directory on its website that you can review. OHCA member service representatives are available to help you with this process.

How do I enroll in or change a plan?

You have the chance to pick your dental and health plans during the SoonerCare application process. SoonerCare representatives can help you pick the plan that best suits your needs. You can enroll by logging in to [MySoonerCare.org](https://mysooner.org) or calling the choice counseling line at 800-987-7767.

You may also change your plan selection during the annual open enrollment period. The next open enrollment period will take place between May 1-June 13, 2025. If you are happy with current health and/or dental plan, you do not need to do anything to stay with that plan.

Is there anything I need to do right now?

The next annual open enrollment period is coming. Members may choose to change their health and/or dental plans between May 1-June 13, 2025, by visiting MySoonerCare.org.

You should also make sure your case and contact information (address, phone number and email address) are up to date so when the time comes, you can receive critical information about SoonerSelect. You can do this by visiting MySoonerCare.org.

Do I have to pay for SoonerSelect?

No; however, some members may be responsible for copays for certain benefits. To view information related to cost sharing, view [Medicaid's out-of-pocket exemptions page](#).

Are Insure Oklahoma members required to participate in SoonerSelect?

Insure Oklahoma is separate from SoonerSelect. If you are eligible for Insure Oklahoma, you are not eligible for SoonerSelect.

SoonerSelect Mandatory Populations

Only certain SoonerCare populations can enroll in a SoonerSelect plan. The following SoonerCare groups are automatically enrolled in SoonerSelect:

- Children, including foster children
- Low-income adults
- Pregnant women



- Non-disabled adults ages 19-64
- Juvenile justice-involved children

SoonerSelect Excluded Populations

The following SoonerCare groups are excluded from enrollment in SoonerSelect. They remain in their current SoonerCare program:

- Dual eligible individuals (people receiving both Medicare and Medicaid)
- Individuals enrolled in the Medicare Savings Program, including:
 - Qualified Medicare Beneficiaries (QMB)
 - Specified Low-Income Medicare Beneficiaries (SLMB)
 - Qualified Disabled Workers (QDW)
 - Qualified Individuals (QIs)
- Individuals with a nursing facility or Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IID) level of care (LOC)
- Individuals during a period of presumptive eligibility
- Individuals infected with tuberculosis eligible for tuberculosis-related services
- Individuals determined eligible for SoonerCare on the basis of needing treatment for breast or cervical cancer (BCC)
- Individuals enrolled in a § 1915(c) waiver
- Undocumented individuals eligible for emergency services only
- Insure Oklahoma Employer-Sponsored Insurance (ESI) dependent children
- Coverage under Title XXI for the benefit of unborn children, “Soon-to-be-Sooners”



- Individuals determined eligible for Medicaid on the basis of age, blindness or disability (ABD), including children covered under the TEFRA program

SoonerSelect Voluntary Populations

American Indian/Alaskan Native (AI/AN) Members

Eligible American Indian/Alaskan Native (AI/AN) members can choose to enroll in SoonerSelect. If AI/AN members do not choose to enroll in SoonerSelect, they will remain in their current SoonerCare program and continue receiving services in the same way. If an AI/AN member opts in to SoonerSelect but does not pick a plan, OHCA will assign a SoonerSelect plan to the member.

AI/AN members who want to opt in to SoonerSelect and pick a SoonerSelect plan should:

- Log in to [MySoonerCare.org](https://mysooner.org) and select “change plan/provider.” Then select the plan you want to enroll in.
OR
- Call the counseling line at 800-987-7767 to ask questions, receive information on plans, opt in, or to pick or change a plan.

You can change your plan within the first 90 days of enrollment.

AI/AN members can disenroll from SoonerSelect at any time and return to their previous SoonerCare program. However, they can only opt in to SoonerSelect during the next open enrollment period.

FORMER FOSTER CARE CHILDREN and children receiving adoption assistance

Former foster care children and children receiving adoption assistance are enrolled in the SoonerSelect Children’s Specialty Program if they do not choose another SoonerSelect plan.

Former foster care children who want to pick a SoonerSelect health plan instead of CSP should:

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- Log in to MySoonerCare.org and select “change plan/provider.” Then select the plan you want to enroll in.

OR

- Call the choice counseling line at 800-987-7767 to ask questions, receive information on plans, or pick or change a plan.

Children receiving adoption assistance who want to enroll in a SoonerSelect health plan instead of CSP should:

- Call the choice counseling line at 800-987-7767 to ask questions, receive information on plans, or pick or change a plan.

You can change your plan within the first 90 days of enrollment. After that, you will remain in your plan until the next open enrollment period unless a disenrollment request is approved or you become ineligible for SoonerSelect.

Children in Tribal custody

Children in tribal custody who opt in to SoonerSelect are automatically enrolled in CSP. AI/AN members who do not choose to enroll in SoonerSelect will remain in their current SoonerCare program and continue receiving services in the same way.

AI/AN members who want to opt in to SoonerSelect should:

- Log in to MySoonerCare.org and select “change plan/provider.”

OR

- Call the choice counseling line at 800-987-7767 to ask questions, receive information on SoonerSelect or choose to opt in.



AI/AN members can disenroll from SoonerSelect at any time and return to their previous SoonerCare program. However, they can only opt in to SoonerSelect during the next open enrollment period.

The contractor shall allow enrollees with an existing relationship with a non-participating provider to retain that provider during and after the transition to the contractor. The contractor shall continue to pay an enrollee's existing providers until such time as the contractor can reasonably transfer the enrollee to a participating provider without impeding service delivery necessary to the enrollee's health or to prevent hospitalization or institutionalization. In the event there is no participating provider available who meets the enrollee's needs, the contractor shall allow the enrollee to retain their current provider until either the current provider becomes a participating provider or a participating provider who meets the enrollee's needs becomes available. Notwithstanding the foregoing, enrollees shall be permitted to receive care from a non-participating provider if:

- a. The only participating provider available to the enrollee does not, because of moral or religious objections, provide the service the enrollee seeks;
- b. The enrollee's PCP or other provider determines that the enrollee needs related services that would subject the enrollee to unnecessary risk if received separately and not all of these services are available within the network; or
- c. OHCA determines that other circumstances warrant out-of-network treatment.

As a tribal provider, will I keep my current reimbursement (e.g., Office of Management and Budget (OMB) levels) under SoonerSelect?

Indian Health Care Providers (IHCPs) will continue to be reimbursed by OHCA for services that are eligible for 100% federal reimbursement. The CE's will make payments to IHCPs for covered services not eligible for 100% federal reimbursement and provided to enrollees who are eligible to receive services through the IHCP, regardless of whether the IHCP is within the CE's network. The reimbursement equals the applicable encounter rate published annually in the Federal Register by the IHS. In the absence of a published encounter

rate, the CE will reimburse the amount the IHCP would receive if the services were provided under the state plan FFS methodology.

In the event the amount the IHCP receives from the CE is less than the amount the IHCP would have received under FFS or the applicable encounter rate published annually in the FR by the IHS, the CE will make a supplemental payment to the IHCP to make up the difference. For more information, please review OHCA's [tribal health care updates](#).

How will SoonerSelect improve the quality and availability of care in rural Oklahoma?

SoonerSelect requires CEs to proactively address and improve the quality of care in rural parts of Oklahoma. All CEs must not only meet required network adequacy standards set by the state, but they must also implement innovative approaches to improve access to care for Oklahomans living in rural areas.