

**UNDERSTANDING
THE BASICS OF
SOONERCARE
ADULT EXPANSION**



CLASS DESCRIPTION

This class will give participants a better understanding of SoonerCare adult expansion with an overview of expansion eligibility requirements and benefits, a discussion on transition to the Choice program, and cost-sharing information.

Recommended Audience: All SoonerCare providers.

DISCLAIMER

- SoonerCare policy is subject to change.
- The information included in the presentation is current as of October 2021.
- Stay informed with current information found on the OHCA public website <https://oklahoma.gov/ohca>

AGENDA

- SoonerCare adult expansion eligibility and benefits
- Adult expansion members transition to SoonerCare Choice
- Cost sharing/copayments
- Resources
- Questions

**SOONERCARE
ADULT EXPANSION
ELIGIBILITY AND
BENEFITS**

SOONERCARE ADULT EXPANSION

In June 2020, the Oklahoma Medicaid Expansion Initiative passed by a majority vote to expand Medicaid eligibility to adults ages 19-64 whose income is 138% (133% with a 5% disregard) of the federal poverty level or lower.

- Adults began applying for SoonerCare on June 1, 2021.
- Members who qualify for Medicaid Expansion are enrolled in the eligibility program titled Expansion Healthy Adult Program.
 - Insure Oklahoma Individual Plan and SoonerPlan members that qualified for expansion were reprocessed by OHCA.
- Benefits for expansion adults began on July 1, 2021.

SOONERCARE ADULT EXPANSION

TOP 10 EXPANSION ENROLLMENT BY COUNTY

Over

188,000

individuals have been approved for benefits through expansion since June 1, 2021.

- Oklahoma
- Tulsa
- Cleveland
- Comanche
- Pottawatomie
- Muskogee
- Canadian
- Creek
- Payne
- Rogers

ADULT EXPANSION ELIGIBILITY

Eligibility requirements for SoonerCare adult expansion:

- Oklahoma resident
- Non-pregnant adults ages 19-64
- Income at or below 138% federal poverty level (FPL)
- Citizenship or alienage
- Not entitled to or enrolled in Medicare
- Cooperation with child support (AI/AN exceptions apply)
- Not otherwise eligible as Parent/Caretaker Relative (NCT) or Former Foster Care (FFC)
- For an adult who is the parent of a dependent child, the child must also be on Medicaid, CHIP or have other minimum essential coverage.

ADULT EXPANSION ELIGIBILITY

Providers verifying eligibility for members part of the adult expansion population will see *Expansion Healthy Adult Program* as the eligibility coverage.

- Expansion Healthy Adult Program members not enrolled with a patient-centered medical home provider are considered fee-for-service.

Eligibility		
Coverage	Effective Date	End Date
Mental Health and Substance Abuse	07/06/2021	07/06/2021
Expansion Healthy Adult Program	07/06/2021	07/06/2021

EXPANSION BENEFITS

Expansion adults receive similar full-scope benefits of the SoonerCare traditional plan.

- Click [here](#) to view the benefit comparison guide.
- Providers should use the *Search Fee Schedule* feature located under the Resources tab on the OHCA secure provider portal to ensure coverage of services.

The screenshot shows the Oklahoma Health Care Authority (OHCA) Provider Portal. The page title is "Provider Portal". The navigation menu includes: My Home, Eligibility, Claims, Prior Authorizations, Referrals, Files Exchange, Financial, Letters, Reports, and Resources. Below the navigation menu, there are search options: Search Providers, Search Fee Schedule, and Search HIPAA Error Codes. The current page is "Search Fee Schedule" under the Resources tab. The form includes a "Search Fee Schedule" header with a help icon. Below the header, there are tabs for "Procedure", "NDC", and "DRG". A note states: "* Indicates a required field. Pricing and eligibility listed does not guarantee payment of a claim. Please refer to Provider Rules of coverage by specific provider type." The form fields are: "*Benefit Package" (dropdown menu with "Expansion Healthy Adult Program" selected), "Code Type" (text input with "Procedure Code" entered), "*Procedure Code" (text input), "*Date of Service" (text input with a calendar icon), "*Age" (text input), and "Modifiers" (four text input fields). At the bottom of the form are "Search" and "Reset" buttons.

ADULT SOONERCARE BENEFITS

Adult SoonerCare benefits include:

- Physician services*
- Inpatient and outpatient hospital services
- Emergency transportation services and ambulance
- Non-emergency transportation services (SoonerRide)
- Mental health and substance abuse services
- Limited dental services
- Pharmacy services that include 6 covered prescriptions per month
- Durable medical equipment (DME) services that cover items such as oxygen equipment and supplies, wheelchairs, walkers and hospital beds.

**Limitations may be overridden with a prior authorization request.*

ADULT SOONERCARE BENEFITS, *CONT.*

- SoonerCare expansion healthy adult program members may receive four visits per month for physician services.
- Services that exceed the four-visit limit will require a prior authorization (PA) override.
- The PA is specific to the rendering provider, and a servicing provider number must be entered.
- Thru codes are not allowed and must contain the specific procedure code.
- Supporting documentation must include a copy of the visit note and any other documentation that supports medical necessity of the visit.

**ADULT EXPANSION
MEMBERS TRANSITION
TO CHOICE**

EXPANSION AND PCMH UPDATE

Emergency Rule [APA WF 21-14](#) added the expansion adults as a covered group under the existing 1115 waiver, in order to allow services to be provided by the patient centered medical home (PCMH) service delivery model.

- Effective Oct. 2021, eligible members enrolled in the expansion healthy adult program can select a primary care provider using the MySoonerCare.org portal.
- Expansion adults with family members currently on Choice will be assigned to the same provider as the family.
- OHCA is aligning eligible expansion healthy adult program members who were previously enrolled in the Insure Oklahoma program to their former Choice provider.

EXPANSION AND CHOICE

Eligibility		
Coverage	Effective Date	End Date
SoonerCare Choice	09/09/2021	09/30/2021
Mental Health and Substance Abuse	09/09/2021	09/30/2021
Expansion Healthy Adult Program	09/09/2021	09/30/2021

Eligible adult expansion members enrolled with a primary care provider will show *Expansion Healthy Adult Program* and *SoonerCare Choice* under the eligibility coverage.

EXPANSION AND CHOICE

Expansion Healthy Adult Program members who have not chosen a PCP or have not been realigned with a previous PCP, or who do not qualify for SoonerCare Choice will be considered fee-for-service.

- Individuals excluded from the Choice program:
 - Enrolled in a waiver program
 - Reside in nursing home or long-term care facilities
 - Dually eligible for Medicare and Medicaid
 - In state or tribal custody
 - In a subsidized adoption
 - Members with a commercial primary insurance

EXPANSION AND SPECIALISTS

What does this transition mean for primary care providers?

- The expansion healthy adult PCP enrollment affects primary care providers with an active Choice panel and a previous Insure Oklahoma panel.
- PCPs will receive a monthly care coordination payment for adult expansion members enrolled.
- PCPs with an active Choice panel should refer to their SoonerCare Roster report to verify new expansion adult members that have been added to their existing Choice panel.
- Primary care providers with an active Choice panel should evaluate the current panel size and age restriction.

EXPANSION AND SPECIALISTS

What does this transition mean for specialists currently providing care to expansion healthy adult members?

- OHCA will not require referrals for adult expansion members on specialty provider claims until Dec. 1, 2021.
- Specialists are highly encouraged to verify if the member is assigned to a primary care provider during this transition.
- Claims submitted for adult expansion members with a date of service Dec. 1, 2021, and after will be subject to referral requirements.
- Specialist visits denied a referral by the PCP should follow OHCA's administrative referral process.

REFERRAL EXCLUSIONS

- Services provided outside of the PCP (Medical home) by primary care specialties.
 - Child physical/sexual abuse exams
 - Acute hospitals
 - Anesthesia services
 - Emergency room care outpatient surgeries (facility only)
 - Inpatient hospital admissions
 - Chemotherapy
 - Diagnostic lab and X-ray services
- Family planning services
 - Obstetrical care
 - Outpatient behavioral health services
 - Sleep studies/sleep medicine
 - Dental services
 - Therapy and audiology services
 - Services provided to a Native American at an I/H/S or Tribal
 - Optometry
 - Vision services for children

PROSPECTIVE AND RETROSPECTIVE ADMIN REFERRALS

Prospective administrative referrals approval criteria:

- The PCP denied the referral request.
- The specialty visit must be urgent and medically necessary.
- Submitted using the [SC-14 form](#) (SoonerCare Administrative Referral Request) to OHCA's Population Care Management unit.

Retrospective administrative referrals approval criteria:

- The PCP denied the referral request.
- Must be sent to OHCA within 30 days from services rendered.
- Submitted using the [SC-14 form](#) (SoonerCare Administrative Referral Request) to OHCA Provider Services.

COST SHARING/ COPAYMENTS

COST SHARING/COPAYMENTS

Non-pregnant adults will be charged copayments up to the 5% out-of-pocket cost sharing limit, unless exempted from cost sharing requirements.

- Cost sharing caps are monthly.
- This means the maximum out-of-pocket cost will be 5% of the household monthly income for copays.
- This is regardless of whether a copay is for medical services or prescriptions.
- [Cost sharing and copayments guide](#) available on the provider training page.

COST SHARING/COPAYMENTS

Population groups exempt from out-of-pocket costs:

- Children 0-20
- Institutionalized individuals
- Individuals receiving hospice care
- Native Americans/Alaskan Native members
- Members receiving Medicaid services by qualifying through the Breast and Cervical Cancer (BCC) Program

Services exempt from out-of-pocket costs:

- Emergency services
- Family planning services
- Pregnancy-related services, including tobacco cessation
- Preventive services for children

COPAY FOR SERVICES

The copayment for most services, including office visits, dental procedures and specialist visits is \$4. There are a few exceptions to the \$4 copayment:

- Behavioral health and substance abuse services - \$3 per visit
- Behavioral health inpatient services - \$10 per day (maximum \$75)
- Inpatient hospital services (acute care only) - \$10 per day for the first 7 days, \$5 per day on the 8th day (maximum \$75)

The amount of copayment due is indicated on processed claims.

RESOURCES

HELPFUL RESOURCES

- OHCA call center
 - 800-522-0114 or 405-522-6205; option 1
- Agency website
 - www.oklahoma.gov/ohca
- Provider training
 - www.oklahoma.gov/ohca/providers/provider-training
- Medicaid expansion
 - www.oklahoma.gov/ohca/about/medicaid-expansion/expansion

TRAINING RESOURCES

Provider education specialists:

- Education specialists provide education and training as needed for providers either virtually or telephonically.
- Requests for assistance should be emailed to: SoonerCareEducation@okhca.org. (Requests should include the provider's name and ID, contact information, and a brief description of what assistance is being sought.)
- For immediate claims or policy assistance, please contact the OHCA provider helpline at 800-522-0114.

QUESTIONS?



OKLAHOMA
Health Care Authority

GET IN TOUCH

4345 N. Lincoln Blvd.
Oklahoma City, OK 73105

oklahoma.gov/ohca
mysoonerhealth.org

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

