

SoonerHealth+

**SOONERHEALTH+**  
STAKEHOLDER MEETING

THE PACIFIC HEALTH POLICY GROUP  
SEPTEMBER 13, 2016

## HB 1566

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*“The Oklahoma Health Care Authority shall initiate requests for proposals for care coordination models for aged, blind and disabled persons. Care coordination models for members receiving institutional care shall be phased in two (2) years after the initial enrollment period of a care coordination program.”*

# RFP – STATUS UPDATE

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- ▶ The OHCA is preparing to submit the model contract portion of the SoonerHealth+ RFP to CMS for its review
- ▶ Work will continue on the proposal submission requirements and capitation rates
- ▶ Several key decisions have been made since the last meeting, based in part on stakeholder comments and recommendations

# RFP – STATUS UPDATE *cont'd*

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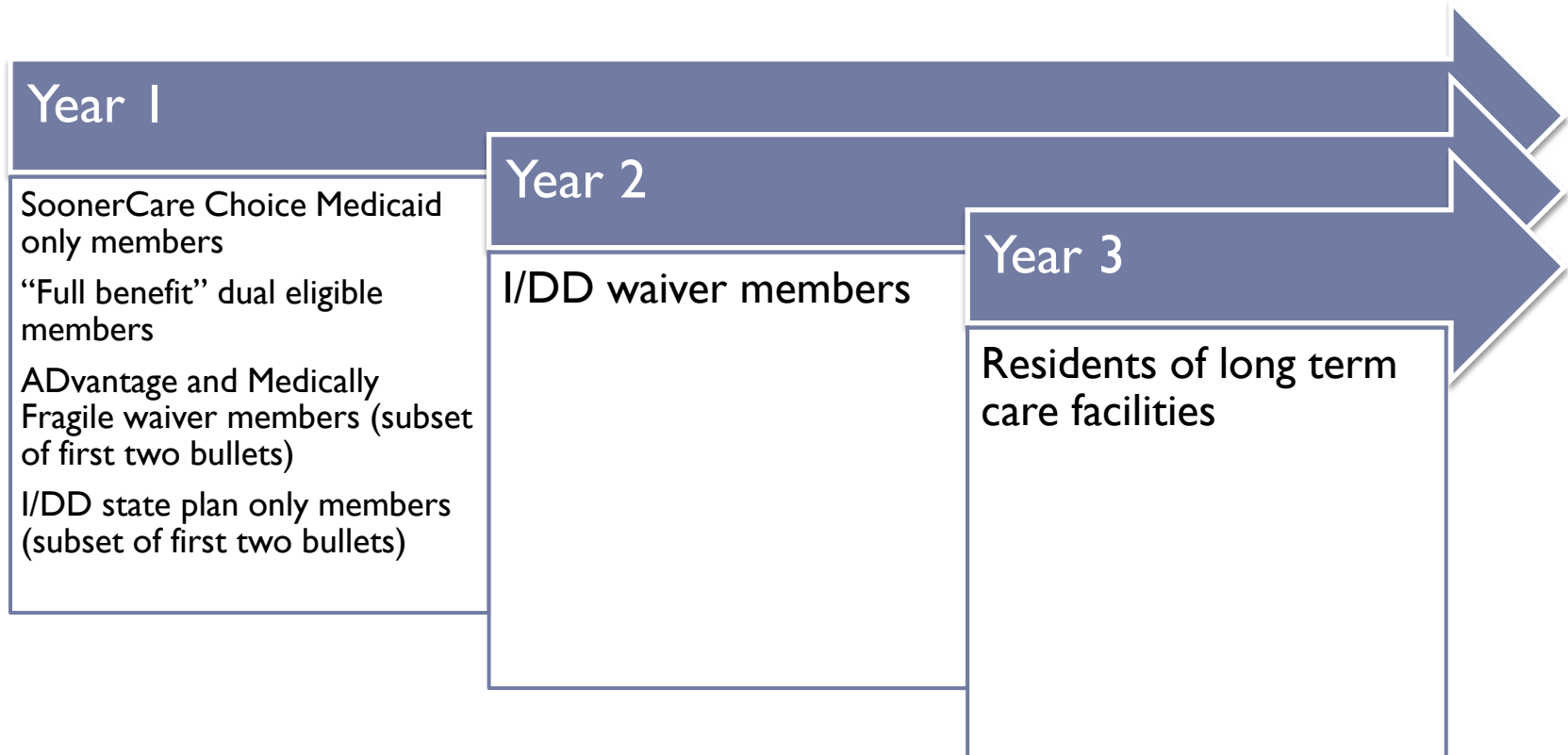
## ▶ Covered populations

- ▶ Members receiving services through an I/DD waiver will be enrolled in year 2 of the program, to allow more time for planning and transition activities
- ▶ Members with I/DD receiving state plan-only services will be enrolled at the start of the program, to ensure they receive the benefits of care coordination at the earliest opportunity
- ▶ “Premium-only” dual eligible members will not be enrolled in SoonerHealth+, as there are essentially no services to be coordinated/provided
- ▶ As previously discussed, members enrolled in a behavioral health home or PACE will not be enrolled in SoonerHealth+

# RFP – STATUS UPDATE *cont'd*

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## ***Enrollment Phase-in***



# RFP – STATUS UPDATE *cont'd*

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## ▶ Service Areas

- ▶ The OHCA will define “East” and “West” regions comprised of county groupings
- ▶ Tulsa will “anchor” the East Region and OKC will “anchor” the West Region
- ▶ Plans will be permitted to propose for one or both regions (both = statewide)

# RFP – STATUS UPDATE *cont'd*

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## ▶ Capitation

- ▶ The OHCA and its actuaries are targeting to develop capitation rates with appropriate (realistic) savings assumptions for the first year of the program
- ▶ The rates will be published, along with a data book showing historical costs and outlining the rate setting process
- ▶ Because MCOs will not be submitting individual rate proposals, the OHCA's evaluation will be based on how well plans demonstrate they can meet program requirements in areas such as:
  - ▶ Access;
  - ▶ Quality; and
  - ▶ Person- and family-centered care coordination

# RFP – STATUS UPDATE *cont'd*

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- ▶ The release of the RFP is dependent on CMS' review process, but is targeted for November or December 2016
- ▶ Capitation rates likely will be released in January 2017
- ▶ The RFP schedule will allow plans sufficient time to review the rates and ask questions before proposals will be due



# RFP – TENTATIVE SCHEDULE

STEP	TENTATIVE DATES
Submission of RFP to CMS	September 2016
CMS review period (estimate)	September – November 2016
RFP issued (target)	November or December 2016
Capitation rates published (target)	January 2017
Proposals due	February or March 2017
Contract awards	Late Spring 2017
Readiness period	Summer – Fall 2017
Start of member plan selection	January 2018
Start of Services	April 2018