

Unless otherwise specified, references to the SoonerSelect program also apply to the SoonerSelect Specialty Children's Plan.

Worksheet	Contents
1. General Information	Information about data sources, eligible populations, excluded services, categorizations, and limitations.
2. Reference	Additional lookup tables that provide information related to populations, age/gender categories, and region logic.
3. Service Category Descriptions	Descriptions of service categories used throughout this data book.
4. Rate-Setting Adjustments	Adjustments, both historical and prospective, used to develop SoonerSelect capitation rates.
5. Program Changes	List and brief description of program changes that may impact capitation rate development for the SoonerSelect program.
6. Supplemental Payments	Potential supplemental payments in the SoonerSelect program.
7. Adult Expansion	Overview of the capitation rate methodology for the Adult Expansion population.

Category	Comments
Data Sources	<p>The Medicaid data, collected directly from the Oklahoma Health Care Authority (OHCA) Medicaid Management Information System (MMIS), represents eligibility and claims with dates of service from July 1, 2016 through June 30, 2019, and includes all records processed by OHCA through June 2020.</p> <p>Additionally, the non-emergency transportation (NET) encounters were provided by the State's contracted provider with dates of service from July 1, 2016 through June 30, 2019. The runout for these encounters vary by the following: CY16 - March 2017, CY17 - March 2018, CY18/CY19 - March 2020.</p>
Data Book Populations	<p>Consistent with the SoonerSelect program design, the Data Book reflects the following included and excluded populations:</p> <p><u>Included Populations</u></p> <ul style="list-style-type: none"> * TANF Parents and Caretaker Relatives * TANF Children and Oklahoma's Children's Health Insurance Program (CHIP) * Former Foster Care enrollees * Enrollees that are in Custody of the State * Children receiving Adoption Assistance <p><u>Excluded Populations</u></p> <ul style="list-style-type: none"> * Individuals determined eligible for Medicaid on the basis of age, blindness or disability * Dual Eligible individuals * Individuals enrolled in the Medicare Savings Program, including Qualified Medicare Beneficiaries (QMB), Specified Low Income Medicare Beneficiaries (SLMB), Qualified Disabled Workers (QDW) and Qualified Individuals (QI) * Individuals during a period of Presumptive Eligibility * Individuals eligible for tuberculosis-related services under 42 CFR §435.215 * Individuals determined eligible for SoonerCare on the basis of needing treatment for breast or cervical cancer under 42 CFR § 435.213 * Individuals enrolled in a §1915(c) Waiver * Undocumented persons eligible for Emergency Services only in accordance with 42 CFR § 435.139 <p><u>Voluntary Enrollment Populations</u></p> <p>Native American beneficiaries who are determined eligible for the SoonerSelect program are not required to be enrolled in SoonerSelect, as described in the appropriate eligibility section of the RFP.</p> <p>Note: Individuals in excluded populations that may become eligible for coverage under Medicaid Expansion are not included in the Data Book. See the tab 7. Adult Expansion for more information.</p>
Third Party Liability (TPL)	<p>Enrollees with TPL (other than Medicare) are eligible for the SoonerSelect program. To reflect differences in MMIS claims payments for those with TPL, the Data Book separates members with any non-dental TPL coverage from those members with no TPL coverage.</p>
Excluded Services	<p>Dental services, excluding trauma-related oral surgeries in the inpatient and ambulatory surgery center settings, will be carved out of the SoonerSelect program. These excluded dental services will fall under the SoonerSelect Dental Plan program effective October 1, 2021.</p> <p>Title XIX services billed by Indian Health Services (IHS) or 638 Tribal Facilities are excluded from the SoonerSelect program. OHCA will separately pay for medically-necessary, acute-care services that are eligible for 100% Federal reimbursement and are provided by an IHS or 638 tribal facility to a Title XIX member enrolled with the Contractor who is eligible to receive services through an IHS or 638 Tribal Facility. Encounters for Title XIX services billed by IHS or 638 Tribal Facilities will not be accepted by OHCA or considered in capitation rate development. The IHS and 638 claims are included in the Data Book to provide a total cost of care informational view.</p> <p>For a complete listing of SoonerSelect program covered benefits, please see the appropriate benefits section in the SoonerSelect Program RFP# 8070001240.</p>
Program Implementation Date	<p>The anticipated first program year for populations eligible for the SoonerSelect program will be October 1, 2021 through June 30, 2022. Following the first year, program years will follow the OHCA state fiscal year (July 1 through June 30).</p>
Data Disclaimer	<p>This Data Book summarizes OHCA eligibility, FFS claims and NET encounter data for populations eligible for the SoonerSelect program. This information has been provided to potential bidders for use in understanding base data used to develop capitation rates for the SoonerSelect program. In preparing the Data Book, the OHCA and its vendors have used data from the Medicaid eligibility and claims systems. Data include only records with a service date corresponding to a valid Medicaid eligibility span for members of the target populations. The data have been reviewed for internal consistency and reasonableness, but have not been audited.</p>

Region Lookup

County	Region
Tulsa	Tulsa
Oklahoma	OKC
Adair	East
Atoka	East
Bryan	East
Cherokee	East
Choctaw	East
Coal	East
Craig	East
Creek	East
Delaware	East
Haskell	East
Hughes	East
Latimer	East
LeFlore	East
Mayes	East
McCurtain	East
McIntosh	East
Muskogee	East
Nowata	East
Okfuskee	East
Okmulgee	East
Osage	East
Ottawa	East
Pawnee	East
Pittsburg	East
Pushmataha	East
Rogers	East
Seminole	East
Sequoyah	East
Wagoner	East
Washington	East
Alfalfa	West

Region Lookup

County	Region
Beaver	West
Beckham	West
Blaine	West
Caddo	West
Canadian	West
Carter	West
Cimarron	West
Cleveland	West
Comanche	West
Cotton	West
Custer	West
Dewey	West
Ellis	West
Garfield	West
Garvin	West
Grady	West
Grant	West
Greer	West
Harmon	West
Harper	West
Jackson	West
Jefferson	West
Johnston	West
Kay	West
Kingfisher	West
Kiowa	West
Lincoln	West
Logan	West
Love	West
Major	West
Marshall	West
McClain	West
Murray	West
Noble	West
Payne	West
Pontotoc	West
Pottawatomie	West
Roger Mills	West
Stephens	West
Texas co.	West
Tillman	West
Washita	West
Woods	West
Woodward	West

Populations

Population Group	Age/Gender Categories
CUST/Adoption	Newborn <1
CUST/Adoption	Child Male/Female Years 1-5
CUST/Adoption	Youth Male/Female Years 6-14
CUST/Adoption	Teen Male Years 15-18
CUST/Adoption	Teen Female Years 15-18
CUST/Adoption	Adult Male Years 19-44
CUST/Adoption	Adult Female Years 19-44
CUST/Adoption	Adult Male/Female Years 45+
FFC	Newborn <1
FFC	Child Male/Female Years 1-5
FFC	Youth Male/Female Years 6-14
FFC	Teen Male Years 15-18
FFC	Teen Female Years 15-18
FFC	Adult Male Years 19-44
FFC	Adult Female Years 19-44
FFC	Adult Male/Female Years 45+
TANF/CHIP Child	Newborn <1
TANF/CHIP Child	Child Male/Female Years 1-5
TANF/CHIP Child	Youth Male/Female Years 6-14
TANF/CHIP Child	Teen Male Years 15-18
TANF/CHIP Child	Teen Female Years 15-18
TANF/CHIP Child	Adult Male Years 19-44
TANF/CHIP Child	Adult Female Years 19-44
TANF/CHIP Child	Adult Male/Female Years 45+
TANF Parent/Caretaker	Newborn <1
TANF Parent/Caretaker	Child Male/Female Years 1-5
TANF Parent/Caretaker	Youth Male/Female Years 6-14
TANF Parent/Caretaker	Teen Male Years 15-18
TANF Parent/Caretaker	Teen Female Years 15-18
TANF Parent/Caretaker	Adult Male Years 19-44
TANF Parent/Caretaker	Adult Female Years 19-44
TANF Parent/Caretaker	Adult Male/Female Years 45+

Service Category	Definition	Unit Type
Inpatient Hospital	Inpatient services that have not been identified as behavioral health or LTC. Includes services provided in acute and chronic hospital settings; includes both room and board data and ancillary data billed by the facility during the stay.	Days
Outpatient Hospital — ER	Emergency room services provided in acute hospital settings; does not include ancillary data associated with the visit if not coded "emergency room" on the claim. Emergency room discharges that result in an admission are not included in this category.	Visits
Outpatient Hospital — Non-ER	Outpatient facility services provided by acute care hospitals, chronic care hospitals, and ambulatory surgical centers, except those meeting categorization criteria for behavioral health and emergency room.	Visits
Physician/Professional	Physical health services provided by medical professionals; including physicians, nurse practitioners, podiatrists, chiropractors and physical therapists.	Visits
Clinics (w/FQHC/RHC)	Services provided by a variety of clinic types, including Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs).	Visits
Laboratory/Radiology/Pathology	Laboratory and radiology services provided as outpatient services by acute or chronic care hospitals and freestanding facilities.	Services
Dental	Trauma-related oral surgeries in the inpatient and ambulatory surgery center settings.	Visits
DME and Supplies	Durable Medical Equipment (DME) and medical supplies; including hearing aids, orthotics, prosthetics and oxygen/respiratory care equipment.	Services
Home Health/Hospice	Services include home health and hospice.	Hospice — Days Other — Services
Physical/Occupational Therapy	Physical and occupational therapy services provided and billed by therapists.	Visits
ICF/MR Services	Long term care services provided in an intermediate care facility for individuals with intellectual or developmental disabilities (ICF-MR).	Days
Nursing Facility	Long term care services provided in a nursing facility.	Days
Pharmacy	Retail pharmacy.	Prescriptions
Non-Emergency Transportation	Non-Emergency transportation services.	Trips/Miles
Behavioral Health	Behavioral health services provided by behavioral health hospitals, mental health clinics, acute care hospitals, physicians and other appropriate behavioral health service providers.	Inpatient — Days Other — Visits
Indian Health Services	Services furnished at Indian Health Services Hospitals/Tribal/Urban Indian Clinic settings. <i>These services are shown for informational purposes only and will not be considered in capitation rate development.</i>	Inpatient — Days Outpatient — Visits Physician — Services
Family Planning	Family Planning services and contraceptives.	Contraceptives — Prescriptions Other — Services
All Other	Other services that are not categorized under other service categories, including state COS such as renal dialysis, transportation and other miscellaneous services.	Services

Adjustment Type	Description
Adjustments to Data Book	<p>Capitated Payments — The MMIS claims data did not reflect capitated payments (State COS code 018). For this reason, Mercer increased the Physician/Professional service category to account for these capitated payments for each SFY:</p> <ul style="list-style-type: none"> - SFY17: \$22.6M - SFY18: \$18.3M - SFY19: \$15.5M <p>Retroactive Eligibility Coverage — MCOs that participate in the SoonerSelect program will not be responsible for claims incurred by members prior to managed care enrollment. Based on discussions with OHCA, a member's initial 60 days of eligibility and claims were removed from the Data Book. This excludes newborns, who will be enrolled under the mother's plan back to the date of birth.</p> <p>Nursing Facility Limit — MCOs that participate in the SoonerSelect program will not be responsible for claims incurred by members after 60 consecutive days within a nursing facility.</p>
The following adjustments are not reflected in the SoonerSelect Data Book	
Base Data Adjustments	<p>Incurred, but Not Reported (IBNR) — The MMIS claims data reflects claims incurred between July 1, 2016 through June 30, 2019, with claims runout through June 2020. As part of capitation rate development, Mercer could adjust claims during the SFY 2019 base period to account for claims incurred during this period, but not yet paid. Given the year-plus runout period, this adjustment is not necessary.</p> <p>Medical Refunds — The MMIS claims data reflects some of the amounts collected by OHCA related to audits, overpayment, legal settlements, and other reasons. As part of capitation rate-setting, Mercer will adjust base period claims to reflect those medical refund amounts that are not included in the MMIS claims experience.</p> <p>Program/Fee Schedule Changes — Changes in eligible benefits and provider reimbursements during the base data period (SFY 2019) will be considered as part of the capitation rate development. See tab "5. Program Changes" for additional detail on the program/fee schedule changes during the base period.</p> <p>Voluntary Population Selection — Not all populations eligible for the SoonerSelect program are mandatory. To account for a lower take-up rate for voluntary populations, a selection adjustment may be made within the capitation rate-setting process to reflect the impact of populations subject to voluntary selection.</p>
Prospective Adjustments	<p>Program/Fee Schedule Changes — Changes in eligible benefits and provider reimbursements that took place after the base data period will be considered as part of the capitation rate development. See tab "5. Program Changes" for additional detail on the program/fee schedule changes.</p> <p>Seasonality — The first contract period of the SoonerSelect program is anticipated to be a nine-month period. Since the base data period is a twelve-month period, if material, Mercer will apply an adjustment to reflect the impact of seasonality.</p> <p>Trend — Projected medical expenditures will be adjusted to account for other changes after the base period, such as utilization patterns, mix of services, changes in unit costs, etc.</p> <p>Enrollment Projections — Capitation rate cells represent combinations of certain population groups. To better project future costs, enrollment projections will be developed as part of the capitation rates.</p>
Managed Care Assumptions	<p>Projected claims expense will be adjusted to account for enhanced care management practices for SoonerSelect program enrollment. Certain services will be adjusted to account for changes in utilization patterns and unit cost levels anticipated under managed care. Some service utilization and cost will increase while some will decrease. Overall, managed care assumptions will result in reduced claims expense.</p>
Administration	<p>Reasonable, appropriate, and attainable administration load assumptions will be developed.</p>
Underwriting Gain	<p>A reasonable, appropriate, and attainable underwriting gain assumption will be developed.</p>
Premium Tax	<p>If applicable, a premium tax load assumption will be developed.</p>
Capitation Withhold	<p>A capitation withhold may be applied.</p>
Risk Adjustment	<p>Risk adjustment will be applied to certain populations.</p>
Risk Mitigation/Sharing	<p>Risk mitigation/sharing will be applied through a minimum/maximum MLR and risk corridor combination.</p>
Supplemental Payments	<p>OHCA anticipates that current supplemental payments made to specific providers will continue under the SoonerSelect program. Supplemental payments are split into the following categories:</p> <ul style="list-style-type: none"> - Member-specific payments — supplemental payments included in the Data Book - Not member-specific — supplemental payments that are not member-specific are paid outside the MMIS and not included in the Data Book <p>See tab "6. Supplemental Payments" for additional detail on potential supplemental payments in the SoonerSelect program.</p>

Change	Effective Date	Description	Annualized Impact ¹
<i>Examples of Program Changes which may impact the SFY 2019 base data and prospective adjustments to the rate period. ²</i>			
Applied Behavioral Analysis	Jul 01, 2019	The OHCA established coverage and reimbursement for ABA services as an EPSDT program benefit.	\$11,455,015
Residential Behavior Management Services (RBMS)	Sep 01, 2019	The Oklahoma DHS and Office of Juvenile Affairs outlined and clarified provider participation requirements, RBMS treatment components, established new levels of care, and removed references to services provided in wilderness camps and D&E centers. Additional changes will incorporate federal mandates related to licensure, accreditation and nursing staffing requirements. The DHS and OJA replaced the existing payment structures for RBMS providers, by incorporating staffing, facility, and operational costs into a per diem/per recipient rate based on the established LOC. The total per child/per day rate is the sum of these components with an additional 15% administration cost.	\$7,959,329
Maternal Depression Screenings	Sep 01, 2019	OHCA added coverage for maternal depression screenings during EPSDT well-child visits.	\$342,936
Intensive Treatment Family Care (ITFC) Rates	Sep 01, 2019	OHCA established a new provider specialty and rate for qualified behavioral health aide II (QBHA II)/Treatment Parent Specialist (TPS) rate to be established at \$21.43 per 15 minute unit with a 6 unit per day maximum.	\$2,324,813
Diabetes Self-Management Training (DSMT)	Jan 01, 2020	The OHCA established coverage and reimbursement for DSMT, consisting of individualized and group education and support that promotes new behaviors and solutions, including but not limited to, healthy eating, physical activity, self-monitoring, and medication use for those persons diagnosed with diabetes.	\$218,214
Residential Substance Use Disorder (SUD) Services	Oct 01, 2020	The OHCA will seek approval of an SPA to add coverage and reimbursement of residential SUD services for individuals under age 21 and those 21-64 residing in facilities with 16 beds or less. Residential SUD services will be provided in accordance with ASAM Level 3 guidelines.	\$727,041
SUPPORT Act Medication-Assisted Treatment (MAT)	Oct 01, 2020	The OHCA will seek approval of an SPA to establish MAT services in opioid treatment programs and within office-based opioid treatment settings.	\$3,743,514
Therapy Assistants	Feb 01, 2021	The OHCA will seek approval of a SPA to add coverage and reimbursement methodologies for licensed PT and OT assistants and licensed SLPAs, and provisionally licensed speech language pathologist clinical fellows. Therapy assistants will be paid 85% of the rate paid to fully-licensed PT, OT and SLPs. Speech language pathologist clinical fellows will be paid at the same rate as fully licensed speech language pathologists.	\$4,595,360

Notes

1. The Annualized Impact is the estimated budget impact across all SoonerCare populations, not just those populations eligible for the SoonerSelect program.
2. OHCA also makes provider fee schedule changes that will be captured in capitation rate development, but are not explicitly listed in the Data Book. Some examples include:
 - October 1, 2018 — Across-the-board 3% provider rate increase (with exceptions)
 - October 1, 2019 — Across-the-board 5% provider rate increase (with exceptions)

Reconfiguration of supplemental payments to approved pass-through or directed payments subject to CMS review and approval.

Supplemental Payments: Not Member-Specific

Payment	Description	SFY 2019	Est. % to Managed Care
Supplemental Hospital Offset Payment Program (SHOPP)	The SHOPP was implemented for the purpose of insuring continued access to quality care for Oklahoma Medicaid members. The SHOPP program is designed to assess Oklahoma hospitals, unless exempt, a supplemental hospital offset payment program fee. The collected fees and matching federal funds will be placed in pools and then allocated to hospitals as directed by legislation. The OHCA does not guarantee that allocations will equal or exceed the amount of the supplemental hospital offset payment program fee paid by the hospitals.	\$473,105,847	56%
Level 1 Trauma	Hospitals that have Level 1 Trauma Centers are eligible for a supplemental payment up to but not exceeding their hospital specific Upper Payment Limit (UPL) using the Medicare Prospective Payment System (PPS) methodology for inpatient claims and a cost methodology for outpatient claims. The PPS methodology reasonably estimates what Medicare would have paid for Diagnosis Related Groups (DRG) inpatient hospital services reimbursed by Medicaid. The DRG UPL methodology consists of determining a Case Mix Adjusted Medicare DRG base rate, computing a Medicare pass-through payment per discharge, and then calculating the overall aggregate UPL for inpatient claims. The Cost methodology consists of determining cost using a Cost-to-Charge Ratio (CCR) and billed charge, and then calculating the overall aggregate UPL (UPL data for outpatient claims).	\$154,100,998	74%
Enhanced Tier Payment System (ETPS)	Two outpatient behavioral health supplemental payment pools, split by state governmental owned and private providers, were established. The payment pools will be calculated based on the difference between 100% of the Medicare non-facility fee schedule and the base Medicaid fee schedule (which is 75% of the Medicare fee schedule) multiplied by volume associated with paid claims data from the State's MMIS. Note: Due to timing of ETPS payments, the SFY 2019 value includes only three of the quarterly payments. When all four annual payments are included, the true SFY 2019 amount was ~\$52M.	\$39,210,205	72%
Ground Emergency Medical Transportation (GEMT)	The GEMT Supplemental Payment Program is a voluntary program which makes supplemental payments above the Medicaid fee schedule reimbursement rate to eligible GEMT providers for specific allowable, certified, and uncompensated costs incurred for providing GEMT Services to SoonerCare members. *FFY 2020 amounts shown in the SFY 2019 column.	\$3,933,407*	33%

Reconfiguration of supplemental payments to approved pass-through or directed payments subject to CMS review and approval.

Supplemental Payments: Member-Specific

Payment	Description	SFY 2019	Est. % to Managed Care
University Affiliated Physicians	<p>In SFY 2019 the payment methodology for State University Employed or Contracted Physicians was 140% of the Medicare Physician Fee Schedule. As of July 1, 2019, the payment methodology for State University Employed or Contracted Physicians is 175% of the Medicare Physician Fee Schedule.</p> <p>Supplemental payments through SFY 2019 are included in the data book experience. Mercer did not adjust the data book to reflect the July 1, 2019 payment change. The impact of this change is estimated to add approximately \$41 million to the SFY 2020 budget.</p>	Incl in Data Book	N/A
Quality of Care (QOC)	<p>All licensed nursing facilities are required to pay a statewide average per patient day QOC assessment fee based on the maximum allowed percentage under federal law of the average gross revenue per patient day. Gross revenues are defined as Gross Receipts (total cash receipts less donations and contributions). The assessment is an allowable cost and included in the base rate component. The OHCA was directed to collect the assessment, assess penalties for late payment, deposit the assessment into a "Quality of Care Fund", and make payments from the QOC Fund for the purposes listed in Bill 56 Okla State 2002.</p>	Incl in Data Book	N/A

Caveats

The information displayed on this page is for informational purposes only. The displayed amounts and estimated percentage allocated to managed care eligible populations are subject to change. OHCA, in its discretion, may change regulations, calculation methodologies, or discontinue these supplemental payments at any time.

Component	Description
Data Book	The SoonerSelect program Data Book does not include any experience for potential members eligible under Adult Expansion coverage.
Benefits	The Adult Expansion population will receive the same covered benefits as TANF adult enrollees otherwise eligible for the SoonerSelect program, subject to any necessary adjustments due to the Alternative Benefit Plan.
Base Data	Since individuals eligible under Adult Expansion have no experience in the MMIS claims data, Mercer will use an alternative base data. The base data will consist of TANF adults projected medical PMPMs. This source will already reflect most rate-setting adjustments applicable for the Adult Expansion population.
Acuity Assumptions	Using experience from other states/other benchmarking sources, Mercer will develop relativity adjustments to the TANF adult projected medical PMPMs.
Administration	Reasonable, appropriate, and attainable administration load assumptions will be developed.
Underwriting Gain	A reasonable, appropriate, and attainable underwriting gain assumption will be developed.
Premium Tax	If applicable, a premium tax load assumption will be developed.
Capitation Withhold	A capitation withhold may be applied.
Risk Mitigation/Sharing	Risk mitigation/sharing will be applied through a minimum/maximum MLR and risk corridor combination.
Supplemental Payments	<p>OHCA anticipates that current supplemental payments made to specific providers will continue in some CMS approved form under the SoonerSelect program. Supplemental payments are split into the following categories:</p> <ul style="list-style-type: none"> - Member-specific payments — supplemental payments included in the Data Book - Not member-specific — supplemental payments that are not member-specific are paid outside the MMIS and not included in the Data Book <p>See tab "6. Supplemental Payments" for additional detail on potential converted supplemental payments in the SoonerSelect program.</p>