

# Oklahoma *SoonerCare* Update

*SoonerCare* Main Telephone Numbers  
OKC Metro (405) 522-7366  
State-wide Toll Free 1-877-823-4529  
OHCA Website: [www.ohca.state.ok.us](http://www.ohca.state.ok.us)

**July 22, 2005**

**Dear Provider:**

**SoonerCare Contract Amendment Follows**

Please review the **SoonerCare** contract amendment information on the following pages. The amendment increases rates and incorporates immunization administration codes in the capitated benefit package.

**Documentation Requested for 4<sup>th</sup> DTaP Bonus Payments for 2004**

To receive your bonus payment for administering the fourth DTaP injection for your under-two-years-old *SoonerCare* members in Contract Year 2004, please provide us a list with the following information:

Name of Child  
RID (Recipient Identification Designator) number  
Date of Service

You may fax your information to Larry Kissling at 405-530-3442. Please include (provider) name, provider number, contact name, and phone number. We will process all submissions at one time. No submissions received after Aug. 15, 2005 will be accepted. If you have questions, please call Larry at 405-522-7266.

**EPSDT Bonus Payment Relies on "Paid" Encounters**

Providers who are most successful in earning EPSDT bonus payments advise OHCA that they have organized systems for tracking their claims. These providers designate staff who track that EPSDT services are billed correctly, achieve a "Paid" status as an encounter and review Remittance Advice to identify any "denied" EPSDT encounters. Only EPSDT services that successfully encounter as "Paid" status under the **SoonerCare** provider ID are counted in calculating EPSDT bonus payments annually. The 2005 threshold for earning a bonus payment is compliance at 65 percent or better for each age category evaluated.

Questions about the EPSDT bonus payment may be directed to your provider representative at 1-877-823-4529, option 2, or to Kevin Jones at 405-522-7204.



STATE OF OKLAHOMA  
OKLAHOMA HEALTH CARE AUTHORITY

July 18, 2005

RE: Contract Year 2005  
Amendment One

Dear **SoonerCare** Provider:

This Amendment increases the monthly capitation rates and adds six immunization administration codes to the prepaid benefit schedule on Attachment A. The capitation rates were actuarially prepared and the immunization codes were considered in establishing these increased rates. Stop-loss thresholds remain the same.

Effective August 1, 2005, the Oklahoma Legislature has appropriated the necessary funds to the Oklahoma Health Care Authority to implement an increase in monthly capitation rates. The rates for each age and sex group will be increased for members who receive Temporary Aid to Needy Families (TANF) assistance, as well as those who receive coverage due to Age, Blindness or Disability (ABD). Attached is an updated **SoonerCare** contract Attachment C.

You will note that the base capitation rates have increased, however the case management rates will remain the same. The new rate schedule will be in effect through the remainder of the contract year ending December 31, 2005. These rates will be reevaluated for the coming 2006 contract year.

The CPT codes added to Attachment A are as follows:

CPT Code	Description
90465	Immunization administration under 8 years of age (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); first injection (single or combination vaccine/toxoid), per day
90466	Immunization administration under 8 years of age (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional injection (single or combination vaccine/ toxoid), per day
90467	Immunization administration under age 8 years (includes intranasal or oral routes of administration); first administration (single or combination vaccine/toxoid), per day
90468	Immunization administration under age 8 years (includes intranasal or oral routes of administration); each additional administration (single or combination vaccine/ toxoid), per day
90473	Immunization administration by intranasal or oral route; one vaccine (single or combination vaccine/toxoid)
90474	Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/ toxoid) (list separately in addition to code for primary procedure)

If you agree with this amendment, then no action is necessary on your part. If you choose not to accept this amendment, please contact your **SoonerCare** Provider Representative. They may be reached toll free at 1-877-823-4529, option # 2.

Sincerely,  
**SoonerCare**

Attachment C  
Monthly Rate Schedule

**Effective August 1, 2005  
through December 31, 2005**

**TANF Members**

<b>Rate Category</b>	<b>Age</b>	<b>Base Rate</b>	<b>Case Management</b>	<b>Total Cap. Payment</b>
Male/Female	<1	\$30.38	\$3.00	\$33.38
Male/Female	1	\$15.45	\$3.00	\$18.45
Male/Female	2-5	\$15.45	\$2.00	\$17.45
Male/Female	6-14	\$ 9.62	\$2.00	\$11.62
Female	15-20	\$20.87	\$2.00	\$22.87
Male	15-20	\$ 7.06	\$2.00	\$ 9.06
Female	21-44	\$23.72	\$2.00	\$25.72
Male	21-44	\$17.19	\$2.00	\$19.19
Male/Female	45+	\$29.57	\$2.00	\$31.57

**ABD Members**

<b>Rate Category</b>	<b>Age</b>	<b>Base Rate</b>	<b>Case Management</b>	<b>Total Cap. Payment</b>
Male/Female	<1	\$38.65	\$3.00	\$41.65
Male/Female	1	\$28.28	\$3.00	\$31.28
Male/Female	2-5	\$28.28	\$3.00	\$31.28
Male/Female	6-14	\$14.98	\$3.00	\$17.98
Female	15-20	\$18.21	\$3.00	\$21.21
Male	15-20	\$ 9.55	\$3.00	\$12.55
Female	21-44	\$24.68	\$3.00	\$27.68
Male	21-44	\$14.29	\$3.00	\$17.29
Male/Female	45+	\$19.95	\$3.00	\$22.95

\*Please note that these rates will be paid for the capitated services listed in the benefit package. Covered services provided which are not in the capitated benefit package will be paid on the current Medicaid fee-for-service schedule.

Individuals who are dually eligible for Medicare/Medicaid are not part of the program at this time.