



SoonerCare Fax Blast

December 4th, 2007

Subject: **2008 CAP Rates**

Dear Provider:

As you know we are required to actuarially certify our cap rates each year for our SoonerCare Choice Program. Mercer Government Services is the contracted vendor that provides this service to us. They review claims data from the previous two years and look at projected program changes and membership growth. Your encounter data assist us in setting these new rates.

We have attached the following for your contract file:

Attachment A	Services included in the capitation payment.
Attachment B	2008 Capitation Rates
Attachment C	EPSDT Bonus Payment Methodology

Medicaid covered services not listed in the capitated benefit section will be reimbursed at the current Medicaid fee-for-service rate subject to all current benefit limitations and prior authorization guidelines.

CPT Code	DESCRIPTION
OFFICE VISIT - NEW PATIENT	
99201	Office and other outpatient medical service, new patient; brief service
99202	Office and other outpatient medical service, new patient; limited service
99203	Office and other outpatient medical service, new patient; intermediate service
99204	Office and other outpatient medical service, new patient; extended service
99205	Office and other outpatient medical service, new patient; comprehensive service

CPT Code	DESCRIPTION
OFFICE VISIT - ESTABLISHED PATIENT	
99211	Office and other outpatient medical service, established patient; minimal service
99212	Office and other outpatient medical service, established patient; brief service
99213	Office and other outpatient medical service, established patient; limited service
99214	Office and other outpatient medical service, established patient; intermediate service
99215	Office and other outpatient medical service, established patient; extended service

CPT Code	DESCRIPTION
NEW PATIENT - PREVENTIVE MEDICINE	
99381	Office and other outpatient medical service, initial preventive medicine evaluation and management, infant
99382	early childhood, age 1-4
99383	late childhood, age 5-11
99384	adolescent, age 12-17
99385	18-39 years
99386	40-64 years
99387	65 years and over

CPT Code	DESCRIPTION
ESTABLISHED PATIENT - PREVENTIVE MEDICINE	
99391	Periodic preventive medicine re-evaluation and management of an individual, infant
99392	early childhood, age 1-4
99393	late childhood, age 5-11
99394	adolescent, age 12-17
99395	18-39 years
99396	40-64 years
99397	65 years and over

CPT Code	DESCRIPTION
THERAPEUTIC OR DIAGNOSTIC INJECTIONS	
90772	Therapeutic or diagnostic injection (specify material injected); subcutaneous or intramuscular

CPT Code	DESCRIPTION
IMMUNIZATIONS/INJECTIONS	

IMMUNIZATIONS/INJECTIONS	
CPT Code	Description
90465	Immunization administration fee under 8 years of age (percutaneous, intradermal, subcutaneous or IM) injections
90466	Immunization administration fee under 8 years of age (percutaneous, intradermal, subcutaneous or IM) injections
90467	Immunization administration fee under 8 years of age (intranasal or oral routes of administration)
90468	Immunization administration fee under 8 years of age (intranasal or oral routes of administration)
90471	Immunization administration fee (this code is used if vaccine is obtained through the Vaccines for Children Program)
90472	Immunization administration fee (this code is used if vaccine is obtained through the Vaccines for Children Program)
90473	Immunization administration by intranasal or oral route
90474	Immunization administration by intranasal or oral route
90632	Hepatitis A vaccine, adult dosage, for intramuscular use
90633	Hepatitis A vaccine, pediatric/adolescent dosage – 2 dose schedule, for intramuscular use
90634	Hepatitis A vaccine, pediatric/adolescent dosage – 3 dose schedule, for intramuscular use
90645	Hemophilus influenza b vaccine (Hib) HbOC conjugate (4 dose schedule), for intramuscular use
90646	Hemophilus influenza b vaccine (Hib), PRP-D conjugate, for booster use only, intramuscular use
90647	Hemophilus influenza b vaccine (Hib), PRP conjugate (3 dose schedule), for intramuscular use
90648	Hemophilus influenza b vaccine (Hib), PRP-T conjugate (4 dose schedule), for intramuscular use
90657	Influenza virus vaccine, split virus, when administered to children 6-35 months of age, for intramuscular use
90658	Influenza virus vaccine, split virus, when administered to 3 years of age and older, for intramuscular use
90660	Influenza virus vaccine, live, for intranasal use
90669	Pneumococcal conjugate vaccine, polyvalent, when administered to children younger than 5 years, for intramuscular use
90700	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to younger than 7 years, for intramuscular use
90701	Diphtheria, tetanus toxoids, and whole cell pertussis vaccine (DTP), for intramuscular use
90702	Diphtheria and tetanus toxoids (DT) adsorbed when administered to younger than 7 years, for intramuscular use
90703	Tetanus toxoid adsorbed, for intramuscular or jet injection use
90704	Mumps virus vaccine, live, for subcutaneous or jet injection use
90705	Measles virus vaccine, live, for subcutaneous or jet injection use
90706	Rubella virus vaccine, live, for subcutaneous or jet injection use
90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous or jet injection use
90708	Measles and rubella virus vaccine, live, for subcutaneous or jet injection use
90710	Measles, mumps, rubella and varicella vaccine (MMRV), live for subcutaneous use
90712	Poliovirus vaccine, (any types) (OPV), live, for oral use
90713	Poliovirus vaccine, inactivated, (IPV), for subcutaneous use
90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to 7 years or older, for intramuscular use
90716	Varicella virus, vaccine, live, for subcutaneous use
90718	Tetanus and diphtheria toxoids (Td) adsorbed when administered to 7 years or older, for intramuscular use
90719	Diphtheria toxoid, for intramuscular use
90720	Diphtheria, tetanus and pertussis (DTP) and Hemophilus influenza B (HIB) vaccine
90721	Diphtheria, tetanus toxoids, and whole cell pertussis vaccine and Hemophilus influenza B vaccine (DtaP-Hib), for intramuscular use
90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Hepatitis B, and polio virus vaccine, inactivated (DtaP-HepB-IPV), for intramuscular use
90732	Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, when administered to 2 years or older, for subcutaneous or intramuscular use
90371	Hepatitis B immune globulin (HBIG), human, for intramuscular use
90743	Hepatitis B vaccine, adolescent (2 dose schedule), for intramuscular use
90744	Hepatitis B vaccine, pediatric or pediatric/adolescent dosage, for intramuscular use
90746	Hepatitis B vaccine, adult dosage, for intramuscular use
90747	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage, for intramuscular use
90748	Hepatitis B and Hemophilus influenza b vaccine (HepB-Hib), for intramuscular use
NOTE: The Provider must provide adults with the tetanus, pneumococcal, hepatitis A, hepatitis B and influenza vaccine when medically necessary.	

IMMUNOLOGY	
CPT Code	Description
86308	Heterophile antibodies; screening

URINALYSIS	
CPT Code	Description
81002	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, without microscopy
81025	Urine pregnancy test, by visual color comparison methods

CHEMISTRY	
CPT Code	Description
82465	Cholesterol, serum or whole blood, total
82270	Blood, occult, by peroxidase activity (eg, guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening (ie, patient was provided three cards or single triple card for consecutive collection)
82947	Glucose; quantitative, blood (except reagent strip)
83718	Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)
82270	Blood occult (guaiac)
82272	Blood occult (guaiac)

HEMATOLOGY AND COAGULATION	
CPT Code	Description
85013	Blood count; spun microhematocrit
85014	Blood count; other than spun hematocrit

PATHOLOGY	
CPT Code	Description
87804	Infectious agent antigen detection by immunoassay with direct optical observation; Influenza
87880	Infectious agent antigen detection by immunoassay with direct optical observation; Streptococcus, group A

NOTE: Alternative codes used to bill for the services listed above may be changed to codes listed in the benefit package. Additional payment will not be generated. CPT codes which change during the contract term will be added and or deleted from this list based on AMA changes

**Attachment B
Monthly Rate Schedule**

**Effective January 1, 2008
through December 31, 2008**

TANF Members

Rate Category	Age	Base Rate	Case Management	Total Cap. Payment
Male/Female	<1	\$45.25	\$3.00	\$48.25
Male/Female	1	\$24.41	\$3.00	\$27.41
Male/Female	2-5	\$16.22	\$2.00	\$18.22
Male/Female	6-14	\$9.99	\$2.00	\$11.99
Female	15-20	\$15.37	\$2.00	\$17.37
Male	15-20	\$7.36	\$2.00	\$9.36
Female	21-44	\$17.70	\$2.00	\$19.70
Male	21-44	\$15.67	\$2.00	\$17.67
Male/Female	45+	\$27.07	\$2.00	\$29.07

ABD Members

Rate Category	Age	Base Rate	Case Management	Total Cap. Payment
Male/Female	<1	\$56.80	\$3.00	\$59.80
Male/Female	1	\$37.24	\$3.00	\$40.24
Male/Female	2-5	\$27.18	\$3.00	\$30.18
Male/Female	6-14	\$15.68	\$3.00	\$18.68
Female	15-20	\$16.61	\$3.00	\$19.61
Male	15-20	\$10.16	\$3.00	\$13.16
Female	21-44	\$24.38	\$3.00	\$27.38
Male	21-44	\$13.93	\$3.00	\$16.93
Male/Female	45+	\$24.99	\$3.00	\$27.99

*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.

ATTACHMENT C

SoonerCare Choice

CY 2008 EPSDT Bonus Payment Methodology January 1, 2008-December 31, 2008 Compliance Rate and Bonus Payment Methodology and Example

Compliance Rate Determination CMS-416 Methodology (Refer to Example 1, Presented Below):

- Line 1: Total Individuals Eligible for ESPDT- List the total unduplicated number of all individuals under the age of 21 determined to be eligible for EPSDT services, distributed by age and by basis of Medicaid eligibility. Unduplicated means that an eligible person is reported only once although he or she may have had more than one period of eligibility during the year.
- Line 2a: State Periodicity Schedule - List the number of initial or periodic general health screenings required to be provided to individuals within the age group specified according to the state's periodicity schedule. ***This information is provided in the example below.***
- Line 2b: Number of Years in Age Group - List the number of years included in each age group.
- Line 2c: Annualized State Periodicity Schedule - Divide the number in Line 2a by the number in Line 2b for each age group.
- Line 3a: Total Months Eligibility - Enter the total months of eligibility for individuals in each age group on Line 1 during the reporting year.
- Line 3b: Average Period of Eligibility - Divide the total months of eligibility by Line 1. Divide that number by 12 and enter the quotient. This number represents the portion of the year that individuals remain Medicaid eligible during the reporting year, regardless of whether eligibility was maintained continuously.
- Line 4: Expected Number of Screenings per Eligible - Multiply Line 2c by Line 3b per age group. Enter the product. This number reflects the expected number of initial or periodic screenings per child per year based on the number required by the state-specific periodicity schedule and the average period of eligibility.
- Line 5: Expected Number of Screenings - Multiply Line 4 by Line 1 per age group. Enter the product. This reflects the number of initial or periodic screenings expected to be provided to the eligible individuals in Line 1.
- Line 6: Total Screens Received - Enter the total number of initial or periodic screens furnished to eligible individuals.
- Line 7: Screening Ratio - Divide the actual number of initial and periodic screening services received (Line 6) by the expected number of initial and periodic screening services (Line 5). This ratio indicates the extent to which EPSDT eligibles receive the number of initial and periodic screening services required by the State's periodicity schedule, adjusted by the proportion of the year for which they are Medicaid eligible.
- Line 8: OHCA Required Compliance Rate - Enter the contractually required compliance rate per age group.

Bonus Payment Calculations (Refer to Example 1, Presented Below):

- Line 9: % Above Compliance - Example Line 7 minus Line 8. This will determine if the provider met the OHCA compliance rate requirement.
- Line 10: Number of EPSDT Screens - This is the number from Example Line 6. Enter this number **only** if the provider is at or above compliance for the age group. If the provider is below the required compliance rate enter zero (if Line 9 is negative).

Bonus Payment Calculations (Refer to Example 1, Presented Below) Attachment C Continued:

- Line 11 **Bonus Payment Per Screen** - This is a fixed number to be determined by the OHCA and is based on a percent of the actual cost of an EPSDT screen per age group. For example, if an EPSDT screen is reimbursed at \$67.14 for the less than 1 year old age group, OHCA will pay an enhanced rate of \$16.78 (an additional 25%) to providers who meet or exceed the compliance rate for the less than 1 year olds age group. (See Table 1: Bonus Payment Per Screen).
- Line 12 **Bonus Payment Amount Per Age Group** - Multiply Example Line 10 by Example Line 11. This is the amount that will be paid to the provider for that specified age group.
- Line 13 **Total Potential Bonus Payment** - Sum of age groups on Example Line 12. This is the potential total amount owed to the provider.
- Line 14 **Actual Bonus Payment** - The final bonus payment cannot exceed 20% of the provider's annual capitation payment.

Please note, *SoonerCare Choice* provider EPSDT bonus payments in the aggregate shall not exceed \$1,000,000.00

Table 1: EPSDT Bonus Payment Per Screen

Procedure Description	Code	Age Group	Medicaid Allowable	Bonus % Rate	Enhanced
EPSDT Blended Rate		< 1	\$ 67.14	@ 25%	\$ 16.78
EPSDT Blended Rate		1-5	\$ 76.96	@ 25%	\$ 19.24
EPSDT Blended Rate		6-14	\$ 78.36	@ 25%	\$ 19.59
EPSDT Blended Rate		15-20	\$ 86.35	@ 25%	\$ 21.59

Example 1: EPSDT Bonus Payment Calculations

		Compliance Rate Calculations				
		(based on CMS-416 -methodology)				
		< 1	1	2-5	6-14	15-20
Line 1:	Total Individuals Eligible for EPSDT	212	181	486	796	87
Line 2a:	Number of Required Screens	6	2	4	5	3
Line 2b:	Number of Years in Age Group	1	1	4	9	6
Line 2c:	Number of Expected Screen in One Year	6	2	1	0.5	0.5
Line 3a:	Total Eligible Months	892	670	2693	4938	472
Line 3b:	Average Period of Eligibility	0.35	0.31	0.46	0.52	0.45
Line 4:	Expected Number of Screens Per Eligible	2.10	0.52	0.46	0.26	0.23
Line 5:	Expected Number of Screens Per Group	446	112	224	206	20
Line 6:	Total Screens Received	291	109	200	175	2
Line 7:	<i>Screening Ratio</i>	.65	.97	.89	.85	.10
Line 8:	2008 OHCA Required Compliance Rate	.65	.65	.65	.65	.65
		Bonus Payment Calculations				
Line 9:	% Above Compliance	0	.32	.24	.20	(.55)
Line 10:	Number of EPSDT Screens from Line 6	-	109	200	175	-

Line 11:	Bonus Payment Per Screen	\$16.78	\$19.24	\$19.24	\$19.59	\$21.59
Line 12:	Bonus Payment Amount Per Age Group	\$0		\$3,848	\$3,428	\$0
			\$2,097			
Line 13:	Total Potential Bonus Payment	\$9,373				
Line 14:	20% of Annual Capitation Payment	\$10,711				
Line 15:	Actual Provider Bonus Payment	\$9,373				