

CHAPTER 25. SOONERCARE CHOICE
SUBCHAPTER 9. HEALTH ACCESS NETWORKS

317:25-9-1. Purpose

The purpose of this Subchapter is to describe the rules governing the Health Access Networks (HAN) participating in the statewide SoonerCare program. The rules provide assurances that Health Access Networks will work with providers to coordinate and improve the quality of care for SoonerCare members. The use of Health Access Networks is a limited pilot program with the purpose of enhancing the development of comprehensive medical homes for Oklahoma SoonerCare Choice members.

317:25-9-2. Requirements

(a) HANs are non-profit, administrative entities that work with providers to coordinate and improve the quality of care for SoonerCare members. The HAN must:

(1) be organized for the purpose of restructuring and improving the access, quality, and continuity of care to SoonerCare members;

(2) offer patients access to all levels of care, including primary, outpatient, specialty, certain ancillary services, and acute inpatient care, within a community or across a broad spectrum of providers across a service region or the State;

(3) submit an application to the OHCA as specified in (c) of this Section;

(4) offer core components of electronic medical records, improved access to specialty care, telemedicine, and expanded quality improvement strategies;

(5) have an organized and systematic quality improvement process, including the identification of measurable performance targets; and

(6) offer care management/care coordination to persons with complex health care needs including:

(A) the co-management of individuals enrolled in OHCA's Health Management Program;

(B) individuals with frequent emergency room utilization;

(C) women enrolled in the Oklahoma Cares Program diagnosed with breast or cervical cancer;

(D) pregnant women enrolled in the High Risk OB Program; and

(E) individuals enrolled in the Pharmacy Lock-In Program; and

(b) Networks must meet at least two of the following:

(1) have a formal affiliation agreement/partnership at the community-level with traditional and non-traditional providers;

(2) have a formal program to promote public health principles, community development, and local educational programs to address the challenges of rural and underserved populations; and

(3) have 501(c)3 or not-for-profit status.

(c) In order to qualify to participate as a SoonerCare contracted HAN, the network must submit an application to the OHCA that details how the network plans to:

(1) reduce costs associated with the provision of health care services to SoonerCare, uninsured and underinsured individuals;
(2) improve access to, and the availability of, health care services provided to individuals served by the health access network;

(3) enhance the quality and coordination of health care services provided to such individuals through mutually defined quality improvement initiatives;

(4) improve the health status of communities served by the health access network;

(5) reduce health disparities in such communities;

(6) identify all PCPs, specialty providers, and other provider types affiliated with the health access network.

(d) The application to participate as a SoonerCare contracted HAN will be accepted and approved at the sole discretion of OHCA with implementation initiated after completion of a readiness review by OHCA staff and approval by OHCA's Medical Advisory Taskforce (MAT).

317:25-9-3. Reimbursement

(a) In order to be eligible for payment, HANs must have on file with OHCA, an approved Provider Agreement. Through this agreement, the HAN assures that OHCA's requirements are met and assures compliance with all applicable Federal and State regulations. These agreements are renewed annually with each provider.

(b) The HAN will be reimbursed a per member per month (PMPM) rate based on the number of member months paid to the PCPs affiliated with the HAN. OHCA reserves the right to limit reimbursement based on availability of funds.