



SOONERSELECT PROVIDER TOWN HALL Q&A

January 13, 2026, Oklahoma City | January 14, 2026, Tulsa | January 15, 2026, Ada

General Contact Information

Who should a provider contact if they have questions for one of the SoonerSelect health or Children's Specialty Program (CSP) contracted entities (CEs)?

Aetna Better Health of Oklahoma

- Contracting: ABHOKNetworkManagement@AETNA.com
- General questions: ABHOKProviderEngagement@AETNA.com
- Claims: 844-365-4385, option 2, option 6

Humana Healthy Horizons in Oklahoma

- Your provider representative is a designated resource for you. If you are unsure who your provider representative is, email OKMedicaidProviderRelations@humana.com.

Oklahoma Complete Health

- Contact your designated provider engagement associate or reach out to our provider engagement team at OklahomaCompleteHealthpr@OklahomaCompleteHealth.com.

Who should a provider contact if they have questions for one of the SoonerSelect dental CEs?

DentaQuest

- Contact your Oklahoma provider representative or reach out to the provider partner team at OKProviders@dentaquest.com.

Liberty Dental Plan of Oklahoma

- Contact your network manager or reach out to the provider team at: okprinquiries@libertydentalplan.com.



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Is there someone at OHCA who can offer support or assistance when providers are unable to obtain results from a CE?

Providers needing assistance with SoonerSelect may access the [Provider Assistance Resource Guide](#). This guide includes links to a form to submit questions related to eligibility issues (*responded to by OHCA*), contact information for CEs, and contact information for OHCA if the provider is unable to resolve the issue following standard processes with the CE.

Eligibility and Enrollment

Can you explain why members change between fee-for-service and SoonerSelect throughout the month?

To enroll in SoonerSelect, a member must be in an eligible population. Eligible members can choose their own SoonerSelect plan. If no selection is made, the member is auto assigned to a plan. Auto-assignment is done by the system in a round-robin style, so no preference is given to any one plan. The effective date of the plan follows the 15th of the month rule: *Plan selection (or assignment) made before the 15th of the month goes into effect on the first day of the next month. Plan selection (or assignment) made on or after the 15th is effective on the first day of the month after the next month.*

When a member first becomes eligible and chooses a plan, they have 90 days to change their plan. After 90 days, they are locked in until the next open enrollment period. However, this is for newly eligible members or members who have had an extended gap in their eligibility and should not be a common occurrence.

Members move between traditional SoonerCare and SoonerSelect as they lose and regain eligibility when their circumstances change. They may have up to 45 days of coverage in traditional SoonerCare before their SoonerSelect coverage begins.

When will newborn eligibility be updated with SoonerSelect CEs without the need for the SoonerSelect coverage update form?

System changes are planned; however, there is no project resolution date yet.

In the interim, continue to utilize [SoonerSelect Provider Inquiry](#) form to report any member-related issues, such as access or eligibility.



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Will SoonerSelect CEs have any involvement with open enrollment notification/selection and work requirement notices for renewal?

Notifying members of open enrollment, work requirements and/or renewals is the responsibility of OHCA. OHCA works with the CEs to help reach more members and keep them informed of changes that will impact them. All official notices and messages are developed and sent to members by OHCA as required by federal regulations.

How will SoonerSelect providers be impacted by the new work requirements in 2027?

Work requirements will need to be met by some expansion members to be eligible for Medicaid, so these changes will have an impact on overall member eligibility, which is still determined by OHCA. OHCA anticipates an increase in member churn (*losing and regaining Medicaid eligibility*), which will likely have a significant impact. There should be no changes to open enrollment or a member's ability to be enrolled with a plan while they are eligible for Medicaid.

Contracting and Credentialing

Can you explain the timeline for credentialing?

The SoonerSelect contract requires CEs to complete contracting and credentialing within 45 days of receiving a completed application (*inclusive of all required supporting documentation, including rosters*). CEs may request a 15-day extension to complete contracting and credentialing, subject to OHCA review and approval.

The SoonerSelect contract also requires CEs to utilize a single credentials verification organization (CVO).

- The CVO for SoonerSelect health and the SoonerSelect Children's Specialty Program is Availity.
- The CVO for SoonerSelect dental is the Council for Affordable Quality Healthcare (CAQH).

Why are SoonerSelect credentialing processes so different than OHCA enrollment processes?

OHCA conducts enrollment screening, while SoonerSelect CEs perform credentialing in accordance with National Committee for Quality Assurance (NCQA) standards. The formal credentialing process is a core requirement of Medicaid managed care and has not historically been implemented by OHCA.



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Do SoonerSelect health or Children’s Specialty Program CEs require or allow group contracts?

Yes, all SoonerSelect health and Children’s Specialty CEs require and process group contracts where multiple providers participate and submit claims under the same tax ID and group NPI.

Are there any best practices that can be shared with managing both the OHCA enrollment process and CE credentialing processes?

OHCA recommends providers submit contract applications to OHCA (*to receive an Oklahoma Medicaid provider ID number*) and their contract (*including the roster*) and credentialing application (*as required*) to the SoonerSelect CEs at the same time.

While CEs may not complete the credentialing process prior to OHCA assigning an Oklahoma Medicaid provider ID number, submitting the requests at the same time will help shorten the timeline for providers to become credentialed with the CEs.

Please refer to provider letter [2026-02](#) for more details.

Additionally, if a provider’s Oklahoma Medicaid provider application is tied to SoonerSelect participation, providers should email their Application Tracking Number (ATN) and note that the application is related to SoonerSelect to ProviderEnrollment@okhca.org so it can be prioritized as staffing and workload allow.

Will the SoonerSelect health or Children’s Specialty Program CEs be releasing a single, universal roster template that will be accepted by all three CEs?

Yes. As of Jan. 1, 2026, a universal roster is available. The universal roster is available on each of the CEs’ websites at the following links:

- Aetna Better Health of Oklahoma:
https://www.aetnabetterhealth.com/content/dam/aetna/medicaid/oklahoma/pdf/abhOK_Universal_Roster_Template.xlsx
- Humana Healthy Horizons in Oklahoma:
<https://assets.humana.com/is/content/humana/OK%20Universal%20Roster%20Template>
- Oklahoma Complete Health:
<https://www.oklahomacompletehealth.com/content/dam/centene/oklahoma-complete-health/pdfs/OK%20Universal%20Roster%20Template%20-%2012.22.25.xlsx>



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Future enhancements include establishing a single, centralized repository for uploading rosters across all health and Children's Specialty Program CEs. Implementation date is to be determined.

What are the SoonerSelect health or Children's Specialty Program CEs doing to streamline the credentialing processes?

As of Jan. 1, 2026, a universal roster is available.

CEs have also developed a Credentialing Resource Guide to answer common questions about the credentialing process.

- Aetna Better Health of Oklahoma: <https://bit.ly/47kPtqT>
- Humana Healthy Horizons in Oklahoma: <https://tinyurl.com/Cred-Resource-Guide>
- Oklahoma Complete Health: <https://shorturl.at/ySS3J>

For the SoonerSelect health and Children's Specialty Program, do practices need to credential current providers already on our roster?

Credentialing and credentialing renewal dates follow the individual provider. If a provider was added to a group prior to July 1, 2025, the CEs accepted OHCA enrollment for credentialing. Check the [CVO Recredentialing Calendar](#) to ensure providers go through the recredentialing process.

Note: If a provider is already credentialed with another line of business, you do not need to complete a new application through Availity. A credentialing letter will be issued confirming the last approval date. Providers must re-credential within their existing credentialing cycle.

For the SoonerSelect health and Children's Specialty Program, is there a list of provider types that do not require credentialing?

Yes. SoonerSelect health and Children's Specialty Program CEs have developed a list of providers by specialty that do not require credentialing:

- Aetna Better Health of Oklahoma: <https://bit.ly/4qeFdZw>
- Humana Healthy Horizons in Oklahoma: <https://tinyurl.com/excluded-provider-list>
- Oklahoma Complete Health: <https://shorturl.at/wkPwQ>

Note: Providers who do not require full credentialing must still have an OHCA provider ID and must submit a contract to SoonerSelect health and Children's Specialty Program CEs to become an in-network provider.



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Prior Authorizations and Transitions of Care

Can you please explain what happens with prior authorizations when members transition between fee-for-service and SoonerSelect?

If a member transitions to a new CE, the receiving CE is contractually required to honor most prior authorizations for a period of up to 90 days (*longer periods for special circumstances, e.g., cancer treatment, transplant services, private duty nursing*).

When a member is re-enrolled with a CE after a disruption in eligibility that results in traditional SoonerCare eligibility, any current open authorizations are transmitted to the CE. Similarly, if a member switches plans, the CEs have a common file transmittal process to transfer authorization data. However, PA submissions are still required due to differences in the system setup of individual entities.

If the member transitions back to OHCA temporarily or for the long term, OHCA will typically honor the authorization for up to 90 days if the provider submits a PA request via the SoonerCare Provider Portal, along with the authorization details from the CE and any records that were submitted to gain the initial authorization.

Why are CE prior authorization workflows and processes different than OHCA's for the SoonerCare fee-for-service program?

CEs are required to cover the same services SoonerCare covers today. The CEs cannot be more restrictive in the benefits offered as compared to OHCA (*unless otherwise approved by OHCA*), but CEs are able to establish their own review guidelines.

Each CE has unique processes and workflows since they are independent companies with proprietary data systems. OHCA staff continues to work with the CEs to streamline processes where possible to ensure adherence to OHCA's policies and procedures.

Quality

When will the SoonerSelect health and Children's Specialty Program CEs begin partnering with providers on value-based care programs?

Some CEs have already started partnering with providers on value-based care programs. It started last year, but most plans implemented simple models geared towards primary care providers (e.g., Pay for Performance/Pay for Quality). In 2026, plans intend to add some more sophisticated models of value-based care.



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Value-based care programs can vary by provider type and specialty. Additionally, some value-based care programs have certain participation requirements. If you have questions about each CE's value-based care programs, you may contact them at:

- Aetna Better Health of Oklahoma: ABHOKValueBasedContracting@aetna.com
- Humana Healthy Horizons in Oklahoma: OKPE@humana.com
- Oklahoma Complete Health: Quality_OCH@OklahomaCompleteHealth.com

Can you share more details on the 2026 quality measures for the SoonerSelect health and Children's Specialty Program?

Measures	Aetna	Humana	OCH (Medical)	OCH (CSP)
Adults' Access to Preventive/ Ambulatory Health Services (AAP) 20 years and older	✓	✓		
Adults' Access to Preventative/ Ambulatory Health Services (AAP) 20 years and older and deemed as high risk by Company (FQHC Enhanced Measure)	✓			
Annual Preventive Visits (APV) 18-75 years			✓	✓
Cervical Cancer Screening		✓		
Controlling Blood Pressure	✓	✓		
Glycemic Status Assessment for Patients with Diabetes	✓	✓	✓	
Colorectal Cancer Screening		✓		
Child and Adolescent Well-Care Visits (Total)	✓	✓		
Childhood Immunizations Status (Combination 3) (CIS-CH)	✓	✓	✓	✓
Immunizations for Adolescents (Combination 1)			✓	✓
Immunizations for Adolescents (Combination 2)		✓		
Well-Child Visits in the First 15 Months of Life (W30-CH)	✓	✓	✓	✓
Well-Child Visits for Ages 15 Months to 30 Months (W30-CH)	✓	✓	✓	✓
Emergency Room Visits per Thousand (ER VPT)		✓		
Weight Assessment & Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC-CH)			✓	✓
Social Need Screening and Intervention – Display only		✓		



OKLAHOMA

Health Care Authority

Measures	Aetna	Humana	OCH (Medical)	OCH (CSP)
Follow-up After Emergency Department Visit for Mental Illness: Ages 6 to 17 (FUM-CH) 7 -day			✓	✓
Follow-up After Emergency Department Visit for Mental Illness: Ages 6 to 17 (FUM-CH) 30-day			✓	✓
Follow-up After Emergency Department Visit for Mental Illness: Ages 18+ (FUM-AD) 7-day	✓	✓	✓	✓
Follow-up After Emergency Department Visit for Mental Illness: Ages 18+ (FUM-AD) 30- day	✓	✓	✓	✓
Follow-up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD-CH)	✓		✓	✓
Use of First-Line Psychosocial Care for Children & Adolescents on Antipsychotics (APP-CH)			✓	✓
Follow-up After Hospitalization for Mental Illness: Ages 6 to 17 (FUH-CH) 7-day	✓	✓	✓	✓
Follow-up After Hospitalization for Mental Illness: Ages 6 to 17 (FUH-CH) 30-day	✓	✓	✓	✓
Follow-Up After Emergency Department Visit for Substance Use Disorder (7-Day)	✓	✓		
Follow-Up After Emergency Department Visit for Substance Use Disorder (30-Day)	✓	✓		
Initiation and Engagement of Substance Use Disorder Treatment (Initiation)		✓		
Initiation and Engagement of Substance Use Disorder Treatment (Engagement)		✓		
Prenatal & Postpartum Care: Postpartum Care (PPC-AD)		✓	✓	✓
Prenatal & Postpartum Care: Timeliness of Care (PPC-CH)		✓	✓	✓
Prenatal Immunization Status		✓		
Primary C-Section Rate		✓		
HEDIS Postpartum Depression Screening and Follow-up – Display Only		✓		



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SoonerSelect Program Benefits and Questions

Are changes coming to value-added benefits (VABs) for the SoonerSelect health and Children's Specialty Program (CSP) CE? Will there be easier/more practical ways members can access their value-added benefits in the future?

OHCA is currently evaluating the SoonerSelect CE's proposed list of VABs for upcoming plan year 2026. Finalized VAB lists (*extra benefits*) for plan year 2026 will be posted on the OHCA [Choice Counseling webpage](#).

Each SoonerSelect plan manages and administers its own VAB programs.

- **Aetna Better Health of Oklahoma:** Many VABs require eligibility to access the benefit. A member may request a VAB by calling member services at 844-365-4385 or by logging in to their portal. Eligibility for each VAB will be verified with either a relevant claim or diagnosis.
- **Humana Healthy Horizons in Oklahoma:** Go365 by Humana® is a healthy living and learning program that rewards members for completing healthy activities. Members can learn about their VABs and get rewarded for healthy behaviors all in one place. Humana also has a VAB educational flier for providers wishing to connect their patients with resources offered by Humana.
- **Oklahoma Complete Health:** Members can obtain information on VABs by visiting the [Benefits & Services page](#) of the Oklahoma Complete Health website or contacting Member Services at 833-752-1664 (TTY: 711). Oklahoma Complete Health is always open to new opportunities for our members, so please feel free to share any ideas of ways we can improve access.
- **Oklahoma Complete Health Children's Specialty Program (CSP):** Members can obtain information on CSP-specific VABs by visiting the [Benefits & Services page](#) of the Oklahoma Complete Health website or contacting Member Services at 833-752-1665 (TTY: 711). Oklahoma Complete Health is always open to new opportunities for our members, so please feel free to share any ideas of ways we can improve access.

Why do SoonerSelect plans pick and choose which benefits are covered versus following Medicaid guidelines?

SoonerSelect CE's are required to provide the same set of core services that are provided to SoonerCare members today in accordance with Oklahoma's State Plan and other applicable authorities.



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Why do SoonerSelect CEs automatically assign primary care providers (PCPs) or primary care dentists (PCDs)?

SoonerSelect contracts require that each member have an ongoing source of primary care appropriate to their needs. CEs must establish procedures to assist members in selecting a PCP or PCD and allow changes at any time, provided the PCP or PCD is a participating provider.

SoonerSelect Dental

Do OHCA, DentaQuest and Liberty Dental Plan all follow the same guidelines for orthodontic submissions and PA requirements?

Yes, OHCA, DentaQuest and Liberty Dental Plan have the same requirements for documentation and prior authorization.

The DEN-6 scoring tool was revised in a collaborative effort between OHCA and a panel of orthodontic providers. The new scoring tool went into effect for SoonerCare on June 1, 2025, and for SoonerSelect on July 1, 2025.

Reviewers for OHCA, DentaQuest and Liberty Dental Plan received training on the new tool for calibration. The [tool and training slides](#) can be found on OHCA's [Provider Training page](#).

What should a provider do if a receiving plan does not honor a prior approved prior authorization?

OHCA and SoonerSelect dental CEs make every effort to share prior authorization data and honor those from other plans for the 90-day continuity of care period. It is best practice to provide the documentation of the approved prior authorization when filing with the new plan.

If you have issues with a prior authorization not being honored, reach out to your provider representative for the new plan with whom you are filing. The member must be active to receive any service at the time of the service, regardless of prior authorization status.



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