

# SoonerSelect

## SoonerSelect Medical Contracted Entity (CE) Change of Service Provision Summary

The SoonerSelect Medical Contract at Section 1.7: Covered Benefits and Section 1.8: Medical Management states that medical contracted entities (CEs) may not impose prior authorization guidelines/criteria or utilization management practices that are more restrictive than OHCA without OHCA prior approval.

On March 20, 2026, Aetna Better Health of Oklahoma submitted a formal request to OHCA for review and approval to change service provisions.

OHCA subject matter experts (SMEs) reviewed the requests, evaluating them in comparison to OHCA historical processes and practices, standard business practice in other markets, and available data to determine whether to approve the requests.

OHCA decisions are noted in the table below:

<b>SoonerSelect Medical Change of Service Provision Summary</b>				
<b>PROCEDURE CODES IMPACTED</b>	<b>PROPOSED MODIFICATION TO CLAIMS PROCESSING PROTOCOL</b>	<b>REASON FOR PROPOSED CHANGE</b>	<b>ANTICIPATED IMPACT</b>	<b>OHCA DECISION</b>
<b>Continue PA Requirement – Hospice Care</b>				
<b>Q5001</b> – Hospice or home care provided in a patient's home or residence	Aetna Better Health of Oklahoma is requesting to continue the prior authorization requirement for this code.	Aetna reports a 50% denial rate for this code. Therefore, Aetna wants to require prior authorization which would allow them to review these cases and monitor utilization.  Also, Aetna wants to align with other CE's by requiring PA for this code.	No negative impact or spending increase noted.	Approved