



# SOONERCARE DEMONSTRATION 11-W-00048/6 §1115(a) ANNUAL REPORT

2018



DEMONSTRATION YEAR: 23 (1/1/2018 – 12/31/2018)  
FEDERAL FISCAL YEAR QUARTER: 3/2019 (4/1/19 – 6/30/19)

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## I. INTRODUCTION

The Oklahoma Health Care Authority (OHCA) is required to submit an annual progress report on its 1115(a) Demonstration Waiver to the Centers for Medicare and Medicaid Services (CMS). The purpose of the annual report is to report accomplishments, project status, quantitative and case study findings, interim evaluation findings, utilization data, and policy and administrative difficulties in the operation of Oklahoma's SoonerCare 1115(a) and Insure Oklahoma demonstration waivers. The report is due to CMS 90 days after the close of each demonstration year and must follow the guidelines outlined in the Special Terms and Conditions (STCs) set forth by CMS for the demonstration. Oklahoma's SoonerCare Choice demonstration program utilizes an enhanced primary care case management delivery system to serve qualified populations statewide. The SoonerCare Choice program objectives include:

- Improving access to preventive and primary care services;
- Increasing the number of participating primary care providers and overall primary care capacity in both urban and rural areas;
- Providing active, comprehensive care management to members with complex and/or exceptional health care needs;
- Integrating Indian Health Services' members and providers into the SoonerCare delivery system; and
- Expanding access to affordable health insurance for low-income adults in the workforce, their spouses, and college students.

The SoonerCare 1115(a) demonstration was originally approved in 1996. approved for a three year extension on December 31, 2012. The State acknowledged the approval of the renewal application and accepted the STCs on January 30, 2013. The waiver extension period ran from January 1, 2013 through December 31, 2015. The State submitted a request to CMS for the SoonerCare Choice and Insure Oklahoma 2016 – 2018 demonstration waiver renewal for a three-year extension on December 29, 2014.

OHCA received official notification from CMS on July 9, 2015 that federal funding for the SoonerCare Demonstration was extended from January 1, 2016 through December 31, 2016. The State acknowledged the approval of the demonstration waiver and accepted the STCs on August 9, 2015. The State continued to work with CMS towards a potential multi-year extension.

The next SoonerCare Demonstration extension request was submitted September 28, 2016 for demonstration year 2017-2018. On November 30, 2016, OHCA received official notification from CMS granting the SoonerCare 1115 demonstration a one-year extension which began January 1, 2017 and extended to December 31, 2017. The State submitted a request to CMS for the renewal of the SoonerCare Choice and Insure Oklahoma demonstration waiver on August 2, 2017 for demonstration year 2018. The request had initially included the Workforce Development Program; however, we received notice on November 16, 2017 that CMS would not approve that portion of the waiver request. On December 29, 2017, CMS approved OHCA's request to extend Oklahoma's SoonerCare 1115(a) waiver, with no changes, effective January 1, 2018 through December 31, 2018.

The most recent demonstration extension was approved by CMS on August 31, 2018. OHCA has been granted authority to operate the waiver program until December 31, 2023. Changes to the demonstration include expansion of the Health Access Network (HAN) statewide, temporary expenditure authority in payments to certain medical education groups, and removal of the waiver of retroactive eligibility for pregnant women and children under age 19.



## II. KEY ACHIEVEMENTS & ACCOMPLISHMENTS

The SoonerCare Choice program has had many accomplishments and highlights in its twenty-third year of the demonstration; below are a few of the program highlights for 2018.

### Extraordinary Milestones

#### *OHCA is a Leader in Health Care Delivery Transformation*

Out-of-the box thinking and collective resilience continue to propel our work forward, even in the worst of circumstances. Starting with the release of the OHCA's strategic plan to tobacco cessation strategies and our innovative value-based contracting.

#### *OHCA Hosts Regional Strategic Planning Forums*

OHCA hosted a series of public forums across the state to gain input from stakeholders and community members in implementing the agency's strategic plan.

In 2017, OHCA finalized a five-year strategic plan utilizing public input from a planning meeting in Oklahoma City to help the agency meet its mission for a healthy Oklahoma and to help our state's residents have access to quality health care services, regardless of their ability to pay.

Located around the state, the 2018 strategy forums build upon input gathered last year during development of the strategic plan. The strategy forums included a presentation on the current plan as well as facilitated discussions focused on the agency's current and future operations and goals.

The forums were open to anyone interested in attending. SoonerCare members, elected officials, providers, and representatives of organizations that assist and advocate for SoonerCare members were particularly encouraged to attend.

### Notable Programs

#### *SoonerQuit Program, with TSET, Tackles State Smoking Rates, Tobacco Cessation*

The SoonerQuit Provider Engagement program uses practice facilitation methodology to assimilate tobacco cessation within the practice setting. This enables members to receive counseling as well as prescription and over-the-counter medications to help them stop using tobacco. The SoonerCare tobacco cessation benefit includes seven FDA pharmacotherapy products with no copays for members, no duration limits (with the exception of Chantix) and no prior authorizations.

SoonerQuit program outcomes:

- Reduced smoking rate among SoonerCare members by 6.1 percent to 27.3 percent, from SFY 2016;
- Trained 41 providers on 5 As ("ask, advise, assess, assist and arrange"), pharmacotherapy and the Oklahoma Tobacco Helpline (OTH) in SFY 2018;
- Registered 4,059 SoonerCare members for OTH services in SFY 2018;
- Registered 197 pregnant SoonerCare members to the OTH in SFY 2018;
- Reviewed 228 referrals to the OTH from OHCA referral partners during the first three quarters of SFY2018 (July 1, 2017 – March 31, 2018).

### ***Pain Management Unit Arms Providers with Toolkit, Best Practices***

The SoonerCare Pain Management Program equips SoonerCare providers with the knowledge and skills to treat members with chronic pain by providing toolkits at no cost. The toolkits contain recommendations from national and state guidelines and evidence-based research on how to treat chronic pain patients. The toolkit is available electronically at [OHCA Pain Management](#).

In addition, the SoonerCare Pain Management Program has three practice facilitators, all registered nurses, who assist with implementing the components of the toolkit into SoonerCare-contracted primary care practices. This program also includes two behavioral health resource specialists (both licensed alcohol and drug counselors) who are available by phone to help practices link members with substance use disorder (or other behavioral health needs) to appropriate treatments.

From January 2016 through June 2018, the practice facilitators worked with nearly 90 practices (124 providers) and the behavioral health resource specialists received nearly 130 referrals.

### ***OHCA Works with Cross-Sector Partners in Long-Acting Reversible Contraception Initiative***

The Focus Forward Oklahoma program is an example of State, universities, and private partners working together collaboratively to positively impact women's health. Established in 2016 with a mission of decreasing unintended pregnancies in Oklahoma, the Focus Forward Oklahoma Program developed and launched a Long-Acting Reversible Contraceptive (LARC) Provider Training Program. Experts from the University of Oklahoma Health Sciences Center and OU-Tulsa came together to create a comprehensive LARC training program that includes a focus on patient-centered contraceptive counseling and hands-on skills in LARC insertion and removal.

Through our claims data, we were able to identify a targeted list of 225 providers that we thought could benefit from and would be interested in our initial LARC training. Because we have three teams within Provider Services dedicated to providing on-site education with providers, we were able to personally deliver flyers and have conversations with each of the practices about this opportunity. In the end, 81 percent of the providers inquired further about the training via reaching out by either phone, email or directly registering for the training. Although trainings were held in Oklahoma City and Tulsa, provider service representatives successfully recruited providers from all corners of the state including Buffalo in the northwest, Lawton in the southwest, Jay in the northeast, and Durant in the southeast. There was an 83 percent attendance rate at the trainings, with seven of the eleven sessions held being completely full.

We had great success, and are excited for the opportunity to expand in SFY 2019. The provider sessions will be expanded to include clinical and administrative staff, and Oklahoma State University (OSU) will be added as a training site. OSU will host their first training in November. We are proud to report that all three medical schools in Oklahoma are now participating in this training for Oklahoma providers, by Oklahoma providers to reduce the rate of unplanned pregnancies in our state.

### ***Member Transportation Concerns Eased Through Soonerride***

No-shows are no help to SoonerCare members or their providers, but lack of transportation is a major barrier to many in our state. Since 1999, the SoonerRide program has helped SoonerCare members get to and from their health care appointments.

In SFY 2018, SoonerRide made 793,004 trips statewide, providing rides for 10,567 individuals.

Some important features of SoonerRide are:

- SoonerRide arranges to take members to medically-necessary services covered by SoonerCare.

- It is not for emergency transport.
- Members must call at least three business days before their appointment to arrange for a ride.
- A trip authorization number must be obtained in advance through the reservation line for gas/mileage reimbursement.

SoonerRide is available at no cost to members in SoonerCare and nursing home residents in the Medicaid program. The benefit for nursing home residents is funded by legislative mandate.

SoonerRide reservations are made by calling toll free 877-404-4500 and TDD 800-722-0353. Complete details about the service are at [OHCA SoonerRide](#).

Similar to how members use SoonerRide to schedule rides for their non-emergency health care visits, TripCare allows providers to schedule patient transportation at no cost. This new provider service began late spring 2018.

Providers interested in utilizing TripCare will need an electronic data interchange (EDI) form to get started, which is available for download at [OHCA SoonerRide Providers](#). After submitting the EDI form, providers will receive a username and password to log in to the TripCare website and start making reservations.

Logisticare operates both TripCare and SoonerRide on behalf of OHCA. These contracts provide the most cost-effective and appropriate forms of transportation for our members.

## In the News

### *December 29, 2017 - OHCA Reverses Provider Rate Reduction Decision*

The OHCA board met in special session on Dec. 29, 2017, and voted to reverse provider rate reductions which were approved on December 1 and scheduled to go into effect January 1.

During the second special session, the Oklahoma legislature passed an additional appropriation providing the agency with \$17.7 million. These funds coupled with the \$22.8 million that was provided when Governor Mary Fallin approved sections of the appropriations bill on November 17 gave the agency enough funds to operate at current levels until April.

The OHCA had already taken several budget balancing actions preparing for the agency's \$70 million reduction to its appropriation due to the loss of the smoking cessation fee and in order to submit a balanced budget. Several program changes have been implemented in state fiscal year (SFY) 2018 that produce savings of approximately \$3.2 million for SFY18. In addition, \$4.65 million in 2017 general revenue was returned to the agency in SFY18 and the agency had \$12 million in carryover from SFY17.

On December 1, the OHCA board approved across-the-board provider rate reductions of 6 percent and 1 percent for nursing facilities as well as eliminating Medicare crossover coinsurance and deductible payments for nursing facilities to be effective Jan.1, 2018. These actions were taken to help cover the remainder of the \$70 million base reduction.

"We are thankful to state leadership for continuing to work toward a solution to protect our providers and the Medicaid program," said OHCA CEO Becky Pasternik-Ikard. "The OHCA has long held a commitment to our providers to pay rates that ensure access to care for our SoonerCare members. The additional appropriation we received allows us to continue that."

***June 6, 2018 - AMGEN, Oklahoma Health Care Authority and University of Oklahoma's Pharmacy Management Consultants Partner to Improve Medicaid Outcomes***

The OHCA, Pharmacy Management Consultants (PMC) and Amgen (NASDAQ:AMGN) announced June 6, 2019, a new collaborative agreement to help improve clinical outcomes, experience and satisfaction for Oklahoma's 796,000 SoonerCare members. Results from the projects also could lay the groundwork for innovative ways to look at patient outcomes and measures for medication reimbursement.

"I look forward to this collaboration providing valuable insights that will help improve patient outcomes and save money. It fully aligns with our goal to foster collaboration among public and private individuals and entities to build a responsive health care system for Oklahoma," said Nancy Nesser, J.D., Pharm.D., OHCA Pharmacy director.

The parties intend for initial research projects to use de-identified claims data to gain insights about medication adherence, missed diagnoses, heightened disease risk and other clinical indicators in Oklahoma's SoonerCare population. Disease states of special interest to each participant include autoimmune diseases, bone health/osteoporosis, migraine and oncology care. The expectation is that findings from the research will help support the development of preventive measures – for instance, identifying post fracture patients and working to educate them on the importance of disease management. In many cases, the cost of preventive therapy is a fraction of the cost of hospitalization, and valuable to the patient's health and well-being. Collectively, this information can help optimize overall patient outcomes and minimize unnecessary healthcare spending across the country.

***June 27, 2018 - OHCA Receives Approval for Drug Pricing Initiative***

OHCA was notified June 27, 2018 that their proposal to become the first state Medicaid agency to move forward with negotiating value-based or outcomes-based contracts with pharmaceutical companies was approved by the federal government.

OHCA submitted the State Plan amendment proposal to the CMS on March 29, 2018. It was approved with an effective date of January 1, 2018.

***August 30, 2018 - Oklahoma Medicaid Director selected for National Medicaid Leadership Institute***

The Initiative will enhance the leadership capacity of Medicaid directors to deliver high-quality, cost-effective health care services.

Becky Pasternik-Ikard, OHCA CEO, is one of six Medicaid directors chosen to participate in the Medicaid Leadership Institute, a national initiative directed by the Center for Health Care Strategies (CHCS) and made possible by the Robert Wood Johnson Foundation (RWJF). The program offers a unique opportunity for Medicaid directors from states across the U.S. to develop the skills necessary to successfully lead and improve their essential state programs and impact key health outcomes in an ever-changing policy and financing environment.

***September 24, 2018 - OHCA hosts 12th Annual Dental Event***

An annual dental evaluation and health screening event co-sponsored by the Oklahoma Health Care Authority (OHCA) at the Riverside Indian Boarding School helped about 534 students get dental exams and supplies.

OHCA was joined by the Oklahoma State Department of Health (OSDH), Indian Health Services (IHS), Absentee Shawnee Tribe, Little Axe Health Center, and Blue Cross and Blue Shield of Oklahoma

(BCBSOK) to sponsor the 12th annual event. New to the list of sponsors this year was the American Heart Association (AHA).

### III. OPERATIONAL UPDATES

#### Health Care Systems Innovation

In 2018, the Health Care Systems Innovation (HCSI) department was formed within the SoonerCare Operations division of OHCA. The focus of HCSI is to provide continuous improvement of the SoonerCare Choice delivery system, develop strategies for program enhancement and create a stronger collaboration between existing programs. HCSI oversees Health Access Network (HAN), Health Management Program (HMP), Chronic Care Unit (CCU) and SoonerQuit activities. These groups have always worked together and are now aligned under one administrative team to strengthen the care coordination efforts provided to SoonerCare members and practice supports for Patient-Centered Medical Home (PCMH) providers.

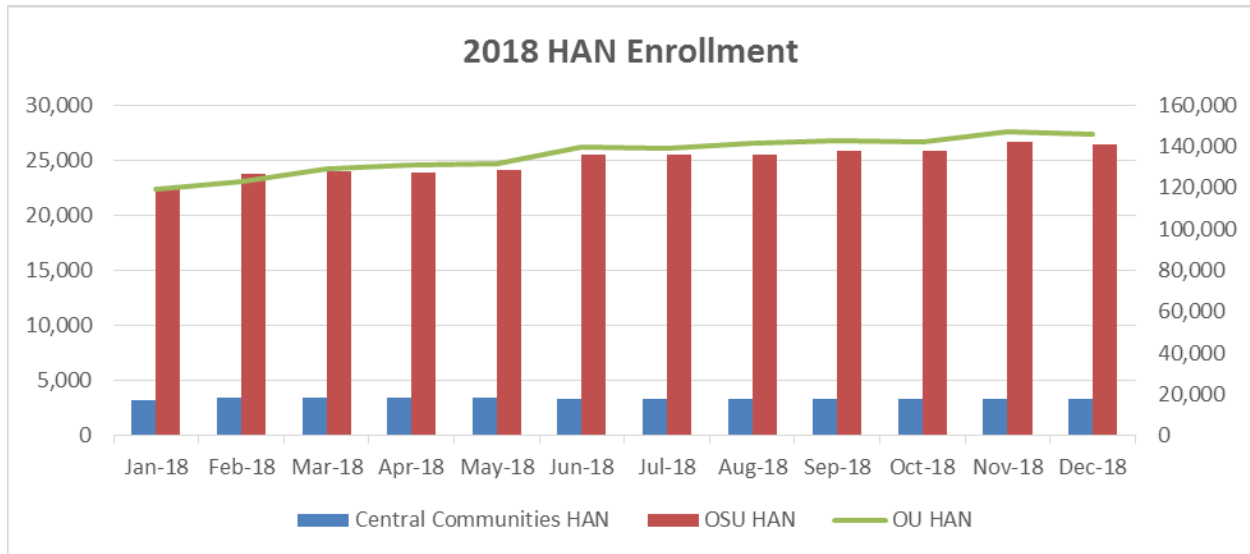
#### *Health Access Network*

The HANs offer care management/care coordination to persons with complex health care needs as specified in the state-HAN provider agreement. There are currently three HAN programs in the state. Refer to Table I. 2018 HAN Member Enrollment.

Active HANs in Oklahoma include:

- The Oklahoma State University (OSU) Network HAN is administered by Oklahoma State University Center for Health Services (Please refer to attachment 2 for the 2018 OSU HAN Annual Report);
- The University of Oklahoma (OU) Sooner HAN is administered by the University of Oklahoma, Health Sciences Center, College of Community Medicine (Please refer to attachment 3 for the 2018 Sooner HAN Annual Report); and
- Central Communities as known as The Partnership for Healthy Central Communities (PHCC) HAN (Please refer to attachment 4 for the 2018 Central Communities HAN Annual Report).

Table I. 2018 HAN Member Enrollment



### *Health Access Network (HAN) Case Study*

A 59-year-old gentleman is on the HAN ABD roster and is disabled due to back pain, a heart condition, and a history of stroke. Last year he had a house fire and had moved into the garage while the house was being re-built. The member is now back in his home but was sleeping on the floor as his hospital bed was ruined in the fire. The HAN was able to network with a local church and locate an electric bed, which was delivered to the member. He expressed a great deal of appreciation and has shared that this has made his life much easier, as “it was all I could do to get up off of the floor in the morning when I was sleeping on the floor.”

A 62-year-old gentleman was referred to the HAN by his physician to assist the patient with obtaining his prescribed medications. The case manager coordinated with a local pharmacy to facilitate getting his medications at low or no cost with free delivery as he was living in a storage shed in a friend’s yard and did not have transportation. During that time, he was diagnosed with a mass in his throat, which was suspicious for cancer. The evening before the procedure to biopsy the mass, he was hit by a car and taken by ambulance to the hospital and was admitted for multiple fractures. The case manager coordinated with the attending physician for trauma, who also serves as the Medical Director for the HAN, to have the throat mass biopsied while the member recovered in the hospital. The results of the biopsy showed it was indeed cancerous. The member was eventually transferred to a nursing facility to continue his recovery. He underwent radiation and chemotherapy and was able to move in with a friend and used SoonerRide to get to his treatments. He was able to obtain a bicycle and enjoyed riding the bus then using his bicycle to do his errands. Unfortunately, his bicycle was damaged and his transportation was again limited. The case manager contacted a community partner for assistance and upon receiving the information, a staff member at the agency personally made a donation to cover the cost of a new bicycle for the gentleman.

The HAN received a letter from a provider expressing their appreciation for the HAN care manager’s assistance with a 14-year-old patient at the Diabetes Center. The member is living with type 1 diabetes and has developmental delays. The demands of daily care are significant and despite ongoing support and education, her diabetes control was not at target. However, the last two clinic visits, she has shown significant improvement with her most recent A1C was below seven, which is on target. The work of the HAN and the support they provided her mother deserves praise for her improvement. There are other patients and families with great challenges that have also shown improvement with the help of this care manager.

### *Health Management Program*

In 2008, the Health Management Program (HMP) was developed in response to a state mandate found at Oklahoma Statute Title 56 Section 1011.6, and seeks to improve the quality of care and reduce cost of care for SoonerCare members with chronic conditions. The HMP has developed into a robust care coordination model to support SoonerCare Choice members and PCMH providers.

The HMP undergoes an annual external evaluation and the value of the program is measured using a variety of metrics, including participant satisfaction and change in behavior, quality of care, improvement in service utilization and overall impact on medical expenditures. Pacific Health Policy Group (PHPG) released the findings from the SFY2017 report in August of 2018. Results from the report demonstrate continued progress in multiple areas which ultimately result in medical expenditures remaining below the level that would have occurred absent the program (please refer to attachment 5 for PHPG’s SoonerCare Health Management Program Evaluation).

Highlights from the SFY2017 HMP evaluation:

- Eighty-nine percent of members engaged in health coaching and 86 percent of providers participating in practice facilitation reported being “very satisfied” with the HMP
- Health coached members utilized the emergency department 27 percent less than forecasted and had 46 percent fewer inpatient days than forecasted.
- Members aligned with a provider participating in practice facilitation utilized the emergency department 11 percent less than forecasted and had 32 percent fewer inpatient days than forecasted.
- Through SFY2017, the HMP has yielded over \$106 million in net savings or nearly \$2.88 in savings for every dollar in administrative expenditures.

### *Health Management Program (HMP) Case Study*

A member with diagnosis of hypertension, diabetes, hyperlipidemia and chronic pain has been engaged with a health coach for 12 months. Her initial goal was to lose 10 pounds in the hope that she could decrease some of her medications. The coach partnered with the member to make nutritional changes through meal prep, making a grocery list and setting an alarm on her phone for meal times. She also set an alarm to remind her to walk daily. Through these changes, the member reached her goal of losing 10 pounds and her prescriber has decreased her dosages of three medications.

#### *HMP member quotes*

“(The nurse) has helped save my son’s life. When he started the program he weighed 740 pounds, he has lost over 200 pounds so far. (She) has been so supportive and helps us so much. She is the best nurse we could ask for.”

“(Health coach) went above and beyond to help me with things I didn’t know were available to me.”

“(Health coach) is very friendly, helpful at all times!!! (Health coach) even went to her supervisor for information I needed!! The politeness and help is greatly appreciated...Great job ladies. Thank you!”

“(Health coach) is WONDERFUL! She calls regularly-always assisting me with info. She is helpful! Made progress due to her. Please keep people like (health coach) as she brings progress that was once unattainable.”

#### *HMP ABD member survey*

The HMP vendor conducts a quarterly member satisfaction survey of SoonerCare ABD members engaged in the program. The overall mean score achieved was a 4.86 on a 5.0 point scale.

### **Chronic Care Unit**

The Chronic Care Unit (CCU) formerly operated from within PCM has been modified with the transition to HCSI. The PCM department retained hemophilia, bariatric surgery and hepatitis C cases that were formerly managed by the CCU. The larger portion of the CCU work, which focuses on members with multiple chronic co-morbidities and the aged-blind-disabled population, and more closely mirrors the work done by the HMP, is now housed within HCSI.

The CCU also underwent an external evaluation in SFY2017 and revealed outcomes consistent with the HMP. Findings indicated that the CCU is having a positive and sustained impact on the quality of care for participating members which resulted in a reduction in emergency department visits and inpatient days. The CCU registered net savings of approximately \$7.5 million through SFY2017 and generated a return on investment of \$3.05 for every dollar in administrative expenditures.

## SoonerQuit

The SoonerQuit program was developed through a grant with the Oklahoma Tobacco Settlement Endowment Trust (TSET). The program focuses on promoting and increasing access to tobacco cessation and nutrition counseling services. In July, work began on the newly approved three year SoonerQuit grant (7/1/2018 – 6/30/2021) and includes the following new features:

- The goals and objectives previously distributed across the SoonerQuit Health Promotion Coordinator and SoonerQuit Provider Engagement grant have been combined into one work plan.
- Practice facilitation related to tobacco cessation continues in the Oklahoma City metro area as in the previous provider engagement grant; however, in SFY19, practice facilitation will expand to rural areas and a module for best practices related to adult obesity will be added.

### SoonerQuit Program 2018 highlights:

- The SoonerQuit program aims to increase utilization of the Oklahoma Tobacco Helpline. Between June and December 2018, there were 2,087 SoonerCare members registered with the Oklahoma Tobacco Helpline; of those registrants, 75 were pregnant women.
- SoonerQuit staff is collaborating with the Oklahoma Tobacco Research Center and the Oklahoma Tobacco Helpline vendor to better align and expand access to cessation resources and nicotine replacement therapy products available through the helpline and SoonerCare benefits.
- SoonerQuit staff participated in four provider trainings to promote and provide education on SoonerCare tobacco cessation benefits. Tobacco cessation information specific to tribal SoonerCare members was provided at the Native American Consultation.

### SoonerQuit Program Evaluation Highlights:

- The 2018 SoonerQuit Helpline Annual Report revealed that 78 percent of SoonerCare members that registered with the helpline also received nicotine replacement therapy.
- The annual member survey assesses member knowledge, attitudes, and behaviors related to physical activity, nutrition, and tobacco use among adults enrolled in SoonerCare. Results from the 2018 member survey demonstrated the prevalence of cigarette smoking among SoonerCare members remained above the statewide prevalence (19.6%), but was lower than reported in 2017 (26.4% vs. 27.3%, respectively). More than half (56.6%) of the members who smoke reported they had made a serious quit attempt in the past 12 months. This is similar to the proportion of smokers in the general population of Oklahoma (57.5%).
- Providers participating in SoonerQuit practice facilitation complete a baseline, six month and 12 month survey to assess the providers' knowledge of best practices in tobacco cessation and confidence in their ability to provide effective tobacco cessation treatment. Results from the 2018 provider survey revealed that at the 12 month follow up survey, nearly all providers rate themselves as "very familiar" with the 5As and the Oklahoma Tobacco Helpline (4.90 and 4.97 on a 5 point scale respectively).

## SoonerRide

The SoonerRide program was developed in order to assist SoonerCare members with transportation to and from medically necessary appointments. OHCA partners with LogistiCare Solutions, LLC to provide non-emergency transportation. In 2018, 881,142 SoonerRide trips were made with the average cost per trip of \$31.42. SoonerCare members from all 77 Oklahoma counties utilized the SoonerRide program.

OHCA has various methods used to ensure quality of services for members. The SoonerRide member satisfaction survey is conducted monthly and requests information from over 400 members that utilize non-emergency transportation provided through SoonerCare. Additionally, OHCA conducts a Provider Access Survey to ensure members have 24-hour access and timely services.



SoonerRide member satisfaction surveys are conducted each month. For the first half of the year, respondents gave the program an overall satisfaction rating of 89 percent. With a revised survey methodology for the second half of 2018, the surveys of randomly selected members revealed an overall satisfaction rate of 94.25 percent.

### Provider 24-hour Access Survey

OHCA requires that providers give members 24-hour access and ensure that members receive appropriate and timely services. OHCA provider services staff place calls to providers after 5:00 p.m. and report the type of access available. Provider representatives also educate providers in need of improving after-hours access to comply with contractual standards. During CY2018, 3,579 outgoing calls were made to providers to ensure 24-hour access was available. Of the 3,500+ calls, an average of 94 percent of providers had 24-hour access and an average of 6 percent were educated for compliance throughout the year. Table 2 represents the 24-hour access survey data by quarter.

Table 2. 2018 Provider 24-hour Access Survey

2018 24-hour Access Survey	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
Number of Providers Called	872	891	905	911
Percent of Providers with 24-hour Access on Initial Survey	94%	94%	95%	93%
Percent of Providers Educated for Compliance	6%	6%	5%	7%

### Insure Oklahoma (IO)

The Insure Oklahoma (IO) program was developed in April 2004 authorizing OHCA to use money set aside from the Tobacco Tax funds to assist with health care coverage for low-income working adults meeting income qualifications. There are currently two programs operating under Insure Oklahoma which are Employer-Sponsored Insurance (ESI) and Individual Plan Insurance (IP). The ESI program gives small businesses the option to purchase commercial employer-sponsored state approved health care coverage for their employees and families. The IP program is for individuals 19 to 64 years of age that are self-employed, temporarily unemployed, and/or working individuals who do not have access to small group health coverage.

#### *Insure Oklahoma highlights*

##### January – March

- Beginning January 1, 2018, OHCA no longer has a contract with a third-party vendor (Staplegun) for advertising and IO website development. Advertising has been put on hold and the website changes are all being made internally by Office of Creative Media & Design (OCMD) staff.
- On January 9, 2018, OHCA sent an e-newsletter to IO agents notifying them of uncertainty of CHIP funding.
- All media and design files (from Staplegun) were returned to OHCA on January 11, 2018.
- On January 26, 2018, OHCA notified IO ESI members that CHIP funding had been reauthorized by Congress so there was no interruption in their eligibility. OHCA directed members to the OHCA webpage ([www.okhca.org/CHIP](http://www.okhca.org/CHIP)) for more information.<sup>1</sup>
- OCMD has been working with IO staff to make improvements and updates to the content on IO webpage.

<sup>1</sup> [OHCA - CHIP Funding Updates](#)

April – December

There have been no significant changes nor events to report.

Tables 3 through 7 provide a snapshot of Insure Oklahoma’s employer participation, subsidies, per member per month, average member premiums, and program enrollment within the Employer Sponsored Insurance (ESI) program during CY2018.

Table 3. 2018 ESI Program Participating Employers

2018 ESI Program Participating Employers	As of Mar 2018	As of Jun 2018	As of Sept 2018	As of Dec 2018
Approved Businesses with Participating Employees <sup>2</sup>	4,715	4,599	4,543	4,333

Table 4. 2018 ESI Program Subsidies

2018 ESI Subsidies	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
Employers Subsidized <sup>93</sup>	6,331	6,935	6,829	6,611
Employees and Spouses Subsidized	30,602	32,686	31,269	29,878
Total Subsidies	\$15,118,178.02	\$15,498,965.14	\$14,690,541.19	\$14,168,366.33

Table 5. 2018 ESI Average per Member per Month

2018 ESI Average Per Member Per Month	Jan-Mar	Apr-Jun	Jul-Sept	Oct-Dec
Average Payment Per Employee	\$352.33	\$352.61	\$354.56	\$355.68
Average Payment Per Spouse	\$565.13	\$568.09	\$570.72	\$573.32
Average Per College Student	\$361.61	\$372.07	\$374.90	\$363.03
Average Per Dependents	\$254.33	\$247.48	\$250.67	\$257.84

Table 6. 2018 Average ESI Member Premium

2018 Average ESI Member Premium	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
Member Premium <sup>4</sup>	\$385.62	\$386.61	\$389.46	\$389.97

<sup>2</sup> Data has been updated since last reporting period

<sup>3</sup> Reporting methodology has been updated since the last reporting period

<sup>4</sup> Data has been updated since last reporting period.

Table 7. 2018 ESI Program Enrollment

2018 ESI Program Enrollment	Jan-Mar			Apr-Jun			Jul-Sep			Oct-Dec		
	0-100% FPL	101-138% FPL	139% and Over	0-100% FPL	101-138% FPL	139% and Over	0-100% FPL	101-138% FPL	139% and Over	0-100% FPL	101-138% FPL	139% and Over
Employee	4,239	1,876	5,591	1,488	2,480	7,463	1,377	2,292	7,451	1,367	2,258	7,431
Spouse	884	379	1,131	339	518	1,505	286	484	1,528	290	465	1,494
College Student	49	19	50	21	24	66	18	22	66	14	22	69
Dependent	132	0	82	1	0	195	0	0	187	1	0	221
<b>IO ESI Totals</b>	<b>5,304</b>	<b>2,274</b>	<b>6,854</b>	<b>1,849</b>	<b>3,022</b>	<b>9,229</b>	<b>1,681</b>	<b>2,798</b>	<b>9,232</b>	<b>1,672</b>	<b>2,745</b>	<b>9,215</b>

Tables 8 through 10 provide the amount of subsidies received, average member per month premiums as well as the average member federal poverty level, and member enrollment in the Insure Oklahoma Individual Plan (IP) program during CY2018.

Table 8. 2018 IP Program Subsidies

2018 IP Subsidies	Jan-Mar	Apr-Jun	Jul-Sept	Oct-Dec
Total Premiums Received	\$494,881	\$438,630	\$431,609	\$436,394
Total Member Months	15,774	16,124	16,008	15,328
Total Paid Claims	\$7,844,663	\$7,158,927	\$7,317,352	\$7,750,887
Average Claim Per Member per Month (PMPM)	\$465.94	\$416.79	\$429.80	\$477.20

Table 9. 2018 Average IP Program Member per Month

2018 Average IP Program Member Per Month	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
Member Premiums	\$36.69	\$30.71	\$30.64	\$30.84
Average FPL of IP Members	52%	63%	64%	64%

Table 10. 2018 IP Program Enrollment (0-100% FPL)

2018 IP Program Enrollment (0-100% FPL)	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
Employee	12,273	12,568	12,474	11,956
Spouse	2,932	2,940	2,891	2,739
College Student	572	614	642	632
<b>IO IP Totals</b>	<b>15,777</b>	<b>16,122</b>	<b>16,007</b>	<b>15,327</b>

Table 11 provides the average cost per member in both the ESI and IP programs of Insure Oklahoma during each quarter of CY2018.

Table 11. 2018 Insure Oklahoma Average Cost

2018 Insure Oklahoma Average Cost	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
ESI	\$112	\$112	\$112	\$113
IP	\$31	\$27	\$27	\$28

## IV. OUTREACH & INNOVATIVE ACTIVITIES

OHCA's outreach goals and objectives are to reduce health risks and improve the health status of SoonerCare members. This is accomplished through building community partnerships with organizations to promote healthier communities throughout the state of Oklahoma.

### Member Outreach

#### *Member Services*

The OHCA Member Services unit is responsible for sending outreach letters to assist pregnant SoonerCare members with accessing care coordination. Information regarding access to prenatal and well-child care and immunization is provided to this target population. The OHCA hopes that the targeted outreach will increase prenatal visits, improve birth outcomes, and increase well-child visits. Members receiving letters may call the SoonerCare helpline and ask for an outreach representative to receive information about their medical home and other health related programs. Out of the 25,722 care coordination outreach letters mailed in calendar year (CY) 2018, 11 percent of recipients responded to OHCA. Refer to table 12 for the number of letters sent as well as the member response rate by quarter.

Table 12. Member Services Outreach Letters

Member Service Outreach Letters	Jan-Mar 2018		Apr-Jun 2018		Jul-Sep 2018		Oct-Dec 2018	
	# of Letters Mailed	Response Rate	# of Letters Mailed	Response Rate	# of Letters Mailed	Response Rate	# of Letters Mailed	Response Rate
Prenatal Outreach	6,690	13%	6,631	11%	6,403	12%	5,998	9%

The Member Services unit provides assistance to members in accessing medically necessary services. The Member Services unit works in collaboration with the SoonerCare Eligibility Unit to answer members' and applicants' calls and questions regarding online enrollment and to resolve issues regarding member eligibility; thereby, promoting continuity of coverage in the SoonerCare program. The Member Services unit is also responsible for contacting members who have a confirmed cancer diagnosis to assist in their care coordination. In CY2018, 242 calls were made to members with a confirmed cancer diagnosis. The Member Services unit also conducts outreach calls to members when it is time to renew their benefits in order to continue treatment; there were 126 calls made to members in this category. Further, 52,527 calls in English and 3,052 calls in Spanish were fielded by the Member Services unit during CY2018. Refer to Table 13 for the number of calls made to members with a confirmed cancer diagnosis as well as the number of calls handled by the Member Services unit by quarter in CY2018.

Table 13. 2018 Member Services Activity

2018 Member Services Activity	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
Calls to Breast and Cervical Cancer members with Confirmed Cancer Diagnosis	61	86	45	50
Calls to Breast and Cervical Cancer Members at Renewal Period	39	29	36	22
Member Service Calls Handled in English	14,200	12,716	14,128	11,483
Member Service Calls Handled in Spanish	829	820	718	685

## Community Outreach

### *Community Provider Education Specialists (CPES)*

The Community Provider Education Specialists' primary goals and objectives are to provide outreach through participation in community efforts that increase access to the SoonerCare program and promote its benefits and programs. Examples of CPES's participation efforts include, but are not limited to, participation in workgroups, provision of technical assistance to partners, and conducting targeted outreach. Community Provider Education Specialists engage in activities on an individual, organizational, and systems level to ensure that the communities in Oklahoma have access to SoonerCare information and therefore have access to a variety of practices and organizations.

### *CPES Highlights*

#### January – June

- CPES collaborated on the first Community Resource Networking Summit that took place in February 2018, where over 50 Enid and Garfield County service agencies addressed an audience of clinic/hospital/LTC case managers, physicians, administrators, resource coordinators, discharge planners, and nursing students. It was the first event of its kind in the area and plans are underway to repeat.
- CPES gave an OHCA overview presentation for second-year Doctor of Physical Therapy students at Langston University in March 2018. The overview information included provider portal and training opportunities offered by OHCA, one-on-one trainings, and a segment about becoming a SoonerCare network provider. In addition, the overview included information on the OHCA rule promulgation process.
- CPES participated on the leadership team with the Help Me Grow project in Southeast Oklahoma (Pushmataha, McCurtain, and Choctaw counties) through the Little Dixie Community Action Agency. Oklahoma was chosen as one of the states to work on ensuring all families have equal access to resources and services designed to promote and enhance children's development and health. CPES promoted developmental screening and testing and provided a comprehensive approach to referring resources and services for the family.
- CPES worked with the OHCA's Office of Creative Media Design (OCMD) to create a flyer for providers highlighting the pharmacy lock-in program and the pain management program.
- CPES worked with the Cleveland County Child Health Workgroup on maternal depression and assisted with the development of an educational document to be distributed at child care centers. Beginning in August 2018, the group partnered with local Mother's Day Out programs to provide respite child care for mothers who may be experiencing maternal depression.
- A transportation subgroup in Stephens County is working on medical transportation. CPES facilitated a training day for local physicians and clinics to learn more about Logisticare and SoonerRide. The training was implemented in early fall 2018.

*As of July 1, 2018, The Community Provider Education Specialists (CPES) became known as SoonerCare Education Specialists (SES).*

### *The SoonerCare Education Specialists (SES)*

### *SES Highlights*

#### July – September

- The OHCA Provider Service Unit continued the integration of all Provider Education Specialists into one cohesive team that address the training and education needs of our Patient-Centered Medical Home (PCMH) network.

- SoonerCare Education Specialists attended 84 community coalition and workgroup meetings during this reporting period. Additionally, SES made 403 visits to SoonerCare network providers and completed 39 readiness reviews for prospective PCMH providers.
- SoonerCare Education Specialists provided targeted outreach to 303 SoonerCare network providers to inform them about Focus Forward Oklahoma. Focus Forward Oklahoma is a partnership with the Oklahoma Health Care Authority, the University of Oklahoma Health Science Center, the University of Oklahoma – Tulsa, and the Oklahoma State University Center for Health Sciences that offers simulated clinical training in the use of long active reversible contraceptive (LARC) devices. The Education Specialists provided information about upcoming training opportunities for clinicians and clinical staff.

#### October – December

- Provider Services has expanded the number of Provider Education Specialists that are involved in community outreach and activities from four people in the past quarter to nine in the current quarter. As more personnel are trained and ready to fully participate in coalitions and workgroups, the number of SES will grow in 2019. The goal for 2019 is for all of the Provider Education staff to be actively participating in coalition/workgroups to identify new opportunities for collaboration.
- During this reporting period, the child health workgroup that SES collaborates with in Cleveland County began their Maternal Depression Respite program. The workgroup partnered with three Mother’s Day Out programs in Norman, OK to provide a day of free child care to allow the mother to have time for herself if she is experiencing maternal depression.
- All SES continue to crosstrain each other to become more proficient in all of the SES duties. Crosstraining topics include Medical Home readiness reviews, Medical Home education, and behavioral health screening education, and educational needs of the SoonerCare provider network. For example, the Education Specialists provide outreach to providers who are interested in “hands on” simulated training on LARC devices. SES also provided information to providers across the state concerning Rural Strategic Planning meetings.
- Education Specialists presented a class titled *OHCA in the Community* at the Fall SoonerCare provider workshops. The class was regionalized based on four geographic areas of the state. The workshops were held in, Durant, OK, Lawton, OK, Tulsa, OK, and Oklahoma City, OK. The classes focused on local and statewide coalitions and workgroups and resources available to SoonerCare members. Included in the presentation was a “Call to Action” to encourage providers to actively participate in these coalitions and workgroups. More than 100 providers attended this class in the four geographic regions.
- The *OHCA in the Community* classes were evaluated by attendees and received favorable responses from the audience.

#### **Outreach Materials**

OHCA utilizes outreach materials to provide information to qualifying children and families in the SoonerCare program and to assist members in accessing services. The outreach materials are distributed at various health fairs, meetings, schools, and conferences. OHCA newsletters communicate information to our providers and members and are sent through email and/or text messaging.

The following outreach materials were distributed from January 2018 through December 2018:

- 174,820 Information/Enrollment fair fliers
- 11,500 Misc. Promotional Items (magnets, bandages, hand cleaner, etc.)
- 529,374 Digital Member Memo Newsletters
- 48,157 Digital Provider Newsletters
- 1,744 Digital Dental Provider Newsletters
- 3,822 Insure Oklahoma Newsletters
- 169,171 Special Back to School Newsletters (July-Sept only)

- 131,280 Digital Member Communication (sent one time this year asking members for updated mailing information)
- 14,374 Stakeholder Questionnaire (sent out one time this year)

## **Population Care Management Outreach**

The Population Care Management (PCM) division is comprised of three units: Case Management, Chronic Care, and the Health Management Program (HMP). The PCM division focuses on strengthening the overall infrastructure of the SoonerCare program as well as developing and operationalizing new programs and endeavors with the goal of responding to health care needs.

The PCM division's main goals are:

- Support primary care practices with a high chronic disease prevalence on their member panels; and
- Provide social service support to SoonerCare members identified through OHCA existing programs and outside referrals.

PCM implemented significant changes to the Infant Mortality Rate (IMR) program (formerly the FIMR program) effective July 1, 2018. The IMR program operates in ten new counties. In addition to working in ten new counties, the IMR model has changed from a primarily nurse care manager model to a social determinants screening model administered primarily by Social Services Coordinators. The Social Services Coordinators have successfully assumed this work and are making referrals for a nurse care manager level of care, as indicated by assessments.

Another major change for PCM is in response to the development of the Health Care Systems Innovation (HCSI) department, which as of July 1, 2018, houses oversight for portions of the Chronic Care Unit (CCU) formerly operated under PCM. The three types of CCU work still maintained in PCM are care management for Hemophilia, Hepatitis C, and bariatric surgery. PCM also has a relatively new outreach program for Obstetrical Care Management, named the I7P program. I7P (17 alpha-hydroxyprogesterone caproate) is a synthetic form of progesterone that has been shown to reduce the recurrence of pre-term birth (PTB) for women with singleton gestations that have a history of previous PTB. For more than 12 months, PCM provided care management to pregnant women utilizing I7P, who are not being served with care management services via the High Risk OB or other At-Risk OB programs. The goal of this outreach is to encourage women to continue with the prescribed I7P regimen and increase the likelihood of a healthy baby. At the end of 2018, PCM averaged approximately 30 new members per month and 110 women at risk for pre-term birth were in active case management.

## **Stakeholder Engagement**

### **Tribal Consultation**

Tribal Consultations serve as a venue for discussions between OHCA and tribal governments on proposed SoonerCare policy changes, State Plan Amendments (SPAs), waiver amendments, and updates that may impact the agency and/or tribal partners.

Tribal consultations are held the first Tuesday of odd-numbered months. All tribal clinics, hospitals, Urban Indian health facilities, Indian Health Services (IHS) agencies, stakeholders, and tribal leaders are invited to attend. For those who are not able to attend physically, OHCA provides online and teleconference technology. Throughout the year, OHCA staff presented numerous proposed policy changes, SPA proposals, and waiver amendments at the tribal consultation meetings, including:

- Insure Oklahoma policy revisions;
- Increase of university physician enhanced payments;

- Rate increases for SoonerCare providers;
- Insure Oklahoma cost sharing exemptions for Native Americans;
- Consideration of rate reduction exemptions for I/T/U fee for service providers;
- 1115(a) demonstration supplemental payments amendment;
- Provision of non-emergency transportation to pregnant women under Title XXI;
- Work requirements as a condition of SoonerCare eligibility; and
- 1915(c) waiver amendments.

Additional information about tribal government relations can be found on the OHCA website.<sup>5</sup>

The Native American consultation website is utilized as a means to notify tribal representatives of all programs and policy changes, as well as allow feedback and/or comments. OHCA posts notifications to the website and considers all recommendations received through the website when making operational decisions and policy revisions.<sup>6</sup>

### ***Member Advisory Task Force (MATF)***

The Member Advisory Task Force was launched in October of 2010 in an effort to provide a structured process focused on consumer engagement, dialogue, and leadership in the identification of program issues and solutions. MATF is used to inform stakeholders of agency policy and program decisions and allows opportunities for ongoing feedback on program improvements from the members' perspective. MATF performs four primary roles.

- Provides information to OHCA regarding issues that are important to the members' health care needs;
- Educates OHCA staff regarding the needs of consumers to ensure services are received in a way preferred by members;
- Recommends potential changes to current services/policies; and
- Offers new ideas for policy, services, programs, and process improvements resulting in positive changes for the agency and members.

Oklahoma's MATF has been viewed as a model for other states. MATF members continue to set precedence in their participation with agency staff and have saved the agency money through their recommendations.

MATF had six meetings during CY 2018; meetings were held on February 3, April 14, June 16, September 22, October 27, and December 1. Some of the recommendations proposed by the MATF included:

- Exempting families of children with excessive school behavioral challenges from the Work Requirement/Community Engagement requirements;
- Making telehealth a covered service for well-child checkups during flu season especially for members with chronic health needs;
- Allowing MATF participation in Regional Strategic Planning Forums;
- Creating a youth advisory group;
- Recommended OHCA post a newsletter article extending MATF membership to those in Insure Oklahoma Individual Plan; and
- Expanding improved access to Private Duty Nursing (PDN) for children in Oklahoma.

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<sup>5</sup> [Tribal Government Relations.](#)

<sup>6</sup> [Native American Consultation Website](#)



Two results of the recommendations were:

- A good faith effort clause was added to the Community Engagement waiver to address the families with children who have serious emotional disturbance behaviors in school.
- MATF hosted three focus groups to identify SoonerCare members' PDN needs. A new agency was brought to Oklahoma to address the PDN needs of children in the SoonerCare program. The new PDN agency is scheduled to be in the state before the summer of 2019.

All MATF minutes can be viewed on the "Committees" section of the OHCA website then choosing MATF:<sup>7</sup>

### ***Community Engagement Forums***

The agency began its public notice process on July 3, 2018 for the proposed Community Engagement waiver and concluded online comments on September 30, 2018. The OHCA hosted over 30 public and targeted forums statewide to garner public and stakeholder input into the development of the Community Engagement waiver amendment. As a result of the feedback, OHCA identified priorities to be addressed and convened several workgroups. The workgroups consisted of agency staff, external stakeholder partners, sister agency partners, and legislative representatives. The workgroups addressed possible solutions to concerns related to reporting requirements, job availability, transportation, child care, potential loss of medical coverage, outreach and education of impacted members, and additional exemption requests. As of the date of this report, the proposed Community Engagement waiver amendment has yet to be approved by CMS. Refer to attachment 6 for a Community Engagement meetings and forums list as well as a summary of the public comments received.

## **V. ADMINISTRATIVE DIFFICULTIES & POLICY DEVELOPMENTS**

### **Administrative Difficulties**

OHCA faced administrative challenges at the start of 2018. The legislature was in its second special legislative session as it considered ways to fund budget shortfalls facing many state agencies. In August 2018, CMS issued a \$64,201,255 deferral to OHCA for supplemental payments made to state medical schools during the demonstration period of January 1, 2017 through December 31, 2017.

The OHCA eliminated many optional services as a budget saving measure; however, additional provider rates reductions were averted when the Agency received additional appropriations from the legislature. OHCA also received funding from the legislature to cover the CMS deferral on payments to medical schools.

The 2018 legislative session ended with the appropriation of \$1.1 billion to OHCA for SFY19; the Agency was also directed to raise provider rates. With an increased FMAP and an improving Oklahoma economy, OHCA's budget outlook had improved.

In mid-January, OHCA and state universities began working on a waiver amendment for the 1115(a) demonstration waiver called Workforce Development. On January 19, 2018, OHCA submitted an amendment to CMS that proposed supplemental payments to medical schools and an OHCA-approved physician qualified loan repayment program. On April 17, 2018, CMS notified OHCA that it would not be approving its 1115(a) Workforce Development amendment request. OHCA continued to work with state universities and state and federal legislative partners in order to create a resolution for Workforce Development. In August 2018, CMS authorized ten months of federal financial participation to applicable

<sup>7</sup> [Member Advisory Task Force \(MATF\)](#)

medical education groups until July 1, 2019, in order to assist with funding issues related to Workforce Development.

In March, the governor signed an executive order directing OHCA to apply for waiver and state plan amendments that would allow the State to implement work requirements also known as Community Engagement in the Medicaid program. The waiver amendment requires documentation of education, training, work or job activities as a condition of eligibility for certain SoonerCare populations. Several public input sessions were held throughout the state; the public was also provided an opportunity to comment on-line through the OHCA website, prior to submission of the amendment. An overwhelming majority of individuals who commented were not in favor of work requirements; however, OHCA continues to pursue the amendment as required by Governor Fallin's executive order and Oklahoma legislation. OHCA is seeking CMS approval in 2019 as the legislative deadline was November 1, 2018.

## **Policy Developments**

### ***Rule Changes***

OHCA seeks advice and consultation from medical professionals, tribal and professional organizations, and the general public when developing new or amended policies (e.g., administration, state plan, waivers, etc.). The proposed policy page is designed to give all constituents an opportunity to review and make comments regarding upcoming changes.

In 2018, one permanent rule change was approved by the OHCA Board of Directors that directly impacts the 1115(a) waiver. Agency rules for the Insure Oklahoma program were amended at Oklahoma Administrative Code (OAC) 317:45-1-3 and 317:45-5-1, to remove the definition/term "self-funded," as self-funded plans are not overseen by the Oklahoma Insurance Department and are not allowed as a part of the Insure Oklahoma program. Further, Insure Oklahoma program policy revisions included clarifications concerning who is able to determine if a college student is dependent or independent. Additionally, revocation of rules at OAC 317:45-11-25, regarding premium payments, were proposed to better align policy with business practices. Information about rule changes can be accessed on the OHCA web page for proposed rule changes.<sup>8</sup>

### ***Federal Authority & 1115(a) Waiver & Reporting***

The Federal Authorities & 1115(a) Waiver & Reporting units work in collaboration with the Centers for Medicare and Medicaid Services (CMS) on waiver issues and State Plan Amendments (SPAs) to ensure compliance with state and federal laws. Additionally, the Federal Authorities Unit works to monitor services covered through the Medicaid State Plan. The unit also analyzes data and information to assess impacts of changes made to the Medicaid State Plan through its access monitoring review plan. The waiver reporting unit works under the authority of the 1115(a) demonstration waiver to provide the managed care delivery system and the premium assistance programs throughout the state. The waiver reporting unit reports information in accordance with the special terms and conditions of the programs covered under the demonstration waiver inclusive of the Health Management Program, Health Access Networks and premium assistance programs.<sup>9</sup>

### ***The Federal Waiver Authority 2018 Highlights***

#### January – March

- On January 23, 2018, OHCA accepted CMS's award approval for the 1115(a) SoonerCare Medicaid 1115(a) Demonstration waiver for January 1, 2018 to December 31, 2018.

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<sup>8</sup> [OHCA Proposed Rule Changes](#)

<sup>9</sup> [SoonerCare Choice/Insure Oklahoma Waiver](#)

#### April – June

- On April 17, 2018, CMS notified OHCA that it would not be approving its 1115(a) Workforce Development amendment request submitted on January 19, 2018.

#### July – September

- On August 31, 2018, OHCA received CMS's award approval for the 1115(a) SoonerCare Medicaid 1115(a) Demonstration waiver for August 31, 2018 to December 31, 2023.
- OHCA proposed to initiate an across-the-board three percent (3%) rate increase impacting the SoonerCare Choice Demonstration with respect to capitated care coordination payments for PCMH PCPs as well as SoonerExcel performance payments. The new payments become effective October 1, 2018.

#### October – December

- In accordance with STC #58 and pursuant to 42 CFR 431.420(c), the OHCA held an annual post-award forum on October 9, 2018 at the Child Health Work Group meeting in Oklahoma City (see attachment 7 for the meeting agenda). The Waiver Reporting Coordinator provided education on the 1115(a) demonstration waiver, discussed program benefits, services and goals, provided information on the evaluation process for the demonstration, and discussed the approval of the 2018-2023 demonstration period. The OHCA program staff took questions from the public and addressed them accordingly.
- On November 21, 2018, OHCA received CMS's response to its March 7, 2016 request for an amendment to the 1115(a) waiver that would create a Sponsor's Choice option for Insure Oklahoma; CMS did not approve the amendment.

### ***1115(a) SoonerCare Demonstration Renewals, Amendments, and Reports***

#### January – March

- On January 19, 2018, OHCA submitted an amendment to CMS to modify its 1115(a) SoonerCare Research and Demonstration Waiver to add qualifying supplemental payments to medical schools and offer OHCA approved physicians a qualified loan repayment program.

#### April – June

- On April 27, 2018, OHCA submitted its 2017 SoonerCare Demonstration 1115(a) annual report.

#### July – September

- On August 30, 2018, OHCA submitted its 2018 SoonerCare Demonstration 1115(a) semiannual report.

#### October – December

- On December 7, 2018, OHCA submitted its 1115(a) Waiver Amendment for Community Engagement for consideration by CMS.

### ***CMS Monthly Monitoring Calls***

#### January – March

- January 18 – OHCA and CMS discussed the HAN pilot status and resident training and loan repayment item.
- February 15 – OHCA and CMS collaborated on the following items: OHCA's legislative update regarding Oklahoma's budget and possible work requirement bills; Workforce Development/updates on 1115(a) Waiver extension; CMS clarification on the 1115(a) evaluation design.

- March 15 – the OHCA discussed the following items with CMS: evaluation close out for the 2016-2018 period; premium assistance for Native Americans; the state appropriations bill for graduate medical education; and the funding bill that was passed by Governor Fallin.

#### April – June

- April 19 – the OHCA discussed the following items with CMS: OHCA legislative updates, the end of the teachers’ strike, the State legislative second special session, Community Engagement waiver amendment development, Community Engagement and the coverage gap when members exceed income limits to be eligible for Medicaid, how members will transition to other coverage, and the new budget neutrality template.
- May 17 – the OHCA and CMS discussed the following items: OHCA’s legislative update, improved budget outlook for OHCA, OHCA’s plan to increase provider rates, current work/Community Engagement amendment efforts, and the new budget neutrality template.
- June 21 – OHCA and CMS discussed the following items: OHCA’s legislative update, Oklahoma’s sustainability plan for funding of medical schools, the Sponsor’s Choice waiver amendment, the annual report, and the 2019-2021 waiver.

#### July – September

- July 19 – The OHCA and CMS discussed the status of the Community Engagement waiver amendment’s public notice process, and implications of the proposed Community Engagement waiver requirements on American Indians/Alaska Natives.
- August 16 – OHCA and CMS had an in-depth discussion on the Community Engagement amendment including what should be included in the submission and how the public notice process. Details regarding CMS’ visit to the Agency were also discussed during the call.
- September – There was no call due to CMS’s site visit.

#### October – December

- October 18 – OHCA and CMS discussed the progress of the funding plan for medical schools’ GME programs and the status of the Community Engagement waiver amendment.
- November 15 – the OHCA and CMS collaborated on the Community Engagement waiver amendment as OHCA prepared to submit it to CMS. OHCA and CMS also discussed and retro-eligibility for pregnant women and children.
- There was no call in December.

### ***Legislative Activity***

OHCA tracks house bills, senate bills, and interim studies related to Medicaid, public health, and state government operations to assess their impacts to the SoonerCare program.

The regular session of the 56th Oklahoma legislature began with the governor’s State of the State address on February 5, 2018. In addition to conducting regular session, the legislature began its second special session concurrently. There were 1,181 active bills in the legislature; OHCA tracked about 90 of those bills.

#### January – March

- **Senate Bill 729** – Sen. Simpson; Medicaid super lien which makes OHCA liens superior to any other lien or subrogation of interest.
  - Failed the 3/1/18 deadline to be heard in committee.
- **Senate Bill 1094** – Sen. Bergstrom; removed the requirement that the Attorney General’s office appoint the administrative law judge for OHCA’s provider audit appeals.
  - Failed 3rd Reading (1-41 votes).

- **House Bill 1270** – also known as the HOPE Act, required OHCA to contract with a private vendor to conduct a myriad of eligibility checks. The carryover bill from the first regular session of the legislature was passed and signed by the governor.

#### April – June

- **Sine Die Adjournment** – The 56th Legislature adjourned sine die on May 3, 2018. The governor had 15 days to sign or veto bills passed in the final week of session. After sine die, bills that were not signed by the governor were considered vetoed. No direct impact bills that OHCA had tracked were vetoed.

The Senate adjourned the second special session on April 17 and the House adjourned on April 19.

- **HB 1024XX** – Proposed a pay raise for state employees and revenue/appropriations measures; passed during the special session.
- **SB 1600** – State fiscal year (SFY) 2019 appropriations to state agencies for the upcoming fiscal year; was signed by the governor on April 30.
- **SB 972** – Required OHCA to examine the feasibility of a State Plan Amendment for diabetes self-management training; the measure was signed by the governor.
- **SB 1053** – Authorized the Oklahoma Department of Veterans Affairs to obtain certification through CMS and accept payments/reimbursements from Medicare and Medicaid programs for services provided through Oklahoma veterans centers.
- **SB 1591** – Provided state authority for OHCA to establish a supplemental reimbursement program for certain ground emergency medical transportation services.
- **SB 1605** – Directed OHCA to increase provider reimbursement rates and provides other legislative direction for SFY19.
- **Governor's Executive Order 2018-05** – The governor issued an executive order (EO) on March 5, 2018 directing the OHCA to develop recommendations for a Medicaid work requirements program.

In addition to the governor's EO, the following companion legislation was passed:

- **HB 2932** – Directed OHCA to seek a work requirements waiver and specifies program criteria.

#### July – December

There is no legislative activity to report for July-December.

## VI. QUALITY ASSURANCE & MONITORING ACTIVITIES

Consumer issues are member inquires, member grievances and complaints, and/or problems that consumers encountered in CY2018.

### Member Inquiries

Member Services Tier II takes various inquiries from members that are identified according to the call categories. The member services unit has worked on ways to better identify the types of member inquires. OHCA's Member Services unit received a total 42,060 Tier II inquiries during CY2018. Refer to Table 14 for the number of member inquiries by category received during each quarter of CY2018.

Table 14. 2018 Member Inquiries

2018 Member Inquiries	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
Access to Care	6	0	4	1
Complaint on Provider	53	48	86	52
Dental History	3	3	1	0
Drug/NDC Inquiry	34	0	20	2
Eligibility Inquiry	3,449	1,950	1,519	1,400
Fraud and Abuse	66	50	51	54
Medical ID Card	25	19	3	5
Prior Authorization (PA) Inquiry	994	948	657	566
Primary Care Physician (PCP) Change	208	99	121	99
Primary Care Physician (PCP) Inquiry	170	116	141	151
Program Complaint	29	30	22	6
Program Policy Questions	3,064	3,472	4,046	2,904
SoonerRide	1,740	1,851	2,524	1,875
Specialty Request	287	188	207	252
Other	1,671	1,748	1,648	1,322
<b>Totals</b>	<b>11,799</b>	<b>10,522</b>	<b>11,050</b>	<b>8,689<sup>10</sup></b>

<sup>10</sup> Reporting methodology has been updated since the last reporting period.

## Helplines

The SoonerCare and Insure Oklahoma Helplines are available to members Monday through Friday from 8 a.m. to 5 p.m. The helpline provides assistance with SoonerCare applications, ordering a SoonerCare card, or other questions and concerns about SoonerCare and Insure Oklahoma.

The SoonerCare helpline received a total of 186,069 calls during CY2018. Refer to Table 15 for the number of incoming calls to the SoonerCare helpline by quarter within CY2018.

Table 15. 2018 SoonerCare Helpline

2018 SoonerCare Helpline	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
Access to Care	6	0	3	5
Application	127	56	39	20
Behavioral Health (BH) Inquiry	17	30	32	36
Claim Inquiry	2,532	2,853	2,766	2,261
Dental History	13	11	10	12
Eligibility Inquiry	46,302	37,759	29,492	25,326
Emergency Room (EMR) Inquiry	76	55	18	16
Financial Information	1	0	2	1
Form Request	6	7	2	2
Fraud & Abuse	69	48	55	62
Information Request	195	55	16	75
Insure Oklahoma	297	227	185	183
Lock-In	2	1	7	0
Medicare	5	17	20	8
Medical ID Card	1,220	890	663	430
New Born (NB) Letter Response	1	2	1	0
Invoice Inquiry	1	7	11	3
Renewals	48	47	110	84
Referral	114	144	103	43
Policy Question	169	63	111	91
Program Complaint	33	33	23	11
Prior Authorization (PA) Inquiry	1,060	1,038	728	625
Pharmacy Point of Sale (POS)	1,186	1,048	628	385
SC/BC Orientation Call	0	2	6	2
Sooner Ride	2,525	2,704	3,477	2,562
Soon to be Sooners	2	7	6	138
Specialty Request	451	394	401	406
Term Letter/Denial Letter	23	21	24	4
Third Party Liability (TPL) Inquiry	2,454	2,507	2,646	2,732
<b>Totals</b>	<b>58,935</b>	<b>50,026</b>	<b>41,585</b>	<b>35,523</b>

Likewise, the SoonerCare online enrollment helpline received 58,088 calls and during CY2018. Refer to Table 16 for the number of incoming calls fielded by the online enrollment helpline by each quarter in CY2018.

Table 16. 2018 Online Enrollment Helpline

2018 Online Enrollment Helpline	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
Access to Care	1	1	0	0
Application	70	38	23	12
Claim Inquiry	372	348	354	310
Contract Inquiry	1	0	1	1
Complaint on Provider	4	1	3	3
Dental History	1	1	9	7
Drug/NDC Inquiry	1	0	0	0
Eligibility Inquiry	17,508	14,673	9,883	10,267
Emergency Room (EMR) Inquiry	18	18	6	4
Form Request	2	5	0	3
Fraud & Abuse	10	10	14	12
Information Request	12	9	1	11
Insure Oklahoma	97	112	63	87
Medicare	1	1	0	1
Medical ID Card	84	67	65	37
New Born Letter Response	0	0	0	0
Prior Authorization (PA) Inquiry	29	57	27	28
Primary Care Physician (PCP) Inquiry	242	213	264	305
Pharmacy Point of Sale (POS)	77	82	56	45
Policy Question	8	5	11	6
Renewals	108	44	104	93
Soon to be Sooners	1	1	0	16
Sooner Ride	172	141	195	172
Specialty Request	18	9	19	22
Term Letter/Denial Letter	22	7	11	12
TPL Inquiry	164	201	194	264
<b>Totals</b>	<b>19,023</b>	<b>16,044</b>	<b>11,303</b>	<b>11,718</b>



In CY2018, the Insure Oklahoma ESI program received a total of 6,438 calls through the helpline. Refer to table 17 for the number of calls received through the ESI Program helpline for each quarter within CY2018.

Table 17. Insure Oklahoma ESI Program Helpline

2018 Insure Oklahoma ESI Helpline	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
Affordable Care Act (ACA) Insure Oklahoma	0	0	0	0
Application	278	157	172	166
Eligibility Inquiry	889	735	782	770
Financial Information	74	53	66	71
Information Request	225	118	189	296
Invoice Inquiry	271	178	174	151
Password Reset/Request	50	56	56	71
PIN Number	7	7	5	12
Policy Question	1	2	1	3
Program Complaint	0	1	0	0
Rates	97	59	70	80
Remittance Advice	0	0	0	0
Renewals	2	6	7	13
Other <sup>11</sup>	5	4	4	4
<b>Totals</b>	<b>1,899</b>	<b>1,376</b>	<b>1,526</b>	<b>1,637</b>

Insure Oklahoma's IP program received 52,881 calls through the helpline during CY2018. The number of IP calls received during each quarter of CY2018 can be found in Table 18.

<sup>11</sup> This category has been redefined to include inquiries on Contract Compliance, EDEA Agreement, and EDI Medicare X-over, EDI X-Walk Inquiry.

Table 18. Insure Oklahoma Helpline (IP)

2018 Insure Oklahoma IP Helpline	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
Access to Care	1	3	0	2
Application	2,258	1,357	1,435	1,430
Claim Inquiry	202	202	229	150
Eligibility Inquiry	8,210	6,840	6,583	7,196
Financial Information	545	679	693	615
Information Request	1,769	922	1,359	2,132
Invoice Inquiry	1,004	865	901	715
Medical ID Card	23	21	13	19
Prior Authorization (PA) Inquiry	44	62	64	36
Password Reset/Request	459	387	461	532
Primary Care Physician (PCP) Change	354	424	454	425
Pharmacy Point of Sale (POS)/Lock In	20	53	7	6
PIN Number	66	40	44	68
Program Complaint	5	11	5	1
Policy Question	8	13	15	6
Rates	38	42	33	60
Remittance Advice	0	2	2	1
SC/BC Orientation Call	0	1	0	0
Sooner Ride	9	8	15	7
Specialty Request	10	6	15	7
Third Party Liability (TPL) Inquiry	13	24	10	5
Other <sup>12</sup>	45	32	34	19
<b>Totals</b>	<b>15,083</b>	<b>11,994</b>	<b>12,372</b>	<b>13,432</b>

### Lawsuits or Legal Actions

No lawsuits (court actions brought in state or federal district court) occurred stemming from a member of provider appeal filed with the agency during CY2018.

### Performance Metrics & Evaluation Activities

Per 42 CFR 431.428, 1115(a) monitoring reports must document the impact of the demonstration in providing coverage to members and the uninsured population, measures associated with eligibility and coverage, outcomes of care, quality of care, and access to care, provide the results of member satisfaction surveys, and if conducted, grievances and appeals.

<sup>12</sup> This category has been redefined to include inquiries on EMR Inquiry, EDEA Agreement, and EDI Medicare X-over, EDI X-Walk Inquiry, Agency Partner, BH Inquiry.

### ***Oklahoma Uninsured Population***

The State compiles data for Oklahoma's uninsured population on an annual basis when the information is released by the US Census Bureau. As of the date of this report, the most recent data available is for CY2017 which indicates that the state had a total of 541,957 uninsured persons, which is 14.25 percent of the Oklahoma population (please refer to attachment 8 for CY2017 data related to Oklahoma's uninsured population).

### ***Evaluation Design***

The State submitted the draft SoonerCare evaluation design to CMS on December 28, 2018 which includes performance metrics related to measures associated with eligibility and coverage, outcomes of care, quality of care, and access to care. Feedback from CMS regarding the design's hypotheses and measures was received on February 20, 2019. As of the date of this report, the State is collaborating with PHPG to address CMS's specific recommendations around analytical techniques to submit the completed design to CMS by April 22, 2019. To review the draft SoonerCare evaluation design, refer to Attachment 11.

### ***Results of Member Satisfaction Surveys***

The OHCA's contracted External Quality Review Organization (EQRO), Morpace, conducted the Consumer Assessment of Healthcare Providers & Systems (CAHPS®) survey for this reporting period using a mixed-mode of mail/telephone and a mail-only protocol (per NCQA). Morpace collected valid surveys from the eligible member populations for the survey period, yielding a response rate of 21 percent for the child survey and a 27 percent response rate for adults (refer to attachments 9 and 10 for the CAHPS® summary reports for Medicaid and CHIP populations).

### ***Member Grievances***

Grievances are formal complaints that are logged by the quarter in which they are filed. OHCA's legal department tracks the grievances by appeal type. An appeal is the legal process by which a member may request a reconsideration of an Agency decision; some decisions are not appealable. The number of appeals has remained relatively stable since the end of 2016. Member appeals relating to unpaid claims have seen a slight increase over the past year. Most appeals related to prior authorization (PA) denials and/or medical denials relating to ADvantage and State Plan Personal Care or reductions in the scope of services under those programs.

On average, the Administrative Law Judge (ALJ) heard 25 cases per quarter. A total of 420 appeals were filed in 2018. Of those, roughly 35 percent were resolved by agreement. Further, 331 appeals were closed while 53 remained pending at the end of the fourth quarter of CY2018.

Tables 19 and 20 provide the number of pending and closed grievances by category for the SoonerCare and Insure Oklahoma programs during each quarter within CY2018.

Table 19. 2018 SoonerCare Grievances

2018 SoonerCare Grievances	Jan-Mar		Apr-Jun		Jul-Sept		Oct-Dec	
	Pending	Closed Reason	Pending	Closed Reason	Pending	Closed Reason	Pending	Closed Reason
SoonerCare Eligibility	8	2 Pending 4 Resolved 1 Untimely 1 Withdrew	1	0	1	1 Resolved 1 Withdrew	1	0
Dental	1	0	0	1 Denied 1 Untimely	2	1 Untimely	2	0
Panel Dismissal	0	0	1	0	0	0	0	0
PDN	0	0	0	0	0	0	0	1 Denied
Prior Auth: DME	0	1 Denied 1 Resolved	1	0	1	0	0	0
Prior Auth: Other	1	3 Resolved 3 Untimely	0	2 Resolved	1	1 Resolved 1 Withdrew 1 Untimely	3	1 Untimely
Prior Auth: Other Speech	0	1 Resolved	1	0	1	1 Denied 1 Dismissed 1 Untimely	2	0
Prior Auth: Other Surgery	1	1 Resolved	0	0	1	0	1	0
Prior Auth: Pharmacy	0	3 Resolved	2	1 Untimely	0	1 Untimely 2 Resolved	0	1 Withdrew
Prior Auth: Radiology	1	2 Resolved	0	0	0	1 Withdrew	0	1 Resolved
Misc.	2	2 Resolved	0	0	1	1 Resolved	0	0
Misc. Unpaid/Underpaid Claim	7	1 Resolved	7	1 Closed	5	1 Denied	3	1 Dismissed 2 Resolved
TEFRA	0	0	1	0	0	0	0	0

Table 20. Insure Oklahoma Grievances

2018 Insure Oklahoma Grievances	Jan-Mar		Apr-Jun		Jul-Sep		Oct-Dec	
	Pending	Closed Reason	Pending	Closed Reason	Pending	Closed Reason	Pending	Closed Reason
Eligibility	0	1 Resolved	0	1 Withdrew 1 Untimely	0	0	0	1 Withdrew

## VII. FINANCIAL & BUDGET NEUTRALITY

### **Budget Neutrality Model**

Per 42 CFR 431.428, the State's monitoring report must document the financial performance of the demonstration. The State must provide an updated budget neutrality workbook with every submitted monitoring report. The monitoring report must meet all the reporting requirements for monitoring budget neutrality as set forth in the General Financial Requirements section of the STCs, including the submission of corrected budget neutrality data, upon request.

Section 1115(a) Medicaid demonstration waivers must be budget neutral; the programs under the demonstration cannot cost the federal government more than what would have otherwise been spent absent the demonstration. Oklahoma's actual per member per month expenditures are less than the allowed per member per month expenditures for all categories. In the overall life of the waiver, the state has \$3.4 billion in budget neutrality carryover savings. At the end of CY 2018, the State observed \$3,649,429,256 in cumulative savings after rebasing. There were no significant developments, issues, or problems with budget neutrality in 2018 (refer to attachment I for Oklahoma's current Budget Neutrality workbook). Of note, Oklahoma's budget neutrality was rebased during the 2018 extension period. Further, CMS released its new budget neutrality workbook template and the State will complete the new workbook with a submittal date to CMS no later than of May 31, 2019.

## VIII. ATTACHMENTS

1. Oklahoma 1115 Budget Neutrality Model Worksheet
2. OSU HAN Annual Report
3. OU Sooner HAN Annual Report
4. Central Communities HAN Annual Report
5. SoonerCare Health Management Program Evaluation 2018 (SFY17)
6. Community Engagement Forums
7. The Child Health Group Meeting 2018
8. 2017 Oklahoma's Uninsured Data
9. 2018 CAHPS® Adult Medicaid Summary Report
10. 2018 CAHPS® CHIP Medicaid Summary Report
11. Draft SoonerCare Evaluation Design

## IX. STATE CONTACT

### State Contact(s)

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## X. DATE SUBMITTED TO CMS

April 1, 2019