2021
SOONERCARE DEMONSTRATION
11-W-00048/6
§1115(a) ANNUAL REPORT

JAN 1, 2021 – DEC 31, 2021 | SUBMITTED MARCH 31, 2022

OKLAHOMA HEALTH CARE AUTHORITY

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I. INTRODUCTION

The Oklahoma Health Care Authority is the single state agency that administers the SoonerCare Choice and Insure Oklahoma programs under Section 1115(a) demonstration waiver. The waiver was originally approved in January 1996. In August 2018, the waiver was approved for the period of Aug. 31, 2018, through Dec. 31, 2023. Below is a timeline of waiver approvals beginning with the 2013 demonstration period.

Demonstration Period	Approved by CMS
Jan. 1, 2013 – Dec. 31, 2015	Dec. 31, 2012
Jan. 1, 2016 – Dec. 31, 2016	July 9, 2015
Jan. 1, 2017 – Dec. 31, 2017	Nov. 30, 2016
Jan. 1, 2018 – Dec. 31, 2018	Dec. 29, 2017
Aug. 31, 2018 – Dec. 31, 2023	Aug. 31, 2018

Oklahoma's SoonerCare Choice program operates statewide under an enhanced primary care case management delivery system to serve qualified populations statewide. OHCA contracts directly with primary care providers to serve as patient-centered medical homes. The SoonerCare Choice program promotes the goals of providing accessible, high quality and cost-effective care to SoonerCare Choice members. In addition, the 1115(a) research and demonstration waiver provides the authority for the Insure Oklahoma program, which provides premium assistance to qualifying Oklahomans.

In accordance with the special terms and conditions of the waiver, OHCA is required to submit an annual progress report to the Centers for Medicare & Medicaid Services under Section XI. MONITORING, STC 56. Annual reports are due no later than 90 calendar days following the end of each demonstration period. The reports will include all required elements as per 42 CFR 431.428. The monitoring reports must follow the framework provided by CMS, which is subject to change as monitoring systems are developed or evolve, and be provided in a structured manner that supports federal tracking and analysis.

II. OPERATIONAL UPDATES

Policy or Administrative Difficulties

OHCA did not experience any policy or administrative difficulties with the operation of the 1115 demonstration in 2021.

It should be noted that during this reporting period, OHCA continued to pursue an amendment to correct the STCs since CMS' 2020 determination that the Health Management Program is a Primary Care Case Management (PCCM program) and not a PCCM entity (PCCM-e).

OHCA submitted an amendment to implement third party managed care organizations (MCO) as the service delivery model under the 1115 waiver on Feb. 19, 2021. The State's amendment request is on hold with CMS as the agency works to reconcile the impacts of the Oklahoma Supreme Court decision received on June 1, 2021, that held OHCA's reliance on 1993 state statutory authority was not sufficient to implement Medicaid MCOs in Oklahoma.

Key Challenges

During the spring of 2020, OHCA was tasked with pursuing a third-party managed care delivery system via managed care organizations as well as dental benefit managers (DBMs) that was to become effective Oct. 1, 2021. The State actively worked with CMS from January to May 2021 to achieve the aggressive timeline; however, work was halted on June 1, 2021, pursuant to the Oklahoma Supreme Court opinion invalidating the awarded contacts with the selected managed care organizations (MCOs).

With the declaration of a public health emergency (PHE) due to the COVID-19 pandemic, OHCA agency staff, contractors and partners remain as a remote workforce while maintaining essential operations to serve SoonerCare members and providers. Further, OHCA continued to exercise the provision in STC 30.e. to waive premiums for members participating in the Insure Oklahoma Individual Plan due to extreme financial hardship.

OHCA received approval on March 24, 2020, for a Section 1135 waiver to provide flexibility to waive or modify certain requirements to support SoonerCare members and providers. These measures remain in place and will continue while the emergency declaration is in effect.

A new state constitution article (due to the passing of State Question (SQ) 802) was added to expand Medicaid in Oklahoma no later than July 1, 2021; therefore, OHCA submitted an 1115 waiver amendment and phase out plan to sunset the Insure Oklahoma Individual Plan (IP) program and to move members within the Employer Sponsored Insurance (ESI) plan with incomes at or below 133% FPL (plus any applicable income disregards) to Medicaid coverage provided under Title XIX. All phase-out activities were completed as of June 30, 2021. It is worth noting that although the agency received approval from CMS to sunset the IO IP program, the agency hasn't termed the program due to maintenance of effort (MOE) requirements during the PHE. Upon the expiration of the PHE declaration, fully sunsetting the IO IP program will occur.

Waiver Requests	Date of Submission	Status of Request
SoonerCare Choice Community Engagement waiver amendment	12/7/2018	On hold
ITU care coordination rate increase amendment	5/1/2020	Pending CMS approval during the reporting period, officially withdrawn July 2021
Insure Oklahoma Employee Sponsored insurance (ESI) amendment	11/16/2020	Pending CMS approval
Insure Oklahoma phase out plan	11/16/2020	Pending CMS approval
Enrollment of the Expansion Adult Group and Former Foster Care Group under the SoonerCare Demonstration, Waiver or Retroactive Eligibility for the Expansion Adult Group and implementation of SoonerSelect (MCO)	2/19/2021	On hold

Key Achievements

Adult Medicaid Expansion

The agency opened enrollment for newly eligible adults on June 1 with an effective date of July 1 for qualified individuals. A media campaign began in July to reach additional adults that now qualify for SoonerCare. There were over 230,000 adult expansion members as of December 2021, which is 20% of the total SoonerCare enrollment (1,175,582).

OHCA Receives the Governor's Award

The Third Annual Governor's Leadership Summit recognized the accomplishments of state agencies. OHCA was awarded the Governor's Award, which is the top honor at the event, for its work over the past year to expand Medicaid and modernize the delivery system to improve health outcomes.

Issues or Complaints

In response to member inquiries, the Eligibility and Coverage Services department took the following actions during 2021:

- Collaborated with the Strategic Communications unit to create an online member toolkit to help educate and guide the adult expansion population through their SoonerCare benefits. A provider toolkit webpage was also developed.
- Simplified form requirements to reduce confusion.
- Successfully enrolled over 250,000 adults into Medicaid expansion.
- Helped transition expansion adults into the Choice program.
- Updated the benefit comparison chart to include expansion benefits.
- Updated numerous webpages for clarity including behavioral health, TEFRA, Level of Care, Indian Health Services and PHE.

Lawsuits or Legal Actions

Five new lawsuits were filed against OHCA during the reporting period. Two were related to SoonerSelect and three regarding provider contracts.

Unusual or Unanticipated Trends

Neither SoonerCare nor Insure Oklahoma experienced any unanticipated trends in 2021.

Legislative Updates

The first session of the 58th legislature began on Feb. 1, 2021. There were 598 bills sent to the Governor for his consideration and he signed 582 of them. Two bills became law without his signature and 11 bills were vetoed. Most state agencies received a 7.22% increase in appropriations over last year and OHCA saw a 19.38% increase due to expansion and budget requests funded.

SB 131 known as the Ensuring Access to Medicaid Act created requirements and guidelines for any managed care program implemented by OHCA. While all efforts related to SoonerSelect have been ceased, the agency had an obligation to promulgate rules outlined in the bill. The rules were approved by the Oklahoma Health Care Authority Board at a meeting on Nov. 17, 2021.

SB 574 created the Information Technology Advisory Board to advise the Oklahoma State Health Information Network and Exchange (OKSHINE) and requires them to facilitate the seamless flow of health information to and from authorized individuals and health care organizations in Oklahoma.

There were no interim studies conducted that directly impacted the agency.

Signed Legislation Affecting the Agency	Budget Impact Bills
SB 689 – restructures the Medical Advisory Committee to reflect federal regulations, decrease the number of members to 15, and define tenure of members and chair/vice-chair	SB 1045 – provides for directed payment structure and increases SHOPP rate to 3% beginning 1/1/2022, 3.5% beginning 1/1/2023, and 4% beginning 1/1/2024
SB 207 – redirects CEO appeals to an administrative law judge outside the agency	SB 1046 – includes OHCA budget request items including program growth, adult limited dental benefits, and alternative treatments for pain management benefits
SB 434 – incentivizes tribes to participate in care coordination agreements by paying them back a percentage of the savings realized	HB 2900 – general appropriations with OHCA receiving a 19.43% increase in appropriations

Public Forums

The agency conducted a total of six public and targeted forums statewide through virtual technology and in person to garner public and stakeholder input into the development of the SoonerSelect program and other agency programs These events are listed below.

The Provider Engagement department conducted four online trainings on prior authorizations, behavioral health, durable medical equipment, and occupational, physical, and speech therapy. In the last quarter of 2021 provider trainings were held on the 2022 patient-centered medical home redesign which updates the SoonerExcel pay-for-performance target measures and payment structure and introduces provider scorecards to track performance.

1. Date: March 26, 2021

   Location: Woodward; High Plains Technology Center
   Topic: SoonerSelect
   Link to presentation: https://www.youtube.com/watch?v=UPE9Frfjv7s&t=2s
   There were 31 unique questions asked. Questions not answered during the town hall were answered and posted on our website.

2. Date: April 1, 2021

   Location: Duncan; Red River Technology Center
   Topic: SoonerSelect
   Link to presentation: https://www.youtube.com/watch?v=d6QcgxZOavo&t=4s
   Attendees: 134 (in person and/or virtual)
   There were 102 unique questions asked. Questions not answered during the town hall were answered and posted on our website.

3. Date: April 7, 2021

   Location: Poteau; Kiamichi Technology Center
   Topic: SoonerSelect
   Link to presentation: https://www.youtube.com/watch?v=y7rkJxJvgic&t=9s
   Attendees: 22 (in person and/or virtual)
   There were 131 unique questions asked. Questions not answered during the town hall were answered and posted on our website.

4. Date: April 15, 2021

   Location: Kingfisher; Kingfisher County Fairgrounds Exhibit Building
   Topic: SoonerSelect
   Link to presentation: https://www.youtube.com/watch?v=tV-9L5CZH48
   Attendees: 131 (in person and/or virtual)
   There were 27 unique questions asked. Questions not answered during the town hall were answered and posted on our website.

5. Date: April 19, 2021
   Location: OKC; OKC MetroTech- South Bryant Campus Topic: SoonerSelect
   Link to presentation: https://www.youtube.com/watch?v=y168NbEpM__
   Attendees: 656 (in person and/or virtual)
   There were 160 unique questions asked. Questions not answered during the town hall were answered and posted on our website.

5. Date: May 5, 2021

   Location: Online Zoom Webinar
   Topic: Prior Authorizations
   Link to presentation: https://www.youtube.com/watch?v=j8Kj9HG6wMc
   Attendees: 536 (virtual)
   There were 40 unique questions asked. Questions not answered during the town hall were answered and posted on our website.

7. Date: May 12, 2021

   Location: Online Zoom Webinar
   Topic: SHOPP
   Attendees: 69 (virtual)
   There were 6 unique questions asked.

8. Date: May 25, 2021

   Location: Online Zoom Webinar
   Topic: Behavioral Health

9. Date: May 27, 2021

   Location: Online Zoom Webinar
   Topic: Occupation, Physical, and Speech/Language Pathology

10. Date: June 1, 2021

    Location: Online Zoom Webinar
    Topic: Durable Medical Equipment

Tribal Consultation

Tribal consultation serves as a venue for discussion between OHCA and tribal governments on proposed SoonerCare policy changes, State Plan Amendments, waiver amendments and updates that may impact the agency or tribal partners. All tribal clinics, hospitals, Urban Indian health facilities, Indian Health Services agencies, stakeholders, and tribal leaders are invited to attend.

Eight virtual and on-site tribal consultation meetings were held in 2021. OHCA staff presented 72 proposed policy changes inclusive of state rules, SPAs and waiver amendments at the tribal consultation meetings including, but not limited to:

- SoonerSelect.
- I/T/U shared savings program.
- COVID-19 related services.
- Medicaid expansion and PCP alignment for newly eligible adults.
- Reimbursement rates for alternative pain management services.

Member Advisory Task Force

The Member Advisory Task Force (MATF) provides 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 met six times in 2021 and the following items were discussed:

- Medicaid expansion.

- SoonerSelect.
- Insure Oklahoma phase out.
- Public health emergency.
- SoonerRide.

The group assisted OHCA with sharing information regarding Medicaid expansion with peers and among other community groups they participate in and helped steer the agency's quality strategy related to social determinants of health.

Public Comments Received in Post-Award Forum

The State held the annual post-award forum during the OHCA Medical Advisory Committee meeting on Nov. 4, 2021; no comments were received from the committee members, stakeholders, providers, members or the general public.

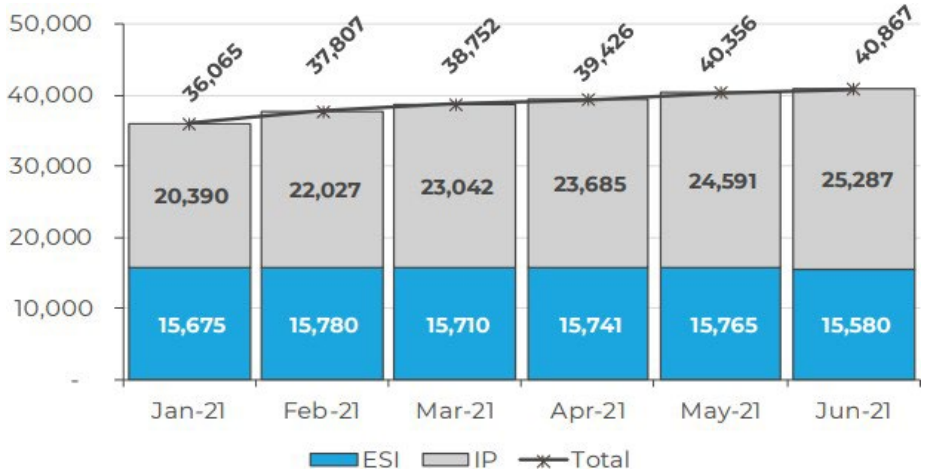
III. PERFORMANCE METRICS

Impact of Coverage

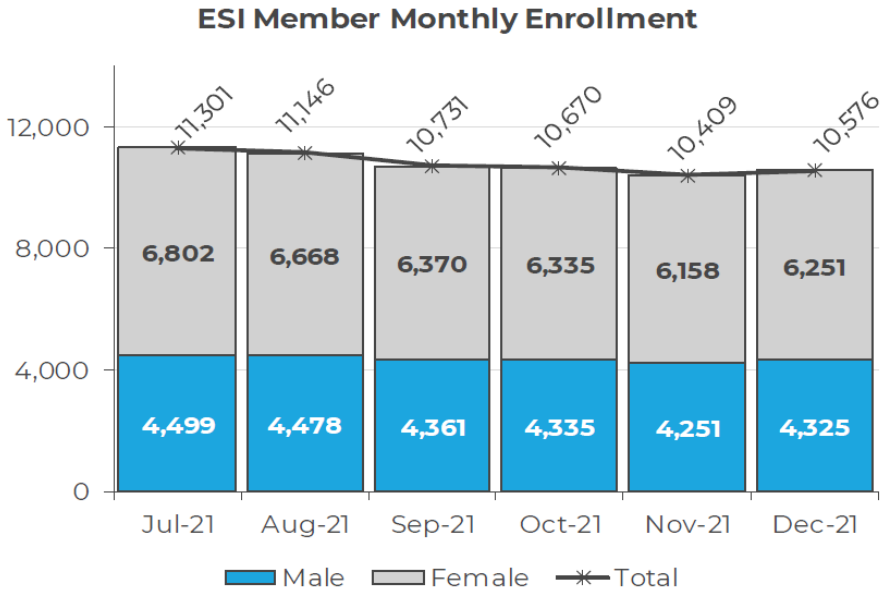
The Insure Oklahoma program authorized under the waiver to provide premium assistance since 2005 has proven to be a successful means of covering individuals who are not otherwise eligible for Medicaid. The program has two avenues, an employer-sponsored insurance option and a public program for those who do not have access to employer-sponsored coverage. Enrollment in the program was relatively flat until March 2020 (19,777 enrollment). Through June 30, 2021, the program experienced an increase of nearly 107% due to continual eligibility while under the PHE MOE requirements.

With the approval of adult Medicaid expansion, OHCA submitted an 1115 waiver amendment and phase out plan to sunset the Insure Oklahoma Individual Plan (IP) program and to move members within the Employer Sponsored Insurance (ESI) plan with incomes at or below 133% FPL (plus any applicable income disregards) to Medicaid coverage provided under Title XIX. All phase-out activities were completed as of June 30, 2021. It is worth noting that although the agency received approval from CMS to sunset the IO IP program, the agency hasn't termed the program due to MOE requirements during the PHE. Upon the expiration of the PHE declaration, fully sunsetting the IO IP program will occur.

Enrollment for the ESI and IP program is shown in the graph below for the period of January 2021 through June 2021.

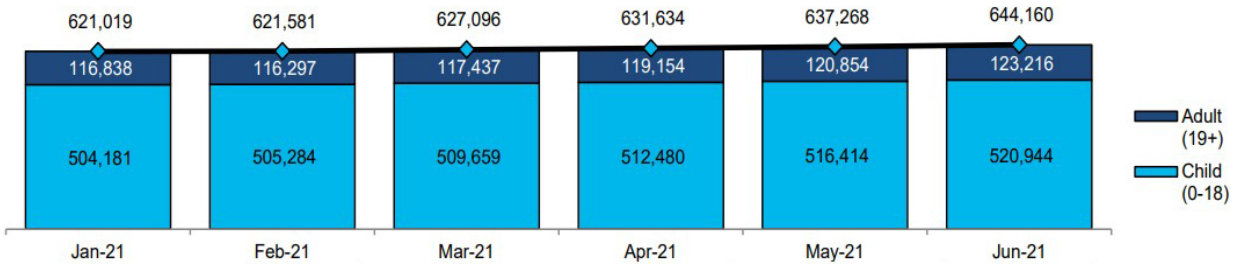


The graph below shows ESI enrollment as the IP program and a portion of the ESI program participants transitioned to coverage under Title XIX following the implementation of Medicaid expansion on July 1, 2021. Insure Oklahoma enrollment decreased by 74% with 10,576 members remaining in the ESI program at the end of 2021.

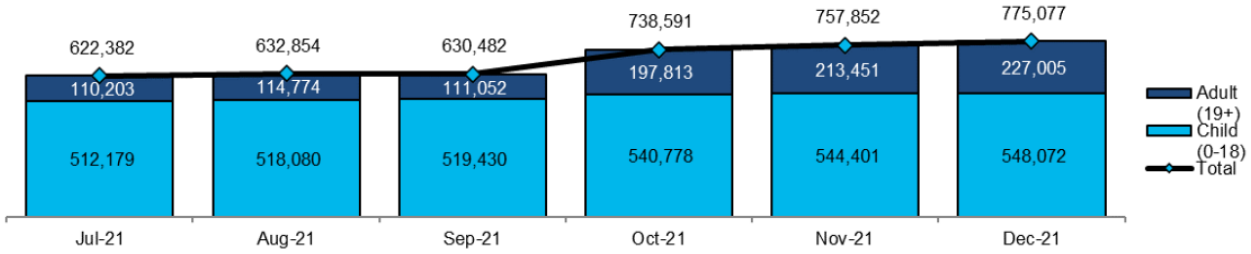


Eligibility and Coverage

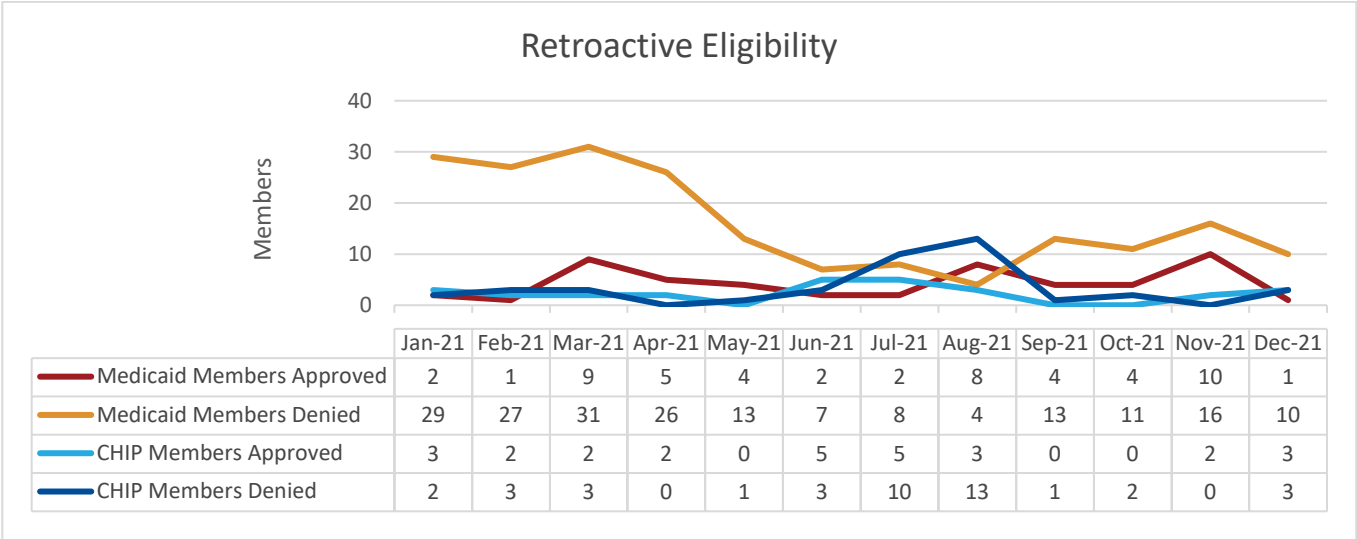
SoonerCare Choice and its patient-centered medical home managed care delivery system cover the majority of eligible members. Enrollment in SoonerCare Choice stayed relatively consistent until March 2020 (524,659 enrollment). Through June 2021, the program has experienced a nearly 42% increase in the adult population and a 19% increase in children 0-18 years old. During the public health emergency, eligibility is continual without closures unless the member dies, moves out of state, or requests the termination.



There was a temporary drop in SoonerCare Choice enrollment following the implementation of Medicaid expansion. The agency submitted a SPA and received approval from CMS to enroll the expansion adults into SoonerCare Choice. Subsequently, enrollment increased by 25% from July to December 2021.



OHCA completed its work to add retroactive eligibility as required in the waiver for pregnant women and children. Implementation occurred in May 2020.



	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Medicaid Members Approved	2	1	9	5	4	2	2	8	4	4	10	1
Medicaid Members Denied	29	27	31	26	13	7	8	4	13	11	16	10
CHIP Members Approved	3	2	2	2	0	5	5	3	0	0	2	3
CHIP Members Denied	2	3	3	0	1	3	10	13	1	2	0	3

Access, Quality and Outcomes

Quantitative Data

The Pacific Health Policy Group (PHPG) recently issued an independent evaluation on the Health Management Program (HMP). The report includes participant satisfaction, quality of care, and cost effectiveness for calendar years 2019 and 2020. Highlights from the findings are below. Member satisfaction outcomes can be found in the Member Satisfaction Surveys, Grievances and Appeals section below.

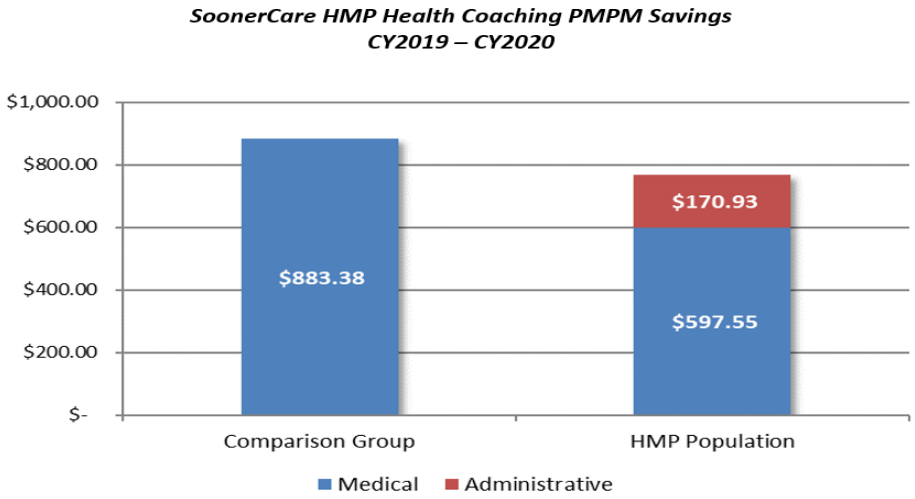
HMP health coaches devote much of their time to improving the quality of care for program participants. This includes educating members about adherence to clinical guidelines for preventive care and for treatment of chronic conditions. PHPG evaluated the impact of health coaching on quality of care utilizing HEDIS® measures applicable to the HMP population. This included 19 diagnosis-specific measures and two population-wide preventive measures (21 in total). PHPG determined health coaching participant compliance rates exceeded the comparison group rate on 11 of 21 measures by a statistically significant amount; the comparison group only exceeded the HMP population on one measure. There was no statistically significant difference on the other nine measures. Health coaching participants also exceeded the national benchmark rate on six of eight measures for which a benchmark was available.

On an aggregate basis, the health coaching portion of the HMP achieved cumulative medical savings of nearly $26 million and net savings of $10.4 million.

SoonerCare HMP Health Coaching Participants
Aggregate Savings – Net of Administrative Expenses
CY2019 – CY2020

Medical Savings	Administrative Costs	Net Savings
$25,887,052	($15,481,053)	$10,405,999

Health coaching participants incurred average medical costs of $597.55 PMPM while the comparison group averaged $883.38. After adding $170.93 PMPM for administrative costs, HMP participant costs were 87% of the comparison group PMPM. PMPM and aggregate values differ slightly due to rounding.

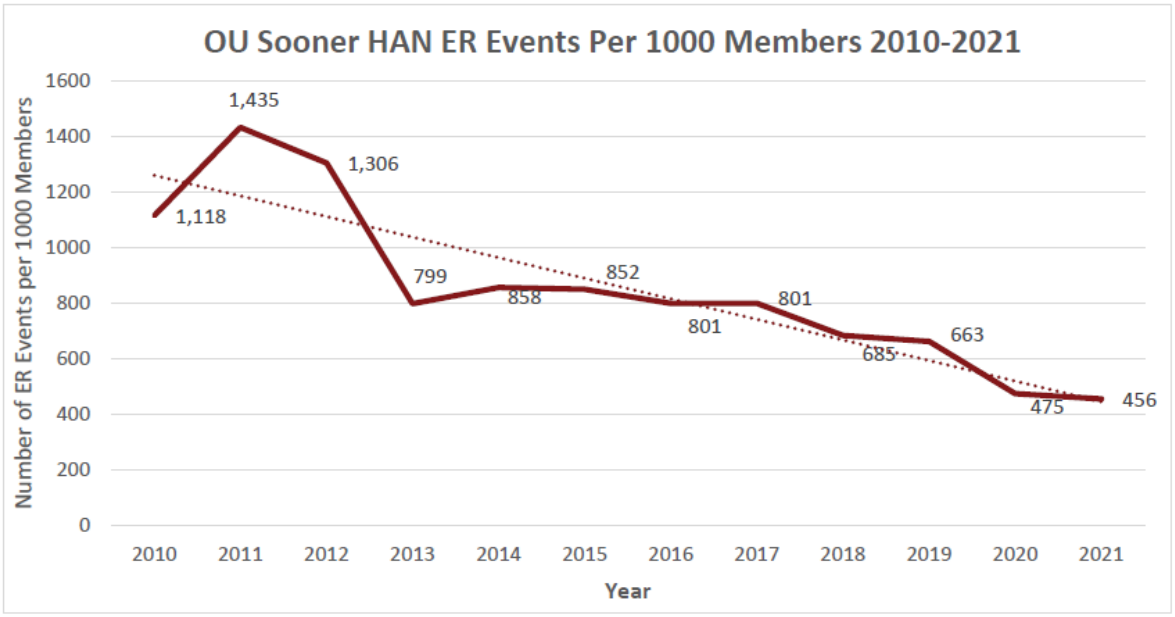


A full evaluation of the Health Access Networks (HAN) is being conducted as part of the comprehensive 1115 evaluation. The data below was reported by each HAN in their annual report, which are available upon request.

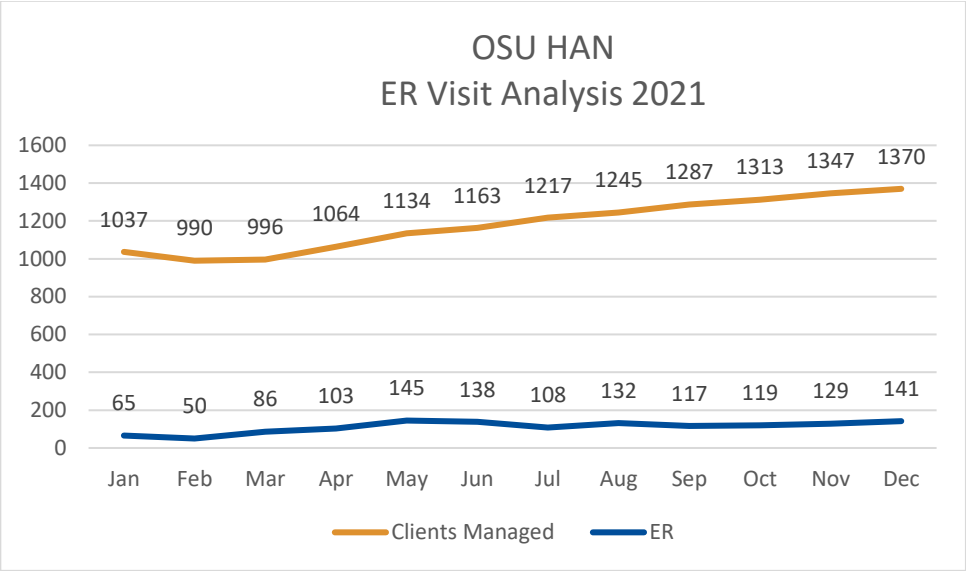
Each of the networks continue to focus on reducing emergency department utilization.

- The Central Community HAN completed over 600 contact attempts to the 49 members who had an ED visit in 2021. The average report time between ED visit and a follow up visit with their provider was 13 days, which is four days less than 2020 at 17 days.

- The OU Sooner HAN continued to see a decrease in ED visits among their population. In 2021, 79% of OU Sooner HAN members had zero ED visits.



- The OSU HAN reported the quarterly average number of ED visits remained steady among their members engaged in care management.



Case Studies

The agency opened enrollment for newly eligible adults on June 1 with an effective date of July 1 for qualified individuals. Below are stories collected by OHCA staff in the Coverage and Eligibility Services department.

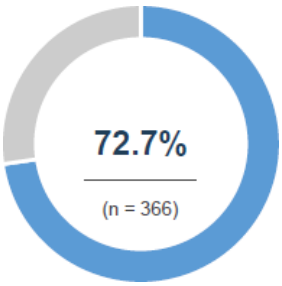
- "[Member] was so happy when I explained to her she now had health care. She cried for a few minutes and I had to let her regroup. She said everyone had been telling her 'no' as far as getting health care and her income was so low she said she could not afford insurance."
- "I just received a text message from a friend whose son was able to get approved for expansion. She was so excited he was approved. He is a college student that lives alone and has been working countless hours during the pandemic. She was so afraid when he was working, basically without insurance, but now they are both glad he can continue working safely both towards his college degree and being an adult. She wanted to thank me. I told her, 'You are welcome and I will send this message to the agency.' We are changing lives, together."
- "I just got off the phone with a member about applying for SoonerCare, which she did to see if she would be eligible due to expansion. She said she would normally get a red X showing she is denied but this time she got a green check mark. She said she could not believe it so she wanted to call SoonerCare to confirm she did indeed have coverage. She said it was a blessing because she has been going to the free clinic, but they are limited in what they are able to do. She even called her son in tears to inform him she was approved for SoonerCare."
- "I have a wonderful story about a member that has so many health issues and we were able to help her due to the expansion program. She has grand mal seizures and has broken her back due to the seizures. Her medications are so expensive she can't afford them and her son is working so hard to help her out. She was wanting to take some of the pressure off her son. I am so thankful this program will help people like her. This is a total blessing for many Oklahomans and I feel blessed we are able to assist members like her. It fills my heart with so much love and joy!"

Member Satisfaction

The 2021 CAHPS Medicaid Child Survey reported improvement on multiple measures compared to 2020 rates that indicate increased satisfaction with the health plan. The full report was included in the 2021 semi-annual report.

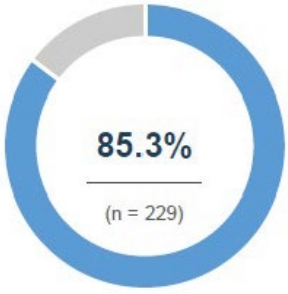
MEASURE	SUMMARY RATE		CHANGE
	2020	2021	
Rating of Health Plan *(% 9 or 10)*	70.8%	73.0%	2.2%
Rating of Health Plan *(% 8, 9 or 10)*	86.2%	88.2%	2.0%
Getting Needed Care *(% Always or Usually)*	87.4%	90.2%	2.8%
Customer Service *(% Always or Usually)*	88.1%	91.0%	2.9%
Ease of Filling Out Forms *(% Always or Usually)*	97.9%	97.8%	-0.1%

The CAHPS Medicaid Adult Survey is completed every other year with the most recent results coming in 2020. Much like the child survey responses, adults reported improvement on multiple measures compared to 2018 rates that indicate increased satisfaction with the health plan. The full report was included in the 2021 semi-annual report.



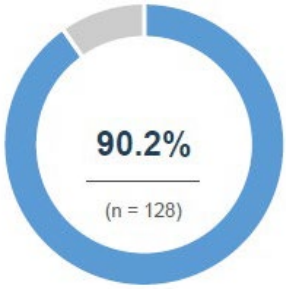
Rating of Health Plan

2020	72.7%
2019	NA
2018	69.7%



Getting Needed Care

2020	85.3%
2019	NA
2018	85.6%



Customer Services

2020	90.2%
2019	NA
2018	84.8%

HMP members engaged in health coaching continue to report high levels of satisfaction with the program. The CY2019 – CY2020 evaluation reported 93% of initial survey respondents were very satisfied with the program and that increased to 95% on the follow-up survey.

Grievances and Appeals

The tables below provide the number of grievances (appeals) filed by category for the SoonerCare and Insure Oklahoma programs during the reporting period. Cases not counted as granted or denied are pending or have been closed for reasons other than a decision (settled, withdrawn, not filed timely, etc.). All cases are heard and at minimum, provided an initial decision within 90 days, absent agreement of the parties to continue the case.

SoonerCare Grievances (January to December 2021)

	Filed	Granted	Denied
SoonerCare Eligibility	74	0	6
Dental	27	1	7
Prior Authorization	133	3	14
Private Duty Nursing	23	0	2
Misc. (unpaid claims, etc.)	134	7	2
All Other	2	0	0
Total:	393	11	31

Insure Oklahoma Grievances (January to December 2021)

	Filed	Granted	Denied
SoonerCare Eligibility	0	0	0

IV. BUDGET NEUTRALITY AND FINANCIAL REPORTING

Budget Neutrality Model

Pursuant to STC 54. Monitoring Reports, item iii. and according to 42 CFR 431.428, the state's monitoring reports must document the financial performance of the demonstration. The state must provide an updated budget neutrality workbook with every monitoring report that meets all the reporting requirements for monitoring budget neutrality set forth in the General Financial Requirements section of the state's 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 shall not cost the federal government more than what would have otherwise been spent absent the demonstration.

The state submitted the budget neutrality workbook through the PMDA portal on March 16, 2022. The next submission is scheduled for Sept. 1, 2022. Of note, budget neutrality figures remain similar to previous submissions, however, there has been an increase in overall SoonerCare and Insure Oklahoma enrollment numbers due to continuing eligibility during the public health emergency.

V. EVALUATION ACTIVITIES AND INTERIM FINDINGS

On Sept. 26, 2019, CMS approved the state's evaluation design. Per 42 CFR 431.428 1115(a), monitoring reports must document any results of the demonstration to date per the evaluation hypotheses and include a summary of the progress of evaluation activities, including key milestones accomplished, as well as challenges encountered and how they were addressed.

SoonerCare 1115 Evaluation Activities

The State's independent evaluator, Pacific Health Policy Group (PHPG), continued evaluation activities in 2021 in accordance with the evaluation design approved by CMS on Sept. 26, 2019. The approved design addresses four major waiver components: Health Access Networks (HANs), SoonerCare Health Management Program (HMP), Insure Oklahoma (premium assistance program) and retroactive eligibility waiver. A summary of the progress of evaluation activities is presented below by waiver component.

The table below summarizes evaluation activities to-date (calendar years 2019 – 2021) for the SoonerCare Demonstration. OHCA and PHPG have reviewed the most recent CMS technical guidance/technical assistance on the implications of COVID-19 to Demonstration monitoring and evaluation activities and are incorporating the guidance, as applicable, into the evaluation. The OHCA and PHPG likewise have reviewed NCQA guidance with respect to use and interpretation of HEDIS® measures affected by the public health emergency.

OHCA received approval from CMS to enroll the adult Medicaid expansion population into the

program's patient centered medical home (PCMH) model. This makes the expansion population a component of the 1115 evaluation design. PHPG will include the expansion population within the larger evaluation and will stratify the analysis between traditional and expansion MEGs in order to isolate the impact of the expansion on the overall program.

PHPG's evaluation findings for 2019-2021 will be presented in the SoonerCare interim evaluation report to be submitted to CMS in December 2022. The report will accompany the agency's waiver renewal application.

Waiver Component	Progress Summary
Health Access Networks	
Impact on Costs – The implementation and expansion of the HANs will reduce costs associated with the provision of health care services to SoonerCare beneficiaries served by the HANs.	OHCA has provided PHPG with eligibility/paid claims extracts for the first three years of the current Demonstration period – calendar years 2019 (baseline), 2020 and 2021. PHPG is calculating ER visit rates, hospital admission rates and PMPM expenditures for HAN beneficiaries and a comparison group of beneficiaries not enrolled in a HAN or the SoonerCare Health Management Program. The comparison group is being selected using Coarsened Exact Matching (CEM) in accordance with guidance provided by CMS in its comments to the summative evaluation report for the prior Demonstration period (calendar years 2016 – 2018).
Impact on Access – The implementation and expansion of the HANs will improve access to and the availability of health care services to SoonerCare beneficiaries served by the HANs.	The independent evaluator using the claims extract described above to evaluate access through HEDIS® child and adult preventive care measures. The evaluation includes the same comparison group methodology as described above. The agency is in the process of obtaining SoonerCare Choice CAHPS survey data from the CAHPS contractor. The contractor will be preparing a file with de-identified member-level data, with HAN-affiliated respondents flagged within the database. Once received, the evaluator will document HAN member responses to access-to-care questions, as well as responses from a comparison group consisting of the non-HAN population. The comparison group will be selected using CEM, subject to data limitations.
Impact on Quality of Care – The implementation and expansion of the HANs will improve the quality and coordination of health care services to SoonerCare beneficiaries served by the HANs, including specifically populations at greatest risk (e.g., those with multiple chronic illnesses.	The evaluator is evaluating quality using HEDIS® chronic care measures for Asthma, CAD, COPD, Diabetes, Hypertension and Mental Health. The evaluator also will be conducting surveys of HAN-affiliated PCMH providers and HAN-affiliated members who have been enrolled in care management, to document satisfaction with HAN practice support activities (provider surveys) and HAN quality-of-care management, including assistance with social determinants of health (member surveys).

Waiver Component	Progress Summary
Health Management Program	
Impact on Enrollment Figures – The implementation of the third generation HMP, including health coaches and practice facilitation, will result in an increase in enrollment, as compared to baseline.	The HMP contractor routinely provides updated rosters to the independent evaluator. The evaluator uses the rosters to track new enrollments, disenrollments and continuing participants on a monthly basis.
Impact on Access to Care – Incorporating health coaches into primary care practices will result in increased contact with HMP beneficiaries by the PCP (measured through claims encounter data), as compared to baseline, when care management occurred (exclusively) via telephonic or face-to-face contact with a nurse care manager.	The evaluator is using the paid claims extract described above to document the average number of PCMH visits incurred by HMP participants. The analysis is stratified by health coaching mode.
Impact on Identifying Appropriate Target Population – The implementation of the third generation HMP, including geographic expansion and introduction of additional health coaching modalities, will result in an increase in the average risk profile of newly-enrolled members (based on the average number of chronic conditions) as the program becomes available to qualified members who do not currently have access to the HMP.	The evaluator is using the paid claims extract described above to document the average number of chronic conditions among HMP participants and percentage of participants with a physical/behavioral health co-morbidity.
Impact on Health Outcomes – Use of disease registry functions by the health coach will improve the quality of care delivered to beneficiaries, as measured by changes in performance on the initial set of Health Care Quality Measures for Medicaid-Eligible Adults or CHIPRA Core Set of Children's Healthcare Quality Measures.	The evaluator is using the claims extract described above to evaluate health outcomes using HEDIS® chronic care measures for Asthma, CAD, COPD, Diabetes, Hypertension, Mental Health, and pain management. The evaluator also is conducting surveys of HMP-participating PCMH providers and members, to document satisfaction with HMP practice support activities (provider surveys) and HMP quality-of-care management, including assistance with social determinants of health (member surveys). Both surveys are being conducted on a continuous basis. In 2019 – 2021, the evaluator completed approximately 1,940 initial and 925 follow-up surveys.
Impact on Cost/Utilization of Care - ER – Beneficiaries using HMP services will have fewer ER visits, compared to beneficiaries not receiving HMP services (as measured through claims data).	The evaluator is calculating ER cost/utilization for 2019 – 2021 by applying the same methodology for HMP participants as described above for HAN-affiliated beneficiaries.

Waiver Component	Progress Summary
Impact on Cost/Utilization of Care – Hospital – Beneficiaries using HMP services will have fewer admissions and readmissions to hospitals, compared to beneficiaries not receiving HMP services (as measured through claims data).	The evaluator is in the process of calculating hospital cost/utilization for 2019 – 2021 by applying the same methodology for HMP participants as described above for HAN-affiliated beneficiaries.
Impact on Satisfaction/Experience with Care – Beneficiaries using HMP services will have higher satisfaction, compared to beneficiaries not receiving HMP services (as measured through survey data employing CAHPS questions).	The evaluator revised the existing HMP participant survey in February 2020 to incorporate CAHPS survey questions. Survey data entry templates also were updated to include the CAHPS questions. Data collection using the revised survey began in March 2020 and approximately 1,243 surveys with CAHPS supplemental questions were completed through December 2021.
Impact on Effectiveness of Care – Total and per member per month expenditures for members enrolled in HMP will be lower than would have occurred absent their participation in nurse care management.	The evaluator is calculating PMPM expenditures for 2019 – 2021 by applying the same methodology for HMP participants as described above for HAN-affiliated beneficiaries.
Insure Oklahoma	
The evaluation will support the hypothesis that Insure Oklahoma is improving access to care for low-income Oklahomans not eligible for Medicaid, as measured by the number of individuals enrolled in Insure Oklahoma.	OHCA produces monthly reports of Insure Oklahoma member enrollment. The evaluator is using the reports to document program enrollment trends.
The evaluation will support the hypothesis that Insure Oklahoma is improving access to care for low-income Oklahomans not eligible for Medicaid, as measured by the number of employers participating in the ESI portion of Insure Oklahoma.	OHCA produces monthly reports of Insure Oklahoma employer counts. The evaluator is using the reports to document employer participation trends.
The evaluation will support the hypothesis that Insure Oklahoma is improving access to care for low-income Oklahomans not eligible for Medicaid, as measured by the number of primary care providers participating in the Individual Plan portion of Insure Oklahoma.	OHCA produces monthly reports of Insure Oklahoma primary care provider counts. The evaluator is using the reports to document PCP participation trends.

Waiver Component	Progress Summary
Waiver of Retroactive Eligibility	
Impact on Access to Care – Eliminating retroactive eligibility will increase the likelihood of enrollment and enrollment continuity.	The evaluator is using the eligibility extract described above to calculate quarterly enrollment of members subject to the waiver and a comparison group of members not subject to the waiver. The comparison group is being selected using CEM. Note that this analysis will be affected by the extension of eligibility for covered populations during the COVID-19 public health emergency.
Impact on Quality of Care – Health Status at Enrollment – Eliminating retroactive eligibility will increase enrollment of eligible people when they are healthy relative to those eligible people who have the option of retroactive eligibility.	The evaluator drafted a health status survey in accordance with CMS technical assistance/guidance and is conducting the survey by telephone on members subject to the waiver and a comparison group of members not subject to the waiver. The survey is conducted at time of enrollment (baseline) and at 12, 18 and 24-months post- enrollment. The populations subject to the retroactive eligibility waiver were modified in the current Demonstration period and the OHCA implemented the modifications in the spring of 2020. The evaluator began baseline surveys in August 2020 (for members enrolled in July 2020) and has completed 5972 through December 2021. Follow-up surveys commenced in August 2021, starting with members who received baseline surveys in August 2020.
Impact on Quality of Care – Health Outcomes – Through greater continuity of coverage, health outcomes will be better for those subject to retroactive eligibility waivers compared to other Medicaid beneficiaries who have access to retroactive eligibility.	Self-reported health outcomes are being evaluated using the survey process described above.
Impact on Cost/Utilization of Care - ER – Beneficiaries using HMP services will have fewer ER visits, compared to beneficiaries not receiving HMP services (as measured through claims data).	The evaluator is calculating ER cost/utilization for 2019 – 2021 by applying the same methodology for HMP participants as described above for HAN-affiliated beneficiaries.
Impact on Cost/Utilization of Care – Hospital – Beneficiaries using HMP services will have fewer admissions and readmissions to hospitals, compared to beneficiaries not receiving HMP services (as measured through claims data).	The evaluator is in the process of calculating hospital cost/utilization for 2019 – 2021 by applying the same methodology for HMP participants as described above for HAN-affiliated beneficiaries.
Impact on Satisfaction/Experience with Care – Beneficiaries using HMP services will have higher satisfaction, compared to beneficiaries not receiving HMP services (as measured through survey data employing CAHPS questions).	The evaluator revised the existing HMP participant survey in February 2020 to incorporate CAHPS survey questions. Survey data entry templates also were updated to include the CAHPS questions. Data collection using the revised survey began in March 2020 and approximately 1,243 surveys with CAHPS supplemental questions were completed through December 2021.

Waiver Component	Progress Summary
Impact on Effectiveness of Care – Total and per member per month expenditures for members enrolled in HMP will be lower than would have occurred absent their participation in nurse care management.	The evaluator is calculating PMPM expenditures for 2019 – 2021 by applying the same methodology for HMP participants as described above for HAN-affiliated beneficiaries.
Insure Oklahoma	
The evaluation will support the hypothesis that Insure Oklahoma is improving access to care for low-income Oklahomans not eligible for Medicaid, as measured by the number of individuals enrolled in Insure Oklahoma.	OHCA produces monthly reports of Insure Oklahoma member enrollment. The evaluator is using the reports to document program enrollment trends.
The evaluation will support the hypothesis that Insure Oklahoma is improving access to care for low-income Oklahomans not eligible for Medicaid, as measured by the number of employers participating in the ESI portion of Insure Oklahoma.	OHCA produces monthly reports of Insure Oklahoma employer counts. The evaluator is using the reports to document employer participation trends.
The evaluation will support the hypothesis that Insure Oklahoma is improving access to care for low-income Oklahomans not eligible for Medicaid, as measured by the number of primary care providers participating in the Individual Plan portion of Insure Oklahoma.	OHCA produces monthly reports of Insure Oklahoma primary care provider counts. The evaluator is using the reports to document PCP participation trends.
Waiver of Retroactive Eligibility	
Impact on Access to Care – Eliminating retroactive eligibility will increase the likelihood of enrollment and enrollment continuity.	The evaluator is using the eligibility extract described above to calculate quarterly enrollment of members subject to the waiver and a comparison group of members not subject to the waiver. The comparison group is being selected using CEM. Note that this analysis will be affected by the extension of eligibility for covered populations during the COVID-19 public health emergency.

Waiver Component	Progress Summary
Impact on Quality of Care – Health Status at Enrollment – Eliminating retroactive eligibility will increase enrollment of eligible people when they are healthy relative to those eligible people who have the option of retroactive eligibility.	The evaluator drafted a health status survey in accordance with CMS technical assistance/guidance and is conducting the survey by telephone on members subject to the waiver and a comparison group of members not subject to the waiver. The survey is conducted at time of enrollment (baseline) and at 12, 18 and 24-months post- enrollment. The populations subject to the retroactive eligibility waiver were modified in the current Demonstration period and the OHCA implemented the modifications in the spring of 2020. The evaluator began baseline surveys in August 2020 (for members enrolled in July 2020) and has completed 5972 through December 2021. Follow-up surveys commenced in August 2021, starting with members who received baseline surveys in August 2020.
Impact on Quality of Care – Health Outcomes – Through greater continuity of coverage, health outcomes will be better for those subject to retroactive eligibility waivers compared to other Medicaid beneficiaries who have access to retroactive eligibility.	Self-reported health outcomes are being evaluated using the survey process described above.

VI. ATTACHMENTS

None

VII. STATE CONTACT

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VIII. DATE SUBMITTED TO CMS

April 1, 2022