



**2020**  
**SOONERCARE DEMONSTRATION**  
**11-W-00048/6**  
**§1115(a) SEMI-ANNUAL REPORT**

JAN 1, 2020 – DEC. 31, 2020 | SUBMITTED SEPTEMBER 1, 2020

OKLAHOMA HEALTH CARE AUTHORITY

4345 N. LINCOLN BLVD. | [OKHCA.ORG](http://OKHCA.ORG) |   

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## I. INTRODUCTION

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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 a semi-annual progress report to the Centers for Medicare & Medicaid Services. Under Section XI. MONITORING, STC 56. Semi-annual reports are due no later than 60 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

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### Policy or Administrative Difficulties

OHCA did not experience any policy or administrative difficulties with the operation of the 1115 demonstration from January to June 2020.

### Key Challenges

With the declaration of a national emergency due to the COVID-19 pandemic, OHCA took immediate action to successfully transition agency staff, contractors and partners to a remote workforce while maintaining essential operations to serve SoonerCare members and providers.

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 will remain in place as long as the emergency declaration is in effect.

- Telehealth benefits were expanded for SoonerCare reimbursable services, including the use of telephonic services for members who do not have access to telehealth equipment.
- All COVID-19 testing and related treatment are covered with no cost-sharing obligations for members.
- Member recertifications were postponed to ensure uninterrupted coverage.
- Increased flexibility regarding the suspension or modification of prior-authorization requirements.

- Waived certain provider enrollment and revalidation requirements such as enrollment fees, site visits, screening levels and in-state or territory licensure.
- Pharmacy flexibilities include allowing early refills, emergency prior-authorization overrides and additional maintenance medications available for a 90-day supply to ensure members have access to essential medications while reducing face-to-face interactions.

OHCA exercised the provision in STC 30.e. to waive premiums for members participating in the Insure Oklahoma Individual Plan due to extreme financial hardship.

State question 802 proposed putting Medicaid expansion in the state constitution. It was passed by a vote of the people on June 30, 2020. A new article was added to the state constitution that requires OHCA to submit a State Plan Amendment within 90 days of approval of the state question and implement the program no later than July 1, 2021.

## **Key Achievements**

### **At-risk COVID-19 Outreach**

In response to the pandemic, an analyst with DXC within the Office of Data Governance and Analytics at OHCA utilized the Johns Hopkins ACG System to identify populations at highest risk of getting sick, utilizing the emergency department and needing inpatient or intensive care due to COVID-19. In a joint effort across departments, talking points and tracking mechanisms were developed and outreach calls began in April to high priority members, starting with African Americans ages 55 years and older. The second wave of high-risk members included members ages 65 and older of all races. Additional priority populations have been identified for three additional waves of outreach. To date, over 6,000 cases have been distributed to partners such as the Health Access Networks (HAN), Health Management program (HMP) and Home and Community-Based waivers. An additional 9,000 have been assigned across 40 internal staff members in addition to their regular caseloads. Successful contact rates have been around 40% since the project began.

One HAN did extensive outreach to at-risk members. They contacted each of their affiliated clinics to offer support and serve as a resource for members who tested positive or were experiencing symptoms. They worked closely with the clinic administrator at an associated testing site to serve SoonerCare members needing assistance and performed outreach to high-risk members identified by OHCA. Nearly 20% were already in care management and another 15% were added as a result of their efforts.

In addition to providing education regarding the coronavirus, members have expressed an increased need for assistance in accessing food pantries and other community services. Masks have been one of the highest needs identified by outreach staff. An organization that provides free masks was identified and is assisting members upon request.

### **Provider Training Goes Virtual**

In-person spring provider training was unable to be held, however, staff provided virtual training on topics such as child health, claim submission, outpatient behavioral health and the Patient-Centered Medical Home. There were 954 participants and the agency has made the recordings available on the OHCA public website. Ongoing virtual trainings have occurred to keep providers updated on telehealth, covered services and state and federal guidance as it relates to the COVID-19 emergency declaration.

### **Issues or Complaints**

Members have identified issues with the real-time, online application that is found at MySoonerCare.org for the MAGI populations. OHCA has made system changes to the portal, added options to the call tree and posted videos to assist applicants with navigating the



enrollment system, uploading documents and contacting call center agents. Opportunities to clarify letters and offer helpful content online are under consideration.

### Lawsuits or Legal Actions

No new lawsuits were filed against OHCA to date in 2020.

### Unusual or Unanticipated Trends

Neither SoonerCare nor Insure Oklahoma experienced any unanticipated trends for 2020.

### Legislative Updates

A total of 2,236 new bills and joint resolutions were filed by lawmakers for consideration during the 2020 legislative session, the second session of the 57th Legislature. Due to COVID-19, the Legislature did not meet for the entire session. Around 1,000 bills were still active by the last deadline on March 12, and only 181 bills made it to the Governor's desk. The Legislature began the process of shutting down on March 16 as a result of the pandemic.

Lawmakers adjourned March 17 to the call of the chair and did not return to their chambers until April 6 for special session to consider affirming Governor Stitt's health emergency declaration, a statutory requirement, and to consider three spending measures to address a fiscal year revenue shortfall.

Lawmakers returned to the capitol on May 4, and announced a budget agreement. Under the terms of the agreement, the \$1.4 billion hole projected by the Board of Equalization would be filled by using reserve funds, cutting one-time spending, temporarily redirecting non-appropriated money into the budget and reducing agency appropriations by 4% or less. Very few policy bills ended up moving forward. The Governor signed around 160 bills while the average is typically 400-500.

Signed Legislation Affecting the Agency	Budget Impact Bills
<p>SJR0027 – proposes a vote of the people on a constitutional amendment that modifies the amount of the annual tobacco settlement payments made to the state to be deposited into the Tobacco Settlement Fund for appropriation by the Oklahoma Legislature. It specifies that deposits into the fund must be appropriated and expended to draw down federal matching funds for the Medicaid program. This question will be on the November 2020 ballot.</p>	<p>SB1922 – general appropriations for SFY 2021, most agencies were cut by 4%, however the OHCA budget remained flat.</p>
<p>HB2587 – creates the Nondiscrimination in Health Care Coverage Act which prohibits an agency from developing or employing a dollars-per-quality adjusted life year as a threshold to establish what type of health care is cost effective or recommended. It prohibits an agency from utilizing such adjusted life year as a threshold to determine coverage, reimbursement, incentive programs or utilization management decisions, whether it comes from within the agency or from any third party.</p>	<p>SB1937 – allows flexibility with utilizing the Rate Preservation Fund. Currently, using those funds is dependent on a decrease in FMAP, but the changes remove that provision so funds can be used to maintain provider rates.</p>

Currently, OHCA is not scheduled for any interim studies.

## Public Forums

The agency conducted a total of 11 public and targeted forums statewide through virtual technology to garner public and stakeholder input into the development of the SoonerCare 2.0 Healthy Adult Opportunity (HAO) demonstration, as listed below. Meetings six through nine contain a link to a list of questions and answers received during that public meeting from 888 total participants. Additionally, the State received a total of 2,420 comments from the public hearings and the policy change blog. Attachment one of this report contains a summary of the public comments received and the agency's response as part of the application's public review period on the agency's website (policy change blog).

1. Oklahoma Behavioral Health Association Meeting  
March 3, 2020 at 12 p.m.  
Kamps 1910 Boardroom  
10 NE 10th ST  
Oklahoma City, Oklahoma 73104
2. Behavioral Health Advisory Council  
March 11, 2020 at 9:30 a.m.
3. Oklahoma Department of Mental Health and Substance Abuse Services  
2000 N. Classen Blvd.  
Oklahoma City, OK 73106
4. Oklahoma Primary Care Association Meeting  
March 11, 2020 at 12 p.m.  
OKPCA Boardroom  
6501 N. Broadway Ext., Suite 200  
Oklahoma City, OK 73116
5. Oklahoma Psychiatric Hospital Association  
March 11, 2020 at 1:30 p.m.  
4000 N. Lincoln Blvd.  
Oklahoma City, OK 73105
6. VIRTUAL PUBLIC MEETING  
March 18, 2020 at 3 p.m.  
Meeting Questions & Answers:  
<http://okhca.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=24602&libID=23585>
7. VIRTUAL PUBLIC MEETING  
March 20, 2020 at 3 p.m.  
Meeting Questions & Answers:  
<https://www.okhca.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=24656&libID=23639>
8. VIRTUAL PUBLIC MEETING  
March 24, 2020 at 1:30 p.m.  
Meeting Questions & Answers:  
<http://okhca.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=24697&libID=23680>
9. VIRTUAL PUBLIC MEETING  
March 26, 2020 at 5:30 p.m.  
Meeting Questions & Answers:  
<http://okhca.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=24700&libID=23683>

10. OHCA Member Advisory Taskforce  
April 4, 2020 at 10 a.m.  
Zoom virtual meeting
  
11. VIRTUAL PUBLIC MEETING  
April 20, 2020 at 11 a.m.  
Zoom virtual meeting

### **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.

Tribal consultations were held monthly the first six months of 2020 with the exception of June. All tribal clinics, hospitals, Urban Indian health facilities, Indian Health Services agencies, stakeholders and tribal leaders are invited to attend. OHCA staff presented 32 proposed policy changes inclusive of state rules, SPAs and waiver amendments at the tribal consultation meetings including, but not limited, to:

- Certified Community Behavioral Health (CCBH) services.
- SoonerCare 2.0, including Medicaid expansion and HAO waiver.
- Care coordination rate increase for PCMH American Indian/Alaska Native providers.
- Changes to durable medical equipment rules.

### **Member Advisory Task Force**

The Member Advisory Task Force 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 three times between January and June 2020 and the following items were discussed:

- Collaboration between the tribes and SoonerCare for improved health outcomes.
- SoonerCare 2.0.
- Medicaid expansion.
- The Front Porch Initiative at OHCA.

### **Public Comments Received in Post-Award Forum**

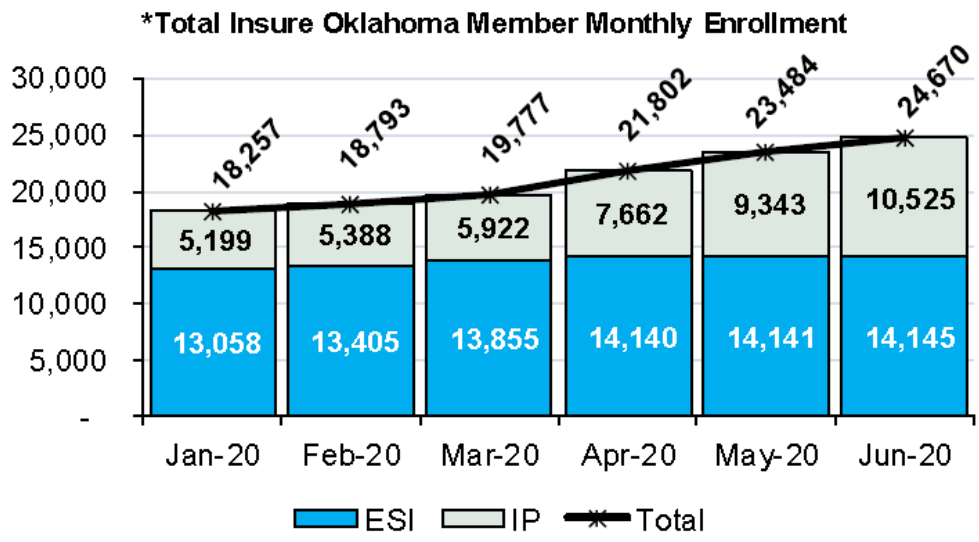
The post-award forum has not taken place this year; therefore, this information will be included in the annual report.

## **III. PERFORMANCE METRICS**

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### **Impact of Coverage**

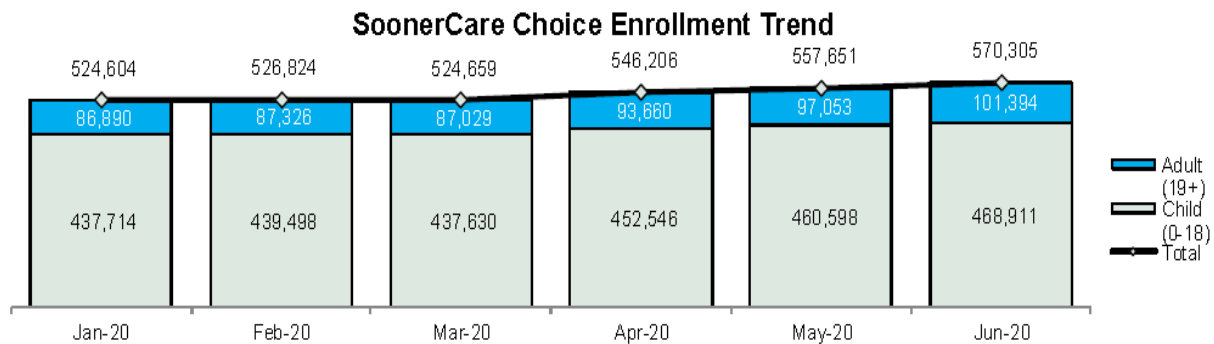
The Insure Oklahoma program authorized under the waiver to provide premium assistance since 2005 has proven to be a successful means of covering individuals who are not otherwise eligible for Medicaid. The program has two avenues, an employer sponsored insurance option and a public program for those who do not have access to employer sponsored coverage. Enrollment in the program was relatively flat until March 2020. Since then, the program has experienced a nearly 25% increase as eligibility is continual without closures unless the member dies or moves out of state.



\*Due to the COVID-19 emergency provision, all former Insure Oklahoma members whose eligibility expired from March 1 through May 1 were reinstated.

**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 when it experienced a nearly 9% increase that was related to ongoing eligibility due to the public health emergency.



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

Retroactive Eligibility		
Month	Medicaid Members	CHIP Members
May 2020	0 approved 4 denied	0 approved 1 denied
June 2020	3 approved 5 denied	3 approved 4 denied

**Access, Quality and Outcomes**

**Quantitative Data**

The Pacific Health Policy Group (PHPG) recently issued independent evaluation reports on the HMP and Chronic Care Unit (CCU). The reports include participant satisfaction, quality of care, and cost effectiveness. The full reports are attachments two and three of this report. Highlights

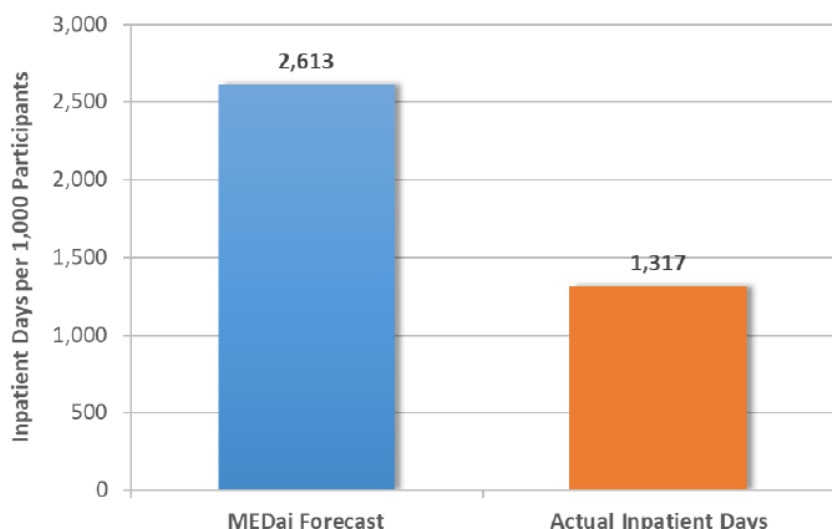
from the SFY 2019 findings are below while member satisfaction outcomes can be found in the Member Satisfaction Surveys, Grievances and Appeals section below.

### Health Management Program

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. The health coaching participant compliance rate exceeded the comparison group rate on 13 of 17 measures for which there was a comparison group. The difference was statistically significant for 11 of the 13, suggesting the program is having a positive effect on quality of care. The most impressive results were observed for participants with diabetes and mental illness, and with respect to access to preventive care.

The HMP evaluation also demonstrated the rate of actual inpatient days for health coached members was 50% of forecast.

**Exhibit 4-43 – All SoonerCare HMP Health Coaching Participants  
Inpatient Utilization - First 12 Months Following Engagement, per 1,000 Participants**



The SoonerCare HMP, through the six-year life of the contract, yielded approximately \$2.90 in net medical savings for every dollar in administrative expenditures.

*Exhibit 9-1 – SoonerCare HMP ROI (State and Federal Dollars)*

Component	Medical Savings	Administrative Costs	Net Savings	Return on Investment
Health Coaching	\$114,058,162	(\$40,108,345)	\$73,949,817	184.4%
Practice Facilitation	\$131,452,748	(\$22,908,457)	\$108,544,291	473.8%
<b>TOTAL</b>	<b>\$245,510,910</b>	<b>(\$63,016,802)</b>	<b>\$182,494,108</b>	<b>289.6%</b>

### Chronic Care Unit

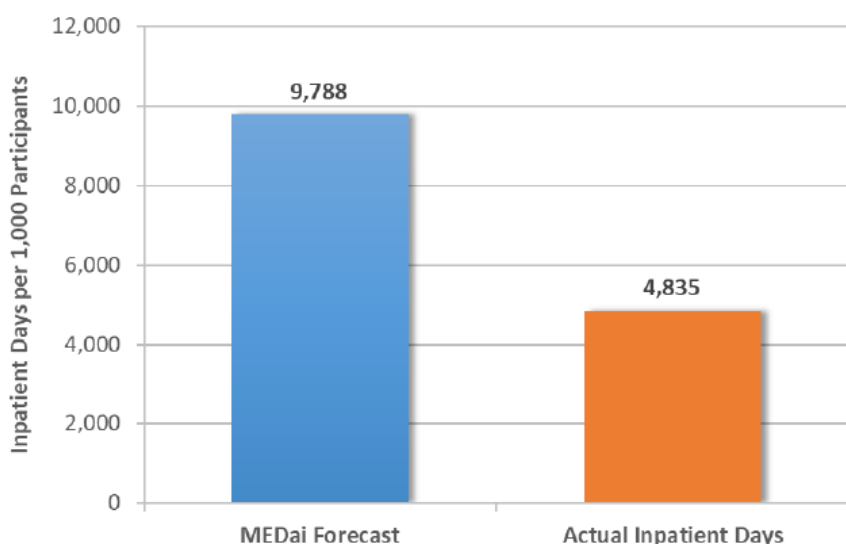
OHCA recognized there were SoonerCare members who would benefit from care management, but who did not have access to the HMP. An internal unit was implemented to provide access to telephonic care management and is available to individuals who are not in

SoonerCare Choice. In January 2020, Insure Oklahoma Individual Plan members were risk stratified and high risk members with a diagnosis of asthma or chronic obstructive pulmonary disease were added to the CCU Better Breathing Initiative and members living with diabetes were added to the Diabetes Initiative. Since implementation, 81 cases have been assigned for outreach and there are currently 33 active cases.

Similar to HMP health coaches, CCU care managers educate members on adherence to clinical guidelines for preventive care and for treatment of chronic conditions. SFY 2019 CCU participant compliance rate exceeded the comparison group rate on 12 of 17 measures for which there was a comparison group. The difference was statistically significant for six of the 12, suggesting the program is having a positive effect on quality of care. The most impressive results were observed for participants with diabetes and with respect to access to preventive care.

The CCU evaluation also demonstrated the rate of actual inpatient days for participants was 49% of forecast.

**Exhibit 4-48 – All SoonerCare CCU Participants  
Inpatient Utilization - First 12 Months Following Engagement, per 1,000 Participants**



The SoonerCare CCU achieved cumulative net savings of approximately \$17.1 million since program implementation in SFY 2014 and has generated nearly \$5.00 in net medical savings for every dollar in administrative expenditures.

*Exhibit 5-1 – SoonerCare CCU ROI (State and Federal Dollars)*

Medical Savings	Administrative Costs	Net Savings	Return on Investment
\$20,551,230	(\$3,444,899)	\$17,106,331	496.6%

**Case Studies**

In addition to the HMP and CCU, the three HANs work with providers and members to coordinate and improve the quality of care provided to SoonerCare Choice members with complex health care needs. The case studies below were obtained through feedback reports from the HANs and quotations were taken from member surveys completed by HMP and CCU participants.

One member has an extremely weak immune system due to spinal muscular atrophy. The member's mother was unable to find masks to protect her and the other family members from COVID-19. The HAN care manager was able to find several masks, both fabric and paper, and delivered them to the home. The mother is only able to work three days a week, and they were low on groceries and toiletries. The HAN was able to provide some of these items by accessing the food pantry at a local church. The mother shared that she was feeling a great deal of stress but does not feel comfortable leaving the home for counseling. Information was provided regarding telehealth sessions that are available through a local behavioral health center and contact information was provided. She was also given information regarding additional community resources and encouraged to apply for SNAP benefits. The care manager was able to translate the letters from SNAP requesting additional information.

A HAN member has a diagnosis of multiple myeloma and has been undergoing chemotherapy. However, during the crisis, she was afraid to leave her home and quit going to her weekly appointments. The care manager spoke with the member and reassured her that her feelings were understandable. To assist with coordination of care, the care manager contacted the oncologist and spoke to the nurse and team members to help the member adjust her treatment plan. Together, they decided to allow the member to stay home and restart her treatments in May. In the absence of the care manager, the member would have had multiple no-show appointments and could have been dismissed from the doctor and treatment.

"My nurse is great. She has helped me stop smoking. She has been the only one that could help me. She doesn't talk down to me or judge me. This program is my favorite part of SoonerCare."

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

"My brother has hep C and has had a stroke. I am his caregiver and (his nurse) has helped me so much with managing his health. I really need the support she gives and she arranged for transportation to the doctor when I cannot get him there."

## **Member Satisfaction Surveys, Grievances and Appeals**

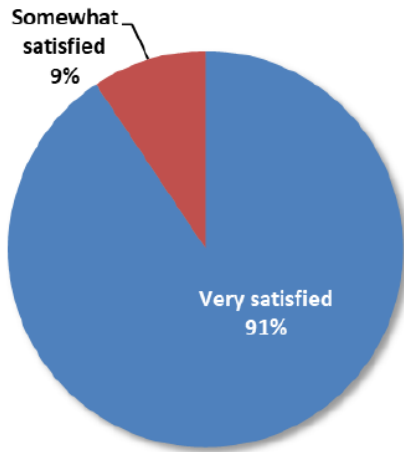
### **Member Satisfaction**

Participant satisfaction is a key component of HMP and CCU performance. If participants are satisfied with their experience and value its worth, they are likely to remain engaged and focused on improving their self-management skills and adopting a healthier lifestyle.

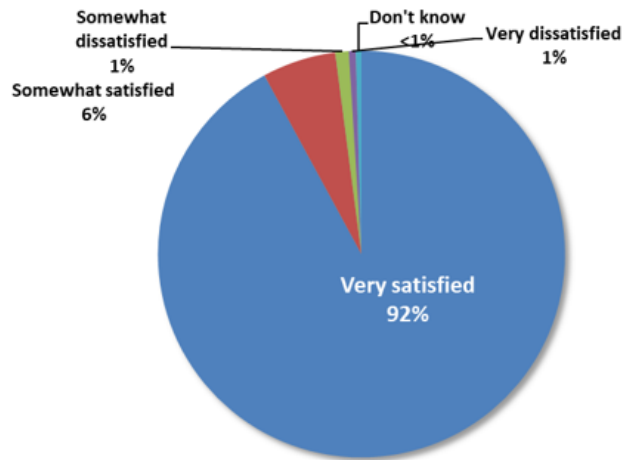
Members engaged in the HMP were overwhelmingly positive about the role of the health coach with 98% of survey respondents stating their coach had been very helpful to them in achieving their health goals. Overall, 91% of respondents state they were very satisfied with their coach.

Of the CCU survey respondents, 47% said their health was better compared to pre-CCU enrollment and 94% credited the CCU with contributing to their improved health. Overall, 92% of respondents reported they were very satisfied with the program and 96% said they would recommend the program to a friend with health care needs like theirs.

**Exhibit 5-6 – Overall Satisfaction with Health Coach**



**Exhibit 2-27 – Overall Satisfaction with SoonerCare CCU**



**Grievances and Appeals**

The tables below provide the number of grievances (appeals) filed by category for the SoonerCare and Insure Oklahoma programs to date in 2020. 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 Jan – June 2020	Filed	Granted	Denied
SoonerCare Eligibility	53	4	7
Dental	6	0	4
Prior Authorization	42	2	6
Private Duty Nursing	3	0	1
Misc. (unpaid claims, etc.)	33	3	2
All Other	3	0	3
Total:	140	9	23

Insure Oklahoma Grievances Jan – June 2020	Filed	Granted	Denied
SoonerCare Eligibility	4	0	1

**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 is required to submit the budget neutrality workbook through the PMDA portal by Aug. 31, 2020, and include information through June 30, 2020. Of note, budget neutrality figures are similar to 2019, however, there has been an increase in overall SoonerCare enrollment numbers due to postponement of disenrollments during the COVID-19 pandemic. Insure Oklahoma enrollment has also increased.

## **V. EVALUATION ACTIVITIES AND INTERIM FINDINGS**

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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**

OHCA submitted the SoonerCare 1115 Evaluation for 2016 – 2018 on July 9, 2020 via the PMDA portal. The evaluation is under CMS review.

Evaluation activities to date in 2020 include the initiation of survey data collection for the evaluation of retroactive eligibility. A survey tool was drafted in accordance with CMS guidance, using validated questions from national sources (CAHPS 5.0H and BRFSS 2018). The survey was field-tested and a stratified sampling methodology was developed. Baseline data collection has begun for members who were approved for retroactive eligibility coverage starting in July 2020. New baseline surveys will be conducted each month, with 12, 18 and 24-month follow-up surveys to be conducted at the applicable interval. The aim is to complete 50 baseline surveys per month (600 annually), consisting of 300 members covered under the waiver and 300 who receive retroactive eligibility.

The Health Management Program (HMP) member survey tool was adapted in response to COVID-19. Questions were added to obtain feedback on the impact of the pandemic on access to care, utilization of telemedicine or telephonic care, and assistance received from health coaches. Early results indicate 26% of respondents reported they delayed getting medical care and 37% did not get needed medical care due to the pandemic. Nearly 50% of respondents reported having had at least one telemedicine or telephonic visit since March and 85% of those respondents were satisfied with their experience. Examples of comments provided by respondents indicated telemedicine feels safer than going out to seek care while others noted they still needed testing or lab work. The majority of members were satisfied with the visit, but did not feel it was as adequate as in-person care.

Semi-annual reports were submitted to OHCA by each HAN and contain content not included in the narrative of this report. See attachments four through six.

## **VI. ATTACHMENTS**

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1. SoonerCare 2.0 Public Blog Comments Received
2. SoonerCare Health Management Program Evaluation SFY 2019
3. SoonerCare Chronic Care Unit Evaluation SFY 2019
4. OU Sooner HAN Semi-Annual Report
5. OSU Network Semi-Annual Report
6. Central Communities HAN Semi-Annual Report

## **VII. STATE CONTACT**

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### State Contact

Oklahoma Health Care Authority  
4345 N. Lincoln Boulevard  
Oklahoma City, OK 73105

Kevin Corbett  
Chief Executive Officer  
Phone: 405.522.7417

## **VIII. DATE SUBMITTED TO CMS**

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Sept. 1, 2020