



SOONERCARE DEMONSTRATION I I-W-00048/6
§ 1115(a) SEMI-ANNUAL REPORT

2019

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FEDERAL FISCAL YEAR QUARTER : 4/2019 (7/1/2019 – 9/30/2019)

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Oklahoma **HealthCare** Authority

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I. INTRODUCTION

The Oklahoma Health Care Authority (OHCA) 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 August 31, 2018 through December 31, 2023 (below is a timeline of waiver approvals beginning with the 2013 demonstration period). Changes to the 2018 waiver demonstration include expansion of the Health Access Network (HAN) statewide, temporary expenditure authority for payments to certain medical education groups, and removal of the waiver of retroactive eligibility for pregnant women and children under age 19.

Demonstration Period	Approved by CMS
January 1, 2013 – December 31, 2015	December 31, 2012
January 1, 2016 – December 31, 2016	July 9, 2015
January 1, 2017 – December 31, 2017	November 30, 2016
January 1, 2018 – December 31, 2018	December 29, 2017
August 31, 2018 – December 31, 2023	August 31, 2018

The following waiver amendments have been submitted to CMS and are pending approval:

- Community Engagement (CE) submitted December 2018. The following CMS monthly monitoring calls included discussion on CE: January 10, 2019; February 21, 2019; May 2, 2019, June 6, 2019.
- Health Management Program (HMP) submitted March 2019. The HMP waiver amendment was discussed on the May 2, 2019 CMS monthly monitoring call.
- Health Access Network (HAN) submitted June 2019. The HAN waiver amendment was discussed on the June 6, 2019 CMS monthly monitoring call.

In accordance with the Special Terms and Conditions (STC) of the waiver, the OHCA is required to submit a semi-annual progress report to the Centers for Medicare and Medicaid Services (CMS). Under Section **XI. MONITORING, STC 54. Monitoring Reports** semi-annual reports are due no later than sixty (60) calendar days following the end of each demonstration six (6) month 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/evolve, and be provided in a structured manner that supports federal tracking and analysis.

Oklahoma's SoonerCare Choice program operates statewide under an enhanced primary care case management delivery system to serve qualified populations statewide. The OHCA contracts directly with primary care providers to serve as patient centered medical homes (PCMH). The SoonerCare Choice program promotes the goals of providing accessible, high quality and cost-effective care to SoonerCare Choice members.

II. KEY ACHIEVEMENTS & ACCOMPLISHMENTS

There have been no key achievements and accomplishments to report for the first half of 2019.

OHCA Hosts Regional Strategic Planning Forums

In March 2019, the OHCA's strategic plan was updated for years 2018 through 2022. This update includes a summary of the progress to date on the plan, results of the regional strategy forums held in October and November of 2018 and the updates to the plan through SFY 2025, refer to Attachment I.

In the News

April 29, 2019 Telligen selected to continue as partner to Oklahoma Medicaid for Health Management Program (HMP)

The Oklahoma Health Care Authority (OHCA) has selected Telligen to continue their work administering the SoonerCare Health Management Program (HMP).

Since February 2008, Telligen has partnered with OHCA for two key healthcare contracts designed to improve clinical outcomes and lower the cost of care for Medicaid members who have or are at high risk of developing chronic disease.

Over the lifespan of the program, Telligen's work with the OHCA has led to taxpayer savings in excess of \$288.5 million. An independent evaluation in 2018 showed the Telligen-administered HMP saved Oklahoma taxpayers \$106.6 million with a return on investment of 288 percent (288%) in the previous four years alone. Evaluations showed that 87 percent (87%) of members reported a "very satisfied" experience with their health coaches.

The SoonerCare HMP is one of the agency's innovative programs designed to improve health outcomes and lower costs while ensuring our members receive quality care. By utilizing the two prongs of the population health management program, care management, and practice facilitation, the agency has engaged both members and providers to improve the odds of successful outcomes.

III. OPERATIONAL UPDATES

Health Care Systems Innovation

The Health Care Systems Innovation (HCSI) department is part of the SoonerCare Operations division of the OHCA and provides continuous improvement of the SoonerCare Choice delivery system, including development of strategies for program enhancement and creation of stronger collaboration between existing programs. HCSI oversees the Health Access Network (HAN), the Health Management Program (HMP), the Chronic Care Unit (CCU) and SoonerQuit activities. These groups are aligned under one administrative team in order to strengthen the care coordination efforts provided to SoonerCare members and practice supports for Patient-Centered Medical Home (PCMH) providers.

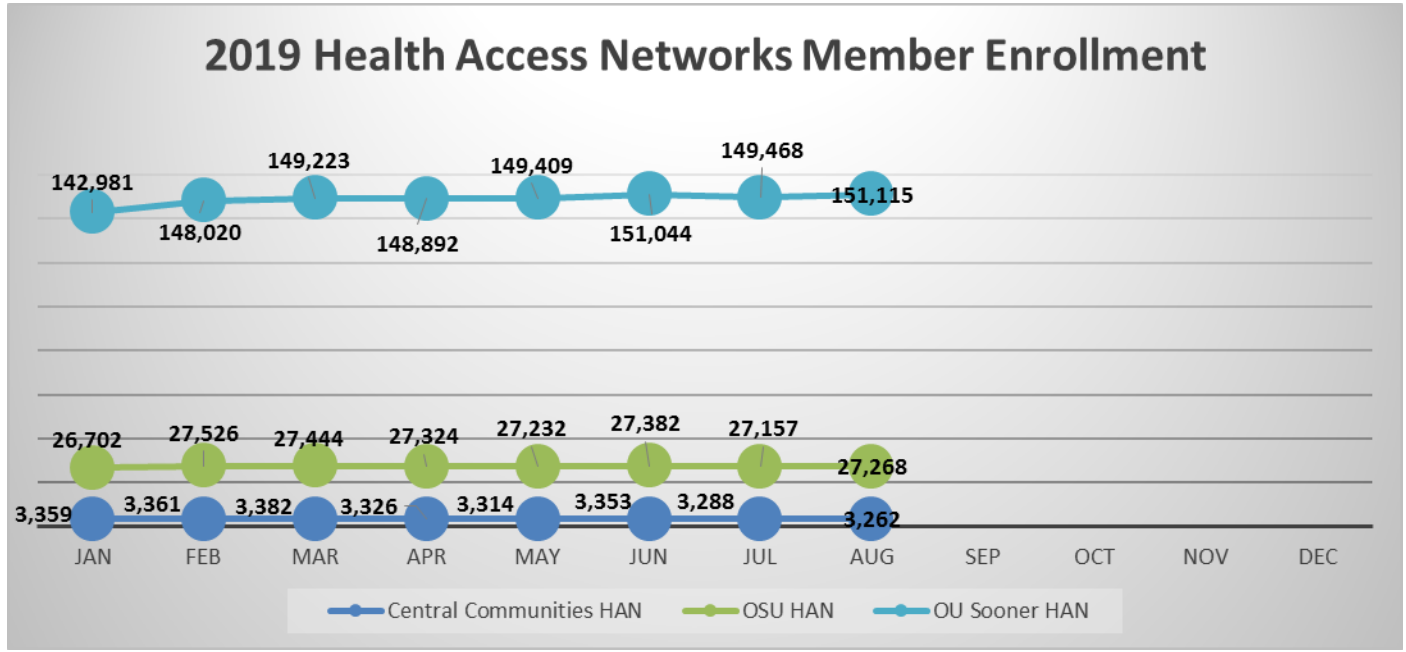
Health Access Network

The OHCA contracts with three Health Access Networks (HANs) under the authority of the 1115(a) demonstration waiver. The HANs are a non-profit, administrative entities that works with providers to coordinate and improve quality of care provided to SoonerCare Choice members. The HANs offer care management and care coordination to persons with complex health care needs as specified in the HAN provider agreement. Refer to Table I for HAN member enrollment for January 2019 through June 2019.

Active HANs in Oklahoma include:

- The Oklahoma State University (OSU) Network HAN is administered by Oklahoma State University Center for Health Services;
- The University of Oklahoma (OU) Sooner HAN is administered by the University of Oklahoma, Health Sciences Center, College of Community Medicine; and
- Central Communities as known as The Partnership for Healthy Central Communities (PHCC) HAN.

Table I. 2019 HAN Member Enrollment



HAN – Case Study

Severe weather this spring brought many challenges to HAN members and providers. There was widespread flooding in communities served by the OU Sooner HAN and the OSU Network and an EF-3 tornado ripped through a community served by the Central Communities HAN. Each HAN provided an extensive list of resources including shelters/hotels, laundry services, availability of tetanus shots, supply pick-up locations, transportation, food bank hours, evacuation updates, pet assistance, etc., and performed outreach to members and providers that were in the impact zone.

The OSU Network HAN assisted with relocating a member and his mother following a mandatory evacuation due to flooding. They were able to take medications and few personal belongings. Placement was challenging due to the member’s recent inpatient psychiatric treatment and aggressive behavior. The HAN care manager assisted in finding temporary placement; however, the member’s medications were scheduled to be delivered to the home address and the member had multiple appointments as part of the post-discharge follow-up plan. The HAN care manager worked with the pharmacy to stop the deliveries until the member and his mother were able to return home; the HAN manger also arranged transportation to and from each of the follow-up appointments.

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 is holistic in its approach, instead of disease specific. The HMP serves members ages 4 to 63 who have one or more chronic illnesses and are at risk for adverse outcomes and increased health care cost.

This past spring, the HMP vendor conducted outreach efforts following severe weather events and was able to provide resources and assistance to members in the affected areas. One member lost all of their prescriptions due to flooding. The HMP health coach coordinated efforts between the local pharmacy and the OHCA Pharmacy Management Consultants (PMC) to reach a resolution.

HMP Case Study –

The member's initial enrollment in the HMP began in July 2018 with a hemoglobin A1c of 14.0. The provider started the member on diabetic medications and the health coach provided diabetic education as well as a blood sugar log to record readings for the provider. In November 2018, the member reported that they were told they needed knee replacement surgery, but was not able to have this done until his blood sugar was under control and the A1c was down to 7.0. As a result of working with the health coach, taking medications as prescribed, eating healthier, and walking as much as possible despite a deteriorating knee, the member's A1c is 8.0 and continues to improve (the outcomes of working with HMP health coach occurred during the first quarter of January through March 2019).

The HMP vendor conducts a quarterly member satisfaction survey of members in the high risk category of the HMP. The overall mean score achieved was a 4.93 on a 5.0 point scale (the outcome of survey occurred the first quarter of January through March 2019). Members agreed or strongly agreed 96 percent (96%) or more of the time to the following survey questions:

- The health coach listened to them and treated them with respect;
- They had an active role in the decision-making process; and
- Their overall experience with the health coach was good or very good.

Chronic Care Unit

Registered nurses in the Chronic Care Unit (CCU) provide case management services to high-risk and at-risk SoonerCare members with chronic conditions. They work to assess and address the health status and health literacy of members through care coordination, self-management principles, and behavior modification techniques. A large portion of the CCU work, which focuses on members with multiple chronic comorbidities and the aged, blind, and disabled population closely mirrors the work done by the HMP.

The Population Care Management division within the OHCA identified members in the areas affected by severe weather with an open care management case (including CCU members) by utilizing information available from the Oklahoma Department of Emergency Management situation updates. The OHCA population care management staff identified isolated areas affected by recent flooding and tornados, and additional areas remaining in jeopardy due to rising water levels. The counties identified for outreach efforts included: Logan, Canadian, Wagoner, Pawnee, Osage, Muskogee, Sequoyah, Haskell, Kay, Noble, and LeFlore, as were certain zip codes in Tulsa County. Eleven members in CCU were identified and eight of the members were successfully contacted; they all reported they did not need additional assistance at that time.

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. During this reporting period:

- Four new practices started SoonerQuit practice facilitation, all of which are in rural areas; and
- SoonerQuit staff participated in four provider trainings including, a training at the Tribal Health Annual Conference entitled “Brief Motivational Interviewing and Brief Tobacco Interventions.” This training provided information for use with all SoonerCare members, including tribal members.

One objective of the SoonerQuit program is to increase utilization of the Oklahoma Tobacco Helpline. As of May 2019, there have been 2,371 SoonerCare members register with the Oklahoma Tobacco Helpline within SFY2019 of those registrants, 41 were pregnant women.

The SFY19 SoonerCare Member Survey was conducted during this reporting period and engaged 1,000 members. According to the survey, more than half of the members who smoke reported a serious quit attempt in the past year 55.4 percent (55%). The survey also found that awareness of the helpline is high among SoonerCare members 84 percent (84%) and even higher among SoonerCare members who smoke 90.4 percent (90%). The survey also reported that 78.1 percent (78.1%) of members surveyed believed that a healthy diet was “very important”. Additionally, the proportion of members reporting that their doctor or health professional discussed diet with them during their last visit increased by 35 percent (35%).

SoonerQuit objectives for the upcoming fiscal year (SFY20):

- Increase helpline referrals through providers and member services;
- Increase utilization of cessation services;
- Increase provider knowledge in cessation best practices; and
- Implement internal and external wellness strategies.

SoonerRide

The SoonerRide program was developed in order to assist SoonerCare members with transportation to and from medically necessary appointments. The OHCA partners with LogistiCare Solutions, LLC to provide non-emergency transportation. In the first half of 2019, 459,479 SoonerRide trips were made with the average cost per trip of \$30.98. SoonerCare members from all 77 Oklahoma counties utilized the SoonerRide program.

The OHCA has various methods used to ensure quality of services for members. The SoonerRide member satisfaction survey is conducted monthly and requests information from an average of 750 members out of several thousand that utilize non-emergency transportation provided through SoonerCare. Additionally, The 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 94.33 percent (94%).

Provider 24-hour Access Survey

The OHCA requires that providers give members 24-hour access and ensure that members receive appropriate and timely services. The 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. In the first six months of calendar year

2019, 1,828 outgoing calls were made to providers to ensure 24-hour access was available. Of the 1,828 calls, an average of 95 percent (95%) of providers had 24-hour access and an average of 5 percent (5%) were educated for compliance throughout the first 6 months of this year. Table 2 represents the 24-hour access survey data by quarter.

Table 2. 2019 Provider 24-hour Access Survey

2019 24-hour Access Survey	Jan-Mar	Apr-Jun
Number of Providers Called	915	913
Percent of Providers with 24-hour Access on Initial Survey	95%	95%
Percent of Providers Educated for Compliance	5%	5%

Insure Oklahoma (IO)

The Insure Oklahoma (IO) premium assistance program was developed in April 2004 authorizing The OHCA to use funding set aside from the Tobacco Tax funds to assist with health care coverage for low-income working adults meeting income qualifications. The IO program operates under the authority of the 1115(a) waiver. There are currently two programs operating under IO which are the Employer-Sponsored Insurance (ESI) and the 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 – June

There have been no significant changes nor events to report for the IO program.

Tables 3. through 7. provide a snapshot of IO’s employer participation, subsidies, per member per month cost, average member premiums, and program enrollment within the ESI program during the first six months of calendar year 2019.

Table 3. 2019 ESI Program Participating Employers

2019 ESI Program Participating Employers	As of Mar 2019	As of Jun 2019
Approved Businesses with Participating Employees	12,603	11,268

Table 4. 2019 ESI Program Subsidies

2019 ESI Subsidies	Jan-Mar	Apr-Jun
Employers Subsidized	6,755	6,969
Employees and Spouses Subsidized	30,664	31,684
Total Subsidies	37,419	38,653

Table 5. 2019 ESI Average per Member per Month

2019 ESI Average Per Member Per Month	Jan-Mar	Apr-Jun
Average Payment Per Employee	\$353.78	\$353.75
Average Payment Per Spouse	\$575.28	\$573.31
Average Per College Student	\$367.98	\$385.03
Average Per Dependents	\$251.84	\$256.89

Table 6. 2019 Average ESI Member Premium

2019 Average ESI Member Premium	Jan-Mar	Apr-Jun
Member Premium	\$388.03	\$387.90

Table 7. 2019 ESI Program Enrollment

2019 ESI Program Enrollment	Jan-Mar			Apr-Jun		
	0-100% FPL	101-138% FPL	139% and Over	0-100% FPL	101-138% FPL	139% and Over
Employee	1,348	2,245	7,460	1,460	2,359	7,235
Spouse	294	459	1,477	303	475	1,433
College Student	17	35	61	23	33	69
Dependent	0	1	212	2	0	197
IO ESI Totals	1,659	2,740	9,210	1,788	2,867	8,934

Tables 8 through 10 provide the amount of subsidies received, average member per month premiums, average member federal poverty level, and member enrollment in the Insure Oklahoma IP program during the first six months of calendar year 2019.

Table 8. 2019 IP Program Subsidies

2019 IP Subsidies	Jan-Mar	Apr-Jun
Total Premiums Received	\$463,917.93	\$466,640.27
Total Member Months	15,591	15,989
Total Paid Claims	\$8,139,849.70	\$7,784,535.17
Average Claim Per Member per Month (PMPM)	\$492.82	\$457.39

Table 9. 2019 Average IP Program Member per Month

2019 Average IP Program Member Per Month	Jan-Mar	Apr-Jun
Member Premiums	\$30.62	\$31.52
Average FPL of IP Members	63%	59%

Table 10. 2019 IP Program Enrollment (0-100% FPL)

2019 IP Program Enrollment (0-100% FPL)	Jan-Mar	Apr-Jun
Employee	12,225	12,714
Spouse	2,756	2,816
College Student	607	594
IO IP Totals	15,588	16,124

Table 11. provides the average cost per member in both the ESI and IP programs of Insure Oklahoma during the first six months of calendar year 2019.

Table 11. 2019 Insure Oklahoma Average Cost

2019 Insure Oklahoma Average Cost	Jan-Mar	Apr-Jun
ESI	\$113	\$113
IP	\$30	\$29

IV. OUTREACH & INNOVATIVE ACTIVITIES

The 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 (refer to Table 12 for the total number of letters from January 2019 through June of calendar year 2019). 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.

Table 12. Member Services Outreach Letters

Member Service Outreach Letters	Jan-Mar 2019		Apr-Jun 2019	
	# of Letters Mailed	Response Rate	# of Letters Mailed	Response Rate
Prenatal Outreach	6,793	12%	6,682	11%

The member services unit provides assistance to members in accessing medically necessary services. The 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. From January through June of calendar year 2019, 121 calls were made to members with a confirmed cancer diagnosis. The member services unit also conducts outreach calls to members diagnosed with cancer when it is time to renew their benefits in order to continue treatment; there were 72 calls made to members in this category. Further, 22,655 calls in english and 1,406 calls in spanish were fielded by the member services unit from January through June of calendar year 2019. 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 from January through June 2019.

Table 13. 2019 Member Services Activity

2019 Member Services Activity	Jan-Mar	Apr-Jun
Calls to Breast and Cervical Cancer members with Confirmed Cancer Diagnosis	64	57
Calls to Breast and Cervical Cancer Members at Renewal Period	35	37
Member Service Calls Handled in English	10,962	11,693
Member Service Calls Handled in Spanish	691	715

Outreach Activities

The SoonerCare Education Specialists (SES)

SoonerCare Education Specialist's primary goals and objectives are to provide outreach by participating in community efforts that increase access to SoonerCare and promote its benefits and programs. This can include being a member of workgroups, providing technical assistance to partners, conducting targeted outreach on specific areas of interest, etc. Our provider service unit SES representatives engage on an individual, organizational, and system level to ensure that communities in Oklahoma have access to SoonerCare information and therefore partner with a variety of organizations and practices.

SES Highlights

January- June

- The SoonerCare Education Specialists are continuing to receive SoonerCare provider education training. The anticipated conclusion of this training will occur in the second half of 2019.
- The SoonerCare Education Specialists conducted 1,858 on-site provider visits and 329 community focused workgroups, coalitions, and community related events reaching 7,992 individuals in 50

counties in the State. Staff performed 60 readiness reviews for new patient-centered medical homes during this period.

- The SoonerCare Education Specialists hosted the Agency's semi-annual large group workshops, which were held in 5 cities within the State. More than 900 representatives from provider offices attended this training. The OHCA staff also offered several webinars during this reporting period, 93 registrants attended the training via the webinars.

Insure Oklahoma (IO) Outreach Team

The primary goal of the Insure Oklahoma Outreach Teams primary goal is to provide on-site education to providers, employer groups and insurance agents. Their efforts are to recruit and inform Oklahomans about the Insure Oklahoma program and its benefits. The Team participates in preparing and conducting presentations and assists with enrollments. The Team recently began its outreach efforts and it is building relationships with our agency partners.

IO Outreach Team Highlights

May-June

- The IO Team met with chamber and rotary clubs to educate about Insure Oklahoma and inform them about the outreach team which was formed to assist with presentations to small business owners as well as individuals about the Insure Oklahoma program and its benefits.
- The IO Team has communicated with Agency stakeholders through mail, the Insure Oklahoma website, agents and employer blasts to notify that the Outreach Team is available to give presentations and provide education on the rules and regulations of the program. The Team also provides information to stakeholders regarding how to maneuver through the website and employer portal as well as assisting with employer enrollments.
- The IO Team provided Brown Bag education and provider training throughout the state.
- The IO Team is currently working with the OHCA's Office of Creative Media and Design (OCMD) to create a platform for a new Insure Oklahoma website. The OCMD has created new advertisements and informational flyers for the public.

Outreach Materials

The 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. The OHCA newsletters communicate information to our providers and members and are sent via email and/or text messaging.

The following outreach materials were distributed from January through June of calendar year 2019:

- 4,742 Insure Oklahoma small business brochures;
- 4,350 Insure Oklahoma Individual Plan brochures;
- 4,020 SoonerRide brochures;
- 3,690 SoonerPlan brochures;
- 500 Pharmacy MAT posters
- 300 Pharmacy Rack Cards
- 2,830 SoonerCare Tobacco Cessation Benefits cards;
- 880 Lock In/Pain Management cards;
- 14,060 Online Enrollment Business cards;
- 1,270 English and Spanish After Hour Clinic cards;
- 1,470 Mailing Address Update fliers;
- 1,730 Well-Child Checkup fliers;
- 1,080 Sports Physicals fliers;
- 1,610 Child Health Checkups handbook; and

- 4,590 SoonerRide 4x4 magnets.

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 to:

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

The Infant Mortality Rate (IMR) baby program recently transitioned from a nurse care management model to a social determinant screening model. After six months of experience with the program, the PCM unit determined the volume of incoming cases was not realistically manageable by the four OHCA Social Service Coordinators (SSCs). Therefore, PCM adjusted the number of counties served from 13 to 10 at the beginning of calendar year 2019. The three counties no longer receiving services were a part of the IMR program since its inception in 2011 and remain slightly over the state average mortality rate of 7.5 per 1,000 live births; but, those three counties have lower rates than the 10 new counties introduced to the program in July of 2018. Based on experience of the PCM unit, the number of new IMR newborns served will decrease by about 40 per month. The number of newborns that will continue to be served are approximately 140 per month.

The PCM unit also continues to work with the Health Information Exchange (HIE) vendor and the in-house project management team on the development of Admission-Discharge-Transfer (ADT) reports for use in risk stratifying the IMR population. Detailed timelines are not yet available due to contractual issues; however, the OHCA is working towards implementation of ADT reports for the larger SoonerCare population, in addition to the IMR population. Implementation of the ADT reporting system is expected during calendar year 2019.

Stakeholder Engagement

Tribal Consultation

Tribal consultations serve as a venue for discussion 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. During the first half of the 2019 calendar year, OHCA staff presented 37 proposed policy changes during January through June of 2019, inclusive of state rules, SPAs, and waiver amendments at the Tribal consultation meetings including, but not limited to:

- Retroactive eligibility for pregnant women and persons under 19;
- Changes to Insure Oklahoma student age limit and out of pocket maximum;
- Coverage for mobile dental preventative services;
- Clarification of coverage and reimbursement for providers located out-of-state;
- Diabetes Self-Management Training (DSMT) coverage and reimbursement;

- 1115(a) demonstration waiver amendments for the Health Access Network (HAN) and Health Management Program (HMP);
- Cost sharing policy revisions for American Indian/Alaskan Native AI/AN) members;
- Telehealth services policy revision regarding parental consent; and
- Removal of barriers for Medication Assisted Treatment (MAT).

Additional information about tribal government relations can be found on the OHCA website.¹

The Native American consultation website is utilized as a means to notify tribal representatives of all programs and policy changes as well as to allow feedback and/or comments regarding proposed changes to the SoonerCare Choice program. The OHCA posts notifications to the website and considers all recommendations received through the website when making operational decisions and policy revisions.²

Member Advisory Task Force

The Member Advisory Task Force (MATF) 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. The MATF is used to inform stakeholders of Agency policy and program decisions and allows opportunities for ongoing feedback on program improvements from the members' prospective. The 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.

The OHCA's MATF has been viewed as a model for other states as MATF members continue to set precedence in their participation with Agency staff as well as through their recommendations, some of which have helped the Agency's budget.

The MATF had two meetings during the first half of calendar year 2019; meetings were held on April 13 and June 8.

All MATF minutes can be viewed by going to the "Committees" section of the OHCA website then scroll down and clicking on the link for MATF:³

V. ADMINISTRATIVE DIFFICULTIES & POLICY DEVELOPMENTS

Administrative Difficulties

Compared to calendar year 2018, circumstances surrounding Oklahoma's Medicaid administration have improved during the first half of calendar year 2019. Issues related to state medical school funding were resolved and the OHCA met the legislative mandate to submit an 1115(a) waiver amendment for Community Engagement. The State has a positive budget outlook and the OHCA is currently in the process of seeking approval for three amendments to the 1115(a) demonstration waiver. No major difficulties have been encountered during the first half of this year.

¹ [Tribal Government Relations](#)

² [Native American Consultation Website](#)

³ [Member Advisory Task Force \(MATF\)](#)

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 the first half of 2019, there was one emergency rule change approved by the OHCA Board of Directors directly impacting the waiver. Agency rules for eligibility redeterminations were amended at Oklahoma Administrative Code (OAC) 317:35-5-26 and 317:35-5-67, to allow a member's eligibility to be terminated if mail is returned to the agency with address unknown and the Oklahoma Health Care Authority has made a reasonable attempt to verify the member's current address. Information about proposed rule changes can be accessed on the OHCA web page.⁴

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.⁵

The Federal Waiver Authority & 1115(a) Demonstration Waiver, Amendments and Reports 2019 Highlights

January – June

- On March 3, 2019, the state submitted a Health Management Program (HMP) waiver amendment to CMS; the amendment is currently under CMS review.
- On June 3, 2019, the state submitted a Health Access Network (HAN) waiver amendment to CMS; the amendment is currently under CMS review.

Legislative Activity

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

First Regular Session of the 57th Legislature

Oklahoma's 2019 legislative session kicked off on Monday, February 4, 2019 at noon with the newly elected Governor Kevin Stitt, presenting his goals and budget proposal for his first session.

- The Oklahoma House welcomed 45 new members of their 101 total seats;
- The Oklahoma Senate began with 11 new members of their 48 seats;

⁴ [OHCA Proposed Rule Changes](#)

⁵ [SoonerCare Choice/Insure Oklahoma Waiver](#)

- Legislator education was a top priority for the OHCA Government Relations team; and
- Bill filing began November 15, 2018, with a filing deadline of January 17, 2019.

More than 2,800 bills were filed in January 2019 and OHCA began tracking 193 pieces of legislation. By the end of session, Governor Stitt vetoed four of OHCA's tracked bills and signed 36.

Signed key legislation:

- **SB 1**, creates the Legislative Office of Fiscal Transparency (LOFT)
- **SB 280**, nursing facility pay-for-performance program that changes quality measures, modifies staffing ratios and increases personal needs allowance for nursing home residents
 - Estimated fiscal impact of \$26.1 million
 - Effective date of October 1, 2019 (subject to CMS approval)
- **SB 316**, all Memorandum of understanding (MOU) and Memorandum of agreement (MOA) to be published online
- **SB 456**, gives the governor authority to appoint OHCA CEO, restructuring the Agency's Board of Directors
- **SB 509**, step-therapy reform
- **SB 575**, telemedicine bill
- **SB 773**, mental health loan repayment program
- **HB 2591**, defunding statutory rape cover-up act
- **HB 2632**, an anti-pharmacy benefit manager (PBM) bill

Themes – This session focused on accountability & transparency, health care, rural Oklahoma, education, criminal justice reform, and the budget.

Budget – **HB 2765** - General Appropriations

- \$818,977,368 to OHCA from General Revenue
- \$50,000,000 to OHCA from the Special Cash Fund of the State Treasury
- \$131,062,000 to OHCA from the Health Care Enhancement Fund of the State Treasury

HB 2767 - Rate Preservation Fund - \$29 million

- Creates a fund for the sole purpose of maintaining reimbursement rates to providers when decreases in Federal Medicaid Assistance Percentage (FMAP) would otherwise result in reimbursement rate decreases by OHCA.

HB 2771 - Employee Pay Raise

- Ranging from \$600 to \$1,500 based on current pay

A ballot initiative has been filed, state question 802, to expand Medicaid by a Constitutional amendment. A court challenge has been filed by the Oklahoma Council of Public Affairs to keep the question off the November 2020 ballot.

- The legislature adjourned without hearing a legislative plan to expand Insure Oklahoma.

The House adjourned around noon and the Senate adjourned shortly after on May 23, 2019.

Expected interim discussions –

- Out-of-State Expenditures
- Comprehensive Healthcare Reform from Governor Stitt
- Psychiatric Resident Treatment Facility Audit
- Criminal Justice Reform's impact on Behavioral Health
- Treatment options for adults with Treatment Brain Injuries (TBI)

The health care related interim studies were not approved by the Speaker of the House because the Legislature created a bipartisan, bicameral Health Care Working Group. At this time, the OHCA has not

been invited to participate in any interim studies but has spoken at both working group meetings that have been held.

The work group meets every Wednesday at 9 a.m. The work group consists of nine members from each legislative chamber as well as two members appointed by Governor Stitt including Deputy of Health and Mental Health, Carter Kimble.

OHCA presented information on our current Medicaid programs, services, enrollment, and federal and state funding. OHCA also answered questions about the waiver process, Medicaid expansion efforts in other states such as Utah, and OHCA's efforts to improve care coordination over the past few years.

OHCA plans to present again in the future as the group takes a multi-faceted approach to improving health for Oklahomans.

The Second Session of the 57th Legislature will convene February 3, 2020.

VI. QUALITY ASSURANCE & MONITORING ACTIVITIES

Consumer issues include member inquires, member grievances, and complaints, and/or problems that consumers encountered.

Member Inquiries

The OHCA's Member Services unit takes inquiries from members that are identified according to call categories. The Member Services unit has worked on ways to better identify the types of member inquires. The Member Services received a total of 17,722 Tier II inquiries from January 2019 through June 2019. Refer to Table 14. for the number of member inquiries by category received during the first two quarters of 2019.

Table 14. 2019 Member Inquiries

2019 Member Inquiries	Jan-Mar	Apr-Jun
Access to Care	5	0
Complaint on Provider	69	63
Dental History	1	1
Drug/NDC Inquiry	2	0
Eligibility Inquiry	1,638	1,476
Fraud and Abuse	52	67
Medical ID Card	3	2
Prior Authorization (PA) Inquiry	485	523
Primary Care Physician (PCP) Change	98	78
Primary Care Physician (PCP) Inquiry	133	155
Program Complaint	23	25
Program Policy Questions	2,789	3,486
SoonerRide	1,830	2,072
Specialty Request	236	179
Other	1,027	1,204
Totals	8,391	9,331

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, and/or other questions and concerns about SoonerCare and Insure Oklahoma.

The SoonerCare helpline received a total of 80,578 calls from January through June of 2019. Refer to Table 15 for the number of incoming calls to the SoonerCare helpline by quarter.

Table 15. 2019 SoonerCare Helpline

2019 SoonerCare Helpline	Jan-Mar	Apr-Jun
Access to Care	5	0
Application	38	152
Behavioral Health (BH) Inquiry	31	22
Claim Inquiry	2,598	2,912
Dental History	9	8
Eligibility Inquiry	29,660	27,863
Emergency Room (EMR) Inquiry	15	28
Financial Information	1	0
Form Request	13	2
Fraud & Abuse	66	59
Information Request	88	142
Insure Oklahoma	166	66
Lock-In	1	1
Medicare	12	10
Medical ID Card	274	315
New Born (NB) Letter Response	2	0
Invoice Inquiry	2	0
Renewals	483	459
Referral	52	45
Policy Question	44	27
Program Complaint	31	29
Prior Authorization (PA) Inquiry	561	575
Pharmacy Point of Sale (POS)	458	523
SC/BC Orientation Call	2	5
Sooner Ride	2,539	2,747
Soon to be Sooners	10	6
Specialty Request	396	362
Term Letter/Denial Letter	19	10
Third Party Liability (TPL) Inquiry	3,584	3,050
Totals	41,160	39,418

Likewise, the SoonerCare online enrollment helpline received 24,359 calls from January 2019 through June 2019. Refer to Table 16 for the number of incoming calls fielded by the online enrollment helpline by each quarter of the first six months of 2019.

Table 16. 2019 Online Enrollment Helpline

2019 Online Enrollment Helpline	Jan-Mar	Apr-Jun
Access to Care	1	0
Application	17	53
Claim Inquiry	434	347
Contract Inquiry	8	0
Complaint on Provider	6	1
Dental History	5	0
Drug/NDC Inquiry	1	0
Eligibility Inquiry	11,367	9,961
Emergency Room (EMR) Inquiry	13	7
Form Request	3	0
Fraud & Abuse	21	17
Information Request	14	21
Insure Oklahoma	81	34
Medicare	1	2
Medical ID Card	22	35
New Born Letter Response	0	0
Prior Authorization (PA) Inquiry	35	21
Primary Care Physician (PCP) Inquiry	297	322
Pharmacy Point of Sale (POS)	46	63
Policy Question	3	1
Renewals	60	38
Soon to be Sooners	15	1
Sooner Ride	170	170
Specialty Request	23	19
Term Letter/Denial Letter	7	1
TPL Inquiry	340	255
Totals	12,990	11,369

From January 2019 through June 2019, the Insure Oklahoma ESI program received a total of 2,807 calls through the helpline. Refer to table 17 for the number of calls received through the ESI Program helpline for the first six months of 2019.

Table 17. Insure Oklahoma ESI Program Helpline

2019 Insure Oklahoma ESI Helpline	Jan-Mar	Apr-Jun
Affordable Care Act (ACA) Insure Oklahoma	0	0
Application	128	78
Eligibility Inquiry	848	607
Financial Information	51	35
Information Request	292	304
Invoice Inquiry	161	90
Password Reset/Request	42	40
PIN Number	10	9
Policy Question	0	2
Program Complaint	0	0
Rates	50	37
Remittance Advice	1	0
Renewals	10	3
Other ⁶	5	4
Totals	1,598	1,209

⁶ This category has been redefined to include inquiries on Contract Compliance, EDEA Agreement, and EDI Medicare X-over, EDI X-Walk Inquiry.

Insure Oklahoma’s IP program received 26,072 calls through the helpline from January 2019 through June 2019. The number of IP calls received during the first six months of 2019 can be found in Table 18.

Table 18. Insure Oklahoma Helpline (IP)

2019 Insure Oklahoma IP Helpline	Jan-Mar	Apr-Jun
Access to Care	3	1
Application	916	653
Claim Inquiry	152	165
Eligibility Inquiry	7,810	6,507
Financial Information	595	510
Information Request	2,273	2,627
Invoice Inquiry	689	705
Medical ID Card	8	12
Prior Authorization (PA) Inquiry	43	51
Password Reset/Request	430	470
Primary Care Physician (PCP) Change	427	629
Pharmacy Point of Sale (POS)/Lock In	3	3
PIN Number	80	108
Program Complaint	1	0
Policy Question	10	19
Rates	33	17
Remittance Advice	1	2
SC/BC Orientation Call	0	2
Sooner Ride	3	10
Specialty Request	14	12
Third Party Liability (TPL) Inquiry	7	11
Other ⁷	31	29
Totals	13,529	12,543

⁷ 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.

Lawsuits or Legal Actions

Four lawsuits were filed against the OHCA in the first half of 2019. Two lawsuits were filed by members and two filed by providers. One lawsuit filed by a member in Garfield County was ruled in favor of the OHCA; the three other lawsuits are ongoing.

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.

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. OHCA staff met on March 7, 2019 for discussion of revisions to the document based on feedback from CMS. Additionally, a webinar was hosted by CMS on March 19, 2019 providing an overview of new evaluation design guidance.

On April 18, 2019, OHCA staff and Pacific Health Policy Group (PHPG) met to review revisions made to the document based on training and direct feedback from CMS. After review and completion of final changes, the revised evaluation design was submitted to CMS on June 18, 2019 and again on June 25, 2019 with further revisions. As of the date of this report, the State is awaiting final approval from CMS of the evaluation design. To review the draft SoonerCare evaluation design, refer to Attachment 2.

The OHCA is also required to measure and report results annually on the quality of care provided to individuals enrolled in its Medicaid program, known as SoonerCare. This includes measures that are required or suggested by CMS. OHCA staff provide significant assistance to Pacific Health Policy Group (PHPG) the Agency's contracted evaluator, to ensure appropriate application of measurement methods to Medicaid claims data; however, PHPG is solely responsible for the final results. Oklahoma selected 25 measures to report related to effectiveness of care. Twenty-three measures were reported according to NCQA/HEDIS specifications. Measures selected within this domain determine effectiveness of care related to prevention and screening (ten measures), respiratory conditions (two measures), diabetes (one measure), behavioral health (eleven measures), and medication management (one measure). To review the Quality of Care report, refer to Attachment 3.

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.

Tables 19 and 20 provide the number of pending and closed grievances (appeals), by category for the SoonerCare and Insure Oklahoma programs during the first two quarters of CY2019.

Table 19. 2019 SoonerCare Grievances

2019 SoonerCare Grievances	Jan-Mar		Apr-Jun	
	Pending	Closed Reason	Pending	Closed Reason
SoonerCare Eligibility	3	1 Denied 1 Resolved 1 Untimely 2 withdrew	1	2 Denied 1 Untimely 7 Resolved
Dental	1	0	2	4 Denied 2 Untimely
Misc.	0	0	1	1 Resolved
Misc. Unpaid Claim	2	1 Dismissed 1 Granted 2 Resolved 1 Untimely	4	6 Resolved
PDN	0	2 Resolved	0	0
Prior Auth: DME	0	0	1	0
Prior Auth: Other	0	1 Denied 1 Granted 2 Resolved	5	2 Resolved
Prior Auth: Other Surgery	2	0	0	1 Resolved
Prior Auth: Pharmacy	0	1 Untimely 1 Withdrew	0	2 Resolved
Prior Auth: Radiology	0	0	2	1 Closed

Table 20. Insure Oklahoma Grievances

2019 Insure Oklahoma Grievances	Jan-Mar		Apr-Jun	
	Pending	Closed Reason	Pending	Closed Reason
Eligibility	1	3 Resolved	0	1 Resolved 1 Withdrew

VII. FINANCIAL & BUDGET NEUTRALITY

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.

As of May 2019, the state has a net variance of \$1,320,163,773. Please refer to the SoonerCare Budget Neutrality Workbook at Attachment 4. There were no significant developments, issues, or problems with budget neutrality in 2019. Of note, Oklahoma's budget neutrality was rebased in accordance with the guidance from CMS. Further, CMS released its new budget neutrality workbook template; the State completed its first submission of the budget neutrality workbook through the PMDA portal on June 6, 2019 with a received date of June 14, 2019. The next budget neutrality workbook will be due August 31, 2019.

VIII. ATTACHMENTS

1. 2019 Updated OHCA Strategic Plan
2. Draft SoonerCare Evaluation Design
3. 2019 OHCA Quality of Care Measures Report
4. SoonerCare Budget Neutrality Workbook

IX. STATE CONTACT

State Contact(s)

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X. DATE SUBMITTED TO CMS

August 30, 2019