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

JAN 1, 2021 – JUNE 30, 2021 | SUBMITTED SEPT 1, 2021

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 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

Policy or Administrative Difficulties

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

The OHCA submitted an amendment to implement third party managed care organizations (MCO) as the service delivery model under the 1115 waiver on February 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 that held that 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, that was to become effective October 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 national emergency 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.

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. There were nearly 125,000 members in the Healthy Adult Population on July 1. A media campaign will begin in July to reach additional adults that now qualify for SoonerCare.

OHCA Receives the Governor's Award
The Third Annual Governor's Leadership Summit was held and 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:

- Collaborated with the Office of Creative Media and Design to create an online member toolkit to help educate and guide the adult expansion population through their SoonerCare benefits.
- Simplified form requirements to reduce confusion.

Lawsuits or Legal Actions

Three new lawsuits were filed against OHCA during the reporting period. Two were related to SoonerSelect and one regarding a provider contract termination.

Unusual or Unanticipated Trends

Neither SoonerCare nor Insure Oklahoma experienced any unanticipated trends for January to June 2021.

Legislative Updates

The first session of the 58th legislature began on February 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. The deadline to submit interim study proposals is June 25.

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 has an obligation to promulgate rules outlined in the bill.

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.

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 6 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, as listed below.

The Provider Engagement department conducted 4 online trainings on prior authorizations, behavioral health, durable medical equipment, and occupational, physical, and speech therapy.

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=y__168NbEpM
   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.

6. 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.

Five virtual and on-site tribal consultation meetings were held between January and June 2021. OHCA staff presented 40 proposed policy changes inclusive of state rules, SPAs and waiver amendments at the tribal consultation meetings including, but not limited, to:

- Medicaid expansion.
- SoonerSelect.
- I/T/U shared savings program.
- COVID-19 related services.

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 2021 and the following items were discussed:

- Medicaid expansion.

- SoonerSelect.
- Insure Oklahoma phase out.

The group assisted OHCA with sharing information regarding Medicaid expansion with peers and among other community groups they participate in.

Public Comments Received in Post-Award Forum

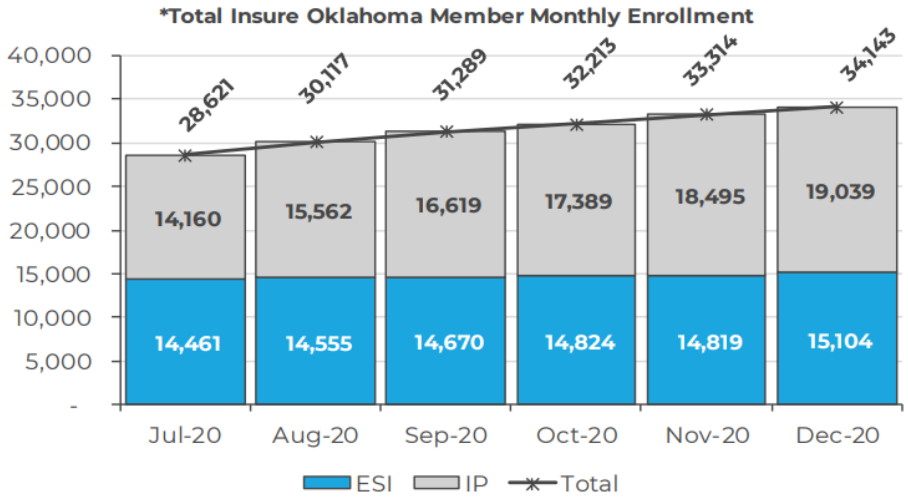
The State did not conduct the 2020 post-award forum during this reporting period.

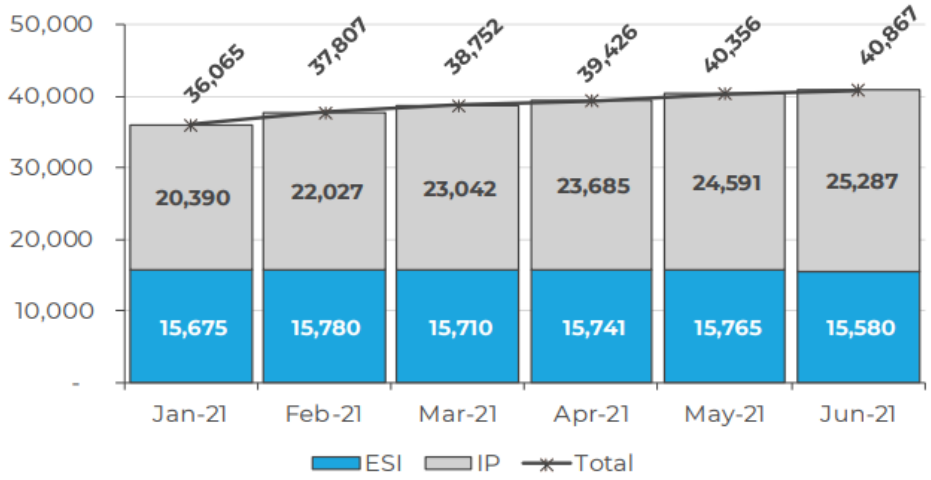
III. PERFORMANCE METRICS

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). Since then, the program has experienced a nearly 107% increase as eligibility is continual without closures unless the member dies, moves out of state, or requests the termination.

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.

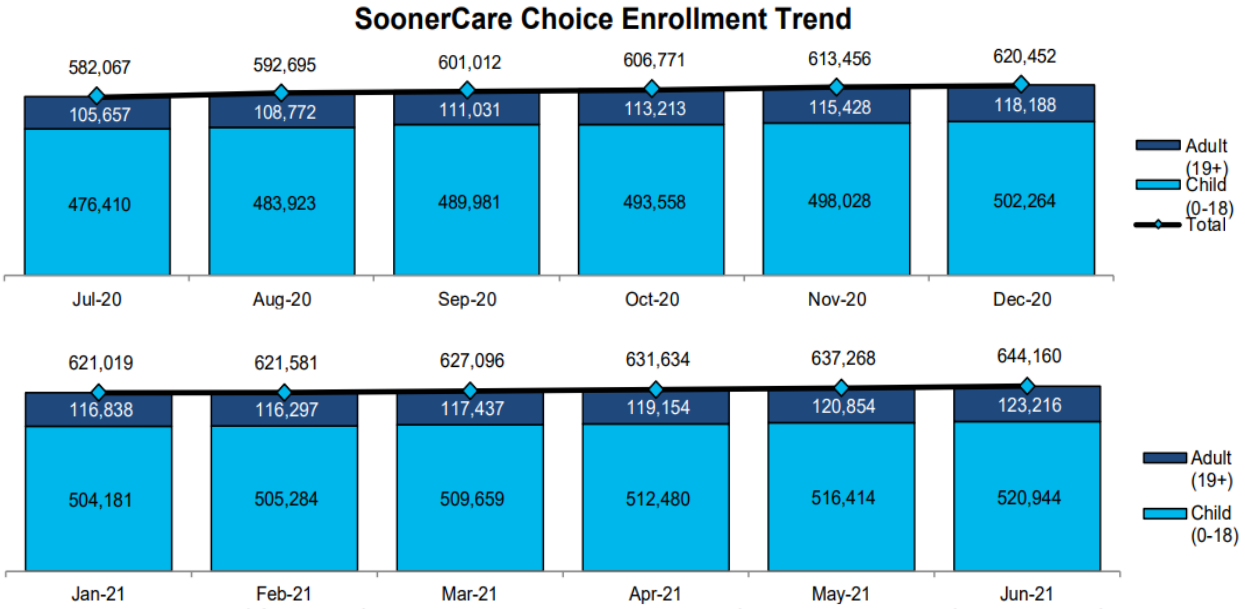




*Due to the COVID-19 emergency provision, all former Insure Oklahoma members whose eligibility expired from March 1, 2020, through May 1, 2020, were reinstated.

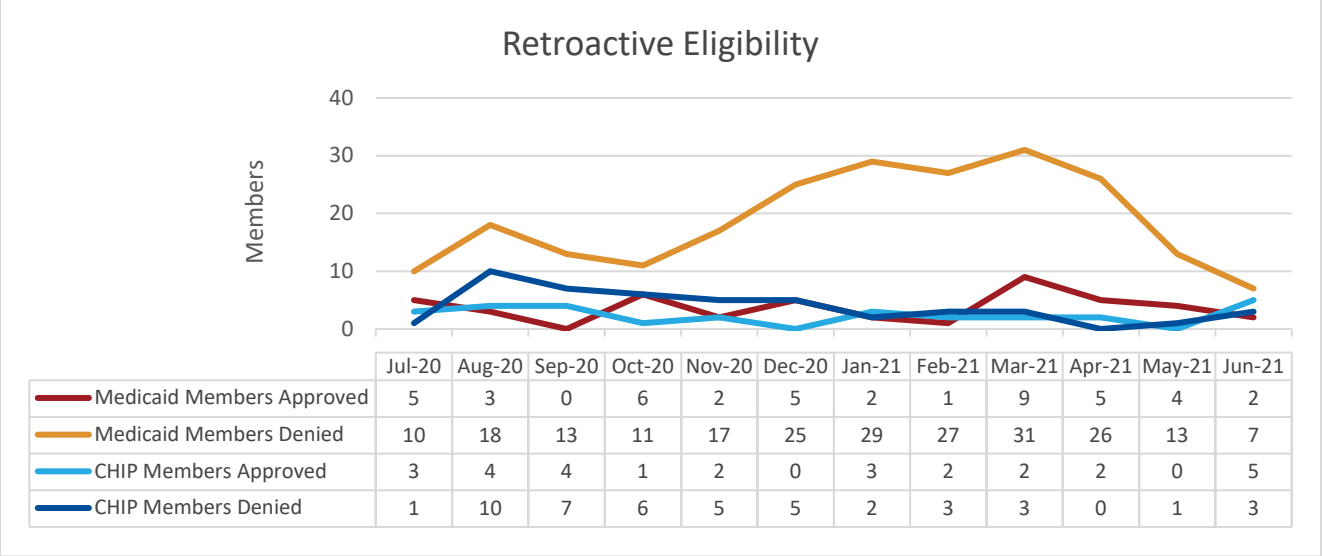
Eligibility and Coverage

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 2020 (524,659 enrollment). Since then, 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.



Data was compiled by Reporting & Statistics as of the report date and is subject to change. Numbers frequently change due to certifications occurring after the data is extracted and other factors. A majority of the data is a "point in time" representation of the specific month and is not cumulative. Unless otherwise stated, a CHILD is defined as an individual 18 and under. For additional copies, you can go online to OHCA's web site www.okhca.org under Research/Statistics and Data (www.okhca.org/research/data).

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



	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
Medicaid Members Approved	5	3	0	6	2	5	2	1	9	5	4	2
Medicaid Members Denied	10	18	13	11	17	25	29	27	31	26	13	7
CHIP Members Approved	3	4	4	1	2	0	3	2	2	2	0	5
CHIP Members Denied	1	10	7	6	5	5	2	3	3	0	1	3

Access, Quality and Outcomes

Quantitative Data

The deliverable schedule for the annual Health Management Program and Health Access Network evaluation reports was revised to align with the 1115 waiver evaluation. As a result, quantitative data from the program evaluations will be included in future reports.

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, she and he 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!"

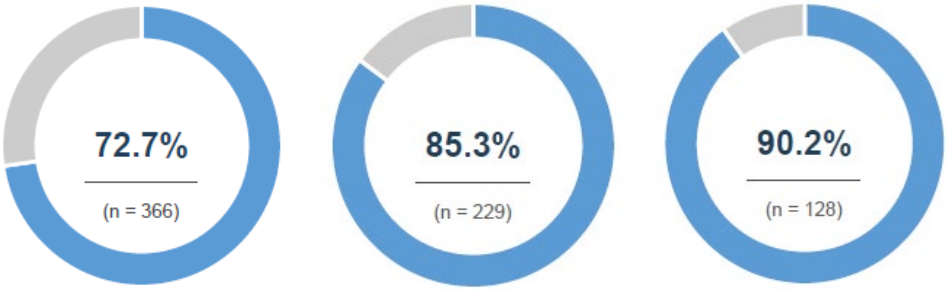
Member Satisfaction Surveys, Grievances and Appeals

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 can be found in Attachment 1 of this 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 can be found in Attachment 2 of this report.



Rating of Health Plan		Getting Needed Care		Customer Services	
2020	72.7%	2020	85.3%	2020	90.2%
2019	NA	2019	NA	2019	NA
2018	69.7%	2018	85.6%	2018	84.8%

Member satisfaction surveys conducted internally by OHCA's Eligibility and Coverage Services department and externally by the independent evaluator for the Health Management Program and Health Access Networks were placed on hold due to the public health emergency. Survey activities are scheduled to resume in July 2021. Results will be provided in future reports.

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 June 2021)

	Filed	Granted	Denied
SoonerCare Eligibility	30	0	5
Dental	19	0	6
Prior Authorization	69	3	7
Private Duty Nursing	5	0	1
Misc. (unpaid claims, etc.)	62	7	1
All Other	1	0	0
Total:	186	10	20

Insure Oklahoma Grievances (January to June 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 3, 2021. The next submission is scheduled for September 1, 2021. 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 2020 in accordance with the evaluation design approved by CMS on September 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 for the SoonerCare Demonstration. OHCA and PHPG are reviewing the most recent CMS technical guidance/technical assistance on the implications of COVID-19 to Demonstration monitoring and evaluation activities and will incorporate the guidance, as applicable, into the evaluation. The OHCA and PHPG likewise will review NCQA guidance with respect to use and interpretation of HEDIS® measures affected by the public health emergency.

OHCA submitted a proposed amendment to the SoonerCare Demonstration to enroll the adult Medicaid expansion population into the program's patient centered medical home (PCMH) model. This will make the expansion population a component of the 1115 evaluation design. Once the amendment has been approved, OHCA and PHPG will draft and submit an updated design that incorporates expansion adults into the evaluation. The updated design also will address evaluation of the Insure Oklahoma program (Hypothesis #3), most of whose members have transitioned to Medicaid under the expansion.

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 two years of the current Demonstration period – calendar years 2019 (baseline) and 2020. PHPG is preparing to calculate 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 will be selected using an appropriate matching methodology selected 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 is preparing to use the claims extract described above to evaluate access using HEDIS® preventive care measures. The evaluation will use the same comparison group methodology as described above. The evaluator also will be analyzing SoonerCare Choice CAHPS survey data, using a file to be provided by the OHCA's CAHPS contractor. The contractor will be preparing a file with de-identified member-level data, with HAN-affiliated respondents flagged within the database. 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 Propensity Score Matching, subject to data limitations.

Waiver Component	Progress Summary
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 preparing to evaluate quality using HEDIS® chronic care measures for Asthma, CAD, COPD, Diabetes, Hypertension and Mental Health. The evaluation will use the same comparison group methodology as described above. 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). The evaluator completed development and testing of the member survey in 2020 and was in the process of developing the provider survey when work was suspended due both to the COVID-19 public health emergency and the planned transition from HAN to risk-based managed care contracts in October 2021. Due to OHCA's recent decision to retain the HAN model for the foreseeable future, the evaluator is restarting the survey development and implementation process. The evaluator will be obtaining member care management and provider rosters from the HANs and fielding the surveys as soon as practicable.
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 will use the paid claims extract described above to document the average number of PCMH visits incurred by HMP participants. The analysis will be performed by health coaching mode.

Waiver Component	Progress Summary
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 in the process of 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 in calendar years 2019 and 2020.
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 in the process of 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 evaluation will use the same comparison group methodology as described above. 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 and 2020, the evaluator completed approximately 1,200 initial and 600 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 in the process of calculating ER cost/utilization for 2019 and 2020 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 and 2020 by applying the same methodology for HMP participants as described above for HAN-affiliated beneficiaries.

Waiver Component	Progress Summary
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 500 surveys with CAHPS supplemental questions were completed through December 2020.
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 in the process of calculating PMPM expenditures for 2019 and 2020 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.	The 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.	The 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.	The 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 will be selected using Propensity Score Matching. 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 585 through July 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

1. 2021 Oklahoma Health Care Authority Child Medicaid CAHPS Report
2. 2020 Oklahoma Health Care Authority Adult Medicaid CAHPS Report

VII. STATE CONTACT

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VIII. DATE SUBMITTED TO CMS

September 1, 2021