

OKLAHOMA HEALTH CARE AUTHORITY

SFY 2021 ANNUAL REPORT



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LETTER FROM THE CEO

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Onward,

Kin Culit

Kevin Corbett

Our **Passion for Our Purpose** was seen in our entire agency's willingness and eagerness to do whatever it took to continue meeting the needs of our members and providers.





Empowerment and Accountability propelled our staff to embrace new responsibilities and overcome obstacles with confidence and competence.

Trust and Transparency were on full display as we adjusted policies through the pandemic, held public virtual meetings for providers and the community, and continued open communication with members and providers throughout this confusing and difficult time.





Our team was **Best in Class and Solution-oriented** as we adjusted to new normals and found ways to conquer challenges we had never faced.

Servant Leadership was shown throughout our staff as they donated enough blood to save 177 lives, gave \$21,320 to the State Charitable Campaign and formed a council to foster an environment where inclusion and diversity flourish in the workplace, and so much more.



PASSION FOR PURPOSE







of members were aged, blind or disabled and accounted for



of all expenditures.

654,279

children ages 0-20 were covered by SoonerCare.



members enrolled through SoonerCare and Insure Oklahoma.



Oklahomans were covered by SoonerCare.

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3,682

businesses were enrolled in Insure Oklahoma as of June 2020, and



individuals were covered during SFY 2020 through the individual plan and employer-sponsored plans.



providers administered care to SoonerCare members.

Note: Providers are counted multiple times if they have multiple locations.





of births in Oklahoma were covered by SoonerCare.

Note: The most recent data on total births in Oklahoma is from the Oklahoma State Department of Health as of Dec. 2021. \sim

ABOUT SOONERCARE

What is SoonerCare?

SoonerCare covers many health care services for our members in the most fiscally responsible way. There are limits in place to ensure only medically-necessary services are provided, and, in some cases, particular benefits are for children only. There is no cost for those who meet the SoonerCare income guidelines; however, copays may apply to some services for adults. Mandatory services are required under federal law and are monitored by the Centers for Medicare & Medicaid Services. SoonerCare also offers several benefits that are not federally required to maintain or increase health and quality of life. For a full list of benefits, please visit the OHCA website.

How is Medicaid Different From Medicare?

Both Medicaid and Medicare are government programs (with oversight by CMS) that help cover health care costs for millions of Americans, but there are some key differences. Medicare is a federal health insurance program and is essentially the same across the U.S. It provides coverage primarily to individuals 65 years or older, regardless of income, as well as some people with disabilities. In contrast, Medicaid is a federal-state program that assists low-income individuals of all ages with their health care needs. Those covered by Medicaid must meet eligibility requirements, and state and local governments administer their own Medicaid programs within federal guidelines. In addition, waivers give states flexibility to offer optional services, evaluate new methods for health care service delivery and more.

What is CHIP?

Signed into law in 1997, the Children's Health Insurance Program provides federal matching funds to states to provide health coverage to children in families with incomes too high to qualify for Medicaid but who cannot afford private health coverage. Like Medicaid, CHIP is a federal-state program. It provides benefits to eligible children, through both Medicaid and separate CHIP programs. In Oklahoma, CHIP is operated as part of SoonerCare.

What Coverage Programs are Offered?

The health care needs of Oklahomans are complex. SoonerCare offers various health benefit packages to accommodate our members in the most fiscally responsible way. Most individuals covered by SoonerCare receive health care benefits at no cost. Adult members are responsible for copays, except for certain exempt eligibility groups and services. To be eligible for SoonerCare, an individual must first meet the description of a member eligibility group. OHCA administrative rules detail specific qualifications for each group. Member categories include:

- Children and parents who qualify for the Temporary Assistance for Needy Families program.
 - Children, parents and caretakers.
 - Aged, blind or disabled.
- The aged, blind or disabled not included in TANF.
- Tax Equity and Fiscal Responsibility Act of 1982.
- SoonerPlan, a family planning program for individuals who are not enrolled in regular SoonerCare services.
- Breast and cervical cancer treatment program.
- Other, including Soon-to-be-Sooners and children who are currently or formerly in foster care.

SoonerCare Choice

A patient-centered medical home program. In this health care model, each member has a medical home where a primary care provider organizes their health care services.

SoonerCare Traditional

A comprehensive health care plan for members who do not qualify for SoonerCare Choice. SoonerCare Traditional members access services from contracted providers, whom OHCA pays on a fee-for-service basis.

SoonerCare Supplemental

A benefit plan for individuals enrolled in both Medicare and Medicaid (also known as dual eligibility). SoonerCare Supplemental pays both the Medicare coinsurance and deductible. It also provides medical benefits to supplemental services covered by Medicare.

Long-Term Care

Offers additional benefits to certain members who are enrolled in SoonerCare Traditional or SoonerCare Supplemental plans. These benefits may include long-term care facility services, in-home personal care services, or home and community-based services. The home and community-based services benefit provides medical and other supportive services as alternatives to a member entering a nursing facility or hospital setting.

SoonerPlan

Covers limited services related to family planning. SoonerPlan members do not typically qualify for full SoonerCare benefits.

Soon-to-be-Sooners

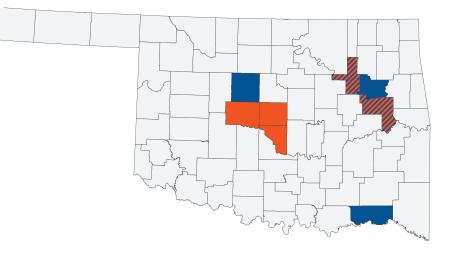
A limited benefit plan that provides pregnancy-related medical services to women who do not qualify for full SoonerCare benefits.

Insure Oklahoma

Offers premium assistance to help Oklahoma businesses cover their qualified staff. Businesses must have 250 or fewer employees to qualify (no more than 500 employees for nonprofits). They must also be enrolled (or in the process of enrolling) in a qualified health plan. The state, the employer and the employee share in the premium costs. The individual plan helps to cover Oklahomans who meet the income qualifications and do not qualify for an employer-sponsored insurance plan, are temporarily unemployed or are working disabled and have qualifying income.

TELEHEALTH

OHCA largely expanded approved telehealth services in 2020 to continue safely accommodating SoonerCare members' needs during the COVID-19 pandemic. An unprecedented number of members used telehealth services in both rural and urban areas throughout the state as is shown in the chart to the left. These services were more crucial than ever as they allowed our members and providers to meet with each other in a safe manner during such a disconcerting time.



Top 5 counties by **percent of enrolled members served:**

- Muskogee: 13% of members served
- Choctaw: 12% of members served
- Tulsa: 12% of members served
- Wagoner: 12% of members served
- Kingfisher: 12% of members served

Top 5 counties by **number of members served:**

- Tulsa: 16,878 (12% of members in this county)
- Oklahoma: 16,755 (9 of members in this county)
- Cleveland: 3,825 (7% of members in this county)
- Muskogee: 2,590 (13% of members in this county)
- Canadian: 2,059 (11% of members in this county)

	March-June 2020	March-June 2021
How many members used telehealth?	143,286	206,932
How many providers conducted services via telehealth?	2,955	3,141
How many telehealth visits were conducted?	635,577	1,433,487
What was the average number of telehealth visits per member utilizing this service?	4.4	6.9
What was the total cost for telehealth visits?	\$46M	\$116M
What was the average reimbursement per member?	\$322	\$563
What was the average reimbursement per claim?	\$73	\$81

Number of telehealth visits determined by claims in top 10 codes, which accounts for vast majority of activity.

EMPOWERMENT



3.7%

of all expenditures were for administration.



member calls were answered during SYF 2021.

597,969 300,000

approximately

online applications were processed



full-time staff members employed at the end of the fiscal year, averaging



years of service at OHCA.



The top three expenditures for SFY 2021 were



for nursing facilities,



for prescribed drugs and



for inpatient services.



\$5.4M

were recovered as a result of provider audits, and



were recovered through drug rebates collected in SYF 2020.

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CEO COUNCIL FOR DIVERSITY AND INCLUSION

OHCA has taken significant steps to advance the pursuit of inclusive excellence. The most significant step has been the
creation of the CEO Council on Diversity & Inclusion. The mission of this council is to create a workplace environment that
supports diverse talent, life experiences and perspectives, while continuing to inspire innovation. OHCA's culture must be one
where all employees and members are treated with absolute equality. We are committed to establishing an environment that
welcomes all people and is a safe space to express your concerns, criticisms and experiences.

COVID RESPONSE FOR EMPLOYEES

The Oklahoma Health Care Authority has actively encouraged team members to get vaccinated against COVID-19, while remaining respectful of each employee's personal choice. The agency has provided multiple onsite vaccination clinics for staff and their families and has utilized its weekly internal newsletter and weekly virtual townhalls with CEO Kevin Corbett to encourage vaccinations and provide status updates.

"I do appreciate the awareness that leadership has in speaking to us knowing we may have different viewpoints on various subjects [such] as vaccination requirements," an employee said in a survey following a town hall. A separate internal survey of staff in May (administered May 10-20) found that 74% reported being fully vaccinated. Another 6% had received the first dose of a two-dose vaccine course or said they planned to be vaccinated.

COVID RESPONSE FOR MEMBERS

he Oklahoma Health Care Authority remained focused on connecting members with access to safe, quality care during the pandemic. The agency leveraged federally authorized flexibilities to help providers safely continue offering effective care to SoonerCare members and to maximize federal funding of Oklahoma's program.

OHCA provided complete coverage for COVID-19 testing and care and expanded the use of telehealth services. The agency also continued to defer recertification for SoonerCare members ensuring their uninterrupted health care coverage. By implementing these relief measures, OHCA received an increase in the Medicaid federal match by 6.2 percentage points, continuing its commitment to be good stewards of Oklahomans tax dollars.



MILESTONES

COVID-19 Response

Throughout the COVID-19 pandemic, our focus has been to protect the health and safety of our employees, their families and loved ones, while continuing to provide access to quality care for our members.

OHCA employees, following Gov. J. Kevin Stitt's Executive Order (2020-07 First Amended) and Centers for Disease Control and Prevention guidelines, began primarily working from home on March 23, 2020. The agency's business enterprises division worked around the clock in partnership with Office of Management and Enterprise Services (OMES) to obtain the tools and infrastructure needed to work remotely. This involved obtaining 300 additional laptops, setting up a secure virtual private network and providing trainings for employees on effective use of Office 365.

Those employees working from a personal device were given resources and guidance to ensure the safety of member data. Care was taken to ensure it stayed within agency servers to protect the data and ensure the agency would be able to continue compliance with open records laws without opening employees' personal devices to review.

Once the agency felt it was safe for employees to return to work, safety precautions were immediately put into place. The agency identified employees who preferred to telework permanently, work flexible hours, and those full-time in-office employees, as well as identified technology needs.

OHCA provides many options to support a work-life balance, particularly during a time such as this. As of August 2020, 87% of OHCA employees are considered flex workers or teleworkers.

Financial Resources

The financial resources division consists of three units – adjustments, claims resolution and third-party liability. This division works to ensure medical claims are paid accurately and appropriately, and sustain the agency principle of Empowerment and Accountability.

In SFY 2020, these units recovered more than \$31.5 million, reviewed and adjudicated 350,000 claims, and processed 11,000 refunds and adjustment requests. This helps safeguard OHCA's budget and ensures compliance with both federal and state regulations regarding coordination of benefits between Medicaid, Medicare and commercial payers.

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PARTNERSHIPS

Federal Medical Assistance Percentage

The FMAP helps the government determine its share of the cost of covered services in state Medicaid programs. The FMAP is not a static number. Its formula is based on the average per capita income of each state as compared to the national average, but an FMAP cannot be less than 50% by law. Because the FMAP is determined by federal fiscal year, two years are blended to calculate an accurate FMAP for the state fiscal year. Oklahoma's FMAP for SFY 2020 was 66.02%. For every \$1 the state spent on SoonerCare in SFY 2020, the federal government matched \$2.24 for a total of \$3.24.

Other Partners

Access to quality health care is bigger than one agency or organization. The hard work and dedication of the many private, public and nonprofit state and community-based organizations, and tribes across Oklahoma make it possible to provide information and resources to Oklahomans. From assisting with eligibility processing to providing direct care to Oklahomans in need, these partnerships are crucial.

CENTERS FOR MEDICARE & MEDICAID SERVICES

- DEPARTMENT OF CORRECTIONS
- DEPARTMENT OF EDUCATION
- DEPARTMENT OF HEALTH
- DEPARTMENT OF HUMAN SERVICES
- DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES
- OFFICE OF JUVENILE AFFAIRS
- GOVERNOR'S OFFICE
- INDIAN HEALTH SERVICES
- FEDERALLY QUALIFIED HEALTH CENTERS
- LEGISLATURE

- MARCH OF DIMES
- MEDICAL PROFESSIONAL ASSOCIATIONS
- OKLAHOMA COLLEGES, UNIVERSITIES AND RESEARCH INSTITUTES
- OKLAHOMA PARTNERSHIP FOR SCHOOL READINESS
- SOONERCARE PROVIDERS
- TULSA AND OKC COUNTY HEALTH DEPARTMENTS
- TOBACCO SETTLEMENT ENDOWMENT TRUST
- TRIBES AND TRIBAL LEADERSHIP
- GEORGE KAISER FAMILY FOUNDATION

TRUST AND TRANSPARENCY

LEGISLATIVE UPDATE

58th Legislative Session

During the 58th legislative session, three OHCA request bills were passed and signed into law. This session saw a record number of bills sent to Governor Kevin Stitt. Legislators sent 598 bills to the Governor for consideration. Governor Stitt signed 582 bills, let two bills become law without his signature, and vetoed 11 bills with none overridden.

Governor Stitt signed the remaining budget bills, including the general appropriations bill, HB 2900. OHCA received a 19.38% appropriations increase due to Medicaid expansion and funding the budget requests.

Budget bills signed by Governor

- **SB 1045** Providing for directed payment structure and increases SHOPP rate to 3% beginning Jan. 1, 2022, 3.5% beginning Jan. 1, 2023, and 4% beginning Jan. 1, 2024.
- **SB 1046** OHCA's limits bill. Includes budget request items including program growth, adult limited dental benefits, and alternative treatments for pain management benefits.
- **HB 2900** General appropriations bill. OHCA received a 19.43% increase in appropriations. This includes budget request items and expansion.

2021 OHCA Legislative Requests

SB 689, Sen. Pugh MAC Restructuring committee to reflect federal regulations, decrease the number of members to 15, and define tenure of member and chair/vice-chair.

SB 207. CEO Appeals Directing the CEO appeal process to an ALJ outside the agency.

SB 434, Sen. McCortney Tribal Shared Savings Incentivize tribes to participate in care coordination agreements by paying them back a percentage of the savings realized.

Of Interest: Signed by Governor

Sen. Garvin

- **SB 131** This bill is now a managed care guardrails bills that codifies many aspects of the RFP along with adding some restrictions and directives on the agency. Stitt did not sign or veto the bill, but the measure became law without his signature.
- **SB 574** Provides for the Information Technology Advisory Board to advise the Oklahoma State Health Information Network and Exchange instead of the Chief Information Officer. It requires the Oklahoma State Health Information Network and Exchange to facilitate the seamless flow of health information to and from authorized individuals and healthcare organizations in Oklahoma.

HB 2950 Creates a supplemental payment program for private ambulatory service providers.

ELIGIBILITY

Applying to SoonerCare

Application for benefits can be made online through mysoonercare.org, via phone through the SoonerCare helpline at 800-987-7767, or by submitting an application certified by CMS or OHCA's agency partner network. OHCA partners with other entities to conduct an extensive automated data search on the applicant before a SoonerCare application is approved. OHCA can then identify potential red flags before the application is completed and request follow-up documentation to verify eligibility.

Upon application submission, information is reviewed and validated in real time, including Social Security numbers, citizenship, residency status and addresses. The information entered on the application for benefits goes through an automated rules-based process to determine member eligibility.

For applications submitted from home or a partner agency, eligibility and enrollment is determined in real time and communicated to the member on the results screen and through case status letters.

For applicants approved for benefits, the information includes all programs for which they are eligible, the effective date, their member ID number, and any additional documentation they must supply and its due date. If they selected a patient-centered medical home, the provider's name and phone number are listed.

For each applicant not approved for benefits, an explanation of why they were not approved displays. The member may request the letter be delivered via U.S. mail or email.

Ensuring Member Accuracy

Electronic checks are made with state and federal entities before a SoonerCare application is approved. Once an applicant is approved for Soonercare, OHCA audits the member on a daily, weekly, monthly and quarterly basis to proactively prevent fraud and abuse. By working with other entities in real time, OHCA ensures eligible Oklahomans receive SoonerCare benefits.

Social Security Administration Provides near real-time verification of Social Security number and citizenship. The Social Security Administration conducts a nightly files check for unearned income that may factor into an applicant's eligibility.	
Oklahoma Employment Security Commission Checks earned income quarterly. OESC also provides weekly unemployment data.	
Department of Homeland Security Determines immigration status if applicants are not U.S. citizens.	
Federally Facilitated Marketplace Provides real-time data exchange between OHCA and CMS for all applicants. Supplies case-level information so applicants can be assessed eligible for either Medicaid or Federally Facilitated Marketplace benefits.	
Public Assistance Reporting Information System Verifies residency quarterly and as needed when working with other states.	
Third-Party Liability Verifies other insurance coverage through a data exchange with a contracted vendor.	

Oklahoma Tax Commission

OHCA's member audit division may request tax information for purposes of detailed reviews of eligibility.

BEST IN CLASS AND SOLUTION-ORIENTED

6.47

IN THE NEWS

OHCA saw many achievements and exciting advancements in SFY 2021. Below are a few of the agency's top news stories from the year, highlighting a dedication to being best in class and solution-oriented in all aspects of our work.

OHCA Provides Medicaid Expansion Data Update

Oklahoma Health Care Authority is nearing 100,000 Oklahomans approved for SoonerCare benefits through Medicaid expansion. OHCA staff have been working diligently to answer Oklahoman's inquiries regarding the newly eligible SoonerCare population.

Adults Eligible for SoonerCare Through Medicaid Expansion Can Apply June 1

Starting June 1, adults eligible under the expanded Medicaid guidelines can apply for SoonerCare. Benefits for those who qualify will begin on July 1. On June 30, 2020, Oklahomans voted to expand SoonerCare eligibility to adults ages 19-64 whose income is 138% of the federal poverty level or lower through Medicaid expansion. More than 200,000 people who previously were ineligible for SoonerCare will now qualify.

Oklahoma Health Care Authority Receives CMS Approval for Hospital Payments

The Oklahoma Health Care Authority received federal approval from the Centers for Medicare and Medicaid Services to continue hospital payment initiatives through a new authority. The new authority is a state-directed payment under the Medicaid managed care service delivery contracts.

Oklahoma Health Care Authority to Increase Coverage for Opioid Treatment Programs

The Oklahoma Health Care Authority is the first Medicaid agency in the nation to submit and receive federal approval to provide Medicaid coverage and reimbursement for all FDA-approved medication-assisted treatment prescriptions through opioid treatment programs and office-based opioid treatment settings. This will increase access to care for opioid disorder treatment services for SoonerCare members.

Waiver Approval Increases Ability to Provide Mental Health and Addiction Services in Oklahoma

More Oklahomans will now be able to receive mental health and addiction services thanks to a recent federal waiver bringing more unity to the treatment of behavioral health illnesses. Oklahoma is one of only seven states to receive an Institution for Mental Diseases (IMD) waiver for serious mental illness and addiction from the Centers for Medicare & Medicaid Services (CMS).

Oklahoma Health Care Authority Partners with The Wichita and Affiliated Tribes on New Initiative

The Oklahoma Health Care Authority and The Wichita and Affiliated Tribes will partner through the Money Follows the Person Tribal Initiative (MFPTI) to provide additional services for qualifying Tribal SoonerCare members. The Wichita and Affiliated Tribes (Wichita, Keechi, Waco and Tawakonie) are the first Oklahoma Tribe to receive funding through the MFPTI.

Oklahoma Health Care Authority Creates Culture and Diversity Council

The Oklahoma Health Care Authority is pleased to announce the development of the agency's first Diversity and Inclusion Council with the goal to create a fear-free culture within the agency. The Council will focus on four specific areas which include messaging and metrics, attraction and recruitment, inclusion and retention, and community partnerships.

PAY FOR PERFORMANCE

OHCA's long-term care financial management unit administers the pay-for-performance program for Oklahoma Medicaid nursing homes. Our program's mission is to foster the ongoing dignity and purpose of those we serve while ensuring the financial safeguards of their care.

Our team is dedicated to being best in class. This year, we implemented the new LTC quality program, pay for performance. The program centers around four measures related to the health and wellness of each resident.

Through meeting predetermined benchmarks, facilities can earn additional dollars to improve the health and wellness of their residents. We strive for consistent quality improvement of financial responsibility, by overseeing the distribution of taxpayer dollars. We continue to uphold oversight and transparency through the expansion of the provider portal.

In addition to the current processes, we streamlined financial reporting, data tracking, monthly and annual expenditures, communication with our providers, and implemented new online surveys. These efforts fostered strong relationships, enhanced communication and strengthened fiscal responsibility.



SERVANT 222 LEADERSHIP

ABOVE AND BEYOND

Connect Committee

The Connect Committee helps to engage, empower and recognize OHCA employees. The committee organizes many volunteer, social and wellness opportunities year-round to support morale. Additionally, the committee fundraises for organizations that serve Oklahomans. The committee also facilitates volunteer opportunities in the local community to help further support the people we serve.

In SFY 2020, OHCA employees donated \$14,755 to Fight for Air Climb, Family Builders, Thunderbird Clubhouse, SISU, Palomar, Pivot Inc., Heartline, and Oklahoma Project Woman.

All-Star Award

OHCA recognizes excellence and innovation through the monthly All-Star Award. The following individuals were recognized in SFY 2021 for outstanding service to the State of Oklahoma:

2020	2021
JULY: PATRICK MCGINNIS	JANUARY: SARA GILLUM
AUGUST: VIRGINIA UNRUH	FEBRUARY: JARRED WION
SEPTEMBER: TANESHA HOOKS	MARCH: JENCY JOSEPH
OCTOBER: CAROLYN BERRY-GREER	APRIL: REBECCA STEWART
NOVEMBER: PHILIP COX	MAY: EVELYN TAYLOR
DECEMBER: STEPHANIE MAVREDES	JUNE: HANNAH "ANN" KEISTER



LEADERSHIP

Advisory Board

Top Row, Left to Right Chairman Marc Nuttle, appointed by Governor Vice Chairman Alex Yaffe, appointed by Speaker of the House

Second Row, Left to Right Tanya Case, appointed by Speaker of the House Randy G. Curry, D.Ph., appointed by Senate President Pro Tempore Phillip Kennedy, appointed by Governor

Third Row, Left to Right Susan Dell'Osso, appointed by Governor Gino DeMarco, appointed by Governor

Executive Staff

Kevin Corbett, CEO Ellen Buettner, Chief of Staff Melody Anthony, Chief Operating Officer and State Medicaid Director Aaron Morris, Chief Financial Officer Trae Rahill, Chief of Strategic Innovation Dr. Paula Root, Chief Medical Officer



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