



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

Jan 1, 2020 – Dec. 31, 2020 | Submitted April 1, 2021

OKLAHOMA HEALTH CARE AUTHORITY

4345 N. LINCOLN BLVD. | OKHCA.ORG |   

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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 must 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 December 2020.

It should be noted that during this reporting period, OHCA worked with CMS to clarify that the Health Management Program is not a PCCM entity. In addition, OHCA furnished information to CMS about the SoonerCare Choice program structure, such that CMS has determined that it is true Primary Care Case Management, and not a PCCM entity. OHCA is pursuing an amendment to correct the STCs.

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, effective Oct. 1, 2021. While the timeline is aggressive, the state is on track for implementation.

Key Challenges

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

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

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

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

Waiver Requests	Date of Submission	Status of Request
Adults in PCMH amendment	5/1/2020	Withdrawn 8/17/2020
ITU care coordination rate increase amendment	5/1/2020	Pending CMS approval
Health Adult Opportunity (HAO) application	5/12/2020	Withdrawn 8/11/2020
Insure Oklahoma Employee-Sponsored insurance (ESI) amendment	11/16/2020	Pending CMS approval
Insure Oklahoma phase out plan	11/16/2020	Pending CMS approval

Key Achievements

At-risk COVID-19 Outreach

In response to the pandemic, SoonerCare members at highest risk of getting sick, utilizing the emergency department, and needing inpatient or intensive care due to COVID-19 were identified. In a joint effort across departments and external care coordination programs, talking points and tracking mechanisms were developed and outreach calls began in April to high priority members, starting with African-Americans, ages 55 years and older. The second wave of high-risk members included members ages 65 and older of all races. Successful contact rates have been around 40% since the project began.

Provider Training Goes Virtual

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

Issues or Complaints

Applicants and members have identified issues with the real-time, online application that is found at MySoonerCare.org for the MAGI populations. To better serve the public, OHCA made system changes to the portal, added options to the call tree and posted videos to assist applicants with navigating the enrollment system, uploading documents, and contacting call center agents. Monthly customer service training was implemented and member handbook updates were completed in 2020.

Lawsuits or Legal Actions

One new lawsuit was filed against OHCA in 2020. The Plaintiff is a PCMH provider that is contesting the validity or the applicability of rules related to the OHCA Quality Improvement Organization program.

Unusual or Unanticipated Trends

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

Legislative Updates

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

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

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

The deadline to file bills for the 2021 legislative session is Dec. 11, 2020, and session begins Feb. 1, 2021.

Signed Legislation Affecting the Agency	Budget Impact Bills
SJR0027 – proposes a vote of the people on a constitutional amendment that modifies the amount of the annual tobacco settlement payments made to the state to be deposited into the Tobacco Settlement Fund for appropriation by the Oklahoma Legislature. It specifies that deposits into the fund must be appropriated and expended to draw down federal matching funds for the Medicaid program. This question was on the November 2020 ballot. It did not pass.	SB1922 – general appropriations for SFY 2021, most agencies were cut by 4%; however, the OHCA budget remained flat.

<p>HB2587 – creates the Nondiscrimination in Health Care Coverage Act, which prohibits an agency from developing or employing a dollars-per-quality adjusted life year as a threshold to establish what type of health care is cost effective or recommended. It prohibits an agency from utilizing such adjusted life year as a threshold to determine coverage, reimbursement, incentive programs or utilization management decisions, whether it comes from within the agency or from any third party.</p>	<p>SB1937 – allows flexibility with utilizing the Rate Preservation Fund. Currently, using those funds is dependent on a decrease in FMAP, but the changes remove that provision so funds can be used to maintain provider rates.</p>
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Public Forums

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

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

Meeting Questions & Answers:

<http://okhca.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=24697&libID=23680>

8. VIRTUAL PUBLIC MEETING

March 26, 2020 at 5:30 p.m.

Meeting Questions & Answers:

<http://okhca.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=24700&libID=23683>

9. OHCA Member Advisory Taskforce

April 4, 2020 at 10 a.m.

Zoom virtual meeting

10. VIRTUAL PUBLIC MEETING

April 20, 2020 at 11 a.m.

Zoom virtual meeting

Tribal Consultation

Tribal consultation serves as a venue for discussion between OHCA and tribal governments on proposed SoonerCare policy changes, State Plan Amendments, waiver amendments and updates that may impact the agency or tribal partners.

Virtual tribal consultations were held monthly the first five months of 2020 then transitioned to bi-monthly for the remainder of the year. All tribal clinics, hospitals, Urban Indian health facilities, Indian Health Services agencies, stakeholders and tribal leaders are invited to attend. OHCA staff presented 64 proposed policy changes inclusive of state rules, SPAs and waiver amendments at the tribal consultation meetings including, but not limited, to:

- Certified Community Behavioral Health (CCBH) services.
- Medicaid expansion.
- Care coordination rate increase for PCMH American Indian/Alaska Native providers.
- Changes to durable medical equipment rules.
- Peer Recovery Support Services, which was at the request of the tribes.

A tribal workgroup was formed in 2020 as a result of tribal consultation. This workgroup was a collaboration between tribal partners and OHCA to discuss issues tribal members encounter and ensure they were addressed in the managed care RFP.

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 six times in 2020 and the following items were discussed:

- Collaboration between the tribes and SoonerCare for improved health outcomes.
- Medicaid expansion.
- The Front Porch Initiative at OHCA.
- COVID-19 response and telehealth.
- Prior authorization process.
- Tobacco cessation.
- Disaster relief.

There were two additional special meetings in October to walk through the public website. Their feedback was used to make changes and updates to the site.

Public Comments Received in Post-Award Forum

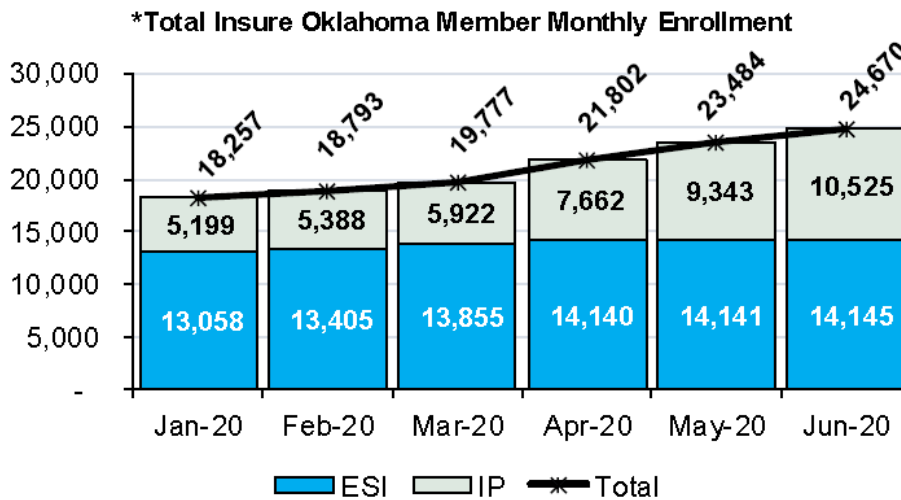
Due to COVID-19 and associated measures, the state found it difficult to hold a post-award forum presentation for the 2019 annual report within the usual timeframe the state makes the annual forum presentation. On Dec. 16, 2020, CMS granted the state's extension request to hold the forum at the Medical Advisory Committee (MAC) meeting at 1 p.m. on March 11, 2021. See Attachment 1 for the presentation. One comment was received during post-award forum notice and public review period of the annual report. The commenter commended the agency in maintaining an efficient, effective SoonerCare Choice program by serving Oklahomans well through internally provided and community-based care management. The commenter emphasized the program's member satisfaction, high levels of children and youth receiving primary care, better management of chronic conditions, lower emergency room usage, and an overall positive budget outcome, as well as urged the State to continue providing care in this delivery system.

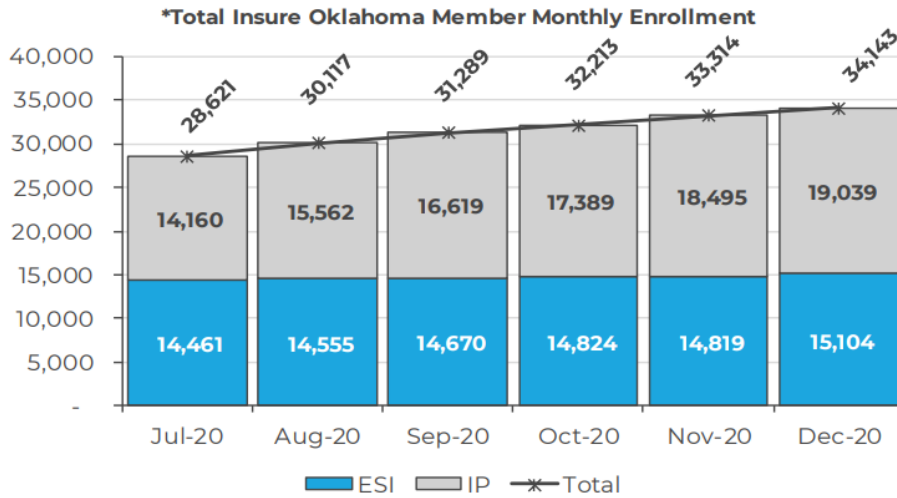
No public comments were received from the policy change blog regarding the Insure Oklahoma Employee-Sponsored Insurance waiver amendment or Insure Oklahoma phase-out plan posted for public review from Oct. 1 through Oct. 31, 2020.

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. Since then, the program has experienced a nearly 73% increase as eligibility is continual without closures unless the member dies, moves out of state, or requests the termination.

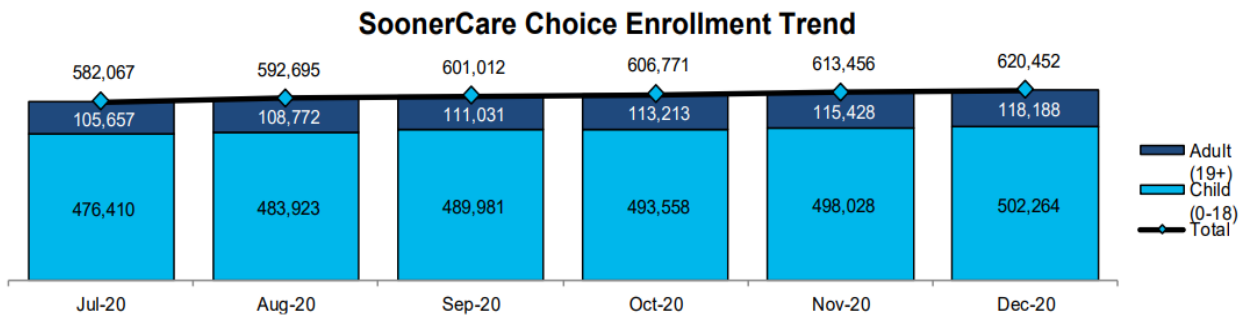
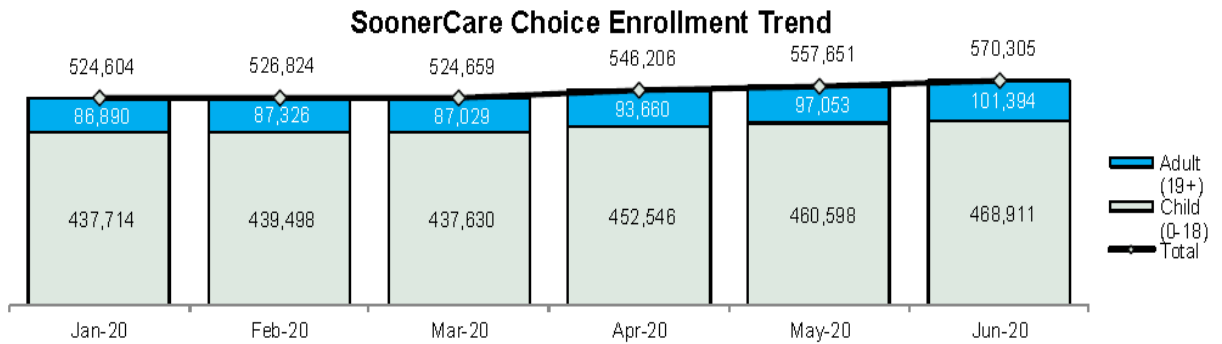




*Due to the COVID-19 emergency provision, all former Insure Oklahoma members whose eligibility expired from March 1 through May 1 were reinstated.

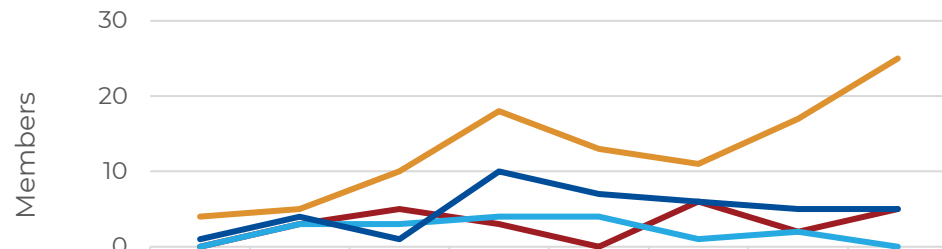
Eligibility and Coverage

SoonerCare Choice and its patient-centered medical home managed care delivery system cover the majority of eligible members. Enrollment in SoonerCare Choice stayed relatively consistent until March 2020. Since then, the program has experienced a nearly 35% increase in the adult population and a 15% 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.



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

Retroactive Eligibility



	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
Medicaid Members Approved	0	3	5	3	0	6	2	5
Medicaid Members Denied	4	5	10	18	13	11	17	25
CHIP Members Approved	0	3	3	4	4	1	2	0
CHIP Members Denied	1	4	1	10	7	6	5	5

Access, Quality and Outcomes

Quantitative Data

The Pacific Health Policy Group (PHPG) recently issued independent evaluation reports on the HMP and Chronic Care Unit (CCU). The reports include participant satisfaction, quality of care, and cost effectiveness. The full reports were included in the semi-annual report. Highlights from the SFY 2019 findings are below while member satisfaction outcomes can be found in the Member Satisfaction Surveys, Grievances and Appeals section below.

Health Management Program

HMP health coaches devote much of their time to improving the quality of care for program participants. This includes educating members about adherence to clinical guidelines for preventive care and for treatment of chronic conditions.

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

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

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

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

Chronic Care Unit

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

Choice. In January 2020, Insure Oklahoma Individual Plan members were risk stratified and high-risk members with a diagnosis of asthma or chronic obstructive pulmonary disease were added to the CCU Better Breathing Initiative and members living with diabetes were added to the Diabetes Initiative. Since implementation, 105 cases were reviewed and 70 were assigned for outreach.

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

The SoonerCare CCU achieved cumulative net savings of approximately \$17.1 million since program implementation in SFY 2014 and has generated nearly \$5 in net medical savings for every dollar in administrative expenditures.

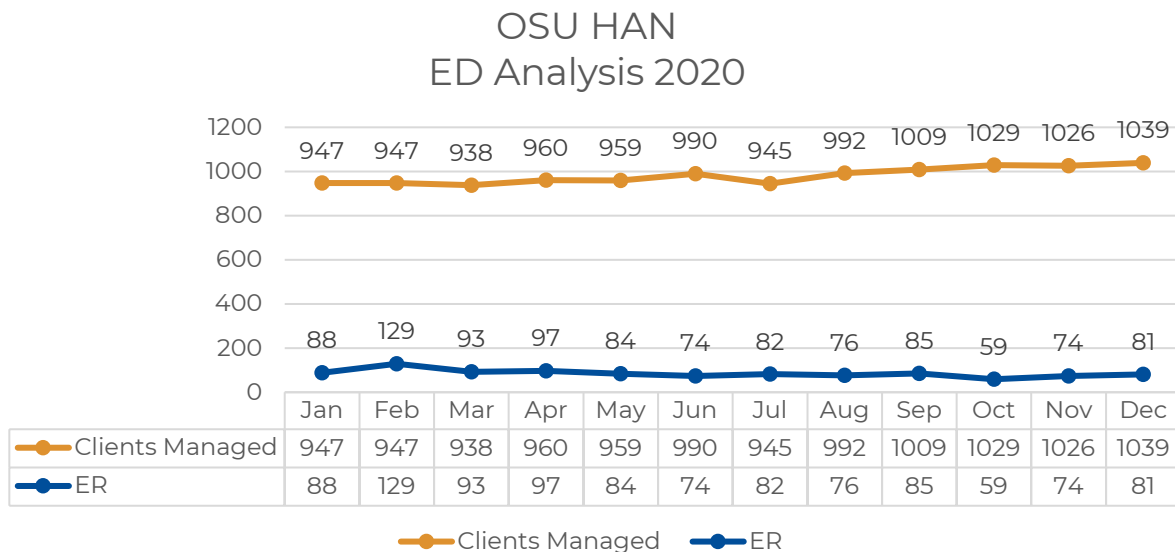
Exhibit 5-1 — SoonerCare CCU ROI (State and Federal Dollars)

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

Findings in the 1115 Wavier Evaluation 2016-2018 report demonstrate members in a Health Access Network have preventive/ambulatory care compliance rates, which exceed the national benchmark. Members reported high levels of satisfaction with access to care as measured through the CAHPS survey. HAN participants outperformed the comparison group by a statistically significant amount on several chronic care measures, including diabetes and hypertension.

In 2020, the OU Sooner HAN celebrated its 10-year anniversary of serving SoonerCare members and providers. In 2010, the number of unique members served was 34,864 compared to 208,358 in 2020. The number of members served in care management was 57 in 2010 and is now nearly 3,300. The OU Sooner HAN has grown from four affiliated primary care clinics to 99. They have built a network of 268 specialty providers representing 43 specialties.

The OSU HAN continues to focus on emergency department avoidance. The chart below shows the number of members receiving care management by month and their corresponding ED visits for that month. While their population grew in 2020, the number of ED visits remained relatively consistent.



The Central Communities HAN continues to focus on outreach to increase well-child visits. Member rosters include the due date of the next EPSDT visit. The number of EPSDT claims in 2018 for their membership was 3,971 and in 2020 it was 4,416, an increase of 11%.

Annual reports were submitted to OHCA by each HAN and contain content not included in the narrative of this report. See attachments 2-4.

Case Studies

OHCA received a referral regarding a 9-year-old member with poorly controlled insulin-dependent diabetes. The member is assigned to a provider affiliated with a HAN and the referral was forwarded for the HAN to provide local assistance. The care manager contacted the family and found out the member's father works 12-hour days and the mother recently had a stroke and stays home with the member and her sibling. The stroke caused cognitive impairment and she became unable to manage the child's insulin. The care manager collaborated with the family, local agencies, and a pediatric endocrinology clinic to locate resources. The care manager helped the member's parents apply for aftercare/childcare through DHS, which provides supervision during the day when school sessions are virtual. The family now has the supports and services they need and the member's health is improving.

In May 2019, a HAN care manager began working with a 37-year-old member diagnosed with multiple comorbidities. The care manager and member worked together to address physical health, behavioral health and social support needs. In 2019, the member had a total of 66 ED visits and only 10 in 2020.

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

Member Satisfaction Surveys, Grievances and Appeals

Member Satisfaction

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

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

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

Member surveys are conducted for the HMP, CCU and each HAN. Below are comments obtained by surveyors.

"I now know how to handle (my son's) asthma attacks better, and we have not gone to the ER as much. This has helped a lot."

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

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

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

Grievances and Appeals

The tables below provide the number of grievances (appeals) filed by category for the SoonerCare and Insure Oklahoma programs in 2020. Cases not counted as granted or denied are pending or have been closed for reasons other than a decision (settled, withdrawn, not filed timely, etc.). All cases are heard and at minimum, provided an initial decision within 90 days, absent agreement of the parties to continue the case.

**SoonerCare Grievances
Jan – Dec 2020**

	Filed	Granted	Denied
SoonerCare Eligibility	91	5	12
Dental	9	0	5
Prior Authorization	124	8	23
Private Duty Nursing	5	0	2
Misc. (unpaid claims, etc.)	105	6	11
All Other	3	0	3
Total	337	19	56

**Insure Oklahoma Grievances
Jan – Dec 2020**

	Filed	Granted	Denied
SoonerCare Eligibility	4	0	1

IV. BUDGET NEUTRALITY AND FINANCIAL REPORTING

Budget Neutrality Model

Pursuant to STC 54. Monitoring Reports, item iii. and according to 42 CFR 431.428, the state’s monitoring reports must document the financial performance of the demonstration. The state must provide an updated budget neutrality workbook with every monitoring report that meets all the reporting requirements for monitoring budget neutrality set forth in the General Financial Requirements section of the state’s STCs, including the submission of corrected budget neutrality data upon request.

Section 1115(a) Medicaid demonstration waivers must be budget neutral; the programs under the demonstration shall not cost the federal government more than what would have otherwise been spent absent the demonstration.

The state submitted the budget neutrality workbook through the PMDA portal on March 10, 2021, and include information through Dec. 31, 2020. Of note, budget neutrality figures are similar to 2019; however, there has been an increase in overall SoonerCare enrollment numbers due to continuing eligibility during the public health emergency. Insure Oklahoma enrollment has also increased.

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 Sept. 26, 2019. The approved design addresses four major waiver components: Health Access Networks (HANs), SoonerCare Health Management Program (HMP), Insure Oklahoma (premium assistance program) and retroactive eligibility waiver. A summary of the progress of evaluation activities is presented below by waiver component.

Waiver Component	Progress Summary
<p>Health Access Networks (Evaluated with respect to access, quality and cost-effectiveness)</p>	<p>The OHCA has granted PHPG secure access to eligibility and claims data stored in the agency’s MMIS, for use in calculating quality measures (HEDIS, AHRQ and PQA) and utilization/expenditure measures related to the evaluation. PHPG currently is calculating 2019 (baseline) and 2020 quality measure compliance rates and per member per month (PMPM) utilization rates and expenditures for demonstration beneficiaries enrolled with a HAN. PHPG also is preparing to select a comparison group for each year consisting of demonstration beneficiaries who are not enrolled with a HAN and are not receiving care management through the SoonerCare HMP.</p> <p>The approved design provides for use of propensity score matching to select the comparison group. As part of its comments to the evaluation of SoonerCare for the prior demonstration period, CMS recommended consideration of an additional matching algorithm and additional PSM variables. PHPG is incorporating these recommendations into the methodology for selection of the comparison group.</p> <p>The HAN evaluation also includes CAHPS access-to-care questions. The OHCA’s CAHPS surveyor will provide de-identified respondent data to PHPG, stratified between HAN and non-HAN beneficiaries. Data for 2019-2020 is still to be furnished.</p>

Waiver Component	Progress Summary										
<p>Health Management Program</p> <p>(Evaluated with respect to access, quality and cost-effectiveness)</p>	<p>The HMP evaluation methodology mirrors the HAN methodology, with respect to analysis of quality and utilization/expenditure measures. PHPG currently is calculating 2019 (baseline) and 2020 rates for the HMP population. (The same comparison group population will be used for both HAN and HMP analyses.)</p> <p>PHPG conducts a targeted telephone survey of HMP beneficiaries, to document their experience in the program with respect to clinical care management, assistance with social determinants of health (SDOH) and changes in lifestyle/behaviors and health status. The survey also includes the same set of CAHPS access-to-care questions as used for the HAN evaluation. (The CAHPS vendor is not able to produce a stratified sample of HMP respondents.)</p> <p>PHPG conducts an initial survey at time of enrollment and a six-month follow-up survey. Completed surveys to date:</p> <table border="1" data-bbox="690 753 1235 1083"> <thead> <tr> <th>Survey Period and Type</th> <th>Completed</th> </tr> </thead> <tbody> <tr> <td>2019 Initial</td> <td>692</td> </tr> <tr> <td>2019 Follow-up</td> <td>344</td> </tr> <tr> <td>2020 Initial</td> <td>590</td> </tr> <tr> <td>2020 Follow-up</td> <td>264</td> </tr> </tbody> </table> <p>In June 2020, PHPG added a new section exploring the impact of COVID-19 on HMP beneficiary access to care. In March 2021, the survey was modified again to inquire about vaccination intent and status.</p>	Survey Period and Type	Completed	2019 Initial	692	2019 Follow-up	344	2020 Initial	590	2020 Follow-up	264
Survey Period and Type	Completed										
2019 Initial	692										
2019 Follow-up	344										
2020 Initial	590										
2020 Follow-up	264										
<p>Insure Oklahoma</p> <p>(Evaluated with respect to enrollment and provider participation)</p>	<p>The OHCA posts monthly enrollment data for the Insure Oklahoma program components (Individual Plan and Employer-Sponsored Insurance subsidy) to its public website. PHPG is accessing the data to document enrollment trends by Demonstration Year.</p> <p>The OHCA also tracks provider participation by enrollment and disenrollment dates. The data will be furnished to PHPG for analysis upon request.</p>										

Waiver Component	Progress Summary						
<p>Waiver of Retroactive Eligibility</p> <p>(Evaluated with respect to access to Medicaid [timely re-enrollment] and quality [self-reported health status])</p>	<p>The waiver of retroactive eligibility is being evaluated in accordance with CMS guidance for retroactive eligibility waivers. The OHCA has granted PHPG secure access to eligibility data stored in the agency's MMIS, for use in analyzing enrollment trends, including enrollment tenure and gaps for beneficiaries subject to the waiver and a comparison group of beneficiaries receiving retroactive eligibility.</p> <p>PHPG also has fielded a telephone survey to measure beneficiary awareness of re-certification requirements and self-reported health status. PHPG drafted the survey instrument in 2020, using recommended questions from Mathematica's white paper, "Beneficiary Survey Design and Administration for Eligibility and Coverage Demonstration Evaluations" (June 2019).</p> <p>The baseline survey is conducted during the first 30 days of enrollment. PHPG mails an advance letter and makes multiple attempts to reach respondents. (Follow-up surveys are to be conducted at 12, 18 and 24 months.)</p> <p>Surveys are conducted with adult beneficiaries subject to the waiver of retroactive eligibility (Parent/Caretaker MEG and Insure Oklahoma beneficiaries) and a comparison group consisting of adult beneficiaries receiving retroactive eligibility (ABD beneficiaries and pregnant women).</p> <p>The OHCA implemented the current retroactive eligibility standards in the summer of 2020. PHPG began data collection in August 2020. Completed surveys to date (all surveys are baseline):</p> <table border="1" data-bbox="678 1142 1235 1339"> <thead> <tr> <th data-bbox="678 1142 1052 1205">Survey Period and Type</th> <th data-bbox="1052 1142 1235 1205">Completed</th> </tr> </thead> <tbody> <tr> <td data-bbox="678 1205 1052 1268">2020 Waiver Population</td> <td data-bbox="1052 1205 1235 1268">233</td> </tr> <tr> <td data-bbox="678 1268 1052 1339">2020 Comparison Group</td> <td data-bbox="1052 1268 1235 1339">95</td> </tr> </tbody> </table>	Survey Period and Type	Completed	2020 Waiver Population	233	2020 Comparison Group	95
Survey Period and Type	Completed						
2020 Waiver Population	233						
2020 Comparison Group	95						

Key Milestones/Interim Findings

The OHCA has retained an independent evaluator (PHPG) and received approval for the evaluation design. All evaluation data collection activities have been initiated and are on schedule.

Data for the first two years of the current waiver period (2019 and 2020) is being evaluated pursuant to the approved methodology and subsequent CMS recommendations for the comparison group matching algorithm. Interim findings are not yet available.

Challenges Encountered/Implications of COVID-19

Oklahoma IMD Waiver

The OHCA received approval in 2020 for a separate Section 1115 waiver to cover services in Institutions for Mental Disease (IMDs) when provided to beneficiaries with serious mental illness

(SMI) and/or substance use disorder (SUD). The waiver seeks to improve access and quality of care for beneficiaries, many of whom also are enrolled in the SoonerCare waiver.

The SoonerCare and IMD evaluations each must isolate, to the extent possible, the impact of their respective initiatives on co-enrolled beneficiaries. To facilitate this process, the OHCA has selected PHPG to perform the IMD evaluation. The design will be drafted in accordance with CMS guidance for SMI and SUD waiver programs and will outline steps to isolate the waiver's impact; PHPG's updated SoonerCare evaluation design (see next section) likewise will address how the impact of the two waivers will be isolated from each other.

Implications of COVID-19

The COVID-19 pandemic began in year two of the current five-year renewal period and has implications for analysis of trends related to access, quality-of-care and expenditures. The approved evaluation design employs use of a comparison group to measure the impact of the waiver, which should support the integrity of the analysis. However, in accordance with CMS guidance provided in "Implications of COVID-19 for Section 1115 Demonstration Evaluations: Considerations for States and Evaluators," PHPG will attempt to assess and account for any differences in the pandemic's impact on demonstration and comparison group populations when evaluating the waiver's performance.

PHPG will consider use of an interrupted time series methodology, if necessary, to account for the pandemic's impact in 2020 and 2021. PHPG also will follow NCQA guidance on calculation and use of HEDIS data for reporting years 2021 and 2022 (based on activity in 2020 and 2021).

Changes to SoonerCare Delivery System/Impact on Evaluation

The OHCA has submitted a state plan amendment to expand eligibility for Medicaid under the Affordable Care Act, effective July 1, 2021. The expansion population will be enrolled in the SoonerCare Section 1115 waiver. A portion of the Insure Oklahoma beneficiary population will transition to the Medicaid expansion MEG at the same time.

The OHCA also is contracting with private managed care organizations (MCOs) and is preparing to transition non-ABD SoonerCare beneficiaries to risk-based managed care effective October 1, 2021.

These program changes are significant and will require modification of the approved evaluation design. The OHCA and PHPG will be submitting a revised design pursuant to STC timeliness requirements. The revised design will continue to evaluate existing models-of-care for the populations not transitioning to MCOs in 2021. PHPG is preparing for the transition by stratifying data between the two universes (risk-based managed care and other), to allow separate trending by type of care model.

VI. ATTACHMENTS

1. Post Award Forum Presentation
2. OU Sooner HAN Annual Report
3. OSU Network Annual Report
4. Central Communities HAN Annual Report

VII. STATE CONTACT

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VIII. DATE SUBMITTED TO CMS

April 1, 2021