



OKLAHOMA

Health Care Authority

IMAGINE THE POSSIBILITIES

SFY 2024 ANNUAL REPORT



TABLE OF CONTENTS

Letter From the CEO	3
Who We Are	4
Core Values	4
Partnerships	5
Who We Serve	6
SoonerCare	7
SoonerSelect	12
Achievements	31
Finance	34
Legislative	36
In the News	37
Servant Leadership	39
OHCA Leadership	42

LETTER FROM THE CEO

Dear Oklahomans,

For fiscal year 2024, the Oklahoma Health Care Authority team selected “Possibilities” as our guiding word. With the launch of SoonerSelect on the horizon, it was a perfect fit.

The OHCA team didn’t just imagine what could be. We transformed those possibilities into remarkable realities. OHCA guided SoonerCare members through an unwinding process with expertise and compassion. The team successfully launched a significant change to Oklahoma’s Medicaid delivery model, helping more than 600,000 members enroll in a SoonerSelect plan, understand the value-added benefits, and get the most from their new dental and health plans.

We’re already hearing so many stories of how SoonerSelect is improving the lives of members. The enhanced focus on preventive care makes it possible to catch small problems early and change the trajectory of someone’s life for the better. Increased access to care makes it possible for those in rural or less populated areas to manage their health. Healthy incentives make it possible to more easily have better health outcomes.

On the following pages, explore the possibilities achieved and the possibilities still to come. As SoonerSelect hits its stride, we expect to see improvement in Oklahoma’s health care outcomes. Stay tuned.

Imagining the possibilities,





Embodying Possibilities in Every Step

The Oklahoma Health Care Authority team members are passionate public servants who have an ongoing commitment to help neighbors, family and friends.

The agency approaches every action, every decision and every challenge accordingly, with a mindset of limitless possibilities. It's about believing in the power to create, innovate and grow. It's a commitment to exploring new paths, embracing change and seizing opportunities. Ultimately, it's about living a life where every moment is a chance to shape the future.

In early May 2024, Senate Bill 1310 called for the transferring of the Employee Group Insurance Division (EGID) from OMES to OHCA. The bill became effective on of July 1, and EGID officially joined the agency.

Core Values

Passion for Purpose – Breeds dedication, facilitates creative thinking and problem solving, guides our work and supports our culture. Our purpose is to facilitate quality health care services regardless of ability to pay and create opportunities for our members to attain healthy outcomes.

Empowerment and Accountability – Each member of the OHCA team is empowered to think creatively, act responsibly, move nimbly and respond compassionately to meet the needs of our members and stakeholders. We follow through on commitments and take responsibility for our decisions, prioritizing member needs, fiscal stewardship and respect for others.

Trust and Transparency – Through open dialogue and honest communication in every aspect of our work, we can build an organizational culture where all team members feel informed and equipped for success. We are committed to principles of open government by providing consistent and accurate communication to our members, stakeholders and the public.

Best in Class and Solution-Oriented – The most admired organizations never settle. They constantly search for the possible in the seemingly impossible. We strive each day to find ideas and solutions that will drive positive health outcomes for Oklahoma.

Servant Leadership – The most meaningful way to be successful is through service to others. We strive to help each member of our team achieve personal and professional success. We lead by example for our co-workers, members and stakeholders.

Partnerships

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, these partnerships are crucial to ensuring health care resources are available to all Oklahomans.

- **CENTERS FOR MEDICARE & MEDICAID SERVICES**
- **OFFICE OF THE GOVERNOR**
- **OKLAHOMA LEGISLATURE**
- **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**
- **SOONERCARE PROVIDERS**
- **INDIAN HEALTH SERVICES**
- **FEDERALLY QUALIFIED HEALTH CENTERS**
- **MEDICAL PROFESSIONAL ASSOCIATIONS**
- **OKLAHOMA COLLEGES, UNIVERSITIES AND RESEARCH INSTITUTES**
- **OKLAHOMA PARTNERSHIP FOR SCHOOL READINESS**
- **TULSA AND OKC COUNTY HEALTH DEPARTMENTS**
- **TOBACCO SETTLEMENT ENDOWMENT TRUST**
- **TRIBES AND TRIBAL PARTNERS**
- **GEORGE KAISER FAMILY FOUNDATION**





Empowering Healthier Possibilities for Oklahomans

The Oklahoma Health Care Authority (OHCA) administers several health programs for the state of Oklahoma. The largest is SoonerCare, which serves Oklahoma's Medicaid program recipients and improves the health of qualified members by facilitating their access to quality health care services.

In early 2024, OHCA implemented SoonerSelect. SoonerSelect is a new health care delivery model in which OHCA partners with contracted health and dental entities to coordinate whole-person care for members.

OHCA also operates Insure Oklahoma, which partners with small businesses to assist their qualifying employees in obtaining health care coverage for themselves and their families.

Roughly two in five Oklahomans receive health care coverage through OHCA's programs, reaching approximately 1.04 million members. Approximately 79,000 Oklahoma providers deliver care to members through contracts with OHCA.

These programs help qualified Oklahomans improve their health and enable them to care for their families, attend school or work regularly, and live better lives. For them, brighter possibilities lie ahead.

“This is seriously the best health care I have had in my life. You guys are just awesome. This is the best thing that’s happened to Oklahoma.”

— Member who, immediately after joining a plan, quickly received a primary care physician referral and has already seen the doctor



SOONERCARE

About SoonerCare

The Oklahoma Medicaid program is known as SoonerCare. Qualifying Oklahomans include certain low-income children, adults, seniors, disabled individuals, those being treated for breast or cervical cancer, and those seeking family planning services. OHCA strives to educate and engage the agency's 1 million members regarding their health services utilization, behaviors and outcomes in partnership with a statewide network of nearly 80,000 providers.

Medicaid vs. Medicare

Both Medicaid and Medicare are government programs that operate with oversight from the federal Centers for Medicare & Medicaid Services (CMS) and cover qualifying health care costs for millions of Americans. There are some key differences between the programs.

Medicare is a federal health insurance program that provides coverage primarily to individuals ages 65 or older, regardless of income, as well as some people with disabilities.

Medicaid is a federal-state health insurance 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. OHCA administers Medicaid.



Children's Program

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

SoonerCare Eligibility

Because the health care needs of Oklahomans are complex, SoonerCare administers a variety of programs. 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, parents and caretakers
- Adults who qualify through Medicaid expansion
- Pregnant women
- Aged, blind or disabled
- Children and parents who qualify for the Temporary Assistance for Needy Families (TANF) program
- Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA), a program for children with complex medical needs
- SoonerPlan, a family planning program for individuals who are not enrolled in regular SoonerCare services
- Breast and cervical cancer treatment program
- Others, including Soon-to-be-Sooners (OHCA's unborn child program) and children who are currently or formerly in foster care

SOONERCARE PROGRAMS

SoonerCare Traditional

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

SoonerSelect

SoonerSelect is a health care delivery system used to coordinate health and dental care for qualifying SoonerCare members. OHCA partners with contracted entities to provide the same health care services currently offered by SoonerCare, although the plans may offer extra benefits to help members and their families be healthier

SoonerCare Choice

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

SoonerCare Supplemental

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

Long-Term Care

Offers additional benefits to certain members 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.



Applying for SoonerCare

Application for benefits can be made online through MySoonerCare.org, 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 an agency partner, eligibility and enrollment is determined in real time and communicated to the member on the results screen and through case status letters. Applicants approved for benefits are given information that 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.

Any applicant not approved for benefits receives an explanation of why they were not approved.

Ensuring Member Accuracy

Rigorous electronic checks are made with state and federal data sources before a SoonerCare application is approved. Once an applicant is approved for SoonerCare, OHCA validates member eligibility 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.

Public Health Emergency

A public health emergency (PHE) was declared in the U.S. on Jan. 31, 2020. The Families First Coronavirus Response Act (2020) included a “continuous coverage” requirement that paused Medicaid renewals so members would not lose health coverage during the emergency. In 2023, the PHE ended, and the federal government required all states to resume eligibility reviews.

Compassionate Unwinding

With renewals returning, OHCA took a compassionate and thoughtful approach to disenrollment (also known as “unwinding”). The agency implemented a nine-month phased plan with the goal of protecting the most vulnerable members. Criteria, including chronic health conditions, financial need, and benefit utilization, were reviewed to determine coverage ending dates for members.

Renewals Processed:
1,126,567 Members

CMS guidance required states to reprocess renewals for the full Medicaid population, regardless of whether OHCA had previously flagged them as PHE-protected.

Eligibility Ended:
715,286 Members

The number for eligibility ended is further divided into two groups: proven ineligible and procedural denials.

Proven Ineligible:
118,687

Members who were proven ineligible are those who turned in documentation that showed they did not meet eligibility requirements.

Procedural Denials:
596,599

Procedural denials are members who did not respond to OHCA requests to verify information and did not turn in their documents. These include members who may have been determined ineligible even if they had turned in their documents. For example, members who experienced significant pay increases may not have turned in their documents because they knew they would be ineligible.

Regained Eligibility: **248,185 Members**





SOONERSELECT

About SoonerSelect

In 2024, most SoonerCare members had new opportunities and choices for their health care services as OHCA transitioned to a new comprehensive health care delivery model, SoonerSelect. SoonerSelect provides comprehensive, integrated health services, including, medical, behavioral health, dental and pharmacy services, to eligible members. Each program serves a specific population of SoonerSelect members, as shown in the following table.

SoonerSelect Populations

REQUIRED ENROLLMENT POPULATIONS		
SoonerSelect Health	SoonerSelect Children's Specialty Program	SoonerSelect Dental
<ul style="list-style-type: none"> • Children • Pregnant women • Deemed newborns • Parents and caretaker relatives • Expansion population 	<ul style="list-style-type: none"> • Children in foster care • Certain children in the custody of the Office of Juvenile Affairs • Former foster care children (may opt to select a health plan CE) • Children receiving adoption assistance (may opt to select a health plan CE) 	<ul style="list-style-type: none"> • Children • Pregnant women • Deemed newborns • Parents and caretaker relatives • Expansion population • Children in foster care • Former foster care children • Children receiving adoption assistance • Juvenile justice-involved children
VOLUNTARY ENROLLMENT POPULATIONS		
SoonerSelect Health	SoonerSelect Children's Specialty Program	SoonerSelect Dental
<ul style="list-style-type: none"> • American Indian/Alaskan Native may opt in 	<ul style="list-style-type: none"> • Children in tribal custody • Certain juvenile justice-involved children 	<ul style="list-style-type: none"> • American Indian/Alaskan Native may opt in
EXCLUDED POPULATIONS (ALL PROGRAMS)		
<ul style="list-style-type: none"> • Individuals enrolled in a home- and community-based service waiver • Individuals receiving long-term services and supports • Dual-eligible individuals • Individuals determined eligible for Medicaid on the basis of age, blindness or disability • Individuals enrolled in the Medicare Savings Program • Individuals infected with tuberculosis eligible for tuberculosis-related services • Individuals determined eligible for SoonerCare on the basis of needing treatment for breast or cervical cancer • Undocumented persons eligible for emergency services only • Insure Oklahoma employee-sponsored insurance for dependent children • Coverage under Title XXI for the benefit of unborn children (Soon-to-be-Sooners) • Populations other than those described above that remain enrolled due to the continuous enrollment and maintenance of effort requirement of Section 6008(b)(3) of the Families First Coronavirus Response Act 		

Within the SoonerSelect program, OHCA contracts with managed care organizations and dental benefit managers, referred to as contracted entities (CE), to administer Medicaid compensable services to SoonerSelect enrolled members.

On Feb. 1, 2024, OHCA implemented the SoonerSelect dental program in partnership with DentaQuest and LIBERTY Dental Plan. On April 1, 2024, OHCA launched SoonerSelect health program in partnership with Aetna Better Health of Oklahoma, Humana Healthy Horizons in Oklahoma and Oklahoma Complete Health. Oklahoma Complete Health was also the CE selected to administer the SoonerSelect Children's Specialty Program (CSP), which began on April 1, 2024.



History of SoonerSelect

During the 2022 legislative session, the Oklahoma legislature passed the Ensuring Access to Medicaid Act (Senate Bill 1337), which established a structure to reform the Medicaid delivery system. This bill directed OHCA to move qualifying Medicaid members from a volume-based, fee-for-service (FFS) environment into a capitated, risk-based delivery system that incentivizes quality health care and improves health outcomes. The goals of the SoonerSelect program are to:

- Improve health outcomes for Oklahomans
- Move toward value-based payment and away from payment-based volume
- Improve SoonerCare beneficiary satisfaction and contain costs through improved coordination of service
- Increase cost predictability to the state

On Sept. 15, 2023, OHCA received approval from the Centers for Medicare & Medicaid Services for its 1915(b) waiver proposal to transform Oklahoma's Medicaid delivery system from a fee-for-service model to a comprehensive managed care delivery system, now called SoonerSelect.



Selecting the Contracted Entities

SoonerSelect Dental

OHCA issued a request for proposals (RFP) for the SoonerSelect dental program on Sept. 1, 2022. Three proposals were received and evaluated based on several criteria including but not limited to the executive summary, organizational structure, operations plan, provider network and services, covered benefits, member services, American Indian/Alaskan Native health, quality improvement, member management, value-based payments, case studies, compliance, and information technology. OHCA also conducted evaluations to determine the bidder's provider-led entity status (per the criteria outlined in 56 OS §§ 4002.2(17)).

The agency reviewed submissions by an evaluation committee comprised of subject matter experts and procurement officials. OHCA then set an evaluation meeting to ensure the committee had copies of and understood the finalized RFP, scoring plan and tools. After conducting a walk-through of documents, the committee performed a robust review of the received proposals for mandatory specifications and non-responsiveness. They determined that OHCA would require demonstrations from the bidders, and those were held Nov. 30-Dec. 1, 2022.

Following the evaluations and demonstrations, the committee made recommendations based on their assessments. OHCA then began negotiations with the successful bidders to finalize terms of the contract including pricing, terms and conditions, scope of work, and other relevant contractual matters. Once the contract terms were agreed upon by all parties, the contract was sent to CMS for review and approval. Upon CMS approval, the contracts were executed.

SoonerSelect Health and Children's Specialty Program (CSP)

On Nov. 10, 2022, OHCA released separate RFPs for the health and the Children's Specialty Program with criteria similar to that found in the SoonerSelect dental RFP. The agency received six proposals for health and two proposals for the Children's Specialty Program on Feb. 8, 2023.

OHCA evaluated the proposals based on the submitters' ability to coordinate and deliver Medicaid services to the specified Medicaid populations while demonstrating improved health outcomes, increased access to care and increased accountability in the state's Medicaid program. The agency met with the evaluation committee to ensure the committee had copies of and understood the finalized RFP, scoring plan and tools. They conducted a walk-through of documents, along with a robust review of the received proposals for mandatory specifications and non-responsiveness. OHCA determined that demonstrations from the bidders would be required, and those were held Jan. 10-April 25, 2023. After negotiations were completed, all documentation and recommendation assessments were sent to the Office of Management and Enterprise Services for final approval and awarding.

The final contracts were also sent to CMS for approval. Once approval was obtained from CMS, the contracts were executed by the successful bidders and OHCA.

Provider Outreach

As OHCA prepared to implement the SoonerSelect programs, the agency established a readiness review process to assess the ability of each CE to ensure they could meet the needs of Oklahoma SoonerSelect members and meet the requirements outlined in the SoonerSelect contracts and federal regulations. CMS requires states to assess if CEs are ready to provide services to members before implementation. The process ensures accountability and strengthens program integrity safeguards.

OHCA conducted both desk and in-person readiness reviews of each CE, focusing on their ability to perform in four broad areas (in accordance with 42 CFR § 438.66(d)(4)):

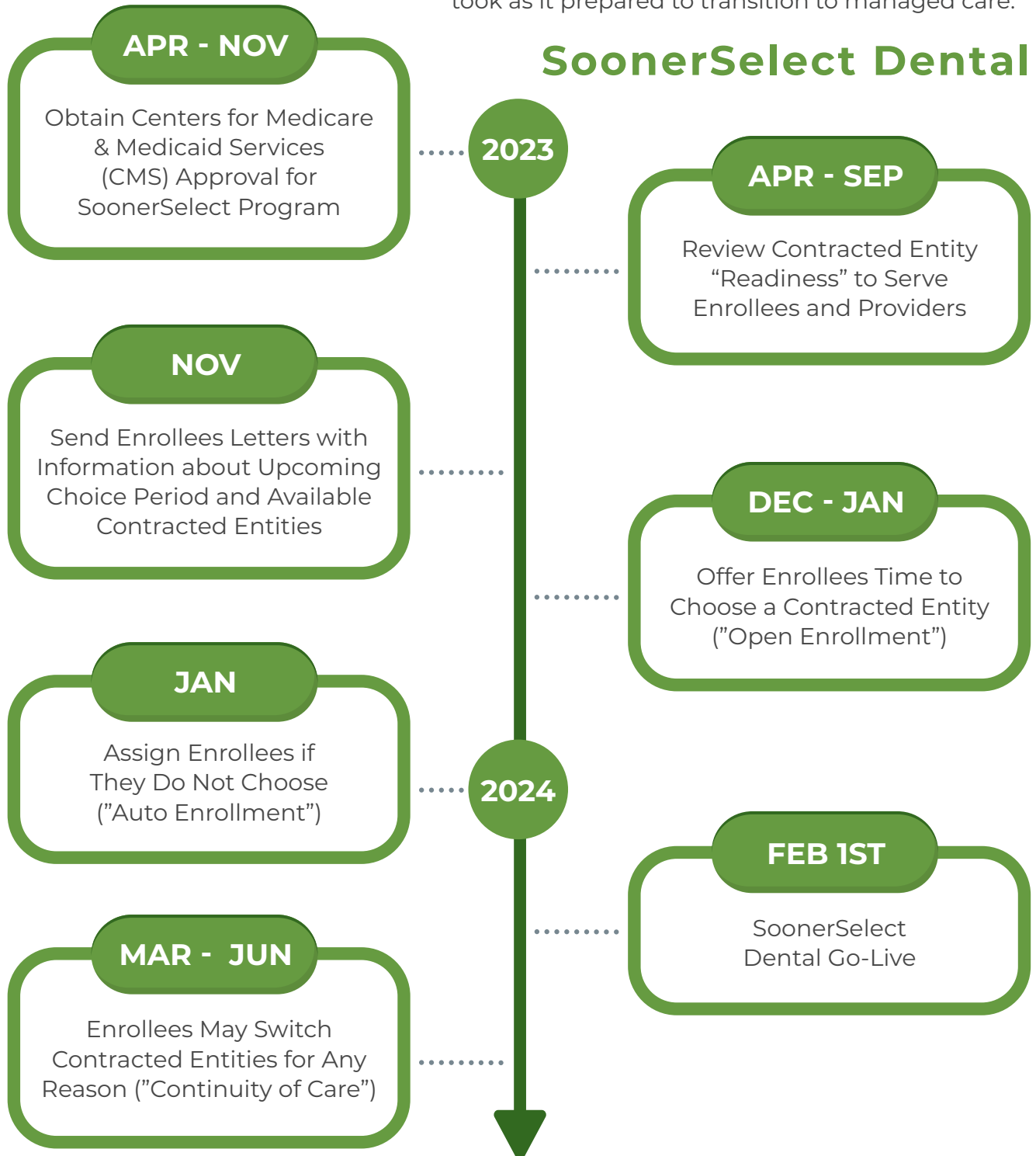
1. Operations/administration
2. Service delivery
3. Financial management
4. Systems management

On Nov. 22, 2023, OHCA submitted final readiness review findings for the SoonerSelect dental program to CMS for DentaQuest and LIBERTY Dental Plan of Oklahoma, documenting their compliance with 293 requirements. Based on this compliance assessment, OHCA determined the SoonerSelect dental program was ready to go live on Feb. 1, 2024.

Similarly, on Feb. 7, 2024, OHCA submitted final readiness review findings for the SoonerSelect health program to CMS for Aetna Better Health of Oklahoma, Humana Healthy Horizons in Oklahoma and Oklahoma Complete Health, documenting their compliance with 385 requirements. A final readiness report was also generated for Oklahoma Complete Health and the Children's Specialty Program, documenting their compliance with 389 requirements. Based on this compliance assessment, the SoonerSelect health program and the SoonerSelect Children's Specialty Program were ready to go live on April 1, 2024.

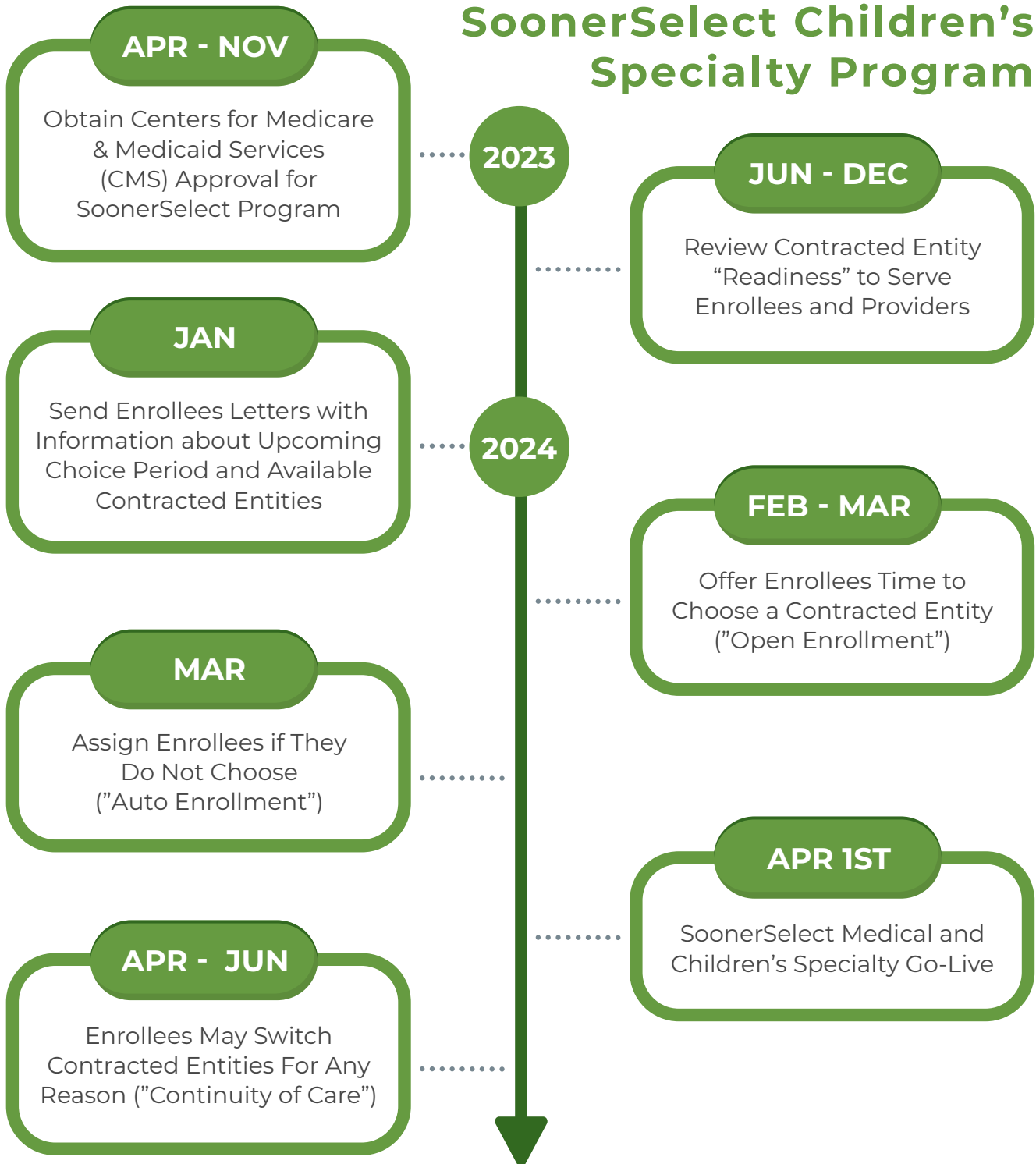


The following graphics illustrate the steps the OHCA took as it prepared to transition to managed care.



In addition to assessing the readiness of each CE, OHCA conducted a state readiness assessment, focusing on 469 requirements across 12 functional areas, including administration, enrollment-related functions, member services, service provision, access, continuity and care coordination, grievance appeal and state fair hearing, quality, systems, program integrity, encounter data, and finance.

SoonerSelect Health and SoonerSelect Children's Specialty Program



As a part of state readiness, OHCA created consistent processes for staff who would be monitoring CE compliance through the development of standard operating procedures, decision documents and tools for agency use. Relevant agency personnel were trained, advised of their assigned state readiness deliverables, and given support in creating criteria and documentation to prepare for implementation. Standard operating procedures and decision documents will be periodically reviewed and updated to ensure documented processes are current.

During Oklahoma's transition to managed care, communication with providers was a top priority. The items below highlight the steps OHCA took to prepare providers for the transition to SoonerSelect.

A page dedicated to informing and educating SoonerSelect providers was added to the OHCA website. It included:

- Website links to each plan
- Links to each plan's virtual office hours
- Education on how to use Availity, which is the online portal online that connects health care providers with insurance providers
- Contact information for each plan
- Q&A from the webinars

OHCA communicated via global messaging to SoonerSelect providers consistently since 2022. Between January and October 2024, more than 20 targeted global messages were sent. Between April and November 2024, OHCA hosted more than 15 days of webinars, often with multiple sessions per day. These gave providers the opportunity to virtually speak with the plans and OHCA.

SoonerSelect Operations Team

SoonerSelect provided opportunities for professional growth from inside the agency. OHCA initiated an organizational assessment to determine the optimal structure for transitioning to SoonerSelect. Interviews were conducted with OHCA leadership to evaluate the current organizational framework, roles and key responsibilities to identify the priorities and requirements necessary for the transition.

Based on the findings, a comprehensive transition plan was proposed that encompassed recruitment strategies, organizational restructuring, impact analysis and a phased implementation timeline. The plan included recommendations for implementing organizational changes, conducting a training needs analysis, evolving the communication strategy and increasing process automation.

OHCA staff members and executive leadership reviewed and tailored the roles and responsibility matrix presented by to fit the organization's specific needs. As a result of this review and tailoring, OHCA transitioned 19 internal employees to the SoonerSelect Operations team, who joined the implementation team already in place.

Enrollment Campaign

SoonerSelect Open Enrollment

SoonerSelect empowered Oklahomans on Medicaid by allowing members to choose their health coverage for the first time in the agency's more than 30-year history. SoonerSelect members chose either DentaQuest and LIBERTY Dental during dental open enrollment, Dec. 1, 2023-Jan. 10, 2024. Members later chose between Aetna Better Health of Oklahoma, Humana Healthy Horizons in Oklahoma and Oklahoma Complete Health during health open enrollment, March 1-April 10, 2024. Some Children's Specialty Program members were automatically assigned to the tailored program.

During open enrollment, members could compare plan benefits using the OHCA website and by speaking to trained choice counselors using the SoonerCare helpline. Between Nov. 23, 2023, and June 30, 2024, the agency's eligibility and coverage services team



successfully completed almost 250k choice counseling calls. Additionally, over 130,000 visitors explored the choice counseling section of the agency's website during the two open enrollment periods.

OHCA also created video tutorial guides and other materials to assist members in choosing and changing their plans online using the member portal for a faster enrollment experience.

The “Pick a Plan” Campaign

To promote awareness during both open enrollment periods, OHCA launched a robust communications campaign that included media interviews, social media, shareable creative assets, video tutorials, text messaging and targeted emails. The campaign began in November 2023 and ended in March 2024.

In addition to supporting the overall goal of 18% active plan selection, the campaign spiked engagement in many areas by increasing email open rates, growing YouTube subscriptions and boosting web traffic.

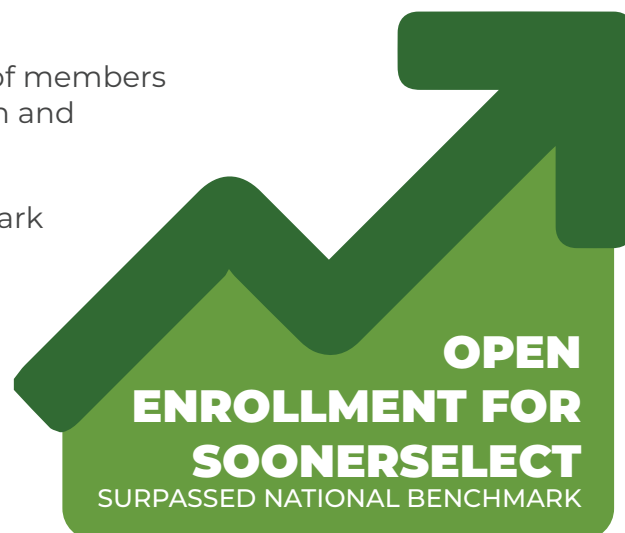
In May 2024, Princeton University's State Health & Value Strategies program lauded Oklahoma's innovative text campaign as the national model for other Medicaid agencies, sharing that “OHCA's success serves as an example of how states may utilize SMS strategies for timely and targeted outreach to drive enrollment.”

Enrollment Results

SoonerSelect Open Enrollment

At the end of the open enrollment periods, 17% of members had actively chosen or changed their dental plan and 20% chose or changed their health plan.

The agency surpassed the 18% national benchmark during health open enrollment by more than 11,000 members. Members who did not actively choose a plan during open enrollment were automatically assigned to a plan and given 90 days to change for any reason. The agency deployed additional outreach in April and June to remind members of the deadline to switch plans.



SOONERSELECT

PICK A PLAN

CAMPAIGN

THE GOAL

OHCA set an ambitious goal to surpass the national benchmark (18%) for active plan selection during SoonerSelect dental and health open enrollments. The communications team developed a four-month, cross-channel campaign targeted to more than half a million Oklahomans.

THE TACTICS

THE RESULTS

- Conducted 8 live interviews with local media stations
- Issued a combined 13 press releases and op-eds



- Promoted OHCA's message to a potential **170 million** individuals
- Mentioned in **329** published articles

- Published 52 social media posts across Facebook and X (Twitter)
- Responded to 1,087 direct messages



- Gained **909** followers across all platforms

- Produced 3 guided tutorials related to plan selection



- Generated **172** hours of total watch time with **14,351** combined views
- Increased YouTube subscribers by nearly **10%**

- Delivered 955,819 targeted emails to 4 distinct audiences



- Increased email open rate by **5%**
- Led **3,182** members to the video tutorials on OHCA's YouTube channel

- Sent a combined 558,911 SMS messages on 3 occasions



- Boosted health plan selection by **135%** the day following each text

- Created 9 new SoonerSelect web pages for members
- Posted plan comparison guides to alleviate the choice counseling line



- **130,548** visitors compared health and dental plan options online
- Steered **1,761** guests to the video tutorials on OHCA's YouTube channel

- Authored a stakeholder toolkit with shareable campaign creative



- **277** partners downloaded campaign creative assets to share

- Designed and printed 3,750 printed flyers



- Circulated **100%** of print inventory to advocates across the state

CAMPAIGN DATA REFLECTS NOVEMBER 1, 2023 TO MARCH 10, 2024

THE BOTTOM LINE

Through a strategic, cross-channel communications campaign, OHCA surpassed the national benchmark in health plan selection with

20%
HEALTH PLAN
SELECTION



17%
DENTAL PLAN
SELECTION

Sooner**Select** ➤



SOONERSELECT LAUNCH DAY

SoonerSelect dental launched on Feb. 1, 2024. On April 1, 2024, the SoonerSelect health and Children's Specialty Plans launched — a day that officially ushered in a new era of health care for Oklahomans. To commemorate the achievement, the Oklahoma Health Care Authority held a launch day celebration.

In addition to the OHCA team, special guests included Gov. Kevin Stitt, state health officials, OHCA Board Chairman Marc Nuttle and other OHCA board members, CE representatives, agency partners and key stakeholders.





SoonerSelect Results

By the end of the fiscal year, more than 600,000 SoonerCare members successfully transitioned to SoonerSelect and began receiving new value-added benefits through the program.

As OHCA focused on supporting members, the team also prioritized providers during the transition. The agency utilized guides, FAQs, and town halls to prepare providers and respond to needs as they arose. For example, OHCA coordinated numerous onsite office hours across the state where providers could connect directly with contracted entities. Oklahoma was also one of the only states to provide financial assistance to providers who needed temporary relief while acclimating to the new billing and payments process.

Though still early into implementation, OHCA has received overwhelmingly positive feedback from members about the enhanced coverage and personalized approach to care coordination offered through SoonerSelect.

The next few pages highlight each plan and their approaches to serving the state's SoonerSelect population. These highlights provide a brief snapshot of the critical work being done to improve health outcomes and, ultimately, transform lives.



CONTRACTED ENTITIES

The Oklahoma Health Care Authority partnered with three plans to deliver health services and two plans to deliver dental services to SoonerSelect members. These contracted entities are Aetna Better Health, Humana Healthy Horizons, Oklahoma Complete Health, DentaQuest and LIBERTY Dental. Each plan is required to provide the same set of core services that are provided to SoonerCare members. Additionally, each SoonerSelect plan offers extra services, called value-added benefits.



273,521

MEMBERS SERVED

897

PROVIDERS

DENTAQUEST

Member Impact

"A member who speaks limited English needed a translator to communicate. So, when a DentaQuest representative made a welcome call, the plan had a translator on the line who helped facilitate the entire call to ensure the member received her welcome packet and assist with any needs. They made sure she didn't have a dental emergency and asked if she wanted assistance making an appointment. She was initially hesitant because of the language barrier but gladly agreed when told she could have a translator assist her throughout the appointment. She appreciated the help and translation services "because she thought she wouldn't be able to use her benefits."

- **DentaQuest Call Center Representative**

Value-Added Benefit Examples

- Zero out-of-pocket cost for any appointment
- Smiling Stork Program provides information about oral health during pregnancy, and how gum disease can affect mom's and baby's health.
- Medication treatments to stop cavities from getting worse.



324,529

MEMBERS SERVED

707

PROVIDERS

LIBERTY DENTAL

Member Impact

“Dental Director Dr. Leta Langford utilized a teledental visit with a patient to avert an ER visit. She met with the patient via a telemedicine channel, prescribed antibiotics for an infection causing visible swelling and significant pain, and connected the patient to a dental office with availability. Without this quick response and the availability of teledentistry through LIBERTY DENTAL, the patient likely would have had only the ER to turn to.”

- Liberty Dental Call Center Representative

Value-Added Benefit Examples

- Mom's Meals plate delivered to members' homes who require a special diet post-surgery
- The 24/7 teledental program connects members with a dentist virtually, even outside of most dental providers' office hours, to address urgent issues.
- The Connect Program pairs members with a LIBERTY care manager to get additional services and direct educational materials to keep them healthy with a smile. It educates on the connection between how members care for their teeth and physical health.



167,671
MEMBERS SERVED

31,059
PROVIDERS



AETNA BETTER HEALTH OF OKLAHOMA

Member Impact

“While attending the Infant Crisis Services’ 40th birthday party, a mother of two came to the Aetna table and stated she missed out on the choice period and that her children were auto-enrolled in a plan. She stated that she has Aetna through her job and loves it, and she wanted to switch her children to Aetna as well. She was especially excited to hear about the asthma value-added benefit since her children have asthma.”

- AETNA Better Health of Oklahoma Call Center Representative

Value-Added Benefit Examples

- Pyx Health provides 24/7 digital companionship and offers support intervention via a mobile platform to address member needs. Members will also have direct access to the Pyx Health compassionate support center, staffed with individuals trained to support members one-on-one when they screen as lonely, depressed, anxious or indicate any social need.
- Members have access to a job skills training platform, along with trade skill development and GED tests online prep course. Members passing the online prep course will be able to take the GED exam at no cost.
- Members have access to nonmedical transportation and can take up to 10 round trips per year to support key needs such as attending a job interview or job training, going to the grocery store, or getting to community health and social services.



187,000
MEMBERS SERVED

21,779
PROVIDERS

HUMANA HEALTHY HORIZONS IN OKLAHOMA

Member Impact

"A member reached out to Humana regarding out-of-state chemotherapy treatments. Her provider had canceled her last two treatments as they didn't take Humana insurance. The member was happy with her provider and was hesitant to change in the middle of a course of treatment. The Humana care management team scheduled a meeting to bring together leadership from care management, utilization management and provider relations. Working together, they discovered that a contract had recently been signed but not communicated. The provider relations team then requested this information be sent to the clinical team, and within a few hours, the member received a notification that her next chemo appointment had been scheduled."

- Humana Healthy Horizons in Oklahoma Call Center Representative

Value-Added Benefit Examples

- Vision services for members ages 21+ include an annual eye exam plus eyeglasses with non-high index polycarbonate lenses and a \$100 allowance for the frame or a \$100 allowance for the cost of contact lenses.
- Members ages 18+ can receive up to \$350 per year to assist with apartment rent or mortgage payment; utility payment for electric, water, gas or internet; and moving expenses via a licensed moving company when transitioning from a public housing authority.
- Criminal expungement support services up to \$150 for members ages 18+ once per lifetime as allowed.



194,010

SOONERSELECT
MEMBERS SERVED

25,149

PROVIDERS

19,516

CHILDREN'S SPECIALTY
PLAN MEMBERS SERVED

25,219

PROVIDERS

OKLAHOMA COMPLETE HEALTH

Member Impact

"A young member, a foster child, has experienced many transitions in her life. Through it all, she has consistently maintained her place on the principal's honor roll in school. When Oklahoma Complete Health learned of the girl's love for swimming but realized she had never been to a YMCA, they took it from there. The care manager coordinated with the YMCA and the girl's caregiver to surprise her with a membership so she could swim whenever she wanted."

- Oklahoma Complete Health Call Center Representative

Value-Added Benefit Examples

- Pyx is a mobile app that reduces social isolation by providing companionship and resources to adult and child members who screen positive for social isolation.
- Members ages 16+ can receive vouchers for in-person or virtual GED tutoring and testing assistance to help obtaining their diploma or GED and gain skills to join the workforce.
- Members can be provided with adult or family memberships to local YMCAs to support physical activity and healthy lifestyles.



OHCA is committed to being best in class, which means responsibly using taxpayer dollars to achieve the biggest impact — and explore new possibilities — for Oklahomans. Below are highlights of the agency's most notable accomplishments for SFY 2024.

Health Outcomes

Chronic Care Management developed a partnership with two centers of excellence for sickle cell disease, St. Francis and the University of Oklahoma. They also identified 4,384 members with a diagnosis of hepatitis C and coordinated treatment.

Enrollment Automation/Data Integration ensured that most children meeting SoonerCare eligibility requirements will now have continuous eligibility for a full 12-month period as mandated by CMS, regardless of any changes in their circumstances.

Insure Oklahoma assisted more than 2,000 small Oklahoma businesses a month in ensuring 5,802 working Oklahomans have access to affordable, quality health care.

Pathways to Community Living successfully onboarded 11 new grantees. They now have the highest number of grantees in the U.S.

Policy and Program Management worked diligently to receive approval of a state plan amendment that raised the income limit for the family planning category from 138% FPL to 205% FPL.

Population Care Management coordinated all requests for private duty nursing services as well as coordinating the transition of 306 members from SoonerCare to SoonerSelect.

The **Utilization Management Work Group** developed an initiative to provide hepatitis C outreach to members who have been diagnosed but not treated with one of the hepatitis C drugs. Of the 1,025 members OHCA successfully contacted, 251 individuals (24.4%) received treatment.



FULL-TIME
EMPLOYEE COUNT
AS OF JUNE 30, 2024:

542



Operational Excellence

Business Enterprise's **Performance and Electronic Process** team implemented a method for members to access their claims data and other important information.

Long-Term Care Finance developed and implemented a value-based incentive program for intermediate care facilities across the state of Oklahoma.

Long-Term Services and Support's Living Choice team hit a historical milestone, exceeding the CMS benchmark for transitions to home by 140%.

Provider Services was the first stop for provider calls concerning SoonerSelect during and before implementation and completed dozens of webinars to prepare providers for the SoonerSelect transition. **Provider Enrollment** reported 79,965 contracted providers for SFY 2024.

Quality Assurance streamlined the process for quality-of-care reviews related to dental concerns. They also developed or enhanced opportunities for dental provider and member feedback.

High-Performing Teams

Clinical Review formatted and implemented a new program for the Healthy Adult Population. The team established policy, initiated processes, completed clinical assessments, provided resources and met the goal of assisting members achieve better health outcomes.

Communications hit their goal of having 20% of members choose a health plan and exceeded the national benchmark.

During the public health emergency unwind, the **Eligibility and Coverage Services** team navigated the redetermination of eligibility for 1.13 million members. Nearly 1,000 additional hours were contributed by the team to meet demand during this challenging period. They also handled more than 1.5 million calls in SFY 2024.

The **Health Information Exchange** added 130 new organizations.

Legal processed 600 appeals, a higher-than-average number due to unwinding.



The **Medical Administrative Support Services** team completed reviews of 145,360 changes and numerous other reviews.

Strategic Innovations implemented a new software tool to coordinate electronic referrals and case management tasks between organizations with the goal of connecting Oklahomans with resources like food and disaster assistance to address social determinants of health.

Fiscal Responsibility

Finance submitted and received CMS approval for seven directed payment programs totaling \$1.2B.

Internal Audit completed numerous engagements encompassing 25 control processes within the agency.

Pharmacy collected \$765 million in drug rebates during SFY 24, a figure that was 3.9% (\$28 million) more than estimated.

Program Integrity and Accountability closed nearly 1,400 provider audits totaling over \$4.2 million in overpayments.

Core Values

Administration Services reorganized the occupancy and layout of the OHCA building in preparation for welcoming sister agencies. The additional occupants ensure that OHCA is responsibly maximizing tax payer dollars.

Data Governance Data Governance provided support to ensure that data requests were fulfilled timely and accurately, with nearly 100% of deliverables submitted on time. Data requests include internal inquiries, CMS reports, requests state officials, and other data requests.

Human Resources successfully completed a reorganization that saw the creation of a new SoonerSelect division at the beginning of FY 24, without increasing FTE.

SoonerSelect

Business Enterprises secured enhanced federal funding for the system modifications necessary for SoonerSelect. They also completed hundreds of requests and change orders to successfully deliver a system ready to implement SoonerSelect.

SoonerSelect Operations handled the implementation, monitoring and oversight of plans in three programs: SoonerSelect dental, health and the Children's Specialty Program.





FINANCE

Budget

Senate Bill 1125 marked the state's SFY 2025 budget agreement during the 2024 legislative session. OHCA's state appropriation was \$1.3B with the direction of \$100 million transfer to the rate preservation fund. OHCA's limit bill (SB 1134) mandated OHCA to use \$30 million from OHCA's cash reserves to increase reimbursements to long-term care facilities and intermediate care facilities for individuals with intellectual disabilities.

The SFY 2025 OHCA total state and federal budget is \$11.2B, a 4.7% increase. This increase from SFY24 was driven mostly by program growth, utilization and cost, along with mandated long-term care rate increases and state-directed supplemental payments with the implementation of SoonerSelect as the new managed care delivery system.

Federal Medical Assistance Percentage

The Federal Medical Assistance Percentage is a statutory formula that determines the federal government's share of the cost of most covered services for state Medicaid programs. It is not a static number. The complex formula is based on state per capita income relative to the national average, but cannot be less than 50%.

The FMAP is calculated each federal fiscal year and OHCA uses a blend to calculate FMAP for each state fiscal year. Oklahoma's regular FMAP for SFY 2024 was 67.49%, i.e., every \$1 the state spent on SoonerCare in SFY 2024, the federal government matched \$2.08, for a total of \$3.08.

Enhanced FMAP

Throughout the PHE, OHCA was the beneficiary of enhanced federal funds, referred to as EFMAP (Enhanced Federal Medical Assistance Program). The EFMAP was provided to states via multiple congressional actions including the 2020 Families First Coronavirus Response Act (FFCRA) and the 2023 Consolidated Appropriations Act, effective throughout the Public Health Emergency. The 6.2% base FMAP enhancement supported increased enrollment and costs associated with the continuous coverage requirements and increase costs throughout the Public Health Emergency. Additionally, the American Rescue Plan Act (ARPA) incentivized states to expand Medicaid coverage, as authorized under the Affordable Care Act (ACA), with a 5% base FMAP enhancement for two years. These combined EFMAP initiatives exceeded the cost of increased enrollment, and as a result, OHCA built a cash reserve.

As a response, OHCA's FY 2024 appropriation was reduced to \$892.7 million with \$164 million directed to the rate preservation fund. \$200 million of the appropriation was mandated to be distributed to Oklahoma hospitals and \$30 million of the appropriation to provide grants to providers for the cost of Health Information Exchange connection fees. SB32x also mandated OHCA to self-fund a rate increase for Long Term Care Facilities (LTC) with an estimated FY 2024 cost of almost \$48 million. This resulted in an effective appropriation of \$499 million to fund the operations of the Medicaid program for FY 2024, obligating OHCA to use \$648 million of cash reserves. OHCA began FY 2024 with a program cash reserve of \$1.028 billion and ended FY 2024 with \$247 million.

Supplemental Payments

Oklahoma, like many states, makes supplemental payments through its Medicaid program to certain types of providers in addition to claims-based payments. These supplemental payments are typically allocated among eligible providers based on the amount of Medicaid revenue they receive. SHOPP, the Supplemental Hospital Offset Payment Program, is the largest supplemental payout — over \$1.2 billion to participating hospitals in CY 2024.

OHCA distributed \$252.4 million in enhanced directed payments to hospitals in April 2024, made possible through the transition to SoonerSelect and the allocation of a 2023 state appropriation. This new supplemental hospital payment program, based on average commercial reimbursement levels, adds \$500 million annually to hospital funding statewide and incentivizes providers to improve access and outcomes.

LEGISLATIVE

Legislation Affecting OHCA

HB 3238 - Establishes standards for the oversight and management of programs of all-inclusive care for the elderly (PACE) by the Oklahoma Health Care Authority, directing alignment with certain federal standards; EMERGENCY.

Authors: Mark Lawson (R), Jessica Garvin (F)(R)

HB 3367 - Requires Children's Specialty Plans which cover Medicaid services to provide coverage to children who are in the custody of the Dept. of Human Services or in its administered reunification and welfare services.

Authors: Marcus McEntire (R), Greg McCortney (R)

HB 3668 - Sets a statute of limitations on the sexual abuse of a vulnerable adult and adjusts the standards and penalties for Medicaid fraud.

Authors: Nicole Miller (R), Paul Rosino (R)

HB 3980 - Provides coverage for hospice care to all Medicaid eligible members under set standards.

Authors: Jon Echols (R), Brenda Stanley (R)

SB 1310 - Transfers authority over state employee benefits plans from the Office of Management and Enterprise Services to the Oklahoma Health Care Authority; EMERGENCY.

Authors: Greg McCortney (R), Chris Sneed (R)

SB 1334 - Creates Corinne's Law which requires health insurance plans to provide coverage for certain fertility preservation services.

Authors: Ally Seifried (F)(R), Josh West (R)

SB 1675 - Adjusts various provisions surrounding the state Medicaid program, extends certain deadlines, expands the definition of provider-led entities, and modifies the responsibilities of the Oklahoma Health Care Authority; EMERGENCY.

Authors: Greg McCortney (R), Marcus McEntire (R)

SB 1703 - Prohibits insurers from denying the Oklahoma Health Care Authority claims solely on the basis of prior authorization and mandates certain response time from insurers to the Authority; EMERGENCY.


Authors: Julie Daniels (R), Marcus McEntire (R)

SB 1739 - Allows certain care to be provided by birthing centers that are not licensed as a hospital but are accredited as a birthing center, halts the licensure of certain facilities by Oklahoma State Department of Health, charges Oklahoma Health Care Authority to seek federal approval for Medicaid reimbursement.

Authors: Kristen Thompson (F)(R), Marcus McEntire (R)

SB 1752 - Self-funded or self-insured health care plans shall be recognized by the Insurance Department for the exclusive purpose of participation in the premium assistance program if they meet certain requirements; EMERGENCY.

Authors: Jessica Garvin (F)(R), Marcus McEntire (R)



IN THE NEWS

June 11, 2024

SoonerSelect Marks 60 Days Serving Oklahomans - OHCA Highlights Resources to Help Providers and Members Make the Transition

SoonerSelect, Oklahoma's new comprehensive delivery system for over 600,000 SoonerCare members, serves the needs of members, providers and local communities in unique and powerful new ways. [Read more.](#)

April 25, 2024

\$252.4 Million in First Directed Payment Made Since SoonerSelect Transition

The Oklahoma Health Care Authority has distributed the first enhanced directed payment to Oklahoma hospitals in the amount of \$252.4 million. [Read more.](#)

March 29, 2024

SoonerSelect Health Plans Launch April 1: What Members Need to Know

Beginning April 1, more than half of the Oklahomans who use SoonerCare will have their health care needs covered by SoonerSelect, the new comprehensive health delivery system for SoonerCare members. [Read more.](#)

January 30, 2024

SoonerSelect Health Enrollment Opens on Feb. 1 with Value-added Benefits from Contracted Entities

SoonerCare members moving to SoonerSelect will have the opportunity to choose their SoonerSelect health plans beginning Feb. 1. [Read more.](#)

Jan 04, 2024

Thousands of health care providers have joined Oklahoma's health information exchange

Thousands of Oklahoma health care providers have joined a statewide health exchange that allows a patient's digital medical records to follow them to most doctor's offices.

[Read more.](#)

Nov 30, 2023

SoonerSelect Dental Enrollment Opens on Dec. 1 with Choice Counseling Available

SoonerCare members transitioning to SoonerSelect, the Oklahoma Health Care Authority's newly reformed health care delivery system, can select their preferred dental plan starting December 1. [Read more.](#)

October 02, 2023

Oklahoma Receives CMS Approval and Advances Medicaid Transformation with SoonerSelect

The Centers for Medicare & Medicaid Services (CMS) has granted approval for Oklahoma's 1915(b) waiver for delivery system reform and the proposal to increase supplemental payments to hospitals. [Read more.](#)

August 30, 2023

OHCA Removes Physician Visit Requirement for Naloxone, Hosts Vending Machine With ODMHSAS

SoonerCare now includes coverage for various naloxone products without requiring a physician visit. [Read more.](#)

August 28, 2023

OHCA Announces Appointees to Oklahoma Medicaid Delivery System Quality Advisory Committee

The Oklahoma Health Care Authority has appointed 19 individuals to the newly created Medicaid Delivery System Quality Advisory Committee. [Read more.](#)

August 08, 2023

OHCA Encourages Oklahoma Parents to Check Children's SoonerCare Eligibility Status

The Oklahoma Health Care Authority asks all Oklahoma parents affected by the return of eligibility renewals to check their children's SoonerCare status. [Read more.](#)

August 02, 2023

Governor Stitt Taps Ellen Buettner to Serve as CEO of Oklahoma Health Care Authority

Today Governor Kevin Stitt announced his appointment of Ellen Buettner as CEO of the Oklahoma Health Care Authority (OHCA). [Read more.](#)

July 19, 2023

Governor Stitt Announces Departure of Kevin Corbett as CEO of OHCA, Thanks Him for His Service

Today Governor Kevin Stitt expressed his appreciation for the service of Oklahoma Health Care Authority (OHCA) CEO Kevin Corbett following his resignation. [Read more.](#)

July 17, 2023

New Rules to Govern Health Information Exchange Approved by OHCA Board

The Oklahoma Health Care Authority Board has approved the proposed emergency rules to implement the statewide health information exchange. [Read more.](#)

July 17, 2023

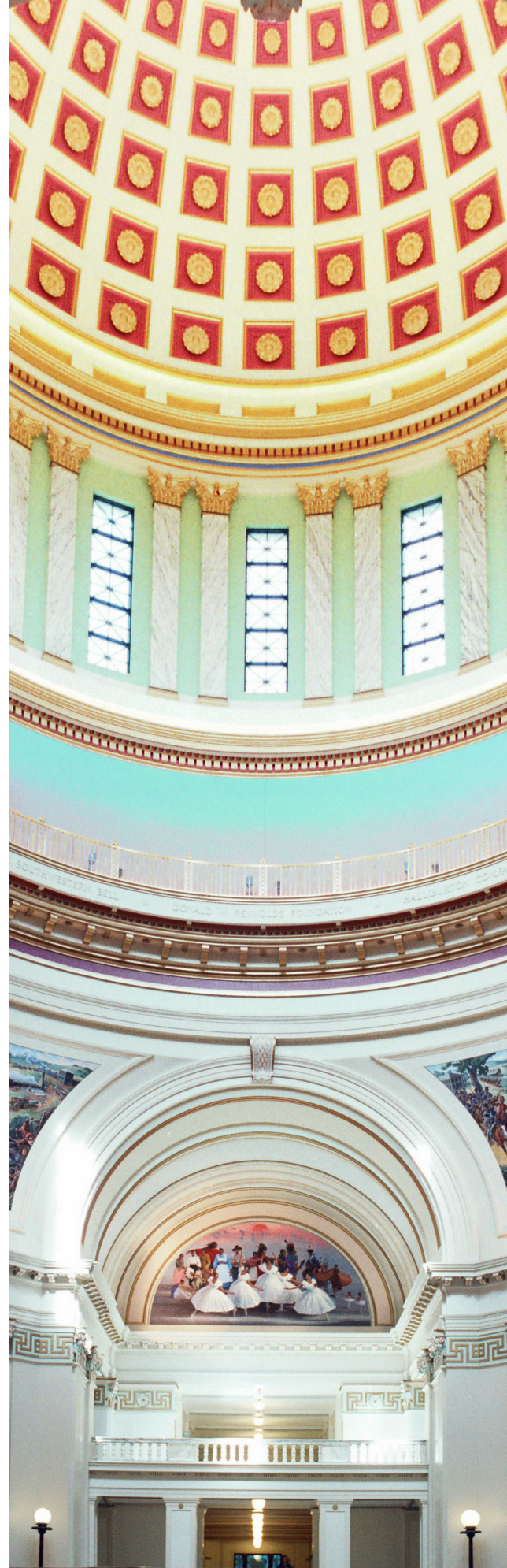
OHCA Board Approves Plan for Additional Hospital Funding

The Oklahoma Health Care Authority Board voted today to approve a plan for the disbursement of \$200 million appropriated by the Legislature to OHCA for the benefit of Oklahoma hospitals. [Read more.](#)

July 10, 2023

Oklahoma Adds Doula Services to SoonerCare Benefits

Expecting mothers enrolled in SoonerCare can now receive doula services for emotional, physical and informational support during the prenatal, delivery and postpartum periods. [Read more.](#)





Governor Stitt Announces Departure of Kevin Corbett as CEO of OHCA

On July 18, 2023, Gov. Kevin Stitt expressed his appreciation for the service of OHCA CEO Kevin Corbett following his resignation. During his tenure, Corbett was credited for increasing coverage for opioid treatment programs, the implementation of the health information exchange, increasing private duty nursing rates, and for leading Governor Stitt's Helping Every Life and Parent (H.E.L.P.) Task Force. "I extend my deepest gratitude to Kevin for his service to our state and to the Oklahoma Health Care Authority," said Gov. Stitt. "He's been a true leader in our healthcare system and has worked tirelessly to improve the health and well-being of all Oklahomans. I'm grateful for his incredible contributions and wish him all the best in the future."

"I extend my deepest gratitude to Kevin for his service to our state and to the Oklahoma Health Care Authority."

— Gov. Kevin Stitt



Governor Stitt Taps Ellen Buettner to Serve as CEO of Oklahoma Health Care Authority

On Aug. 2, 2023, Gov. Kevin Stitt announced his appointment of Ellen Buettner as CEO of OHCA. Ellen previously served as the Chief of Staff of OHCA, leading hundreds of employees and directing the agency's core values of transparency, accountability, and operational excellence. "For 15 years, Ellen has been a dedicated public servant in the health and human services sector, and she is the right person to lead the OHCA through the challenges and exciting milestones on the horizon," said Gov. Stitt. "Her track record of excellence in organizational leadership will ensure the OHCA remains committed to serving Oklahomans with consistency and transparency."

"Ellen is the right person to lead the OHCA through the challenges and exciting milestones on the horizon."

— Gov. Kevin Stitt



OHCA Announces Appointees to Oklahoma Medicaid Delivery System Quality Advisory Committee

On Aug. 28, 2023, OHCA appointed 19 individuals to the newly created Medicaid Delivery System Quality Advisory Committee. These individuals include providers, hospital and integrated health system representatives, health care community members and members of the academic community with subject matter expertise. "This provider-led committee will assist OHCA in maintaining the highest standards for our SoonerSelect partners," said OHCA CEO Ellen Buettner.

Connect Committee

The Connect Committee helps to engage, empower and recognize OHCA employees. In June 2024, the committee led the way in bringing together employees and their families to volunteer at the Regional Food Bank. The team helped fill 1,560 1.5-pound bags and packed 78 boxes for a total of 1,950 meals.

The committee also helps fundraise for organizations that serve Oklahomans. In SFY 2024, OHCA employees also gave a total of \$ \$15,281 in support of the State Charitable Campaign.



All-Star Awards

OHCA recognizes excellence and innovation through the monthly All-Star Award. The following individuals were recognized in SFY 2024 for outstanding service.



JULY

Jarred Wion



AUGUST

Shannon Wilkinson



SEPTEMBER

Tana Parrott



OCTOBER

Brittany Lowe



NOVEMBER

Ashley Carlisle



DECEMBER

Heather Cox



JANUARY

Aimee Moore



FEBRUARY

Carrie Edwards



MARCH

Jessica Moore



APRIL

Sherri Duran



MAY

Emily Long



JUNE

Sarah O'Neal

OHCA LEADERSHIP

BOARD OF DIRECTORS



Chairman Marc Nuttle,
appointed by Governor



Vice Chairman Alex Yaffe, appointed
by Speaker of the House



Tanya Case, appointed by
Speaker of the House



Clark Jolley, appointed by
President Pro Tempore



Kevin Corbett,
appointed by Governor



Phillip Kennedy,
appointed by Governor



Kim Leland, appointed by
Governor



John Christ,
appointed by Governor



Jeffrey Cruzan M.D., appointed
by President Pro Tempore

Executive Staff

Ellen Buettner
Chief Executive Officer

Aaron Morris
Chief Financial Officer

Traylor Rains
State Medicaid Director

Christina Foss
Chief of Staff

Elizabeth Cooper
Chief Administrative
Officer

COMMITTEES

BEHAVIORAL HEALTH ADVISORY COUNCIL

The Council provides input to the OHCA and designated agents regarding behavioral health care within Oklahoma's Medicaid programs.

DRUG UTILIZATION REVIEW (DUR) BOARD

DUR advises OHCA about the appropriate and optimal use of pharmaceuticals for Oklahoma Medicaid recipients.

LONG TERM QUALITY INITIATIVES COUNCIL (LTCQIC)/ LIVING CHOICE ADVISORY COUNCIL (LCAC)

The Living Choice Advisory Committee (LCAC) will advise and assist the OHCA and its partner agencies in the design, development and implementation of the Living Choice program.

MEDICAL ADVISORY COMMITTEE (MAC)

MAC assists the OHCA in policy issues and quality standards of the Medicaid program.

OHCA STATE PLAN AMENDMENT RATE COMMITTEE (SPARC)

The Advisory Committee on Rates and Standards make recommendations for changes to rates that necessitate a State Plan Amendment.

QUALITY ADVISORY COMMITTEE

The Quality Advisory Committee will provide oversight and evaluate performance across all quality-related aspects and make recommendations to OHCA and the OHCA Board on measures to be used by the contracted entities in OHCA's new comprehensive health care model, SoonerSelect.

TRIBAL CONSULTATION MEETINGS

MEMBER ADVISORY TASK FORCE (MATF)

The MATF seeks to improve the SoonerCare Choice program by receiving input and feedback from members and their families.





OKLAHOMA
Health Care Authority

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This publication is authorized by the Oklahoma Health Care Authority in accordance
with state and federal regulations.

This document can be viewed on OHCA's website, oklahoma.gov/ohca.