



OKLAHOMA HEALTH CARE AUTHORITY
SFY 2020 ANNUAL REPORT



Letter From The CEO	4
PASSION FOR PURPOSE	6
+ About Our Members	7
+ About SoonerCare	8
+ Benefits Packages	9
+ Telehealth	10
EMPOWERMENT AND ACCOUNTABILITY	12
+ About Our Agency	13
+ Milestones	14
+ Partnerships	15
TRUST AND TRANSPARENCY	16
+ Legislative Update	17
+ Eligibility	18
BEST IN CLASS AND SOLUTION-ORIENTED	20
+ In The News	21
+ Pay for Performance	21
+ Virtual Pharmacy Program	22
SERVANT LEADERSHIP	24
+ Public Servants	25
+ Leadership	26

LETTER FROM THE CEO

In 2020, the world changed in ways none of us had ever experienced due to the COVID-19 pandemic and other world events. Nearly every person faced new challenging circumstances, whether they were small inconveniences or immense tragedies. Through this emotionally, physically and logistically difficult year, time and time again I found myself amazed and encouraged by the resilience of the OHCA staff, our members and our agency partners.

When the pandemic began to impact the U.S. and our entire way of life, I knew OHCA's dedication to service would propel us to find ways to make the impossible possible. But I never could have imagined the efficiency, innovation and adaptability this team showed immediately and has continued to display every day.

Our IT department made incredible strides to transition almost our entire agency to working from home, our administrative and HR teams have kept us safe by keeping the building sanitized and establishing proper protocol for our staff and visitors, our call center employees quickly adjusted to assisting our members from within their own homes; these few examples do not begin to highlight all the hard work and commitment to quality service demonstrated by every department within OHCA.

We are also honored to work with our incredible health care providers and agency partners, without whom this year would not have been possible to navigate. Frontline workers are risking their lives just by showing up to work and they are sacrificing time with their loved ones to prevent others from losing theirs. Their trek through this pandemic is still ongoing but they never slow down or give up. We thank you and salute you for fighting so hard to keep us safe.

OHCA's five key principles are always threaded throughout everything we do, but this year they were perhaps more essential than ever to ensure we fulfilled our commitment to provide quality affordable health care to Oklahomans who need it.

At the end of this challenging year, OHCA was named by The Oklahoman as a Top Workplace in 2020, and it's easy to know why. This is not only a place of work, but a place full of perpetual heart, zeal and talent. I thank everyone at OHCA for your unending commitment to public service, and I thank all those who worked so hard in 2020 to keep Oklahoma strong.

Onward,



Kevin Corbett

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



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

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



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

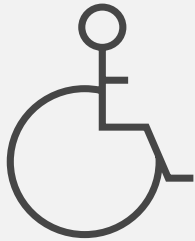
Servant Leadership was shown throughout our staff as they donated enough blood to save 177 lives, gave \$21,320 to the State Charitable Campaign and formed a council to foster an environment where inclusion and diversity flourish in the workplace, and so much more.





PASSION FOR

PURPOSE



17.1%

of members were aged, blind or disabled and accounted for

47.4%

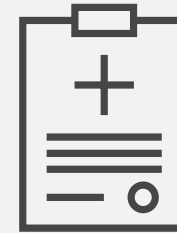
of all expenditures.

625,337

children ages 0-20 were covered by SoonerCare.

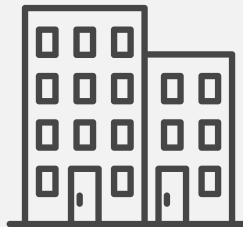
1,005,671

members enrolled through SoonerCare and Insure Oklahoma.



1 in 4

Oklahomans were covered by SoonerCare.



3,682

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

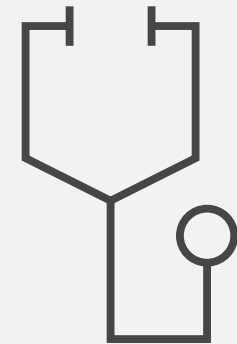
33,596

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

69,175

providers administered care to SoonerCare members.

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



57.4%

of births in Oklahoma were covered by SoonerCare.

Note: The most recent data on total births in Oklahoma is from the Oklahoma State Department of Health as of Sept. 2020.



A B O U T S O O N E R C A R E

What is SoonerCare?

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

How is Medicaid Different From Medicare?

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

What is CHIP?

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

What Coverage Programs are Offered?

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

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

SoonerCare Choice

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

SoonerCare Traditional

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

SoonerCare Supplemental

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

Long-Term Care

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

SoonerPlan

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

Soon-to-be-Sooners

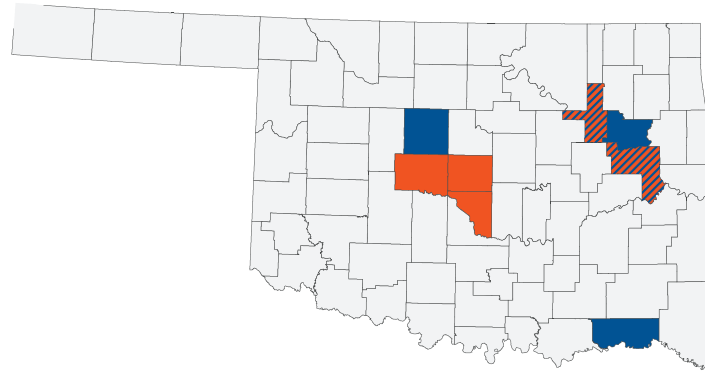
A limited benefit plan that provides pregnancy-related medical services to women who do not qualify for full SoonerCare benefits.

Insure Oklahoma

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

TELEHEALTH

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



Top 5 counties by percent of enrolled members served:

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

Top 5 counties by number of members served:

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

	March-June 2019	March-June 2020
How many members used telehealth?	6,989	78,545
How many providers conducted services via telehealth?	208	1,815
How many telehealth visits were conducted?	11,941	337,415
What was the average number of telehealth visits per member utilizing this service?	1.7	4.3
What was the total cost for telehealth visits?	\$975K	\$24M
What was the average reimbursement per member?	\$140	\$307
What was the average reimbursement per claim?	\$82	\$71

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



EMPOWERMENT

AND ACCOUNTABILITY

3.6%

of all expenditures were for administration.



776,535

member calls were answered during SFY 2020.

415,891

provider calls were answered during SFY 2020.

553

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

10

years of service at OHCA.



The top three expenditures for SFY 2020 were

\$659.7M

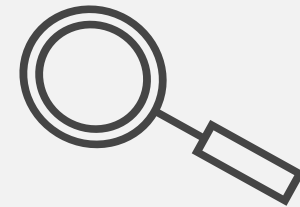
for nursing facilities,

\$644.1M

for prescribed drugs and

\$605.0M

for inpatient services.



\$4.3M

were recovered as a result of provider audits, and

\$387M

were recovered through drug rebates collected in SFY 2020.

M I L E S T O N E S

COVID-19 Response

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

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

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

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

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

Financial Resources

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

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

PARTNERSHIPS

Federal Medical Assistance Percentage

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

Other Partners

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

CENTERS FOR MEDICARE & MEDICAID SERVICES

DEPARTMENT OF CORRECTIONS

DEPARTMENT OF EDUCATION

DEPARTMENT OF HEALTH

DEPARTMENT OF HUMAN SERVICES

DEPARTMENT OF MENTAL HEALTH AND

SUBSTANCE ABUSE SERVICES

OFFICE OF JUVENILE AFFAIRS

GOVERNOR'S OFFICE

INDIAN HEALTH SERVICES

LEGISLATURE

MARCH OF DIMES

MEDICAL PROFESSIONAL ASSOCIATIONS

OKLAHOMA COLLEGES, UNIVERSITIES AND

RESEARCH INSTITUTES

OKLAHOMA PARTNERSHIP FOR SCHOOL READINESS

SOONERCARE PROVIDERS

TULSA AND OKC COUNTY HEALTH DEPARTMENTS

TOBACCO SETTLEMENT ENDOWMENT TRUST

TRIBES AND TRIBAL LEADERSHIP



TRUST

AND TRANSPARENCY

LEGISLATIVE UPDATE

The 2020 legislative session was unlike any other.

Around 1,000 bills were still active by the March 12 deadline, while only 181 bills made it to the Governor's desk. The Legislature began the process of shutting itself down March 16 as a result of the COVID-19 pandemic. The House and the Senate each approved a resolution allowing the other chamber to adjourn for more than three days, a constitutional requirement and also adopted rules to allow for voting by proxy and videoconferencing.

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 the Governor's health emergency declaration and to consider three spending measures to address a fiscal year revenue shortfall.

Lawmakers then 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 agency appropriations reductions of 4 percent or less in most cases. The agency retained a flat budget, and very few policy bills moved forward. The Governor signed around 160 bills, mainly dealing with the state's finances.

- SB1937** Allows flexibility with utilizing the Rate Preservation Fund. Currently, using those funds is dependent on a decrease in FMAP, but SB1937 eliminates that provision so funds can be used to maintain provider rates.
- SB1073** Gives the agency more flexibility by expanding the use of the Health Employee and Economy Improvement Act (HEEIA) Revolving Fund to fund Insure Oklahoma or the state's Medicaid program.
- SJR0027** Proposes a vote of the people on a constitutional amendment that modifies the amount of the annual tobacco settlement payments to be deposited into the Tobacco Settlement Endowment Trust Fund. It specifies deposits into the Tobacco Settlement Fund must be appropriated and expended to draw down federal matching funds for the Medicaid program.
- HB2587** Creates the Nondiscrimination in Health Care Coverage Act. It 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.

ELIGIBILITY

Applying to SoonerCare

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

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

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

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

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

Ensuring Member Accuracy

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

Social Security Administration

Provides near real-time verification of Social Security number and citizenship. The Social Security Administration conducts a nightly files check for unearned income that may factor into an applicant's eligibility.

Oklahoma Employment Security Commission

Checks earned income quarterly. OESC also provides weekly unemployment data.

Department of Homeland Security

Determines immigration status if applicants are not U.S. citizens.

Federally Facilitated Marketplace

Provides real-time data exchange between OHCA and CMS for all applicants. Supplies case-level information so applicants can be assessed eligible for either Medicaid or Federally Facilitated Marketplace benefits.

Public Assistance Reporting Information System

Verifies residency quarterly and as needed when working with other states.

Third-Party Liability

Verifies other insurance coverage through a data exchange with a contracted vendor.

Oklahoma Tax Commission

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



BEST IN CLASS

AND SOLUTION-ORIENTED

I N T H E N E W S

OHCA saw many achievements and exciting advancements in SFY 2020. Below are a few of the agency's top news stories from the year, highlighting a dedication to being best in class and solution-oriented in all aspects of our work.

Senate confirms Corbett's nomination as Oklahoma Health Care Authority CEO

The Oklahoma Senate approved Gov. J. Kevin Stitt's executive nomination of Kevin Corbett to serve as the Oklahoma Health Care Authority CEO.

Oklahoma Health Care Authority Implements SoonerCare Relief Measures During COVID-19 Pandemic

The Oklahoma Health Care Authority took action to ensure continuity of care and services for SoonerCare members in response to the COVID-19 pandemic.

Oklahoma Health Care Authority Suspends Premiums for Insure Oklahoma Individual Plan Participants

The Oklahoma Health Care Authority suspended premiums for Insure Oklahoma Individual Plan participants in response to the COVID-19 pandemic.

SoonerCare provider rates set to increase

The Oklahoma Health Care Authority board approved a 5% rate increase to most SoonerCare providers during the Aug. 21, 2019 board meeting. The rate increase put SoonerCare physician rates at 93.63% of the Medicare physician fee schedule.

P A Y F O R P E R F O R M A N C E

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

Our team is dedicated to being best in class. This year, we implemented the new LTC quality program, pay for performance. The program centers around four measures related to the health and wellness of each resident. Through meeting predetermined benchmarks, facilities can earn additional dollars to improve the health and wellness of their residents. We strive for consistent quality improvement of financial responsibility, by overseeing the distribution of taxpayer dollars. We continue to uphold oversight and transparency through the expansion of the provider portal. In addition to the current processes, we streamlined financial reporting, data tracking, monthly and annual expenditures, communication with our providers, and implemented new online surveys. These efforts fostered strong relationships, enhanced communication and strengthened fiscal responsibility.

IMPROVED ACCESS

Improving Access to Prescriptions

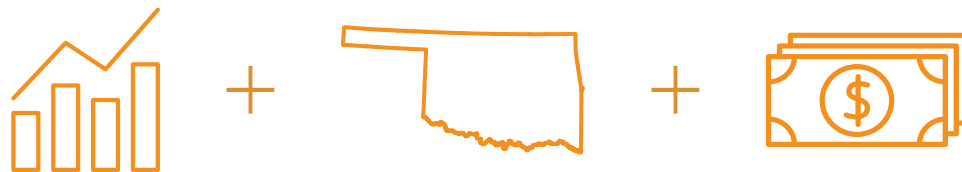
The pharmacy department set a goal in 2020 to show a 5% increase in 90-day supply claims out of the top 30% of members identified with the largest number of 30-day supply medications from the eligible maintenance list. This solution-oriented goal came with many benefits. It would provide financial savings for members by reducing copays and increase member medication adherence and access to care, which results in improved member health.

While this goal was for calendar year 2020, by the end of SFY 2020 we had already seen a 2.91% increase in 90-day supply medications for the top 30% of claims. From July to December of 2019, 9.62% of the top 30% of claims had a 90-day supply, while from January to June of 2020, 12.53% of the top 30% had a 90-day supply. This 3% increase within six months had a positive impact on members by creating solutions for access to care and preventing potential medication adherence issues.

Working to increase 90-day supply claims came at a critical time of the COVID-19 pandemic. Allowing 90-day supply claims resulted in members requiring less refills, which resulted in less trips to the pharmacy and minimized non-essential exposure.



OHCA increased 90-day supply claims.



This action resulted in **increased member medication adherence, improved access to care and financial savings** through reduced copays.





SERVANT

LEADERSHIP

A B O V E A N D B E Y O N D

Connect Committee

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

In SFY 2020, OHCA employees donated \$30,807 to the State Charitable Campaign, Citizens Caring for Children and the American Lung Association through the Fight for Air Climb.

All-Star Award

OHCA recognizes excellence and innovation through the monthly All-Star Award. The following individuals were recognized in SFY 2020 for outstanding service to the State of Oklahoma:

2019

JULY: VANESSA ANDRADE

AUGUST: JANETTE CASSEL

SEPTEMBER: KERRI WADE

OCTOBER: PRINCISS ROCKMORE

NOVEMBER: RENEE SPRATT

DECEMBER: JENIFFER SCOTT

2020

JANUARY: LAURA WILCOX

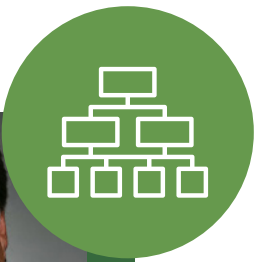
FEBRUARY: CRYSTAL HOOPER

MARCH: TIM HARRIET

APRIL: CANDACE ARNOLD

MAY: COREY DOZIER

JUNE: TYISHA ANTWINE



LEADERSHIP

Advisory Board

Top Row, Left to Right

Chairman Stanley Hupfeld, appointed by Governor

Vice Chairman Alex Yaffe, appointed by Speaker of the House

Robert Boyd, appointed by Senate President Pro Tempore

Second Row, Left to Right

Tanya Case, appointed by Speaker of the House

Randy G. Curry, D.Ph., appointed by Senate President Pro Tempore

Dr. Jean Hausheer, appointed by Governor

Third Row, Left to Right

Phillip Kennedy, appointed by Governor

Marc Nuttle, appointed by Governor

Dr. Laura Shamblin, appointed by Governor

Executive Staff

Kevin Corbett, CEO

Ellen Buettner, Chief of Staff

Melody Anthony, Chief Operating Officer and State Medicaid Director

Aaron Morris, Chief Financial Officer

Trae Rahill, Chief of Strategic Innovation

Dr. Mike Herndon, Chief Medical Officer



OKLAHOMA
Health Care Authority

4345 N. Lincoln Blvd., Oklahoma City, OK 73105 | oklahoma.gov/ohca |    

This publication is authorized by the Oklahoma Health Care Authority in accordance with state and federal regulations.
Cost of the printing was \$250.00 for 25 copies. This document can be viewed on OHCA's website, oklahoma.gov/ohca.