

State: Oklahoma

Demonstration Name: Oklahoma SoonerCare

Approval Date: October 12, 1995

Effective Date: April 1, 1996

Renewal Date: August 31, 2018

Expiration Date: December 31, 2023

Description & Status:

In January 1995 Oklahoma's section 1115 Medicaid demonstration proposal, entitled "SoonerCare," fostered the creation of a managed care infrastructure in urban and rural areas. Primary objectives included increasing access to primary care for beneficiaries throughout the State, as well as allowing for greater financial predictability of the state Medicaid program. SoonerCare initially utilized both fully and partially capitated delivery systems, and contained incentives for fully capitated urban plans to expand their networks to adjacent rural areas or to work with developing rural plans. The SoonerCare demonstration subsumed the State's previously existing 1915(b) waiver program, which began operation in urban areas on August 1, 1995.

Starting January 2004 *SoonerCare Choice* program became the sole model in the state, with the primary care case management (PCCM) model supplanting the managed care organization (MCO) program. In the PCCM model, the Oklahoma Health Care Authority (OHCA) contracts directly with primary care physicians (PCPs) throughout the State to provide primary care, care coordination services, and specialty care referrals. The PCPs receive a monthly care coordination fee for each enrolled beneficiary, based upon the services provided at the medical home. All other medical services, with the exception of emergency transportation, which is paid through a capitated contract, are compensable on a fee for service basis.

The SoonerCare demonstration provides delivery system authority for mandatory and optional Medicaid beneficiaries who receive SoonerCare benefits which include Medicaid state plan benefits. The demonstration also covers expansion groups that include non-disabled working adults, working disabled adults, parents of foster children, employees of not-for-profit organizations and full-time college students ages 19-22. The expansion populations receive state plan benefits with limitations through the Insure Oklahoma Premium Assistance program. Insure Oklahoma program participants are enrolled either in the Insure Oklahoma Premium Assistance Employer Coverage Plan or the Premium Assistance Individual Plan.

Eligibility

The demonstration serves the following populations:

- Pregnant women, infants under age 1 and children ages 1-18 up to and including 133

- percent of the federal poverty level (FPL);
- IV-E foster care adoption assistance children, who receive automatic Medicaid eligibility;
- SSI recipients, Pickle amendment, early widows/widowers and disabled adult children (DACs), with income up to Social Security Income (SSI) limit;
- 1916(b), with SSI for unearned income and earned income limit is the 1916(b) threshold amount for disabled SSI members, as updated annually by the Social Security Administration (SSA);
- Infants under age 1 and children ages 1-18 through CHIP Medicaid expansion, with income above 133 percent of the FPL, up to and including 185 percent of the FPL and for whom the state is claiming title XXI funding;
- Non-IV-E foster care children under age 21 in State or Tribal custody, with income up to and including AFDC limits as of 07/16/1996;
- The following optional aged, blind and disabled populations: eligible but not receiving cash assistance, up to the SSI limit; individuals receiving only optional state supplements, up to 100 percent of the SSI Federal Benefit Rate (FBR) + \$41 (SSP);
- Breast and cervical cancer prevention and treatment program eligible individuals, with income up to and including 185 percent of the FPL;
- TEFRA children (under 19 years of age) without creditable health care insurance coverage, who must be disabled according to SSA definition, with gross personal income at or below 200 percent of the FPL and for whom the state is claiming title XXI funding;
- Non-disabled low income workers and spouses (ages 19-64) up to and including 200 percent of the FPL;
- Working disabled adults (ages 19-64) up to and including 200 percent of the FPL;
- Foster parents (ages 19-64) up to and including 200 percent of the FPL;
- Qualified employees of not-for-profit businesses (ages 19-64) up to and including 200 percent of the FPL; and,
- Full-time college students (ages 19 -22) up to 200 percent of the FPL.

Delivery System

Starting January 2004, the *SoonerCare Choice* program became the sole model in the State, with the primary care case management (PCCM) model supplanting the MCO program. The *SoonerCare Choice* program was expanded from operating in 61 counties to a statewide managed care system.

With the exception of Insure Oklahoma members enrolled in Insure Oklahoma qualified health plan, all *SoonerCare* beneficiaries select or are assigned to a PCP responsible for furnishing primary care and making medically necessary referrals.

Benefits

All demonstration participants except those receiving Insure Oklahoma Premium Assistance Employer Coverage and the Premium Assistance Individual Plan Coverage, receive *SoonerCare Choice* benefits. *SoonerCare Choice* benefits are the benefits covered under the

state plan. The SoonerCare Choice benefits plan does provide the enhanced benefit of unlimited physician visits (as medically necessary) as compared to the State plan which limits physician services to four visits per month, including specialty visits.

Benefits for Insure Oklahoma Premium Assistance Employer Coverage enrollees are limited to premium assistance and cost sharing reductions. Benefits for Insure Oklahoma Premium Assistance Individual Plan enrollees are limited to benefits offered by the Individual Plan Program in accordance with the approved STCs.

Cost Sharing

Under SoonerCare Choice, co-payments are not allowed for pregnant women and children (including TEFRA children), American Indians with an I/T/U provider, emergency room services, individuals enrolled in the Breast and Cervical Cancer Prevention and Treatment Program, and family planning services.

Non-pregnant adult SoonerCare beneficiaries are assessed co-payments equal to the state plan with the following exceptions:

- Beneficiaries covered under the Insure Oklahoma Premium Assistance Individual Plan are assessed co-payments in excess of the state plan as defined in the demonstration; and
- Beneficiaries covered under the Insure Oklahoma Premium Assistance Employer Coverage plan are assessed co-payments consistent with the enrollees specific employer sponsored health plan.

Quality and Evaluation Plan

As required under applicable federal laws and regulations, quality of care furnished under SoonerCare is subject to internal and external review. The state utilizes QISMC guidelines, HEDIS measures, and is participating with AHCPR as a CAHPS pilot state.

State Funding Source

The state of Oklahoma certifies that state/local monies are used as matching funds for the demonstration and that such funds shall not be used as matching funds for any other federal grant or contract, except as permitted by law.

Changes to the Demonstration

Changes Approved for the August 31, 2018—December 31, 2023 Extension Period

The following programmatic changes are approved under the SoonerCare demonstration extension effective August 31, 2018 through December 31, 2023.

- CMS has modified the special terms and conditions (STCs) to reflect the state's plans to expand Health Access Networks (HAN) statewide.
- CMS has included new temporary expenditure authority in order to test whether the provision of ten months of federal financial participation (FFP) in payments to

certain medical education programs will help ensure the availability of residents participating in these programs to Medicaid patients, thus furthering access to services furnished to Medicaid beneficiaries by these residents. This expenditure authority sunsets on June 30, 2019.

- CMS has modified the state’s waiver of retroactive eligibility to remove the authority to waive retroactive eligibility for pregnant women and children under 19.

Changes Approved for the December 2012-December 2015 Extension Period

The following programmatic changes are approved under the SoonerCare demonstration extension effective January 1, 2013 through December 31, 2015.

- CMS has removed the waiver authority that allowed the state to exclude parental income in determining eligibility for disabled children eligible in the TEFRA category ((1902)(a)(17) because the state has this authority under the state plan.
- CMS has reduced financial eligibility under the Insure Oklahoma program for all populations from up to and including 250 percent of FPL to up to and including 200 percent of FPL (non-disabled working adults and their spouses, disabled working adults, employees of not-for profit businesses having fewer than 500 employees, foster parents and full-time college students). This change reflects implementation levels as of the time of renewal.
- CMS has sunset the expenditure and not applicable authorities for the Insure Oklahoma program effective December 31, 2013.
- CMS has approved a limitation on the adult outpatient behavioral health benefit in the Insure Oklahoma individual plan to limit the number of visits to 48 per year. This benefit is limited to individual licensed behavioral health professionals (LBHP). However, this is a soft limit and beneficiaries may seek additional services from the LBHP with prior authorization. Additionally, beneficiaries may seek outpatient behavioral health services through a community mental health center.
- CMS has approved an amendment to the Health Management Program (HMP) to rename nurse care managers as health coaches and to increase face to-face care management by embedding health coaches within physician practices with the highest concentration of members with chronic illnesses.

Approved Amendments

Amendments #6 and #7

Date Amendment #6 Submitted:	March 1, 2019
Date Amendment #7 Submitted:	June 3, 2019
Date Amendments Approved:	November 1, 2019

On March 1, 2019, the state requested to amend the Health Management Program (HMP) and on June 3, 2019, the state requested to amend the Health Access Network (HAN) program. Specifically, the amendments provide the HMP with more options for data analytics used to

identify beneficiaries for HMP services beyond the current HMP predictive modeling software to include Medicaid Management Information System (MMIS) claims, health information exchange information, provider referrals, and other sources; modify the “services” language under the HMP to further define health coaching and practice facilitation; newly incorporate emerging interventions such as health navigation, performance improvement projects, and assistance with transitions of care. CMS has determined that the HMP vendor meets the regulatory definition of a primary care case management entity (PCCM-E) under 42 C.F.R. 438.2. The state will need to make modifications to its existing HMP vendor contracts to come into compliance with the managed care rules; CMS is working with the state to provide technical assistance on necessary contract modifications.

For the HAN program, CMS has updated language in the STCs that describes the HAN’s duties. The language change also reflects that the HAN program is no longer a pilot program. Remaining language continues to describe the HAN as organized for improving access, quality, and continuity of care for SoonerCare members, and offering care management and coordination to persons with complex health care needs.

Amendment #5

Date Amendment Submitted: July 19, 2013
Date Amendment Approved: September 6, 2013

On July 19, 2013, the state requested to amend eligibility guidelines by adding the targeted low-income child eligibility group mandated by the Affordable Care Act to SoonerCare beginning January 1, 2014; to cover pregnant women at the federally-required Medicaid minimum income standard of 133 percent of the FPL after January 1, 2014; to amend the enrollment requirements in order to adhere to the requirement that states use the Modified Adjusted Gross Income (MAGI) income eligibility and verification methodology; and to amend SoonerCare Choice budget neutrality to modify the demonstration’s eligibility groups. This amendment was approved September 6, 2013.

Amendment #4

Date Amendment Submitted: May 3, 2011
Date Amendment Approved: July 15, 2011

On May 3, 2011, the state requested to eliminate the \$10 co-pay for the initial prenatal visit under the Insure Oklahoma program. This amendment was approved July 15, 2011.

Amendment #3

Date Amendment Submitted: August 10, 2007
Date Amendment Approved: January 1, 2009

Subsequent to the August 10, 2007 submission of this amendment request, the request was modified multiple times by the state including substantial revisions on August 29, 2008 and October 28, 2008. The approved amendment provided for the following:

- Changed the service delivery model from a partially capitated payment to an exclusive primary care case management (PCCM) model;
- Added an expansion population of full-time college students age 19 through age 22 not to exceed 200 percent of the federal poverty level (FPL), up to a cap of 3,000 participants;
- Expanded the size of employers who can participate in the state’s Employer-Sponsored Insurance (ESI) program “Insure Oklahoma”, from 50 employees to 250 employees;
- Expanded the description of qualified primary care providers (PCPs) to permit county health departments to serve as medical homes for beneficiaries who choose these providers;
- Included an option for the voluntary enrollment of children in state or tribal custody in the SoonerCare demonstration;
- Implemented a new “Payments for Excellence” program to build upon the current early periodic screening, diagnosis, and treatment (EPSDT) and fourth diphtheria, tetanus and pertussis (DTaP) bonus program; and
- Amended cost sharing requirements for the Insure Oklahoma program and added a \$1 co-pay for non-pregnant adults in SoonerCare.

Amendment #2

Date Amendment Submitted: June 29, 2005
 Date Amendment Approved: September 30, 2005

This amendment expanded eligibility to TEFRA children, whose countable assets do not exceed \$2,000.00 (the parent’s assets are not considered) and the child would be considered Medicaid eligible if institutionalized.

Amendment #1

Date Amendment Submitted: January 14, 2005
 Date Amendment Approved: September 30, 2005

This amendment expanded eligibility up to an additional 50,000 residents with incomes at or below 185 percent of the federal poverty level (FPL) through enrollment in the state’s Employer Sponsored Insurance (ESI) program Insure Oklahoma. The Insure Oklahoma program offers health care benefits to eligible populations through the Premium Assistance Employer Coverage plan and Premium Assistance Individual (Public Safety Net) plan. The increased coverage is funded by State general fund revenues generated by a tobacco tax, along with federal matching funds under title XIX and employer and employee contributions. Eligible populations include:

- Adult ‘working disabled’ persons aged 18-64 years of age who, have income up to 200 percent of the FPL; and

- ‘Non-disabled low income workers and spouses’ (aged 18-64 years) who work for small employers, the self-employed or unemployed (and seeking work) and have income above the Medicaid standard, but no more than 185 percent of the FPL. (The 185 percent FPL limit was increased to 200 percent of the FPL as part of the demonstration extension approved December 21, 2006.)

All qualifying working disabled adults and those non-disabled low income workers whose employer elects not to participate may elect to enroll into the public safety net program.