

State: Oklahoma

Demonstration Name: Oklahoma SoonerCare

Description & Status:

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 children in state custody, 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.

Populations:

The demonstration serves the following populations:

- Pregnant women, infants under age 1 and children ages 1-18 up to and including 185% of the federal poverty level (FPL);
- IV-E foster care adoption assistance children, automatic Medicaid eligibility;
- SSI recipients, Pickle amendment, early widows/widowers and disabled adult children (DACs), up to Social Security Income (SSI) limit;
- 1916(b), 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 1-5 through CHIP Medicaid expansion, above 133%-185% FPL and for whom the state is claiming title XXI funding;
- Children ages 6-18 through CHIP Medicaid expansion, above 100% -185% 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, 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;100% SSI FBR + \$41 (SSP);
- Breast and cervical cancer prevention and treatment up to and including 185% FPL;
- TEFRA children (under 19 years of age) with creditable health care insurance coverage, must be disabled according to SSA definition, with gross personal income at or below 200% FPL, but less than 300% of SSI;
- TEFRA children (under 19 years of age) without creditable health care insurance coverage, must be disabled according to SSA definition, with gross personal income at or below 200% 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% of the FPL;
- Working disabled adults (ages 19-64) up to and including 200 percent of the FPL;
- Foster parents (ages 19-64);
- Qualified employees of not-for-profit businesses (ages 19-64); and

- Full-time college students (ages 19 -22) up to 200 percent of the FPL.

Approval Date: October 12, 1995

Effective Date: April 1, 1996

Renewal Date: December 31, 2012

Expiration Date: December 31, 2015

Pending Actions:

There are no pending actions for the Demonstration.

**OKLAHOMA SOONERCARE
SECTION 1115 DEMONSTRATION
FACT SHEET**

Name of Section 1115 Demonstration:	Oklahoma SoonerCare
Waiver Number:	11-W-00048/6
Date Proposal Submitted:	January 6, 1995
Date Proposal Approved:	October 12, 1995
Date Implemented:	April 1, 1996

Date Extension Submitted:	June 30, 1999
Date Extension Approved:	January 1, 2001
Date Expires:	December 31, 2003

Date Extension Submitted:	September 2, 2003
Date Extension Approved:	January 1, 2004
Date Expires:	December 31, 2006

Date Extension Submitted:	June 30, 2006
Date Extension Approved:	December 21, 2006
Date Expires:	December 31, 2009

Date Extension Submitted:	June 30, 2009
Date Extension Approved:	December 30, 2009
Date Expires:	December 31, 2012

Date Extension Submitted:	December 30, 2011
Date Extension Approved:	December 31, 2012
Date Expires:	December 31, 2015

Summary

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 children in state custody, 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.

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.

- a) 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.
- b) 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.
- c) CMS has sunset the expenditure and not applicable authorities for the Insure Oklahoma program effective December 31, 2013.
- d) 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.
- e) 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.

Amendments

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.

Eligibility

The following populations are included in the demonstration:

- Pregnant women, infants under age 1 and children ages 1-18 up to 185% of the FPL;
- IV-E foster care adoption assistance children, automatic Medicaid eligibility;
- SSI recipients, Pickle amendment, early widows/widowers and disabled adult children (DACs), up to SSI limit;
- 1916(b), SSI for unearned income and earned income limit is the 1916(b) threshold amount for disabled SSI members, as updated annually by the SSA;
- Infants under age 1 and children ages 1-5 through CHIP Medicaid expansion, above 133%-185% FPL and for whom the state is claiming title XXI funding;
- Children ages 6-18 through CHIP Medicaid expansion, above 100% -185% 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, 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; 100% SSI FBR + \$41 (SSP);
- Breast and cervical cancer prevention and treatment up to 185% FPL;
- TEFRA children (under 19 years of age) with creditable health care insurance coverage, must be disabled according to SSA definition, with gross personal income at or below 200% FPL, but less than 300% of SSI;
- TEFRA children (under 19 years of age) without creditable health care insurance coverage, must be disabled according to SSA definition, with gross personal income at or below 200% FPL and for whom the state is claiming title XXI funding;
- Non-disabled low income workers and spouses (ages 19-64) up to 200 percent of the FPL;
- Working disabled adults (ages 19-64) up to 200 percent of the FPL;
- Foster parents (ages 19-64);
- Qualified employees of not-for-profit businesses (ages 19-64); 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 plans, all *SoonerCare* beneficiaries select or are assigned to a PCP responsible for furnishing primary care and making medically necessary referrals.

Native Americans are required to enroll in the *SoonerCare* program. However, in both urban and rural areas, Indian Health Service (IHS) beneficiaries are able to receive services from the IHS/Urban Indian/tribal providers at any time without referral. IHS providers have the option of participating in the PCP program or serving beneficiaries on a fee-for-service basis. In addition, tribal facilities that contract with the State to provide PCCM services can refuse to furnish these services to individuals who are not also members of a federally-recognized tribe.

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* 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.

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.

Cost Sharing

Under SoonerCare, co-payments are not allowed for pregnant women and children and American Indians with an I/T/U provider. There are no monthly premiums or other cost sharing allowed for TEFRA children and co- payments are not allowed for emergency room 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.

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.

CMS Contact

CMS Central Office Contact – Heather Hostetler, (410) 786-4515,
Heather.Hostetler@cms.hhs.gov

CMS Regional Office Contact – Lynne Ward, (214) 767-6327 ,
Lynn.Ward@cms.hhs.gov

Updated 12/2012

State: Oklahoma

Demonstration Name: Oklahoma SoonerCare

Description & Status:

The SoonerCare Demonstration provides services to Temporary Assistance for Needy Families (TANF) populations and the aged and disabled with some exceptions. The Insure Oklahoma Program, the employer sponsored insurance component of the Demonstration, provides coverage for employed and self-employed individuals through the Premium Assistance Employer Coverage and the Premium Assistance Individual Plans.

Populations:

The Demonstration serves the following populations:

- Temporary Assistance for Needy Families (TANF) adults up to 37 percent of the Federal poverty level (FPL);
- Pregnant women and children up to 185 percent of the FPL;
- TEFRA Children;
- Aged, Blind and Disabled up to 100 percent of the FPL excluding those persons dually-eligible for Medicare & Medicaid, or currently institutionalized, or in State custody, or receiving home and community based waiver services;
- Non-disabled low income workers and spouses up to 250 percent of the FPL;
- Disabled low income workers up to 250 percent of the FPL; and
- Full-time college students (ages 19 -22) up to 250 percent of the FPL.

Approval Date: October 12, 1995

Effective Date: April 1, 1996

Renewal Date: December 30, 2009

Expiration Date: December 31, 2012

Pending Actions:

On December 30, 2011, the State submitted a request to extend the SoonerCare Demonstration from January 1, 2013 through December 31, 2015.

**OKLAHOMA SOONERCARE
SECTION 1115 DEMONSTRATION
FACT SHEET**

Name of Section 1115 Demonstration:	Oklahoma SoonerCare
Waiver Number:	11-W-00048/6
Date Proposal Submitted:	January 6, 1995
Date Proposal Approved:	October 12, 1995
Date Implemented:	April 1, 1996
Date Extension Submitted:	June 30, 1999
Date Extension Approved:	January 1, 2001
Date Expires:	December 31, 2003
Date Extension Submitted:	September 2, 2003
Date Extension Approved:	January 1, 2004
Date Expires:	December 31, 2006
Date Extension Submitted:	June 30, 2006
Date Extension Approved:	December 21, 2006
Date Expires:	December 31, 2009
Date Extension Submitted:	June 30, 2009
Date Extension Approved:	December 30, 2009
Date Expires:	December 31, 2012

Summary

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 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 Demonstration provides services to TANF related populations and the aged and disabled with some exceptions. The Insure Oklahoma Program, the employer sponsored insurance component of the Demonstration, provides coverage for employed and self-employed individuals through the Premium Assistance Employer Coverage and the Premium Assistance Individual Plans.

Amendments

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 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.

Eligibility

The following populations are included in the Demonstration:

- Temporary Assistance for Needy Families (TANF) adults up to 37 percent of the Federal poverty level (FPL);
- Pregnant women and children up to 185 percent of the FPL;
- TEFRA Children;

- Aged, Blind and Disabled up to 100 percent of the FPL excluding those persons dually-eligible for Medicare & Medicaid, or currently institutionalized, or in State custody, or receiving home and community based waiver services;
- Non-disabled low income workers and spouses up to 250 percent of the FPL;
- Disabled low income workers up to 250 percent of the FPL; and
- Full-time college students (ages 19 -22) up to 250 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 qualified health plans, all SoonerCare beneficiaries select or are aligned with a PCP responsible for furnishing primary care and making medically necessary referrals.

Native Americans are required to enroll in the SoonerCare program. However, in both urban and rural areas, Indian Health Service (IHS) beneficiaries are able to receive services from the IHS/Urban Indian/tribal providers at any time without referral. IHS providers have the option of participating in the PCP program or serving beneficiaries on a fee-for-service basis. In addition, tribal facilities that contract with the State to provide PCCM services can refuse to furnish these services to individuals who are not also members of a Federally-recognized tribe.

Benefits

SoonerCare benefits, with the exception of the Insure Oklahoma Premium Assistance Employer Coverage and Premium Assistance Individual Plan, are State plan benefits. The SoonerCare 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.

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 AHCPH as a CAHPS pilot State.

Cost Sharing

Under SoonerCare, co-payments are not allowed for pregnant women and children. There are no monthly premiums or other cost sharing allowed for TEFRA children and co-payments are not allowed for emergency room 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.

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.

Revised 9/2011