SoonerCare Demonstration 11-W-00048/6
§1115(a) Semi-Annual Report
Demonstration Year: 23 (01/1/2018 – 6/30/2018)
Federal Fiscal Year Quarter: 4/2018 (7/18 – 9/18)

Submitted
August 30th, 2018

Table of Contents

I. INTRODUCTION

The Oklahoma Health Care Authority (OHCA) is required to submit a semiannual progress report to the Centers for Medicare and Medicaid Services (CMS). The purpose of the semiannual report is to report accomplishments, project status, quantitative and case study findings, interim evaluation findings, utilization data, and policy and administrative challenges in the operation of Oklahoma's SoonerCare 1115(a) and Insure Oklahoma demonstration waiver. The report is due to CMS 60 calendar days following the end of each demonstration six month period. The report must follow the guidelines outlined in the Special Terms and Conditions (STC) set forth by CMS for the demonstration. Oklahoma's SoonerCare Choice Demonstration program utilizes an enhanced primary care case management delivery system to serve qualified populations statewide. The SoonerCare Choice program objectives include:

- Improving access to preventive and primary care services;

- Increasing the number of participating primary care providers and overall primary care capacity in both urban and rural areas;

- Providing active, comprehensive care management to members with complex and/or exceptional health care needs;

- Integrating Indian Health Services' members and providers into the SoonerCare delivery system; and

- Expanding access to affordable health insurance for low-income adults in the work force, their spouses and college students.

The SoonerCare Demonstration was approved for a three year extension on December 31, 2012. The State acknowledged the approval of the renewal application and accepted the Special Terms and Conditions on January 30, 2013. The waiver extension period ran from January 1, 2013 through December 31, 2015. The State submitted a request for the SoonerCare Choice and Insure Oklahoma 2016 – 2018 demonstration waiver renewal for a three-year extension to the CMS on December 29, 2014.

The OHCA received official notification from CMS on July 9, 2015 that federal funding for the SoonerCare Demonstration was extended from January 1, 2016 through December 31, 2016. The State acknowledged the approval of the demonstration waiver and accepted the Special Terms and Conditions on August 9, 2015. The State continued to work with CMS towards a potential multi-year extension.

The SoonerCare Demonstration extension request was submitted September 28, 2016 for demonstration year 2017-2018. On November 30, 2016 the OHCA received official notification from CMS granting the SoonerCare 1115 Demonstration a one-year extension which began January 1, 2017 and extended to December 31, 2017. The State submitted a request to CMS for the renewal of the SoonerCare Choice and Insure Oklahoma demonstration waiver on August 2, 2017 for demonstration year 2018. The request had initially included the Workforce Development Program; however we received notice on November 16, 2017 that CMS would not approve that portion of the waiver request. On December 29, 2017 CMS approved OHCA's request to extend, with no changes, Oklahoma's SoonerCare 1115(a) waiver. The approval is effective January l, 2018 through December 31, 2018.

II. UTILIZATION DATA - ENROLLMENT INFORMATION

Demonstration Populations

Demonstration Populations are identified as Mandatory and Optional State plan groups that qualify for Medicaid coverage. The chart below reflects the Oklahoma SoonerCare Choice and Insure Oklahoma demonstration populations qualified for the 1115 Demonstration Waiver.

Demonstration Populations (as hard coded in the Form CMS-64)	Current Enrollees as of 3/31/2018	Current Enrollees as of 6/30/2018
TANF-Urban	337,811	340,538
TANF-Rural	222,988	222,235
ABD-Urban	31,805	31,402
ABD-Rural	24,380	24,066
Disabled Working Adults (Employer Plan)	0	0
Disabled Working Adults (Individual Plan)	0	0
Non-Disabled Working Adults (Employer Plan)	14,314	13,989
Non-Disabled Working Adults (Individual Plan)	5,055	5,180
Full-time College Students (Employer Plan)	118	111
Full-time College Students (Individual Plan)	182	205
Foster Parents (Employer Plan)	0	0
Foster Parents (Individual Plan)	0	0
Not-for-Profit Employees (Employer Plan)	0	0
Not-for-Profit Employees (Individual Plan)	0	0
TEFRA Children	612	619
CHIP Medicaid Expansion Children Enrollees	117,046	114,470

III. KEY ACHIEVEMENT/ACCOMPLISHMENTS

The SoonerCare Choice program has had many accomplishments and highlights in its twenty-second year of the demonstration. Below are just a few of the program highlights for 2017.

In 2017, CEO Becky Pasternik-Ikard was chosen to represent Oklahoma on the Board of Directors for the National Association of Medicaid directors (NAMD). She was chosen by fellow Medicaid Directors to guide NAMD's work and interests over the next two years. Additionally, CEO Pasternik-Ikard was nominated for the Special Achievement – Individual Award for the 26th Annual TARC (Tulsa Advocates for the Rights of Citizens with Developmental Disabilities) Advocacy Awards. TARC awards recognize volunteers who provide outstanding service and advocacy for Oklahomans with developmental disabilities.

In 2017, Dr. Robert Evans, Senior Medical Director, was honored with a Lifetime Achievement Award by the Oklahoma Ambulance Association during its spring 2017 conference. The award recognized Dr. Evans for 45 years of service in the improvement and development of Emergency Medical Services (EMS) across three states.

In 2017, OHCA congratulated Chief of Federal and State Policy Tywanda Cox on being named Corporate Woman of the Year by the Women of Color Expo. Mrs. Cox's recognition and award

was based on her contribution to the corporate industry related to education, management and policy expertise in the Medicaid program.

In 2017, Anataya Rucker, Money Follows the Person (MFP) nurse supervisor, was awarded a spot on the Top 40 Under 40 list by okc. biz. The website acknowledged Rucker for her work helping people in nursing facilities to regain independence.

In May 2017, the chairman of the OHCA board, Charles 'Ed' McFall, was named Rural Health Advocate of the Year by the Rural Health Association of Oklahoma. McFall received the award on May 25 at the 2017 Oklahoma Rural Health Conference held in Norman. OHCA CEO Becky Pasternik-Ikard congratulated him during an OHCA board meeting held later that day in Oklahoma City.

In September 2017, an annual dental evaluation and health screening event co-sponsored by the OHCA at the Riverside Indian Boarding School recently helped about 515 students get dental exams and supplies. The OHCA was joined by the Oklahoma State Department of Health (OSDH), Indian Health Services (IHS), Southern Plains Tribal Health Board (SPTHB), Absentee Shawnee Tribe, Little Axe Health Center, and Blue Cross and Blue Shield of Oklahoma (BCBSOK) to sponsor the 11th annual event. New to the list of sponsors this year was the American Heart Association (AHA).

In September 2017, three registered nurses employed by the OHCA, including the agency's Chief Executive Officer, was named as "Great 100 Nurses" for 2017 in Oklahoma. Rebecca Pasternik-Ikard, Carolyn Reconnu-Shoffner and Maria Gutierrez were selected for the honor.

The OHCA's outreach goals and objectives are to reduce health risks and improve the health status of SoonerCare members. This is accomplished through building community partnerships with organizations to promote healthier communities throughout the state of Oklahoma.

IV. OUTREACH AND INNOVATIVE ACTIVITIES

A. Member Outreach

Member Services (MS)
The OHCA Member Services unit is responsible for sending outreach letters to assist specific SoonerCare members with accessing care coordination. The Prenatal outreach letters to expectant mothers inform them on access to prenatal and well child care and immunization information. The expectation is that these mothers will attend all required prenatal visits resulting in more healthy moms and babies. Members receiving letters may call the SoonerCare helpline and ask for the appropriate outreach representative to receive information about their medical home and other health related program education.

Member Service Outreach Letters	Jul-Sep 2017		Oct-Dec 2017		Jan-Mar 2018		Apr-Jun 2018	
	#of Letters Mailed	Response Rate	#of Letters Mailed	Response Rate	#of Letters Mailed	Response Rate	#of Letters Mailed	Response Rate
Prenatal Outreach	6,647	13%	6,236	11%	6,690	13%	6,631	11%

The OHCA Member Services unit provides assistance to members to assist them with accessing medically necessary services. The MS unit works in collaboration with the SoonerCare Eligibility Unit to answer members' and applicants' calls and questions regarding online enrollment and to resolve issues regarding member eligibility, thereby promoting continuity of coverage in the SoonerCare program. The OHCA Member Services unit is also responsible for contacting members who have a confirmed cancer diagnosis to assist in their care coordination. The MS unit does outreach calls to those members when it is time to renew their benefits in order to continue treatment.

Member Services Activity	Jul-Sept 2017	Oct-Dec 2017	Jan-Mar 2018	April- June 2018
Calls to Breast and Cervical Cancer members with Confirmed Cancer Diagnosis	40	22	61	86
Calls to Breast and Cervical Cancer Members at Renewal Period	42	63	39	29
Member Service Calls Handled in English	15,306	12,931	14,200	12,716
Member Service Calls Handled in Spanish	802	715	829	820

B. Community Outreach

The SoonerQuit Health Promotion Coordinator (SHPC)
The SoonerQuit Health Promotion Coordinator is dedicated to leading wellness initiatives targeted to SoonerCare members. The objective is to work with partners and providers on integrating wellness within the SoonerCare population and increase access to care. The program focuses on reducing barriers to tobacco cessation and nutritional counseling services. The program promotes the utilization of nutrition services, increasing identification and documentation of obesity, and engaging members in healthier behaviors through increased physical activity, nutrition and becoming tobacco free.

SHPC 2018 highlights:

January-June
- A proposal was submitted and approved for a new three year grant with Tobacco Settlement Endowment Trust (TSET). The new TSET grant will be combined with the two TSET grants (SoonerQuit Health Promotion and SoonerQuit Provider Engagement). The third grant was awarded and will start July 1, 2018 and end June 30, 2021.

- SHPC must finalized the details on the SoonerCare Member Survey that is paid for through the TSET grant and performed by OU-Evaluation. The Soonercare Member Survey will start the fourth quarter of 2018.

- The TSET grant semi-annual report is due. The TSET grant must detail the goals and objectives for the first six months of the Fiscal Year grant cycle.

- Two Single Intake Forms (SIF's) were open; the first SIF will set up an eligibility check between the Oklahoma Tobacco Helpline (OTH) and OHCA to check the status of

SoonerCare coverage for the members that call the OTH; and the second SIF will enable the OTH to bill SoonerCare for the nicotine replacement therapy sent to SoonerCare members.

- The Registered Dietitian (RD) information card is being developed with the help of the OHCA Office of Creative Media Design (OCMD). The RD cards will provide SoonerCare members and providers with a detail list of SoonerCare covered nutritional services.

The Community Provider Education Specialist's (CPES)

The Community Provider Education Specialist's primary goals and objectives are to provide outreach by participating in community efforts to increase access to SoonerCare and promote beneficial benefits/programs. This can include being a member of workgroups, providing technical assistance to partners, conducting targeted outreach on specific areas of interest, etc. Our Community Provider Education Specialists engage on an individual, organizational, and system level to ensure that the communities in Oklahoma have access to SoonerCare information and therefore partner with a variety of organizations and practices.

CPES 2018 highlights:

January-June
- CPES collaborated on the first Community Resource Networking Summit that took place in February, where over 50 Enid and Garfield County service agencies addressed an audience of area clinic/hospital/LTC case managers, physicians, administrators, resource coordinators, discharge planners and nursing students. It was the first event of its kind in the area, and plans are underway to repeat the event later this year.

- CPES gave an OHCA Overview presentation for year 2 Doctor of Physical Therapy students at Langston University in March. The overview information included provider portal and training opportunities offered by OHCA, both one-on-one and the Workshops, that make it easy to be a SoonerCare network provider. In addition, the overview included information on the OHCA new rule/ rule change process.

- CPES is participating on the leadership team with the Help Me Grow project in the Southeast Oklahoma (Pushmataha, McCurtain and Choctaw counties) through the Little Dixie Community Action Agency. Oklahoma was chosen as one of the states to work on ensuring all families have equal access to resources and services designed to promote and enhance children's development and health.CPES will help promote developmental screening and testing and provide a comprehensive approach to referring resources and services for the family.

- CPES is working with the office of Creative Media Design (OCMD) to create a flier for providers highlighting the lock-in, and the pain management program.

- CPES staff is working with the Cleveland County Child Health Workgroup on maternal depression and assisted with the development of an educational document to place at child care centers. Beginning in August 2018 the group will partner with local mother's day out programs to provide respite child care for mothers who are having difficulty with maternal depression.

- A transportation subgroup in Stephens County is working on medical transportation. CPES is helping to facilitate a training day for local physicians and clinics to learn more about Logisticare and SoonerRide. This training will be implemented in early fall 2018.

SoonerFit

The SoonerFit initiative was implemented in 2014 and continues to be a key avenue for SoonerCare providers to promote best practices for obesity reduction. OHCA's goal is to innovatively communicate physical activity and nutrition recommendations to SoonerCare members through interactive methodologies. This program is promoted through member and provider newsletters and promotional materials that are given out at community events, health fairs and shared with partners by the Health Promotion Community Strategists.

The SoonerFit[1] website page is available for SoonerCare members and all Oklahomans. The website has tools, resources and vital information about leading a fit and healthy lifestyle in a fun, affordable and easy way.

SoonerFit Highlights:

- The SoonerFit website redesign was lanched in Janruary 2018.

- SoonerFit created a Communication plan to go along with the launch of the new Soonerfit website redesign.

- SoonerFit created a new exercise and Graphic Interchange Format (GIF's) videos to go along with the launch of the new SoonerFit website redesign.

The SoonerQuit Provider Engagement Grant (SPEG)

The SoonerQuit Provider Engagement grant is an education program for primary care physicians and other provider types to assist them in integrating best practice methods for tobacco cessation into routine patient care via the practice facilitation methodology. The main objectives of the SoonerQuit Provider Engagement program are to increase cessation best practices and reduce tobacco prevalence among SoonerCare members. Programmatic measurements focus on increased referrals to the Oklahoma Tobacco Helpline (OTH) and pharmacotherapy utilization.

SPEG 2018 Highlights:

January-June
- SPEG contune to recruit new providers to participate in the SoonerQuit program. Outreach efforts used to recruit providers included phone calls and drop-ins to clinics.

- SPEG conducted two Variety Care provider trainings, each training included 25 providers.

- SPEG provided training to the pediatric clinics for Variety Care on the webportal referral system.

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[1] Soonerfit.org

- SPEG sent out four six month follow-up surveys to participating providers in the SoonerQuit program.

- SPEG sent out twenty-four twelve month follow-up surveys to participating providers in the SoonerQuit program.

- SPEG conducted web portal training for Variety Care OSU-OKC providers.

- SPEG sent out nine provider surveys and eight provider surveys were completed.

- SPEG conducted two Chart abstractions at Family and Geriatric Medical Associates and Budget Medical Clinic.

- SPEG informed providers of the Continuing Education Units (CEUs) have been approved for our providers participating in the program. Providers will receive 30 CEUs credit hours when the program completion has been achieved.

C. Outreach Materials

The OHCA coordinates outreach material distribution in order to inform, educate and potentially enroll qualifying children and families in the SoonerCare program and to help qualified members access services. The outreach materials are distributed at various health fairs, meetings, schools, and conferences. The OHCA newsletters communicate information to our providers and members through email and/or text messaging.

The following outreach materials were distributed from January through June of 2018:

- 71,130 Information/Enrollment fair fliers
- Misc Promotional Items (magnets, bandages, hand cleaner, etc)
- 529,374 Digital Member Memo Newsletters
- 16,555 Digital Provider Checkup Newsletters
- 663 Digital Dental Provider Newsletters
- 104 Insure Oklahoma Newsletters

D. Population Care Management Outreach

The Population Care Management (PCM) division is comprised of three main functional units: Case Management, Chronic Care and the Health Management program. The PCM division focuses on strengthening the overall infrastructure of the SoonerCare program as well as developing and operationalizing new programs and endeavors with the goal of responding to health care needs.

The PCM division's main goals are:
- Support provision for identified primary care practices with a high chronic disease incidence on their member panels; and
- Social service support to SoonerCare members as identified through OHCA existing programs and outside referrals as necessary.

Last year the PCM Case Management Unit initiated a new outreach program for Obstetrical Care Management. 17P (17 alpha-hydroxyprogesterone caproate) is a synthetic form of progesterone that has been shown to reduce the recurrence of pre-term birth (PTB) for women with singleton gestations that have a history of previous PTB. Women with a previous history of PTB are more likely to have another preterm infant compared to women who have not. For the past 12 months, PCM has utilized care management to pregnant women utilizing 17P, but who are not already being served with care management via the High Risk OB or other At-Risk OB programs. The goal of this outreach is to encourage the woman to continue with the prescribed 17P regimen, increasing the likelihood of a healthy baby. This program has served 680 women during the first half of 2018.

Another new initiative began late in 2017. The Chronic Care Unit (CCU) is working in collaboration with the Health Access Network (HAN) and the Health Management Program (HMP) to provide care coordination to high risk and at-risk SoonerCare Choice Aged/Blind/Disabled (ABD) members. Through the ABD Wraparound program, CCU nurses reach out to SoonerCare ABD members in an effort to engage in collaboration, health coaching, and self-management of their disease processes. Through first half of 2018, the CCU has reviewed and/or contacted 141 ABD members.

The PCM division also operates the Breast and Cervical Cancer Treatment (BCC) program and the Fetal Infant Mortality Rate (FIMR) program:

The BCC program provides treatment for breast and cervical cancer and pre-cancerous conditions to eligible women. The Breast and Cervical Cancer Program requires women to be screened for breast or cervical cancer under the Breast and Cervical Cancer Early Detection program (BCCEDP). Qualifications for this program are abnormal screening results or precancerous or cancerous conditions. This program, also known as Oklahoma Cares, is a partnership of the Oklahoma State Department of Health (OSDH), the Oklahoma Department of Human Services (DHS), the Cherokee Nation, the Kaw Nation and the OHCA. BCC total enrollment has averaged 402 active cases this year with an average 41 new cases received per month.

Under the FIMR program each baby goes into active case management through his/her first birthday. During this time continued education is completed with mom including safety precautions and tobacco use in the home. The case managers make sure that the new born is enrolled in SoonerCare and his/her mother has chosen a provider. They also conduct a postpartum depression screening for the mother to ensure a smooth transition to home as well as making sure the baby is taken to see a doctor for Well Child Checks and immunizations. If the baby has extenuating needs after one year, the family will stay in active case management until all issues are resolved. In the first half of 2018, an average of 448 new babies per quarter were enrolled with an average of 1,080 FIMR baby members in active case management during any given month.

E. Stakeholder Engagement

Tribal Consultation
Tribal Consultations serve as a venue for discussions between the OHCA and tribal governments on proposed SoonerCare policy changes, State Plan amendments, waiver amendments, and updates that may impact the agency and tribal partners. The OHCA seeks tribal input and addresses any concerns that arise as a result of the proposed changes.

Tribal Consultations are held the first Tuesday of every odd month. All tribal clinics, hospitals, Urban Indian health facilities, Indian Health Services (IHS) agencies, stakeholders and tribal leaders are invited to attend. For those who are not able to attend physically, the OHCA provides online and teleconference technology. Throughout the first half of 2018, the OHCA staff presented numerous proposed policy changes, state plan amendments and waiver amendments at the tribal consultation meetings, including:

- Proposed Insure Oklahoma policy revisions;
- Proposed pharmacy State Plan and policy revisions;
- Increase of University Physician enhanced payments;
- Potential termination of the CHIP Stand-Alone program;
- Insure Oklahoma cost sharing exemptions for Native Americans;
- 1115(a) Demonstration Supplemental Payments amedment;
- Laboratory Services policy update;
- Work requirements as a condition of SoonerCare eligibility; and
- 1915(c) wavier amendments;

Additional information about tribal relations can be found on the OHCA website for Tribal Government Relations.[2]

The Native American Consultation website is utilized as a means to notify tribal representatives of all programs and policy changes, as well as allow any feedback or comments.[3] The OHCA posts notifications to the website for a minimum of 30 days. The OHCA considers all recommendations from the website when making operational decisions, policy revisions and proposed waiver and State Plan amendments.

Member Advisory Task Force (MATF)
The Member Advisory Task Force was launched in October of 2010 in an effort to provide a structured process focused on consumer engagement, dialogue and leadership in the identification of program issues and solutions. The MATF is used to inform stakeholders of agency policy and program decisions and allows opportunities for ongoing program improvements from the members' prospective. The MATF performs four primary roles.

- MATF provides information to the OHCA regarding issues that are an important part of the members' health care needs;
- Educates the OHCA staff regarding the needs of consumers to assure services are received in a way preferred by members;
- Recommends potential changes to current services/policies; and

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[2] OHCA - Tribal Government Relations
[3] Native American Consultation website

- Offers new ideas for identified areas for policy, services, program, and process improvement resulting in positive changes for the agency and members.

The MATF has had three meeting so far this year; February 3, April 14, and June 16. ALL MATF minutes can be viewed by going to the Committees section of the OHCA website then choosing the MATF[4].

The Oklahoma MATF has been viewed as a model for other states and continues to set precedence by saving the agency money on an annual basis through their recommendations. Two of those recommendations have been 1) That members use an urgent care clinic instead of going to the emergency room; and 2) Reducing the number of Member Handbook pages by putting more of the information online which saved the agency $100,000 per year.

V. POLICY DEVELOPMENTS AND ADMINISTRATIVE CHALLENGES

A. Administrative Challenges

OHCA faced many administrative challenges when 2018 began. The legislature was in its 2nd Special Session as it looked for ways to fund budget shortfalls facing many state agencies. In December 2017, CMS had also issued a $31 million deferral to OHCA for supplemental payments made to state medical schools.

After cutting many optional services to save money, the agency was saved from having to cut provider rates when it received additional approrrpriations from the legislature. OHCA also received funding from the legislature to cover the CMS deferral on payments to medical schools.

In mid-January, OHCA and state universities began work on a Workforce Development Amendment to the 1115a waiver. On January 19, 2018, OHCA submitted an amendment to CMS that would allow supplemental payments to medical schools and offer an OHCA approved physician qualified loan repayment program. On April 17, 2018, CMS notified OHCA that it would not be approving its 1115a Workforce Development Amendment request. OHCA is continuing to work with the state universities and state and federal legislative partners in order to engage CMS about a possible resolution for workforce development.

The 2018 legislative session ended with OHCA being appropriated $1.1 billion for SFY19 and being directed to raise provider rates. With an increased FMAP and improving Oklahoma economy, OHCA's future budget outlook looks positive.

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[4] Member Advisory Tasktwo Force (MATF)

B. Policy Developments

Rule Changes

The OHCA seeks advice and consultation from medical professionals, tribal and professional organizations, and the general public in developing new or amended policies (e.g., administration, state plan, waivers, etc.). The proposed policy page is designed to give all constituents an opportunity to review and make comments regarding upcoming changes.

In the first half of 2018, one permanent rule change was approved by the OHCA Board of Directors that directly impacts waiver operations. Agency rules for the Insure Oklahoma program are amended at the Oklahoma Administriative Code (*OAC) 317:45-1-3 and 317:45-5-1,* to remove the definition/term "self-funded", as self-funded plans are not overseen by the Oklahoma Insurance Department and are not allowed as a part of the Insure Oklahoma program. Further Insure Oklahoma program revisions include clarifications concerning who is able to determine if a college student is dependent or independent and revocation of rules at *OAC 317:45-11-25* regarding premium payments, in order to better align policy with business practices.

Information about rule changes can be accessed at OHCA web page for proposed rule changes[5].

Federal Authority & 1115 Waiver & Reporting

The Federal Authorities & 1115 Waiver & Reporting units work in collaboration with the Centers for Medicare & Medicaid Services (CMS) on waiver issues, ensuring compliance with state and federal laws. The Federal Authority unit works to monitor services covered through the Medicaid State Plan and reimbursed on a Fee-For-Service basis. They also analyze data and information for access monitoring from providers and beneficiaries for impact of any changes to the Medicaid State Plan. The Waiver reporting unit works under the authority of the 1115 demonstration waiver to provide the managed care delivery system and the premium assistance programs throughout the state. The unit reports information in accordance with the special terms and conditions on the programs covered under the demonstration waiver inclusive of the Health Management Program, Health Access Networks and premium assistance programs.

Information about SoonerCare Choice/Insure Oklahoma Waiver can be accessed at OHCA web Page.[6]

January-March

The Federal Waiver Authority 2018 highlights:

- On January 23, 2018, OHCA accepted CMS's award approval for the 1115 SoonerCare Medicaid 1115(a) Demonstration waiver for January 1, 2018 to December 31, 2018.

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1115 Demonstration waiver on behalf of OHCA submitted:

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[5] OHCA Proposed Rule Changes
[6] SoonerCare Choice/Insure Oklahoma Waiver

- On January 19, 2018, OHCA submitted an amendment to CMS to modify its 1115a SoonerCare Research and Demonstration Waiver to add qualifying supplemental payments to medical schools and offer an OCHA approved physician qualified loan repayment program.

CMS Monthly Monitoring Calls for January-March:

- January 18 – Discuss HAN Pilot Status and Resident Training and Loan Repayment
- February 15 – Legslative update on Oklahoma budget situation and possible work requirement bills. Discussed questions for Workforce Development / Updates on 1115(a) Waiver extension. Received clarification on evaluation design and CMS indicated OHCA should just do a 5-year evaluation.
- March 15 – Evaluation close out for 2016-18 period, question on premium assistance for Native Americans, follow up questions on state appropriations bill for graduate medical education, and questions on funding bill that was recently passed by Governor Fallin.

April-June

The Federal Waiver Authority highlights:

- On April 17, 2018, CMS notified OHCA that it would not be approving its 1115a Workforce Development Amendment request submitted on January 19, 2018.

1115 Demonstration waiver on behalf of OHCA submitted:

- On April 27, 2018, OHCA submitted its 2017 SoonerCare Demonstration 1115(a) Annual Report.

CMS Monthly Monitoring Calls for April-June:

- OHCA gave legislative update on April 19- Legislative update on the end of the teacher's strike and the second special session. Notified CMS about beginning Community Engagement waiver. CMS indicated big issue for them is the coverage gap when members make too much money to be eligible for Medicaid. CMS wants to know how we will transition these members to coverage. Discussed the new budget neutrality template
- OHCA gave legislative update on May 17 – Legislative update on the improved budget outlook for OHCA. Notified CMS of plan to increase provider rates. Update on work/community engagement amendment efforts. Discussed new Budget Neutrality Template
- OHCA gave legislative update on June 21 – Discussed Oklahoma preparing a sustainability plan for funding of Medical schools, CMS updated OHCA on the status of reviews of Sponsor's Choice, Annual Report, and 2019-2021 Waiver

Legislative Activity
The OHCA tracks House bills, Senate bills and interim studies, as they relate to Medicaid, public health and state government operations

The second regular session of the 56th legislature began with the Governor's State of the State address on Monday, February 5, 2018 at noon.

In addition to conducting regular business, the Legislature continued the second special session concurrently. There were 1,181 active bills in the legislature. The Oklahoma Health Care Authority (OHCA) tracked about 90 of those bills. Among them two included OHCA request bills:

January-March
- **Senate Bill 729** – Sen. Simpson – Medicaid super lien which makes OHCA liens superior to any other lien or subrogation of interest.
  - Failed 3/1/18 deadline to be heard in committee
- **Senate Bill 1094** – Sen. Bergstrom – Removes the requirement that the Attorney General's office appoints the administrative law judge for OHCA provider audit appeals
  - 3/13/18, Failed 3rd Reading (1-41 votes)

A carryover bill from the first regular session of the Legislature was passed and signed by the Governor. **House Bill 1270**, also known as the HOPE Act, requires OHCA to contract with a private vendor to conduct a myriad of eligibility checks.

April-June
Sine Die Adjournment
The 56th Legislature adjourned sine die on May 3, 2018. The governor had 15 days – through May 18 – to sign or veto bills passed in the final week of session. After sine die, bills that were not signed by the governor were considered vetoed. No direct impact bills that OHCA tracked were vetoed.

The Senate adjourned second special session on April 17th and the House adjourned on April 19th.
HB 1024XX, which gives state employees a pay raise, along with a few revenue/appropriations measures, were among bills passed during the special session.
State Fiscal Year 2019 Appropriations
SB 1600, which makes appropriations to state agencies for the upcoming fiscal year, was signed by the Governor on April 30th.

Work Requirements
The Governor issued a work requirements executive order (EO) on March 5th to direct OHCA to develop recommendations for a Medicaid work requirements program. OHCA has provided recommendations to the Governor and Legislature.

In addition to the governor's EO, the following companion legislation was passed:

HB 2932 – Directs OHCA to seek a work requirements waiver and specifies program criteria.

Other OHCA Legislation

SB 972 – Requires OHCA to examine the feasibility of a state plan amendment for diabetes self-management training.

SB 1053 –Authorizes Oklahoma Department of Veterans Affairs to obtain certification through CMS and accept payments/reimbursements from Medicare and Medicaid programs for services provided through Oklahoma veterans centers.

SB 1591 – Provides authority for OHCA to establish a supplemental reimbursement program for certain ground emergency medical transportation services.

SB 1605 – Directs OHCA to increase provider reimbursement rates and provides other legislative direction for SFY19.

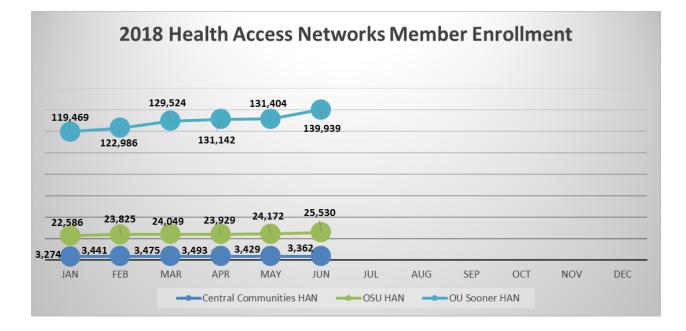## VI. PROJECT STATUS AND QUANTITATIVE DATA/CASE STUDIES

Health Access Networks

Health Access Networks (HAN) are non-profit administrative entities that work with providers to coordinate and improve the quality of care for SoonerCare beneficiaries. In SFY 2017, the PMPM average for HAN members was $284.12 while the PMPM average for Non-HAN members was $305.99. Per member per month expenditures, continue to be lower for SoonerCare Choice members enrolled with a HAN PCP, than for SoonerCare Choice members who are not enrolled with a HAN PCP.

The HAN's offer care management/care coordination to persons with complex health care needs as specified in the state-HAN provider agreement. There are currently three HAN pilot programs in the state.

Active HANs in Oklahoma include:

- The Oklahoma State University (OSU) Network HAN is administered by Oklahoma State University Center for Health Services;
- The University of Oklahoma (OU) Sooner HAN is administered by the University of Oklahoma, Oklahoma Health Sciences Center, and the College of Community Medicine; and
- The Partnership of Healthy Central Communities (PHCC) HAN.

In June 2016, a letter was issued on behalf of OHCA cancelling the Request for Proposal for SoonerHealth Plus, the fully capitated statewide model of care coordination for Oklahoma's aged, blind and disabled (ABD) population. The OHCA determined that the cancellation was in the best interest of the State due to the appropriation request for this model not receiving funding. In order to better serve this population, the Health Access Networks (HANs) have been tasked with identifying capacity for focused care management to ABD members.

2018 Health Access Networks Member Enrollment

Chart showing member enrollment by month (JAN–DEC) for three Health Access Networks.

OU Sooner HAN: JAN 119,469; FEB 122,986; MAR 129,524; APR 131,142; MAY 131,404; JUN 139,939

OSU HAN: JAN 22,586; FEB 23,825; MAR 24,049; APR 23,929; MAY 24,172; JUN 25,530

Central Communities HAN: JAN 3,274; FEB 3,441; MAR 3,475; APR 3,493; MAY 3,429; JUN 3,362

Legend: Central Communities HAN, OSU HAN, OU Sooner HAN

Health Management Program (HMP)

This program works in a similar manner to the regular practice facilitation of the HMP except that these facilitators go into SoonerCare primary care practices and focus on tobacco cessation, the 5 A's, and fax referrals to the Oklahoma Tobacco Helpline (1-800-QUIT-NOW). The SoonerQuit Provider Engagement program, which is funded through the Tobacco Settlement Endowment Trust (TSET), has facilitated 39 practices (84 providers) as of June 2018.

2018 Health Coaches	Jan-Mar	Apr-June
Number of Health Coaches	39	39

Insure Oklahoma (IO)

The Insure Oklahoma (IO) program was developed in April 2004 authorizing the OHCA to use money set aside from the Tobacco Tax funds to assist with health care coverage for low-income working adults meeting income qualifications. There are currently two programs operating under Insure Oklahoma which are Employer-Sponsored Insurance (ESI) and Individual Plan Insurance (IP). The ESI program gives small businesses the option to purchase commercial employer-sponsored state approved health care coverage for their employees and families. The IP is for individuals 19 to 64 years of age that are self-employed, temporarily unemployed and working individuals who do not have access to small group health coverage.

Insure Oklahoma highlights;

January-March
- On January 26, 2018, OHCA notified IO ESI members that CHIP funding had been reauthorized by Congress so there was no interruption to their eligibility. OHCA directed members to the OHCA webpage www.okhca.org/CHIP for more information.[7]
- Beginning January 1, 2018, OHCA no longer had a contract with a third-party vendor (Staplegun) for advertising and IO website development. Advertising has been put on hold and the website changes are all being made internally by Office of Creative Media & Design (OCMD) staff.
- On January 9, 2018, OHCA sent an e-newsletter to IO agents notifying them of uncertainty of CHIP funding.
- The OCMD has been working with IO staff to make improvements and updates to the content on IO website.
- Turnover of all media and design files (from Staplegun) was completed on January 11, 2018.

April- June
This quarter,there have been no significant changes or events to report for Insure Oklahoma.

Employer-Sponsored Insurance (ESI) Program Participating Employers	July-Sept 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018
Approved Businesses with Participating Employees	13,362	13,564	14,051	13,951

Average ESI Member Premium	July-Sept 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018
Member Premium	$1,113.45	$1,142.32	$1,156.87	$1,159.84

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[7] OHCA - CHIP Funding Updates

Average Individual (IP) Member Per Month	July-Sept 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018
Member Premiums	$37.68	$37.97	$36.69	$30.71
Average FPL of IP Members	63%	56%	52%	63%

ESI Average Per Member Per Month	July-Sept 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018
Average Payment Per Employee	$339.15	$347.12	$352.33	$352.61
Average Payment Per Spouse	$547.76	$561.14	$565.13	$568.09
Average Per College Student	$348.52	$349.62	$361.61	$372.07
Average per Dependent	$239.70	$244.26	$254.33	$247.48

Insure Oklahoma Average Cost	July-Sept 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018
ESI	$108	$111	$112	$112
IP	$32	$32	$31	$27

ESI Subsidies	July-Sept 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018
Employers Subsidized	13,362	13,564	14,051	13,951
Employees and Spouses Subsidized	32,032	31,112	30,602	32,686
Total Subsidies	**$14,455,218.11**	**$14,650,129.28**	**$15,118,178.02**	**$15,498,965.14**

IP Subsidies	Jul-Sept 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018
Total Premiums Received	$485,707.31	$507,513.45	$494,881.68	$438,630.34
Total Member Months	15,553	15,619	15,774	16,124
Total Paid Claims	$6,931,617.75	$7,028,981.07	$7,844,663.8	$7,158,927.35
Average Claim Per Member Per Month (PMPM)	$414.29	$417.27	$465.97	$416.59

ESI Program Enrollment	Jul-Sep 2017			Oct-Dec 2017			Jan-Mar 2018			Apr-Jun 2018		
	0-100% FPL	101-138% FPL	139% and Over	0-100% FPL	101-138% FPL	139% and Over	0-100% FPL	101-138% FPL	139% and Over	0-100% FPL	101-138% FPL	139% and Over
Employee	1,577	2,436	7,476	2,735	2,158	6,747	4,239	1,876	5,591	1,488	2,480	7,463
Spouse	341	482	1,492	586	434	1,331	884	379	1,131	339	518	1,505
College Student	9	15	76	35	20	57	49	19	50	21	24	66
Dependent	1	0	171	60	0	119	132	0	82	1	0	195
ESI Totals	**1,928**	**2,933**	**9,215**	**3,416**	**2,612**	**8,254**	**5,304**	**2,274**	**6,854**	**1,849**	**3,022**	**9,229**

IP Program Enrollment 0-100% FPL	July-Sept 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018
Employee	12,053	12,090	12,273	12,568
Spouse	2,956	2,984	2,932	2,940
College Student	546	549	572	614
IP Totals	**15,555**	**15,623**	**15,777**	**16,122**

VII. FINANCIAL/BUDGET NEUTRALITY

Budget Neutrality Model
Section 1115 Medicaid Demonstration Waivers should be budget neutral. This means the demonstration cannot cost the federal government more than what would have otherwise been spent absent the demonstration. Oklahoma's actual per member per month expenditures are less than the allowed per member per month expenditures for all categories.

The state is currently working on rebasing budget neutrality for the semi-annual report. There were no significant developments, issues or problems with budget neutrality in the first six months of 2018.

A. Budget Neutrality Calculations

Eligibility Group	Quarter Ending Mar 2018	Quarter Ending Jun 2018
TANF-Urban	337,811	340,538
TANF-Rural	222,988	222,235
ABD-Urban	31,805	31,402
ABD-Rural	24,380	24,066

Eligibility Group	Quarter Ending Mar 2018	Quarter Ending Jun 2018
Disabled Working Adults (Employer Plan)	0	0
Disabled Working Adults (Individual Plan)	0	0
Non-Disabled Working Adults (Employer Plan)	14,314	13,989
Non-Disabled Working Adults (Individual Plan)	5,055	5,180
Full-time College Students (Employer Plan)	118	111
Full-time College Students (Individual Plan)	182	205
Foster Parents (Employer Plan)	0	0
Foster Parents (Individual Plan)	0	0
Not-for-Profit Employees (Employer Plan)	0	0
Not-for-Profit Employees (Individual Plan)	0	0
TEFRA Children	612	619
CHIP Medicaid Expansion Children Enrollees	117,046	114,470

Demonstration Expenditures	Jan	Feb	Mar	Qtr Totals
HAN Expenditures	$726,240.00	$751,740.00	$784,770.00	**$2,262,750.00**
HMP Expenditures	$882,750.00	$843,477.28	$871,976.94	**$2,598,204.22**

Demonstration Expenditures	Apr	May	Jun	Qtr Totals
HAN Expenditures	$792,330.00	$794,570.00	$843,695.00	**$2,430,595.00**
HMP Expenditures	$896,370.00	$866,325.00	$859,500.00	**$2,622,195.00**

VIII. QUALITY ASSURANCE/MONITORING ACTIVITIES

Consumer issues are member inquires, member grievances and complaints or problems consumers have encountered this year and how those complaints have been tracked, resolved and actions taken to prevent other occurrences.

A. Member Inquiries/issues

The Member Services Tier II takes various inquiries from members that are identified according to the call categories. The member services unit has worked on ways to better identify the types of member inquires categories.

Member Inquiries	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018
Access to Care	3	3	6	0
Complaint on Provider	64	62	53	48
Dental History	12	5	3	3
Drug/NDC Inquiry	4	0	34	0
Eligibility Inquiry	4,271	3,319	3,449	1,950
Fraud and Abuse	41	44	66	50
Medical ID Card	104	25	25	19
Prior Authorization (PA) Inquiry	1,143	1,111	994	948
Primary Care Physician (PCP) Change	268	193	208	99
Primary Care Physician (PCP) Inquiry	186	158	170	116
Program Complaint	20	26	29	30
Program Policy Questions	3,124	2,538	3,064	3,472
SoonerRide	1,870	1,542	1,740	1,851
Specialty Request	251	225	287	188
Other [8]	2,592	1,926	1,671	1,748
Totals	**13,953**	**11,177**	**11,799**	**10,522**

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[8] This category has been redefined to include inquiries on Applications, Claims, Medicare, Compensability of Procedures/Services, Policy, Referrals, Enrollment Packet Requests and Form Requests.

B. Helplines

The SoonerCare Helpline is available to members Monday through Friday from 8am to 5pm. The helpline provides assistance with Online SoonerCare Applications, ordering a SoonerCare card or other questions and concerns about SoonerCare.

Insure Oklahoma ESI Helpline

Insure Oklahoma ESI Helpline	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018
Affordable Care Act (ACA) Insure Oklahoma	0	0	0	0
Application	246	375	278	157
Eligibility Inquiry	1,265	991	889	735
Financial Information	53	38	74	53
Information Request	123	200	225	118
Invoice Inquiry	254	201	271	178
Password Reset/Request	35	65	50	56
PIN Number	6	6	7	7
Policy Question	4	1	1	2
Program Complaint	0	1	0	1
Rates	66	144	97	59
Remittance Advice	2	0	0	0
Renewals	5	3	2	6
Other[9]	3	7	5	4
Totals	**2,062**	**2,032**	**1,899**	**1,376**

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[9] This category has been redefined to include inquiries on Contract Compliance, EDEA Agreement, and EDI Medicare X-over, EDI X-Walk Inquiry.

Insure Oklahoma IP Helpline

Insure Oklahoma IP Helpline	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018
Access to Care	4	0	1	3
Application	1,720	2,246	2,258	1,357
Claim Inquiry	239	196	202	202
Eligibility Inquiry	8,584	8,042	8,210	6,840
Financial Information	377	441	545	679
Information Request	938	1,392	1,769	922
Invoice Inquiry	960	890	1,004	865
Medical ID Card	54	27	23	21
Prior Authorization (PA) Inquiry	74	43	44	62
Password Reset/Request	347	448	459	387
Primary Care Physician (PCP) Change	355	507	354	424
Pharmacy Point of Sale (POS)/Lock In	26	19	20	53
PIN Number	39	79	66	40
Program Complaint	1	0	5	11
Policy Question	8	4	8	13
Rates	25	60	38	42
Remittance Advice	8	4	0	2
SC/BC Orientation Call	1	0	0	1
Sooner Ride	9	11	9	8
Specialty Request	15	8	10	6
Third Party Liability (TPL) Inquiry	7	9	13	24
Other[10]	42	26	45	32
Totals	**13,833**	**14,452**	**15,083**	**11,994**

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[10] This category has been redefined to include inquiries on EMR Inquiry, EDEA Agreement, and EDI Medicare X-over, EDI X-Walk Inquiry, Agency Partner, BH Inquiry.

Online Enrollment Helpline

Online Enrollment Helpline	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018
Access to Care	0	1	1	1
Application	137	47	70	38
Claim Inquiry	271	346	372	348
Contract Inquiry	1	1	1	0
Complaint on Provider	0	6	4	1
Dental History	0	1	1	1
Drug/NDC Inquiry	0	0	1	0
Eligibility Inquiry	14,583	17,761	17,508	14,673
Emergency Room (EMR) Inquiry	18	16	18	18
Form Request	17	4	2	5
Fraud & Abuse	7	6	10	10
Information Request	17	13	12	9
Insure Oklahoma	0	77	97	112
Medicare	4	0	1	1
Medical ID Card	281	110	84	67
New Born Letter Response	0	0	0	0
Prior Authorization (PA) Inquiry	35	41	29	57
Primary Care Physician (PCP) Inquiry	202	245	242	213
Pharmacy Point of Sale (POS)	67	113	77	82
Policy Question	12	23	8	5
Renewals	184	185	108	44
Soon to be Sooners	0	0	1	1
Sooner Ride	116	108	172	141
Specialty Request	13	19	18	9
Term Letter/Denial Letter	22	16	22	7
TPL Inquiry	85	137	164	201
Totals	**16,072**	**19,276**	**19,023**	**16,044**

SoonerCare Helpline

SoonerCare Helpline	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018
Access to Care	3	3	6	0
Application	355	135	127	56
Behavioral Health (BH) Inquiry	32	14	17	30
Claim Inquiry	3,718	2,554	2,532	2,853
Dental History	30	13	13	11
Eligibility Inquiry	64,539	45,289	46,302	37,759
Emergency Room (EMR) Inquiry	104	44	76	55
Financial Information	2	2	1	0
Form Request	12	2	6	7
Fraud & Abuse	49	40	69	48
Information Request	185	80	195	55
Insure Oklahoma	216	171	297	227
Lock-In	10	2	2	1
Medicare	39	11	5	17
Medical ID Card	5,421	1,899	1,220	890
New Born (NB) Letter Response	3	1	1	2
Invoice Inquiry	9	3	1	7
Renewals	423	139	48	47
Referral	205	163	114	144
Policy Question	263	373	169	63
Program Complaint	19	27	33	33
Prior Authorization (PA) Inquiry	1,335	1,151	1,060	1,038
Pharmacy Point of Sale (POS)	1,954	1,179	1,186	1,048
SC/BC Orientation Call	4	2	0	2
Sooner Ride	3,140	2,378	2,525	2,704
Soon to be Sooners	10	7	2	7
Specialty Request	486	419	451	394
Term Letter/Denial Letter	66	38	23	21
Third Party Liability (TPL) Inquiry	2,356	2,181	2,454	2,507
Totals	**84,988**	**58,320**	**58,935**	**50,026**

C. Member Grievances

Grievances are formal complaints that are logged by the quarter in which they are filed. The OHCA's legal department tracks the grievances by appeal type. An appeal is the process by which a member may request a reconsideration of a decision, which can be appealed by policy or law. Some decisions are not appealable.

SoonerCare Grievances	Jul-Sept 2017		Oct-Dec 2017		Jan-Mar 2018		Apr-Jun 2018	
	Pending	Closed Reason	Pending	Closed Reason	Pending	Closed Reason	Pending	Closed Reason
SoonerCare Eligibility	1	3 Resolved	3	2 Resolved 1 Withdrew	8	2 Pending 4 Resolved 1 Untimely 1 Withdrew	1	0
Dental	4	1 Dismissed 2 Denied	1	1 Denied 1 Resolved	1	0	0	1 Denied 1 Untimely
Panel Dismissal	0	0	0	0	0	0	1	0
Prior Auth: DME	1	0	0	1 Resolved	0	1 Denied 1 Resolved	1	0
Prior Auth: Other	2	2 Resolved; 1 withdrew	2	3 Resolved	1	3 Resolved 3 Untimely	0	2 Resolved
Prior Auth: Other Speech	0	0	1	0	0	1 Resolved	1	0
Prior Auth: Other Surgery	1	1 Untimely	2	1 Denied	1	1 Resolved	0	0
Prior Auth: Pharmacy	1	1 Dismissed 2 Resolved 1 Withdrew 1 Untimely	1	1 Resolved; 1 Untimely	0	3 Resolved	2	1 Untimely
Prior Auth: Radiology	1	1 Untimely	0	1 Resolved; 1 Untimely	1	2 Resolved	0	0
Misc.	1	0	0	0	2	2 Resolved	0	0
Misc. Unpaid/Underpaid Claim	6	0	5	1 Resolved	7	1 Resolved	7	1 Closed
TEFRA	0	0	0	0	0	0	1	0

Insure Oklahoma Grievances	Jul-Sep 2017		Oct-Dec 2017		Jan – Mar 2018		Apr-Jun 2018	
	Pending	Closed Reason	Pending	Closed Reason	Pending	Closed Reason	Pending	Closed Reason
Eligibility	0	5 Resolved	0	3 Resolved	0	1 Resolved	0	1 Withdrew 1 Untimely

The OHCA has various methods used to ensure quality of services for members. The SoonerRide member satisfaction survey is conducted quarterly and requests information from over four hundred members that utilize non-emergency transportation provided through SoonerCare. Additionally, OHCA conducts a Provider Access Survey to ensure members have twenty-four hour access and timely services.

D. SoonerRide

The SoonerRide program was developed in order to assist SoonerCare members with transportation to and from medically necessary appointments. The Oklahoma Health Care Authority partners with LogistiCare Solutions, LLC to provide non-emergency transportation. During the 1st half of 2018, 430,216 SoonerRide trips were made with the average cost per trip of $31.17. SoonerCare members from all 77 Oklahoma counties utilized the SoonerRide program.

SoonerRide member satisfaction surveys are conducted each quarter. Data from two surveys of 615 randomly selected SoonerRide users was combined for the following results. There was a 44 percent response rate to the surveys. Survey results indicate that 89 percent of survey respondents gave the program a positive rating, seven percent gave the program a poor rating and four percent either refused or did not provide an overall rating.

E. Access Survey

The OHCA requires that providers give members 24-hour access and ensure that members receive appropriate and timely services. Provider services staff place calls to providers after 5:00 pm and report the type of access available. Provider representatives also educate providers in need of improving after-hours access to comply with contractual standards.

2018 Access Survey	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018
Number of Providers Called	824	807	872	891
Percent of Providers with 24-hr Access on Initial Survey	91%	93.6%	94%	94%
Percent of Providers Educated for Compliance	9%	6.4%	6%	6%

IX. ENCLOSURE/ATTACHMENTS

ATTACHMENTS

*None

*The 1115 Demonstration Waiver hypotheses will not be reported in the 2018 Semi-annual report because the 2017-2018 hypotheses were not approved by CMS. The latest approval for hypotheses is dated in 2016.

X. STATE CONTACT(S)

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XI. DATE SUBMITTED TO CMS

August 30th, 2018